Men and Suicide

Clement Lam
Ali-Mert Hazar
Dr. Michael Moutoussis
Medical Psychotherapist
PI, Dept. of Imaging Neuroscience,
UCL

Talk dedicated to
Barney Wong
Dr. Wong was wonderful young doctor in the Stroke Unit of our hospital, who very recently died of suicide.
UK suicide rates by age group – 2018

Source: Office for National Statistics. Rates are per 100,000 population.

- **Male**
  - 10–24 years: 9.0
  - 25–44 years: 20.6
  - 45–64 years: 21.6
  - 65–74 years: 11.7
  - 75+ years: 16.0

- **Female**
  - 10–24 years: 3.3
  - 25–44 years: 6.1
  - 45–64 years: 7.1
  - 65–74 years: 4.3
  - 75+ years: 3.8

6,507 people died by suicide in the UK
A very simple model with huge consequences

approx. incidence of suicide: 1:10,000
For an area of 1:10,000 here, a ratio of 3:1 needs a curve shift of only $ES \sim 0.25$

Yellow - to - red area: relative incidence of ab-normality

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Suicide is recourse to violence, and most such violence is male.

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went, from stuffy churches hosting suicide loss support groups to the hallways at work where I’d chit chat with colleagues. Every time I tried to utter the term “murder-suicide,” nothing came out.

At war with myself, I lived like a liar.

Murder-suicide. I searched the grim term online regularly, hoping to find somebody like me. I was met with sensational headlines and carelessly rendered facts or the occasional anonymously penned survivor story. I pictured reporters as ghouls devouring their hand-delivered juicy meal each day. One part murder. One part suicide. One perfect piece of clickbait.

When I received the 54-page crime scene report detailing what was known of their final moments, I read it in its entirety. Fifty-four pages: One for each year of Dad’s life. My brain became a case file: autopsies, transcripts and evidence.

The images splashed across the news haunted me for months. I learned many details in lockstep with the public: Police crowded outside the cute double-wide manufactured home my dad and stepmother shared on the corner of a cul-de-sac decorated with yellow crime scene tape.

None of the reports mentioned two months before the end. How Dad chucked any identifying possessions he had into the woods, save a cell phone, and hid in a port-a-potty for hours making frantic calls. How for years bright lights and loud noises would spur him into panic attacks, symptoms temporarily appeased by a cocktail of antipsychotics and medical marijuana.

How Dad suffered from posttraumatic stress and was convinced our country’s enemies were tracking him wanting revenge for the atrocities he believed he committed. How, on that day in November, he believed the world was ending. His mother was able to coax him into going home during their phone conversation. Soon after he did, he returned home and, with his wife’s support, admitted himself to a behavioral health facility for two weeks.

How that was Dad’s last attempt after years of trying to get help. How nothing could save him from his thoughts.

The 18 months following the murder-suicide were the toughest of my life. Without much information to cling onto in my grief, I grasped at myths and misinformation. I believed I was nothing more than a murderer’s daughter.
Suicide is recourse to violence, and most such violence is ‘male’.

Another extreme: femicide – suicide

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Men who kill themselves are distressed about ‘normal things’ that matter to them

Suicide Deaths in University Students in a UK City Between 2010 and 2018

There was strong statistical evidence that students who died by suicide were more likely to have been male, experiencing academic difficulties (repeated years, changing course, and suspension of studies were all associated with a 5–30-fold increased risk), and in need of financial support compared with other students.
Each human being, each man, is the expert in what their problems are. Listen, don’t lecture.
To help men, care about society.

Strongest risk factor:
Previous suicidal attempt

Strong risk factor:
Diagnoseable mental illness

Serious physical health problem – e.g. conditions with chronic pain

Strongest risk factor:
Previous suicidal attempt

Augment key protective factors:
- secure intimate relationships,
- satisfactory work, and
- children

None of these are good for individual prediction
Suicide is very difficult to predict at the individual level
A world-wide problem, where the UK does rather well!

Male suicide preponderance is almost universal, at about 3:1

but cf. China, S. Korea → 2:1 ‘only’.

However the absolute rates matter more.
Inequality matters, but it's not a ‘black and white’ thing (Leeds, 2019)

Deprivation and Geography

Deaths from Suicide 2014-16
Leeds City residents by Deprivation Quintile, crude rate per 100,000 and 95% CIs

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Don’t be poor! ← twice as bad as well-off
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Be a minority female!

(Leeds, 2019)
Take-Home points

- To guard from suicide, men need stable intimate relationships, good work, physical health – and also kids.
- Socioeconomic disadvantage increases male suicide,
- Ethnicity is a lot more complicated.
- I know one thing, that I know no man's mind (credit: Plato)
- Chat to men and women in trouble; maybe about public transport nowadays.
- Raise awareness – like her! →
You have all the experience you need to help save a life

Find out how a little small talk can make a big difference