

# Mortality and political climate: how suicide rates have risen during periods of Conservative government, 1901–2000

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## Do conservative governments make people want to die?

The paper by Page and colleagues adds to a growing literature that considers the effect of the political environment (whether from the point of view of which political regime holds power or considering in more detail the proportion of population voting for particular parties) and mortality.<sup>1,2</sup> In this case the specific cause of death in question is suicide, and the paper thus adds to a long tradition of research in sociology and epidemiology on factors beyond the individual that influence societal rates of suicide.<sup>3–5</sup>

The findings by Page *et al* suggest a dose-response or perhaps “true” effect such that during the 20th century the presence of Conservative governments at both State and Federal level in Australia were associated with higher suicide rates. Crucially, the effect is strongest when both levels of government are Conservative, with adjusted relative risks of suicide of 1.17 for men and 1.40 for women compared with years of administration by both State and Federal Labor governments.

What can we infer from the findings of this study? The best societal conditions to minimise suicide rates are as follows: have both a State and Federal Labor regime, economic stability, be at war, control the availability of sedatives, and avoid drought. However, the implications of these results for reducing population suicide are unclear. The controlling of sedatives is perhaps the most easy to implement. But what about war? The authors’ results suggest that not all wars have the same effect on suicide rates; considering all cause mortality might change the perception of war as a positive factor in population health. While Wilkinson<sup>6</sup> argues that the increased sense of social cohesion brought about by facing a common enemy resulted in an improvement in overall life expectancy in Britain during the second world war, it is not always the case that national wars are based on national unity, as American opinion regarding the Vietnam war testifies. Moreover, it would

obviously be morally indefensible to suggest pursuing war as a strategy in order to reduce suicide rates.

The interpretation of the effects of economic conditions (indexed by changes in GDP) is also problematic, seeing as periods of economic depression are associated with higher suicides rates among men, but times of economic depression and expansion are associated with higher suicide rates among women. For women, economic stability, or incremental rather than rapid economic change, seems to be most beneficial. The study period for these analyses covers almost the entire 20th century—during which time the role of women, and their economic participation, has changed dramatically. Women may suffer in times that are economically tight as they are often in the position of serving as a reserve army of labour and, in the private sphere, have the responsibility for managing family budgets and somehow making ends meet. In times of economic boom, they may not enjoy as rapid access to better work opportunities and other aspects of social success as do their male counterparts. Taking into account the proportion of women in the labour force, and perhaps the proportion of women in public life (see Lynch *et al*), may help to explain this finding.

Page and colleagues seem to favour a psychosocial over a materialist interpretation<sup>8,9</sup> of their results—suggesting that a greater proportion of the population are living in conditions of hope under Labor governments. Suicide is clearly a psychosocial outcome, but even in this case the fundamental determinants may lie outside of the psychosocial domain. The variable “political regime” could be substituted by an indicator of the egalitarian and redistributive qualities of tax and welfare policies—the direction of the results would almost certainly be similar (Labor governments historically having being more redistributive than Conservative ones), but the interpretation would be very different. The authors reasonably

argue that people think that life is less worth living when there is less worth living for. Thus the fundamental determinant is the degree to which fiscal policies compensate for the general tendency of some people to have increasingly more than others, and lead to greater fairness.

Governments are changeable within democratic societies, and at least in Britain health care is an issue of considerable electoral importance. Health itself, as compared with the National Health Service, has not been a high profile issue around elections, however. But demonstrations of mortality outcomes of selection of a particular political party illustrates what must—potentially—be modifiable influences on population health. To test the generality of Page and colleagues’ findings we have crudely examined the same issue in British data.

## TO WHAT EXTENT ARE THE RESULTS FOR AUSTRALIA REFLECTED IN BRITAIN?

Suicide rates in Australia tended to rise during Conservative periods of rule over the course of the past century. Similar results—with respect to attempted suicide—have previously been reported for Britain.<sup>10</sup> In this short response, given problems of data availability, it is not possible to replicate the Australian results exactly. However, it is relatively simple for anyone with access to the world wide web to conduct a very crude analysis that produces uncannily similar statistics within England and Wales—albeit for men and women combined.

The fact that suicide rates are affected by the political, economic, and cultural environment in which people in England and Wales live has been demonstrated many times. Even very short-term effects have been noted, such as suicide rates rising by 17% in the four weeks after the death of Diana, Princess of Wales.<sup>11</sup> Suicide rates in Britain have tended to follow economic trends such as the unemployment rate, but that in turn is partly a product of political decisions and it is clearly not by chance that the unemployment rate in Britain peaked during long periods of largely Conservative administration during the 1930s and 1980s. Thus, treating unemployment as the cause may not get to the underlying modifiable factor, which may be the package of economic and fiscal policies introduced by a particular regime. How then does the century’s trend in suicide compare to the trend in political control?

Table 1 shows the crude suicide rate in England and Wales for 1901–1998 per million people per year. Suicides are defined on a consistent basis by the Office for National Statistics as being equivalent to E950-E959 between 1901 and 1960 and including deaths from external causes in which intent was

undetermined thereafter (E980-E989). Equivalent data for Scotland are not available (data on all or the part of Ireland under the rule of Britain during this period are also not available). The data are provided by ONS for every five years of the century and are the only consistent data on suicide over the century easily available on the web. Here we have simply added the name of the longest serving prime minister during each five year period to this list of rates along with their political affiliation for the majority of that period (table 1).

The century began with a Conservative government and a suicide rate of just over 0.01% of the population per year. The Liberal government first elected in 1906 enacted policies that were increasingly socially progressive under the leadership of David Lloyd George. As the table shows overall suicide rates fell during this period of Liberal government—to an all time low that coincided with the first world war. After the war rates rose with a succession of barely interrupted Conservative administrations, reaching an all time high coincident with the coalition government of 1931–1935. This government was led by Ramsay MacDonald who left the Labour party in 1931 to lead the largely Conservative and Liberal coalition of that time. A cynic might suggest that if there's anything worse than a Conservative government for suicide rates, it is one led by an ex-Labour party leader. However, unemployment also peaked to its maximum for the century in these years. Rates of suicide (and unemployment) remained high under Chamberlain's leadership and only fell substantially with the outbreak of the second world war; but suicide rates under a Conservative wartime administration were higher than under a Liberal one.

Postwar suicide rates under the 1945–1951 Labour administration were lower than at any time since 1925. However, after the political fall of that famously progressive government they rose steady over the next 15 years—under Churchill, then Eden, and then Macmillan (the later rise is only partly attributable to the change in classification noted above). They fell quickly under the next Labour administration of Harold Wilson and then, for the first and only time, fell under a Conservative government—the administration led by Edward Heath between 1970 and 1974. The large majority of this fall can, however, be attributed to the switch from coal gas to natural gas in the period leading up to Heath's term of office<sup>12 13</sup> (that is similar to the effect of sedative legislation found in Australia). It is probable that if the substantial fall attributable to this method of suicide being withdrawn were accounted for we would actually find a

**Table 1** Suicide rates per million 1901–1998 England and Wales by prime minister

Period	Suicide rate	Main prime minister in power each five years
1901–1905	101	Balfour (Conservative 1902–1905)
1906–1910	102	Campbell-Bannerman (Liberal 1905–1908)
1911–1915	96	Asquith (Liberal 1908–1916)
1916–1920	85	Lloyd George (Liberal 1916–1922 & WW1)
1921–1925	101	Baldwin (Tory 1923–24, 1924–1929)
1926–1930	123	Baldwin (Tory 1923–24, 1924–1929)
1931–1935	135	MacDonald (Lib/Tory coalition 1931–1935)
1936–1940	124	Chamberlain (Conservative 1937–1940)
1941–1945	92	Churchill (Conservative 1940–1945 & WW2)
1946–1950	106	Atlee (Labour 1945–1951)
1951–1955	107	Churchill (Conservative 1951–1955)
1956–1960	116	Eden (Conservative 1955–1957)
1961–1965	137	Macmillan (Conservative 1957–1963)
1966–1970	118	Wilson (Labour 1964–1970)
1971–1975	101	Heath (Conservative 1970–1974)
1976–1980	112	Callaghan (Labour 1976–1979)
1981–1985	121	Thatcher (1979–1990)
1986–1990	118	Thatcher (1979–1990)
1991–1995	110	Major (1990–1997)
1996–1998	103	Blair (1997–present)

Source: <http://www.statistics.gov.uk/statbase> dataset "Deaths (per million population) from injury and poisoning: external cause and year of registration or occurrence, 1901–1998".

rise in the real rate under that government's tenure—but this is only a very crude analysis.

Ignoring the "blip" of the Heath years, rates were lower under Callaghan than Wilson but jumped up dramatically with the election of the final Conservative administration of the century, initially led by Margaret Thatcher. They fell with the election of the more moderate John Major and fell again under Tony Blair. If recent annual figures are studied then the fall can be seen to have actually occurred between 1995 and 1996 (see table 2). Nevertheless, yet again the election of a supposedly more progressive government coincides with a longer term reduction in suicide rates. After a slight rise in suicide rates during their first few years in office (when the fiscal plans of the previous Conservative government were adhered to and before new policy initiatives were in place) suicide rates have fallen.

To compare these trends to the Australian case we need to see how the rate of suicides in Conservative periods of government compares with that generally experienced under Labour (and Liberal) prime ministers. The average crude suicide mortality rate in the 20th century in Britain under Labour and Liberal administrations was 103 deaths per million per year. During the 20 years from 1921 to 1940, almost all under Conservative administrations, the rate was 1.17 times that. During the 15 years of almost all Conservative rule from 1950 to 1965 it was again 1.17 times, and during the 10 years 1981–1990 encompassed by Mrs Thatcher's rule it was 1.16 times, the rate under Labour and Liberal governments. The overall effect on suicide rates in Britain is similar to that which is seen for Australian men; Australian women are

more responsive (in terms of suicide rate changes) to Conservative elections than are Australian men or the overall British population.

#### WHO COMMITS SUICIDE UNDER CONSERVATIVE REGIMES?

Finding a rise in national suicide rates during periods of Conservative administration does not indicate which groups in society might be most adversely effected by such administrations. However, cross sectional data for geographical areas can be used to show that suicide rates tend to be higher in areas where fewer people vote Conservative. Building on earlier work<sup>1</sup> we have correlated suicide rates within parliamentary constituencies with voting behaviour during parliamentary elections. Taking directly age-sex

**Table 2** Suicide rates per million, England and Wales, 1991–2000

Year	Suicide rate
1991	118
1992	115
1993	105
1994	106
1995	107
1996	101
1997	103
1998	106
1999	106
2000	101

Source: <http://www.statistics.gov.uk/statbase> dataset "Deaths (per million population) from injury and poisoning: external cause and year of registration or occurrence, 1901–1998", for 1991–1998 and for 1998, 1999 and 2000 ONS Mortality Statistics: Cause, Series DH2, Nos 25, 26 and 27. London: The Stationery Office.

standardised suicide rates for the four periods 1981–85, 1986–1990, 1991–95, 1996–2000 and relating them to the proportion of the electorate who voted Conservative in each parliamentary constituency at the general elections of 1983, 1987, 1992, and 1997 produces correlation coefficients of  $-0.23$ ,  $-0.34$ ,  $-0.48$ , and  $-0.47$  respectively (all  $p < 0.05$ ). Thus throughout the 1980s and 1990s suicide rates were progressively higher where fewer people voted for the party that won all but the last of those elections. Put bluntly, this suggests that while a Conservative government is associated with a higher suicide rate, living in an area with a high proportion of Conservative voters is associated with a lower risk of suicide (and by extension—putting aside concerns regarding the ecological fallacy—Labour voters suffer as a result of the higher suicide rates engendered by Conservative governments).

**CONCLUSION**

During the 45 (Tory) years of excess suicide mortality identified above some 238 431 people died as a result of suicide.

If the excess is 17%, then the conclusion is that roughly 35 000 of these people would not have died had these Conservative governments not been in government. This is one suicide for every day of the century, or more appropriately, two for every day that the Conservatives ruled.

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**REFERENCES**

1 **Davey Smith G**, Dorling D. "I'm alright, John": voting patterns and mortality in England and Wales, 1981–92. *BMJ* 1996;**313**:1573–7.  
2 **Kelleher C**, Timoney A, Friel S, *et al*. Indicators of deprivation, voting patterns, and health status at area level in the Republic of Ireland. *J Epidemiol Community Health* 2002;**56**:36–44.  
3 **Durkheim, E**. *Suicide*. (originally published 1897). London: Routledge and Kegan Paul, 1952.

4 **Ashford JR**, Lawrence PA. Aspects of the epidemiology of suicide in England and Wales. *Int J Epidemiol* 1976;**5**:133–44.  
5 **Charlton J**, Kelly S, Dunnell K, *et al*. Suicide deaths in England and Wales: trends in factors associated with suicide deaths. *Popul Trends* 1993;**71**:34–42.  
6 **Wilkinson RG**. *Unhealthy societies: the afflictions of inequality*. London: Routledge, 1996.  
7 **Lynch J**, Davey Smith G, Hillemeier M, *et al*. Income inequality, the psychosocial environment, and health: comparisons of wealthy nations. *Lancet* 2001;**358**:200.  
8 **Lynch JW**, Davey Smith G, Kaplan GA, *et al*. Income inequality and mortality: importance to health of individual income, psychosocial environment, or material conditions. *BMJ* 2000;**320**:1200–4.  
9 **Marmot M**, Wilkinson RG. Psychosocial and material pathways in the relation between income and health: a response to Lynch *et al*. *BMJ* 2001;**322**:1233–6.  
10 **Masterton G**, Platt S. Parasuicide and general elections. *BMJ* 1989;**298**:803–4.  
11 **Hawton K**, Harriss L, Appleby L, *et al*. Effect of death of Diana, Princess of Wales on suicide and deliberate self-harm. *Br J Psychiatry* 2000;**177**:463–6.  
12 **Kreitman N**. The coal gas story: United Kingdom suicide rates, 1960–71. *Br J Prev Soc Med* 1976;**30**:86–93.  
13 **Kendell RE**. Catalytic converters and prevention of suicides. *Lancet* 1998;**352**:1525.