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MALE SUICIDE & BARRIERS TO ACCESSING PROFESSIONAL SUPPORT

This public guide is based on the following study: Bennett, S., Robb, K.A. & O'Connor, R.C. "Male suicide and barriers to accessing professional support: a qualitative thematic analysis". *Curr Psychol* 43, 15125–15145 (2024). <https://doi.org/10.1007/s12144-023-05423-1>

MALE SUICIDE AND SEEKING PROFESSIONAL HELP

Effective professional support can stop mental health problems from getting worse. Understanding the barriers men face around accessing support is key to creating effective interventions that could help lower suicide rates.

We wanted to explore this issue of help-seeking in men who are suicidal more deeply. This study brings together the insights of 725 men who have been suicidal in the last year - 39% of whom had attempted suicide and 61% who had thoughts of suicide - to reveal some of the barriers to professional support that they face.

KEY DEMOGRAPHICS:

Men from 57 countries took part though they were predominately from North America (40%) and Northern Europe (38%). Participants were mainly white (78%), aged 18 to 30 (72%), straight (72%), single (71%), and employed (38%). 47% of men had a mental health diagnosis.

Participants were asked about the barriers they experience around accessing professional support for their mental health. We carefully reviewed each of the 725 responses multiple times, searching for recurring themes expressed by the men, grouping similar ideas together.

To understand how common certain themes were across the 725 responses we counted how often they came up. As you read the findings, you'll notice percentages associated with each theme.

For example: "The biggest barrier mentioned in our study was financial (20%)." This number represents the percentage of codes from our analysis that suggests evidence for this theme. It's crucial to approach these numbers with caution and not read them as the true frequency of themes. For example, some men may not be able to afford professional support, but did not mention this in their answer. So, we don't actually know how widespread this issue is. All our numbers need to be viewed with caution and represent the number of codes in our analysis that related to that theme.

We mapped our findings onto the 'Behavior Change Wheel' created by Michie et al. (2011) which combines ideas from 19 different behaviour change models and focuses on three main factors that influence behaviour:

- 1. Motivation:** A person must be motivated to do a behaviour. This relates to a person's desire and determination to do a behaviour, often influenced by their goals, beliefs, and attitudes.
- 2. Opportunity:** There must be opportunities in a person's physical and/or social environment to undertake a behaviour. This includes physical access, resources, and social support - like the impact of friends, family, and society on a person's behaviour.
- 3. Capability:** People need to believe they can do a behaviour in order to attempt it. This includes both physical ability and mental skills needed to perform a behaviour.

KEY FINDINGS:

1. NO MOTIVATION: SUPPORT DOES NOT HELP
43% of codes

1. NO MOTIVATION: SUPPORT DOES NOT HELP

- Negative experiences accessing support
- Negative perceptions of support
- Getting help will undermine autonomy and control
- Mistrust of professionals
- Preference for self-reliance
- Desire for death

2. NO PHYSICAL OPPORTUNITY: SUPPORT IS PHYSICALLY INACCESSIBLE
27% of codes

2. NO PHYSICAL OPPORTUNITY: SUPPORT IS PHYSICALLY INACCESSIBLE

- Help is not affordable
- Services are not accessible

3. NO SOCIAL OPPORTUNITY: SUPPORT IS SOCIALLY STIGMATISED
16% of codes

3. NO SOCIAL OPPORTUNITY: SUPPORT IS SOCIALLY STIGMATISED

- Seeking help could harm social value and relationships
- Seeking help is shameful
- Seeking help would impose problems on others

4. NO CAPABILITY SUPPORT IS PSYCHOLOGICALLY OUT OF REACH
14% of codes

4. NO CAPABILITY: SUPPORT IS PSYCHOLOGICALLY OUT OF REACH

- Difficulty in expressing and/or handling emotions
- Lack of trust, low self-esteem, feeling too exhausted

TOP BARRIERS:

MEN WHO HAVE ATTEMPTED SUICIDE:

Attempt this week:

**NO MOTIVATION:
NEGATIVE PAST EXPERIENCES**

Attempt this year:

**NO PHYSICAL OPPORTUNITY:
HELP IS NOT AFFORDABLE**

Attempt longer ago; thoughts of suicide this week:

**NO MOTIVATION:
NEGATIVE PAST EXPERIENCES**

Attempt longer ago; thoughts of suicide this year:

**NO PHYSICAL OPPORTUNITY:
HELP IS NOT AFFORDABLE**

MEN WITH THOUGHTS OF SUICIDE:

Thoughts of suicide this week:

**NO PHYSICAL OPPORTUNITY:
HELP IS NOT AFFORDABLE**

Thoughts of suicide this year:

**NO PHYSICAL OPPORTUNITY:
HELP IS NOT AFFORDABLE**

BY AGE:

18-30:

**NO PHYSICAL OPPORTUNITY:
HELP IS NOT AFFORDABLE**

31 to 50:

**NO MOTIVATION:
NEGATIVE PAST EXPERIENCES**

51+:

**NO MOTIVATION:
NEGATIVE PAST EXPERIENCES**

1.

NO MOTIVATION: SUPPORT DOES NOT HELP

Approximately 43% of codes related to men who expressed a lack of motivation to get help because they didn't believe professional support would be useful. This theme included six related ideas:

1. Negative experiences of getting support
2. Negative perceptions of support
3. Getting help will undermine autonomy and control
4. Mistrust of professionals
5. Preference for self-reliance
6. Desire for death

Thoughts of suicide in the past week, 39, UK:

“Services dont care about men.. Counselling is not set up for the male psyche”

Thoughts of suicide in the past week, 51, UK:

“... In my case, you can take all the pills you want, talk for as long as you want, but ultimately, it's all a pointless exercise that doesn't alleviate the financial yoke constantly tied to your neck. It's band-aid on a gunshot wound.”

1. Negative experiences accessing support

Negative past experiences when seeking help was one of the most common issues in our study.

About 15% of codes were of men who said they were discouraged from seeking help because of bad experiences in the past – and the actual number could be higher, as this was just the men who mentioned it.

The types of bad experiences varied: from finding interventions ineffective, to feeling ignored or belittled by staff.

Some men suggested therapy provided temporary relief, which faded over the long term. Other men felt interventions had only intensified their suicidal thoughts. Some men had tried different therapies and medications, with nothing seeming to work. This seemed to leave some men feeling hopeless and saying they had given up on seeking help altogether.

Men who have attempted suicide:

Attempted suicide over a year ago, two previous attempts, thoughts of suicide in the past year, 32, USA:

“I’ve had multiple therapists that were ineffective, and tried multiple medications that had mixed results. Not taking any now because the increased motivation increased the suicide likelihood. Literally safer living in apathy.”

2. Negative perceptions of support

In our study, 11% of codes related to doubts some men had about whether professional support would be helpful.

Unlike, the previous group, these men didn’t mention specific bad experiences in the past, but still questioned the value of seeking help.

Their reasons varied: some men were unsure about medication, questioning if it could actually address their issues. Other men didn’t see the point in talking about their problems, especially if they felt their challenges were due to practical issues like money or unchangeable things like their appearance. Some men saw their pain as a natural response to life’s difficulties, while other men felt their problems were simply too big to fix.

Men with thoughts of suicide:

Thoughts of suicide in the past year, 19, USA:

“... the problems in my life causing me to consider suicide are more concrete (based in reality), and less based on just my mental state. While ‘professional help’ might improve my mental state *a bit*, it won’t actually solve any of the problems in my life.”

Thoughts of suicide in the past year, 30, UK:

“I do not believe that telling anyone problems or feelings would ever be able to fix it. To me it seems pointless”

3. Getting help will undermine autonomy and control

In this group, about 7% of codes were from men didn't feel motivated to seek support because they were worried it could affect their independence and control over their own lives.

These men appeared to be concerned that seeking help would mean being forced to take medication they didn't want, sectioned, or having their health records marked in a way that could affect their ability to get jobs in the future.

4. Mistrust of professionals

In our study, 6% of codes were from men who had concerns about mental health professionals.

These concerns seemed to make men hesitant to seek support.

Some men felt that professionals might be more interested in making money than truly caring for people. Other men worried that professionals would not really understand or empathise with their unique experiences as men, or that they would push medication as the only solution.

5. Preference for self-reliance

A small percentage of codes related to men who seemed reluctant to seek support, because they wanted to manage their mental health challenges on their own (3%).

For these men, tackling issues independently was seen as therapeutic or a demonstration of strength.

6. Desire for death

A small number of codes (2%) related to men who seemed to lack motivation to seek professional help because they didn't want to get better and/or had a desire to die.

These men seemed to believe that suicide was the solution to their problems, rather than getting professional help.

Men who have attempted suicide:

Attempted suicide over a year ago, 2 to 4 attempts, thoughts of suicide in the past week, 64, Australia:

“I have worked in health care for more than 30 years, and have personal knowledge of the attitudes of many HCW [Health Care Workers] to men and boys. I've experienced substantial overt misogyny in many HCW, mental health providers, and particularly counsellors [...] Why, when I need help and am at my most vulnerable, would I expose myself to such a demoralising experience.”

2.

NO PHYSICAL OPPORTUNITY: SUPPORT IS PHYSICALLY INACCESSIBLE

In our data, 27% of codes related to men who seemed willing to seek professional help but faced physical obstacles that made it difficult to access. As a result, professional support felt out of reach. This theme had two sub-themes:

- Help is not affordable
- Services are not accessible

Thoughts of suicide in the past week, 30, UK:

“NHS waiting lists mean I would not be able to access support for a long time, so it’s not worth it.”

Thoughts of suicide in the past week, 24, Ireland

“Can’t afford it at all.. I did 8 free sessions here in Ireland but after that I would have had to pay.. I am €3000 in debt to my brother so I can’t exactly go blowing 50 quid an hour on a therapist”

1. Help is not affordable

The biggest barrier mentioned in our study was financial (20% of codes).

The expense of professional support was unaffordable for one-fifth of participants, making it the most common barrier in our study.

Men with thoughts of suicide:

Thoughts of suicide in the past year, 46, UK:

“I know how bad the NHS waiting lists for therapy are. My past therapy was private and I can’t afford that right now. So I’ll just muddle through and hope I make it.”

Men who have attempted suicide:

Attempted suicide longer than a year ago, thoughts of suicide in the past week, 29, Brazil:

“In my country, this kind of help is hard to get, a good one even harder, and if you have no money, slashing your artery is a cheap and effective solution”

2. Services are not accessible

Participants also mentioned practical barriers to accessing services (7% of codes).

Men talked about long waiting lists, a lack of local services, or support that didn’t fit with their work schedules. Some men also felt confused about how to start seeking help, such as not knowing who to contact, or the different types of therapy available, or whether it would be confidential.

Men with thoughts of suicide:

Thoughts of suicide in the past year, 26, USA:

“There are no mental health providers in my insurance in my area that take appointments outside of working hours. I would have to quit my job to see them, but then would lose my insurance so I wouldn’t be able to anyway.”

Men who have attempted suicide:

Attempted suicide longer than a year ago, 2-4 previous attempts, thoughts of suicide in the past week, 18, Canada:

“I don’t know where to go or who to talk to”

3.

NO SOCIAL OPPORTUNITY: SUPPORT IS SOCIALLY STIGMATISED

Sixteen percent of codes indicated that men felt that accessing help would go against social and cultural expectations. This theme, divided into three sub-themes, highlights men who live in social environments where seeking help isn't seen as acceptable or appropriate behaviour.

- Seeking help could harm social value and relationships
- Seeking help is shameful
- Seeking help would impose problems on others

Attempted suicide over a year ago, thoughts of suicide in the past year, 33, Canada:

“The admission of weakness (although my logical side understands just how stupid that is, pride gets in the way)”

Thoughts of suicide in the past year, 18, Singapore:

“Cultural norms ‘brown people don't go to therapy’”

1. Seeking help could harm social value and relationships

Eight percent of our codes were from men who seemed worried about the potential damage to their reputation and social standing if others found out they sought help.

These men seemed to fear being judged and that seeking help could change how other people see and value them. Some men were also concerned about the negative impact it could have on family relationships, fearing disappointment, embarrassment, or disapproval from family members. For some men, part of their struggle related to family dynamics, and they were hesitant to bring these issues to light.

Men with thoughts of suicide:

Thoughts of suicide in the past year, 18, India:

“... I may be ridiculed by my extended family because most of them have regressive attitudes towards mental health issues, despite suffering from several themselves.”

Men who have attempted suicide:

Attempted suicide longer than a year ago, thoughts of suicide in the past week, 26, Latvia:

“... this would signal to my family that there is something wrong, and would open a can of worms I don't want to deal with...”

2. Seeking help is shameful

A smaller cluster of codes (5%) were from men who mentioned their own shame and embarrassment as obstacles to seeking help.

These men felt getting help was ‘weak’ and would mean dishonouring themselves by not living up to social expectations to cope alone. While some men accepted this belief, other men rejected it but still felt bound by it.

Men with thoughts of suicide:

Thoughts of suicide in the past week, 19, UK:

“It's pathetic. If a guy goes to therapy he's weak. Men are meant to be strong any guy who goes to therapy is admitting that he's weak”

3. Seeking help would impose problems onto others

A small group of men from high-income countries and various age groups felt that seeking support could harm others (3% of codes).

These men seemed to believe that revealing their problems would burden loved ones, cause unnecessary worry, or take up resources in already strained health systems that could be better used by someone in greater need.

4.

NO CAPABILITY: SUPPORT IS PSYCHOLOGICALLY OUT OF REACH

Fourteen percent of codes indicated that men felt they lacked the psychological skills and abilities to seek and make use of professional support, making professional support seem out of reach. This theme had two sub-themes:

- Difficulty in expressing and/or handling emotions
- Lack of trust, low self-esteem, feeling too exhausted

Attempted suicide over a year ago, thoughts of suicide in the past week, 30, USA:

“I have a hard time talking to people especially strangers and I have a hard time leaving my house.”

Thoughts of suicide in the past year, 34, UK:

“Extremely low trust in others.”

1. Difficulty in expressing and/or handling emotions

Seven percent of our coding was from men who talked about feeling uncomfortable, scared, embarrassed, or ashamed when it comes to expressing their feelings.

They mentioned having trouble knowing how to open up, whether in general or to a stranger or professional.

Some men worried that they wouldn't be able to explain their problems well and might be misunderstood.

A few men were also concerned that facing their emotional pain might be too overwhelming for them to handle.

Men who have attempted suicide:

Attempted suicide over a year ago, over 5 previous attempts, thoughts of suicide in the past week, 20, Sweden:

"I don't like talking and it makes the pain so much worse so i rather bottle it up since that makes me feel a bit better"

Attempted suicide over a year ago, over 3 previous attempts, thoughts of suicide in the past year, 44, UK:

"I'm a middle aged male, I don't talk about my emotions!..."

2. Lack of trust, low self-esteem, feeling too exhausted

Another group of men, making up 7% of our coding, felt psychologically ill-equipped to access support.

These men mentioned barriers including low confidence, poor self-esteem, and feeling unworthy of help or attention.

Some men also struggled with trusting others, lacked the energy to seek help, and/or experienced intense social anxiety.

Men with thoughts of suicide:

Thoughts of suicide in the past week, 27, Canada:

"I can barely brush my teeth, imagine spending 5 fucking hours trying to figure out if my insurance covers some asshole who's going to tell me to improve my diet and go for a walk..."

Men who have attempted suicide:

Attempted suicide over a year ago, thoughts of suicide in the past week, 23, UK:

"...I have severe anxiety problems with going outdoors in public or to new places and I don't think I could manage it without engaging in extensive self harm to cope with the stress..."

RECOMMENDATIONS

To strengthen men's help-seeking

MASCULINE NORMS & SEEKING HELP

Our findings suggest cultural norms of masculinity may contribute to some of the barriers men who are suicidal face in seeking professional support.

For example:

- Men may struggle with expressing emotions due to societal pressure to suppress them.
- Therapies that focus on discussing emotional challenges may not appeal to men taught to deny their feelings.
- Gender biases may influence how men are treated by professionals.
- Cultural expectations that men should be strong and deny pain may limit men's social opportunities to seek help, both due to their own prejudices and/or those of people around them.
- Masculine norms of self-reliance and control may mean some men prefer to handle their issues alone and mistrust professionals.
- Fears about being medicated, hospitalised, or negatively impacting future job and romantic opportunities may deter men conditioned to be in control and successful.
- Norms of male provision and protection may mean some men struggle to conceive of themselves as people who also need care and support at times

TAILORED SUPPORT FOR MEN

Our findings suggest we need to create gender-sensitive suicide prevention strategies that recognise the complex ways masculinities affect help-seeking behaviours.

It's important to note that masculinity is not a fixed trait but a set of social and cultural expectations that vary across different contexts. Men should not be treated as a single, uniform group. Masculinity varies greatly across different cultures and stages of life. Every man is unique, influenced by a mix of biological, socioeconomic, political, and environmental factors. Because of this diversity, what's true for one man - like the belief that seeking help is a sign of weakness - might not be true for another man who wants support but can't access it.

Similarly, interventions should meet men where they are currently. For example, we may need short-term, interventions to help some men cope in a self-reliant way, while also promoting long-term cultural change to normalise men's interdependence and not needing to cope alone. Interventions should celebrate masculine strengths while addressing areas that need change, helping men accept their mental health challenges without feeling ashamed or inadequate.

Our findings suggest men who are suicidal experience specific barriers relating to their motivation, opportunity, and capability to seek support. In the following discussion, we explore potential interventions to address aspects of each of these barriers.

INCREASING MOTIVATION

Recommendations

We urgently need to understand why professional support isn't effective for some men and what kind of help they want.

Service Design and Delivery

- 1. Understand men's experience and what they want:** Explore what works and doesn't when men seek help for a suicidal crisis. Explore what kind of support men who are suicidal actually want.
- 2. Explore perceptions of help:** Explore the best language and messages to encourage men to seek help. This includes understanding how men make sense of their suicidal feelings and how they view interventions like medication and therapy.
- 3. Collaborate with lived-experience experts:** Work with men who have lived through suicidal experiences to design services to increase acceptability and potential effectiveness.
- 4. Multi-agency support:** Look into combining different types of support, like psychological help with practical assistance (e.g., debt relief, housing support).
- 5. Self-management tools:** Explore self-help and self-learning tools to help men manage their suicidal feelings, independently and privately, and build their sense of control and agency.

Community Interventions

- 6. Non-medical support:** Explore the effectiveness of community-based, workplace, and peer support interventions.

Training for Professionals

- 7. Perceptions matter:** Understand how men who are suicidal view professionals and vice versa, and how these perceptions affect the help-seeking process.
- 8. Specialised training:** Train professionals in male socialisation, masculine norms, and specific male suicide risk and recovery factors. Support professionals to explore their own gender biases and how these may impact working with male clients.
- 9. Male-sensitive approaches:** Develop treatment and assessment plans that are sensitive to men's specific needs.

Public Health Messaging

- 10. Avoid outdated stereotypes:** Don't present one-dimensional portrayals of men as reluctant or poor help-seekers.
- 11. Be honest:** Explore reflecting the real challenges of help-seeking journeys within the current mental health system.
- 11. Clear pathways:** Help men understand the different ways they can seek help and the various therapeutic options available.

INCREASING OPPORTUNITY

Recommendations

We urgently need to increase some men's physical and social opportunities to get support.

Digital Interventions

Accessible digital help: Develop digital tools and resources for men who are suicidal but can't afford or can't access services.

Public Health Messaging

Challenge stigma: Create campaigns that fight against societal stigma around male distress and seeking help. Bear in mind that some men may be caught between old cultural expectations that 'men shouldn't show emotions' and new ideas that 'it's okay for men to talk about their feelings.'

Role models: Use high-profile men and community leaders to normalise seeking help.

Emotional health: Encourage campaigns that centre men as emotional beings and the importance of emotional regulation to mental health.

Legitimising care: Develop messages that affirm men as deserving and worthy of care and support.

INCREASING CAPABILITY

Recommendations

We urgently need to increase some men's psychological capabilities to get support.

Service Design and Delivery

Sensitive support: Ensure services and interventions are tailored to the specific needs and psychology of men in suicidal distress, such as men with low self-esteem, trust issues, emotional disconnection, anxiety, exhaustion and depression.

Psycho-education Interventions

Strengthen mental health knowledge: Explore programmes to improve men's mental health literacy and psychological capabilities.

Public Health Messaging

Normalise emotions in men: Develop campaigns that foreground men as emotional beings and make it normal and okay to question psychological capabilities and seek help anyway.

Avoid negative emotional stereotyping of men: Steer clear of messages that suggest men are 'emotionally impaired' or 'lacking,' which could reinforce harmful stereotypes that men don't have the psychological capabilities to access or benefit from professional support. Problematising cultures that teach men to suppress their feelings rather than a failing in men.

CLOSING THOUGHTS

Our findings suggest men experience multiple barriers around accessing professional support relating to their motivation, opportunity and capability to do so.

Simplistic stereotypes of men as reluctant help-seekers undermine a complex reality. The two biggest barriers in our study were men who wanted help but couldn't afford it, and men who had a gone for help and had a negative experience. As well as work to increase men's help-seeking behaviours, it's also crucial to look at whether the help available is accessible, suitable, and desired by men who are suicidal.

It is important that interventions and services are designed with a deep understanding of the psychology underpinning suicidal pain in mind.

Hopelessness, entrapment, low self-esteem, emotional disconnection and dysregulation, interpersonal mistrust and isolation, exhaustion, anxiety, and depression, have all been reported as aspects of suicidal distress in men. This psychological terrain will impact how men seek, connect and make use of support.

Additionally, we can not focus solely on men's behaviour; we also need to address the attitudes and actions of those around them. This includes services, professionals, communities, families, workplaces, and society as a whole. All these elements must work together to make support suitable and accessible for men. We hope our insights can enhance the understanding of the obstacles men face in seeking help, leading to the development of more effective interventions.

The research was supported by funding from the following charities: The Liam Britton Foundation (Charity number: 1166009) and Jonathan's Voice (Charity number: 1180424).

LIAM BRITTON FOUNDATION

The Liam Britton Foundation was set up in loving memory of Liam, who sadly passed away in 2014.

The Foundation aims to raise awareness of the mental health challenges leading to suicide. Through research, we want to help create a deeper understanding of suicide risk and recovery factors, dismantle mental health stigma, and build empathy and compassion for the challenges faced by people in suicidal pain.

To find out more visit:

facebook.com/liambrittonfoundation/liambrittonfoundation/



JONATHAN'S VOICE

Jonathan's Voice is a mental health charity, set up in 2017 in the memory of Jonathan McCartney who tragically took his own life that year. Our charity has three core aims:

- To increase the understanding of mental health and suicide risk for the purposes of reducing stigma and empowering individuals to speak about mental health, including knowing how to respond.
- To educate organisations, especially in the professional environment, for the purpose of encouraging them to create the right support structures, policies and practice to support employees with mental health and well-being.
- To support research into suicide. The research explores male suicide, specifically the cultural and social factors that put men at risk of suicidal despair and the factors that can aid men to recover a meaningful life.



To find out more about Jonathan's story, the work of Jonathan's Voice and to get in touch please visit us at:

jonathansvoice.org.uk

The production of this public guide was supported by generous funding from MANUP?

MANUP?



At MANUP? we recognise the growing trend of men starting to open up about their mental health challenges.

As an awareness charity, we aim to take this a step further by cultivating a culture of attentive and empathetic listening. We strive to equip individuals, be they partners, family members, or friends, with the understanding and tools necessary to support the men in their lives effectively.

Our focus lies in enlightening society about the importance of speaking up about mental health issues and ensuring an informed, compassionate audience ready to listen and respond.

MANUP? is leading the charge in transforming how mental health is discussed and addressed within communities, promoting a more supportive and proactive approach to male mental wellbeing.

HAS THIS GUIDE BEEN HELPFUL?

PLEASE HELP US WITH YOUR FEEDBACK.

We'd love to hear your thoughts on this guide. Did you find it useful? Are there areas that could be improved?

Your feedback is invaluable in helping us evaluate our impact and improve future materials.

Visit malesuicideresearch.com/feedback to share your feedback anonymously.

Visit: malesuicideresearch.com/feedback

Acknowledgments

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jonathansvoice.org.uk
liambritton.org.uk

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Your feedback

Your feedback on this guide is invaluable in helping us evaluate our impact and improve future materials. Share your views with us:
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Read the full research report [here](#).

