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MALE HEALTH VICTORIA INC. (MHV) POSITION STATEMENT

Male Health Victoria Inc. (MHV), the peak body of male health and wellbeing organisations in Victoria, calls for stronger and more appropriate action in policy, program funding and generalized support to reduce the rate of suicide amongst unemployed males. MHV acknowledges suicidal ideation and behaviour is a multi-causal phenomena, influenced by a range of often interconnected factors including, but not limited to, issues like relationship and family breakdown, mental health and individual psychology, lack of social supports, social status and loss of meaning and purpose in life. This position statement draws attention to research evidence linking men, employment status and suicide.

THE ISSUES

There are large numbers of unemployed men in Australia who suicide each year.

- In 2012 there were 2,535 suicides in Australia. Approximately 80% of these are men ⁽¹⁾.
- Recent Australian research shows, at the very least, the rate of suicide of unemployed men against working men is 4.62 to 1 ⁽²⁾.

Effectiveness of current policies and programs to sufficiently support men at risk of suicide.

There are strong calls for policy and programs to support re-employment strategies AS an actual suicide prevention strategy. These calls are coming from international leaders in suicide prevention as well as from within Australia, but to date there appears to be little genuine change to accommodate this.

International ⁽³⁾ and Australian researchers ⁽²⁾ are now calling for active policies and programs of re-employment support to reduce the suicide rate.

Consideration for the inclusion of social factors, rather than a simple focus on ‘mental health’, to better understand male suicide.

There is now a growing body of research that challenges the focus on ‘mental health’ for suicide prevention to the exclusion of the broader social context ^(4,5). This concern is particularly relevant to

unemployed men. Their distress is often a response to their challenging life circumstances as a result of their unemployment, rather than a 'mental health disorder'.

The discussion section of recent research from Queensland ⁽⁵⁾ is very clear about this:

"It may be the case that common suicide prevention strategies, such as encouraging greater use of mental health services by men and focusing on raising awareness of links between mental illness and suicide, are unlikely to lead to effective interventions for individuals. This highlights the need to adopt a whole-of-life perspective to suicide prevention, which takes into account the full spectrum of experiences men may have that may lead to, or occur quite independently of, mental illness."

This recent research suggests that the focus on 'mental health', and the mental health system itself, may even exacerbate the difficulties faced by many unemployed men.

There are serious short-comings to previous suicide research in Australia, and data collection remains a challenge.

Leaders in international suicide prevention research are now claiming that there are serious short-comings with previous suicide research, especially as it applies to men. Associate Professor Kerry Knox has stated in an editorial in the Annals of Internal Medicine ⁽⁶⁾:

"To date, research has been insufficient to explain why men, especially during middle age, are particularly vulnerable to taking their own lives. The shortcomings of prior studies include lack of longitudinal follow-up, failure to measure such factors as social integration and dimensional indicators of stress, overreliance on categorical measures of psychopathology, and a focus on proxy outcomes instead of death by suicide."

Many of these shortcomings have effectively inhibited development of appropriate support for mature-aged men who may be at risk of suicide.

There is evidence to suggest suicide is under-reported. In addition, there are questions relating to the accuracy of the employment status of those men. The Queensland research ⁽⁵⁾ clearly shows the large numbers of suicides of the category 'not in the labour force'. The same research ⁽⁵⁾ shows that the combined categories of 'unemployed' and 'not in the labour force' make up more than the sum total of all 'employed'.

RECOMMENDATIONS

In order to reduce the rate of suicide amongst males of working age in the State of Victoria, MHV recommends:

1. An open review of suicide prevention policies in Australia to ensure they are appropriate to the needs of those men who may be at risk of suicide, in particular the large numbers of unemployed men.
2. The urgent development and implementation of a statewide strategy that specifically addresses the employment needs of this male demographic.
3. Funding to support employment programs and further male suicide research (around the social determinants of health). Systematic collaboration between Government sectors (housing, employment, health) to ensure a joined up approach to address male health concerns.
4. Professional development training for management and staff across services that come into contact with men who may be at risk of unemployment to ensure they have a sound understanding of the issues and context of the difficulties faced by many unemployed men. These services include employment agencies (both government and private), mental health services, financial and community services.

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FOR MORE INFORMATION

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KEY CONTIBUTORS

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FOR SUPPORT, CONTACT:

Lifeline - 13 11 14 (24 hours)

Mensline – 1300 78 99 78 (24 hours)

Suicide Help Line - 1300 651 251 (24 hours)