

Transition to peace leaves children of the Northern Irish Troubles more vulnerable to suicide

*Northern Ireland's suicide rate has doubled since the Good Friday Agreement. **Michael Tomlinson** explains that the toxic mix of greater political stability and increasing social isolation is putting those born into the Troubles at much greater risk of suicide than their British or Irish counterparts.*



Until recently, the most politicised public debate about suicide in Northern Ireland was around the 1981 hunger strikes. While Irish Republicans saw the deaths as tantamount to 'murder', Unionists – the current First Minister Peter Robinson among them – saw the deaths as 'self-inflicted' and a matter of free choice. These deaths were, in fact, classified as 'suicides' by the Registrar General's office, a label avoided by the Catholic church at the time.

When public protests around suicide emerged in 2005, the Secretary of State for NI was quick to frame the issue in terms of violent conflict and the need to end paramilitary attacks on young people. This was completely off-target. The protesters, community groups from North and West Belfast, were responding to an 'epidemic' of suicides among young people in their areas, though it took some time for the official death registration statistics to record what was going on. A suicide prevention strategy was finally put in place in 2006, four years after England and Scotland. By 2010, Northern Ireland's suicide rate was almost double what it was in 1998, the year of the Good Friday Agreement.

From a negligible rate in the 1960s, the suicide rate rose steadily during the 1970s and 1980s, up to a rate of 10 per 100,000 by 1988, low by international standards. It then fell slightly over a ten-year period. But from 1998 there is a strong upward trend rising from 8.6 per 100,000 of the population to a rate of 16 per 100,000 by 2010. Suicide rates for men went from 13 per 100,000 of the population to 24 per 100,000 by 2008; for women the increase was from a rate of 3.9 to 7.3 over the same period. Northern Ireland is now in poll position among the jurisdictions on these islands, even ahead of Scotland. Whereas the 10-year trend is gently downwards for the Irish Republic, England, Scotland and Wales, the reverse is true for Northern Ireland. Why?

Having examined 45 years of death registration data and reviewed the suicide trends alongside changes in violence, politics and the economy, we can rule out 'social constructionist' explanations in terms of influences on reporting and registration processes. Apart from the period 1970-77, there is little evidence that social processes affected the broad reliability of the data. Nor can we explain the rise in suicides in terms of unemployment – from 1998 to 2007 the employment rate reached record levels and unemployment was below the UK average.

What the data show is that men in their late thirties up to their early fifties are the group contributing most strongly to the upward suicide trend since 1998. In other words, those born into the conflict or who were children during the worst years of violence are the cohort which now has the highest suicide rates and the most rapidly increasing rates of all age groups. For instance by 2010, men aged 35-44 had a suicide rate of 41 per 100,000 (age standardised) followed closely by 45-54 year olds and the 25-34 age group. The youngest age group (15-24) which attracts most of the media attention has a trend line that has changed very little since the late 1970s. Similarly for women, the weakest upward trend in recent years has been for the youngest groups and the strongest for 45-54 and 55-64 year olds. The overall gap in rates between men and women has widened in this period.

The rise in suicide rates in the last decade coincides with the move from conflict to peace in Northern Ireland and is most likely related to it. The increase can be attributed to a complex range of social and psychological factors. These include the growth in social isolation, poor mental health arising from direct experience of conflict, and the greater political stability of the past decade. Those born and growing up

in the conflict are the most acculturated to open expressions of violence, division, authoritarianism and hatred – they experienced no other political and social context until the late 1990s. The transition to peace means that cultures of externalised aggression are no longer socially approved or politically acceptable. Violence and aggression have become more internalised instead. We seem to have adjusted to peace by means of mass medication with anti-depressants, non-prescription drugs and alcohol, the consumption of which has risen dramatically in the period of peace.

Northern Ireland's suicide prevention strategy has so far made little impact on the upward trend. It may well be missing the target by over-emphasizing interventions with younger age groups and failing to focus on those occupational groups and communities which experienced the worst of the violence. There remains a huge gap between those in psychic pain and support services – almost three-quarters of those who succeed in taking their own lives have not been seen by a health professional in the last year. It is cliché to say that mental health is the Cinderella of the National Health Service but its true. We spend far more on road safety than suicide prevention yet more die by suicide than through traffic accidents. Very few people realise that about 1,000 more people died by suicide than were killed in the conflict yet vast resources were committed to controlling the later. Suicide is a major legacy issue.

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Michael Tomlinson is Professor of Social Policy at Queen's University Belfast. His interests are in economic and social marginalization, and social control – specifically the workings of criminal justice systems. Much of his work has focused on the political economy of the Northern Ireland conflict. Michael is particularly interested in the role of social policy and social control strategies in managing division and conflict and has written on policing and penal policies.

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