Suicide-Rates-Overview-(1985-to-2016) Analysis

About the Data: This compiled dataset pulled from four other datasets linked by time and place and was built to find signals correlated to increased suicide rates among different cohorts globally, across the socio-economic spectrum.

For Reference:

- United Nations Development Program. (2018). Human development index (HDI). Retrieved from http://hdr.undp.org/en/indicators/137506
- World Bank. (2018). World development indicators: GDP (current US$) by country:1985 to 2016. Retrieved from http://databank.worldbank.org/data/source/world-development-indicators#
- [Szamil]. (2017). Suicide in the Twenty-First Century [dataset]. Retrieved from https://www.kaggle.com/szamil/suicide-in-the-twenty-first-century/notebook
- World Health Organization. (2018). Suicide prevention. Retrieved from http://www.who.int/mental_health/suicide-prevention/en/

Suicide rates have increased dramatically over the past 45 years despite prevention efforts. There is marked geographic variability in suicide rates, with the highest rates being found in Eastern Europe and the lowest in Muslim and Latin American countries. So far, this variability in suicide rates has not been satisfactorily explained.

Most studies in the psychiatric literature have approached the analysis of risk factors and correlates of suicidal behaviours from a clinical perspective in developed countries. In these countries, clinical studies definitively establish that psychiatric disorders are a major contributing factor to suicide. It is not completely clear how well these studies can be extrapolated to the general population because psychiatric disorders are relatively uncommon in the general population and most subjects diagnosed as having a mental disorder do not complete suicide. The impact of psychiatric risk factors on suicide rates differs significantly depending on socioeconomic status in Western developed countries and, more importantly, this impact may be much smaller in developing countries.

Morselli and Durkheim were the first authors to point towards the socioeconomic driving forces operating on the changing suicide rates. Since their seminal 19th century studies, suicide has usually been considered a social problem, and several risk factors have been related to suicidal behaviour, both at the subject level (micro socioeconomic factors) and at the state level (macro socioeconomic level). Recently, Innamorati reported, consistently with previous research, significant associations between suicide rates and several macro socioeconomic factors. Both high basal levels of income and elevated economic growth have been found to be associated with reduced suicide rates. Suicide rates are lower in Western high-income countries compared with low- and middle-income countries. In addition, the global change in economic activities that has taken place over the past 60 years has deeply affected people's emotional health and may have influenced suicide rates. Gross domestic product (GDP), a measure of economic activity, has been negatively correlated with suicide rates, suggesting that suicide rates drop in times of economic expansion and increase in times of recession. In recent times, Luo suggested that business cycles affect suicide rates in the USA: the overall suicide rate usually rises during recessions and falls during expansions. Similarly, the Asian economic crisis has been linked with steep increases in suicide rates in some, but not all, East/Southeast Asian countries.
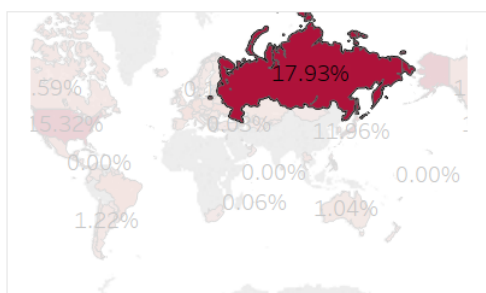
It has been suggested that the relationship between GDP per capita and suicide may follow an inverted U-shaped curve, with suicide trends declining after peaking at a certain threshold of economic development. Thus, although at low GDP levels, increases in GDP are associated with increases in suicide rates, once a given threshold of economic development is reached, further increases in GDP do not correlate with further increases in suicide rates. The threshold at which the inverted U-shaped curve starts trending down may vary depending on several social, economic and cultural differences across countries. On the other hand, some authors have suggested that, compared with GDP, more complex constructs such as 'National Intelligence' or

the 'K factor'—including measures of national IQ; gross national product; life expectancy; birthrates; infant mortality; HIV/AIDS and of rape, serious assault and homicide—may better explain the geographic variability of suicide rates.
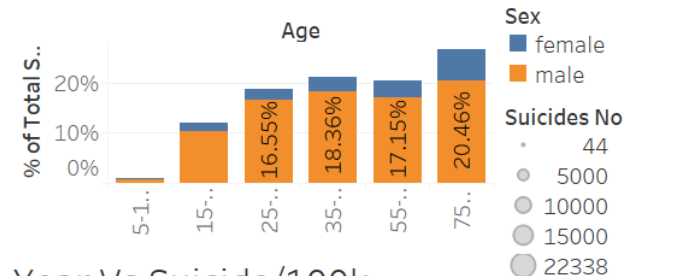
In the present study, we examined the trends in GDP per capita and suicide rates and investigated the correlation between GDP per capita and suicide rates in WHO regions during the past 30 years. The present study extends previous research by including all available information worldwide, thus allowing refinement and clarification of the regional differences that may explain the relationship between economic cycles, as measured by GDP per capita, and suicide rates.

Objective: In this following project we will observe the co-relation between GDP, Age, Sex and Population with Suicide Number.
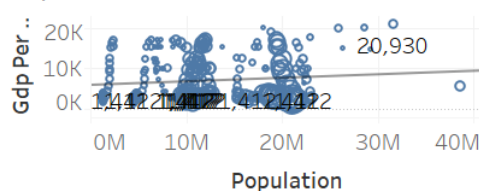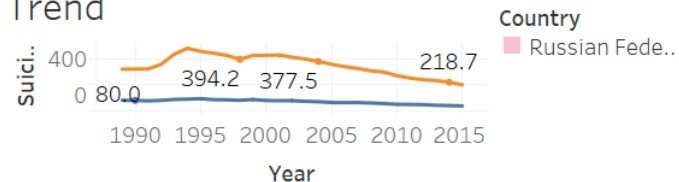
Country wise suicide

Age & Gender wise Suicide Rate

% of Total Suicid..
0.00%   17.93%

Sex
female
male

Suicides No
·   44
○   5000
○   10000
○   15000
○   22338

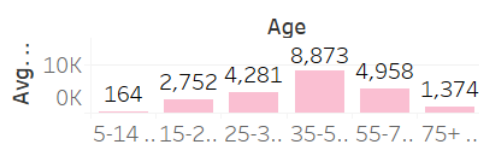**Country**
All

Country
Russian Fede..

Population Vs Gdp Per capita Suicide number

Year Vs Suicide/100k Population Sex wise Suicide Trend

Avg Suicide For each age group for each country

Year wise & country wise Suicide

The above dashboard helps us to visualise that in Russia, it is 17.93% of total suicidal number. Where, nearly 20.46% mainly males of age 75 & above have committed suicides. We can also observe that Males rate of suicide was always higher than females in Russia, and Average maximum suicide is committed by 35-55yrs (8,873). We can say that the rate of suicide has although been down trend and it has a positive co-relation with the country's GDP and Population.

Similarly, we can filter each data and fields to drill down the data further and get more insights from this.

That may help us in taking actions in preventing suicide and grow the socio economic health of the country.