

Middle-Aged Men's Experiences of Mental Health and Suicide

“The more we talk about it, the better it will be.”

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Introduction

Suicide in men

Suicide is a significant public health issue. In 2020, there were 4,912 suicides registered in England, which represents a decrease from 2019.¹ Seventy five percent of these were by men, a consistent trend since the mid-1990s. The highest suicide rate of any demographic group in England is men aged 45-49 (23.8 per 100,000), which is 3 times higher than for women of the same age and 1.5 times greater than men in other age groups (Office for National Statistics, 2021). For every suicide there are many more people who attempt suicide. This high rate amongst men suggests a complex gender dimension.

It is widely recognised that the pathways to suicide are diverse, multifactorial, and complex. Nevertheless, the Samaritans (Wyllie *et al.*, 2012) found that deprivation, financial insecurity, and unmanageable debt are all strongly associated with an increased risk of suicide in men. Men are often thought to not be in contact with health or other support services and can be more reluctant to speak about their mental health and seek support. Health services engage men, especially those of working age, less effectively. For instance, men are 32% less likely to visit the doctor, particularly when working age (Wang *et al.*, 2013). At the same time, men are far less likely to access psychological therapies than women, with research showing that only 32% of referrals to specialist services for the treatment of depression and anxiety are men (NHS Digital, 2021). Instead, research on men's narratives of depression indicate how norms of masculinity may lead men to "mask" their depression or self-medicate through alcohol or substance use (Courtenay, 2000). Normative masculinity is often associated with images of self-reliance, independence, acting as a provider, embracing risk and demonstrations of physical strength (Courtenay, 2000).

Despite this, the recent National Confidential Inquiry into Suicide and Safety in Mental Health (2021) found that rates of contact with services among middle-aged men were in fact higher than expected; almost all had been in contact with a front-line service or agency at some time. This help-seeking behaviour may

¹ This is likely to be caused by a delay in registrations during the COVID-19 pandemic and a statistically significant decrease in the male suicide rate at the start of the pandemic.

be influenced by the suicide 'process', from suicidal ideation through to suicidal behaviour, including plans, self-harm and death by suicide. This progression is considered shorter in men when compared to women (Schrijvers, Bollen and Sabbe, 2012).

Middle age

Whilst middle age tends to be defined by years lived, it is recognised that the beliefs and behaviours of middle-aged men reflect their generation and current life stage (Wyllie *et al.*, 2012). However, as we live longer, definitions of middle age have become blurred. Those in midlife have a tendency to extend the age range that they consider to be middle-aged (Chopik *et al.*, 2018).

Although traditionally midlife was seen as the pinnacle of one's life, lower life satisfaction in the midlife years is now being reported – with those aged 45 to 59 reporting the lowest levels of life satisfaction in the Measuring National Well-being survey (Office for National Statistics, 2016). Midlife is a period of particularly intense investment in work and family life, which Shiner *et al.* (2009) suggests carries a particular set of risks. For instance, when these investments take a downturn and certain social bonds either change or come to an end, individuals might experience a sense of helplessness and loss. Suicide may seem to offer a viable escape from these feelings.

Suicide prevention

Suicides can be preventable with timely, evidence-based, and often low-cost interventions. Several policies and initiatives at a national and local level set out ambitions and goals for reducing the number of suicides in the UK. The national suicide prevention strategy was first published in 2012 with the aim of reducing the suicide rate within the general population in England (Department of Health, 2012). The strategy identified middle-aged men as a high-risk group. The NHS Long-term Plan (2019) reaffirmed the NHS's commitment to make suicide prevention a priority over the next decade.

In recent years, there has been a focus on breaking down the barriers and stigma surrounding mental health and suicide, particularly in men. Yet, suicide rates

amongst this group remain high. It is therefore vital for us to understand men's lived experiences, what contributes or leads to their suicidal behaviour, and how prevention support could be improved to provide better support. The main aim of our research was to study men's lived experiences of mental health and suicide, with a view to discovering how risk factors in middle-age, contribute to suicidal behaviour. To do so we focused our attention on the experiences of men who had suicidal thoughts or attempted suicide in midlife.

Report overview

In the following chapter, we outline the approaches employed when recruiting the research sample and collecting and analysing the data. This is followed by the findings and discussion section of the report, which is broken down into three chapters, focused the following themes: pressure, worthlessness, and unimaginable futures. The final section draws conclusions based on these findings.

The Study

We adopted a qualitative approach, as the study aimed to explore men's subjective lived experiences of their mental health and suicidal behaviour. The data collection methods used were semi-structured focus group interviews and a one-to-one interview. Interview transcripts were then analysed using the principles of thematic analysis.

Recruitment

During the recruitment stage of the study, we approached appropriate organisations who had a history of supporting men with their mental health. The selected organisations had to have a remit of providing a supportive network for those experiencing a mental health condition in Essex. This led to engagement with charities, community groups, therapists, and support workers. Most of these initial meetings took place during the national COVID-19 lockdown measures, with any follow-up taking place once these public health measures were relaxed. This allowed the researcher to recruit groups for the study.

Qualitative data was collected using semi-structured interviewing techniques via a focus group. We developed a semi-structured interview guide, which facilitated the generation of in-depth data during the focus group discussions. The guide served as a prompt for both the participants and interviewers, encouraging participants to provide insights into their own experiences of midlife and suicide, within the safe space of the focus group. These methods were deemed most appropriate for contextualising the factors that inform men's experiences and the environments in which they operate. Contextual data is vital for highlighting the interplay between individual agency and societal influence, and the impact that this has on how a person negotiates the world around them (Brinkmann and Kvale, 2015). These contextual factors can be elicited by a skilled qualitative interviewer.

Due to the sensitive topic and social distancing measures the focus groups were held in person during September and October 2021 and lasted between 1-hour and 25minutes and 1-hour and 52 minutes. In November, we looked to recruit interviewees and one interview took place via video call. In total, 5.5 hours of data were collected and transcribed verbatim.

Analysis

All focus group interviews were transcribed verbatim. Each script was read through several times to ensure close analysis. Any references to men's experiences, that indicated risk factors contributing to their suicidal behaviour in middle age, were highlighted. This process guaranteed the extraction of meaningful data from the main corpus (Braun and Clarke, 2006). The data set was then re-examined and data elements that illustrated participant's descriptions of risk factors affecting their mental health and suicidal behaviour, were coded. The codes were organised into themes, based around the participants' perceptions of underlying causes, contributing factors, and explanations for suicidal thoughts. Discussion with JD then took place to explore and agree the identified themes. This ensured that the final themes meaningfully addressed the original research aims. JD had good knowledge of the data and has extensive experience in qualitative research.

Demographic details for each study participant were collected via survey. This demographic data complemented the qualitative accounts and recorded age, disability, highest level of education, employment and marital status, caregiving responsibilities, ethnicity, religious beliefs, and their residential postcode area. These demographic details provided a general overview of the study sample and will be taken into consideration when reflecting on the study’s generalisability. Demographic information is shown below in Figure 1.

Figure 1

		Frequency
Age	35-40	2
	41-45	2
	46-50	1
	51-55	0
	56-60	2
	61-65	1
	66-70	1
Disability	Yes	6
	No	3
Level of Education	University	5
	Further Education	3
	School	1
	Other	0
Dependent children	Yes	3
	No	6
Relationship status	Married	4
	Registered in a same-sex civil partnership or marriage	0

	Cohabiting	1
	Divorced	1
	Separated	0
	Single	3
	Widowed	0
Sexual orientation	Heterosexual	6
	Gay or Lesbian	1
	Bisexual	0
	Other	0
	Prefer not to say	2
Current employment status	Employed full-time	
	Employed part-time	3
	Self-employed	2
	Retired	1
	Unable to work	1
	Unemployed	1
	Unpaid/voluntary work	1
Ethnic group	White	9
	Mixed/multiple ethnic groups	0
	Asian/Asian British	0
	Black/African/Caribbean/Black British	0
	Other ethnic group	0
Religion	Christian	3
	Buddhist	0
	Hindu	0
	Jewish	1
	Muslim	0
	Sikh	0
	No religion	2
	Other	1
	Did not disclose	2

The area I live in is...	Urban	4
	Rural	3
	Did not disclose	2

Ethics

Once ethical approval was granted by Essex County Council in June 2021, data collection commenced against the backdrop of the COVID-19 pandemic. A number of steps were taken to ensure this research adhered to high ethical standards. All names used in the report are pseudonyms to protect the identity and anonymity of participants.

Findings

‘Look at your life, you’ve got everything going for you’: Pressure

Suicide is complex and the reasons behind it are often multifaceted. Consequently, the men that we spoke to had widely different experiences. They reported that various events, experiences in their lives, and cumulative pressures contributed to their development of suicidal thoughts. In this chapter we specifically focus on the various types of pressure described by participants. These are broken down into societal burden, stigma around mental health, life events, work life and the accumulation of pressure.

Societal burden

The men that we spoke to described feeling increased pressures due to changes in society. One of these changes was the increasingly fast-paced nature of modern lifestyles. Modern life can be relentless, and expectations high, which can be exhausting, leading to the development of chronic stressors that negatively impact mental health. The participants’ felt that life had been ‘simpler’ for previous generations:

"I do believe it was a lot simpler life when my grandad was growing up. And then probably a little bit different to when my dad grew up. But now I think it's just a lot more...everything's faster, isn't it? I think everything's faster". FG3

"And everything is so instant, and you haven't got time to take a breath". FG3

"And life's just got busier, faster, and that's why I think people are struggling". FG3

Social media formed part of this fast-paced lifestyle, putting pressure on men to create and maintain a perfect image; sharing the best parts of life with the world online, whilst comparing their lives and themselves to others that they saw on social media:

"But today it's all about being nosy and just thinking you're better than everybody else's statuses". FG3

"Everybody is in the same boat, and I think everybody's got this image to maintain. Like filtered pictures on Instagram, and Facebook and Snapchat...it's got to be maintained to stay the same, because as soon as they get out of line everybody seems to see the real them. So, I think everybody just needs to step back and open up a bit more, especially men". FG3

Nick described how interactions on social media had affected his self-esteem and led to feelings of insecurity and dissatisfaction:

"I did actually speak to my counsellor about social media and how I put something on, and 'someone's not 'liked' it' and 'don't they like me?' And then you get paranoid". FG3

Participants' felt pressure to maintain this perfect image not just online, but in other areas of their personal and working lives:

"It could just be peer pressure... but society's changed quite a bit... it's not the same as it used to be and I don't know why that is, but I think it's a bit like the Ali G. They're not necessarily from poor backgrounds, they're from respectable backgrounds but trying to keep up with image". FG3

"And I think as well, the city environment...perhaps maybe not as much as it used to be, but there is that pressure. You've got to have the right suit...whether you're in dealer rooms or finance, whatever you're doing. And there's pressure, pressure, pressure and then you've got to keep up with that pressure and you've got to keep that image up. And sometimes it's just too much for some people. And they don't want to be seen as, 'I've got a problem' so they take...yeah". FG3

Regardless of changes to certain aspects of society, men still feel unable to openly discuss their feelings due to perceived societal expectations. The participants spoke about the pressure they felt to be manly or masculine and maintain a strong image. Expressing their feelings was deemed a sign of weakness:

"A lot of that is, I feel, our upbringing and the English culture is that stiff upper lip. My leg's dropping off but it's alright, it will be okay. It's not the end". FG1

"It is changing, but yes I still think that we are told we are men, we should keep our feelings to ourselves. I was told it was a sign of weakness to show feelings or just weakness. To have that, as a society telling that to men, it still happens. But I think the campaign is recently going on to show that it's not wrong for men to be like this". FG1

"We're taught maybe as men to take on the world alone, but everyone throughout history, no one does it by themselves. They've got some associates or someone around them, even if it's one other person". FG1

Because of these societal expectations, it was unclear whether men in previous generations had experienced similar feelings. Some participants reflected on whether their fathers and grandfathers had experienced mental health

problems, but felt unable to talk about them about it due to traditional norms of masculinity:

"I think some of it is us as men...you look at your dad, you look at your grandad, I look at my grandads and I think, 'well, I don't think they struggled'. As I said, we don't know... But they don't open up, right? And unfortunately, both of them have passed now and I'd love to be able to ask them the questions, you know. They never spoke about the war...I'd love to have known what did or didn't happen, and maybe it would have helped them, I don't know. Did they keep it in and never speak about it, and actually they had some really internal struggles? I don't know. But yeah, there is a stigma. There's still a stigma". FG3

"I think of my grandad going out to the war and being away from his family for four years or whatever, and I get really upset if I have to go on an external course for a night, or something. And you think, 'they were out there, they didn't have a choice but to go out there, and we're moaning because, 'oh, I'm a bit worried about something at work'. And you think...yeah, it's not justifiable, is it? They had to deal with that...but when you break it down, whatever your problem is, whether you think it's big or not, it's my problem and I'm dealing with it". FG3

As a result, participants reported feeling that life was simpler for previous generations. Regardless of these changes, they perceived an ongoing pressure to maintain traditional masculine norms that prevented them from seeking support and treatment.

Mental health stigma

Alongside the pressure to maintain traditional masculine norms, the men interviewed had to contend with the stigma and discrimination surrounding mental health, as well as a general lack of understanding about suicidal thoughts. The participants felt that many people still hold stereotyped perceptions about mental ill health, despite increasingly visible discussions about stigma:

"We've all got a breaking point and it's just the more we talk about it, the better it will be. But there's still some people that are like, 'No. No. Just get on with it'". FG3

"I was always taught, and it was drilled into me, that suicidal thoughts and suicide was wrong. It was selfish and so wrong to have those thoughts. Because it was drilled into me for a very long time, I accepted those things and, I'll be honest, in a way I was a little bit brainwashed around those ideas that people that are down there with those thoughts and feelings, they had no reason to... But as I got older... when I got into the world a bit more, I saw it and I was able to make my own views. Yes, when I was starting down that path, I realised how close-minded a lot of people were around self-harm, suicidal thoughts, suicide". FG1

Participants were left worried about how they might be perceived when discussing their poor mental health. This made their mental health worse and restricted their recovery. Nick described feeling unable to speak to his family about his mental illness. After finding the courage to tell them, they were dismissive and accused him of attention seeking. This made him reluctant to seek help from them again:

"And then I've just dealt with it on my own all that time. I mean, opening up to family was hard...I think the hardest thing, to sit down with my family and say, 'I feel suicidal. I don't feel myself'... you know. 'Oh, shut up. You're just looking for attention'. 'Really? Okay, I'll back off then'". FG3

Because of these views, several participants expressed shame about their mental ill health. This shame was alienating and left individuals unable to approach others for support. Rather than seek help, they internalised their emotions:

"...shutting myself away and changing me as a person because of being embarrassed or not knowing how to talk about it. Even now, family, they know because I've been very open about what I've gone through...they're still not sure how to ask the question. Do you know what I mean? It's still huge stigma with it. Huge stigma". FG3

“And I know so many people in the last two years...that have committed suicide. And you’ve never known. Because they don’t open up or they find it difficult opening up. Because people have got this biased status in their mind, ‘well, if he’s suicidal he’s just looking for attention’”. FG3

After gaining the courage to speak to their close friends and family members about their mental health, some participants found that people did not understand. This led to feelings of being unheard and rejected:

“Look at your life, you’ve got everything going for you’. Really?! Just because work’s great doesn’t mean personal life is great”. FG3

“...like tough it out and men must go without the medication. My dad said – when I was in hospital – he said: ‘you’re here to be cured’. I thought that was a bit unpleasant really because it’s not my fault I was ill. Like I say, the concatenation of crises, the exams and all that, you know, obviously the bike accident”. I1

Some men also felt guilty for thinking about suicide when they had people who cared about them. Participants were made to feel like a burden on their family for feeling suicidal, which further aggravated their feelings of guilt, shame, and despair:

“My mum has to know, ‘how do I deal with you? What do I tell people?’” FG3

“And it’s turned around so it’s, ‘you’ve got a problem, but how do you think I feel?’ And it’s trying to say, ‘I haven’t chose to be like this... just treat me normally’. But some people just don’t get it, as blunt as it is. They just don’t get it”. FG3

“...when I’ve been off before and my mother-in-law has had a go at me before. She said, ‘you don’t know what it’s like for Laura, having to deal with you’. So that’s, again, that’s my fault”. FG3

The stigma that surrounds talking openly about mental health and suicide added another layer of pressure for the men that we spoke to. They internalised their problems for fear of being accused of attention seeking and were made to

feel like a burden on their families. This pressure aggravated their existing feelings of guilt and despair, leading to further alienation and an inability to seek support.

Life Events

Participants spoke about various life events that had impacted their mental health, including their upbringing, fatherhood, and relationship breakdowns. Max described how his upbringing had affected his self-esteem into adulthood:

"I'm youngest brother and always feel like I was being compared to my brother before me. And I was kind of carefree, but I always felt that whatever he did...whatever I did wasn't as good as what he did, so I had a bit of a complex on that side". FG3

A few of the men that we spoke to described becoming fathers, and identified the new emotions and feelings initiated by this role transition. They believed that this lifechanging event generated additional pressures. They could no longer be as 'carefree' as they had been in young adulthood. James described how he found it difficult adapting to this new role:

"I'd say from young adult, you've got a carefree way about you. But once you get to...certainly for me when I became a father, things started to change. Didn't necessarily adapt to being a father as I thought I should do, would do...I think some of that is because you kind of look back at your father or your grandfather and you think, 'they didn't struggle, they seem to have all the answers'. And I think because you're little and you're looking up at these figures...you're not going to know what they did or didn't go through. But I also know that it's a completely different world now". FG3

The gap between expectation and reality left James feeling as though he was failing as a father. He stated that there is little support and guidance for men becoming fathers:

"Becoming a father...you go...well, I didn't even go, but you've got antenatal. There's nothing after, do you know what I mean? And I'm coming from a point of view where I'd...had a great childhood and an

upbringing, so you kind of then go, 'well, if I was fathered well, I should be able to father well'. But we're two different people but...I don't know where I'm going with that, but there isn't...you know, to be a doctor you'll study for years and years and years, right? To be a therapist you'll study for years and years and years. To be a father...you haven't got to study anything".

FG3

The participants associated these feelings with men's changing role within the family. The men felt that traditional gender roles were more clearly defined, with fathers being the family 'providers' and having less involvement in child rearing. Men are now more involved in children's upbringings, and traditional responsibilities are often shared. Some participants therefore felt confused about their identity:

"I'm thinking about my grandads. And I don't know, was it just a simpler life? Where you and I are in relationships, and we share the workload...but it wasn't like that. They went out to work and nan stayed at home. So nan worried about her things, grandad worried about his things. And that's it. So is it because we are now all intermingling and we've got everything on this, everything on there...there's just so much going on". FG3

"I think the roles do change over time, again in the 50s, it'd be very rare to see a man pushing a pram I'm guessing. When I had children, no problems at all. And I find that men become more involved with their children's upbringing". FG2

Participants felt that male identity was no longer clearly defined and some suggested the need for more positive male role models:

"I just think there's a culture now that is really anti-men. And I don't think that helps because what are we supposed to be? We've constructed, maybe rightly, the traditional male role model. Okay and there's pros and cons about that. But what have we replaced it with? And I don't think we've replaced it with anything". FG2

"I think we need to have a national debate about what manhood is. And we really need to almost reinvent what men are. Because what positive role models do we often see? I don't know if we see that many". FG2

Some men spoke about their children growing up, becoming less reliant on their fathers, and leaving home. This led to a mixture of emotions including a sense of loss and a lack of purpose. These life changes, and their resultant emotions, placed strain on relationships with partners:

"Well, I can think of a few, obviously, your own children growing up. Sometimes them leaving home can change the family dynamic. If you haven't got a good partnership, I just wonder if sometimes, the children are why people stay together. So if the children don't, does then the relationship fail or puts extra strain on the relationship". FG2

"I think a lot of people are really struggling, and I do include me, a lot of things that keep them going is their children. And when they're grown up and left home, and can look after themselves, and aren't as dependent on you as they were, it can be a trigger for some". FG2

The life-changing experience of going through a relationship separation or divorce was also a cause of strain and pressure for men:

"...Once you get to a point where you may have been...well, I've been married and divorced, that's another big turning point for me, was getting divorced...first person in the family to get divorced which wasn't really what I planned to do. I don't think anyone gets married to get divorced, do they?" FG3

Alex described how his drinking led to his marriage breakup, which subsequently triggered his suicide attempts:

"...I was having a few, three or four pints every evening, marriage broke up, got flat in homeless and all that. But if I'd got help right at the start when I first went, I think the treatment would have been shorter and quicker. I think I would have been a little bit more stable, quicker in realising, as it

was. It wasn't and everything went right down the pan, that's when the suicide attempts and self-harm is just..." FG2

Some of the men that we spoke to detailed the impact of divorce on their lives, citing the loss of their home and reduced time spent with their children and family. This sense of loss influenced their mental health:

"Yeah, of course, when a divorce or something happens and you suddenly get to see him once a fortnight, it's going to affect your mental health, it just is". FG2

"When we broke up, and I been very hands on with my kids, working...and hard graft but I will still sit up at three o'clock when they were getting bed trained, so I was very close to my kids and when we got separated that was it". FG2

As the participants grew older, they experienced pressures around their own physical health, as well as those of their ageing parents.

"So, for me, as I've got older my backs got worse, which again affects my mental health, because it affects what I can do physically. So, it's that relationship between both". FG2

"A lot of people, all men might get to their mid-fifties, thoughts of their own mortality seem to be in their head a little more, that I am going to die, it is going to happen. And I've just noticed a lot more...loads of people I know, they're much more aware of it than in your late teens. So how that affects mental health and if they're having problems with self-harm, suicide, I don't know, but definitely, if I notice a difference from being 18 to mid-fifties, it's people being aware of their mortality much more and being more conscious". FG2

Mark spoke about how his caring responsibilities had changed as his children had grown older. He had also started caring for his mum after she developed dementia:

"As life changes, the calls upon you change. So, when you are a younger man, and you might be looking after your children. They grow up but

someone like myself, I've become a carer again because of my mum's dementia. So, that's brought a whole new raft of mental health pressures, one it's seeing my mum become terminally ill, having to deal with the lack of services, getting enmeshed in that side of things. So, it's a different...the pressures change. And if you haven't got the healthy lifestyle and psychological tools to deal with, I think that can add to your stress". FG2

The participants further described how bereavement and grief influenced their mental health, with some feeling unable to carry on after losing a loved one. Nick recalled how the loss of a partner left him feeling lost and alone:

"...my ex-partner died...and that burst my bubble, that's when everything started coming out for me personally". FG3

Participants mentioned life events such as becoming a father and divorce as particularly stressful experiences that increased their risk of suicide. Men suffered feelings of inadequacy and failure when their expectations of these events did not match their reality.

Traumatic events

Other participants recalled the impact of trauma on their mental health. Mark spoke about the sexual abuse that he experienced in childhood. His account highlights how childhood experiences significantly influence personal development, mental and physical health, and individual thoughts, feelings, and behaviours.

"I would say the first few times I tried to reach out for help, it was really traumatising. Because those people told me that I was making too much of it, too much of my mental health and I was using my child abuse as an excuse, and I needed to sort myself out and just forget about it". FG2

Childhood abuse had also come to light in Josh's family, and he described feeling guilty for not recognising it:

"...I was there at the time when this was going on and at times I look back and I think, "Could it have been me?" because I was there when this was happening. Could I have done something?". FG1

Others spoke of the trauma associated with bereavement. Nick lost an ex-partner to suicide and subsequently experienced feelings of self-blame and guilt:

“And then four years ago I got with a guy...who cheated on me a year later. So I left him on the Friday night...the next day I had his mum phone me to tell me he committed suicide. And that was another blow for me”. FG3

Roger spoke of a vehicle accident that he was involved in, in which someone sadly died. He recalled the impact of the accident and the responsibility that he felt for the death:

“I had a bad motorcycle accident, while I was at work. I hit a pedestrian, who later died. So, that was a bit of a blow, you know. That was quite a shock”. I1

Roger later made a suicide attempt whilst in prison, citing his feelings of isolation and loss of liberty:

“But it’s a bit scary because they bang you up; what are you supposed to do, you know? Part of the time, I was in solitary confinement because I was a bit of a troublemaker...So, they said ‘no, we’re going to lock you up in isolation’. So, they put you in this cell and there’s nothing there. All you’ve got is a toilet...I just used to pace up and down all day long. Up and down, up and down, like that. So, you know, if that doesn’t get you suicidal, nothing will”. I1

Participants described how traumatic events occurring across childhood and adulthood had a negative impact on their mental ill health and aggravated their suicidal thoughts. The men that we spoke to associated their trauma with childhood sexual abuse, the death of someone close by suicide, being involved in a traffic incident for which they felt responsible, and time spent in prison.

Work life

Work and careers were another source of pressure for the men who contributed to this report. Participants felt pressure to do well in their careers, though they also believed that success at work was becoming increasingly difficult due to the

instability and insecurity of today's job market. Again, they compared their lives to that of previous generations. Some suggested that secure employment used to be easier to achieve because people then viewed jobs as being 'for life':

"It's all zero-hour contracts and stuff and people delivering to each other".
FG1

"Career was a big one for me and it was the first thing that made me aware of my mental health. I had a breakdown ten years ago, that was my first kind of, 'oh actually, I do struggle'". FG3

James described the pressure that he felt to do well in his career to make his parents proud. However, his chosen career path did not make him happy. Despite changing jobs, he still found himself struggling with his mental health:

"And then...not when I had the breakdown; the breakdown...I blamed work, so I walked away from banking. And then that was a reoccurring...you know, I walked away from a six-figure salary, all the trappings that go with that...and then I really kicked the shit out of myself for walking away from that job. Because that's what I'd done from the age of seventeen, was to get to a point where I had all these trappings... and...again, through the therapy – I was doing it for me but ultimately, I was doing it for my mum and dad. I wanted them to be proud of me". FG3

Max also felt pressure to progress in his career. After getting a promotion, he felt an overwhelming sense of responsibility, which was detrimental to his mental health:

"I'd had a few little breakdowns. Then...I did go for a promotion; it was a double promotion... I went into an intelligence role so...getting to know all sorts of things that I'd never even heard of before. And I felt...so basically my role was to get that information in, read it, send it off to relevant people to deal with. But I felt like...as soon as I knew that information, I felt like I had to change the world and I was responsible for everything. And 'what ifs', what if they don't get it, what if this, what if that...I worked myself up before I got to the role and I worked myself up in the few weeks, then I got signed

off and I was off for a little while. Then I came back and then I put on a brave face for three days, I was really trying.” FG3

For some, their commute to work was also filled with stress, frustration, and anxiety. Max described his parents’ reaction when he told them that he was going for a redundancy package; his long commute aggravated his job dissatisfaction:

“I was travelling three hours a day around the M25 and hating my job, and whatever...so I said, ‘would you do it?’ ‘Well, no.’ I said, ‘well, there you go’. ‘Well, but you can’t give in’...and I said, ‘but I give in or I’m probably going to die because I can’t carry on like this’. FG3

The men perceived a stable income, alongside a stable job, to be important. Insecure workers often face both job and income security. Participants also expressed concerns about sick pay and having to continue to work in order to pay the bills:

“Because again if you’ve got bad mental health, can you afford to go off sick, because a lot of us don’t get sick pay. So, you might need to have time off work for stress or anxiety but if you take time off you are not going to get paid for it”. FG2

Max recalled being bullied by his supervisor and another colleague at work, citing the effect that their behaviour and the resultant hostile working environment had on his mental health:

“One of the places I worked was a very male dominated, testosterone type environment...and I was being...bullied by my supervisor, who was a lady. And it was ‘man up...you can’t cry, what are you doing?’ You know, and that was what I was getting... Another bloke in my office...I think it’s because when people see that you’re vulnerable, certain types of people will go for the weakest...but he thought it was really funny when I was having a breakdown, and he laughed.” FG3

Work and careers generated an added pressure for the men that we spoke to. They attributed this pressure to a need to succeed, a fear of letting their families down if they did not stick to a particular career path, difficulties in establishing a

secure job and income, and the hostility that they experienced at work. This pressure might reflect the men's belief that they had to maintain the traditionally masculine role of family breadwinner. Some men were also obliged to conform to norms of traditional masculinity when experiencing workplace bullying, feeling a pressure to remain 'strong' and hide their negative emotions.

Accumulation of pressure

Often, participants had experienced several of the life events and life experiences detailed above. They described how it was the accumulation of these different pressures that negatively affected their mental health:

"and you think, 'oh right, well, I'm divorced now and I'm a dad and stuff'...so yeah, those kind of big ticket items, they definitely affected me. Divorce, being a father, and then your career...So those three, I think they're probably very big pieces of...they're life things, aren't they?" FG3

"I think what happened with me is a lot of things have happened at the same time... You get over one thing, but then there's that one, that one and that one and eventually your brain just shuts down It says 'right, I've had enough'. You know what I mean?" I1

This accumulative pressure affected their ongoing ability to deal with additional stress, and several felt unable to cope:

"Someone said to me, 'what is it?' they're like. 'Because you've changed, Nick'. And I said, 'you know what, a lot's changed me. My ex-partner died, my ex-partner committed suicide, my dad died... anti-psychotic diagnosis'. When you're going through a crisis, I feel personally that everything's a crisis... until someone actually stops you and says, 'take a deep breath, for a moment...get reality back in your eyes'." FG3

"when things get a bit too overwhelming, things then start then coming out again." FG3

Participants therefore experienced a range of stressors at any one time. It was this accumulation of pressure, as opposed to a singular event, that led to them feeling suicidal.

'You're no good, you're worthless': Worthlessness

The accumulative pressures experienced by participants often left them feeling worthless and as though their lives had no significance. In this chapter we explore how these feelings were experienced by the men in the study.

Some of the men that we spoke to believed that, by struggling with mental ill health, they were letting their families down – a sentiment that led to further feelings of guilt:

"And it's not selfish because... of what I perceived...I was the burden, I was...you know, so actually it was the complete opposite of being selfish because you're compartmentalising everybody in the family, saying, 'well, I've let my mum and dad down, I've let my ex-wife down, I've left my current wife down, I let my son down'...you know. All of a sudden, all these people...". FG3

Oliver described his battle with addiction and mental ill health. When he relapsed, he felt like he was failing his mum and brother:

"Who was I to pull the rug out every time they thought I was getting better? Every time that the medications seemed like they were levelling out, I would just go and get stoned again, relapse, and the medications went up". FG1

For the men that we spoke to, their feelings of worthlessness limited their motivation to pursue goals. They recalled feeling as though nothing they did was right, and that none of their efforts would make a difference to the world. For Max, feeling worthless affected him at work. He associated his sense of worthlessness with a lack of self-esteem that stemmed from his upbringing:

"But in terms of how it's affected me in life and going forward, it's my confidence and it knocks that, and it restricts me. I could do much better in my job. I was in banking, and I came out of that and worked with my wife, we did a good little business for a while. And then I went back into traditional work, but I went back in at the lowest level because I didn't feel...yeah, I felt I needed to prove myself and I can't move on from that.

And they get someone really good who does a really good at that level, but I can't push myself any further because it's affected my confidence".

FG3

Others directly linked their lack of self-worth to their job or career. Whilst out of work during the COVID-19 pandemic, James felt his feelings of hopelessness return because he was unable to support himself and his partner:

"I hadn't worked for nearly...well, over twelve months. I was reliant on my partner...it was just the point of...and in between that I'd walked away from another job that was well paid and very well respected, because I started to feel the anxiety starting. I didn't necessarily agree with the industry that I was working in. So it was that, 'well, you've walked away twice now. You're no good, you're worthless. You're no good as a father, a husband, son, all of that'". FG3

Roger recalled applying for jobs with a prison sentence on his record. He felt hopeless knowing that his record would affect his capacity to get a well-paid job, therefore limiting his ability to move forward with his life:

"I tell you what, I think after seven years, it's reasonable to say 'if you have taken the medication and you're getting out of hospital' after seven years, they should say 'Right, that's the end of that...You can now start completely afresh.' Or, basically you get a warehouse job and earn a pittance. See, so if you're going to say to someone 'you're never going to be forgiven', you're going to say 'well, what's the point? Well, I'll commit suicide'." I1

As previously mentioned, the men that we spoke to felt under pressure to portray a positive image of themselves on social media. Using social media platforms also encouraged men to compare themselves with others, including their friends. This self-comparison further fuelled their feelings of worthlessness:

"One of my things was, was alcoholic for so long, it's kind of weird because I've been in a rented flat, which is lovely to have it's nice. And a lot of my mates are like millionaires, like people I grew up with, got into banking and I'm not saying they're all millionaires, but you know, look at me." FG2

The men's feelings of worthlessness were compounded by a sense of personal failure. In some cases, this worthlessness reflected traditional gender norms that associate masculinity with personal and professional success. Some participants struggling with poor mental health also felt like they were letting their families down, which increased their risk of suicidal feelings.

'What's the point of staying here': Unimaginable future

Participants further associated their suicidal thoughts with the feeling that their future was unimaginable. These feelings were underpinned by the belief that they were a burden to their family, that no one would miss them if they were gone, and that everyone would be happier without them. Suicide was therefore seen as a way of relieving their family members from the burden that they perceived themselves to be:

"I tried suicide on the ward, actually. And I planned it so well... I wanted to come across as being really happy and really responding well to things, just to get this time where I thought I can save my family from all this pain if I am successful". FG1

Some withdrew socially and opted to be alone, avoiding friends and social activities. They lost interest in activities that they had previously enjoyed. James described withdrawing from family life and pushing away those closest to him:

"I would hide away. I would not go out, I would not do family things, I pushed family away...very similar to what you said, you know, letting people down". FG3

When experiencing suicidal thoughts, the men that we spoke to felt isolated and alone. They justified these feelings by telling themselves that no one would miss them if they decided to take their own life. Mark described experiencing these feelings. He only realised the impact that his death would have had on his family after he attempted suicide:

"I know as I attempted suicide myself, and battles with suicidal thoughts that you often feel that the world wouldn't miss you, or the world will be better off without you. But that's not true. I think it was only after my suicide

attempt, that I realised the hurt I caused to other people. And being the father of two boys, I have to sometimes think about staying here for them and not about myself. So sometimes it's actually more painful to live. But sometimes you have to do that for other people". FG2

James also described feeling disconnected. He experienced suicidal thoughts about dying in a plane crash as a means to 'disappear':

"And I was flying a lot and I'd sit on the plane...I'd sit on there and go, 'might happen. You never know...plane might crash...' Or if it did crash, would I be bothered? Which is a bit weird anyway because would I be bothered? Well, I'd be dead. But that was the first thing that I realised but I didn't realise that until I then had a breakdown and started looking back and going, 'well, I was quite happy to disappear on a plane', you know?"

FG3

Similarly, for some the accumulation of pressures and feelings of worthlessness meant that they found themselves without purpose. As a result, they couldn't see the point in life anymore and viewed suicide as a way to end these distressing thoughts:

"But it's really difficult when you're going through a traumatic time, realising that your whole life, what you had in that bubble has just been popped. And you're sitting there, just, 'what do I do' and 'what's the point of staying here' you know...'what have you got to wake up for tomorrow?' And just looking at your phone thinking family, friends, they all know what you've gone through right now but no one's actually ringing or texting. Who's around, you know...a constant battle". FG3

"But then I started to feel, 'fucking hell, you are throwing everything away. What is the point? There's no point.. And yeah, just kept beating myself up to the point of, 'let's go and buy a rope and let's call it a day'". FG3

Roger described how he self-harmed and tried to take his life in prison because of the lack of purposeful activity:

“So I said, ‘What’s the point of this then? What am I supposed to do?’, there’s no... they won’t let me out of the ward. What am I supposed to do all day? There’s no TV, there’s no cable, there’s no nothing. So, I just paced up and down like that. Paced up and down. For hours, hours”. 11

For Max, his inability to control his thoughts and feelings was painful and scary:

“The difference with me was I didn’t want to kill myself, but my head was telling me, ‘go on, smash into the barriers, do it now, let’s get it over and done with’. This big smiling face was, ‘go on, do it’...I’ve had dark thoughts, but that was a time when I really thought, ‘I’m not in control of this’. There’s something inside me trying to make me...And I thought about my children and my wife, and I thought, ‘I can’t do it, I just can’t...’”. FG3

Many participants recalled feeling so down that suicide seemed like their only option. These feelings were underpinned by a sense that they had no future and were therefore a significant burden on their families. Many of the men responded to these feelings by withdrawing themselves from their social circle. Their resultant sense of isolation compounded their belief that life was no longer worth living, which further enhanced their suicidal ideation.

Discussion

This study has sought to understand men's experiences of mental health and suicidal behaviour. The qualitative approach taken has helped to comprehend these experiences and the factors that contribute to men's suicidal thoughts.

The men that we spoke to attributed their suicidal feelings to a range of contrasting pressures relating to societal burden, mental health stigma, life events, traumatic events, and work life. However, the majority of our participants agreed that it was the accumulation of these pressures that contributed to their feelings of worthlessness. This worthlessness triggered a sense of personal failure and loss of control that coloured their view of the future and made it seem incomprehensible.

This discussion will analyse the key themes raised by our participants, including accumulation of pressures, feelings of worthlessness, and perceptions of an unimaginable future.

Pressure

Our participants described the varied and numerous pressures that contributed to their suicidal thoughts. However, all men emphasised the impact of the accumulation of these pressures. As these cumulative pressures became insurmountable in the participants' minds, they became a catalyst for their suicidal thoughts. The cumulative pressures described by the participants largely fell into the following categories: societal burden, stigma around mental health, life events and work life, and image projection. Participants described the pressure that they felt to maintain a certain social image. They deemed social media a root cause for these projections and self-comparisons. Some men felt the need to project an edited version of themselves on social media platforms, sharing only positive aspects of their lives. They frequently compared their own life updates on social media to those of their peers, which reiterated their perception that they were less successful than others. There is limited existing qualitative research on the experiences of middle-aged men, mental health, and social media engagement. Therefore, our study has provided valuable insights

regarding this age group. Existing research tends to heavily focus on younger generations or older adults' engagement. One study, which explored the relationship between age, mental health, and social media use, revealed that, for those aged over 30, their self-reported wellbeing decreased as the number of social media channels they engaged with increased (Hardy and Castonguay, 2018).

Middle age is often associated with several role demands and life changes (Lachman, Teshale and Agrigoroaei, 2015). This was reflected in the men's descriptions of events such as divorce, adapting to fatherhood, physical illness, bereavement, and changes to their parent/child relationship. These changes involved both the men's children becoming independent and leaving home, and their elderly parents requiring additional care and support. Relationship breakdowns and the development of physical illnesses have been previously identified as factors that increase the likelihood of suicide (Gunnell and Lewis, 2005). The men interviewed for this study often described the interplay of these changes in role demands, the cumulative pressures from multiple sources, and the changing pace of modern life. In an increasingly fast-paced society, the areas of life which had previously offered them grounding and a sense of security appeared diminished, with secure work replaced by insecure work contracts, a lack of work/life balance, strained relationships, and constant social comparison amongst peers.

Our participants reported feeling as though men's role within society had changed. Their views are reflected in existing longitudinal studies and surveys. The view of the nuclear family as the standard family unit has changed, and there has been an increase in the number of single parent and blended families in the UK (Understanding Society, no date). Attitudes towards gender roles have also shifted, with 13% of people in 2012 agreeing that a man's role is to be the main earner, compared to 43% in 1984 (Park *et al.*, 2013). Our participants were navigating these changing expectations of the male role within family life, but also felt bound by traditional views of masculinity when it came to seeking help. Several men described internalising their mounting pressures and, on the occasions where they had sought help, received a negative response. The effect

of men's internalisation of these cumulative pressures is mirrored in other studies (Richardson *et al.*, 2021; Seidler *et al.*, 2021). Men included in a study by Richardson *et al.* (2021) similarly internalised the stigma associated with suicide. Self-reliance and control were also perceived to be masculine traits, which hindered help-seeking efforts among men (Seidler *et al.*, 2021).

Worthlessness

Participants' failure to speak about their distress heightened their feelings of worthlessness. For many men, seeking help for emotional distress contradicts normative masculine attributes like strength and independence. Under pressure to adhere to these norms, men can feel obliged to deal with their mental health problems on their own (Courtenay, 2000). Men also neglect to seek help because they do not want to be perceived as a burden on their families. In some cases, our participants were further reticent to confide in their close friends and family because they were wary of negative responses. The stigma associated with suicide led to men feeling isolated, which compounded their negative feelings, their subsequent internalisation of these feelings, and their deteriorating mental health.

Participants reported a perceived imbalance between effort and reward, as demonstrated by their sense that their contribution to family, work, and social life was insignificant. Their sense of insignificance in the face of mounting pressures appeared to give rise to feelings of worthlessness. Individuals experience an enhanced sense of self-esteem and self-worth when they feel like they can make a meaningful contribution to the world around them (Mann *et al.*, 2004). The men also discussed transitional phases in their careers, and changes in their employment circumstances and opportunities, in terms of self-worth. An existing review has found that men's self-worth can be linked to their work. Factors such as hours worked, job security, income, autonomy levels, and unsupportive workplace relationships can all affect men's mental health (Roche *et al.*, 2016). Male-dominated industries have also been found to have disproportionately higher rates of poor mental health (Roche *et al.*, 2016).

Unimaginable future

Clinical assessment tools recognise symptoms of depression as having little interest in leisure activities and hobbies and experiencing feelings of failure. Tools such as the PHQ-9 Patient Health Questionnaire have proven to be useful and reliable measures of depression severity (Kroenke, Spitzer and Williams, 2001). Our participants could not imagine a positive future and viewed themselves as a burden on their family and friends. This study noted a cascading effect for many participants; mounting pressures and a developing sense of worthlessness culminated in their sense of an unimaginable future. This cascading effect appeared to trigger suicidal ideation. Participants felt that suicide would be the solution to their pain and would relieve their families of their burden.

Men may feel under pressure to maintain gendered masculine norms such as appearing strong, being self-reliant, and limiting their outward emotional expressiveness (Swami, Stanistreet and Payne, 2008). This was reflected in the social withdrawal described by our participants. When they did not feel able to conform to these gendered norms, they withdrew themselves from social life. Other studies have also found that men are more prone to depression and suicidal thoughts when cumulative losses outweigh their personal accomplishments (Oliffe *et al.*, 2011). This reflects experiences reported by our participants, who found a perceived imbalance between effort and reward to be detrimental to their mental health. Our participants often described the sense that they had failed to fulfil the provider role frequently associated with normative masculine identity. Where expectations to conform to traditional male roles could not be achieved, the men found it difficult to envision a new socially acceptable identity, and consequently felt that the future was incomprehensible and difficult to navigate.

Our study supports existing research that has shown links between normative masculinity, suicidal ideation, and depression (Cleary, 2005; Swami, Stanistreet and Payne, 2008; Oliffe *et al.*, 2011). With high rates of suicide amongst men, a key challenge is to identify men who may be at greatest risk of attempting suicide. Current suicide prevention strategies lack gendered and targeted age approaches. These strategies need to be tailored in the future and involve

campaigns that focus on those in midlife who are experiencing various life stage transitions. Normalising help-seeking behaviours among middle-aged men would be a positive step in health promotion campaigns. Promoting greater visibility of help-seeking behaviours would in turn encourage more men to seek support. Public health messaging should recognise the importance of encouraging male social connectedness by fostering an image of compatibility between help-seeking behaviours and male identity. Social cohesion and family support have both been found to act as protective factors against suicide (Swami, Stanistreet and Payne, 2008; Seidler *et al.*, 2021).

Limitations

This study has added to the limited knowledge about how middle-aged men experience mental ill health and suicidal thoughts. In doing so, it recognises and explores the complexities of their experiences. However, there are some limitations to this study. While focus group interviews were seen as the most appropriate method of data collection due to the sensitivity of the topic, this approach may have had an impact on the sample size, which was relatively small. Findings from this study will be generalisable only to those with similar demographics to those of our final sample. Unfortunately, our sample had a lack of diversity and underrepresentation of those from ethnic minority backgrounds. Our study recruited via formal mental health voluntary organisations, meaning that the final sample consisted of only those who used these services. A larger sample may have also made stratifying findings by age group more feasible; an approach that would have enhanced our ability to explore intergenerational differences in men's experiences.

Future research

There are several areas for further research regarding middle-aged men's experiences of mental health and suicide. Further lived experience study is needed to understand men's mental health experiences in relation to race, social class, and sexuality. For example, further research that uses purposive sampling could explore the mental health impact of discrimination among black and ethnic minority men, and how such discrimination adds to daily stressors and life

stage transitions. This study has identified the impact of workplace stressors on men's mental health. However, further research could help us to understand the additional pressures faced by men employed on zero-hour contracts or casual contracts. A salient finding from this study was how traditional views of masculine identity generated additional pressures for men and hindered their help-seeking behaviours. However, pressures to adhere to a normative model of masculinity may look and feel different for LGBTQ+ men. Additional qualitative enquiry is needed to understand this further, as the LGBTQ+ community were underrepresented in our sample.

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