

# EXECUTIVE SUMMARY

## MIDDLE-AGED MEN AND SUICIDE IN IRELAND

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Seirbhís Sláinte  
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# EXPLORING HOW TO SUPPORT THE MENTAL HEALTH OF MIDDLE-AGED MEN IN IRELAND

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*“Get the tea on. Starting with a cup of tea, and just even the small talk to begin with about sports and the weather, is usually what I find good. If you try and launch into a conversation about mental health they will shut down”.*

**Ciara, Mental Health Organisation Service Provider**

# EXECUTIVE SUMMARY

## MIDDLE-AGED MEN AND SUICIDE

Over the past 10 years, the suicide rate among middle-aged men (40-59 years old) in the Republic of Ireland has been the highest of all age cohorts.

Self-Harm rates among middle-aged men have also increased in recent years, reaching a high of 207 per 100,000 in 2012. This is of particular concern, considering the higher lethality of suicide acts among males as well as the greater risk of suicide following self-harm among males.

Despite these trends, there has been little attention on middle-aged men in public, policy or research discourse. Numerous studies have reported that economic recession and increased rates of unemployment are associated with a decline in mental health and increased rates of suicide and self-harm within a global, European and Irish context. These statistics indicate a clear and urgent need for a specific suicide prevention focus targeting middle-aged men.

Suicide prevention is often understood in terms of risk and protective factors. This approach is necessary in order to determine and develop effective suicide prevention strategies and interventions. Gender encompasses socially constructed roles or normative behaviours for males and females. The key factors that are associated with gender and suicide among men are:

- Men's use of more lethal methods.
- A reticence to seek help.
- Higher rates of alcohol and substance misuse.
- Factors specific to 'high risk' groups.

Individual factors that increase the risk of suicide include a previous suicide attempt, family history of suicide, chronic pain, mental disorders, alcohol and substance misuse, hopelessness and job or financial loss. The disruption of relationships, social bonds and support networks can compound suicide risk by undermining one's sense of purpose and belonging. Community factors such as disaster, conflict, acculturation, discrimination and trauma or abuse also increase the risk of suicidal behaviour. Finally, community and health system, and societal factors relating to access to means of suicide, inappropriate media reporting, and stigma associated with help seeking can increase the risk of suicidal behaviour. Conversely, strong personal relationships, religious and spiritual beliefs, and lifestyle practices of positive coping strategies and wellbeing can protect against suicidal behaviour. However, limited evidence exists in the literature in relation to the specific factors underpinning the high suicide risk of middle-aged men at risk of marginalisation which is the key focus of this study.

Suicide and suicidal behaviour is more prevalent among certain 'priority groups' in Ireland that have been identified as being more vulnerable to suicide. Indeed, the primary focus of this study is on middle-aged men who are 'at risk' of suicide based on being middle-aged and on having at least one other identity characteristic. Thus, a spotlight was placed on middle-aged men who are gay, transgender, Travellers, victims of domestic abuse, non-Irish nationals, farmers, unemployed, rurally isolated, ex-prisoners, and separated/divorced fathers.

Being marginalised is associated with a greater risk of suicide. The evidence gathered in this report indicates that middle-aged men, more broadly, are increasingly at risk of marginalisation. Therefore, whilst the research focus is justifiably on 'at risk' groups, this study's findings are applicable to all middle-aged men, including and beyond the groups identified as being at risk of marginalisation.

There has been a breadth of evidence supporting and informing key principles and approaches to effectively engaging men with their mental health. Building trust and rapport is of paramount importance and transcends many of the guiding principles in engaging men. These include:

- Working in an informal environment and creating a safe space.
- Adopting a strengths-based approach.
- Using positive non-stigmatising language.
- Finding the 'hook'.
- Consulting with men.
- Adopting a partnership approach.

A review of existing evidence points to five broad categories as potential sites for future suicide prevention work with middle-aged men. These are:

- Awareness raising campaigns.
- Activity based programmes and support groups.
- Education and training interventions.
- Psychological support.
- Use of technology.

## **POLICY AND RESEARCH CONTEXT**

From a policy and research perspective, there is a strong case for a specific and more targeted approach to mental health promotion and suicide prevention work with middle-aged men.

Connecting for Life identifies 'at risk' demographic cohorts, and explicitly lists middle-aged men as being among the "groups for whom there is evidence of vulnerability to and increased risk of suicidal behaviour" (pages xii / 32). It also calls for "...targeted campaigns to improve awareness of appropriate support services to priority groups" (Action 1.2.2); providing "...community-based organisations with guidelines, protocols and training on effective suicide prevention" (Action 2.2.1); and the development and delivery of "...training and awareness programmes."

Theme 2 of the National Men's Health Action Plan (Health Service Executive, 2016, p12) states the need to "contribute to the implementation of the priority programmes for Healthy Ireland... with a particular emphasis on reducing health inequalities between different sub-populations of men". Central to this theme is to "support the implementation of the 'Connecting For Life' Implementation Plan by developing and implementing new initiatives (e.g. middle-aged men) that promote positive mental health and resilience among at risk groups of men" (Action 2.4).

## GOVERNANCE

The Men's Health Forum in Ireland (MHFI) commissioned this study in response to the pattern of increasing suicide behaviour among middle-aged men in the Republic of Ireland, with a view to informing policy and practice in this area. This study explores the perspectives of both service providers and 'at-risk' groups of middle-aged men to establish the key issues that are impacting 'at risk' groups of middle-aged men's mental health, as well as barriers and opportunities for engagement.

This study was funded by the National Office for Suicide Prevention (NOSP) and was conducted by the National Centre for Men's Health (NCMH) at the Institute of Technology Carlow. The Irish Research Council (IRC) provided a scholarship for an MSc student as part of the Employment Based Postgraduate Scheme and the Men's Development Network (MDN) acted as the host organisation. This research was further supported by an inter-agency Advisory Group established and convened by MHFI. This group comprised representatives from statutory and non-governmental organisations (NGOs) with an interest in men's health and suicide prevention.

## AIM

The aim of this study was to explore the factors underpinning the high suicide rates among middle-aged men at risk of marginalisation in the Republic of Ireland, with a view to providing more effective and gender specific programmes, services, and resources to support their mental health and wellbeing.

"We have to start where the men are at, not where the programme is at or not where the funding is at".

**Ciaran, Men's Health Expert**

# RESEARCH QUESTIONS

- What are the key issues that impact the mental health and wellbeing of middle-aged men at risk of marginalisation?
- What are the challenges, barriers and opportunities for engaging middle-aged men at risk of marginalisation in relation to mental health?
- How can existing services/programmes be adapted to engage more effectively with middle-aged men at risk of marginalisation in relation to mental health?
- How can middle-aged men at risk of marginalisation be supported to care for their mental health and to access support services promptly during times of difficulty or crisis?
- What are the key principles that will inform follow-up measures (e.g. bespoke training, programme/resource development) that address the aim of this study?

## METHODOLOGY

This study adopted a qualitative research approach using the principles of grounded theory to inform data collection and data analysis. Focus groups and phone interviews were used with 'at risk' groups of men (n=9; representing diversity in terms of social class, ethnicity, race, sexual orientation) and with a broad range of service providers (n=7). Ethical approval was sought from, and granted by, the Institute of Technology Carlow's Ethics Committee.

This study gives a voice to, in particular, more marginalised or 'at risk' populations of middle-aged men. It gives them an opportunity to have their say about the issues that impact on their lives - their fears, anxieties and challenges in relation to mental health and what is needed to support their mental health. It does so by exploring how gender intersects with multiple layers of risk factors and with due regard to the wider socio-cultural context of men's lives. Crucially, the study also solicits insights from service providers about the issues underpinning the high suicide rates among middle-aged men and their own perceived challenges and barriers to engaging these men.

*"Connection gives you that sense of belonging. Being needed. You still need to feel valid as you get older".*

**Dermot, Gay Man**

This is the first in-depth study in Ireland to explore the possible links between middle-aged men at risk of marginalisation and increased suicide risk; a focus which has also been absent in the international literature. Thus, this study fills a gap in the existing literature on mental health promotion and suicide prevention strategies targeted, in particular, at middle-aged men at risk of marginalisation in the Republic of Ireland. Furthermore, the literature to date has gravitated towards a now familiar binary argument - middle-aged men are largely 'the problem' (emotionally withdrawn, reluctant to seek help) and service providers do not know how to engage middle-aged men. This study seeks to embrace the complexity that lies in between and to improve our understanding of the issues involved.

## RESULTS

The findings of this study emerged in three broad themes:

1. Marginalised Masculinities.
2. Support Seeking and Coping Mechanisms.
3. Negotiating the Dynamics of Engaging Middle-Aged Men.

**Marginalised Masculinities** captures a broad range of issues and challenges that were identified as sources of psychological distress and which, potentially, predisposed middle-aged men to increased suicide risk. This theme explores mid-life transitions which are associated with a recurring set of challenges, including: declining health status and acknowledging mortality; diminishing life or career opportunities; increasing pressures at middle-age associated with the provider role; facing-up to the 'failure' of unfulfilled aspirations and expectations at middle-age; and the cumulative and multiplicative effects of psychological distress.



These issues were compounded by what were seen as significant new societal challenges (zero hour contracts, multiple career paths, changing role of men) and an unravelling of the more traditional pillars of society (church, politics). This resulted in more vulnerable groups of middle-aged men, in particular, feeling that they had been cast adrift between two vastly different generations.

Against this backdrop of grappling with the unique transitions of middle-age, and at a time of significant wider societal challenges, many groups of middle-aged men also reflected upon feeling rejected, discriminated against and stigmatised on the basis of different aspects of their identity. Not surprisingly, some actively sought to withdraw and retreat 'into themselves'. For many groups of middle-aged men, isolation and loneliness had a crippling effect on their lives. Indeed, the harsh reality for many of these men was that rejection, withdrawal and isolation interfaced in multiplicative ways and were closely aligned to significant psychological distress in their lives - including, in some cases, suicidal behaviour.

“...if your physical health deteriorates, and you are not able to do the things that you think you should be able to do, then that obviously affects you mentally...”

**James, Farmer**

**Support Seeking and Coping Mechanisms** explores how men navigate and access support (or not) during times of psychological distress. The continued stigma associated with mental health, and with men accessing support for mental health issues, was a significant undercurrent to middle-aged men's approach to seeking help and coping during times of psychological distress. It was a cause of considerable concern that the most commonly reported trigger to seeking support for many men was having reached a crisis point - a reality that was influenced by prevailing gender norms and men's past negative experience of services (which were generally seen as inadequate, over-stretched and over-medicalised).

It was also felt that this age cohort of men had been reared on more traditional masculine values such as being responsible, invulnerable, stoic and self-reliant. This conflicted with being seen as 'weak' or becoming a 'burden' by seeking support. Whilst being in a stable environment, connection to others and self-awareness were identified as key supports that helped to keep middle-aged men well, the opposite was also true for some men; with alcohol use being highlighted as a particularly problematic 'coping' strategy for many men in psychological distress.

An important backdrop to this theme is how men provide support to other men during times of psychological distress. Whilst all were open to this - and wanted to do 'the right thing' - there were several concerns about saying or doing 'the wrong thing' or 'driving someone over the edge'.



“When you are down you feel like somebody is putting you down even further. Another nail coming into the coffin... You have life changes going on, it is very hard to keep adapting. You are not busy, so it all keeps piling on top of you. That is when finding a reason to keep living becomes a problem. Nobody would really notice if you were gone anyway”.

**Simon, Divorced Father**

“We’re the last generation before the huge big change out there. What our fathers and grandfathers would have done, we would have done, but now our children are brought into a different world... Sometimes you look and think am I part of this world or that one?”

**Alan, Rural Isolated Man**

**Negotiating the Dynamics of Engaging Middle-Aged Men** relates to the dynamics between men, service providers, support services, societal structures, and society more generally, which influence men's engagement with services and social groups.

A range of factors had a bearing on the dynamics of engaging middle-aged men:

- At an interpersonal level, it was reported that the forging of strong relationships hinged upon establishing trust, being relatable, finding common ground, and gaining credibility. Conversely, factors that inhibited effective relationships included age and class differences, and the use of complex or stigmatised language.
- At a service level, a number of factors were identified, including the importance of having a 'male-friendly' environment, utilising self-guided strategies to facilitate recovery, finding a 'hook' or incentive to engage men, and the advantages of pragmatic, partnership and community-based approaches to engaging men.
- At a systemic or organisational level, stigma was also a recurring theme, as well as: pressures to deliver best practice approaches against a pre-determined set of outputs; the undervaluing of what were described as 'soft outcomes' (such as connection, self-worth, and self-efficacy); and inconsistent funding streams.



“...walk into a pub, order a drink, you have six lads in the corner, settled lads from the community, and you get refused. You feel that small, you feel like scum... I’ve no real confidence in life, there’s nothing really out there for me”.

**Joe, Traveller Man**

“A burden, there is a word I would use. You are just a burden on everyone. You really are, your family, your friends - everyone”.

**Paul, Unemployed Man**

“It is not like a stitch in time saves nine. You wait till the whole thing is nearly ripped up to shreds before you ask for help... Why? Just that belief that you should be able to handle this yourself. You don’t see too many men around you talking about their problems”.

**Frank, Transgender Man**

# CONCLUSION

Despite the disturbing increases in suicidal behaviours among middle-aged men in the Republic of Ireland in recent years, and at a time of unprecedented socio-economic change, there has been an equally disturbing inertia and ambivalence at a policy and service delivery level in terms of addressing this issue. To compound the problem, middle-aged men's voices have largely not been heard in terms of advocating for their own mental health needs. Historically, this age cohort of men have simply 'got on with it' and 'sorted out their own problems'. Sadly, this is having increasingly tragic consequences in terms of rising rates of suicide and self-harm among middle-aged men.

This study's findings make the issue of suicide in middle-aged men visible, and give a voice to those more vulnerable and 'at risk' groups to have their say about the issues and challenges that impact on their lives. By drawing on the experience of service providers - who are at the coalface in working with middle-aged men - the findings also signpost to both the challenges and opportunities in terms of engaging more effectively and reaching out to middle-aged men.

Much of the existing focus of health policy, in Ireland and elsewhere, is on behaviour modification and increasing personal capacity to effect change. However, it is imperative that policy also accounts for the wider social determinants of health that, in the context of this study, result in circumstances that push more vulnerable and marginalised groups of middle-aged men into isolation and increased risk of suicide.

There is a need for both bottom-up and top-down approaches to create sustainable change, both in terms of:

**Culture change** - to ensure society is more open to and accepting of middle-aged men at risk of marginalisation (MAMRM) expressing their concerns.

**Structural change** - to ensure that when men do seek help it is available and accessible.

The hope or expectation for finding a single magic formula that will be the panacea for addressing the high suicide rates among middle-aged men is not realistic - nor could it be in the context of the complexity and interplay of the causes and risk factors for suicide. Identifying recommendations and a roadmap to address the issues and challenges that have been raised is not the main challenge; mobilising the will and necessary commitment to translate these into tangible outcomes is.

# RECOMMENDATIONS

The following overarching recommendations are presented in this report, and cover six key areas: **A**dvocacy, **C**onnection, **C**ommunication, **E**ducation and Training, **S**tigma Reduction and Awareness, and **S**upport (ACCESS) ...

## R1: ADVOCACY

Identify and facilitate key advocates to drive the agenda on middle-aged men and suicide prevention.

## R2: CONNECTION

Support middle-aged men at risk of marginalisation to build and strengthen relationships with friends, family and service providers.

## R3: COMMUNICATION

Increase lines of communication between services to better support middle-aged men's mental health and wellbeing.

## R4: EDUCATION AND TRAINING

Develop specific education and training programmes for both middle-aged men and service providers to support middle-aged men's mental health and wellbeing.

## R5: STIGMA REDUCTION AND AWARENESS

Reduce stigma relating to mental health and to men seeking support for mental health issues, and raise awareness across society of the issue of middle-aged male suicide.

## R6: SUPPORT

Extend the availability of statutory mental health services nationwide and increase the accessibility to services for marginalised groups of middle-aged men.

**To view the full version of the 'Middle-Aged Men and Suicide in Ireland' report, please visit: [www.mhfi.org/MAMRMreport.pdf](http://www.mhfi.org/MAMRMreport.pdf)**



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