



MEN'S EXPERIENCES WITH SUICIDAL BEHAVIOUR AND DEPRESSION

An extensive investigation was conducted into the experiences of men with suicidal behaviour, and the views of their family and friends. The study aimed to identify contributors and warning signs for suicidality among men, and the types of factors that may prevent or interrupt suicidal behaviour. The study involved two phases: (1) interviews and focus groups, followed by (2) online surveys.

Interviews and focus groups

The research team completed interviews with men that recently attempted suicide, and focus groups with family or friends close to men recently attempting suicide. Participants were recruited from major cities in each state and territory of Australia, and included: 35 recently suicidal men (aged 18 to 67), and 26 female and 21 male focus group participants (aged 19 to 65). A thorough follow up process ensured that any participants distressed by the study had access to referrals, information, and psychological support.

The study revealed common risk factors and a common pathway leading to suicidal behaviour. Awareness of this pattern is important because it provides a guide for when and how to interrupt suicidal behaviour, and what warning signs may look like. Four traits or experiences were common among suicidal men:

1. depression or disturbed mood
2. beliefs and personal values with strong emphasis on masculinity and stoicism
3. occurrence of stressful life events
4. a tendency to withdraw, or avoid problems, in order to cope

These four features interacted and got worse over time, this increased the risk of suicide, and creating various barriers to treatment or intervention. For example, men reported that having 'masculine' beliefs often meant they didn't accept feelings or ask for help. Therefore, when stressful events happened, men withdrew or attempted to numb themselves with alcohol or drugs. This avoidance and isolation tended not to improve problems but make them worse, pushing men further along the path towards suicidality.

Participants reported that suicidality tended to develop over three stages:

1. depression and stress interact creating a downward spiral in mood and activity
2. over time, suffering leads men to have suicidal thoughts
3. finally, men 'hit bottom' and become hopeless. At this point they may try to suicide

Men may show warning signs to family or friends, which can provide clues as to what stage of suicidality men are in, as well as clues for the best way to intervene. Warning signs therefore act as a useful guide for how to interrupt the path towards suicide.

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Based on personal experiences of recovery, participants reported that the downward spiral may be stopped using several strategies:

- male-to-male bonding, friendship, family or other group activities can provide chances for men to talk about problems or feel connected
- physical activity can improve mood
- giving men positive but honest feedback, explaining that men are not alone when they feel bad, and helping men find professional services can improve coping skills and communication

Interrupting men preparing to suicide can also be done by:

- talking to men about reasons they should stay alive, or reasons they should be afraid of dying
- emphasising their responsibility to their family, and some of the possible consequences of what they do
- carefully paying attention to behaviour and being ready to use community services to stop men from hurting themselves

Family and friends had great difficulty identifying warning signs, and often felt uncertain about when to approach men or to involve other services. Men also found it difficult to cope and to ask for help. Overall, five types of conflict tended to act as roadblocks to helping men:

1. trying to balance 'checking ins' on men's moods, and the arguments that these 'check ins' created sometimes caused men to isolate themselves even further
2. working out safe change in behaviour compared to risky changes was difficult for outsiders
3. people familiar with men are often better at recognising and interpreting how men act, but, this familiarity also often made it difficult to listen without judging or criticising men
4. it was sometimes necessary to challenge men about their risky behaviour, but taking away men's freedom sometimes led to conflicts that made problems worse
5. many participants were frustrated by failures of public health systems, but others acknowledged that public services were sometimes the only thing capable of stopping men from hurting themselves

Online surveys

Building on findings from interviews and focus groups, two online surveys were designed to examine views of suicide across a broader cross-section of Australia. 176 male suicide survivors, and 118 family and friends completed these surveys.

Men, family and friends identified various warning signs of increased suicide risk, including:

- depression
- poor personal care
- increasing irritability
- loss of interest in day to day activities
- withdrawal
- changes in sleeping patterns

Few participants reported having observed men tell other people how they were feeling, or saying goodbye prior to suicide attempts. The most common barriers stopping men from

seeking help were: isolation, not knowing how, not seeing the point, and not wanting to accept help. Very few men didn't know that help was available.

When asked what interrupted suicide attempts, most men talked about the consequences for their families, though a number of men also talked about not suiciding being they were afraid to die or because someone close to them had expressed support or concern. Men regularly said they did not want to be told everything would be okay. Instead, they wanted people to listen to them without judgment, and wanted to hear that their struggles were normal. Family and friends reported that it was important to let men know that they are valued, and that they wouldn't be judged.

Conclusions and recommendations

The current study demonstrated that it was important to identify where men were on the pathway towards suicidality, because this information could be used to guide interventions. People close to men at risk of suicide are often the best placed to initiate interventions, since men may not seek help by themselves.

Accurately interpreting behavioural change was critical to interrupting suicide in men – this was a task that men, family and friends acknowledged was complex and difficult. Therefore, an important finding from this study was the need for public education for males, as well as their families and friends.

Health professionals and allied services also played an important role in preventing suicide. Importantly, professional assessments and interventions should address not only suicidal behaviour, but also the core contributors to suicidality, e.g., depression or unhelpful masculine beliefs.

Findings therefore suggest that education and intervention across the community should focus on:

- developing awareness about warning signs
- understanding behaviours related to aggression and risk taking
- learning strategies for dealing with stress and depression
- developing different resources for men with varying needs
- challenging unhelpful ways that masculinity is presented in society