

MEN AND SUICIDE

Why it's a social issue

SAMARITANS

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In partnership with **NetworkRail**


Samaritans' vision is that fewer people die by suicide. People contact us when they are struggling to cope and need someone to talk to. Our confidential helpline is open around the clock, every day of the year, providing a safe place for people to talk. We also work with prisons, schools, health services and in the community. We influence public policy and other organisations through our work with governments and our campaigns.

In the course of a five-year partnership with Network Rail to reduce suicides on the railways, Samaritans identified that men, from disadvantaged backgrounds, in their 30s, 40s, and 50s, are at highest risk of dying by suicide, including on the railways. These men are often not engaged by services, and so, in 2010 we developed a targeted campaign, across the UK and the Republic of Ireland, to encourage them to seek help and raise awareness of the risk of suicide in this group.

Two years on, we are pleased to see that suicide prevention agencies and governments are now turning their attention to this group of men. However, there are still many unanswered questions about the high risk of suicide among disadvantaged men in their mid-years. In particular, we do not understand enough about *why* they take their own lives. So, in the second phase of our campaign, Samaritans has attempted to answer this important question. Our report, *Men and suicide: Why it's a social issue*, is the result.

We believe it is time to look beyond the statistics, to the real lives of such men, so that we and others can find ways to reduce these unnecessary deaths.



Professor Stephen Platt

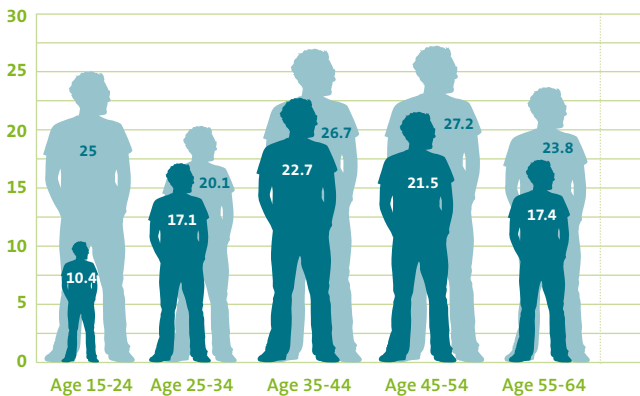
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BACKGROUND

Although there has been an overall downward trend in suicide rates over the past decade, the statistics are clear – in terms of age, gender and socio-economic status, the group most at risk of suicide are men, in the lowest social class, in their mid-years.¹ Men are three times more likely than women to end their own lives.

Despite public perception, over the last 40 years, the suicide rate of men in mid-life has been comparable to younger men. In the last eight years suicides in younger men have reduced – though still worrying – while for men in their mid-years there has been an increase. This is also a social inequality issue; those in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.²

Male suicide rates per 100,000 population for the UK and Republic of Ireland in 2010



Female suicide rates



Source: Office for National Statistics (ONS) and Central Statistics Office Ireland (CSO)³

In explaining death by suicide, the focus has tended to be on factors such as a person’s mental health, often overlooking the influence adverse socio-economic conditions might have on an individual. Much existing research on suicide worldwide, comes from a medical, psychiatric standpoint. Although mental illness, particularly depression⁴, is an underlying factor in most suicides, the majority of people with psychiatric illness do not take their own lives.

In order to understand *why* men in mid-life, from disadvantaged backgrounds, are more vulnerable to suicide, Samaritans commissioned five leading social scientists in psychology, sociology, economics and gender studies, to go beyond the existing body of suicide research and look at the issues facing men in this group.

Listed with their specialisms, they are:

- Dr Julie Brownlie, sociology, University of Stirling
- Dr Amy Chandler, gender and self-injury, The University of Edinburgh
- Brendan Kennelly, economics, National University Ireland, Galway
- Professor Rory O’Connor, health psychology, University of Stirling
- Professor Jonathan Scourfield, sociology, Cardiff University

Stephen Platt, Samaritans Trustee and Professor of Health Policy Research at the University of Edinburgh, is the co-author of this report.

We wanted this report to answer two questions:

- Why are men, in their mid-years, of low socio-economic position more vulnerable to suicide?
- What should be done to reduce suicide in this group of men?

We also wanted to hear from men themselves. Samaritans commissioned Volante Research to interview 12 men aged 35-55, of low socio-economic position, living across the UK and Republic of Ireland, who have had suicidal thoughts or attempted suicide at some point in their lives. Some of them appear as case studies in this report.

EXECUTIVE SUMMARY

Background

- Men from the lowest social class, living in the most deprived areas, are up to ten times more likely to end their lives by suicide than those in the highest social class from the most affluent areas. Men in mid-life are the age group most at risk.
- We do not understand enough about why this group is so vulnerable to suicide.
- Suicide prevention strategies and research tend to come from an individual, mental health perspective, rather than a social, economic or cultural viewpoint.

Personality traits

- Psychiatric illness, particularly depression, underlies many suicides, but only a minority of those who have mental health problems take their own life.
- Some personality traits and 'mind-sets' contribute to the development of suicidal thoughts, including the desire to be perfect; self-criticism; brooding; and having no positive thoughts about the future.
- These traits can interact with factors such as deprivation, unemployment, social disconnection, and triggering events such as relationship breakdown or job loss, to increase suicide risk.

Masculinity

- Men compare themselves against a masculine 'gold standard' which prizes power, control and invincibility. Having a job and providing for the family is central to this, especially for working class men.
- When men believe they are not meeting that standard they feel a sense of shame and defeat.
- This type of masculinity may propel men towards suicide, as a way of regaining control in the face of depression or other mental health problems.
- More than women, men respond to stress by taking risks or misusing alcohol and drugs. They use more lethal, violent and 'effective' methods of suicide.

Relationship breakdown

- Marriage breakdown is more likely to lead men, rather than women, to suicide. Men rely more on their partners for emotional support and suffer this loss more acutely.
- Divorced men have more thoughts about suicide than divorced women; separated men are twice as likely as separated women to have planned suicide.
- Men still tend to expect to be dominant in relationships. Some suicides in men are motivated by the desire to punish their ex-partner or may be an impulsive reaction to an ex-partner beginning a new relationship.
- Men are more likely to be separated from their children and this plays a role in some men's suicides.

Challenges of mid-life

- Mid-life has been seen as the prime of life, but people currently in mid-life are experiencing more mental health problems and unhappiness, compared to younger and older people.
- Men in mid-life now are part of the so-called 'buffer' generation, caught between their older, more traditional, strong, silent, austere fathers and their younger, more progressive, individualistic sons. Men are struggling to cope with major social changes.
- Beyond the age of 30, men have fewer supportive peer relationships than women, and are dependent on a female partner for emotional support.
- Today men are less likely to have one life-long female partner and more likely to live alone without the social or emotional skills to fall back on, while also facing increased economic pressures.

Emotional illiteracy

- Generally, many men across all social classes are reluctant to talk about emotions.
- Men can experience a 'big-build': they don't recognise or deal with their distress, but let it build up to breaking point.

- Men are far less positive about getting formal emotional support for their problems, compared to women. When they do, it is at the point of crisis.
- Working class men and women remain much more likely than other groups to be prescribed pharmaceutical drugs to deal with problems in their emotional lives.

Socio-economic factors

- Socio-economic position can be defined in many ways – by job, class, education, income, or housing. Whichever indicator is used, people at the bottom are at higher risk of suicide.
- There is a well-known link between unemployment and suicide. Unemployed people are 2-3 times more likely to die by suicide than those in work. Suicide increases during economic recession.

Recommendations

Suicide in disadvantaged men in their middle years is a health and social inequality issue. Samaritans has six recommendations we urge policy-makers and practitioners to debate and take forward:

1. Take on the challenge of tackling the gender and socio-economic inequalities in suicide risk.
2. Suicide prevention policy and practice must take account of men's beliefs, concerns and context – in particular their views of what it is to 'be a man'.
3. Recognise that for men in mid-life, loneliness is a very significant cause of their high risk of suicide, and enable men to strengthen their social relationships.
4. There must be explicit links between alcohol reduction and suicide prevention strategies; both must address the relationships between alcohol consumption, masculinity, deprivation and suicide.
5. Support GPs to recognise signs of distress in men, and make sure those from deprived backgrounds have access to a range of support, not just medication alone.
6. Provide leadership and accountability at local level, so there is action to prevent suicide.

Brian, 50, from the West Midlands*

"Things started to go really downhill about five years ago. I'd been with my partner 25 years and we've got five kids. We were arguing all the time, ended up getting into debt and eventually I had to go bankrupt. As a lorry driver, I'm always on the road and I think my partner was cheating on me, which led to us splitting up.

"I enjoy driving a lorry. I like to keep myself to myself, I'm my own gaffer. But I had a heart attack while driving one day which was a total shock. I was off sick for nine months and I got the sack from my job. I was very depressed.

"My relationship with my three youngest children is pretty non-existent; I'm not allowed to see them and haven't done for two years. It's hard.

"Not a lot of people know about depression. When it hits, it's like real loneliness. I feel fed up and just completely tired of life and I can't see anything that's good. One minute you're fine and then the next everything's closing in around you; you can't cope. It's unpredictable.

"Everything got on top of me and I tried to kill myself. I thought my kids would be better off without me. It didn't work, and since then I've been to see counsellors and they've probably helped, just by having someone to talk to.

"I think it can be harder to talk to people and especially people you know, it's easier to talk to a stranger. I've got a mate that I go and have a drink with on a Saturday night, otherwise I'd have nobody. At work I don't talk to anyone, just have a mess around when you do see them.

"I'm on anti-depressants now and to cope I try to keep active. I've been trying to get my life together and I take each day as it comes. I plod on."

* All case study interviews have been edited by Samaritans and some names changed.

1. PERSONALITY TRAITS

There is no such thing as a ‘suicidal personality’ that leads someone to take their own life. However, there are personality traits and ‘mind-sets’ which make people more vulnerable to suicide, especially when they interact with other factors, such as deprivation, isolation and distressing life events.

As a result, doctors and other health and social care professionals should be aware of these traits and mind-sets. They include:

1. **Social perfectionism** – the perception that you must always meet the expectations of others and believing these expectations to be extremely high.
2. **Self-criticism** – having an excessively negative view of yourself and an inability to enjoy your own success.
3. **Rumination** – frequently recurring, persistent thoughts about yourself, particularly *brooding rumination* – comparison of your current situation with some unachieved goal or standard.⁵
4. **A lack of goal re-engagement** – giving up on existing goals while not focusing on new goals.⁶
5. **A lack of positive thoughts about the future** – the belief that the future holds nothing good for you.
6. **Feeling socially disconnected and isolated** and the belief that you are a *hindrance or burden* to others.

One of the latest models of suicide sees suicidal thoughts and behaviour as developing in a three-phase process:⁷

Phase one: A person has traits they were born with or developed as part of their personality (such as social perfectionism and self-criticism), which interact with their environment (for example, deprivation) and negative life experiences (such as family breakdown in childhood) to make them vulnerable.

Phase two: When they then go through a stressful life experience, such as losing a job, or a relationship, the person feels defeated, humiliated and trapped. If they brood on their ‘failure’, cannot see anything positive in their future, do not find new goals to focus on, believe they don’t matter to anyone and there is no one who will help them, they may begin to think about suicide.

Phase three: The person is more likely to act on their suicidal thoughts if they develop a plan for how they would end their life, or know about suicidal behaviour in others close to them, so that it seems like an acceptable option. They are also more likely to attempt suicide if they are impulsive, or develop the ability to harm themselves, overcoming the body’s instinct for survival.

This psychological model applies to both men and women. However, men have particular characteristics which contribute to the development of suicidal feelings, and make them more likely to die by suicide than women, including:

- ☉ Men may feel great pressure to live up to expectations of what it is to be a man and to succeed in the eyes of others.
- ☉ Men tend to have fewer social skills because of the way they have been brought up, and also feel that they should not admit to, or burden others with, their troubles. This results in them being, or feeling, socially isolated.
- ☉ In response to stress, men take risks, such as drinking, fighting or gambling, trying to show they are manly when faced with adversity. In fact, this is likely to make their situation worse.
- ☉ Men have a higher threshold for, and tolerance of, pain than women and use more violent and lethal suicide methods.

Professor O'Connor suggests that interventions that target some of these characteristics and traits should be developed, which could be offered as part of training activities for unemployed men.

He also believes that more attention should be paid to men's personal and social circumstances when they contact psychiatric or support services, particularly to employment, financial or housing problems, which may aid suicide risk assessment.

He concludes: "Men in mid-life are neglected within psychological research and there are significant gaps in our knowledge, which must be addressed as a priority."

Lee, 40, from Ireland*

"I changed jobs and became a taxi driver, but it didn't work out. I didn't enjoy it and I wasn't earning enough money. I don't know if it was the pressure, but I got into gambling. I was just throwing the money on for the sake of it, but I spent a lot. I ended up borrowing money off my mates.

"Everything got on top of me. I gave up work because I couldn't take it anymore, I was going to snap. I brought a lot of pressure home to my family and things were building up. There was nothing much left in my relationship with my wife.

"I thought if I killed myself, it would all go away and my family would be ok. It would mean that there would be no more worrying, no more arguments at home, no more harming my kid with the screaming."

2. MASCULINITY

Masculinity – the way men are brought up to behave and the roles, attributes and behaviours that society expects of them – contributes to suicide in men.

In social science terms, there is a masculine ‘gold standard’ – the form of masculinity held in highest regard, to which most men aspire, and against which they measure themselves.⁸ This ‘gold standard’ is defined differently by different classes and nationalities in society worldwide. However, in general, characteristics of masculinity are: being powerful, dominant, aggressive, independent, efficient, rational, competitive, successful, in control and never vulnerable.

Being a provider

Having a job and being able to provide for your family is central to ‘being a man’, particularly for working class men.⁹ For men, being unemployed means failure in their role as a worker and simultaneously in their role within the family, as men still define themselves mainly as the breadwinner.¹⁰ If a man in mid-life is unemployed, it is deeply distressing and shameful, as he is expected to be independent and self-sufficient by this life stage. Being jobless means defeat as a man, as well as potentially leading to poverty, social isolation, relationship breakdown, alcohol and drug use – all risk factors for suicide.

Women are affected by unemployment too, but they have a lower suicide risk than men; this may be because of the higher status given to mothers by society and women’s stronger social connections.¹¹

Changing labour market

The changing nature of employment and the labour market over the last 60 years, with the shift to a service-economy, has particularly affected working class men, with the decline of traditionally male industries such as manufacturing. It is not simply having a job that is important to fulfil masculine identity, but also the type of job.¹² With the loss of traditional male occupations, working class men have lost a source of masculine pride, identity and companionship with other men. They may struggle to take up jobs in the service economy that they see as ‘feminine’.¹³

Masculinity and risky behaviour

The masculine ideal requires that men should never be depressed, anxious or unable to cope, and if they are, they should never admit it. So the very experience of being distressed, or having a mental health problem, can be psychologically difficult for men because they are ‘not supposed’ to be vulnerable in this way.¹⁴ As a result, men may respond to distress with denial or avoidance.

Men tend to use alcohol to escape their troubles, and to ‘self-medicate’.¹⁵ Men are more likely to use substances to cope than to seek help from friends, family or formal services. Excessive drinking is an accepted part of masculine behaviour and coping, in contrast to the more ‘feminine’ methods such as seeking help or talking to people.

Excessive alcohol and drug use may increase impulsive behaviour and reduce inhibitions, resulting in an increased likelihood of suicidal behaviour.¹⁶

Masculinity, power and control

Masculinity is associated with control, but when men are depressed or in crisis, they can feel out of control. This can propel some men towards suicidal behaviour as a way of regaining control.¹⁷

Uncompleted suicide may be interpreted by some men as shameful or even a 'failure', as it is related to the practice of self-harm, which is more often associated with women and therefore 'femininity'. This may lead some men to use more extreme, violent methods.¹⁸

Dr Amy Chandler says the evidence points towards a 'greater concentration' of the 'toxic' aspects of masculinity among working class men and suggests that it might be easier for more affluent men to reinvent their masculinity.

She says: "The masculinity working class men may feel they need to live up to is more rigid, narrow and confining. Further, disadvantaged men may lack the resources to change this in the face of economic hardship, lack of skills, family breakdown and deeply entrenched views of what it is to be a man."

"The challenge is how to encourage this to happen without alienating these men, and still communicating in a way that makes sense for them."

Ian, 43, from Wales*

"I'd met the love of my life and then she was knocked down by a car and killed. You're happy one minute and the next minute your world is thrown apart and you've got to pick up the pieces.

"When it first happened, I didn't think there was anything left, and a couple of times I thought 'shall I, shall I not?' I turned to drink. I was getting drunk most nights and I'd go to sleep and forget about everything. It made me more depressed because every time I got drunk, I was thinking of her. I didn't believe anyone could help me.

"I did actually take an overdose; I just didn't think it was worth going on. Looking back it was stupid, but the moment just caught up with me."

3. RELATIONSHIP BREAKDOWN

People who are divorced and separated have a higher suicide risk than those who are married, but this risk appears to be greater for men than for women.

Divorced men have higher levels of suicidal ideation – thoughts about suicide – than divorced women, and separated men are twice as likely as separated women to have made plans about ending their lives.

Why relationship breakdown affects men more

Men in mid-life are dependent primarily on female partners for emotional support. Women help them to recognise their own distress, provide them with care and encourage them to seek help.

While women maintain close same-sex relationships across their lives, men's peer relationships drop away after 30, and men are less likely to have friends they feel they can discuss personal matters with, even if they are 'sociable'.¹⁹

Men generally still expect to be taken care of in relationships with women, and gain more benefit from marriage than women do. When a relationship breaks down, the loss of this emotional support can be hard for men to deal with.

At the same time, men may not have the emotional skills to cope with the demands for intimacy in relationships today, or with emotional difficulties. This can lead to an intense, self-destructive reaction to relationship breakdown.

Honour is part of masculinity, and to be 'disrespected' in front of others by the actions of their partner (infidelity or abandonment) may lead to shame; for some men, a life of shame and disrespect is not worth living.

There are elements of men seeking to control their partners in many suicides that are triggered by relationship breakdown – for example, impulsive reactions to ex-partners beginning new relationships or acts designed to punish ex-partners. Such actions stem from the belief that men should be dominant and more powerful than women in relationships.

Separation from children

Although women still tend to do the majority of the caring for children, even where men are unemployed, society is placing increased emphasis on men being involved fathers. Separation from children appears to be a significant factor in the suicide of some men.

When relationships fail, men are less likely to be awarded custody of their children, more likely to be displaced from the family home and have less access to their children. This means the loss of another source of masculine identity, status and respect, as well as adding to the isolation of some men.²⁰

Professor Scourfield concludes: “When working with men who are already identified as at risk of suicide, GPs and others need to be alert to the possibility that relationship breakdown can be a trigger to suicidal acts. “One idea would be the promotion and wider free provision of support services, such as relationship counselling and mediation, which lessen the most damaging aspects of splitting up.

“There is also room for social and educational programmes which encourage critical reflection on gender roles. There is a particular opportunity to develop these for young people, in schools, colleges and youth clubs.”

James, 58, from Scotland *

“My partner was seeing people behind my back and when we split I had to fight a long and hard battle to see my daughter. My ex-partner was telling my children all kinds of things about me that weren’t true. It was just never ending, it was like going round in a circle for me and I couldn’t see any way out of it. Those were the blackest days of my life, and that was the time I thought about suicide.

“I didn’t want to burden my family with how I was feeling. Then to make matters worse, my mum died. Once I got access to my daughter, it took me about six, seven years to get back to being able to feel myself again. I’ve met someone else and I’m enjoying the time I have with my daughter. I’ve come through it, and I know it was a dark journey to begin with, but it’s a different one now.”

4. CHALLENGES OF MID-LIFE

Mid-life has traditionally been viewed as the prime of life. However, there is increasing evidence of mental ill-health and a dip in subjective wellbeing – people’s evaluation of their own happiness – among people in their mid-years, compared to young and older people.²¹

Problems with relationships and employment during mid-life are experienced intensely, because this stage of life is usually associated with stability and security.²² By their mid-years, people have typically invested a great deal in work and relationships. It is also a time when the possibilities for making changes in these areas, such as retraining and building a different career, are limited, and likely to come at a high cost.²³ Men in mid-life can feel devastated when the choices they have made earlier in life appear to be ‘mistakes’.

Men who have experienced difficulties in childhood and adolescence, or who have had years of mental health problems and alcohol misuse, can find their problems culminate in mid-life.

The ‘buffer’ generation and social change

Men currently in their mid-years are the ‘buffer’ generation – caught between their traditional silent, strong and austere fathers, who went to work and provided for their families, and the more progressive, open and individualistic generation of their sons.²⁴ They do not know which of these two very different ways of life and masculine culture they should follow.

Since the 1970s, several important social changes have impacted on personal lives, including increases in female employment, births outside marriage, divorce and cohabitation, second and subsequent marriages, lone parent households, step-families and solo-living.²⁵

As a result, men in mid-life are increasingly likely to be living on their own and be without one life-long partner, with little or no experience of coping emotionally or seeking help on their own, and few supportive relationships to fall back on. Men can begin to doubt there are people who are there for them, or who they matter to.

Men who live alone are less economically active, more likely to have poorer health, smoke and drink and have higher use of social housing.²⁶

Dr Brownlie concludes that men in mid-life have had to navigate huge cultural shifts, particularly the gap between their own experiences of being parented, and how they themselves now relate to others, as fathers and partners.

She says agencies must not make men feel they have failed on two counts: both by having problems and by resisting talking about them. GPs and other services should become aware of the potential vulnerabilities faced by men at this life stage and in this socio-economic group.

She adds: “Mid-life could be an important time for support services to make a difference in the lives of these men, but they need to do so in ways that work with the grain of the way men cope”.

5. EMOTIONAL ILLITERACY

Men tend to have less awareness and ability to cope with their own distressing emotions and those of others. This is because of the way men are taught, through childhood, to be ‘manly’, which does not emphasise social and emotional skills – they learn to believe that struggling to cope constitutes a weakness.²⁷ Opportunities to develop emotional skills later in life are limited.

This creates in men a ‘big build’ – a build-up of distress, coupled with difficulties admitting to a problem or seeking help, which can culminate in crisis, breakdown and suicidal feelings and behaviour.²⁸

It’s good to talk?

There is a widespread perception that emotions are now more freely discussed than in the past, but the reality is that different groups in society have different views on whether it is good to ‘talk about feelings’. Most studies show that women are much more open to talking about emotions than men of all ages and social classes.²⁹

Men are aware of the ‘good to talk’ message and the possible risks of not talking about feelings, but remain uneasy about doing so. There is some evidence that middle class men are better at talking about their feelings, as a way of gaining approval in personal relationships – to fit with what women want. However, in reality, they do not wish to talk about emotions any more than working class men.

One reason why men may choose not to share emotions with their wives or partners is because they wish to protect them: men believe that women want and need strong, masculine partners.³⁰

Men’s friendships

Men do have male friendships that are important to them, although they do not talk to these friends about emotional issues on a regular basis. While women have nurturing relationships, men tend to prefer companionship through doing activities together.

At crisis points, such as a partner’s miscarriage, men may speak to particular friends. They choose who they speak to carefully. They look for someone who will listen to what they say without asking questions or judging, someone who knows the background to their problems, and someone they trust not to tell anyone else. They also want to talk ‘spontaneously’, as planning to talk about their problems feels emasculating. But more commonly, the ‘healthy’ ways men cope are using music or exercise to manage stress or worry.

Therapy or counselling

Men are much less likely than women to have a positive view of counselling or therapy. However, when it comes to using such therapies, the gender gap is less wide. Both men and women make use of these services at times of crisis, when usual support mechanisms, such as family, have failed.

The key is to encourage men to access informal and formal support before the ‘build-up’ of problems and the crisis of breakdown.

Working class men and women remain much more likely than other groups to be prescribed pharmaceutical drugs to deal with problems in their emotional lives.³¹

Dr Julie Brownlie says that instead of just focusing on the 'dysfunctional' ways men cope (e.g. by avoidance or alcohol), services should also build on the strategies men do use to 'get through', including exercise, listening to music and 'being alongside' friends and family. Services also need to encourage men to develop their own support networks outside of their reliance on partners.

She says: "Confidential services which allow men to raise emotional difficulties spontaneously, rather than in a pre-planned way, are important and obviously emerging mobile phone and internet technologies have a part to play in this."

Bob, 44, from the West Midlands*

"I was one of six children and was used to being around kids in my family, so I was looking forward to becoming a dad. My wife had our first child soon after we met.

"We tried to have more kids, but we lost three through miscarriages. It was devastating for us and although we had fertility treatment, we were told we couldn't have any more children. After years of hoping my wife fell pregnant. It was a difficult pregnancy and leading up to it I got laid off from work.

"When my second child was eventually born I was so overwhelmed I couldn't stop crying. Because of the difficulties, it had been a huge build-up of pressure which I released in one go; it left me in a state of depression. I had a breakdown, all that seemed to go around in my mind was death, all the time, and it was so frightening. It was hard for my wife who'd only just had our baby.

I did consider suicide. I was afraid to be alone. I couldn't cope. I wanted to escape from my responsibilities. I thought I was going mad, so I went to see a GP in the end. She was lovely and I saw her four times in the first week. I went to some walk-in sessions at a local clinic and they teach you relaxation techniques.

"Looking back I can't make any sense of how I got to that state. I know that I had no control over my thoughts. Working in my garden really helped. The one thing I found as part of my recovery was the more I spoke about the way I felt, the better I felt. I think we've got to get people talking. There is always light at the end of the tunnel. My kids have seen me crying. Its important they know everyone gets upset, but it does get better."

6. SOCIO-ECONOMIC FACTORS

There are systematic socio-economic inequalities in suicide risk: the suicide risk of those in the lowest social class, living in the most deprived areas, is approximately ten times higher than the risk of suicide among those in the highest social class from the most affluent areas. As you go down each rung of the social ladder, the risk of suicide increases, even after taking into account underlying mental health problems.

Low socio-economic position can be defined in many ways – employment status or job role, occupational social class, education, income, housing tenure or deprivation. Whichever indicator is used, people at the bottom of the social ladder are at higher risk of suicide.

- ☉ People who are unemployed are two to three times more likely to die by suicide than those who are in work.³²
- ☉ There is a ‘step change’ – a very steep increase – in risk of suicide in the unskilled manual class.³³
- ☉ The suicide rate is higher in groups with lower levels of education. For example, in England and Wales, those with the lowest level of education have more than 2.5 times the suicide risk of those with the highest level of education.³⁴
- ☉ In general, suicide risk increases when your income goes down. Some studies find that where personal income is low or reducing and the area or country wealth is going up, suicide risk increases. It is personal income compared to other people in society that makes a difference.³⁵
- ☉ Suicide risk is greater among tenants than among home-owners. Those who don’t use a car are associated with higher suicide risk.³⁶
- ☉ The social class of an individual influences suicide risk more than living in a deprived area, although living in a deprived area also contributes to increased risk.

Why low socio-economic position increases suicide risk

There is debate over precisely how low social position increases suicide risk. Suggestions include having many more adverse experiences, powerlessness, stigma and disrespect, social exclusion, poor mental health and unhealthy lifestyles.

Phil, 32, from Ireland*

“I’d never claimed social welfare until last year when I lost my job. I’d been with the business for ten years until they went into liquidation. I got another job, but there were loads of problems and no money coming in. I wasn’t getting paid and during those six weeks when everything was a mess, it got on top of me.

“It was my job to finance my home and look after the kids. My wife started getting worried and frustrated and we were arguing. The bills built up and built up. I kept pushing to try and get paid and they sacked me. They gave me a week’s wages, but that had to go on six weeks of bills.

“I had to pay rent, petrol and get a new school uniform for one of the kids. You start thinking, ‘would it be easier for them if I’m not here? You wouldn’t be spending that much on shopping a week because I wouldn’t be eating, I wouldn’t be driving the car and using petrol. You start wondering, am I up to standard, am I good enough?’ That’s how it starts and if you say it enough times, you start to believe it.”

Economic recession

Currently, the UK and the Republic of Ireland are experiencing a significant economic crisis. For many, the most salient feature of this crisis is the growth of unemployment.

Recent figures show that between 2007 and 2011, unemployment in the Republic of Ireland in men rose from 4.9% to 17.5% and in the UK from 5.6% to 8.7%.³⁷ Although overall mortality tends to decline during periods of economic recession, there is considerable evidence that the incidence of suicide increases during recession.³⁸

One European study looking at a 37 year period, found that for every 1% increase in unemployment there was a 0.8% rise in suicide among the under-65s. Increases of more than 3% unemployment in a year were associated with increases of about 4.5% in suicide.³⁹

Brendan Kennelly concludes: “The key lesson in the economic literature is that, while many suicides are associated with mental illness issues, there are also many suicides whose immediate and long-term causes lie in economic factors, such as unemployment and socio-economic deprivation.

“This point has not been adequately recognised in suicide prevention strategies, which tend to be dominated by psychiatric and mental health research.”

CONCLUSIONS

You are far more likely to die by suicide if you are of low socio-economic position and a man. This means suicide is a health inequality – an avoidable difference in health and length of life that results from being poor and disadvantaged. Suicide is also a gender inequality – an issue that affects men more because of the way society expects them to behave.

We believe it is time to extend suicide prevention beyond its focus on individual mental health problems and start tackling suicide as a health and gender inequality.

This means reducing the vast disparity in suicide risk between the most affluent and the most disadvantaged; and recognising and addressing the needs of men, realising that these are different from those of women.

Our report shows that there have been a number of significant changes in society over the last 50 years and that these are particularly challenging for disadvantaged men in mid-life, who have seen their jobs, relationships and identity blown apart. There is a large gap between the reality of life for such men and the masculine ideal.

The relationship between unemployment and suicide in men is often highlighted. But what emerges just as strongly is the role of men's loneliness – feeling that there is no one there for them and no one they matter to.

Many of the vulnerabilities present in men in mid-life are established in childhood and adolescence, particularly through the impact of poverty, chaotic family lives, family break-ups and problems with education. The needs of boys and young men need attention to prevent difficulties in later years.

We believe that there is a need for a 'whole life' approach to addressing the difficulties experienced in multiple areas in the lives of disadvantaged men. To achieve this, we need services to work well together.

Suicide increases with job losses. The UK and the Republic of Ireland are both currently experiencing significant increases in unemployment.

Research since our review, in the British Medical Journal, has shown that the number of suicides by men in England between 2008 and 2010 was significantly higher than would be predicted if the recession had not taken hold.⁴⁰ In this context, there is a pressing need for action by the relevant governments, given the clear evidence that active labour policy and a supportive welfare system mitigate the risks of suicide.⁴¹

Overall, this report raises some very important questions, and we need more evidence to answer these fully. We need more research to understand the nature of the relationship between low socio-economic status and suicide and the best ways to reduce the inequalities in suicide risk.

More research is needed on the role of social and cultural contexts in suicide, that seeks to understand the meaning of suicidal behaviour, from the point of view of those affected. We need to evidence which specific interventions work for specific groups of people – particularly disadvantaged men.

RECOMMENDATIONS

Samaritans is calling on national governments, health, welfare and social services and the third sector to recognise the heightened risk of suicide among disadvantaged men in mid-life. This must be tackled as a social and health issue. We have six recommendations we urge policy-makers and practitioners to debate and take forward.

Our recommendations are:

- 1. Take on the challenge of tackling the gender and socio-economic inequalities in suicide risk.**
Strategies have focused on the overall reduction in suicide, without specific aims or targets to reduce the inequality in risk associated with socio-economic status. National and local strategies should explicitly aim to reduce these inequalities. This is not an easy task and there are many questions about the best ways to achieve this. Nonetheless, we must take on this challenge.
- 2. Suicide prevention policy and practice must take account of men's beliefs, concerns and context – in particular their views of what it is to 'be a man'.** Men as a group are often criticised for being resistant to seeking help or talking about their feelings. We need to move from blaming men for not being like women, to recognising their needs, and how societal expectations of the way men should behave, shape their actions. Agencies must remove the barriers to men engaging with services and design these to be more effective for them.
- 3. Recognise that for men in mid-life, loneliness is a very significant cause of their high risk of suicide, and enable men to strengthen their social relationships.** Services should encourage men to develop their social relationships. Access to relationship counselling should be provided, to lessen the harmful aspects of relationship breakdown. The shift to involved parenting for fathers needs to be supported.
- 4. There must be explicit links between alcohol reduction and suicide prevention strategies; both must address the relationships between alcohol consumption, masculinity, deprivation and suicide.** On the ground, substance misuse services must respond to the suicide risk associated with alcohol and drug misuse, particularly for men, in the context of employment or financial difficulties, and relationship breakdown.
- 5. Support GPs to recognise signs of distress in men, and make sure those from deprived backgrounds have access to a range of support, not just medication alone.** GPs are the most likely formal support service to be consulted by this group of men, and can make a profound difference to their lives. Further forms of support may be more acceptable to men if they are 'practical' rather than 'talking therapy' and are provided as part of wider skills training. Interventions for men should address social problem-solving, managing stress and the expectations of others.
- 6. Provide leadership and accountability at local level, so there is action to prevent suicide.** An appropriate public body must have the responsibility to lead and coordinate action across agencies and the third sector at local level. This is essential if we are to achieve the joined-up approach necessary to tackle the many difficulties faced by disadvantaged men. Areas of socio-economic deprivation should be prioritised.



**To read the full research report visit
www.samaritans.org**

References

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- ² Platt 2011
- ³ The UK and Republic of Ireland figures are not comparable since the ONS (UK) include both Deaths by Intentional Self Harm (ICD10: X60-84) and Deaths by Undetermined Intent (ICD-10: Y10-34) in the number of suicides, whereas the CSO (ROI) only include Deaths by Intentional Self Harm (ICD10: X60-84). In addition, the ONS provide rates that are age standardised to the European population, whereas the CSO does not; thus the ROI rates provided here are crude rates.
- ⁴ Platt 2011
- ⁵ O'Connor, 2011
- ⁶ O'Connor 2011
- ⁷ O'Connor 2011
- ⁸ Connell & Messerschmidt 2005
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- ²⁸ Cleary 2012; Clare 2000; Brownhill, Wilhelm, Barclay & Schmied 2005
- ²⁹ Anderson, Brownlie & Given 2009
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- ³¹ Anderson et al. 2009
- ³² Yoshimasu et al. 2008
- ³³ Uren, Fitzpatrick, Reid & Goldblatt 2001
- ³⁴ Lorant, Kunst, Huisman, Costs & Mackenbach 2005
- ³⁵ Daly, Wilson & Johnson 2006
- ³⁶ Lewis & Sloggett 1998
- ³⁷ Eurostat database 2012
- ³⁸ Ruhm 2000; Gerdtham & Ruhm 2006
- ³⁹ Stuckler, Basu, Suhrcke, Coutts & McKee 2009
- ⁴⁰ Barr et al. 2012
- ⁴¹ Stuckler et al. 2008

Men and suicide: Why it's a social issue
was written by Jacqui Thornton.

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