Men and Suicide. Part 1: Risk Factors

The Incidence of Suicide and Suicidal Behaviours

There is growing interest in and concern about the high rate of suicide among males. World-wide trends show higher rates of nonfatal suicidal behaviours among women and higher rates of suicide among men. Generally, speaking, rates among males (all ages) are 2-4 times higher than those among females (Beautrais, 2006: 153).

Canadian data mirror these patterns. In 2003, the age-standardized rate of suicide among males (all ages) was 17.8 per 100,000 population while the rate among females was 5.1 per 100,000 (Statistics Canada, 2006). The gender differential became even more pronounced with increasing age, especially in individuals age 60 and over.

Risk Factors

Research identifies numerous factors that may place males at higher risk of suicide:

- attitudes toward suicide in Western cultures that see suicide as being socially acceptable for males and suicide attempts as unacceptable (Murphy, 1998: 168; Kapur et al, 2005: 113; Möller-Leimkühler, 2003: 4).

- alcohol or substance use, misuse, or abuse, especially as they relate to increased impulsivity and decreased inhibition (Russell et al, 2004: 6; Möller-Leimkühler: 4; Russell & Judd, 1999: 791).

- individualism that isolates people from the support available from the greater social network (Möller-Leimkühler: 5; Eckersley & Dear, 2002: 1900-1901).

- choice and availability of more lethal methods (Russell & Judd: 792).


The Reluctance to Seek Help

Important factors in prevention are recognizing there is a problem and then seeking help for the problem. However, numerous studies note lower rates of help-seeking behaviours, intention to seek help, and professional consultation or treatment for suicidal behaviours or other mental health issues among men (Suominen et al, 2002: 93; Mishara et al, 2005: 328; Daigle et al, 2006: 175; Owens et al, 2005: 506). Men will often wait until they reach a crisis point before seeking help (Kapur et al: 113).

A qualitative study by Strike, Rhodes, Bergmans, and Links (2006) examines this critical issue in greater depth. Findings regarding the use of mental health services by study participants reveal various barriers to getting help and reasons for not seeking assistance including:

- not seeing experiences as being indicative of having a mental health problem and so denying having a problem or feeling they could cope with their difficulties on their own. Often, these men were forced by circumstances or by someone else to look for help (33);

- not being able to obtain requested referrals in response to articulated needs (34);

- believing health care professionals were interpreting help-seeking for suicide ideation or the need for a safe place as inappropriate or attention seeking (34);

- health care providers interpreting the description of symptoms with little display of affect as meaning help was not needed (34); and

- difficulties in communicating intensity of distress (36) and communicating in ways professionals would hear and understand (37).
Sources and Resources

SIEC #2007-0330

SIEC #2007-0333

SIEC #2006-0115

SIEC #2006-0683

SIEC #2005-1441

SIEC #2003-0719

SIEC #2001-1346

SIEC #2006-0605

SIEC #1999-0787

SIEC #2005-1905

SIEC #2005-1525

SIEC #2007-0362

SIEC #2006-0713

SIEC #2007-0361

SIEC #2005-1455