

## **YOUNG MEN AND SUICIDE:** summary report

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Young men are four times more likely than young women to take their life through suicide. 1,934 people aged 15–34 killed themselves in England and Wales in 1999; 1,552 (80 per cent) of these were male suicides. There has been a worrying, steady increase in the number of young male suicides since the 1970s. The suicide rate is also highest in men from social classes 4 and 5.

This is a summary of a recent investigation into young men and suicide carried out by the Men's Health Forum. Literature on causes and interventions were reviewed and local Health Authorities were asked about their current strategies and initiatives to prevent young male suicides.

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### **The Men's Health Forum's findings**

- Most research to date has concentrated on the methods people use to kill themselves and the factors that put them at risk of suicide but tended to ignore gender. Yet gender differences are significant both in terms of the methods used and the causes that contribute to attempted and actual suicide and therefore need to be taken into account when planning strategies and interventions.
- The Government's Mental Health National Service Framework (and most previous government policy) has reinforced the focus on the suicidal act and fails to examine and explore its relationship with gender.
- Too many of the more common prevention strategies rely on 'at-risk' people actively accessing primary care and mental health services. But young men are known to be particularly poor voluntary users of both of these. Unless strategies take into account young men's limited use of services and their poor health-seeking behaviours they are unlikely to be effective.
- Very few Health Authorities to date have developed and implemented effective suicide strategies that have reduced the number of suicides by young men. While there appears to be general agreement that multi-agency and multi-faceted strategies are essential, these still appear to be rare in practice.
- There have also been very few recent interventions by any other agencies that have succeeded in reducing the number of suicides in young men. Moreover, evaluations have been rare.

## Introduction

Office for National Statistics' data shows that, in England and Wales in 1999, there were 5,657 deaths from suicide. 4,267 (75 per cent) of these were male deaths. 1,934 people aged 15–34 killed themselves in 1999; 1,552 (80 per cent) of these were male suicides.

While there has been a significant reduction in the overall number of suicides among the population as a whole since the 1980s, there has been a sharp increase in the rates for young men. In 1981, the rate among UK men aged 15–24 was 10.6 per 100,000 population; by 1997, it stood at 16.4 per 100,000. The rate among men has therefore increased by 55 per cent during this period.

For women in the same age group over the same period, the rate has remained relatively low and has increased only slightly from 3.4 per 100,000 population to 4.0 per 100,000. While trends for men and women followed a similar pattern until the early 1980s, it is the significant rise in male suicides since that time that has led to a significant overall increase among young people as a whole. Young men are now four times as likely to kill themselves as young women.

The pattern is different for 'deliberate self-harm', however. This is three to four times more common in women than in men and more common in younger adults generally. There are an estimated 100,000 people per year referred to hospitals in England and Wales for deliberate self-harm, mainly involving drug overdoses or self-injury. It has been known for some time that more young women 'attempt' suicide, while more young men 'succeed'.

Hanging and suffocation have increased steadily as a means of suicide for men since 1983 (especially for the 15–44 age group); poisoning by gases and 'vapours' (especially motor vehicle exhaust gas) has also seen an increase, while poisoning by substances (especially drugs) has decreased. Young men in particular are known to choose methods of suicide that are much more likely to prove lethal.

Suicide is also related to social class. The rate per 100,000 in social class 1 in 1991–93 was 13; in social class 5, it was 47. Young men in social classes 4 and 5 are the demographic group most at risk.

## Gender cannot be ignored

The Men's Health Forum's review of the literature suggests that the gender aspects of suicide have not yet been properly addressed but can no longer be ignored. For example:

- Men (and especially young men) take more risks with their physical and mental health than women.
- Showing vulnerability, asking for help and acknowledging personal problems contradict many young men's view of what it means to be a man.
- Loss of traditional male roles (for example, 'breadwinner'), poor health and identity problems (linked, for example, to unemployment, fathering, terminal illness, sexuality or imprisonment) all substantially increase the risk of suicidal behaviour.
- There is also evidence that men's higher rates of 'successful' suicide could be linked to many men's belief that surviving the suicidal act is somehow 'unmasculine' and a sign of failure.
- Young men are particularly poor users of virtually any health or related services on a voluntary basis. Men do not use primary health care in the same way as women – and this is particularly the case for young men. Counselling and advice services are used at least three times more often by women than men.

## Government policy has changed, but not enough

While the prevention of suicide has remained a key health target for several years, the change of Government in 1997 also brought a change of perspective. The individually-orientated health perspective of the Conservatives led to a strong focus on mental health frameworks for suicide prevention strategies. The new Government broadened this to include wider public health elements (such as the creation of jobs, introducing non-lethal car exhausts and reducing social exclusion).

The National Service Framework for mental health provides the local health context for the Government's target of reducing the suicide rate by at least one-fifth by 2010. Standard seven (within the Framework) suggests interventions to prevent and reduce suicide at a local level. Six of these specifically target mental health services and include the expectation that local health and social care 'communities' tackle stigma, provide high quality primary health care and ensure that everyone with a mental health problem can access local services.

While these are important in any suicide prevention strategy, they all hinge on the availability of, and access to, services either through primary or mental health care. Because of men's poor use of these services, this approach is likely to fail unless it is underpinned by a targeting strategy.

## Why primary care is not the answer

A recent review of interventions found that very few had been evaluated and that there were obvious difficulties in assessing the impact of prevention strategies (e.g. because of the length of time over which effectiveness has to be measured). There are very few interventions that have directly reduced the number of suicides, especially in young men.

Certain interventions have become commonplace within local strategies, however, in spite of their lack of proven effectiveness. For example, the training of GPs in recognising and managing depression and suicide risk. The popularity of this approach is based on a study carried out on the island of Gotland in Sweden. But there is a strong argument that Gotland and the UK are not comparable and that this type of intervention requires fuller evaluation with a larger target population.

In relation to young men, the obvious problem is that young men are known to make up the group least likely to attend a GP's surgery. Those arguing for the training of GPs often point to studies which suggest that a majority of those killing themselves have contact with a health care professional (usually a GP) in the week before. However, more recent research suggests this figure is more likely to be 20–25 per cent, while approximately 40 per cent have contact in the month before death. If correct, these figures seriously reduce the potential of improved GP services as a stand-alone intervention.

The combination of young men's poor use of services and the narrow focus of interventions within the mental health framework means that unless strategies are developed that increase young men's service use, there is unlikely to be a reduction in male suicides. If young men are not using the most basic of services (employment and advice, for example), then they are unlikely to use mental health provision, with the strong stigma associated with it and the threat this poses for some men's sense of their masculinity.

## Most current local strategies are ineffective

Part of the Men's Health Forum's investigation involved surveying Directors of Public Health about their local strategies. Almost half of the 39 respondents described initiatives they were taking with young men. However, when asked about these initiatives, many mentioned barriers and issues that inhibited or stopped projects from being developed. These included other Health Authority priorities which were being closely monitored by the Department of Health (such as waiting lists); difficulties in working together with other agencies; lack of expertise (especially in working with young men) and the recognition that developing strategies and turning them into practice was very difficult.

Where Health Authorities (for example, Dorset) are more successfully engaging young men and, in turn, responding to their emotional and health needs, the strategies have been much broader than the traditional mental health framework and much wider than mental health agencies. The strategies have also often been underpinned by an understanding of gender and its impact on young men's attitudes and behaviour. In Dorset, this approach has succeeded in reducing the number of suicides among young men.

## The Men's Health Forum recommends that:

1. Local health authorities consider the gender implications in data collection, and particularly in planning, delivery of services and clinical practice.
2. Suicide prevention (even if it is within a mental health framework) involves a much broader range of settings and disciplines. These should include education, the voluntary sector (especially the Samaritans), the probation, youth and careers services, community organisations and accident and emergency departments.
3. Gender-specific strategies targeting young men are developed within the mental health framework to ensure that general initiatives can be more effective. These strategies should include:
  - a. The provision of school and youth service-based programmes where young men can develop 'emotional skills' such as help-seeking strategies, emotional literacy, communication skills, explorations of what it means to be a man and 'looking after yourself'.

- b. Existing mental health, support and advice services should develop strategies to target those young men they do not currently reach. This will involve both making services more appropriate and attractive, and also ensuring that staff have a positive approach and an understanding of young men. Recent studies suggest that too many services operate with a stereotyped view of young men (e.g. 'they can't show their emotions') and that young men are reluctant to use services that they do not know. Most high-risk groups of young men are also socially excluded and least likely to use traditional services voluntarily.
- c. Many professionals report that young men are reluctant to reflect on drug and alcohol use and abuse and other specific risk-taking behaviours. However, a recent study found that young men were much more willing to discuss and engage with the more general issue of risk-taking. We would recommend that risk-taking becomes a theme within health-related work with boys and young men and that other approaches that engage young men are developed.
- d. Health Promotion departments identify the health messages that have attracted young men's attention and analyse why these messages have worked. These should then be replicated in the promotion of available services and within mental health campaigns specifically targeted at young men.
- e. Health Authorities should identify the groups of young men most at risk within their local communities and develop a greater understanding of their mental health experience. Most research suggests that a number of factors make an individual 'at-risk'. So, for example, while a psychiatric diagnosis is a risk factor, unemployment, poor communication skills and social isolation will increase this risk. Young gay men, African-Caribbean young men and young refugee men are all groups that are known to be at higher risk of suicide.
- f. Health Authorities should carry out an audit of young men's use of local services. Future initiatives should be pursued via those services that already successfully access the young men at risk. Those that do not already access young men should develop targeting strategies to ensure that they do.

## How to get more information

A copy of the full report *Young Men and Suicide* can be obtained from the Men's Health Forum, Tavistock House, Tavistock Square, London WC1H 9HR at a cost of £10 (including p & p). Ten or more copies are available at £5.00 per copy (including p & p). The full text of the report is also available online at [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk).

The full report contains a full set of references. Some of the statistics in this summary are more recent than those contained in the full report.

This investigation was carried out by Trefor Lloyd (of Working With Men) for the Men's Health Forum.

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## About the Men's Health Forum

**The Men's Health Forum is an independent organisation which aims to improve men's health through research, policy development, the development of innovative and imaginative projects and collaboration with the widest possible range of interested organisations and individuals.**

**In 2001, the Forum will be launching a quarterly Men's Health Journal, sponsoring health promotion research on prostate health and organising a national men's health conference. It will also be supporting the work of the All Party Parliamentary Group on Men's Health.**

**To find out more about the Forum, or to request a membership application form, please contact the address below.**