Preventing Male Suicide:

Become Part of the Solution

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Graphic design: Green Pigeon Graphics – Johanna Evans
General editing: Cynthia Collins

Preventing Male Suicide:

Become Part of the Solution

In Australia, suicide is now the number one killer of men under 44 years of age. And, though by far the majority of suicides are male, little attention is given to suicide as a predominantly male behaviour, and a behaviour that can only be understood from the gender specific perspective of male experience and male psychology.

Not only is there a need for greater understanding of factors influencing male suicide but, if it is to be adequately addressed, each of us must become part of the solution: watchful and preventative 'eyes and ears' in our communities.

Male suicide is about the lonely and tragic death of much loved fathers, sons, husbands, brothers, uncles, grandfathers, and friends. And let's not forget its awful aftermath: the intense suffering experienced by those left to grieve and to deal with often unanswerable questions for years.

Suicide is not just an issue for health and mental health services, but one that must be owned by our community. And we need to do more than merely talk about it; each of us can play an important role in suicide prevention.

Suggestions and background information presented here come from the experience of many years of working in male suicide prevention, available research in this field, and having trained over 2000 key men in communities across Australia, through the *Menswatch* Peer Support Training program.

Facts about Suicide

Nearly 80 percent of all suicides in Australia are men

Two thirds of men will die on their first attempt

Suicide in Australia exceeds the national road toll, yet attracts relatively little publicity

Suicide rates in rural and remote areas are significantly greater than in urban populations, with farmers and indigenous men being most at risk

Alcohol intoxication increases suicide risk by up to 90 times

Suicide ranks second to coronary heart disease as the cause of potential years of life lost by Australian males

The majority of men at greatest risk of suicide are not engaged by mental health services. In fact current 'mental health' practices and policies may even compound men's difficulties.

Factors Associated with Male Suicide

UNEMPLOYMENT. In particular for more than six months, and amongst men in their 30s, 40s and 50s, accounts for a large percentage of all suicides. Under-employment, early retirement, or homemaker status for males, have also been found to be associated with significantly increased suicide risk, independent of a mental illness diagnosis.

SEPARATION. Separated males, especially younger males, men who have experienced the breakdown of a marriage or de facto relationship, and elderly widowed or divorced males, are particularly at risk of suicide. Bereavement also increases the risk of suicide.

MEN IN RURAL AND REMOTE LOCATIONS experience a higher rate of suicide than their metropolitan counterparts. 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. The farm suicide rate has been found to be much higher than the general rural suicide rate.

SOCIAL DISCONNECTEDNESS. Men who become socially isolated or disconnected are much more vulnerable to: going over and over negative thoughts and experience in their mind, feeling lonely, experiencing a low or dark mood state, feeling overwhelmed, and seeing personal or relationship problems as unresolvable.

HIGH LEVELS OF ALCOHOL CONSUMPTION are often symptomatic of men in psychological distress. Intoxication (compared with abstinence) increases suicide risk by up to 90 times, and predicts the use of more lethal means for suicide. It has been suggested that all individuals with alcohol dependence or alcohol use disorder should be risk assessed for suicide.

MALES EXPERIENCING MAJOR DEPRESSION are at increased risk of suicide. Males experiencing depression often tend to express it behaviourally in a different way to females, making its detection or diagnosis more difficult.

- ✘ **How strong is the link between depression and suicide?** In many cases there appears to be a link. However, such a link should not be automatically assumed, because there are many cases where no such link is evident. Automatically assuming this link can also obscure other factors influencing suicide, some of which may be more important.
- ✘ **Suicide prevention that focuses only on mental health is misguided.** Nor do medications like anti-depressants address the variety of psychosocial factors that are strongly related to suicide and depression.
- ✘ Antidepressants may be effective in the treatment of depression, but current evidence does not suggest that they have an effect in reducing the risk of suicide attempts or completions.

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 may be experiencing significant powerlessness or psychological distress (evidenced by the fact that when powerlessness or distress is ameliorated, depressive symptoms quickly resolve).

SELF-HARMING BEHAVIOUR AND A PREVIOUS SUICIDE ATTEMPT may be a strong predictor for suicidal behaviour. People who self-harm are up to 200 times at greater risk of suicide than the general population across the lifespan. However, two thirds of men will die on their first attempt at suicide.

INDIGENOUS HERITAGE. The death rate for suicide has been found to be 2.5 times higher for Aboriginal and Torres Strait Islander males compared to non-Indigenous males. Indigenous males are also at high risk of suicide contagion, or emulating suicidal behaviour in their peers.

SEXUALITY. Evidence suggests a correlation between gay men and suicide.

There is a well-established body of research showing significant variations in the prevalence and patterns of mental ill-health between gay and heterosexual men. Few prevention and early intervention programs take into consideration the particular experience and cultural issues of gay men – especially in regional areas.

NOT HAVING ACCESS TO MALE FRIENDLY AND APPROPRIATE PROFESSIONAL SUPPORT. 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. Plainly, the means by which suicidal thinking and pre-suicide distress are detected in patients is inadequate. Much of the problem is that health professionals often lack an understanding of the biology, psychology, and cultural expectations that determine male experience and behaviour. Also, understanding suicidal experience and behaviour only within a mental illness framework is simplistic, and may result in poor suicide prevention and early intervention for males.

Warning Signs that a man might be in distress

He looks distressed, anxious, and/or overwhelmed by things	He is becoming un-communicative, secretive, distant, and/or preoccupied	He looks distressed, anxious, and/or overwhelmed by things	He does not appear to be coping with work or day to day living	He appears exhausted and despondent
It is sometimes the case that men who are in distress or experiencing suicidal thoughts, display no clear signs or symptoms. However, be aware of the warning signs:		He has mentioned that life is not worth the effort, that he is tired of everything, and/or that everything always goes wrong for him	He is not mixing socially as he normally does, is neglecting his family and/or his mates, and appears to be withdrawing into his own world and experience	He has indicated that his sleep is very poor and he often feels fatigued
His eating habits have changed: he is either not hungry or is overeating	He is irritable, and gets easily upset, angry, argumentative, and/or blows up over little things that he can't control	He talks about being really stressed, and looks visibly stressed and 'wound up'	He is drinking more heavily, or has begun using substances more frequently	His appearance and self-care are deteriorating
He appears to lack motivation, and has lost interest in things he'd usually find enjoyable	He appears quite intense and panicky, and seems to be driven and attempting to do far too much at one time	He is struggling to make choices, and appears paralysed in decision making	He is engaging in risky and careless behaviour (such as drink driving or speeding)	He is letting things pile up, and is leaving things undone
He appears to be ignoring an important relationship issue	He seems to be acting strangely, or out of character	He is in financial difficulties, but is either ignoring the problem, or is 'beside himself' with worry	He talks about being useless, and that his family would be better off without him	He seems to be coldly and efficiently putting everything around him in order, but is not communicating about this, and seems numb and without feeling

Helping Someone Who is Experiencing Suicidal Thoughts:

Things to Bear in Mind

- ✘ Male suicide is commonly associated with experiences like: relationship breakdown, bereavement, loss of a job or career, financial problems, feeling powerless or overwhelmed, high levels of stress and depleted emotional and personal coping resources, and depression, as well as easy access to means of committing suicide, such as guns, poison, rope, prescription drugs, and motor vehicles.

- ✘ Remember you are not responsible for someone else's suicidal behaviour. You have no control over their will. If they choose to act in a self-harming or destructive way, they have chosen to do so; they are ultimately responsible, not anyone who is trying to help and support them.

- ✘ Talking to a man about suicidal thoughts won't encourage him to act on them, but will signal genuine concern and an avenue of hope.

- ✘ Think about how best to approach him, given what you know about his personality and temperament; be determined but respectful.

- ✘ A man experiencing suicidal thoughts may not be easy to help. He may be so depressed or troubled that he views everything as pointless, except putting an end to how he is feeling. You may need to persevere. The most important thing will be to ensure his safety.

- ✘ It may be important to negotiate to take charge of any readily available means for acting on suicidal thoughts or impulses, such as guns, knives, rope, pills, or car keys (if you think a vehicle might be used).

- ✘ If you don't think he'll listen to you, then consider who else he usually confides in, feels comfortable with and/or trusts. Maybe this person could make the approach and encourage him to seek assistance. Provide them with the 24/7 Crisis Line number (see the list). Follow up to see if things worked out.

- ✘ You yourself can seek advice and guidance about what to do at any time, by calling a mental health crisis line number in your State (see the list).

Practical tips on how to help

- ✘ Try to create opportunities – safe and private occasions where you can ask about his experience – how he is really experiencing things. If you don't ask, you won't know. However, don't delay waiting for the 'perfect occasion'; his safety is all important.
- ✘ Listen to him and his experience attentively, with an open mind and without judgement. Don't expect him to use the kind of feeling words that women use. Women may be verbally and emotionally expressive, but men tend to use action metaphors to communicate their emotion experience: *"I've fallen in a hole lately"*; *"Things have been getting me down"*; *"I'm struggling to stay afloat"; I've been dragging my feet"*.
- ✘ If he has strong distressing feelings, acknowledge and validate them: *"sounds like things are really hard for you at present?"*, or, *"feeling like you do can't be easy, how about we put our heads together, and see what can be done to help?"*
- ✘ Affirm his value and worth, and that he is needed and wanted.
- ✘ Help him to engage more socially, and to better connect with positive family and friends.
- ✘ Dropping in on him unexpectedly sometimes may help to break his pattern of self-defeating thoughts.
- ✘ Consider offering to work alongside him, or perhaps inviting him to become involved with you in a recreational activity, like fishing, golf, camping, or some other physical activity (physical activity and 'putting his head in a better place', can be very helpful).
- ✘ Explain to him how alcohol is a depressant, and makes things much worse, rather than being of any genuine relief. He may also benefit from knowing that, though alcohol appears to help sleep because he may fall asleep more easily, it actually degrades the quality of sleep – again making coping all the harder. Explain that alcohol can put him more at risk, and can fuel suicidal thinking.
- ✘ If he has become withdrawn and inactive, encouraging him to become active again, and setting some small achievable daily goals, may start to help him feel in control of his life again.
- ✘ If he is very anxious and restless, encourage him to cut caffeine out of his diet by finding de-caffeinated substitutes. Caffeine makes anxiety much worse, and it degrades sleep.

- ✘ Encourage him to try and explain the way(s) in which he might feel powerless or overwhelmed. Sometimes, doing even some small thing that can help alleviate a man's sense of powerlessness can make a big difference to his experience. A small *act of power* or problem solving initiative can be a powerful antidote to powerlessness.
- ✘ Get him to think about what is worthwhile and precious in his life, and who depends upon and values him.
- ✘ Talk to him about the terrible impact that suicide has on others – and that sometimes they never recover from its effects.
- ✘ Try to get him to promise not to harm himself and to accept assistance.
- ✘ You will need to convey that you're seriously concerned. Suggest he talk confidentially to a counsellor or mental health practitioner, immediately. Follow up to see how this turned out. Or, if you think he might be unsafe, suggest that he sees a doctor immediately, goes to a hospital, or rings the **24/7 Mental Health Crisis Line** (see the list on page 15). Offer to help him to make the phone call or to attend the appointment. Always follow up to see how things turned out.
- ✘ Get his agreement for you to remove all means that are immediately available to him for committing suicide. This includes guns (the police can remove these and keep them until he has recovered and is safe) pills, poison, rope, and car and truck keys (if you think vehicles might be used).
- ✘ Try and conscript the help of relatives or friends to keep a watchful eye on him, to break his isolation, and to provide extra safety.
- ✘ If he appears determined to act on his suicidal thoughts, and especially if he has the means and a plan, and he won't seek and accept immediate assistance, call the police. Better to lose a friend than for him to lose his life.

Key Messages Men Experiencing Suicidal Thoughts need to hear

- ✘ No matter how bad your situation, no matter how overwhelming your mental/emotional pain, there is always a better option than considering suicide – but it may not have occurred to you. Speak to a doctor, go to a hospital, or phone the **24/7 Mental Health Crisis Line**; help and relief can quickly follow.

- ✘ A man who kills himself does terrible violence to his family and friends. Thinking *"they'd be better off without me"* doesn't cancel out the fact that they'd be greatly damaged – perhaps for life. Promise yourself (and someone else) that you'll get help; that you'll do it now, and you won't give up until you get it.
- ✘ Suicidal thinking can be driven by depression. Depression can be severe enough to be an illness, not a chosen state of mind. Seek help immediately.
- ✘ Who are the people that really matter to you? Think about why they matter, and the good things that have happened between you.
- ✘ If you have a gun, rope, pills, or anything else you've thought of using to kill yourself, either lock them up and give the key to someone for safe keeping, or hand them over to someone, so that you're kept from harm's way until you've received help and have recovered.
- ✘ Feelings of hopelessness, helplessness, and overwhelming mental/emotional pain can be quickly turned around with appropriate support and treatment.
- ✘ Things can be made to feel and look very different; hope for the future can be restored, if you act with courage and speak to a doctor, go to a hospital, or phone the **24/7 Mental Health Crisis Line**.

'More powerful than all problems is the courage to deal with them'.

'We may not have control over many things that happen to us, but we can always choose how we will respond'.

What can I do at a Community Level?

Challenge simplistic ideas

Blaming men for 'holding in their emotions' and 'not seeking help', calling for changes to the traditional male role, sounds plausible but is, at best, lazy and simplistic. It's a view that avoids dealing with the more complex issues of male suicide. It's a view uninformed by a sound understanding of male biology and psychology, and the lived reality of most men's lives – what society expects of them, and what they must try to be to meet those expectations.

Right now, men who are troubled need male appropriate, accessible, and non-blaming support services; the kind that know how to earn men's trust, and engage them respectfully, in order to be 'invited in' behind their necessary toughness, to where their personal issues and emotions await assistance.

Lobby your local health and mental health services

Lobby service providers to adopt an appropriate 'male-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. Suggest they seek training for their staff in understanding and working more effectively with male clients.

Request community based male mental health promotion, prevention efforts, and early intervention services, to ensure appropriate responses in support of men.

Lobby your local MP

Talk to your local MP about getting involved in the issue of male suicide in your local community. Ask him/her to urge the relevant minister and shadow minister (concerned with health and mental health) about taking State-wide action on male suicide. Compile a petition calling for action, and present it to your MP.

Lobby local agencies and organisations

Employment agencies, training colleges, local councils, employer groups, unions, and other local organisations, can all play a role in suicide prevention, by providing training for their staff – ensuring that their programs reflect a sound understanding of male experience, how best to effectively and respectfully engage with their male constituents, and knowing how to respond to key risk factors of male suicide.

References used in the preparation of this resource

Akiskal, H.S. (2000) 'Mood disorder: clinical features'. In Sadock, B.J. & Sadock, V.A (eds) *Comprehensive textbook of psychiatry* 7th edition, Vol 1. Philadelphia: Lippincott Williams & Wilkins. 1338-1377.

Arsenault-Lapierre, G., Kim, C. & Turecki, G. (Nov 2004) 'Psychiatric diagnoses in 3275 suicides: a meta-analysis', *BMC Psychiatry* 4: 37.

Ashfield, J.A. (2010) *Doing psychotherapy with men – practicing ethical psychotherapy and counselling with men*. Australian Institute of Male Health and Studies. Amazon Books.

Ashfield, J.A. (2009) *Matters for men - how to stay healthy and keep life on track*. Australia: Peacock Publications.

Australian Bureau of Statistics (2012) *Causes of death, Australia, 2010*. Catalogue No. 3303.0. Canberra: ABS.

Australian Institute of Health and Welfare (2010) *Australia's health 2010*. Canberra: AIHW.

Beghi, M. & Rosenbaum, J.F. (2010) 'Risk factor for fatal and nonfatal repetition of suicide attempt: a critical appraisal. Current Opinion', *Psychiatry* 23(4), 349-355.

Brownhill, S., et al. (2005) 'Big build: hidden depression in men', *Australian and New Zealand Journal of Psychiatry* 39:10, 921-931.

Caldwell, T., Jorm, A. & Dear, K. (2004) 'Suicide and mental health in rural, remote and metropolitan areas in Australia', MJA 181:7

Cantor, C.H. & Slater, P.J. (1995) 'Marital breakdown, parenthood and suicide', *Journal of Family Studies* 1:2, 91-102.

Corboz, J., et al. (2008) *Feeling Queer and Blue: a Review of the Literature on Depression and Related Issues among Gay, Lesbian, Bisexual and Other Homosexually Active People*. (A Report from the Australian Research Centre in Sex, Health and Society, La Trobe University, prepared for beyondblue: the national depression initiative). Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.

De Leo, D., Sveticic, J. & Milner, A. (2011) 'Suicide in indigenous people in Queensland, Australia: trends and methods, 1994–2007', *Australian and New Zealand Journal of Psychiatry* 45:7, 532-538.

Elliott-Farrelly, T. (2004) 'Australian aboriginal suicide: the need for aboriginal suicidology?' *Australian e-Journal for the Advancement of Mental Health* 3:3, 1-8.

Fielke, K. (2008) *Psychiatric emergencies.* (R&R Mental Health Service lecture). South Australia: Port Augusta Hospital.

Gunnell, D., Platt, S. & Hawton, K. (2009) 'The economic crisis and suicide. Consequences may be serious and warrant early attention', *British Medical Journal* 338, 1456-1457.

Hanssens, L. (2007) 'The search to identify contagion operating within suicide clusters in indigenous communities, Northern Territory. Australia', *Aboriginal and Islander Health Worker Journal* 31, 27-33.

Harwood, D.M.J., et al. (2000) 'Suicide in older people: Mode of death, demographic factors, and medical contact before death', *International Journal of Geriatric psychiatry* 15:8, 736-743.

Herek, G. & Garnets, L. (2007) 'Sexual orientation and mental health', *Annual Review of Clinical Psychology* 3, 353-375.

Hillier, L., et al. (2010) *Writing Themselves In 3 (WTi3). The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne: La Trobe University, Australian Research Centre in Sex, Health and Society.

Kim, C. D., et al. (2003) 'Patterns of comorbidity in male suicide completers', *Biological Psychiatry* 53:7, 1299-1309.

Kölves, K., Ide, N. & De Leo, D. (2011) 'Marital breakdown, shame, and suicidality in men: a direct link?' *Suicide and Life-Threatening Behavior* 41:2, 149-159.

Lehtinen V., et al. (1990) 'Prevalence of mental disorders among adults in Finland: basic results from the Mini Finland Health Survey', *Acta Psychiatrica* 81, 418–425.

Miller, K. & Burns C. (2008) 'Suicides on farms in South Australia, 1997-2001', *Australian Journal of Rural Health* 16:6, 327-331.

Owens, D., Horrocks, J. & House, A. (2002) 'Fatal and non-fatal repetition of self-harm. Systematic review', *British Journal of Psychiatry* 181, 193-199.

Page, A., et al. (2007) 'Further increases in rural suicide in young Australian adults: Secular trends, 1979-2003', *Social Science and Medicine* 65:3, 442-453.

Steel, Z., et al. (2006) 'Pathways to the first contact with specialist mental health care', *Australian and New Zealand Journal of Psychiatry* 40:4, 347-354.

Player, M.J., et al. (2015) 'What Interrupts Suicide Attempts in Men: a Qualitative Study', *PLoS ONE* 10:6. Available from: doi:10.1371/journal.pone.0128180

Russell, S.T. & Toomey, R.B. (2013) 'Men's sexual orientation and suicide: evidence for US adolescent-specific risk', *Social Science & Medicine* 7:4, 523–529.

Rutz, W. & Rihmer, Z. (2009) 'Suicide in men: Suicide prevention for the male person'. In Wasserman, D. & Wasserman, C. (eds.) *Oxford textbook of suicidology and suicide prevention: a global perspective* 249-255. New York: Oxford University Press.

Schneider, B. (2009) 'Substance use disorders and risk for completed suicide', *Archives of Suicide Research* 134, 303-316.

Schneider, B., et al. (2011) 'Impact of employment status and work-related factors on risk of completed suicide: a case-control psychological autopsy study', *Psychiatry Research* 190:2-3, 265-70.

Available from: http://dx.doi.org/10.1016/j.psychres.2011.07.037

Sher, L. (2006) 'Alcohol consumption and suicide', *QJM: an international journal of medicine* 99:1, 57-61.

Skogman, K., Alsén, M. & Ojehagen, A. (2004) 'Sex differences in risk factors for suicide after attempted suicide: a follow-up study of 1052 suicide attempters', *Social Psychiatry and Psychiatric Epidemiology* 39:2, 113-120.

Suicide Prevention Australia (2009) *POSITION STATEMENT Suicide and self-harm among Gay, Lesbian, Bisexual and Transgender communities.* Leichhardt, N.S.W.: Suicide Prevention Australia.

Wyder, M., Ward, P. & De Leo, D. (2009) 'Separation as a suicide risk factor', *Journal of Affective Disorders* 116, 208-213.

24/7 Mental Health Crisis Line numbers

Australian Capital Territory

Crisis Assessment and Treatment Team: 1800 629 354
Parentline: (02) 6287 3833

New South Wales

Salvo Suicide Prevention & Crisis Line: Metro 02 9331 2000
Salvo Suicide Prevention & Crisis Line: Rural 1300 363 622
Parentline: 1300 1300 52

Northern Territory

Mental Health on Call Team: Top End (08) 8999 4988
Mental Health on Call Team: Central Australia (08) 8951 7777
Parentline: 1300 30 1300

Queensland

Salvo Crisis Counselling Service: Metro 07 3831 9016
Salvo Crisis Counselling Service: Rural 1300 363 622
Parentline: 1300 30 1300

South Australia

Mental Health Assessment and Crisis Intervention Service: 13 14 65
Parent Helpline: 1300 364 100

Tasmania

Mental Health Services Helpline: 1800 332 388
Parenting Line: 1300 808 178

Victoria

Mental Health Advice Line: 1300 280 737
SuicideLine: 1300 651 251
Parentline: 13 22 89

Western Australia

Mental Health Emergency Response Line: Metro 1300 555 788
Rural Link: Rural 1800 552 002
Parenting Line: 1800 654 43

Suicide is not just an issue for health and mental health services, but one that must be owned by our community. We need to do more than merely talk about it; each of us can play an important role in suicide prevention. This booklet has been compiled to provide easy to read accurate information for communities, employers, and the broad range of organisations and professionals concerned about male suicide.