

Suicide: providing meaningful care – briefing paper

The Public Health Agency commissioned and funded researchers, from the University of Ulster, Queen's University and the University of Maine, to undertake a qualitative study to understand suicidal men, aged 16-34, and use the findings to inform the delivery of accessible, acceptable and appropriate mental health services.

Background

After remaining relatively static throughout the latter half of the 20th century, between 1999 and 2008, there was a 64% increase in suicide in Northern Ireland. Most of this rise was among males, aged 15-34, e.g. in 2002, almost 76% of all suicides were male and 60% of these were in the 16-34 year age group, but by 2008, 77% of all suicides were male and the proportion in the 16-34 age group had increased to 72%.

Findings

36 young men (out of 61 interviewed) were in the 16-34 year age group and each had undertaken a serious suicide attempt on at least one occasion. They pointed out that:

- The type, nature, and geography of current services offered some limited help but that there was a need for more 'pro-active' 'outreach' approaches to suicide prevention;
- There was a need for increasing awareness in the community, especially among young men, of the existence of such services;
- There was a need for the health service to use the social networking technologies familiar to younger age groups;
- There was value in having more community-based informal 'drop-in' suicide centres but these had to be available and offered in ways that were in line with young men's preferred ways of interaction;
- Some issues around signposting and labeling of suicide prevention services should be addressed immediately;
- Mental health professionals (MHP) should have a greater role and develop interpersonal relationships with suicidal young men as the platform on which future suicide preventions could be built. However, this was only possible if the MHP possessed and communicated certain attitudes e.g. a sense that the person mattered, that someone else was concerned and interested in them. This was seen to offset their suicidal ideas and help them reconnect with society.

The findings also showed that

- Suicidal young men had unhelpful and unrealistic views of what it was to be a 'successful' man in 21st century Northern Ireland. These contributed to low self-esteem, personal stress and ultimately, to their increased risk of suicide. MHPs can gently challenge these perceptions and replace them with realistic and attainable views of being a worthwhile individual.

- Suicidal young men also saw a suicide prevention role for others who had tried to take their own life. They maintained that suicidal young men could find support and hope from such a peer group and create opportunities to voice feelings and behaviours in a 'safe' forum. Hearing the testimonies of formerly suicidal young men opened the possibility for recovery and served as a protective factor, helping suicidal young men to see suicide as unacceptable.

In addition

- Recovery was seen as hard work, involving a process of gaining meaning in their lives, engaging in meaningful life skills, social skills, and education would help them successfully find their way through the challenges of life. These would also keep the young men occupied and so avoid exposure to excessive isolation and rumination.
- Part of this should be in non 'mental health' contexts: e.g. sports clubs, schools, the workplace and community/self-help groups. In this regard, addressing the problem of young male suicide in Northern Ireland is not the sole remit of the DHSSPS. There were also key roles for other departments and statutory and voluntary agencies.

These young men, who had survived serious suicide attempts, admitted that they continually had to try to make sense of and come to terms with their suicide thoughts, which remain with them, in the back of their minds. None referred to this process as something they had completed. Services should be premised on an acknowledgement that support may have to be on-going and long-term, to enable them to move forward in a positive manner once the initial risk of suicide has been removed. This can be helped by the protective factor of close, loving, concerned 'significant others', including meaningful relationships with family, friends and mental health professionals – such relationships cannot be overemphasized.