The Social determinants of Male Suicide Study (Overview)

The researchers on this program:
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Introduction:
This study focuses on the life context of male suicide. It is the accounts of selected men who attempted death by suicide and members of families and friends who have lost men close to them from death by suicide. There were eighteen in-depth interviews: 5 with men who had attempted suicide and 13 with people who had lost someone close through suicide.

The National Forum on Men and Suicide held on May 2nd and 3rd 2006 in Sydney, marked a watershed in Australian population health, one perhaps yet to be sufficiently acknowledged (National Forum on Men & Suicide, 2006). Suicide is a tragedy for any family, any society. Australia was admirably mobilised for some years on the issue of youth suicide and the incidence of this phenomenon has decreased. For the last decade, however, the evidence has shown that the demographic most at risk of suicide has been men: older men and men from their 20’s up until their 50’s.

The Forum attempted to put the issue of male suicide on the national agenda and to highlight the fact that not all suicides can be attributed to “mental health” problems. Many of the contributory factors were seen to lie in social, economic and cultural contexts of men’s lives.

Although clearly some deaths by suicide are linked to identifiable mental health issues, the relegation of the tragedy to the “mental health” domain has meant we have avoided issues in our society which impact both negatively and positively on the hold men have on life. These issues often include a sense of being valued (or not), in their relationships (for example, men’s contact with their children after separation), their job situation, as well as, their experience of violence.

In this study, the Men’s Health Information & Resource Centre (MHIRC) at UWS has been privileged to work with colleagues from the Suicide Safety Network of the Central Coast of NSW and the Northern Sydney/Central Coast Area Health Service, both of which have a long history of dealing with suicide, including male suicide, and
attempting to bring to society’s attention the role of some of what we could call the social determinants of male suicide. It is to be hoped that this present study undertaken in collaboration with them will contribute to the culture of our society and to the body of knowledge by insisting that such factors be taken seriously, with a consequent effect, not only on society’s understanding but also on some aspects of social organisation and service provision. The study also forms the basis for an ongoing, more in-depth and wider study of the same phenomenon.

Suicide issues
Suicide in men is a major public health issue in Australia. There were 2,098 deaths from suicide registered in Australia in 2004, 80 percent of them men (ABS, 2006). Of these, the highest proportion of male suicides (and indeed all suicides) was in the age group 25 to 44, as shown in Figure 1.

Participants in this study were selected from the Central Coast of New South Wales. The study investigates the pathways to despair and suicide in the lives of a number of men aged 25-44, that is to say, we asked for their retrospective accounts of what was happening in their lives from childhood to the time of the incident. The purpose was to uncover those factors which may have contributed to their fragile sense of self and general state of mind prior to the incidents in which they attempted and in some cases, succeeded, in killing themselves. The study reveals that often there is not one single factor at play, rather, several factors interacting on each other which put men of this age group at risk of suicide. This is why we can talk of a multi-level approach to our understanding of suicide in this population.
The Suicide Safety Network has been dealing with suicide issues in the Central Coast communities since the mid 1990s. Very importantly, the network has included the Coroner’s office at Gosford as an active partner in their work and this has allowed the network, and so this study, to have accurate data on local suicides thereby benefiting from more specific detail about suicide deaths than is generally the case. The work of these organisations had convinced them of the centrality of context and the interplay of factors in the lives of these men.

**Framework and Study Methodology**

We chose the WHO document, *The World Report on Violence and Health*, as the framework for the study.

The WHO ecological model is a multi-level approach that includes four levels: the individual, relationship, the community and the societal as is shown below:

![WHO Ecological Model](image)

In our analysis of interviews with the participants (we used thematic analysis supported by the qualitative data analysis program Nvivo), the ecological model presented by WHO was useful to categorise some of the factors we uncovered.
Summary of some of the findings

Themes which emerged from research with those who had attempted suicide (the WHO ecological categories are in brackets):

- Work-related issues (community level)
- Drug/alcohol abuse (individual level)
- Psycho-social health (individual/societal level)
- Adverse childhood experiences including school (individual level)
- Relationship strain (relationship level)

Themes which emerged from research with Family/Support Persons:

- Drug/alcohol abuse (individual level)
- Work-related issues (community level)
- Relationship strain (relationship level)
- Dissatisfaction with mental health services (societal)

Comment

Each one of these factors is important in itself, but it would seem to be the cumulative effect of several factors which is significant in terms of the pathways to self-destruction followed by the participants. The narratives in this study show with terrible predictability the effect of the combination of these factors. The narratives illustrate clearly that often it would be unwise to look for a “specific aetiology” – some one causal factor. Rather, it is the messy interplay of the factors identified in the research which has to be understood.

Resilience

Since the purpose of such a study must be not just to understand but to contribute to prevention, the research also looked at indicators of resilience, signs of the capacity of individuals to overcome difficulties.

From our “Node List” working with NVivo, we selected the nodes that could include resilience factors:

From the attemptees group, the following nodes were investigated:

- Social connections within family
- Social connections with religion
- Social connections outside family
These were the recurrent themes when participants spoke of finding strength to overcome difficulties. (The supportive and resilience factors in the lives of families had to do with their own situation and experiences, rather than those of their loved ones who died and, therefore, beyond the scope of this study).

**Discussion:**

From our data, it is apparent that for some men, the burden of a series of difficult life events and a sense of not **feeling valued** is a significant characteristic of the 'pathway' to suicide.

This study supports the view that adverse life experiences such as those to do with work, psycho-social issues, drug and alcohol were often significant factors and that neglect, abuse in childhood and an unsupportive early childhood environment can have a lasting deleterious effect on adult life. We have pointed out the cumulative effect of these factors and when they come together, they can weaken a person’s resilience. This can lead to an inclination towards drug addiction and abuse as coping mechanisms. Job-related issues are also important. The narratives show that stress and problems at work often had a profound effect on the lives of suicide attempters and people who actually killed themselves. Interviews revealed that being employed and enjoying work contribute to the resilience necessary to overcome difficulties in life.

The data show that loss and conflict associated with a relationship breakdown can lead some men to despair. Loss connected with children is particularly traumatic and sometimes life threatening.

Again, there is no doubt that the risk factors we have identified rarely trigger the suicide attempts or deaths in isolation from other factors. They tend to act cumulatively. Thus individuals with higher exposure to several of the risk factors identified are at a substantially higher risk of killing themselves.

We have also observed that those attempting suicide and the families/friends of suicide victims often had serious difficulty negotiating relevant services for help.
Several felt that the mental health and legal services failed to give appropriate and timely help to men at risk of self-harm and felt let down by the system. At least one felt he needed to “shop around” for appropriate help, not an easy thing to do. Sometimes the services lack integration and effective referral systems to provide the full range of support for possible suicide victims.

Conclusion:
It appears from these interviews with survivors and with families and friends who had lost a male relative or friend, that the pathways to suicide are often influenced by a complex set of life circumstances. Predictably, adverse experiences in childhood augur badly for adult life, if other factors then come in to play. Addiction to drugs, lack of support at home and at work, along with negative encounters with those services dealing with suicide all contribute to the problem among many men in our community. At the very least this study should help us move towards a more nuanced reflection on the tragic phenomenon of male suicide and away from simplistic suggestions that most people killing themselves are “mentally ill” or in need of diagnosis and treatment for depression. It helps us ask, “But Why?” is this happening.

The pathways to despair, which can lead to suicidal thinking and suicide attempts, can be seen to be pathways along which people can experience an accumulation of adverse life situations (adverse childhood experience, school, addiction to drugs, relationship strain, work-environment, community life, lack of resilience, etc). Perhaps most important is the cumulative effect of difficulties in several of these areas: when several of the factors are involved, there is almost inevitably more risk involved. A grasp of the broader context of acts of suicide and self-harm is paramount in our understanding of these issues in order to draw up long-term strategies for promoting a public health approach to suicide prevention especially for adult men.

References