Social integration and risk of suicide in men

A cohort study in the US found that professional middle-aged men who were socially well integrated had a lower risk of suicide than men with fewer family, friendship and religious connections.

Overview: In 2012, 5,981 people aged 15 or over committed suicide in the UK (Office for National Statistics 2014). The rate of suicide in men was more than 3 times higher than the rate in women, with 18.2 male deaths per 100,000 population compared with 5.2 female deaths per 100,000 population. The highest suicide rate was among men aged 40–44 years, at 25.9 deaths per 100,000 population. Historically, however, suicide rates have generally been highest among young men aged 15–44, peaking for this group at 18.6 per 100,000 in 2008 (Office for National Statistics 2012).

Poor social integration – for example, not being married or having a small number of friends – has been linked with risk of suicide (Duberstein et al. 2004). The link between poor social integration and suicide is thought to be stronger in men than in women (Berkman et al. 2004).

Current advice: NICE guidance on depression in adults recommends that the quality of interpersonal relationships and living conditions, and social isolation, should be considered when assessing a person who may have depression. People with depression should always be asked directly about suicidal ideation and intent. If there is a risk of self-harm or suicide, the person's level of social support should be assessed.

NICE guidance on common mental health disorders also emphasises the importance of considering living conditions and social isolation when assessing people with mental health problems. When discussing treatment options with a person with a common mental health disorder, healthcare professionals should consider the presence of any social or personal factors that may have a role in the development or maintenance of the disorder.

The NICE Pathways on depression and common mental health disorders in primary care bring together all related NICE guidance and associated products on the conditions in sets of interactive topic-based diagrams.

New evidence: A cohort study by Tsai et al. (2014) investigated the relationship between social integration and suicide among middle-aged men in the USA. The authors used a prospective

database called the Health Professionals Follow-up Study, which enrolled men aged 40–75 years who were dentists, optometrists, osteopaths, pharmacists, podiatrists and veterinarians.

A total of 51,529 men were enrolled in 1986 and sent questionnaires every 2 years. In 1988 and 2006, the questionnaires included a 7-item index of social integration. This index comprised questions about marital status, social network size, frequency of contact with social ties, religious participation and participation in other social groups. The primary outcome was death from suicide between the baseline questionnaire in 1988 and 2012.

A total of 34,901 men with a mean age of 56.6 years responded to the social integration questions in the 1988 survey (67.7% response rate). There were 147 suicides over the 708,945 person-years of follow-up.

In analyses adjusted for baseline characteristics and other causes of death, men with a low social integration index at baseline were around twice as likely to have died from suicide over the 24-year follow-up as men with a high social integration index. The rate of suicide was highest in men in the lowest category of social integration in 1988 (39 deaths per 100,000 person–years) and lowest among men in the highest category of social integration (14 deaths per 100,000 person–years).

When the different elements of the social integration index were examined separately, marital status, social network size and attendance at religious services were identified as having the most significant protective effect on risk of suicide.

Limitations of this study include the lack of information on the mental health of the participants. The findings were in professional US men, so may not be applicable to other populations such as those with different professions, women, those from a different age group or generation, and socioeconomically diverse populations.

The authors conclude that their results support the development of targeted social integration interventions aimed at strengthening existing social network structures or creating new ones. They highlight in particular population-level policies and programmes targeting social integration and selective prevention strategies such as church- and community-based programmes for contacting and supporting isolated people.

Commentary: “These findings shed considerable light on our understanding of the links between poor social integration and increased risk of suicide in men. There is a breadth of literature that documents how men often struggle to cope with difficult life transitions – for example, the impact of recession and unemployment, relationship break-up or divorce, or retirement. Such transition points frequently seem to result in a disruption of men’s social and community networks.

“Within a men’s health and suicide prevention policy context in Ireland, we have learned that interventions with vulnerable or ‘at risk’ groups of men can only succeed if they tackle the core issues of isolation and disconnection in men. Moving men out of isolation and reconnecting them to strong social and community networks needs to be at the heart of a more gendered approach to suicide prevention policy and practice.” ***– Dr Noel Richardson, National Centre for Men’s Health, Institute of Technology Carlow, Ireland***

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