

# Suicide in men: what is the problem?

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**In high-income countries such as the UK, suicide incidence in males is three times higher than in females. Among men, the suicide rate is higher still for those who are in their middle years (35–54) and live in socio-economically disadvantaged circumstances. Stephen Platt draws on insights from a range of social science perspectives to identify the non-psychiatric factors that interact with psychiatric vulnerability to elevate suicide risk in this demographic group.**

**S**uicide is a complex behaviour, resulting from a wide range of genetic, psychological, psychiatric, social, economic and cultural risk factors that interact to increase an individual's vulnerability to trauma and loss.

One of the most potent individual-level risk factors for suicide is mental ill-health. Among adults who have died by suicide in high-income countries, such as the UK, up to 90% are likely to have a diagnosable mental disorder, of which affective illness would probably be the most common diagnosis, at the time of death.<sup>1</sup> However, while mental disorder may be a (near) necessary cause of suicide, it is not a sufficient cause. The majority of people with a mental disorder will not die by suicide. Even in high-risk groups, such as people with schizophrenia or borderline



personality disorder, about 95% will not die by suicide;<sup>2</sup> and among people with major mood disorders, an even higher risk group, at least 85% will not die by suicide.<sup>3</sup> Broadly speaking, the occurrence of suicide requires an interaction between mental disorder and additional risk factors that can be found at any or all of the levels identified in the socio-ecological model.

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**IMPORTANCE OF GENDER, AGE AND SOCIO-ECONOMIC POSITION**

One key non-psychiatric individual-level risk factor is gender. In fact, death by suicide represents a major gender inequality. In the UK,<sup>4</sup> as in other high-income countries,<sup>5</sup> males count for about three-quarters of suicide deaths. This 3:1 ratio has increased over time in the UK; rates of suicide among women have steadily decreased over the last 50 years, while suicide rates among men overall are at comparable levels to the 1960s.

The problem of suicide among men in the UK can be more narrowly identified by reference to another individual-level risk factor, namely age. Whereas suicide incidence in the middle of the 20th century was highest in the oldest age groups, and by the end of the century was highest among young adults, the greatest risk is now found among men in the 'middle years'. In 2015, males aged 45–59 had the highest suicide rate (22.3 deaths per

100 000 population), while the second highest suicide rate was found among males aged 30–44 years (21.0 deaths per 100 000 population).<sup>4</sup>

**“Men compare themselves against a masculine 'gold standard', which prizes power, control and invincibility”**

The epidemiological picture can be further illuminated by consideration of socio-economic inequalities in suicide risk. Whether measured by markers of individual-level socio-economic position or of community-level socio-economic deprivation, there is a gradient in suicide risk. Typically, persons in the lowest socio-economic group have a suicide rate that is about three times the rate of persons in the highest socio-economic group, and the most deprived areas have a suicide rate which is about three times higher than the most affluent areas. The interaction between individual- and area-level disadvantage appears to be multiplicative: those in the lowest socio-economic group and living in the most deprived areas are about 10 times more at risk of suicide than those in the most affluent group living in the most affluent areas.<sup>6</sup> Kreitman *et al*,<sup>7</sup> examining suicide risk in different age, gender and social class combinations, identified the highest risk among males in the lowest social class in their mid-years.

**EXPLAINING THE ELEVATED RISK OF SUICIDE**

Having identified the elevated risk of suicide among disadvantaged men in their middle years, the key challenge is to identify non-psychiatric factors that interact with psychiatric vulnerability. Surprisingly, suicidologists have paid little regard to sociological theories of gender and masculinities. Being male is recognised as a significant risk factor, yet male and female tend to be regarded as different

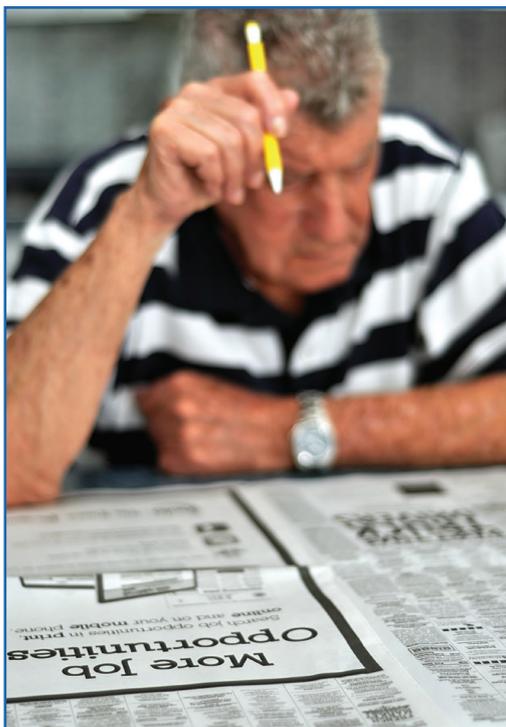
but homogeneous sex groups;<sup>8</sup> gender is 'treat[ed]...as a descriptive, rather than causal, factor in suicidal behaviours'.<sup>9</sup> A report by the Samaritans, which I co-authored, has explored the increased risk of suicide in this socio-demographic group from a variety of perspectives, and connects death by suicide to their wider experiences during the current historical period.<sup>10</sup> We considered suicide as a gendered behaviour from different, but related, disciplinary perspectives.

**Psychological and personality factors**

Some personality traits and 'mind-sets' contribute to the development of suicidal thoughts, including the belief that you must always meet the expectations of others, self-criticism, brooding, having no positive thoughts about the future, and reduced social problem-solving ability. These traits can interact with socio-economic disadvantage and 'triggering' events, such as relationship breakdown or job loss, to increase suicide risk. There is evidence that males engage in more risk-taking behaviour and have a higher threshold for, and tolerance of, pain than women, which may lead to increased capability for suicidal behaviour (and use of more lethal means when engaging in suicidal behaviour). In addition, making risky choices under stress – such as drinking more heavily or making rash financial decisions – can lead to an increase in life problems, increasing suicide risk. Unemployed males display higher levels of social perfectionism and also generate fewer effective solutions to social problems than men in work or training; these psychological factors are linked to suicidality.

**Masculinities**

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. Men compare themselves against a masculine 'gold standard', which prizes power, control and invincibility. When men believe they



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are not meeting this standard, they feel a sense of shame and defeat. Having a job and being able to provide for your family is central to 'being a man', particularly for working class men. 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. Men are more likely than women to use drugs or alcohol in response to distress.

**Relationship breakdown**

Relationship 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. Honour is also part of masculinity, and to be 'disrespected' in front of others by the actions of their partner (infidelity or abandonment) may lead to shame and/or impulsive reactions, perhaps to punish ex-partners. Men are more likely to be separated from their children and this plays a role in some men's suicides.

**Emotional lives and social disconnectedness**

The way men are taught, through childhood, to be 'manly' does not emphasise social and emotional skills. Men can experience a 'big build' of distress, which can culminate in crisis. 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. Women maintain close same-sex relationships across their lives, but men's peer relationships drop away after the age of 30. Women are much more open to talking about emotions than men of all ages and social classes. Male friendships tend to be based on companionship through doing activities together. The 'healthy' ways men cope are using music or exercise to manage stress or worry, rather than 'talking'. Men are much less likely than women to have a positive

view of counselling or therapy. However, both men and women make use of these services at times of crisis.

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**Men in their middle years today**

Mid-life has traditionally been viewed as the prime of life. However, there is evidence of a dip in mental ill-health and subjective wellbeing among people in their middle years, compared to younger and older adults. Problems with relationships and employment during mid-life are experienced intensely. By this life stage, people have typically invested a great deal in these domains and the possibilities for making changes are perceived to be limited. Men currently in their middle years are the 'buffer' generation – caught between the traditional silent, strong, austere masculinity of their fathers and the more progressive, open and individualistic generation of their sons. They do not know which of these ways of life and masculine cultures to follow. In addition, since the 1970s, several social changes have impacted on personal lives, including rising female employment, increased partnering and departnering and solo

living. As a result, men in their middle years are increasingly likely to be living alone, with little or no experience of coping emotionally or seeking help on their own, and few supportive relationships to fall back on.

**Socio-economic disadvantage**

There is debate over precisely how socio-economic disadvantage increases suicide risk. Suggestions include having many more adverse experiences, powerlessness, stigma and disrespect, social exclusion, poor mental health and unhealthy lifestyles. Unemployment in the UK is higher among men than women. This is related to the decline of predominantly male types of employment, such as manufacturing. Men have also been affected by the general trend towards irregular work patterns, insecure or temporary work and self-employment, and the recent economic recession and persisting austerity policies.

**CONCLUSION**

Suicide is an individual act, the tragic culmination of mental health problems, feelings of defeat, entrapment, that one is worthless, unloved and does not matter. These feelings are produced within a specific social, economic and cultural context. The impact of significant changes in society over the last 50 years – the shift from repressive pre-war to liberal

**KEY POINTS**

- In the UK, males count for about three quarters of suicide deaths
- The greatest risk is now found among men in the 'middle years'
- Those in the lowest socio-economic group and living in the most deprived areas are about 10 times more at risk of suicide than those in the most affluent group living in the most affluent areas
- Relationship breakdown is more likely to lead men, rather than women, to suicide
- Men currently in their middle years are the 'buffer' generation – caught between the traditional silent, strong, austere masculinity of their fathers and the more progressive, open and individualistic generation of their sons

post-war culture, changes to the roles of men and women and to the structures of families, economic restructuring and the decline of traditionally male industries – has not been uniform across society. They pose challenges in particular to the group of men currently in their middle years, and these challenges are exacerbated when men occupy socio-economically disadvantaged positions. This group is likely to experience multiple risk factors for suicide, interacting in devastating combination. Their jobs, relationships and identity have been under severe threat. There is a large gap between the masculine ideal and reality of life for such men.

**Declaration of interests**

Stephen Platt is adviser to the Samaritans and NHS Health Scotland on research and policy relating to suicide and self-harm.

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