Men, Unemployment and Suicide

MHV 2014

Anthony Smith
Introduction:

Social Determinants

MHV

My background:

Research - CC Coroner’s (NSW) Office Follow-up - with bereaved families and friends

Training in employment sector

Things are changing - new data is forcing reconsideration of the current approach

Even research from the psychiatric field is now pushing for labour market reform as suicide prevention
This Presentation:

Research and Data on Suicide and Unemployment
Suicide Prevention - Challenges to the current approach
A new approach – support for re-employment
Challenges in the Australian Labour Market
OECD
A MODEL
Recommendations
The most recent Australian data (ABS, Causes of Death, 2012) reports deaths due to suicide at 2,535.

Rate Unemployment v Employment Australia  
Milner, A et al July 2014
4.62 for men and 8 for women

At the very least = 4.62

NCSRS
Under-reporting, many under-reported are men
Not registered – many retrenched who take a package are not recorded as ‘Unemployed’
Employed vs Un / Underemployed - not registered Roy Morgan research puts the national figure at about twice the government figure – where / who are the extra numbers

Occupation at time of death?
### Table 4: Intentional Self-Harm Deaths Involving Unemployed Persons in 2012, Australia, by Gender of the Deceased

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>708</td>
<td>74.6</td>
</tr>
<tr>
<td>Female</td>
<td>241</td>
<td>25.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>949</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### Table 5: Intentional Self-Harm Deaths Involving Unemployed Persons in 2012, Victoria, by Gender of the Deceased

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>86</td>
<td>83.5</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>16.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
CC NSW – Accurate Coronial data

Suicide Breakdown by Employment
2007

Number of Suicides

- unemployed
- professional/managerial
- skilled/trade
- retired
- unskilled
- disability pension
- home duties
- unknown

- males
- females
### Employment status

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>790</td>
<td>645</td>
</tr>
<tr>
<td>Unemployed</td>
<td>432</td>
<td>298</td>
</tr>
<tr>
<td>Not in the Labor force</td>
<td>434</td>
<td>399</td>
</tr>
</tbody>
</table>

Employment status was categorized as **employed** (which included full-time, part-time/casual, and unknown modes of employment), **unemployed**, **not in the labor force** (including, for example, students, full-time carers, retirees, and persons with disability who were not in work), and unknown.

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Data from Page 5, ‘Miseries Suffered, Unvoiced, Unknown? Communication of Suicidal Intent by Men in “Rural” Queensland, Australia’. SAMARA MCPHEDRAN, PHD, AND DIEGO DE LEO, MD, PHD, DSC
While there remain issues for older men in the workforce, the decline in the participation of men aged 35-54 has been particularly significant. In 1966, almost all 35 to 54 year old males (or 96.2) were in work. By 1983 Male employment in this age group had dropped to 87.4 per cent. **This figure is still around 87 per cent, with almost 400,000 men aged 35-54 not in employment.**


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Western countries - similar to Australia; Higher rates of men - similar factors

Economic suicides in the Great Recession in Europe and North America

We estimate that the Great Recession is associated with at least 10,000 additional economic suicides between 2008 and 2010. A critical question for policy and psychiatric practice is whether these suicide rises are inevitable. Marked cross-national variations in suicides in the recession offer one clue that they are potentially avoidable. Job loss, debt and foreclosure increase risks of suicidal thinking. A range of interventions, from upstream return-to-work programmes through to antidepressant prescriptions may help mitigate suicide risk during economic downturn.

Aaron Reeves, Martin McKee and David Stuckler
http://bjp.rcpsych.org/content/early/2014/05/23/bjp.bp.114.144766.abstract
Prevention - Challenges to the current approach

What the researchers say about this

It is time to extend suicide prevention beyond its focus on individual mental health problems, to understand the social and cultural context which contributes to people feeling they wish to die.

The social context means this group of men [disadvantaged men in mid-life] is likely to experience multiple risk factors for suicide, interacting in devastating combination. They have seen their jobs, relationships and identity blown apart.

(Samaritans 2012, UK)
‘...raising awareness of links between mental illness and suicide, are unlikely to lead to effective interventions for individuals’

'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.'
Suicide ‘...not just a narrow mental health issue...’

Current trends in research and prevention efforts usually emphasize the psychiatric, psychological, or biological aspects of what drives suicidal thinking and suicidal behavior. However, research has shown that a substantial proportion of suicides occur in the absence of a formally diagnosed mental disorder, suggesting that a deeper understanding of factors driving suicide is needed.
Shortcomings of prior studies

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.

Editorial - Approaching Suicide as a Public Health Issue
Psychological autopsy of suicide

Around 90% of suicide victims suffer from a psychiatric disorder at the time of their death. http://www.mentalhealth.org.uk/help-information/mental-health-a-z/S/suicide/

More than 90% of people who commit suicide are judged to have had a psychiatric disorder at the time of suicide, as ascertained retrospectively.

DAVID J. MUZINA, MD - CLEVELAND CLINIC JOURNAL OF MEDICINE VOLUME 71 • NUMBER 3 MARCH 2004

Alan Berman, the executive director of the American Association of Suicidology and the president of the International Association of Suicide Prevention, has said that in the developed world ninety per cent of those who attempt suicide suffer from psychological ailments.

The Neglected Suicide Epidemic March 13, 2014

...in this ongoing study, Queensland Police Service personnel complete the psychological autopsy forms following interviews with the deceased’s next-of-kin as part of their investigation of the death.

MHV 2014 Men.Unemployment and Suicide  - Anthony Smith

Why we need a different approach

From the Summary of the Qld. research

Regarding formal help, around 40% of rural men who died by suicide had seen a mental health professional in the three months prior to their death. The fact that many men had contact with a mental health professional but nonetheless went on to take their own lives indicates a need to consider factors such as the adequacy and appropriateness of available mental health services, the type of support provided, the intensity and level of care, and whether available services match well to rural men’s specific characteristics and needs.
‘Depression has become almost a ubiquitous expression when in fact we might be describing other things.

‘... “depression”, although doubtless a significant contributor to male suicide, is in danger of becoming the stock byword for mental illness’.

‘Unacceptable’ - Professor Ian Webster, Melbourne Age, May 15, 2006
The new approach
- better re-employment support IS suicide prevention
‘...nations that invest in active labour market programmes reduce the risk of suicide’

A critical question for policy and psychiatric practice is whether these suicide rises are inevitable. Marked cross-national variations in suicides in the recession offer one clue that they are potentially avoidable. Job loss, debt and foreclosure increase risks of suicidal thinking. A range of interventions, from upstream return-to-work programmes through to antidepressant prescriptions may help mitigate suicide risk during economic downturn.

http://www.ox.ac.uk/news/2014-06-12-recession-link-over-10000-suicides-west#
Economic suicides in the Great Recession in Europe and North America
Aaron Reeves, Martin McKee and David Stuckler
http://bjp.rcpsych.org/content/early/2014/05/23/bjp.bp.114.144766.abstract
Suicide Prevention
Policies and programs for the unemployed

Conclusions: These results suggest the need for adequate policy and social welfare responses to ameliorate the effects of the economic recession on the working age population. Particularly, these should target unemployed and economically inactive men and women in Australia, who may be at higher risk of suicide than previously thought.

International Journal of Epidemiology, July 2014

Economically inactive, unemployed and employed suicides in Australia by age and sex over a 10-year period: what was the impact of the 2007 economic recession?
Milner, A., Morrell, S., LaMontagne, A. D.
Challenges in the Australian Labour Market
Expected continuance of manufacturing downturn - estimated 500,000 more jobs lost over the next few years

Ageing and the Barriers to Labour Force Participation in Australia published in December 2011 (Federal Government)

Physical Illness, Injury and Disability
Discrimination in Employment on the Basis of Age
Issues Around Private Recruitment Firm Practices
Mismatch of Skills and Experience with Industry Demands
Re-Training and Up-Skilling Barriers
Care-Giving Responsibilities
Flexibility of Employment Arrangements
Superannuation
Tax-Transfer System
Re-Entry of the Very Long-Term Unemployed
Mental Health
Job Search Assistance
Leisure Time Trade-Off
Workplace Barriers
Issues and Challenges specific to working with men

Higher rate of suicide: men generally - and then blue-collar men

Limited research

Blue-Collar challenges – considerable and now documented

45 + Pilot

High-level competence, motivation and achievement - but not necessarily skilled at ‘abstract’ - planning etc. i.e. ‘writing it down’

Terminology – RPL ???  Even ‘Goal – setting’ etc.

Transferable skills?  Meaning? – Context?

Lack of basic information – e.g. difference between govt. and non govt. Emp. agency

Emphasis on Resumes and Interview skills - but these are only a small part of the job-search skills required
Developing a Model -
From the OECD Report Employment and Skills Strategies in Australia 2014 Towards an action plan for jobs in Australia:

Recommendations and best practices
Stimulating job creation at the local level requires integrated actions across the employment, training and economic development portfolios. Co-ordinated place-based policies can help workers find suitable jobs, while also contributing to shaping the demand, thereby stimulating job creation and productivity. This requires flexible policy management framework, information and integrated partnerships which leverage the efforts of employment, training and economic development stakeholders.
OECD Report - Employment and Skills Strategies in Australia 2014

Recommendations (- summarized)

Better aligning policies and programmes to local economic development

Integrated and coordinated policy responses

Stimulate local capacity

Collective commitment to Outcomes

Build the local evidence base to support local labour market planning

Adding value through skills

Target workplace training towards SMEs

Improve pathways to vocation ed. and labour market - Ensure quality information on labour market

Targeting policy to local employment sectors

Ensure available skilled labour is utilised by employers

Being inclusive

Ensure employment services and training programs are serving disadvantaged groups


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A more effective MODEL – evidence-based

Better Engagement and Follow-up

Job-creation suitable to men

Integration of Services

Service Providers Develop Policy - Service Providers don’t necessarily need to change their core business - but they can be mindful of the issues around unemployed men.

Integrity of approach - suitable to the life / work culture of men.

Resources to suit

Genuine engagement is vital

Professional Development – for staff and management across both Employment and Community Support (inc. health / mental health)
Recommendations: Suicide Prevention for Men

Better re-employment support

Lobby state and federal governments

BOTH LABOUR MARKET (Employment, Industry, Training etc.)

AND HEALTH - mental health / suicide prevention

Lobby business, NFP and philanthropy – to direct funding more appropriately

NFP / Social Enterprise – a national program of Job-creation for men

Professional Development - training for staff / management of services that work with men – across a range of sectors

Improved data collection

Develop a formal Business Case – include data on Cost of Suicide, Outplacement budgets and outcomes etc.

HOW? MHV to lead / facilitate lobby activity through member organisations – e.g. Email support, Publicity, Expert endorsement