

National Guidelines for Suicide Prevention

Rural Men – 2017



Rural males face unique stressors including lifestyle related issues which can lead to suicide. Awareness of behavioural changes by significant others is crucial as professional support is often not easy to access. Ongoing training of significant others in mental health and suicide awareness and constant improvement in online resources is recommended.

These Guidelines are designed as a resource to support the best endeavours of health/mental health practitioners, NGOs, other services and researchers to develop suicide prevention strategies that are appropriate for rural men.

Key Points:

- Unique stressors for males in rural communities
- Work pressures on farms increase vulnerability of males to suicide
- Rural males may be unwilling to discuss suicidal ideation openly
- Tragedy of suicide amongst rural men is continuing cause for concern and purposeful action
- It is vital that we develop new and effective strategies around access and engagement appropriate to the needs of rural men who may be in distress

1. Causes of Rural Suicides

Suicide is both a complex and a dynamic event. The decision to complete suicide is most often the result of the combination of a series of stressors occurring over an extended period of time¹. There is a relationship between stress, physical ill-health and mental disorder (including depression). To effectively engage with men who may be at risk, it is necessary to recognise that men and women respond differently to such stressors^{2,3}. Underlying factors may contribute to an individual's suicidality, such as relationship breakdown, financial and other forms of stress⁴. Added stressors in rural communities often also include social isolation, lower levels of literacy and consequent lack of ability to find employment, economic hardship, diminishing population and resources. These stressors are often exacerbated due to distance from professional support networks⁵. The greater availability of firearms also leads some in rural and remote communities to consider suicide as a realistic option⁵. These stressors reflect social determinants of health rather than being indicators of mental ill-health⁶.

2. Rural Suicide Statistics

There continues to be an alarmingly higher rate of suicide amongst rural men than amongst men generally within the Australian population. In most States and Territories,

the age-standardised suicide rates (ASSR) increase from 'Capital City' to 'Outer Urban Areas' to 'Rest of State'⁷. For example, in Queensland in 2010 (13.1 per 100,000), the rate ranges from 11.5 in Brisbane to 12.9 in Outer Urban Qld to 17.2 in Rest of Qld. Similar ratios occur in other States and Territories.

In 2010, the rate of male suicides was 16.3 per 100,000 and the rate of female suicides was 4.9 per 100,000. The male:female ratio is close to 3.4:1 and this ratio is reasonably consistent across geographic boundaries⁸. A striking and disturbing phenomenon is that the further one travels from a metropolis into remote Australia, generally speaking, the higher the male suicide rate⁹.

3. Farm Suicides

In South Australia, the farm suicide rate (males 33.8 per 100,000) was even higher than the rural male suicide rate (23.8 per 100,000) as compared with the male suicide rate in Australia (16.3 per 100,000)⁹. Male farmers are exposed to the vagaries of the rural economy and the stresses and strains of farm life¹⁰. As well as experiencing the stressors of normal life, these added stressors compound the uncertainty of their lives and lead some to complete suicide.

4. Variation in Methods of Suicide

In terms of methods of suicide completion, there is greater prevalence in rural areas of the use of firearms, use of poisons (other than carbon monoxide) and vehicle accidents as methods of suicide completion¹¹. This is due to greater access to these methods as compared to those living in metropolitan areas. Having access to more violent methods of suicide may increase the numbers of successful completions.

5. Uniqueness of Rural Suicides

Suicide prevention efforts in rural and remote locations face structural barriers, including lack of accessible health care and specialised mental health services, as compared to metropolitan locations¹². Regarding formal help, around 40% of rural men who died by suicide had seen a mental health professional in the three months prior to their death¹². It is important to consider whether available services, both physical and virtual, match well to rural men's specific characteristics and needs. So, as in Australia generally, the tragedy of rural men choosing to take their own lives is a continuing cause for concern and purposeful action.

National Guidelines for Suicide Prevention

Rural Men – 2017



Recommendations for Community Members

1. Awareness by significant others (family members, close friends and work colleagues) to changes in demeanour of someone experiencing suicidal ideation
2. Encouragement to gently confront the person and enable them to make explicit their intentions – open dialogue
3. Provide an alternative solution to the suicidal individual – relieving stress in one area can provide a sense of hope
4. Encouragement of significant others to approach professional services with their concerns
5. Further training of significant others in mental health awareness

Recommendations for Practitioners and Organisations

6. Ensure appropriate competency and ‘duty-of-care’ accountability amongst management and staff at services that may come into contact with rural men who may be in distress
7. Develop strategies to access and engage with men who may be in distress and who may have become isolated
8. Take seriously concerns expressed by significant others
9. Ongoing training for practitioners on evidence based research around gender differences in response to stress
10. Whilst online access to mental health services continues to improve, continued focus targeting males based in rural locations would be beneficial

References:

1. Miller, K. (2011). *The Suicidal Journey: The recognition of suicidal indicators by significant others*. Saarbrücken: Lambert Academic Publishing, p.57.
2. Ashfield, J. A. (2010). *Doing psychotherapy with men – practicing ethical psychotherapy and counselling with men*. Australian Institute of Male Health and Studies. Amazon Books.
3. Taylor, S., Klein, L., Lewis, B., Gruenewald, T., Gurung, R. & Updegraff, J. (2000). *Bio-behavioural responses to stress in females: tend and befriend, not fight or flight*. *Psychological Review*, vol.107, no.3, 411-429.
4. McPhedran, S. & De Leo, D. (2013). *Miseries suffered, unvoiced, unknown? Communication of suicidal intent by men in “rural” Queensland, Australia. Suicide and Life-Threatening Behavior*. Published online: 8 July 2013. Doi: 10.1111/sltb.12041.
5. Miller, K. (2011). *The Suicidal Journey: The recognition of suicidal indicators by significant others*. Saarbrücken: Lambert Academic Publishing, p.53.
6. MacDonald, J. (2011). *Building on the Strengths of Australian Males*. *International Journal of Men’s Health*, vol.10, no.1, 82-96.
7. Australian Bureau of Statistics (2016a). *Suicides, Australia, 2010*, Catalogue 3309.0. Canberra: Australian Bureau of Statistics. Accessed www.abs.gov.au/AUSSTATS/ on 15/01/16.
8. Australian Bureau of Statistics (2016b). *Suicides, Recent Trends, Australia, 1993 to 2003*, Catalogue 3309.0.55.001. Canberra: Australian Bureau of Statistics. Accessed www.abs.gov.au/AUSSTATS/ on 15/01/16.
9. Miller, K. & Burns, C. (2008). *Suicides on Farms in South Australia, 1997 to 2001*. *Australian Journal of Rural Health*, 16, 327-331.
10. Page, A. N. & Fragar, L. J. (2002). *Suicide in Australian Farming, 1988-1997*. *Australian and New Zealand Journal of Psychiatry*, vol. 36, no. 1, 81-85.
11. Miller, K. (2011). *The Suicidal Journey: The recognition of suicidal indicators by significant others*. Saarbrücken: Lambert Academic Publishing, p.82.
12. McPhedran, S. & De Leo, D. (2013). *Miseries suffered, unvoiced, unknown? Communication of suicidal intent by men in “rural” Queensland, Australia. Suicide and Life-Threatening Behavior*. Published online: 8 July 2013. Doi: 10.1111/sltb.12041.