

Close to 40% of formerly suicidal Canadians subsequently achieve complete mental health

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Close to 40% (38%) of formerly suicidal Canadians have reached a state of complete mental health, not only being free of symptoms of mental illness, suicidal thoughts or substance abuse in the preceding year, but also reporting almost daily happiness or life satisfaction, and social and psychological wellbeing according to a new study from researchers at the University of Toronto. The study will appear online this month in the journal *Suicide and Life-Threatening Behavior*.

"We found that among formerly suicidal individuals, those who have someone they could confide in were seven times more likely to have complete mental health, after adjusting for potential confounders" says lead author Philip Baiden, a PhD Student at the University of Toronto's Factor-Inwentash Faculty of Social Work.

This finding is in keeping with the large body of research that has consistently demonstrated that individuals with greater social support and who have someone they can count on are less likely to suffer psychological distress and other mental illness. Other factors associated with achieving complete mental health among formerly suicidal respondents include being older, being a woman, having higher income and the use of spirituality to cope. Those with chronic pain, insomnia or a history of alcohol dependency were less likely to be in complete mental health.

The researchers examined data from a representative sample of 2,884 formerly suicidal adults from Statistics Canada's 2012 Canadian



Community Health Survey-Mental Health.

"Our findings provide a hopeful message for those in the depths of despair and their loved ones. Long-term recovery goals should be not limited to mere remission from suicidal thoughts. A large minority of suicidal individuals can achieve a high level of happiness and complete mental health. There is a promising light at the end of the tunnel" says coauthor Esme Fuller-Thomson, Sandra Rotman Endowed Chair in Social Work and Interim Director of the Institute for Life Course and Aging.

Provided by University of Toronto

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