

TIME TO ACT ON

MALE SUICIDE IN VICTORIA



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MALE SUICIDE IN VICTORIA.

Suicide in Victoria kills 11 men a week. It is the leading killer of men under 55 in the state and is on course to reach a record high in 2022, according to the Coroners Court of Victoria.

The number of Victorian men who die by suicide each year has risen by more than 40% in the past decade, from fewer than 400 deaths in 2012 to more than 550 male suicides in 2021.

In 2021, 675 people in Victoria died by suicide, 518 males and 157 females. In 2021, 675 people in Victoria died by suicide, 518 males and 157 females, according to the Australian Bureau of Statistics. Provisional data for 2022 suggests that male suicides rose 8% to 560 deaths in 2022.

Suicide kills three times more men than women in Victoria. Closing this gap would save the lives of more than 350 Victorian men a year, that's one man a day. Male suicide is more than a mental health issue; it's a complex social issue caused by various social, situational, and contextual factors.

According to research based on the Victorian Suicide Register, 84.2% of suicides are linked to interpersonal stressors (e.g., relationship issues and family conflict), and 77% are linked situational stressors (e.g., stressors linked to work, finances, legal issues, and substance use).

Research shows that men's and women's experiences of suicide are different in several ways, which can help us target suicide prevention initiatives more effectively. For example, men in Victoria account for:

- 77.6% of all suicides
- 87.5% of suicides linked to involuntary loss of job
- 82.7% of suicides primarily linked to situational factors
- 79.3% of suicides linked to trouble with the police
- 78.7% of suicides linked to alcohol and/or drug issues
- 71.4% of suicides linked to physical illness
- 71% suicides linked to divorce/relationship separation

Suicide in Victorian men is more commonly linked to situational stressors linked to work, finances, relationship issues and substance misuse. In contrast, suicide in Victorian women is more likely to be linked to previous suicide attempts and mental health issues, with female suicides being:

- Nearly 50% more likely to be linked to mental illness than male suicide

To be effective, suicide prevention strategies need to account for the clear differences between male and female suicides, both in terms of the number of deaths and the types of services and programs that are funded.



REACHING MEN IN DISTRESS

Work to prevent male suicide in Victoria needs to target men in distress before they become another suicide statistic. One way to do this is to identify the potential touchpoints where men at risk of suicide come into contact with services. For example, we know that most Victorian men who die by suicide have sought help or contacted services before their death. Research shows that:

- Around 90% of those with a mental health illness have accessed treatment.
- Nearly 50% have been admitted to hospital.
- More than 40% have been in contact with housing and welfare services.

Furthermore, research suggests that in the six weeks before their death, many Victorian men who die by suicide will be in contact with a range of service providers including:

- Community service providers
- GPs and other health providers
- Legal services (e.g. police or courts)
- Centrelink

These figures highlight that men's mental health and risk of suicide are shaped by a range of factors beyond mental illnesses like depression and anxiety.

A 2018 study on suicides in Victoria found that it was crucial for services relating to relationship breakdown, financial hardship, legal or work-related issues to have a focus on suicide prevention.

More recently, the final report of National Suicide Prevention Adviser Christine Morgan noted that "a shift to earlier responses to distress that focuses on intimate relationship distress, financial and workplace distress, justice settings and key transitions and isolation for older men, should lead to earlier opportunities and identify men requiring additional support".

In line with Ms. Morgan's advice, one way to achieve this is to ensure existing services are redesigned "to be more accessible to and better meet the needs of men" and delivered in "places and formats that suit the needs of men."

Another approach is to invest in grassroots initiatives - particularly those designed by men, for men - and provide funding to help these groups grow, develop, and build their evidence base. As Suicide Prevention Australia (SPA), the peak body for the suicide prevention sector, has noted, "grassroots and peer-led services can be critical in providing support where men are because they are embedded in the communities of the men at risk of suicide and have the local knowledge of where they can be reached".

The majority of Victorian men who die by suicide have sought help before their death.

THE CASE FOR CHANGE

In 2021, the Prime Minister's National Suicide Prevention Adviser, Christine Morgan, published her final recommendations in support of the Government's 'towards zero' suicides goal. Her report delivered a strong message on male suicide. It highlighted the disproportionate impact that suicide has on men as an issue that "must be called out as a priority for whole-of-government" action.

Ms. Morgan recommended that all State governments should prioritise targeted approaches to populations disproportionately impacted by suicide (e.g., men) in their suicide prevention and funding. Furthermore, State governments were advised to review and report on the effectiveness of their suicide prevention programs and services in reaching men.

A good first step for the Victoria Government to take, therefore, is to review the \$800m of Commonwealth and State allocated to Mental Health and Suicide Prevention in Victoria, in the April 2022 bilateral agreement. Such a review could also consider why this funding agreement identifies four priority populations but doesn't target men as a priority group.

The \$800m of funding includes:

- \$450 million for Head to Health clinics providing services that generally reach twice as many women as men.
- \$80 million for aftercare support for people who attempt suicide, a model with a track record of helping more women than men.
- \$45.4 million for headspace, which reaches twice as many young women as young men.
- \$5.0 million for suicide postvention support providing suicide bereavement services that predominantly support women.
- \$1.8 million for perinatal mental health services that generally support many more mums than dads.

A brief analysis of this funding suggests that all these services will reach more women than men. While we do not advocate for funding to be taken away from women at risk of suicide, it is reasonable to ask that suicide prevention funding in Victoria be allocated in an equitable way that reflects the fact that 3 in 4 suicides are male.

Such an approach would be in line with the advice of Suicide Prevention Australia. SPA says: *"male suicide is an issue requiring targeted policy and funding attention by all governments."*

This echoes the recommendations of Ms. Morgan, who has called on all State governments to identify priority actions for male suicide prevention to be incorporated into the National Suicide Prevention Strategy. Such actions should also feature prominently in Victoria's next Suicide Prevention and Response Strategy.

TIME TO TAKE ACTION

The Victorian Government is currently developing its next Suicide Prevention and Response Strategy. With men accounting for more than 75% of suicides in Victoria, we recommend that the State develops a Male Suicide Prevention Action Plan. This recommendation aligns with the findings of the National Suicide Prevention Adviser, which call on all State and Territory governments to review their existing services and identify specific actions that tackle male suicide.

Some of the key actions a Victorian Male Suicide Prevention Action Plan could include are:

1. An audit of existing funded services in Victoria in line with the State's commitment to gender responsive budgeting, to identify how effective they are at reaching men at risk of suicide. A good starting point would be to audit the \$247.9m allocated to Mental Health and Suicide Prevention services in April 2022.
2. Support for men with lived experience to contribute to suicide prevention in Victoria on an ongoing basis, from research and program planning to service design and delivery, program implementation, and evaluation.
3. Funding for grassroots projects, including peer-support projects run by men and for men. Initiatives like Men's Sheds, The Man Walk, The Men's Table, Mr Perfect BBQs and Tough Guy Book Club are all examples of projects in Victoria that support community participation, inclusion and connection, in line with the recommendations of the Royal Commission into Mental Health.
4. Suicide prevention training for frontline professionals and volunteers with a focus on engaging with men at risk of suicide.
5. Support suicide prevention and response programs within high-risk, male-dominated industries (e.g., construction), in line with the recommendations of the Royal Commission into Mental Health.
6. Funding for initiatives that respond to the risk factors for male suicide like relationship breakdown, financial issues, and legal issues. Some examples include Dads In Distress, which provides services for separated dads and the Survivors and Supporters Mates Network (SAMSN), which supports male victims of sexual abuse.





According to public opinion research by Resolve, most Victorians support government action on male suicide. Our research found that:

92% say men and women face different health and social issues.

91% say it's okay for Governments to talk about the issues men face.

85% say we should not ignore real differences between men and women.

80% say they support additional funding to tackle men's health issues.

We believe the case for change is compelling.

IT'S TIME TO ACT ON MALE SUICIDE IN VICTORIA.

(Survey of n=1,259 Australians by Resolve for AMHF, 2021.)

NO MAN LEFT BEHIND

www.amhf.org.au/suicide