

Male Suicide Scoping Review

Reviewed research from 2013 – 2023

Strongest evidence: comprehensive, national programmes that are multi-layered, consistently applied, and targeting all age groups are the most effective strategy by which to reduce the suicide-death rate.

Evidence from surveillance: point to unemployment, mental ill-health, substance use, domestic abuse/criminal justice/police involvement, and financial concerns, requiring wider societal challenges and national suicide prevention programmes must reflect and include strategies to combat these.

Information



Globally, 720,000 people
die by suicide each year



In Wales, the Real Time Suspected Suicide Surveillance (RTSSS) first annual report showed that **356 residents of Wales** were thought to have died by suicide (78% of those were males)

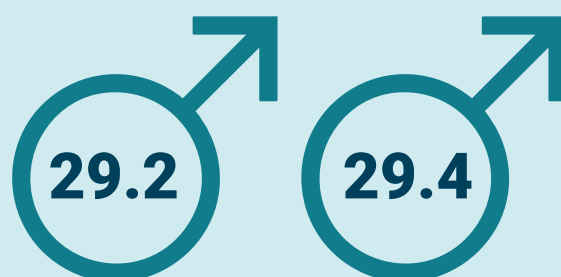


Globally, suicide is the **3rd leading cause of death** among 15-29 year olds



73%

Globally, **73% of suicides** occur in low - and middle-income countries



In Wales, the RTSSS data shows that **Males aged 25-34 years** (29.2/100,000) and **aged 25-44 years** (29.4/100,000) showed the highest rates



Rates of males dying by suicide
remain stubbornly high



10,163

In Wales, since 1981 (to 2022), **13,397 people** have died by suicide, **10,163** of these (75.8%) **were males**

The Study looked at

Populations – global, USA, UK, Australia, Japan, Canada.

Prevention activities - therapies, other face-to-face interventions, training, campaigns, helplines, online interventions and resources.

Key finding 1	Key finding 2	Key finding 3	Key finding 4
To be successful, national suicide prevention strategies need to be comprehensive across a range of sectors, with a range of interventions, and be regularly evaluated	Suicide awareness campaigns can show an increase in the public's understanding of factors that can contribute to a person dying by suicide	Preventing people having access to a range of lethal means has been successful in reducing the number of people who die by suicide	There is evidence that an increasing proportion of younger people are dying by suicide.
Implications for action	Implications for action	Implications for action	Implications for action
To ensure the national suicide prevention strategy is sustained over several years, and evaluated to demonstrate impact	Raise awareness of risk factors	Preventing people from jumping from high places by using barriers and nets, could be effective in Wales	Age-specific mental health awareness programmes that include education on suicide risk factors should be available in schools and universities
Key finding 5	Key finding 6	Key finding 7	Key finding 8
In Wales, rural regions have the highest rates for people dying by suicide. Evidence is not strong on preventative measures	More research is required to understand the factors linked to males dying by suicide	Males attempting to access formal mental health services often find it difficult to trust professionals and engage with the help and support on offer	Males who die by suicide have often been in contact with mental health services, and other help support, prior to their death
Implications for action	Implications for action	Implications for action	Implications for action
Research available suggests informal interventions are more effective in engaging males in education about mental health and group-based programmes	There is a pressing need for further research	Statutory services must recognise the challenges that males experience when accessing statutory mental health services and develop more effective and flexible ways of engaging males	More research is required to understand the challenges that males face during this period, and how services have responded to them in previous contacts

Key finding 9	Key finding 10	Key finding 11	Key finding 12
There are many men's support groups operating in Wales, providing informal methods of engagement and support	Males develop a first episode of psychosis earlier than females, and there is evidence that during a psychotic episode, risk of suicide is increased	In Wales, RTSSS data suggests that significant numbers of people who are thought to have died by suicide have been in contact with the police. Males are over-represented in these figures	Over 95% of the UK prison population is male. This population can be vulnerable to developing mental health problems, with an increased risk of suicide
Implications for action	Implications for action	Implications for action	Implications for action
It would be helpful to know how many groups there are, where they are located, and more about what they have to offer	Early Intervention in Psychosis teams can reduce suicidal behaviours, and these types of interventions should be available in all parts of Wales	Screening for potential vulnerabilities when coming into contact with the police can help identify males who require additional levels of support	Mental health awareness, education programmes, and group-based therapies (delivered whilst in prison) can be helpful to reduce deaths by suicide
Key finding 13	Key finding 14	Key finding 15	Key finding 16
There is some evidence that certain talking therapies, like CBT, can be helpful in preventing repetition of an attempt of suicide	Peer support interventions in a range of settings are useful including gatekeeping, crisis support in acute settings, or on-demand crisis support and relapse intervention. Intervention can be informal and flexible to a person's needs, engaging people who may avoid statutory services	Training people to recognise the signs of mental ill-health and risk factors for suicide can be effective in identifying individuals who may be at risk, and in helping them to access support. These people are referred to as gatekeepers, and are often lay people, or health professionals other than mental health professionals (e.g.: GPs)	Accessing information about mental ill-health and suicide prevention online is often a first step for people seeking help
Implications for action	Implications for action	Implications for action	Implications for action
In all cases where males have made a suicide attempt, referral to a specialist service should be made, avoiding long waits, and in ways that are accessible to males	More research is required to evaluate how best to deliver peer support and what approaches are most effective	Evidence shows that where gatekeepers can refer directly to specialist support, their roles are more effective	While an important feature of national suicide prevention initiatives, it is difficult to evaluate the effectiveness of online information sources

Key finding 17	Key finding 18	Key finding 19	Key finding 20
While helplines can offer support, advice and guidance, evidence of their effectiveness amongst males at risk of dying by suicide is lacking	The availability of therapies for mental health disorders is very poor, with long waiting lists and people obliged to find private therapists. A range of therapies has been developed for people to use online, though the evidence for their impact on suicidal thoughts and behaviours is limited	Suicidal thoughts are not as closely related to an outcome of suicide as is commonly supposed. Some studies suggest that a number of different mental health therapies can reduce the frequency of suicide thoughts, or behaviours, such as CBT, DBT, CFT and MBCT.	Services that offer a range of interventions, from psychological help to practical support are highly valued by those men that use them, as they are accessible, informal, and strive to engage with the real-life issues with which males present
Implications for action	Implications for action	Implications for action	Implications for action
Helplines can be an important access point – follow-up contact ‘in person’ appears to have benefits over the use of unsupported helplines alone	There is some evidence that online approaches to therapy can be helpful for mild to moderate mental health issues	Therapies remain an important part of a holistic approach to suicide prevention and treatment	Develop comprehensive interventions that are designed to respond to the range of factors associated with male suicide such as bereavement, relationship breakdown, unemployment, substance use, and debt

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