



The topic of suicide is one which has to be spoken of in the contrasting manners of honesty and sensitivity. There are many who have been affected by the loss of a loved one in such a manner. There are those too who have suffered the shock of the attempted suicide of a loved one and there are those who themselves have survived an attempt. People bereaved by suicide speak of the confusion, shame, anger and loneliness they experience and many speak of fleeting moments of suicidal thoughts associated with their grieving. It is always difficult to persuade families bereaved by suicide to accept that no one is to blame when a suicide occurs. No blame attaches to anyone in a case of suicide. People who take their own lives are not intent on ending their lives so much as ending the pain they are suffering. They see no other way out of their suffering than to take their own lives. We need to be sensitive towards the feelings of those left

behind and to survivors.

However the depth of sensitivity must not mask the honesty and openness required in trying to understand the position and improve our society's ability to make the possibility of suicide less prevalent.

In October 2005, I had the honour of addressing the Dail Joint Committee on Health and Children on this issue. Their report, published in July 2006, made some very disturbing reading.

Although suicide rates in Ireland were ranked 18th out of the then 25 EU States, our rate of youth suicide (those in the age group 15 – 24 years) was ranked 5th highest. And in this group, male self-harm deaths exceeded those of females by a ratio of 7:1. While the total rate of female suicide has remained fairly consistent since 1990 there has been a notable increase in male rates for the corresponding period.

The indications are that there has been a consistent rise in more recent years particularly among young men.

The issues regarding men and suicide are complex but certain indicators can be extracted from the data to help us understand the position more and ultimately take some action.

Men who already have a mental health issues are at a greater risk, along with those experiencing depression.

Depression

Depression, which is estimated to affect 7 percent of men in any given year, is an important risk factor for suicide. But male depression is considered to be under diagnosed, partly because men are less likely than women are to seek treatment for it. In addition, men don't always develop standard symptoms such as sadness, worthlessness and excessive guilt. Instead, they may be more likely to complain of fatigue, irritability, sleep disturbances and loss of interest in work or hobbies. Alcohol abuse, which is more common in men, can mask depression and make it more difficult to diagnose. Sadly, it remains true that most men are

not good at showing some emotions or sharing their feelings. When there is danger of emotional exposure many men will flee into some form of distraction such as work or sport. Ironically, of late, the sport option seems to be less safe as spontaneous outbursts of opportunistic emotion are frequently witnessed on the pitch and on the terraces. But either way of dealing with emotional expression is not as healthy as the appropriate expression where it belongs. That is to say, being able to cry when it's appropriate as well as laughing when fitting.

Many men who are depressed have serious issues surrounding their younger years or feel "hard done by" although they may not be consciously aware of this. Most consider that the past is over and feel a need to "get over it and move on". It's not that simple. For hurt men, acknowledging that pain and externalising it in the safety of a professional therapist's setting helps them to make peace with the past first and then move on.

Much of men's depression and other mental health issues are reactive. That is to say they are caused by reaction to circumstances or events in their lives or environment. Joyous emotions attached to winning and successes are unproblematic to express and are generally accepted by peers. But the more publicly perceived uncomfortable emotions of sadness and vulnerability are frequently kept well under wraps through fear of rejection. Anger and frustration are often either buried or expressed in inappropriate manners. Learning to deal with such emotions in a positive manner through talking about them is an important part of the solution.

However, many internalise those feelings, letting them build up and over time they become emotionally toxic causing depression. Repressed anger and frustration contribute greatly to reactive depression. Frequently the build up gets too much and overflows exploding in the guise of flash anger. These are situations where someone loses their temper in a totally "over the top" manner



as a response to something minor. Road-rage, queue-rage and unprovoked attacks are indicators of such irrational responses. These episodes are very disconcerting for all involved and the people who live with or are closely involved with such a person themselves become anxious and stressed. They experience the preverbal “walking on eggshells” routine in what ought to be the comfort of their own home.

Alcohol

My presentation to the Committee concentrated on the alcohol issue. Alcohol plays a part in 47% of male episodes of deliberate self-harm. With this in mind the issue needs to be taken seriously as this is undoubtedly part of the solution. During the 1990s Ireland experienced a 41% increase in alcohol consumption and suicide rates increases by 44%. Are the two connected? The effect of drinking on the younger person’s brain causes a greater depletion in important mood stabilising neurotransmitters than occurs in a mature adult brain. High levels of “spree” type drinking can lead to inducing significant depressed mood states over a subsequent 8 to 12 hour period. Research shows that the relative risks of suicide increase 10 fold after a drinking spree. Liberal licensing laws, peer and cultural pressure and increased availability contribute further to this situation.

Depression is closely associated with problem drinking and in many cases it’s not clear what comes first, problem drinking or depression. In such cases it is preferable that the alcohol be abstained from for a considerable period so as to enable better insight into natural mood conditions.

There is much written about the changing roles of men resulting from the changing roles of women. And indeed there is some truth in saying that this has altered positions and attitude. But I suggest that what has really happened in the last 20 years is that a huge expectation has developed on men to show their feelings. That expectation

has in turn put enormous pressure on men to be more open and emotional in public. There are mixed messages here. Unfortunately being real, is sometimes seen as being vulnerable, weak and “feminine”. Some appear to get sadistic pleasure in seeing a man appropriately respond emotionally to a situation. So when we get the desired emotional response we easily slag off the bloke because of our unease. Who can forget the tears of Paul Gascoigne and the way the tabloids treated him? Real men do cry, however demanding emotional reactions from men on cue may not be the healthiest long-term solution either.

Teenage Males

For teenage males, times can be difficult. Emotional and physical development brings the turmoil associated with body changes and a desire for independence. Problems with drugs and alcohol, the law, peer pressure and school are common at this point in life and are associated with a higher risk.

Factors linked to suicide and attempted suicides in young males are:

Alcohol and other drugs which affect thinking and reasoning ability and can act as depressants. They decrease inhibitions, increasing the likelihood of a depressed young man making a suicide attempt. American research has shown that one in three adolescents is intoxicated at the time of an attempt.

There is much debate over the role of academic pressure in suicide and causal links have not been established but there is little doubt they exist. Young people who suffer, or have suffered, abuse in the past are often at increased risk of suicide or deliberate self-harm.

Older Men

At the other end of the spectrum, getting older brings much loss for many people. Loved ones and friends pass on; ill health and loss of independence are more common. Tragically, for many this usually culminates

in social isolation as older people are forgotten about and ignored.

Risk factors for such people are:

-Living alone and feeling isolated, whether because of separation, choice or bereavement, often makes people question if life is worth living.

-A painful chronic illness that prevents someone getting on with their life could flag up the possibility that a person is more likely to consider suicide as a solution to their problems.

-Depression as already mentioned

-Feelings of hopelessness and guilt

A UK study of suicide in the over 65s showed that in approximately one third of cases, alcohol had been used to “facilitate” the suicide and 10% of those who killed themselves were addicted to alcohol.

Marginalised Groups

The vulnerabilities of marginalised groups especially those liable to community harassment render them at risk of suicide behaviour.

Young men of same sex orientation have been identified as one of a number of high-risk groups for youth suicide. They are more than 6 times more likely to engage in suicidal behaviour than their heterosexual peers. Many will never even have discussed their orientation with anyone.

Separated Fathers

The situation of the “separated father” is frequently commented on and many do live apart from their children with little and tightly controlled access. The Dail Committee report specifically refers to this situation.

It comments that such “detached” adult males are at increased risk of suicide.

It goes on to say “male children who are raised without paternal involvement have a great likelihood of youth suicide”. Despite the other factors involved, it is reasonable to assume that fathers access to and involvement with their children leads

to healthier outlooks as far as suicide is concerned.

Where A Threat Exists

For those who live with the threat of someone's suicide it can be very difficult. There are people who would argue that if somebody is intent on killing themselves then there's little any of us can do to prevent it. To a degree this may be true, but it doesn't mean we should sit back and let them get on with it. Try and get the person to talk about the way they're feeling, why they want to die, and just listen to them. There's no need to dive in with miraculous solutions to their problems. A person considering suicide needs support, understanding and to know there's professional help available for them.

It's important that the person offering support knows they're not alone in this too. It can be a frightening and worrying experience to go through. Sometimes it's a good idea to get a friend or trusted relative to intervene.

Overall people at risk of suicide tend to:

- **Be depressed, moody, socially withdrawn or aggressive**
- **Have suffered a recent life crisis**
- **Show changes in personality**
- **Feel worthless**
- **Abuse alcohol or other drugs**
- **Have frequent thoughts about death**
- **Talk about death and self-destruction**
- **Isolate and withdraw**

If you find yourself avoiding others, feeling hostile and worthless, thinking about death and using alcohol or other drugs to numb your pain, talk with your doctor. In an urgent situation, an A&E ward or the Samaritans can help. Friends or family members may be the first to notice your uncharacteristic behaviour. Take their advice and seek help.

If you seek a private therapist I would suggest speaking with your GP who will be familiar with a therapist they have faith

in. The following groups are excellent in their help and advice,

The Samaritans on 1850-609090,

AWARE on 1890-303302 and

the Irish Association of Suicidology has a

wealth of information on their website, www.ias.ie

Gerry Hickey

www.gerryhickey.com