

Unpaid carers at risk of suicide and homicide-suicide

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KEY FACTS

Policy area: Health and Social Care

Research question: What is the evidence on suicide and homicide risk in unpaid carers, and how can it be used to inform recommendations for policy and practice?

Methods: A scoping review of 45 international studies, including 7 from the UK

Research stage: Completed

Summary of the research

Our review of the international evidence has identified unpaid carers as a high-risk group for suicide, with many carers thinking, making plans for, and attempting suicide. For some carers, suicidal thoughts are accompanied by thoughts of killing the person for whom they care and deaths by homicide-suicide have been reported. There is an urgent need to identify and support at-risk carers, and the review provides a clear plan of action for health and social care, including creating safe spaces for carers, training relevant professionals to support at-risk carers, and routinely assessing carers for suicide and homicide risk.

Background

Nine million people in the UK provide unpaid care to family members or friends with long-term illnesses or disabilities. Their unpaid labour is estimated to save the government £132 billion per year, but it takes a significant toll on their wellbeing. Recent research has suggested that the overwhelming and unrelenting pressures of caring also lead some unpaid carers to contemplate, attempt, and die from suicide and homicide-suicide.

In this context, suicide is defined as a carer killing themselves and homicide-suicide is defined as a carer killing the person for whom they care, then killing themselves. There is currently no systematically collected evidence to indicate how many carers have died by suicide or homicide-suicide, but the high rates of suicidal ideation identified in our review still warrant urgent action in practice and policy.

Key Findings

Our review draws together research from low-, middle-, and high-income countries, and spans a range of illnesses and disabilities (including dementia, HIV/AIDs, Down's syndrome, schizophrenia, quadriplegia, and cancer). This is the first time a review has brought this evidence together and identified the next steps for research, policy, and practice.

- More than 45 studies (including 7 from the UK) have reported suicidal thoughts and behaviours in unpaid carers, with most published in the last ten years. The number of carers reporting suicidal ideation varies across studies, with some estimates as high as 71% and most likely to be an underestimate.

- Among those who have contemplated suicide, research suggests that 1 in 6 carers are likely to attempt suicide in the future and 1 in 10 have already attempted suicide. High-lethality methods have been reported in carers' suicide plans and attempts.
- Suicidal ideation in carers can be accompanied by homicidal ideation, and deaths by homicide-suicide have been reported. Homicidal ideation has been attributed to an inability to continue caring, as well as poor quality of life in the person receiving care. The majority of carers who kill the person for whom they care do not have a history of domestic violence.
- Consistent with the general population, depression, anxiety, dysfunctional coping strategies, and limited social support are risk factors for suicidal ideation in carers. It is important to note, however, that suicidal ideation has also been reported in carers without depression.
- There are also risk factors for suicidal ideation that are unique to carers. These include: dissatisfaction with the caring role; wanting a reprieve from caring; experiencing conflict with family or health and social care professionals over the care provision; and, not having an identity or role beyond caring (such as a paid job or volunteering).
- Health and social care professionals (including those in the UK) are encountering carers at-risk of suicide, but many lack the skills and resources to identify and support them.
- There have been no interventions specifically designed to address suicide (or homicide) risk in unpaid carers and, due to the dyadic nature of caring and the need to safeguard vulnerable care recipients, existing suicide prevention initiatives are unlikely to be sufficient.
- The review focused only on adult carers, but there is evidence to suggest young carers might also be at risk of suicide.

Policy recommendations

The existing evidence provides a clear imperative for immediate action to identify and support at-risk carers. In particular, there is a need to:

- Create safe spaces for carers to disclose thoughts of suicide and homicide without fear of repercussions such as criminal prosecution or removal of the care recipient.
- Balance support for carers with safeguarding of care recipients.
- Train health and social care professionals, as well as third sector organisations, to identify at-risk carers and intervene appropriately.
- Ensure health and social care professionals, as well as third sector organisations, are adequately resourced to support at-risk carers.
- Routinely assess all carers for suicide risk, not just those with symptoms of mental illness.
- Routinely assess carers for suicide and homicide risk.

There is also a need for ongoing research to further understanding (particularly on the experiences of carers in the UK) and inform more targeted, evidence-based prevention and intervention.

Recommendations for research can be found in the review [O'Dwyer et al 2021](#).

Contact details

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Dr O'Dwyer is a Senior Lecturer in Ageing and Family Care at the University of Exeter Medical School. She has been at the forefront of research on suicide and homicide risk in carers. She is continuing this pioneering research with the first UK study of suicide risk, homicide risk, and self-harm in parents caring for children with long-term illnesses and disabilities (supported by an NIHR Research for Social Care grant). More than 700 parent carers have already participated and the findings are expected to be available in early 2023.