

Suicide Prevention: Why Gender Matters



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In tackling the national tragedy of suicide in Australia, it goes without saying that we must act on the basis of the facts about this phenomenon, with integrity, and fearless of political or ideological pressures that might otherwise frustrate effective prevention initiatives and permit public and private sector funding to be used without appreciable outcomes of suicide reduction.

Given that by far the majority of suicides are male, that the majority of males die on their first attempt (in contrast to women who more frequently attempt but do not complete suicide), and that men are not being successfully engaged by our health or mental health systems (again in contrast to women) one would expect that health and social policy settings, and expenditure on suicide prevention should clearly reflect these conspicuous realities; they do not.

That the significance of gender skewed suicide mortality is largely ignored in the field of suicide prevention, is arguably: undermining the effectiveness of prevention efforts, potentially putting lives at risk, and is contrary to responsible use of public health funds.

With millions of dollars being directed into NGO institutions and government programs for suicide prevention, the current nonchalance about the significance of gender is highly problematic. The poor use of suicide prevention funding also manifests in other ways. For example, despite the large number of unemployed males who kill themselves, considerable funding for suicide prevention is spent within the workplace, instead of being directed to men who are unemployed; which is curious, since employment is a protective factor for males whereas unemployment is a significant risk factor.

Addressing as a priority the suicide mortality of males by no means sidelines the importance of female suicide mortality. Adopting a gender specific focus on males (given the disproportionately high incidence of male suicide), will serve to highlight the critical importance of gender differences in suicide prevention for both genders, and will provide a starting point for the development of a comparative male/female psychosocial profile.

The following topics highlight in other ways why gender matters – why consideration of gender is a crucial point of reference in suicide prevention.

Help-seeking and gender

A primary protective factor in suicide prevention is help-seeking. Though help-seeking is generally a cultural behavioural norm for women, it is not for men, and for quite complex reasons.

Cultural materialism (the demand that men be the productive and protective units of society) and cultural imperatives of gender require men to have spousal/female partner, and male peer assent and licence for help-seeking – especially psychological/mental health related help-seeking (without which there may be negative, punitive or ostracising consequences). It also needs to be noted that, assent and licence of this kind must meet particular qualitative criteria to be considered sufficient by men for the purposes of help-seeking; any detected grudgingness may constitute merely another form of penalty for considering help-seeking.

We need also to be aware how culture sets parameters on help-seeking for males. For example, in general, male predominant blue collar workplaces are not historically very sympathetic to men taking time off work for sickness, let alone help-seeking for psychological or mental health reasons. At best the expectation is that they soldier on until they are incapacitated or unable to work.

Responsibility of service providers

Even if a man receives acceptable assent from his female spouse or partner and his male peers to engage in help-seeking, for him this will be a courageous venture and one that if not met with success, may not be repeated. Often, with men, service providers get one chance at successful engagement.

Bearing these things in mind, quite obviously, if service providers do not have the attuned capacity to engage with men effectively on these first occasions, they will likely fail to help men when they are most in need of assistance, and most likely to experience greater desperation of distress for

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the perceived pointlessness of their abortive help-seeking attempt. Encouraging male help-seeking without corresponding changes in service provider knowledge about male psychology, and male access to appropriately gender attuned services, may serve to exacerbate suicide risk.

Consideration of male physiology

Consideration of gender in male suicide prevention – and its relationship to help-seeking, will also necessarily take account of physiology. Any understanding of gender detached from biology will be both flawed and largely uninformative. Male experience and male behaviour are inextricably linked to male physiology. How men cope with and respond to adverse events, deal with interpersonal conflict, and grapple with personal problems and challenges to their mental health, can be broadly predicted on the basis of on-average male coping responses directly associated with male sex-specific physiology.

Problematic conflation of self-harm and suicide

Another significant issue of gender difference is that of the incidence of self-harm versus suicide deaths. The preponderant gender in cases of non-fatal self-harm is female, whereas suicide deaths tend to be male. Poor clarification of different target groups across the spectrum of non-fatal self-harm and suicide deaths reduces the effectiveness of prevention activity for any one group. Contrary to this ‘one size fits all’ genericism, prevention of suicide deaths generally requires different strategies than those employed in the prevention of self-harm.

Double jeopardy for males due to a mental illness lens

Despite a growing number of researchers and practitioners warning against viewing suicide through the simplistic lens of diagnosable mental illness (categorical measures of psychopathology), and urging the removal of suicide prevention efforts from within the current psychiatric mental illness paradigm, the majority of suicide prevention measures appear still to be heavily dominated by mental disorder issues such as depression.

Certainly there appears to be some overlap between depression and risk of suicide, however, many men who are at-risk of suicide and who experience suicidal ideation do not have a diagnosable mental disorder. Not to acknowledge this fact, can only ensure poor

outcomes of prevention efforts, and males being put at greater risk.

Given also that both the DSM5 and to a lesser extent the ICD criteria for depression appear not to take account of gender differences in the symptomatology and physiology of depression, it should not come as a surprise that diagnosing depression in males has proven problematic. Add to this that the ‘mental health system’ itself is often found unhelpful by many males – and may in fact compound their difficulties, there is a case for arguing that current approaches to male suicide prevention may in fact be potentially iatrogenic.

Crucial need to up-skill organisations and staff

There is an urgent need for up-skilling human service institutions, service providers and practitioners if we are to see suicide prevention efforts turning the rising tide of male suicide, and its deleterious impact on society.

At present the majority of suicide prevention training options do not incorporate important gender distinctions and understanding. The targeted audience for such training ideally will include staff of a broad range of health and human service organisations and agencies, as well as public contact staff of other organisations that come into frequent contact with potentially at-risk males. These might include for example: employers with significant male workforces, employment and income support agencies, and family court services.

Professional development and in-service staff training ideally need to be conducted by men who are qualified to represent male experience, and who have the requisite understanding of male psychology to provide an evidence based perspective rather than a merely populist or ideological perspective.