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Does Ethnicity affect the Rate of Suicide: A Statistical Comparison Analysis using Real Time Suicide Surveillance Data.

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Abstract

Background: Nationally, there is limited data available regarding the link between ethnicity and suicide. This is because ethnicity is not recorded consistently on official death certificates and therefore the potential variations between the rate of ethnicities, and any correlations, are not known or understood. This subject is understudied. This study was both a comparison study, and a feasibility study, using police data from one county in England to bring to light what the effect may be and highlight any evidence surrounding the topic.

Methods: Data from the county's' Real Time Suicide Surveillance system (a partnership between the county police and county council) was analysed to examine the proportion of suspected suicides from each ethnic minority. This was compared to the ethnic profile of the county using local census data. The sample was 608 individuals from the county who had died by suicide between 2018-2022, and which included 37 individuals from an ethnic minority. Comparative analysis included demographic details such as age and gender, and wider factors such as whether the individual was known to secondary mental health (MH) services or had been impacted by domestic abuse.

Results: Individuals from ethnic minorities accounted for 10.2% of the suspected suicides in the sample (where ethnicity was recorded), this compares to data from the county census which shows that 16.8% of county citizens are from ethnic minorities. When comparing individuals from ethnic minority communities who died by suicide, with the wider cohort of all suicide deaths in the county, there were several similarities as well as some interesting differences. The mean age of suicide for both the general population of the county and those of ethnic minorities are remarkably similar at 46.64 years and 46.43 years, respectively. In both groups there were more male suicides than female, however women made up 35% of deaths within the ethnic minority cohort compared to 25% within the overall population of suicides. Individuals within ethnic minorities were more likely to be known by MH services than the non-minority population (41% compared to 27%).

Conclusions: This project has been a successful comparative feasibility study; it has demonstrated that it is possible to compare the proportion and characteristics of people from ethnic minorities who died by suicide with non-ethnic minority deaths. However, the small sample size and the fact that there were 245 entries where the ethnicity was not recorded in the data means that the results are inconclusive and cannot be considered reliable. Although no clear deductions or recommendations can be issued, other valuable insights regarding factors such as a higher proportion of female deaths, and an increased likelihood to be known to mental health services, have been identified which should be considered for examination in future research projects.

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