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An enquiry into young men at risk of suicide in the UK

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*Abstract: It is known that men are at a higher risk of suicide; 70% of people who die by suicide are men. By exploring some of the reasons behind suicide in young men aged 15-29 years old, this article will look at not just the influence of perceived physical strength, but also their mental state of mind. It combines information from the World Health Organisation (WHO), research conducted in other countries and the information available in the UK, to hopefully benefit and encourage further research to be carried out. Men's mental health is at the forefront of many campaigns, but there is still a lack of understanding why suicide is occurring.*

Suicide in children and young people has become a very topical public health issue in the last ten years. The WHO (2017) report that, in 2015, suicide was the second leading cause of death among 15-29-year-olds worldwide. The numbers attempting suicide increases annually, and about 13 people in England take their own lives on a daily basis (ONS, 2016; WHO, 2014). It has been reported that since 2007 suicide rates have increased generally (Samaritans, 2017). And according to statistics by the Office of National Statistics (ONS) (2016), collated by the Samaritans (2017), the suicide rate of young people aged 10-29 has gone up from 2.2 per 100,000 population to 3.2 between the years of 2013 and 2015.

The main aim of this article will be to highlight the importance of much needed support, research and guidance in dealing with adolescent males at risk of suicide in the UK, whilst looking and comparing the UK to countries that have dedicated research to this topic. The determinants of health and the influence of inequalities of health upon individuals are examined and explored by analysing the epidemiological make-up and reviewing available data, the relation between adolescent males' suicide. Available guidelines and policies that have an impact on this issue will be discussed in relation to the delivery of healthcare relevant to adolescent males. This article will look at the role of the paediatric nurse in relation to possible barriers within healthcare, by exploring and discussing ways to overcome them.

Davies and Terry (2017, p. 222) concurred with the findings of the WHO (2017), where suicide is acknowledged as a social and public health priority, and a matter of concern both nationally and internationally, since becoming the second most prominent cause of non-natural death in adolescents worldwide. The WHO World Suicide Report (2014) aims to increase awareness and it encourages countries to develop a multidisciplinary public health approach in the creation of suicide prevention strategies. A key factor for creating a national suicide prevention strategy is identifying risk and protective factors, which can help determine the required interventions. There is a lack of outcomes from implemented strategies within England, however a study carried out in Ireland found

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that for a greater likelihood of suicidal behaviours, risk factors have to be present (YMSP, 2015). In this context, risk factors are indicative of whether a single person, a specific group of people, or a population is especially vulnerable to suicide (NCISH, 2016).

In men, the more common risk factors are from a clinical and social perspective, while mental health problems do play a role. Other factors, such as culture, socio-economic status, ethnicity, age and sexuality are also significant, although for the purpose of this enquiry they will not be fully investigated (WHO, 2012). A prior suicide attempt is seen as the single most important risk factor for suicide (WHO, 2014). An added component is that suicide amongst young men is underreported. Young men are more likely to be cautious to seek help from friends and services. Male depression is also frequently bottled-up and displays itself through outlets more closely associated with the male gender, like aggressive behaviour and alcohol abuse (Davies and Terry, 2017, p. 223; Richardson, Clarke and Fowler, 2013).

In order to moderate suicide risk at the individual level, national guidelines require clearly identified risk groups, while at the same time concentrating on the entire population (WHO, 2012). A man attempting suicide is more likely to result in death as there is a higher probability for men to select dangerous approaches of self-harm in comparison to women. Still, it is difficult to highlight a single instrumental factor to suicide in young males, it being a highly individual and complex event (Davies and Terry, 2017, p. 222; Richardson, Clarke and Fowler, 2013; NCISH, 2016; WHO, 2017). Examining the experiences and identities of British men, the majority of whom are white and heterosexual, is core to reducing death by suicide. However, while young men may be marginalised by social position, it is important to remember that other groups, including lesbian, gay, bisexual, transgender (LGBT), black or minority ethnic groups may also be implicated in the subordination (Samaritans, 2012).

Overcoming taboos in relation to disclosing vulnerability and seeking help is one of the main challenges in accessing young men (Richardson, Clarke and Fowler, 2013). Men can be more susceptible to some of the psychological aspects linked with suicide, for example humiliation or impulsiveness because of the cultural expectations that men will be strong and decisive (DOH, 2015a). Peer relationship problems, income inequality, school failure, family relationship difficulties, low self-esteem and violence are the most consistent factors linked with the increase in young male suicide (Richardson, Clarke and Fowler, 2013). Specific risk factors linking to children and young people have also drawn concern from the public, e.g. bullying, social media, and educational and exam stresses (John *et al.*, 2014).

The WHO (2014) reports that men die of suicide three times more often than women, but the male-to-female ratio in low- and middle-income countries is a lot lower, at 1.5 men to every woman. Data from the ONS (2016) states that the rate for men was roughly three times greater than women throughout all age groups within the UK. WHO Member States are hoping to decrease the suicide quotients in their countries by 10% by 2020, the UK is one of these states (WHO, 2012). The magnitude of the challenges linked with suicide prevention is underlined by the complex relationship of aspects that share a correlation with a higher risk of suicide (Richardson, Clarke and Fowler, 2013).

Now known as a complex and serious public health problem, not long-ago suicide was viewed as a mortal sin and a heinous crime. Suicide in relation to illness started to be recorded in the early Nineteenth century, and by the Twentieth century people were thought to be victims of risk factors, resulting in changes in the law (Marsh, 2010; Pritchard, 1995). According to the UK Suicide Act 1961, it is now no longer a crime to take one's own life, but assisting someone to commit suicide is still deemed an offence (Chambers, 2017; WHO, 2017). In the UK, only a coroner can pass the official verdict whether there was clear evidence beyond reasonable doubt that someone had intended to end their life through suicide. This can include all loss of life from deliberate self-harm for people aged 10 and over, as well as deaths of those aged 15 and over where the intent was unidentified (Chambers, 2017; ONS, 2016). In 2016, the definition of suicide was amended to include deaths from intentional self-harm in children aged 10-14. The ONS (2016) reports that the number of deaths in this age group are low, 0.3 per 100.000.

Due to public and professional concern in the UK about the youth suicide rate, several strategic documents have been published looking at suicide prevention and children's mental health. Several common objectives are explored, including risk reduction, increasing support, providing timely access to services, reducing stigma, developing research and knowledge of youth suicide and using targeted interventions to promote wellbeing and an individual's resilience (Davies and Terry, 2017, p. 222; DoH, 2015a; DoH, 2015b). In 2015, a national multi-agency investigation concentrating on suicide and children and young people in England took place by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH), which had not been done before. They reported that children and young people carried out 145 suicides, as well as potential suicides, between January 2014 and April 2015 in England, of which 70% were males, almost three times more than women, mirroring the earlier findings of the WHO (2014) and the ONS (2016). The NCISH (2016) also states that hanging/strangulation was the method of suicide most often used by males

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and females, in the study period of sixteen months 64% of men died through hanging. Reducing the means to harm is a recognised prevention strategy to reduce suicide rates, however the most problematic prevention strategy is linked to limiting access to hanging, as the removal of all potential ligatures and ligature points in individuals' private homes is impossible (Richardson, Clarke and Fowler, 2013).

In 2012, the Department of Health (DoH) released a cross-governmental strategy for preventing suicide in England. The strategy acknowledges that the highest risk of suicide is amongst adolescent as well as middle-aged men, and when reviewed in their third progress report (2017) it was highlighted this had not changed. The government realises it has not addressed the issue properly and that they must go further to address this inequality (DoH, 2017). Looking at the Suicide Prevention Australia (SPA) it describes that the most common youth suicide prevention programmes in Australia are universal. These programmes are frequently combined into an established system, like education syllabuses. However, the highest result in preventing youth suicide is by combining universal, selective, and indicated prevention programmes (SPA, 2010). One of the selective initiatives used is Gatekeeper training for Suicide Prevention which teaches lay and professional 'gatekeepers' warning signs of a suicide crisis and how to respond in a specifically designed 1-2-hour educational program (Suicide Prevention Resource Centre, 2012).

In Ireland, the Young Men and Suicide Project (2015) aimed to identify possible resources to publicise positive mental health among young men, and assessed the effectiveness of these methods. This initiative created a full report on what the Irish government could implement to aid prevention of young men and suicide. One of the main conclusions was that initiative needed to be both targeted on men specifically, and based in the community. The Welsh and the Scottish Government have both created action plans to prevent suicide and self-harm. Both plans aim to raise awareness of suicide and self-harm and put strategies in place to support programmes for the prevention of suicidal behaviours and self-harm at national, regional and local levels (Welsh Government, 2015; Scottish Government, 2013), and had similar findings to the Irish study.

It would appear that there is a need for the DoH to replicate the YMSP initiative to identify a better understanding of how to help young men at risk of suicide in the UK, and look at ways of implementing universal, selective, and indicated prevention programmes that are known to work. The DoH, in collaboration with the RCN, has also featured suicide prevention as part of a trial undergraduate nursing programme at the University of Northumbria. Annessa Rebar is currently at

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Northumbria University leading on a national project regarding suicide prevention, researching conversations about suicide in pre-registration nurse education, hopefully implementing this in the national curriculum (DoH, 2015a; University of Northumbria, 2017).

The Royal College of Paediatrics and Child Health (RCPCH, 2017) recommends that every three years a National Mental Health survey should be carried out by the government to identify the incidence of mental health problems among children and young people in order to support the planning of healthcare services. As frontline practitioners, school nurses and nurses working in Child and Adolescent Mental Health Services (CAMHS) are well positioned to detect and respond to those at risk of suicide (Chambers, 2017). The RCPCH (2017) also recommend that the National Health Service England should commission CAMHS services so that they are planned around the child or young person, supported by family centred methods to plan care as well as the sharing of information, delivered as close as possible to their home. Access to CAMHS and improved services for self-harm are key to addressing suicide risk still schools, primary care, social services, and youth justice also have an essential role to play (NCISH, 2016).

To support and develop the role of nurses Public Health England (PHE) collaborated with the Royal College of Nursing (RCN) in creating toolkits to support school nurses in providing mental health services (2014a; 2014b) as well as two toolkits of suicide prevention amongst lesbian, gay and bisexual young people (2015a) and trans young people (2015b). Although these toolkits set out a clear form of working for specific nursing staff, they could have been developed as toolkits focused on all young people at risk of suicide, in doing so creating a bridge to the multi-disciplinary work field with information and support tools for all.

Suicide has been recognised a priority condition globally by the WHO (2017) and the DoH (2012) in the UK. Young and middle-aged men in the UK are at a high risk of suicide, still the information gathered by the DoH and their implemented cross-government prevention strategy seems lacking. Creating a report into young men and suicide prevention in England, like the one from Ireland, could possibly generate a wider understanding of this prevalent issue. Likewise, implementing prevention strategies, like the gatekeeper programme or amending the RCN toolkits, could provide many professionals with the skillset to help young men at risk of suicide. It can be concluded that whereas suicide in general is a widely researched subject, the subject of young men at risk of suicide in the UK would benefit from more.



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