

# FACTS ABOUT SUICIDE

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- At least 75 per cent of all suicides in both Australia and the UK are men.<sup>1</sup>
- Many, perhaps the majority of men will die on their first attempt of suicide.
- Suicide is the number one killer of men under 44 years.
- Suicide rates in many rural and remote areas are significantly greater than in urban populations, with farmers and indigenous men at high risk.
- Unemployment is a significant factor in male suicide.
- Most 'youth' suicide (15 – 24) are young men aged 20 – 24.
- Male Suicide has a significant impact on families, communities and the workplace; it is about the lonely and tragic death of much loved fathers, sons, husbands, brothers, uncles, grandfathers, and friends.
- We need to empower key people in communities to provide support, information, and referral to other men experiencing psychological distress.
- We need to work to resolve the causes of distress (including depression) rather than merely treating the symptoms.
- Health/Mental Health Services should ensure they have an appropriate 'men- friendly' approach to working with men who may be in distress, because inappropriate interventions from services may lead to further compounding difficulties for men already in distress.
- Community based promotion, prevention and early intervention to ensure appropriate support for men, is essential.

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1 ABS (2021) Causes of Death, Australia Belconnen, ACT <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#intentional-self-harm-deaths-suicide-in-australia>  
Our world in data <https://ourworldindata.org/suicide>

# SUICIDE IS LARGELY A MALE TRAGEDY

**At least 75 per cent of all suicides in both Australia and the UK are men.<sup>2</sup>**

**Suicide is a leading cause of death for younger men in both Australia and the UK.**

*In Australia it is the number one killer of men under 44 years in Australia.*

**There is good evidence that many, perhaps the majority of suicide deaths occur on the first attempt.<sup>3</sup>**

## FACTORS ASSOCIATED WITH MALE SUICIDE

**Suicide ranks second to coronary heart disease as the cause of potential years of life lost by Australian males (Australian Institute of Health and Welfare, 2010).<sup>4</sup>**

*Suicide is the second leading cause of years of life lost.*

If we are to understand suicide in men we must acknowledge the psycho-biological and cultural realities and demands on men's lives: The practice of blaming men for 'holding in their emotions' and 'not seeking help', and calls for changes to the traditional male role, sounds plausible but is, at best, lazy and simplistic. It is a view that conveniently avoids dealing with the more complex issues of male suicide, and is one that is ignorant of biology, and offensively dismissive of the lived reality of most men's lives – what society expects of them, and what they must try to be to meet these expectations (Ashfield, 2010).

We must also take into consideration the range of factors associated with male suicide, including:

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- 2 ABS (2021) Causes of Death, Australia Belconnen, ACT <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#intentional-self-harm-deaths-suicide-in-australia>  
Our world in data <https://ourworldindata.org/suicide>
  - 3 Bostwick, J. M., Pabbati, C., Geske, J. R., & McKean, A. J. (2016). Suicide attempt as a risk factor for completed suicide: Even more lethal than we knew. *American Journal of Psychiatry*, 173(11), 1094–1100. <https://pubmed.ncbi.nlm.nih.gov/27523496/>
  - 4 Isometsä, E. T. & Lönnqvist, J. K. (1998). Suicide attempts preceding completed suicide. *The British Journal of Psychiatry*, 173, 531–535. <https://doi.org/10.1192/bjp.173.6.531>
- 4 <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/burden-of-disease-studies-suicide-self-inflicted>

## UNEMPLOYMENT

Unemployment (in particular, for more than six months), early retirement, or homemaker status have been found to be associated with significantly increased suicide risk, independently of categorised psychiatric diagnosis.<sup>5, 6</sup> In addition, adverse psychosocial working conditions, such as monotonous work, increased responsibility and pronounced mental strain due to contact with work clients, significantly increased suicide risk as well, again independent of categorised psychiatric diagnosis.<sup>7</sup>

Employment and a positive modification of working conditions, may possibly be preventive to important adverse mental health outcomes, including suicidality<sup>3</sup>.

Based on studies of the effects of unemployment, Gunnell, Platt and Hawton (2009) speculate that financial crises will lead to elevated levels of suicide, particularly among men.

## RELATIONSHIP BREAKDOWN

Separated males, especially younger males;<sup>8</sup> men who have experienced the breakdown of a marriage or de facto relationship<sup>9</sup>, and elderly widowed or divorced males<sup>10</sup>, are particularly at risk of suicide.

## ALCOHOL USE

High levels of alcoholic intoxication predict the use of more lethal means for suicide. Intoxication (compared with abstinence) increases suicide risk by up to 90 times. It has been suggested that all individuals with alcohol dependence or alcohol use disorders should be risk assessed for suicide<sup>11</sup>. Males are more prone than females to substance use disorder<sup>12</sup>, particularly an alcohol-related disorder<sup>13</sup>.

One major meta-analytic Canadian<sup>14</sup> study indicates that: On average, suicide associated substance problems (mainly alcohol) represented 41.8 % (SD 21.1 %) of the male diagnoses and 24.0 % (SD 16.5 %) of the female diagnoses ( $\chi^2 7.29$   $p = 0.007$ ), whereas affective disorders represented 59.4 % (SD 13.9 %) of the female diagnoses and 47.4 % (SD 12.7 %) of the male diagnoses ( $\chi^2 2.88$   $p = 0.089$ ).

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- 5 Guntuku S. The need for shift in approach to suicide prevention in Australia. *Open Journal of Social Sciences*. 2020:150-7.
  - 6 Botha F, Nguyen VH. Opposite nonlinear effects of unemployment and sentiment on male and female suicide rates: Evidence from Australia. *Social Science & Medicine*. 2022;292:114536.
  - 7 Schneider et al., 2011
  - 8 Cantor et al., 1995; Wyder, Ward & De Leo, 2009
  - 9 Kolves, Ide and De Leo (2011)
  - 10 (Harwood, Hawton, Hope and Jacoby (2000)
  - 11 Sher, 2006
  - 12 Schneider, 2009
  - 13 Kim et al., 2003
  - 14 Arsenault-Lapierre et al., 2004

## RURAL LOCATION

Men in many rural and remote locations experience a higher rate of suicide than their metropolitan counterparts<sup>15</sup>. Some of the factors associated with this increased risk include: greater access to firearms, lack of appropriate support services, social isolation, problematic alcohol use, climatic variability and economic fluctuations<sup>16</sup>.

## DIAGNOSIS OF MAJOR DEPRESSION

**The majority of people who die by suicide have never seen a mental health professional or been diagnosed with a mental illness<sup>17</sup>**

**Introduction:** The majority of people who die by suicide have never seen a mental health professional or been diagnosed with a mental illness. To date, this majority group has largely been ignored, with most existing research focusing on predictors of suicide such as past suicide attempts. Identifying the characteristics of people who die by suicide without receiving services, often with a fatal first attempt, is crucial to reduce suicide rates through guiding improvements to service pathways and “just in time” interventions.<sup>18</sup>

**Abstract:** The objective of this review was to summarise and interpret data about adverse life events proximal to adult suicide from major psychological autopsy studies. A PubMed search was conducted. Nearly all suicides have experienced at least 1 (usually more) adverse life event within 1 year of death (concentrated in last few months). Controlled studies have revealed specific life events, notably interpersonal conflict, as risk factors for suicide with some evidence of a dose-response effect. Some of the risk is independent of mental disorder. The suicidogenic impact of adverse life events, especially interpersonal conflict, necessitates specific objectives in suicide prevention strategies. Cultural influences on relative contributions of adversity and mental disorder to suicide warrant further research. Limitations of psychological autopsy studies suggest the need for complementary research into life events prior to serious suicide attempts.

## SEXUALITY

Evidence suggests a correlation between gay men and suicide<sup>19</sup>. There is a well-established body of research showing significant variations in the prevalence and patterns of mental ill-health between gay, lesbian, bi-sexual, and trans-sexual individuals and mainstream

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15 Caldwell, et al., 2004

16 Page et al., 2007

17 Tang, S., Reily, N.M., Arena, A.F., et al., 2022, ‘People Who Die by Suicide without Receiving Mental Health Services: A Systematic Review’ in *Frontiers in Public Health*  
<https://www.frontiersin.org/articles/10.3389/fpubh.2021.736948/full>

18 Tom Foster, ‘Adverse Life Events Proximal to Adult Suicide: A Synthesis of Findings from Psychological Autopsy Studies’, *Archives of Suicide Research* 15, no. 1 (2011): 1–15, doi: 10.1080/13811118.2011.540213.

19 Russell & Toomey, 2013

communities<sup>20</sup>. Research also suggests that these individuals are at increased risk of a range of personal psychological challenges, including depression, anxiety disorders, self-harm and suicide due to their experience of discrimination and abuse<sup>21</sup>.

## **DISTRESS**

**Experiencing powerlessness or psychological distress for males** can also give rise to a whole range of symptoms and changes in behaviour. Commonly, men who present with a flat mood, sleep disturbance, chronic stress, exhibiting anger, feeling overwhelmed, or experiencing suicidal thoughts, are arbitrarily diagnosed with depression, when in fact they are experiencing significant powerlessness or psychological distress (evidenced by the fact that when powerlessness or distress is ameliorated, symptoms quickly resolve).

In an article on men and suicide in the Melbourne Age newspaper, Professor Ian Webster declared that, *Depression has become almost a ubiquitous expression when in fact we might be describing other things.*<sup>22</sup>

The term depression is itself ambiguous, because it is used to refer to a state of mood, a symptom present in many mental disorders, a syndrome measured by psychiatric rating scales (DSM and ICD), and a clinical diagnosis operationalised in diagnostic classifications (reviewed by Lehtinen & Joukamaa, 1994). Being depressed does not necessarily equate to having a mental illness marked by distinct impairment of psychological, somatic, and social functioning<sup>23</sup>.

**Is there a strong link between depression and suicide?** In some cases there appears to be a link. However, such a link should not be immediately assumed, because there are also many cases where no such link is evident.

As Norman Swan commented in an ABC radio national interview with Helen Christensen (Executive director of the Black Dog Institute):

**Norman Swan:** *And of course the other myth which has really been revealed over the last few years, and your research has helped here, is that the link between suicide and depression is not as tight as some people have thought.*

**Helen Christensen:** *We think from the research that we're doing, looking at the trajectories of how people change in terms of depression and suicide ideation and in response to evidence-based components of what is being offered, that they are not strictly tethered.*<sup>24</sup>

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20 Corboz, Dowsett et al., 2008; Herek & Garnets, 2007

21 Hillier, Jones et al., 2010; Suicide Prevention Australia, 2009

22 <http://www.theage.com.au/articles/2006/05/14/1147545204806.html>

23 (Akiskal, 2000)

24 <http://www.abc.net.au/radionational/programs/healthreport/is-there-a-link-between-depression-and-suicide3f/4835120#transcript>

**Previous suicide attempts and self-harm** Self-harming behaviour and a previous suicide attempt may be a strong predictor for suicidal behaviour<sup>25</sup>; Suicide risk among people who self-harm are up to 200 times greater risk of suicide than the general population across the lifespan<sup>26</sup>. Bereavement also increases the risk of suicide.

**Indigenous heritage** 2010 ABS data indicate that the age-standardised death rate for suicide was 2.5 times higher for Aboriginal and Torres Strait males compared to non-Indigenous males. Queensland Indigenous suicide data indicate a 2.3 times higher rate for Indigenous males<sup>27</sup>. Indigenous males are also at high risk of suicide contagion<sup>28</sup>.

**The majority of men at greatest risk of suicide are not successfully engaged by mental health services** Most suicide victims who see their GP prior to death (even on the day of their death) present solely with physical complaints<sup>29</sup>.

In a study by Caldwell, et al., (2004) although the proportion of young men reporting mental health disorders did not differ significantly between rural (23.5%; z, -0.5) and remote (18.8%; z, -1.6) areas compared with metropolitan (25.6%) areas, young men with a mental health disorder from non- metropolitan areas were significantly less likely than those from metropolitan areas to seek professional help for a mental health disorder (11.4% v 25.2%; z, -2.2).

### **The 'Men-friendly' approach?**

Building on the strengths' of men is not just a slogan; it reflects a profound shift in many providers' attitudes. When practitioners are conscious of the need to be male friendly, the impact is very noticeable. Professor John Macdonald Men are much more likely to access help if it's not branded as mental health or counselling.<sup>30</sup>

### **Effective Prevention**

*Shortcomings of the current 'mental health' approach; A recent Australian report for Advances in Mental Health on stakeholder's views on suicide prevention concluded that, 'Most saw limited value in continuing to explore individual-level risk factors ad infinitum, and felt that the time had come to move on to considering wider societal influences on suicide and individual-level protective factors'.*

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25 Skogman, Alsen & Ojehagen, 2004; Beghi & Rosenbaum, 2010

26 Owens et al., 2002

27 De Leo et al., 2011

28 (Elliott-Farrelly, 2004; Hanssens, 2007)

29 (Aus & NZ J Psychiatry., 2006)

30 Federal Government – LIFE living is for everyone Suicide Prevention Fact Sheet 17 Suicide and men

**TABLE 1 COMPARISON OF SUICIDE RATE INCREASES PER COUNTRY**

COUNTRY	2019	2004	% increase	Source
<b>Australia</b>	3,318	2,098	36.8	ABS <sup>[i]</sup>
<b>Canada</b>	4,417	3726	15.6	Ourworldindata - suicide <sup>[ii]</sup>
<b>England and Wales</b>	5691	4874	14.4	Ourworldindata - suicide
<b>USA</b>	53,099	34,814	34.4	WHO <sup>[iii]</sup>

<sup>[i]</sup> Causes of Death, Australia (Belconnen, ACT: ABS, 2021) <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#intentional-self-harm-deaths-suicide-in-australia>

<sup>[ii]</sup> Our world in data <https://ourworldindata.org/suicide>

<sup>[iii]</sup> WHO Suicide worldwide in 2019: global health estimates. ISBN 978-92-4-002664-3 (electronic version) ISBN 978-92-4-002665-0 (print version) © World Health Organization 2021

A study on the psychological autopsies in suicide published in the *informahealth* Journal of Mental Health concludes, *'A predominately medicalised view of suicide may prevent the adequate consideration of influences other than diagnosis which may have more importance in analytical and practical terms for prevention and policy in the area of suicide'*

An article from *World Psychiatry*, the Official Journal of the World Psychiatric Association declares that, *'Although antidepressants may be effective in the treatment of depressive symptoms, the current evidence does not suggest that they have an effect in reducing the risk of suicide attempts or completions. Antidepressants do not address the variety of psychosocial factors that are strongly related to suicide and depression'*.

In a more general sense, the effectiveness of any suicide prevention work that focuses on 'mental health' to the exclusion of social factors is further reduced by the reliance on terminology that is clouded with ambiguity and confusion.<sup>31</sup>

31 [www.swytch.org.au/your-stories-1/suicide-prevention-taking-a-new-approach](http://www.swytch.org.au/your-stories-1/suicide-prevention-taking-a-new-approach)

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## LINKS:

<http://www.abc.net.au/radionational/programs/healthreport/is-there-a-link-between-depression-and-suicide3f/4835120#transcript>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by+Subject/4125.0~Jan+2012~Main+Features~Suicides~3240>

[www.who.int/mental\\_health/media/en/56.pdf](http://www.who.int/mental_health/media/en/56.pdf)

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0710C502EEE8D980CA257BF0001A4ED6/\\$File/intunem.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0710C502EEE8D980CA257BF0001A4ED6/$File/intunem.pdf)

<http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats>

<http://www.ncbi.nlm.nih.gov/pubmed/21890214>

National Male Health Policy: <http://www.health.gov.au/malehealthpolicy>

*Pathways to Despair: The Social Determinants of male suicide (aged 25-44), Central Coast, NSW*

<http://www.psychology.org.au/inpsych/2012/august/beaton/>

[http://www.uws.edu.au/mhirc/mens\\_health\\_information\\_and\\_resource\\_centre/publications#pathways](http://www.uws.edu.au/mhirc/mens_health_information_and_resource_centre/publications#pathways)

<http://www.theage.com.au/articles/2006/05/14/1147545204806.html>

<http://www.swytch.org.au/your-stories-1/suicide-prevention-taking-a-new-approach>