

Study: Examining variations in immigrants' lower risk of suicide-related behaviours

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Suicide is a major cause of premature and preventable death in Canada, with about 4,000 individuals dying by suicide each year, and 1 in every 10 people having thoughts of suicide over their lifetimes.

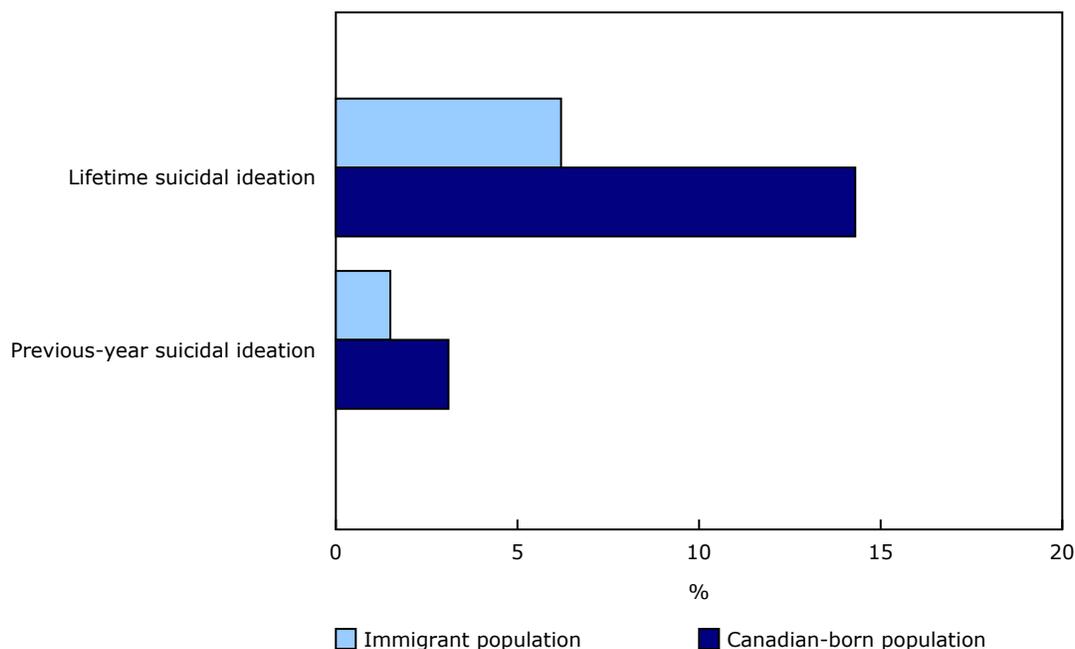
A new study released today titled "[Examining variations in immigrants' lower risk of suicide-related behaviours](#)" confirmed that the prevalence of suicide and suicidal ideation was lower among the immigrant population compared with people born in Canada. Yet, among the immigrant population, the risk of suicide-related behaviours varied considerably by such factors as age, sex, having a mental health disorder, time since arrival in Canada and region of birth.

Suicidal ideation two times more common among Canadian-born people than immigrants

Overall, 6% of immigrants experienced thoughts of suicide at some point in their lives, a considerably lower proportion than that of Canadian-born people (14%). Fewer immigrants (1.5%) reported having suicidal ideation in the previous year than their Canadian-born counterparts (3.1%).

Chart 1

Prevalence of suicidal ideation (lifetime and previous-year), immigrant and Canadian-born household populations aged 15 years and over, Canada, excluding the territories



Note(s): Differences between the immigrant and Canadian-born populations are statistically significant ($p < 0.05$).

Source(s): Canadian Community Health Survey (3226), pooled 2015, 2016, and 2019.

The gap in suicidal ideation between immigrants and Canadian-born people narrows when looking at those most at risk of having these kinds of thoughts, albeit the prevalence was lower among immigrants. Youth aged 15 to 24 years were most at risk of having suicidal thoughts among the immigrant population (4%), though they were less likely than Canadian-born youth (6%) to report having suicidal ideation in the previous year.



By far, the strongest risk factor for having suicide ideation in the previous year was having a diagnosed mood disorder or anxiety disorder for both immigrants and Canadian-born people. Among immigrants with a mood disorder, such as depression, bipolar disorder, mania or dysthymia, 14% had previous-year suicide ideation. Elevated levels were also seen among immigrants with an anxiety disorder, with 11% having previous-year suicide ideation.

For Canadian-born people, the proportion that had previous-year suicidal ideation was 18% for those diagnosed with mood disorders and 14% for those with anxiety disorders.

Suicidal ideation more common among immigrants who arrived in Canada more than 10 years ago

Among immigrants, specifically those who arrived in Canada more than 10 years ago, time since migration was a risk factor for having previous-year suicidal ideation. The odds of having suicidal thoughts were 1.8 times higher for immigrants who arrived in Canada more than 10 years ago than they were for immigrants who arrived in Canada less than 10 years ago. This increased risk may be a result of prolonged exposure to post-migration-related stressors, including social isolation, discrimination, language barriers, and unemployment.

Rates of suicide mortality among immigrants vary by sex and income

Mirroring the lower rate of suicidal ideation, the rate of suicide mortality was lower among immigrants than Canadian-born people. With an age-standardized rate, the prevalence of suicides among immigrants was half (7 suicides per 100,000 person-years) that recorded for Canadian-born people (14 suicides per 100,000 person-years).

Some risk factors of suicide mortality were similar among the Canadian-born and immigrant populations. For instance, men were more likely than women to take their own life, even though women tended to have higher levels of suicidal thoughts. Immigrant men were 2.7 times as likely as immigrant women to die by suicide, while Canadian-born men were 3 times as likely as Canadian-born women.

Economic family income also played a role in suicide mortality risk. Immigrants in the lowest income quintile had a suicide mortality rate that was 1.3 times higher (7 suicides per 100,000 person years) than immigrants in higher income quintiles (9 suicides per 100,000 person years). The increased risk was also seen among the Canadian-born population, with those in the lowest income quintile having a suicide mortality rate that was 1.9 times higher than that of those in higher income quintiles.

Immigrants' risk of suicide mortality varies by region of birth

Immigrants born in Western Europe had the highest suicide mortality rate, at 15 suicides per 100,000 person-years, followed by those from North America (excluding Canada), at 11 suicides per 100,000 person-years.

Immigrants from all other regions had lower suicide mortality rates, ranging from 6 to 9 suicides per 100,000 person-years. Variations in rates of suicide mortality by region of birth are likely influenced by the interplay of birth country environment and post-migration integration in Canada.

Mental wellness resources and crisis help

The following are some mental wellness resources available:

Wellness Together Canada:

Toll-free: 1-866-585-0445

Text WELLNESS to:

- 686868 for youth

- 741741 for adults

Website: [Wellness Together Canada](#)

Crisis centres near you:

Website: [Lifeline Canada](#)

Kids Help Phone

- Toll-free 1-800-668-6868

- Text 686868 (no data plan, Internet connection or app required)

- Live chat: www.kidshelpphone.ca

Additional resources are available on the Government of Canada website on [suicide prevention](#).

Note to readers

This study uses two data sources. The proportions of lifetime and previous-year suicide ideation were estimated using the [Canadian Community Health Survey \(CCHS\)](#) 2015, 2016, and 2019, when suicide-related content was available. This survey included respondents aged 15 years and over, in the provinces, in private households. These respondents were asked the following suicide-related questions:

- *Lifetime suicide ideation: Respondents were asked: "Have you ever seriously contemplated suicide?" Those who answered yes to this question were considered as having lifetime suicide ideation.*
- *Previous-year suicide ideation: Only respondents who were considered as having lifetime suicide ideation were asked: "Has this happened in the past 12 months?" Those who answered yes to the question were considered as having previous-year suicide ideation.*

Suicide mortality rates were estimated using the [Canadian Census Health and Environment Cohorts \(CanCHEC\)](#) 2006, with 10 years of mortality follow-up. This study included cohort members who were 15 years and over on the census day, in private households.

Suicide mortality includes deaths where suicide was a specific cause of death, based on ICD-10 (International Classification of Diseases), including X60-X84, and Y87.0.

Study cohorts from CCHS and CanCHEC reflected the immigrant population at the time of data collection, which differed by source. Thus, readers should refrain from making comparisons of results between these data sources.

Definitions

***Immigrants** refer to persons who are, or who have ever been, landed immigrants. Non-permanent residents constituted a very small percentage of the population and were excluded from the study.*

***Person-year** represents a unit of time when individuals are at risk of dying of a specific cause of death and can be roughly understood as persons per year.*

Definitions, data sources and methods: survey number [3226](#).

The article entitled "[Examining variations in immigrants' lower risk of suicide-related behaviours](#)" is now available in *Insights on Canadian Society* ([75-006-X](#)).

The infographic "[Suicidal thoughts and suicide mortality among immigrants in Canada](#)" is now available in the series *Statistics Canada - Infographics* (**11-627-M**).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).