MEDICAL EXAMINER

Money Can Make or Break Your Mental Health

The proof is in the data on suicide rates during the pandemic.

BY F.T. GREEN NOV 19, 2021 • 5:45 AM

Photo illustration by Natalie Matthews-Ramo

COVID-19 has killed people's loved ones, plunged millions into unemployment, and deprived many of human touch for months at a stretch. In many ways, the pandemic has been a "perfect storm" for suicide risk. But recent data shows people in high and middle-income countries actually killed themselves at lower rates in 2020. There's one big reason: money.

Governments gave their citizens cash to weather the lockdowns. For many poor people, the pandemic money exceeded the regular social assistance and wages they would have otherwise earned. Poverty dropped in the U.S., and despite all the grief and isolation and anxiety, suicide rates dropped along with it. In Canada, where the emergency government payments were large and lasting, the suicide rate dropped 30 percent, according to provisional data. Altogether, suicides rates in 2020 either decreased or stayed flat in 21 high and middle-income countries (there's very little data on the pandemic's effect on suicide in poor countries). Cash transfers to poor people appear to have reduced suicides.

The 2020 decline in suicides is just the latest evidence that poverty drives suicide. In recent years, researchers have found that suicide rates are the highest among the poorest people. The children of people on welfare are twice as likely to die by suicide. Homeless people kill themselves about 10 times as often as people with housing.

Poor people are more vulnerable to suicide because the strain of poverty drastically increases a person's odds of developing a mental illness. Low socioeconomic status causes roughly half of mental illnesses. People are much more likely to develop illnesses like depression, bipolar disorder, and even schizophrenia when they don't have enough money to meet their material needs. Researchers have long found that suicide rates and psychiatric hospitalizations reliably go up in the wake of rising unemployment.

Fortunately, money fixes the same problems it causes. Unemployment rates have much less of an effect on suicide in countries with stronger financial supports for people who lose their jobs, according to a study that compared New Zealand, which made steep cuts to its welfare state amid a recession, to Finland, which didn't. Fewer poor people died by suicide in Indonesia after the government began giving them money. Upping the minimum wage lowers suicide rates among poor people in the U.S. The conclusion is simple: Preventing people from living in poverty prevents suicides.

Despite the evidence, many seem reluctant to recognize the link between suicide and people's inability to meet their basic needs. News coverage of the 2020 suicide drop has fished for alternative explanations, like the expansion of telehealth services, or the "honeymoon" theory. The latter is the idea that society pulls together amid a crisis—social bonds are created and strengthened, and suicide initially drops as a result. But evidence for the theory is weak. Sometimes suicides go down in the wake of a disaster, but sometimes they stay the same or go up—a recent study even found that past epidemics often led to an increase in suicides.

Advocates and academics also seem to avoid talking about big picture societal problems like poverty and homelessness when they talk about suicide prevention. The Suicide Prevention Resource Center's "comprehensive" list of strategies doesn't include anything about poverty. Neither do a number of literature reviews of the subject, which focus instead on drugs, therapy, and teaching doctors to screen for at-risk people, among other interventions.

Even in studies concluding that poverty raises suicide risk, authors will often fail to call for changes to address poverty itself, hewing instead toward traditional anti-suicide interventions. Maybe that's because if the diagnosis is money and the prescription is money, the problem is outside the ambit of the mental health professionals who study suicide. Or maybe it's just a realpolitik assessment that poverty isn't going anywhere.

To be clear, ending poverty would not end suicide. Many other factors are at play, and some of the traditional strategies that experts call for are worthwhile. One of the best known and most broadly effective is what experts call "means restriction": altering everyday life to make it harder for suicidal people to kill themselves. It works—for some, suicidal impulses are temporary and easily frustrated; if lethal means aren't readily available, the impulse passes, and the person will survive.

An early example of means restriction came in the mid-20th-century U.K., where the suicide rate decreased because stoves switched from burning toxic coal gas to natural gas, so people could no longer kill themselves by simply turning a knob and snuffing out a pilot light. More recently, suicides dropped in Sri Lanka in the late 1990s after the government banned a group of especially lethal pesticides to prevent people from killing themselves; bans in Taiwan and South Korea also led to decreases in suicide rates.

But means restriction has limits. After Taiwan restricted highly lethal pesticides, it struggled with the rise of alternative methods. Gun control measures in Canada curbed firearm suicides but led to an increase in hangings.

Means restriction is also only useful for people who are already at the precipice. It prevents some suicides but does nothing to lower the rate at which people want to end their lives. Sri Lankans actually poisoned themselves at increasing rates in the late '90s and early 2000s—the suicide rate only dropped because the pesticides people swallowed were less lethal than before. Fewer people died, but the root causes of suicidality remained.

For every person who dies by suicide, dozens attempt to kill themselves, and hundreds more seriously consider it. Suicide is the tip of an iceberg of avoidable human hopelessness. Means restriction, like many of the dominant suicide prevention strategies, only touches the tip. Reducing poverty shrinks the iceberg itself.

The emergency response to COVID-19 demonstrated that, even in the bleakest of times, cash transfers reduce suicides. Poor people who would have killed themselves are alive today because governments gave them money (the eviction ban was critical, too). But those measures were only meant to save the economy, not to prevent suicide. Unfortunately, the economy is back to normal.

If you need to talk, or if you or someone you know is experiencing suicidal thoughts, text the Crisis Text Line at 741-741 or call the National Suicide Prevention Lifeline at 1-800-273-8255.

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