

UPDATED & EXPANDED
Centre for Suicide Prevention © 2014

MEN & SUICIDE: a High-Risk Population

?



Statistics

In Canada, in 2011, there were **3728** suicides. **2781** of these suicides were male.

Men aged **40-60** have the highest number of suicides
(Statistics Canada, 2014).

Women attempt suicide more often than men BUT men die by suicide **four times** more often than women.

How do men kill themselves?

Canada: **No.1 hanging**, No.2 firearms

United States: **No.1 firearms**

Men die by suicide more than any other group and these realities must be addressed!

Instead of talking about stress or trying to seek help for their depression men will often mask their stress and deal with their depression through harmful behaviours and actions

(Ogrodniczuk,2011).



Warning Signs

- Depression (often manifested through irritability, anger, hostility),
- Risk-taking behaviours,
- Avoidance behaviours

Risk Factors

- Alcohol and drug abuse,
- Social isolation,
- Tendency to choose more lethal methods of suicide,
- Reluctance to seek help

Protective Factors

- Social supports (family, friends),
- Peer support programs (schools, workplace),
- Stable domestic environment,
- With proper diagnosis and treatment, men at risk of suicide can be helped.





Theories of Suicide

Baumeister's Escape Theory of Suicide

The escape theory of suicide (1990) is often used as a model to explain some (often male) suicides. Baumeister's theory proposes that suicide is a sequential process. This process involves 6 steps:

- 1. Falling short of standards:** an individual fails to meet unrealistically high life expectations (either imposed by self or others) or experiences negative life circumstances or setbacks.
- 2. Internalization of self-blame:** failures and setbacks are internalized as the individual's fault. This self-blame causes low self-esteem.
- 3. Inadequate sense of self:** self is seen as "inadequate, incompetent, unattractive, guilty" (Baumeister, 1990, p.91). A negative view of self versus a positive view of others is established.

4. **Negative Consequences:** the consequences of the previous step can manifest as depression, anxiety or anger.
5. **Narrowed Thinking:** escape of negative self-image by avoidance and rejection of “meaningful thought”. This is also characterized by a narrowing perspective of time, with the individual focusing on day-to-day needs at the expense of thoughts toward the future; a narrowing of thinking or “tunnel vision”; an ever-increasing desire to eliminate aversive thoughts.
6. **Reckless behaviour, absence of emotion, irrational thought:** in the last stage of the theory, these qualities often emerge as: substance abuse, self-harm, risky behaviours, and/or social withdrawal. The notion of suicide becomes less fearsome. Sometimes this need to escape escalates to suicidality (Baumeister, 1990).



The Pressures of Being a Man

(An excerpt from iE4: Men and Suicide by Robert Olson)

In his recent book, *Lonely at the Top*, Thomas Joiner describes a process whereby men's pursuit of material and professional success will often cause them to discard friendships and support systems over time. This process essentially strips them bare of what is called in the prevention field "protective factors." After years of reaching goals and striving for success, a man may find himself suddenly exposed when the stresses of life overwhelm him, and there are no longer professional pursuits to act as distractors. Unlike women who tend to retain stronger relationships throughout their lives, men may find themselves with no close connections with anyone later in life – a time when these connections may matter the most (Joiner, 2011).





A report on depression and mental illness by the Canadian Mental Health Association rightly stresses that in a society that celebrates masculine qualities there is little patience for any show of weakness (CMHA, 2010). From a very early age, boys are told to hold back their tears, and, when emotion strikes, men are conditioned to “suck it up.” This dangerous expression epitomizes how we tell one another to

deal with life’s pressures, and enforces the old adage “take it like a man.” Men are expected

From a very early age, boys are told to hold back their tears, and, when emotion strikes, men are conditioned to “suck it up”.

to be tough, financially successful, and stoic, and the slightest show of vulnerability is seen as a blemish on their manhood. The tragedy inherent in this socialization is that behind every “whiner,” “wimp,” and “wuss,” lies a conditioned reluctance to face stress and possible depression and suicide.



Programs

PROGRAMS AVAILABLE FOR MEN IN NEED OF ASSISTANCE

Men at Risk: <http://www.sp-rc.ca/mar.html>

A program for adult men working in trades, industry and agriculture. The program features male facilitators who have dealt with stress, depression or loss from suicide.

PROGRAMS AVAILABLE IN SUICIDE PREVENTION

Applied Suicide Intervention Skills Training:

<http://bit.ly/12xEfHx>

Applied Suicide Intervention Skills Training (ASIST) is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize and review risk, and intervene to prevent the immediate risk of suicide. It is by far the most widely used, acclaimed and researched suicide intervention training workshop in the world.



Psychologists try to help men get help, open up.

Quotes from American Psychological Association article, Men: A Different Depression

“Untreated depression can result in personal, family and financial problems, even suicide.”

“Research shows that the men who need mental-health services most are the least interested in getting help.”

“The **traditional male role**... restricts emotional expression and encourages a pre-occupation with success, power and competition - (this) is associated with negative physical and psychological consequences, such as depression, anxiety and relationship problems.”

“Doctors may also **overlook** the signs of depression in older men. It can be especially hard to single out depression when men have other problems such as heart disease, which can cause depressive symptoms, or whose medications may have depressive side effects.”

“It is critical to identify **depression** among the elderly because they have the highest rates of suicide.”

“Eight out of 10 cases of depression **respond** to treatment.”



Recommended Reading

Promoting men's mental health

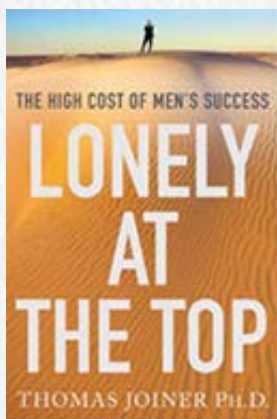
eds. by David Conrad and Alan White.

Radcliffe Publishing. (2011). 266p.

An anthology of scholars exploring topics in male mental health ranging from urban distress to military stress to gay issues and beyond. Of particular interest are the sections on men and suicide.



Lonely at the top: the high cost of men's success



by Thomas Joiner. Palgrave Macmillan. (2011). 266p.

This study tries to uncover some of the myriad reasons that men continue to be the most at-risk group of suicides. Some interesting ideas, especially that the male quest for material and professional success through their working years can cost them supportive friendships as they age, making them even more susceptible to depression and suicide.



Related Links

- SIEC ALERT 65: Men and suicide part one: <http://bit.ly/MOVPas>
- SIEC ALERT 66: Men and suicide part two: <http://bit.ly/1y2tyul>
- National Institute of Mental Health, Men and depression: <http://bit.ly/MW452V>
- Canadian Mental Health Association, Men and mental illness: <http://bit.ly/Zsgc0T>

References

- American Psychological Association. (2005). Men: A different depression. Retrieved from <http://www.apa.org/research/action/men.aspx>
- Baumeister, R. (1990). Suicide as escape from self. *Psychological Review*, 97(1), 90-113.
- Centre for Suicide Prevention. (2007). Men and suicide. Part 1: Risk factors. *Alert 65*.
- Centre for Suicide Prevention.(2007). Men and suicide. Part 2: Encouraging help-seeking and the promise of social support. *Alert 66*.
- Office of the Chief Medical Examiner, Alberta Justice. (2009). 2009 annual review. Retrieved from <http://suicideinfo.ca/LinkClick.aspx?fileticket=PWZz52B9He0%3d&tabid=508>
- Ogrodniczuk, John S. and Oliffe, John L. (2011). Men and depression. *Canadian Family Physician*,57(2),153-155.
- Olson, R. (2012).iE4: Men and suicide. iE:infoExchange. Retrieved from <http://suicideinfo.ca/Library/Resources/iEinfoExchange/iE4InfoExchangeMenandSuicide.aspx>
- Statistics Canada. (2014). Suicides and suicide rate, by sex and by age group (Both sexes no.).Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth66a-eng.htm>



Men & Suicide: A High-Risk Population?

**Resource Toolkit produced by the Centre for
Suicide Prevention, Copyright 2014**

Released November 2011

Updated October 2014

Centre for Suicide Prevention

Suite 320, 105 12 Avenue SE Calgary, Alberta T2G 1A1

Phone (403) 245-3900 Fax (403) 245-0299 Email csp@suicideinfo.ca



**CENTRE FOR
SUICIDE
PREVENTION**



www.suicideinfo.ca