

## Men in the Middle Years

### Transcript

Speaker: Jeff Sung, MD, Psychiatrist

My name is Jeff Sung, I'm a psychiatrist. I also teach workshops in suicide risk assessment, management and treatment—mostly to mental health professionals, but also to medical professionals, too.

If I look at the overall number of suicide deaths in the United States, the group that accounts for the highest number of suicides is men in the middle years, men between the ages of 35 and 64—so a large group of people. And the suicide rate in this group of people is more than double the national average.

Historically, men in the middle years have received less attention than other groups in the field of suicide prevention. There is that sense that they can pretty much take care of themselves or they're pretty independent.

Overall risk factors for men in the middle years are probably very similar to risk factors for suicide in any population.

So you can imagine a man, maybe he's in his 50's, and now he's gotten injured at work. And so he's got some financial problems because he's been out of work. That's influencing his marriage and so now he's having marital problems. He's having a hard time coping with that, and so now he's using alcohol to cope—becoming increasingly isolated, becoming increasingly angry. So now he's looking at a firearm, and thinking: *Is this a way that I need to end my emotional pain?*

Access to Lethal Means – Including Firearms

Firearms account for more suicide deaths among men in the middle years than all of the other methods combined.

A man in the middle years who's at risk of suicide won't even necessarily recognize that *yes I am at risk of suicide*. Even if he's not suicidal in your office right there, he may become suicidal rapidly, and then because of the lethality of the firearm, he may end up dying in a suicide death.

This speaks to the issue of finding a way to reduce the access to the firearm. So this is an opportunity to build partnerships with organizations that represent gun dealers or gun owners and also health care professionals who can work with their clients and patients on counseling them about the role of reducing access to lethal means during periods of higher suicide risk.

One of the implications of the lethality of the suicide method is that this really speaks to a role for upstream suicide prevention. This is the idea of earlier identification and intervention around risk factors for suicide—trying to change that man's life trajectory so that he never becomes suicidal in the first place.

The majority of the time, this is a story about resilience in this population.

## Research on Treatments

I have had patients who have died by suicide while under my care, and so that's what motivated my search of the treatment research to try to get a sense of what could I do differently. *Please tell me what to do so I can take care of my patients better.* And so in my reading of the treatment research, many of the studies are conducted with study populations that are mostly women, or mostly younger—less than 30 years old.

The fact is that many times we don't know what works for men. We need to invest in the research to find the interventions that we know will work for men. This would be the idea of recruiting study participants that are men in the middle years. And also taking the time to make sure that the treatment outcomes are reported based on gender as well so that we can verify that an intervention is effective for men as well as for women.

## Conventional Mental Health Treatment

Part of the issue has to do with some of the limitations of conventional mental health treatment. Some of these men in the middle years will not come in to seek mental health treatment. It probably has to do with cultural factors related to masculinity.

We need to find ways to engage men in the places with the platforms and the messages that will be effective for men.

*Where are the men who are at risk of suicide in the community?* This could be in criminal justice systems. This could be in family court. This could be in residential drug or alcohol treatments. This might also be in agencies that serve people that have become unemployed or people who have become homeless.

One of the platforms might be a story of hope and recovery that a man can see online in a video. He can see one of his peers who went through something that was very similar to him and then see that and say: *Well there could be hope for me too.*

Men in the middle years historically have received relatively less attention in the suicide prevention field, despite the fact that men in the middle years account for such a high number of suicide deaths. So I would invite you to be the one to ask the question: *what are we doing in our community services or our research agenda, our clinical care to address suicide risk among men in the middle years?* We will need the answers to those questions if we're going to reduce the overall number of suicide deaths in the United States.