1 in 13 adults in Singapore had thought about suicide at some point in their lives

1. Of the adult population in Singapore, 7.8%\(^1\) had thought about suicide, i.e. suicidal ideation, at some point in their lives. The lifetime prevalence of suicide planning was 1.6%\(^2\) (1 in 63), and that of attempts was 1.6%\(^3\) (1 in 63). These are some of the key findings from a study by the Institute of Mental Health (IMH) on suicidality – a term encompassing suicidal ideation, plans and attempts – among the local population as well as the socio-demographic and illness-related factors associated with it.

2. These findings were derived from the second Singapore Mental Health Study (SMHS), initiated in 2016, which examined the prevalence of common mental disorders here, their associated factors, treatment gap of the disorders, as well as the local adult population’s help-seeking behaviour. The SMHS was led by the Institute of Mental Health (IMH) in collaboration with the Ministry of Health (MOH) and Nanyang Technological University (NTU), and funded by MOH and Temasek Foundation.

3. “Suicide is very complex and often involves various factors. As the first population-wide study on suicidality in Singapore, this gives us crucial data on suicidal ideation, plans and attempts,” said Dr Mythily Subramaniam, Assistant Chairman Medical Board, Research, IMH. “Suicidal ideation can vary from fleeting and unwanted thoughts to a preoccupation with death. While in general and in our study, the majority of individuals with suicidal ideation do not go on to make suicide attempts, it is nevertheless a risk factor for suicide attempts. We also know that previous suicide attempts are an important risk factor for suicides, and may result in subsequent attempts and even death, if not addressed adequately. The identification of risk factors of suicidality thus provides an opportunity to intervene early thereby lowering the risk of suicides in the population.”

About the Study

4. The study involved face-to-face interviews, conducted between 2016 and 2018, with 6,126 participants, aged 18 years and above, representing Singapore’s general population. To establish the prevalence of suicidality, the study used the ‘Suicidality’ module of the World Health Organization Composite International Diagnostic Interview (WHO-CIDI). Participants were asked a series of questions to determine if

---

\(^1\) This translates to about 242,950 adults  
\(^2\) This translates to about 49,830 adults  
\(^3\) This translates to about 49,830 adults
they had ever seriously thought about suicide, made a plan or attempted suicide. Data on their physical health conditions, including hypertension, cardiovascular disorders, chronic pain, cancer and diabetes, their mental disorders, including major depressive disorder, bipolar disorder, generalised anxiety disorder, obsessive-compulsive disorder and alcohol use disorder, as well as socio-demographic information were also collected.

Key Findings

5. There was a significant association between suicidality and certain socio-demographic variables such as age, gender, educational level and marital status.

   a. **Suicidal ideation** was 1.4 times more likely in females compared to males, and 3.6 times more likely amongst youth in the 18-34 age group compared to individuals aged 65 and above.

   b. **Suicidal ideation** was 1.8 times more likely in those who had never been married, and 3.6 times more likely in those who were divorced/separated, as compared to those who were married.

   c. Individuals whose highest attained education level was pre-university/junior college were 4.3 times less likely to engage in **suicide planning** when compared to those who had completed university, whilst those whose highest attained education level was secondary school were 5.2 times more likely to have **attempted suicide** than those who had completed university. These factors remained significant after adjusting for the presence of mental disorders.

6. Suicidality was also associated with physical and mental disorders.

   a. **Suicidal ideation, planning and attempts** were more likely to occur in those with major depressive disorder, bipolar disorder, generalised anxiety disorder and alcohol use disorder, compared to individuals without any mental disorders, and in those with chronic pain, when compared to those without any physical disorders.

   b. Among individuals with mental disorders, those with bipolar disorder had the strongest association with having had **suicidal ideation**.

   c. **Suicidal ideation and attempts** were more likely to occur in those with diabetes, while **suicide attempts** were more likely in those with hypertension and hyperlipidaemia (high cholesterol levels).

7. Dr Ganesh Kudva, Associate Consultant, Department of Psychosis, and the lead researcher of this study, said: “Our findings demonstrate that there are certain high-risk groups who may be prone to manifesting components of suicidality. The association of suicidality with younger age is notable, especially given that suicide is
the leading cause of death amongst those aged 10 – 29 in Singapore. These findings thus further justify the current increased focus on youth mental health. The study findings on the other high-risk groups, such as individuals with certain physical and mental disorders, or individuals who are divorced/separated, reinforce the point that suicide is complex and multi-faceted, often involving family, social and mental health issues. In this regard, everyone, be it fellow classmates, co-workers, friends, family members, doctors and community workers, has a role to play. By reaching out and doing regular check-ins on the people we care about, lending them a listening ear, and encouraging them to seek help and prompt interventions, where necessary, we can help to alleviate stress and reduce suicidality.”

8. “Mental health literacy is also important,” adds Dr Mythily, “We need to learn to recognise the warning signs and not shy away from talking about suicide or seeking help when needed. There are several avenues of support and resources available in the community for individuals facing distress or thinking about suicide. These include family service centres (FSCs) and primary care doctors who are trained to manage mental health conditions, and counselling helplines, including the 24-hour Samaritans of Singapore (SOS) helpline and IMH’s Mental Health helpline. We have a responsibility to support each other, acknowledge the distress felt by others, and encourage them to seek help.”

– END –

For media queries, please contact:

Ms Lalitha Naidu
Institute of Mental Health
Email: LN_GOPAL_KRISHNAN@imh.com.sg
DID: (65) 6389 3887

Ms Quek Ai Choo
Institute of Mental Health
Email: Ai_Choo_QUEK@imh.com.sg
DID: (65) 6389 2865

About the Institute of Mental Health (IMH)
The Institute of Mental Health (IMH), a member of the National Healthcare Group, is the only tertiary psychiatric care institution in Singapore. Located on the sprawling 23-hectare campus of Buangkok Green Medical Park in the north-eastern part of Singapore, IMH offers a multidisciplinary and comprehensive range of psychiatric, rehabilitative and therapy services in hospital-based and community-based settings. The 2000-bedded hospital aims to meet the needs of three groups of patients – children and adolescents (aged below 19 years), adults and the elderly. Besides providing clinical services, IMH also leads in mental health research
and training the next generation of mental health professionals in Singapore. For more information, please visit www.imh.com.sg.