

# Fall in young male suicide



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## Why has the suicide rate among young men dropped?

IN the past decade, there has been a distinct drop in suicides in young males in Australia and some other countries. The many possible explanations require urgent clarification.

### CHANGED RATES IN THE UK

A recent report in the *BMJ* noted that since the 1990s, UK rates of suicide in young men had declined.<sup>1</sup>

Specifically, for males aged 15-24, rates peaked in 1990, while for males aged 25-34, rates peaked in 1998, and both groups then showed a “steady decline”.

By 2005 (the last year of measurement), rates had dropped by 49% and 43% respectively. Rates for females (measured from 1968 to 2005) in both

age groups were at their lowest in 2005, but did not show the same precipitous decrease as shown for males. Reductions occurred across all methods of suicide, including hanging for men, though hanging deaths increased for females.

The authors observed that the reduction in suicide among young men corresponded to periods of decline in three risk factors: unemployment, divorce and alcohol consumption. At the same time, there was an increase in antidepressant prescribing “although none corresponds closely to the declines in suicide”. They speculated that a government focus on suicide and legislation on vehicle exhaust gas might have contributed.

An accompanying editorial focused on the possible role of antidepressant drug prescription.<sup>2</sup> It referenced a UK study showing that suicide rates declined when antidepressant drug use increased “but continued to decline when antidepressants fell sharply in 2003 and 2004”.

It concluded that “it would be surprising if antidepressants had any effect – positive or negative – on the risk of suicide in the general population”.

### CHANGED RATES IN AUSTRALIA

Morrell and colleagues recently quantified a similar phenomenon in Australia, most

distinct in males aged 20-34 years, with suicide rates increasing from 15/100,000 in the late 1960s, and then halving from 40/100,000 in 1997-98 to 20/100,000 in 2003.<sup>3</sup>

These figures mostly reflect a decrease in suicide by hanging and fewer from carbon monoxide (car exhaust) poisoning. ‘Youth’ suicides (in males aged 15-19 years) declined 43% from a peak of 21/100,000 in 1998 to 12/100,000 in 2003. There was a similar pattern in older males. However, over the past 20 years there has been no distinct change in female suicides across age bands.

Additional analyses by the authors indicated that the longstanding link between suicides in young adult males and unemployment had been “broken” across the interval by some factor that had halted, if not reversed, the association. They argued that the government’s National Youth Suicide Prevention Strategy (NYSPS) – which had funded some 70 projects in 1997 and beyond – was a determining factor.

While also postulating that gun control legislation and ‘work for the dole’ programs might have contributed, they concluded that “the evidence is more consistent statistically and circumstantially in favour of the NYSPS plausibly


being associated with the post-1997 fall in young male suicides”.

### WHAT MIGHT BE CONTRIBUTING?

Suicide rates have long been recognised as rising and falling, with Émile Durkheim’s ‘anomie’ theory being an overarching explanation (i.e. suicide rates increase during times of social disruption and decrease at times of prosperity).

Is the decrease merely a post-Tsunami phase, does it reflect some general community factor, does it follow structured attempts to redress suicide risk, or does it indicate something specific to mood disorders and their management?

The last factor is a strong candidate – involving destigmatisation, encouraging people to access treatment, better treatments, and more support for those at risk. But the question remains: Why is the decrease strongest in young males?

As there have been few strategies that have clearly demonstrated a causal capacity to reduce suicide, the extraordinary drop in young male suicides is a phenomenon that must be carefully considered. The public health importance of pursuing and identifying determinants is of the highest importance, as suicide is a tragedy that impacts on so many people. 

References: [www.medicalobserver.com.au](http://www.medicalobserver.com.au)

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