

REVIEWING TWO DECADES OF MALE SUICIDE RESEARCH

Male suicide is a public health emergency.

While suicide rates differ worldwide, we frequently see more suicide deaths in men than women. In places like Europe and the United States, about 75-80% of suicide deaths are male*. In the UK, suicide is the leading cause of death for men under 50 and

men aged 45 to 64 are the biggest age-specific suicide risk**

We need to understand what is putting men at risk and what must change to help more men access a meaningful and fulfilling life.

* Whitley, 2021

** Saini, Clements, Gardner, Chopra, Latham, Kumar, & Taylor, 2020 / ons.gov.uk

This public guide is based on the following study:
Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C. (2023a). Male suicide risk and recovery factors: A systematic review and qualitative metasynthesis of two decades of research. *Psychological Bulletin*, 149(7-8), 371-417.
<https://doi.org/10.1037/bul0000397>

Read the full research report [here.](#)



REVIEWING TWO DECADES OF RESEARCH

In January 2020, the Suicidal Behaviour Research Lab at the University of Glasgow, began a study to review the last two decades of research on male suicide.

We searched multiple academic databases to find all the *qualitative* studies on male suicide. Qualitative researchers use methods like interviews and focus groups, to talk to people, listen to their stories, and try to get a deeper understanding of their experiences.

We searched seven academic databases to find all the qualitative studies on male suicide. We combed through over 19,000 search results and found 78 studies that met our criteria. These studies brought together insights from over 1,695 men who were suicidal or people bereaved by male suicide and came from 18 countries including Canada, the UK, Australia, Brazil, Ghana, Uganda, and Norway. We then repeatedly reviewed and explored these studies - combining and analysing their findings - to find common patterns about male suicide risk and recovery factors. By exploring all these studies together, we wanted to build bigger and broader conclusions about male suicide.

In particular, we looked for evidence to distinguish distant risk factors from immediate risk factors.

Distant risk factors were those associated with a potential underlying vulnerability to suicidal behaviours. For example, in a study from Nepal, researchers described how men who experienced

money issues felt like a failure: “Men were described as feeling like a failure because of financial burdens” (Hagaman et al., 2018, p. 719). In our analysis, we categorised this as a distant risk factor for suicide, linking money difficulties to feelings of failure and negative thoughts of self.

Immediate risk factors were associated with a suicide attempt or death. For example, in a study from Brazil a participant said: “I tried to set up a business for myself and my family and it didn’t work. I lost money and there was no other alternative except killing myself” (Ribeiro et al., 2016, p. 5). Here, the participant appears to have drawn an association between his business failing and his suicide attempt suggesting this was an immediate factor related to his attempt.

To understand how common certain themes were across the 78 studies, we counted their prevalence.

As you read the findings, you’ll notice percentages associated with each theme. For example: **In 46% of studies, painful events in childhood appeared to impact some men’s emotional development.**

It’s crucial to approach these numbers with caution. Not every study explored the same topics, making it challenging to determine the real frequency of these themes. For example, not every study looked at childhood experiences, so we don’t actually know how widespread this issue is. All our numbers need to be viewed with caution. However, counting the themes helped us see how often they came up.

7
DATABASES
SEARCHED

20
YEARS OF
RESEARCH

19,000
SEARCH
RESULTS

78
FINAL
STUDIES

CULTURAL NORMS OF MASCULINITY AND MALE SUICIDE RISK

In 96% of studies, we found evidence of a potential relationship between cultural norms of masculinity and male suicide risk.

What are cultural norms of masculinity?

Cultural norms of masculinity refer to society's expectations and beliefs about how men should behave.

These norms can shape how men see themselves and interact with others, and also how other people see and interact with men.

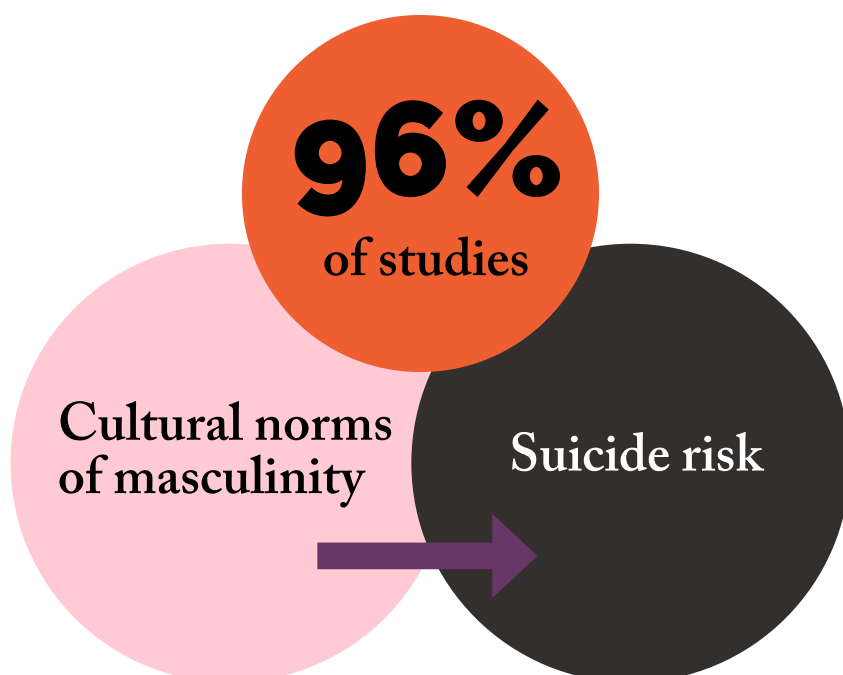
We inherit cultural ideas from the generations that lived before us. When we're born, we often enter a society with a long history of certain traditions and ideas about what it is to be a man.

Cultural norms do not define men. It is important to remember that cultural norms of masculinity does not refer to a set of fixed traits that are true for

all men. Ideas about and expressions of masculinity are plural and multiple. Some men may reject cultural norms, while other men may feel a strong need to live up to them.

Our results are not in relation to male biology. We are not suggesting that there is something internal to men that is broken or dysfunctional. Men are not toxic or damaged. Instead, our findings refer to external societal expectations for men to behave in certain ways which may harm some men's well-being.

Whether we agree with cultural norms or not, they can have a strong influence on our psychology - how we think, feel, and behave.



Every man is an individual shaped by a unique lived experience, cultural context and distinct biology.

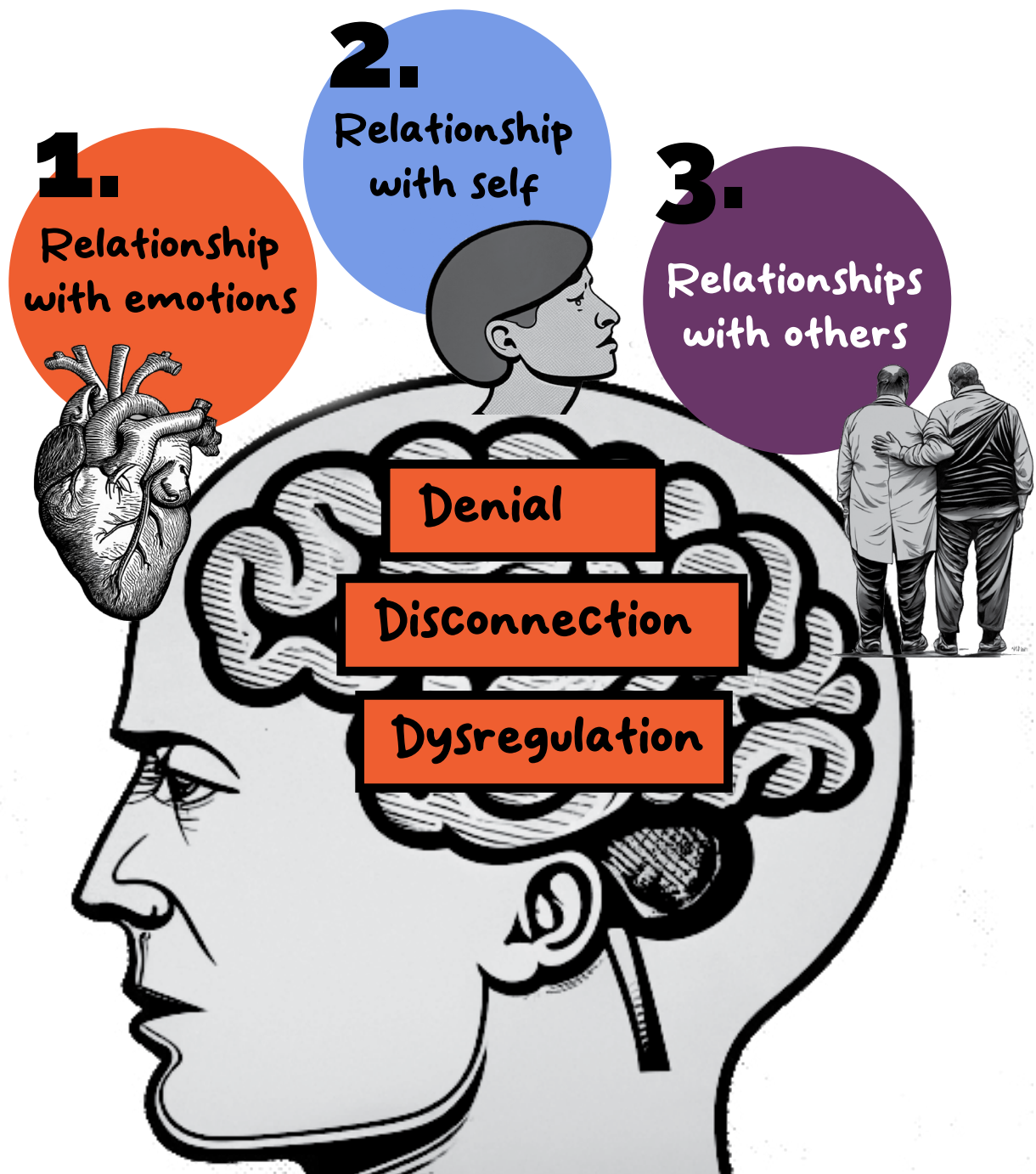
Most men socialised in masculine norms are not suicidal.

However, in our study, we found certain cultural norms may increase some men's suicide risk by exposing them to psychological pain and undermining their tools to regulate that pain. These norms concerned:

1. Men suppressing their emotions
2. Failing to meet norms of male success
3. Norms that diminish and deny men's relationship needs

These norms meant some men seemed to experience denial, disconnection, and dysregulation within three core psychological areas of their lives:

1. Their emotions
2. Their sense of self
3. Their relationships with others



RISK FACTOR SUMMARY

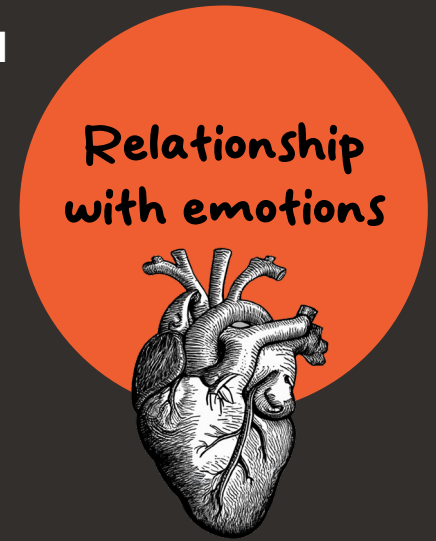
1. NORMS OF MALE EMOTIONAL SUPPRESSION

Distant risk

- Emotional suppression and dysregulation
- Childhood challenges impact emotional development
- Getting help is seen as weak
- Negative experiences reported when accessing help
- Short-term coping strategies make pain worse

Immediate risk

- Suicide as a release from pain



2. FAILING TO MEET NORMS OF MALE SUCCESS

Distant risk

- Feeling like a failure
- Pretending to be fine
- Low self-esteem from childhood

Immediate risk

- Suicide as the killing of a failed self
- Suicide as regaining control



3. NORMS THAT SUPPRESS MEN'S RELATIONSHIP NEEDS

Distant risk

- Loneliness and isolation
- Relationship challenges and conflict
- Struggling to trust

Immediate risk

- Suicide associated with relationship struggles
- Suicide as a release from unbearable isolation
- Suicide associated with feeling a burden
- Signs of suicide are difficult to read



KEY FINDINGS: EMOTIONS

Cultural norms of male emotional suppression and suicide risk

1. Emotional suppression and dysregulation. Cultural norms for men to deny certain emotions and to be strong, independent, and cope with their problems, seemed to impact some men's wellbeing. Some men appeared to become disconnected from their emotions and struggled to identify, understand, and process their feelings. Men suggested they felt a pressure to conceal their pain from people. As difficulties in their lives increased, and emotions built up inside, some men's feelings became harder and harder to live with, leading them to think of suicide.

2. Childhood challenges impact emotional development. In 46% of studies, painful events in childhood and adolescence - such as abuse, bullying, family break-ups, and neglectful caregivers - appeared to impact some men's emotional development. Men suggested that these distressing early-life experiences meant they grew up believing the world was unsafe. Some men learned to cope by disconnecting from their emotions, self-harming, or using drugs. Other men began to think about suicide from a young age as a way to escape the pain. Men may face a double jeopardy regarding the impact of childhood challenges on their lives. The combination of being exposed to painful experiences in childhood with also being socialised in masculine norms to suppress and conceal their distress may result in a situation where men who have endured childhood trauma are left particularly isolated.

3. Getting help is seen as weak. In 29% of studies, some men rejected seeking help because they felt it was 'weak' to get support, and as men, they needed to be strong, stay in control, and cope with challenges by themselves. Bereaved loved ones also described struggling to persuade the men in their lives to access professional support when they were struggling.

4. Negative experiences accessing help. In 35% of studies, some men did seek help for their mental health

In 92% of studies, we found evidence suggesting that masculine norms that encourage men to deny and suppress certain emotions increased men's psychological pain and suicide risk.

but had negative experiences with very busy services focused on short-term, quick 'fixes' like medication. Some men felt staff were stigmatising and unhelpful. Other men rejected a medical understanding of their pain and wanted professionals to acknowledge and explore broader external challenges in their lives. If men expressed their distress calmly and in matter-of-fact tones, mental health professionals sometimes underestimated the severity of their feelings.

Consequently, men were sometimes assumed to not be at risk even when they were.

5. Short-term coping strategies make pain worse. In 42% of studies, we found evidence to suggest that the impact of cultural norms for men to deny their pain, and to be strong and cope with their problems, meant some men found their own strategies for regulating their stress, such as drinking, fighting, sex, gambling, self-harm, or drugs. Men described these behaviours as "pain-relief" but they often caused longer-term damage. Some men found that these coping mechanisms added to their feelings of shame and self-loathing, or caused more stress and strain in their relationships, making them feel even lonelier and more isolated. Some men became trapped in dangerous cycles of seeking relief from their pain through behaviours that only increased their pain and isolation.

6. Suicide as a release from pain. In our study, the most common explanation for suicide was as a way to escape unbearable psychological pain. In 56% of studies, men suggested they felt overwhelmed by their pain and couldn't see a way to end it other than by ending their lives. In 31% of studies, men also described feeling hopeless, trapped, and defeated as reasons for suicide. Some men felt their lives were spiralling out of control, and they didn't have the energy or tools to regulate their pain, make changes, or deal with the problems consuming their lives. The pain men felt appeared to rob their lives of hope, meaning, purpose and energy.

KEY FINDINGS: SELF

Cultural norms of male success, feelings of failure, and suicide risk

In 76% of studies, we found evidence to suggest that men felt certain pressures to meet standards of male success. Failing to meet these standards seemed to increase men's psychological pain and suicide risk.

1. Feeling like a failure. In 54% of the studies, men seemed to internalise an idea of what it means to be a successful man. Men seemed to compare their achievements to this standard and felt that they were failing in areas of life where society expected men to do well. Feeling like a failure was a source of shame for some men, undermining their self-esteem, and causing painful feelings such as shame, anger, self-loathing, anxiety, guilt, and self-blame.

2. Pretending to be fine. In 31% of studies, men described pretending to the rest of the world that they were 'okay'. They described having two 'selves.' An external self that they presented to the outside world as someone happy, coping, and in control, and an internal self who was struggling and in pain. The gap between their two selves meant some men felt lonelier than ever.

3. Low Self-Esteem from Childhood. In 15% of studies, problems in childhood impacted the development of men's self-esteem. Childhood challenges such as being bullied, gay, or abused by caregivers, made some men feel like a freak, abnormal, different, ashamed, and like they did not belong. The legacy of these early-life experiences seemed to impact some men's self-esteem in their adult lives.

4. Suicide as the killing of a failed self. In 46% of studies, men described suicide as the drive to kill a failed self. These men seemed to believe that they had totally failed as a person and seemed to experience a complete collapse in self-worth.

5. Suicide as regaining control. In 14% of studies, suicide was described as a way to regain control over a life in freefall, and that in death, some men could be the protector they couldn't be in this life by watching over and taking care of loved ones.

KEY FINDINGS: RELATIONSHIPS

Cultural norms that suppress men's relationship needs and suicide risk

In 82% of studies, norms suppressing men's relationship needs were associated with increased psychological pain and suicide risk.

1. Loneliness and Isolation. In 46% of studies, men described profound loneliness and isolation. Cultural expectations for men to be self-reliant and independent appeared to impact some men's ability to form close, intimate relationships. Norms of emotional suppression seemed to keep men emotionally isolated from others. Many men felt deeply alone with their pain. Loved ones observed that some men seemed shut off, withdrawn, and emotionally distant, making it hard to emotionally connect with them. In some cases, men's anger pushed loved ones away, creating emotional distance from others and deepening men's sense of isolation.

2. Relationship challenges and conflict. In 28% of studies, men described relationship problems as a source of stress that increased isolation, feelings of failure, and pain. Conforming to masculine norms, such as emotional suppression and self-reliance, seemed to leave some men ill-equipped to build, manage, and sustain intimate relationships.

3. Struggling to trust. In 14% of studies, men expressed difficulties trusting others, making it challenging for them to form meaningful connections.

4. Suicide associated with relationship struggles. In 42% of studies, a relationship breakdown, bereavement, or family conflict was referenced in the lead up to a suicide attempt or death.

5. Suicide as a release from unbearable isolation. In 23% of studies, overwhelming feelings of loneliness and isolation were described as drivers of suicide.

5. Suicide associated with feeling a burden. In 8% of studies, feeling like a burden on others was associated with some men's suicide.

4. Signs of suicide risk difficult to read. Loved ones are often closest to someone in the lead up to a suicide attempt. Significant others described how signs of distress could vary. Some men were visibly struggling, but their behaviour was often unpredictable, so family members couldn't tell when their loved ones were in acute danger. Some men were described as hard to reach or could become angry if someone tried to ask about their feelings. Other men talked about their pain in very

flat, matter-of-fact tones that meant loved ones assumed they were not feeling too badly. Other men only talked about their struggles when drunk or as a joke. Some male friends said they didn't know how to intervene when they noticed a friend struggling. In contrast, other loved ones said that the men in their lives kept their pain so well hidden, that there were no signs before their death that they were at risk. These men were often described as popular, friendly, well-liked, and positive.

INTERACTING HARMS AND THE BUILD UP OF PAIN

Our study found evidence to suggest that certain ideas about how men should behave - called masculine norms - may increase some men's psychological pain and suicide risk.

However, given that most men exposed to these norms don't end up attempting suicide, an important question remains:

What makes some men more likely to consider suicide? One possible answer is how these masculine norms *interact*, creating increased pressure on certain men, that may build up dangerously over time.

Up to this point, we've looked at the impact of cultural norms of masculinity on men's relationship with their emotions, self, and others, separately.

However, it's crucial to understand that these three areas are all connected. Think of it like cogs in a wheel caught in a chain reaction: if one part of the system gets affected, it can influence the others. In other words, harm in one area can lead to harm in others.

In 65% of studies, we noticed this interaction between men's emotions, relationship with self and with others.

Some men appeared to get stuck in loops of reinforcing pain where harm in one psychological area, amplified harm in the others. These interacting harms seemed to increase men's emotional pain and make it harder for certain men to cope. For example:

- Feelings of failure were associated with men intensifying emotional suppression, socially

withdrawing, and isolating themselves.

- Emotional suppression was associated with leaving men isolated from themselves and others.
- Men who felt disconnected from others tended to use alcohol as a way to cope. Drinking too much could lead to more strain in relationships and thoughts of suicide. Contemplating suicide was linked to heightened feelings of failure and isolation.

The cultural harms we have identified of men suppressing emotions, feeling like a failure, and denying their relationship needs may expose men to psychological pain, increasing their suicide risk.

Emotions: Pressures for men to suppress their emotions may cause difficulties for some men in identifying, expressing, and managing their emotions, which can contribute to their pain becoming out of control and overwhelming.

Self: Pressures for men to be successful may increase some men's feelings of failure, inadequacy, and despair if they don't think they met those standards.

Relationships: Pressures to be independent and strong, to mask pain, and to conceal problems may isolate some men from meaningful connection with other people, straining relationships, increasing conflict, stress, loneliness, feelings of failure, and isolation.

We all experience psychological pain. How we deal with that pain can make a massive difference to our well-being. Masculine norms that harm men's emotions, relationship with self and others, may also undermine some men's tools for regulating psychological pain.

Emotional Regulation: Emotional regulation means our ability to manage our emotions in a healthy way. It involves recognising what we're feeling, understanding why, deciding how we want to respond, and identifying changes we would like to make to improve how we are feeling. Good emotional regulation helps us navigate the ups and downs of life without being overwhelmed by our feelings.

For example, if we argue with a loved one, good emotional regulation can help us identify why we're upset and talk about it calmly, while also being able to listen to the feelings of the other person. Good emotional regulation can help us resolve issues and maintain a strong relationship. Masculine norms that encourage men to suppress, deny and become disconnected from their emotions may mean some men struggle to regulate their emotions.

Positive feelings towards self: Feeling positively about yourself and believing in your abilities can help regulate psychological pain. For example, imagine two men who both lose their jobs. One man has low self-esteem and feels like a failure. His feelings of not being good enough may mean he starts to believe will never find work or hold down a job again, intensifying his emotional pain. The other man has good self-esteem and believes he is successful and valuable. He may be disappointed and stressed about losing his job, but he doesn't take it as a sign that he's worthless. His positive feelings about himself help him cope better and maintain faith in his abilities. Pressures for men to meet norms of male

success may leave some men vulnerable to feeling like a failure and worthless, undermining their self-esteem and ability to regulate psychological pain.

Connecting with Others: Our relationships with others can help us regulate our pain. Sharing our problems, receiving and giving care, laughing, and sharing intimacy can help us manage our pain. Societal norms that encourage men to be independent, cope alone, and keep their struggles and feelings to themselves may sometimes prevent some men from effectively managing their pain through these social connections and intimacy.

It's important to remember that many other crucial factors - like genetics, personality, and hormones - influence suicide risk. We're not saying masculine norms explain male suicide risk completely. Suicide is like an orchestra producing a symphony of sorrow. Every human life carries its own melody. We can't look at an orchestra and say it is the violin player in the 5th row that produces the sound. The sound is made by all the different instruments in interaction.

The same is true of suicide. Each symphony of sorrow is produced by multiple risk factors in interaction.

Suicide researchers cannot predict the notes that the violin player in the 5th row of every symphony of sorrow plays. What we can start to hypothesise is the general rhythm and melody of different sections of the orchestra. This is what our findings suggest - that the strings, the brass, and percussion section of the orchestra of suicide may be our relationship with our emotions, feeling towards self, and connections with others, and the symphony of the sorrow they produce may happen in interaction with one another, as well as other risk factors.

Masculine norms may increase the baseline suicide risk of men living in cultures and communities with clear ideas about male behaviour that may lead to increased denial, disconnection, and dysregulation in these psychological areas.

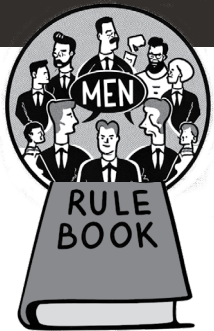
RISK FACTORS

→
putting it altogether...

CULTURAL NORMS OF MASCULINITY & MALE SUICIDE RISK

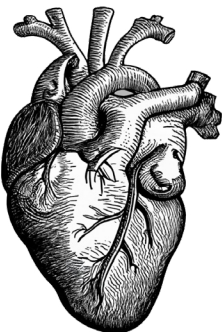
1.

DISTANT RISK: CULTURAL NORMS OF MASCULINITY



Cultural norms can shape men's relationship with their emotions, self, and others. Our findings suggest certain cultural norms of masculinity may harm some men in the following areas:

EMOTIONS



Norms of male emotional suppression

- Emotional suppression and dysregulation
- Childhood challenges impact emotional development
- Getting help seen as weak
- Negative experiences accessing help

SELF



Failing to meet norms of male success

- Feeling like a failure
- Pretending to be fine
- Low self-esteem from childhood

RELATIONSHIPS



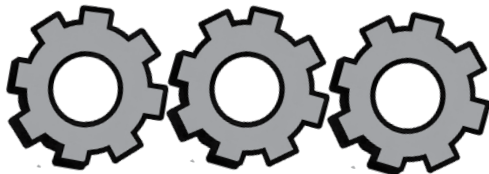
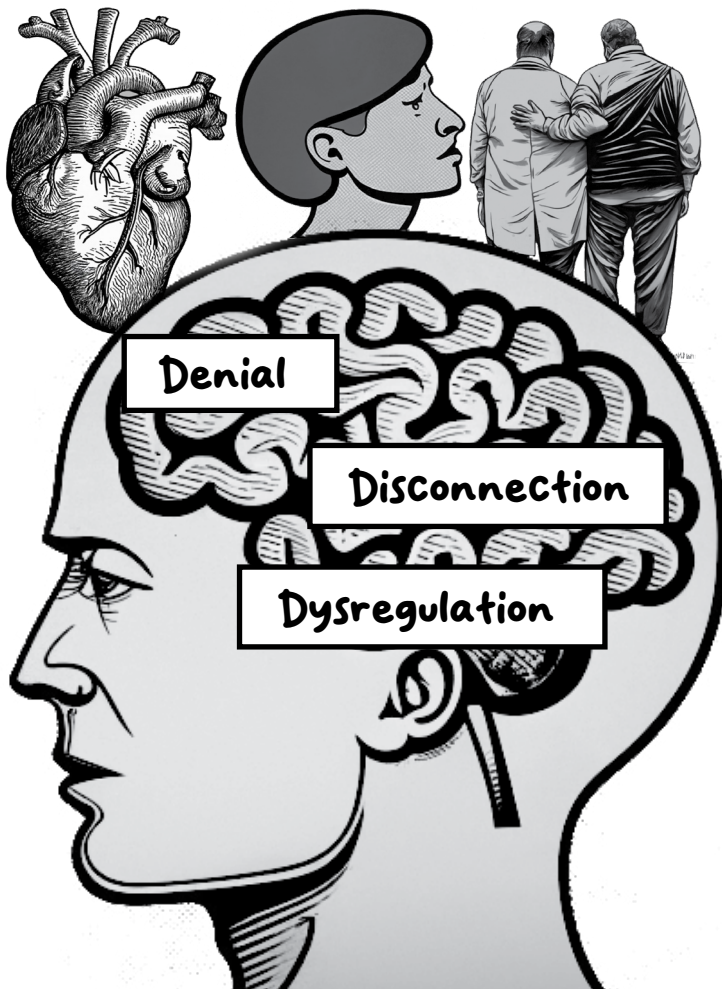
Norms that suppress men's relationship needs

- Loneliness and isolation
- Relationship challenges and conflict
- Struggling to trust

2.

DYSREGULATED PSYCHOLOGICAL PAIN

Cultural norms may mean some men experience denial, disconnection, and dysregulation in their emotions, thoughts and feelings about self, and their relationships with others. The interaction of these harms may increase some men's psychological pain, and suicide risk.

**EMOTIONS****SELF****RELATIONSHIPS****3.**

IMMEDIATE RISK: UNBEARABLE PSYCHOLOGICAL PAIN

Too much unregulated psychological pain is understood to be a key driver of suicidal action. In our study, suicidal behaviours were described as driven by the following:

EMOTIONS

- Suicide as a release from pain

SELF

- Suicide as the killing of a failed self
- Suicide as regaining control

RELATIONSHIPS

- Suicide associated with relationship struggles
- Suicide as a release from unbearable isolation
- Suicide associated with feeling a burden
- Signs of suicide are difficult to read

RECOVERY FACTORS

REGULATING PSYCHOLOGICAL PAIN

We also reviewed all the papers for evidence of what helps men recover a more meaningful life. In 78% of studies, men suggested that learning to recognise, reconnect with, and regulate their emotions, ideas of self, and connections with others, helped them regulate their psychological pain and manage thoughts and feelings of suicide. Let's explore these changes in turn.

1. Emotional regulation. In 47% of studies, men described that learning to understand and reconnect with their feelings, helped them manage their emotional pain, and thoughts of suicide. Learning to acknowledge and talk about their problems and emotions, figuring out what triggered their distress, and exploring past experiences seemed to give some men a sense of control over their lives. Feelings and pain that had previously felt unmanageable were gradually brought under control. Findings also suggested that it was important for men to explore how their ideas of masculinity may influence their thought patterns and feelings about themselves - especially around feelings of failure and shame, and their relationship with their emotions. Learning to broaden their understanding of what it means to be a man seemed to help some men reshape their identity and sense of value to society and others.

2. Peer support and expanding ideas about what it means to be a man. In 24% of the studies, men described the importance of talking with other people who had also experienced suicidal thoughts and tried to end their lives. Men appeared to find solace in peer-support groups where they could share their own stories and listen to others who had similar experiences. These encounters seemed to help men develop a broader perspective on masculinity. Men who had learnt to live with thoughts of suicide and were rebuilding meaningful lives served as role models, showing other men that hope for a better future was possible, and that their struggles were not uniquely condemning of them as individual men, but something other men experienced, and had found ways to deal with. Some men talked about how important it was for them also to be able to help others through sharing their experiences or through

volunteering. These activities seemed to give some men a sense of worth and purpose.

People also spoke of the importance of broadening societal ideas of masculinity. On a personal level, friends and family said they felt it was important that in relationships, we normalised men talking about their problems and struggling as other people might. At a broader level, people spoke of how important it was for society to represent and celebrate different expressions of masculinity, to normalise men talking, and that being a man can mean many different things and isn't just about one fixed set of ideas.

3. Re-connecting with others. In 32% of studies, men talked about the importance of deepening connections with significant others and/or developing new, meaningful relationships. The strengthening of these bonds seemed to give men purpose, a sense of belonging, and increased their desire to live. These connections were often with family, as well as friends, partners, peers, teachers, and faith.

4. Caring professionals. In 19% of studies, men spoke of the importance of caring, understanding, and non-judgemental professionals, who listened and treated them with dignity and as people worthy of receiving care and attention.

5. Understanding suicidal pain beyond mental illness. In nearly one-third of the studies (31%), participants and researchers talked about the importance of looking at suicidal feelings and actions from a broader perspective, not just as an individual mental health issue. Suicidal thoughts and behaviours can be influenced by many factors including genes, hormones, living conditions, personal trauma, cultural beliefs, political situations, financial, and educational opportunities. All these factors and more can play a role in shaping why some men might feel suicidal. Rather than thinking of suicide as a purely medical issue, we need to place a person's suicidal pain in a broader context and explore all the factors that might contribute to a person's despair.

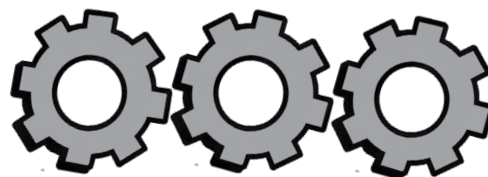
Recovery seemed to be built on men learning to regulate the areas of their lives that had spiralled out of control.

Recognising, reconnecting with, and regulating their emotions, thoughts and feelings about self, and meaningful connections with others seemed to help men regulate their psychological pain, reducing suicide risk.

- Emotional regulation and control
- Peer support and expanding ideas about what it means to be a man
- Care and connection
- Being respected and valued by professionals
- Understanding suicidal pain beyond mental illness

REGULATED PSYCHOLOGICAL PAIN

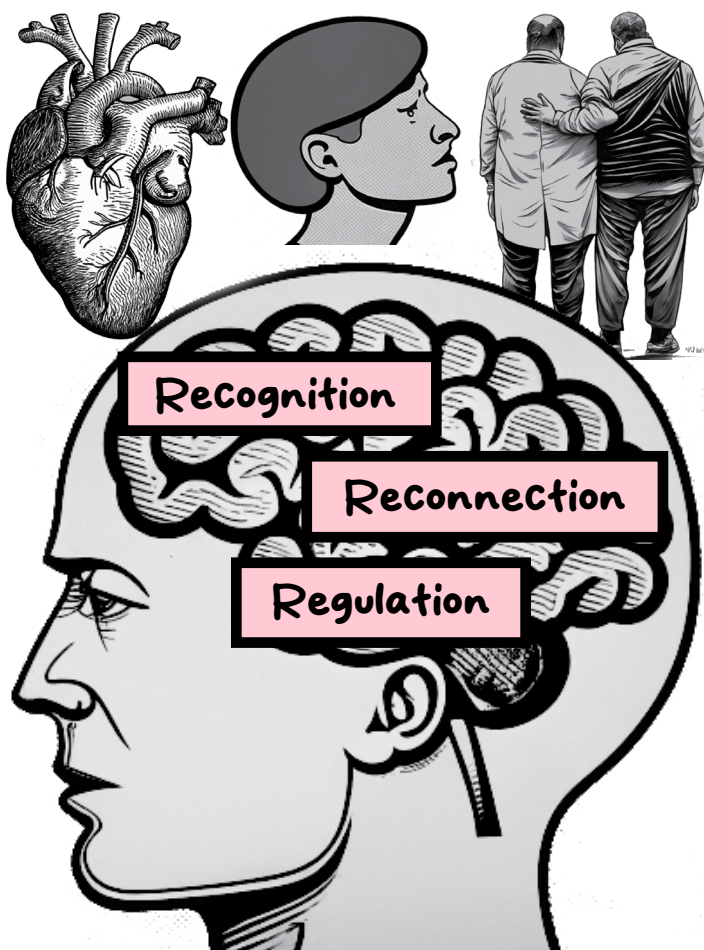
Recognising, reconnecting with, and regulating emotions, self, and connections with others



EMOTIONS

SELF

RELATIONSHIPS



Effective tools to regulate pain and manage suicidal crisis

RECOMMENDATIONS TO SUPPORT MEN IN SUICIDAL DESPAIR.

Suicidal behaviour is complex and multiple factors can contribute to someone's distress.

This complexity means there are not always quick solutions to resolving suicidal pain. Instead, it may require tackling challenges bit by bit, taking it one day at a time.

Recovering from a suicidal crisis does not necessarily mean someone will never feel suicidal again. For some people, it is about learning how to manage their mental health, accepting that thoughts of suicide may come, but recognising that they are temporary and developing strategies to cope with them.

Recovery can be a long-term process, sometimes requiring interventions from various sources at different times.

Similarly, some help-seeking experiences may be negative because of long waiting lists, a lack of services, or bad connections with staff. Seeking help may require persistence and resilience while healthcare systems are strengthened to become better fit for purpose.

Male suicide prevention is not just about support for at-risk individuals. It also means help for families, improvements to health services and community responses, and tackling cultural ideas that may be damaging or restrictive to men. We all have a role to play in creating more compassionate and connected communities.

Further research is required to really understand what works for men in suicidal pain. However, based on our findings, we make the following preliminary suggestions as key areas to explore.

1. Support for At-Risk Men.

Psychological Support: Evidence from our review suggests that some of the key psychological areas where men who are suicidal may need support are:

Emotions: Support for men to understand, manage, and regulate their emotions and psychological pain.

Ideas of Self: Support for men to challenge and revise negative ideas they have about themselves, especially those related to feeling like they're failing.

Meaningful connections. Support to help men improve their opportunities and/or ability to connect with others in meaningful ways.

Interventions to support men in these areas may come in different forms, like talking to a therapist or joining support groups. They may happen in clinics or community spaces and we need more research to figure out the best ways to deliver these interventions.

After a Suicide Attempt: Following a suicide attempt, some men can experience intense emotional ups and downs and struggle with a conflicting desire to die while trying to find hope for a better future.

During this period, prioritising safety and stability may be crucial to bring the suicidal crisis under control. Dealing with the deeper issues that may be driving suicidal thoughts and feelings may need to come later in the recovery process.

Studies have shown that safety planning interventions, which focus on coping strategies and social support after a suicide attempt, can be helpful.

Therapeutic Support: Helping men manage their emotional pain is crucial, and can often require personalised, therapeutic support. However, this can be too expensive for some men or inaccessible in areas with long waiting lists for services.

Studies have suggested that self-guided digital therapeutic tools may be useful for men who can't access traditional therapy and more research needs to be done to explore this.

Multi-level interventions: Coping better with tough times may involve a mix of different types of help from various sources.

Therapy may help some men manage their suicidal pain, but if men continue to face distressing life conditions - like unemployment or addiction - their psychological pain may persist.

Suicide prevention, therefore, may require tackling other societal factors that can affect a person's mental health, such as economic pressures.

Every man's needs will be individual.

Some men might need assistance with alcohol problems alongside therapy so they can manage their emotional pain when they are sober.

Other men might need additional job training or budget management support to improve their economic situation.

2. Gender-Sensitive Services.

Everyone experiences psychological pain, and our distress is unique to us and our lived experiences.

Nonetheless, there may be elements of mental health challenges that are specific to each gender because of the cultural pressures they face. These differences may impact how different genders express their feelings, cope with stress, and seek help.

'Gender-sensitive' mental health support recognises these differences and means creating interventions that align with how men want to be supported.

It includes understanding how men make sense of their suicidal pain, what kind of help they want, and recognises how masculine norms may impact how men express their pain, and how other people respond to it.

There is growing evidence to suggest that some men who are suicidal are going to get professional support but have negative experiences. We urgently need to understand what isn't working and how services can be improved to meet men's specific needs.

Gender-sensitive services doesn't mean that all men should be treated the same. Care should always be tailored to each individual's specific needs and circumstances. It is important to remember that every man who is dealing with thoughts of suicide is unique.

3. Training for Professionals.

Part of delivering gender-sensitive care will be ensuring professionals are properly trained to create compassionate and safe environments for men who are suicidal.

For example, feelings of shame have been linked to suicide, and it's important that masculinity is not characterised as something negative or harmful when working with men who are struggling.

Our findings support previous evidence that professionals should receive training in working with men who are suicidal, including exploring their own potential gender bias, and learning how norms of masculinity can affect some men's mental health and presentations of distress.

For example, some men may describe their mental pain via physical symptoms of distress rather than talking about their feelings.

Other men socialised to hide their struggles may find talking to a professional and seeking help a vulnerable experience at first. Some men's self-esteem may be so low, they don't feel they deserve help.

Other men may not have had much education in understanding and managing their emotions due to cultural factors and may be hesitant initially in finding words to describe their feelings.

Time-pressured and medically focused appointments may make some men feel uncomfortable and out of control.

Supporting professionals to be more aware and understanding of the specific needs of men who are suicidal could help ensure more effective, trusting, and respectful dynamics.

4. Significant Others.

Family, friends, and peers can play a crucial role in helping some men cope during a suicidal crisis.

In our review, some men described how the love, support, and acceptance of significant others, was at times, more powerful and beneficial than help from mental health professionals.

Our relationships with loved ones can be complicated. Sometimes, there are difficult aspects to our dynamics with people we love very much, or, a complicated shared history that may contribute to the pain we feel.

Similarly, friends and family may experience their own emotional turmoil following the suicide attempt of a loved one.

Therapy that includes both the person at risk and their loved ones may help everyone address past pain, process the situation, and find a positive way forward.

Family and friends are often the first to notice changes in the behaviour of men that may indicate a potential suicidal crisis. Mental health professionals may need to balance patient confidentiality with taking the concerns of loved ones seriously.

Significant others may also need better information on male suicide risk and recovery factors and how to take care of their own mental health when supporting a loved one in a suicidal crisis.

5. Community and Peer Support.

Some men may feel more comfortable seeking support outside of medical and clinical settings. Our review suggests that male suicide prevention efforts should empower community interventions led by regular people who want to do something to help and may have stronger connections and credibility with certain men.

There's an amazing movement of community responses to support men's mental health - from talking clubs, to boxing and football groups, and dog walking clubs. Many people are finding their own solutions to help those in suicidal pain. Peer support, where individuals who have experienced similar struggles help one another, has been recognised as an important resource for some men.

In our findings, talking to others who have experienced suicidal thoughts didn't carry the stigma or power imbalances sometimes felt when contacting helplines or in sessions with professionals.

In our review, men also described volunteering as a healing experience, and creating opportunities for men who are suicidal to give back and support and connect to others, may be useful.

6. Universal Interventions.

Universal interventions target entire populations - not just individuals at risk - and are a way for all of us to help collectively build psychologically safer communities.

Expanding ideas of masculinity: Cultural norms of masculinity influence everyone, irrespective of gender. We have all been socialised in masculine norms, and to some extent, they can influence our relationships with men, and our expectations of male behaviour. It's important, therefore, that everyone examines how these expectations may limit some men's options and increase male isolation.

Male suicide is not a problem for men to fix alone, but something that will require collective effort, openness, and compassion from all of us.

We need richer representations of masculinity in our societies and cultures.

We need to acknowledge and respect men as individuals, with unique lived experiences, struggles, pain, trauma, and complex identities.

We need to value men as emotional beings, who share a

universal human need for meaningful connection.

We should strive to normalise male vulnerability and promote healthy coping mechanisms.

We must be cautious not to perpetuate shame or rigid stereotypes of masculinity.

While actively challenging harmful norms and practices we should also acknowledge and celebrate the positive aspects of masculinity and the valuable contributions made by men to our societies.

Expanding our understanding of suicide: Suicidal pain has often been understood as a sign of mental illness.

Many people in our review disagreed with this idea. Some men were discouraged from seeking professional help because they didn't want their pain labeled as a medical issue.

While medication, and being diagnosed with a mental illness, can be helpful and valuable to some men, we also may need a broader understanding of psychological pain, mental health, and suicide - one that considers how

individuals themselves understand the causes of their distress.

It's crucial to consider the broader context of people's lives and the social, economic and cultural factors that can contribute to psychological pain. When a man is struggling with thoughts of suicide, he might have a mental health problem, but we also need to consider other factors like his finances, relationships, upbringing, and more. All of these aspects can contribute to his unbearable emotional pain.

Suicide and Mental Health Education: In our review, we identified potential risk factors relating to men's relationship with their emotions, self, and connections with others. Teaching people from an early age about these phenomena, and how to regulate them may also be helpful.

Similarly, teaching the public about male suicide risk factors, the potential impact of certain masculine norms on men's psychological pain, how to talk about suicide, and how to respond when someone discloses suicidal thoughts and help them manage long-term crises could be very helpful.

CLOSING THOUGHTS

Male suicide rates indicate an alarming number of men struggle to regulate their pain and establish meaningful and fulfilling lives in our modern world.

Our research suggests that suicide prevention must consider how cultural expectations of male behaviour can shape how certain men think and feel about themselves, how they conduct their relationships, and how they handle their emotions, how they express their pain and how other people respond to it.

The complexity of suicide means there are no easy solutions. There is an enormous amount of work to be done to tackle the male suicide crisis -

from providing better individual support for men at-risk, to changing the ideas at the core of our cultures, to tackling social ills like unemployment, homelessness, and addiction.

As we engage with important conversations about how to create a more socially just world, we need to make sure we include a space to openly and compassionately discuss what it's like to be a man in our modern worlds and the things we can collectively change to ease pressures on men and boys.

We hope this research can make some contribution towards that.

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

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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

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jonathansvoice.org.uk
liambritton.org.uk

This public guide was supported by funding from MANUP? Further information can be found here:

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