

What do suicide notes tell us about people's experience with mental illness and treatment?

What is this research about?

People who die by suicide – sometimes called “suicide decedents” – are almost always suffering from a mental illness. Even though we know a lot about the rates of mental illness in suicide deaths, we know little about how suicide decedents actually experience their mental illness. By looking at suicide notes, which are left 15-38% of the time (depending on the study), we can better understand how people think and feel about their mental illness.

What did the researchers do?

Researchers looked at 252 suicide notes from the Office of the Chief Coroner for Ontario to identify themes regarding mental illness and mental health care. After going through each note, they singled out notes that specifically mentioned *mental illness*, *mental suffering*, or *mental health treatment*. Of the 252 notes, 36 specifically discussed one of these concepts.

What did the researchers find?

The authors identified three main themes:

1. *Trying to have control over the mental illness* – while some people wrote about having a high degree of control over their mental illness, others wrote about having no control. Some people expressed anger or resentment towards *themselves* because they'd failed to manage their illness. Others wrote about how the mental illness was the *cause* of the problem, which seemed to allow them to shift blame onto something else.
2. *Conflict between themselves and the illness* – some people wrote about the 'struggle' or

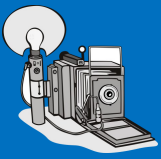
What you need to know:

Suicide notes provide insight into the way people experience mental illness and mental health treatment. An in-depth review of 36 suicide notes from Ontario emphasizes the importance of personal control over mental illness, the struggle between the illness and the self, and how experiences with treatment can lead to hopelessness. Service providers can use these findings to help their clients reduce exhaustion and increase autonomy, or improve suicide prevention programs.

'fight' between themselves and their mental illness, which left them feeling exhausted and depleted.

3. *Feeling like a failure and feeling hopeless with mental health treatment* – many people wrote about their experiences with mental health treatment, such as hospitalization or medication. Some expressed a sense of hopelessness after repeatedly trying to access services while others blamed themselves for not having much success with treatment.

All of these internal struggles left people feeling exhausted, and lacking autonomy over their lives. According to the notes, suicide gave them a way to end their suffering and finally exercise some control.



How can you use this research?

Service providers can use these findings when working with clients or designing suicide prevention programs. Specifically, service providers should:

- *Discuss client's beliefs about mental illness and treatment* – discuss client's sense of control over their lives and follow up with targeted strategies to help reduce self-blame or harmful beliefs.
- *Address client's exhaustion* – help clients incorporate their concept of illness into their sense of self, instead of trying to overcome it.
- *Help client's increase autonomy* – consider the complex relationship between autonomy and suicide when helping clients gain more control over their circumstances. Peer support may help empower clients with mental illness and reduce their sense of hopelessness.

Limitations and next steps

This study used a small sample size of English language suicide notes. Though only 36 suicide notes were reviewed in-depth, the sample is comparable to similar studies. More research is needed to understand how different aspects of identity (such as gender, race, and sexual orientation) influence how people see themselves and their illness.

About the researchers

Zainab Furqan, MD, BAsC¹, Mark Sinyor, MD, FRCP(C), MSc^{2,3}, Ayal Schaffer, MD, FRCP(C)^{1,2,3}, Paul Kurdyak, MD, FRCP(C), PhD^{4,5,6} and Juveria Zaheer, MD, FRCP(C), MSc^{1,4}

1 Department of Psychiatry, University of Toronto, Toronto, ON

2 Evaluative Clinical Sciences, Hurvitz Brain Sciences Research, Sunnybrook Research Institute, Toronto, ON

3 Mood and Anxiety Disorders Program, Sunnybrook Health Sciences Centre, Toronto, ON

4 Health Outcomes and Performance Evaluation (HOPE) Research Unit within the Social and Epidemiological Research Program, and the Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, ON

5 Department of Psychiatry and Institute of Health Policy Management and Evaluation, University of Toronto, Toronto, ON

Keywords

Suicide notes, mental illness, mental health care

This *Research Snapshot* is based on the article, "I Can't Crack the Code": What Suicide Notes Teach Us about Experiences with Mental Illness and Mental Health Care., published in the *Canadian Journal of Psychiatry* in July, 2018. [doi: 10.1177/0706743718787795](https://doi.org/10.1177/0706743718787795)

This *Research Snapshot* responds to the need for evidence related to "best practices for suicide prevention." This need was identified during dialogues for EENet's *Sharing Together* initiative and falls under Evidence Priority 8: "Prevention and promotion, including suicide prevention." To learn more about *Sharing Together*, which resulted in an evidence priority agenda for Ontario's mental health, substance use, and addictions system, [click here](#).

This summary was written by Rebecca Phillips Konigs.