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Suicide and mental health problems in men in Poland

Samobójstwa i problem zdrowia psychicznego mężczyzn w Polsce

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Abstract

Background: Women in Poland suffer from mental disorders more often than men (except for addictions). However, men are about six times more likely to commit suicide than women. What could be the cause of this situation? The aim of the article was to analyse the potential correlation between mental health and suicide in men. **Materials and methods:** The review was based on the available scientific literature on male depression and suicide. We searched Pubmed, Scopus and Google Schoolar (from 1.11.2019 to 31.01.2020). **Results:** Polish statistics may differ from others due to the fact that current diagnostic criteria often fail to take into consideration the typical symptoms of mental disorders in men. Male suicide attempts are more commonly lethal. Men are also more likely to try to deal with mental problems on their own, often using alcohol, which, in many cases, leads to suicidal behaviour and addictions. This disparity between the numbers of suicides among men and women in recent years indicates an urgent need to promote mental health among men. **Conclusions:** Polish health policies should focus more on the mental health of men. It is very important to develop standards of promoting male mental health, which would meet the specific health needs of this group. It is necessary to provide physicians with new diagnostic tools which will allow for better identification of typical male symptoms of mental disorders.

Keywords: mental health, men, suicides, suicides in Poland, Polish men

Streszczenie

Cel: W Polsce kobiety cierpią częściej na większość zaburzeń psychicznych niż mężczyźni (poza uzależnieniami), ale to mężczyźni blisko sześciokrotnie częściej popełniają samobójstwa. Czym należy motywować tę rozbieżność? Celem artykułu jest dokonanie analizy problemów związanych z samobójstwami i problemami zdrowia psychicznego mężczyzn. **Materiał i metoda:** Artykuł powstał na podstawie dostępnej literatury naukowej dotyczącej męskiej depresji i samobójstw, które zostały wyszukane w bazach PubMed, Scopus i Google Scholar (pomiędzy 1.11.2019 a 31.01.2020 r.). **Wyniki:** Różnice zauważone w polskich statystykach mogą być spowodowane obecnymi kryteriami diagnostycznymi, które często nie uwzględniają występujących wśród mężczyzn atypowych objawów zaburzeń psychicznych. Mężczyźni częściej podejmują próby samobójcze zakończone śmiercią, częściej również próbują poradzić sobie z problemami psychicznymi samodzielnie, używając w tym celu alkoholu, co w wielu przypadkach doprowadza do zachowań suicydalnych i uzależnień. Utrzymująca się od lat dysproporcja między liczbą samobójstw mężczyzn i kobiet powinna stanowić niepodważalny dowód na zaniedbanie promocji zdrowia psychicznego mężczyzn. **Wnioski:** Zdrowie psychiczne mężczyzn powinno być bardziej zauważone w polskiej polityce zdrowotnej. Jedną z istotniejszych kwestii jest opracowanie zasad promocji zdrowia psychicznego mężczyzn, które uwzględniałyby specyficzne potrzeby zdrowotne tej grupy. Konieczne wydaje się wprowadzenie i korzystanie przez lekarzy z metod diagnostycznych, które uwzględniają bardziej typowe dla mężczyzn objawy zaburzeń psychicznych.

Słowa kluczowe: zdrowie psychiczne, mężczyźni, samobójstwa, samobójstwa w Polsce, polscy mężczyźni

INTRODUCTION

In Poland, women more often suffer from most mental disorders than men (except for addictions), but men are about six times more likely to commit suicide. The aim of the article was to analyse the problems related to mental health and suicide in men.

The review was based on the available scientific literature on male depression and suicide searched in PubMed, Scopus and Google Schoolar.

The latest report of the Organisation for Economic Co-operation and Development (OECD) and of the European Commission entitled *Health at a Glance: Europe 2018* indicates that in 2016, more than one per six persons in the European Union member states (17.3%) experienced mental health problems, which is about 84 million citizens (OECD/EU, 2018). According to the report, anxiety, depressive and bipolar disorders occur more often in women than in men. The only exception are mental disorders related to the use of drugs and alcohol, which are more than twice more common among men.

WHAT IS THE PRIMARY REASON FOR THESE DIFFERENCES?

The analysis of subject literature shows that readiness to seek help in the case of life problems is one of the causes. When faced with difficult situations and life problems, it is women who are more likely to seek help in their loved ones and friends. They more frequently turn to specialists for help, which may translate into a higher number of psychiatric diagnoses in this specific group (Liddon et al., 2018). Although men consider the possibility of seeking help in other people as often as women, they are much less likely to put this idea into practice (Dudek, 2016). Therefore, they are a minority among psychiatric patients (Anczewska et al., 2019). If the patient fails to visit a specialist, it is not possible to take their medical history and to make a diagnosis. This, however, has no effect on the actual number of mental disorders among men.

Current diagnostic criteria may be also responsible for underestimation of the number of men affected by mental health problems. The criteria describe the most typical clinical picture of the disease and do not include atypical, less frequent symptoms of mental disorders. A study by Martin et al. (2013) proved that the diagnostic criteria of depression may cause distortion of the actual number of affected males by focusing on the symptoms which are more common among women. Men more often report atypical symptoms of depression, such as attacks of anger/aggression, irritability, abuse of psychoactive substances, undertaking risky behaviours, withdrawing from relations with friends, and sleeping problems. These findings suggest that one cannot just rely on traditional depression symptoms presented by men, since this may lead to a situation where depression is not diagnosed in this group. The study authors suggested that clinicians should consider other factors when assessing depression in men. The reason why the above conclusion is also important is that studies in a large group of men (N = 2,382) conducted by Call and Shafer (2018) proved that men meeting the criteria of "classic" depression were more willing to seek help at facilities dealing with mental health than the men with dominant atypical symptoms.

There are already several tools useful for diagnosing depression among men:

1. Gotland Scale of Male Depression (Rutz et al., 1995), in the Polish adaptation of Chodkiewicz (2017);
2. Male Depression Risk Scale (MDRS-22) by Rice et al. (2013);
3. Masculine Depression Scale (MDS) by Magovcevic and Addis (2008);
4. Gender Sensitive Depression Screening (GSDS) by Möller-Leimkühler and Mühleck (2020).

WHY ARE MEN MORE LIKELY TO EXPERIENCE ATYPICAL SYMPTOMS OF MENTAL DISORDERS?

On a social and cultural level, a man is perceived as the head of the family who is responsible for providing safety for all the family members. Despite ongoing changes in perceiving gender, equality between men and women, and increasingly common taking over of "male" features and duties by women, men are still stereotyped as the "macho" and their behaviour is assessed on this basis by the society. Deeply rooted patterns of behaviour associated with gender also affect the way males perceive themselves. Crying, complaining or sharing one's problems are perceived as unmanly signs of weakness. Men are expected to be strong, physically fit and mentally resilient (Rutz et al., 1995). Numerous studies have confirmed that the higher the orientation toward stereotypical behaviour and male standards, the poorer the care of physical health, worse mental status, more externalising activities, higher risk of depression and suicidal behaviour (Möller-Leimkühler et al., 2004). Men make attempts to handle their problems by focusing on action instead of emotions, which they typically subdue. In the event of life difficulties accompanied by severe stress, mental suffering or humiliation, men try to suppress these emotions with abuse of psychoactive substance or other compulsive behaviours. It is only at this stage that the first symptoms of mental disorders often occur. Longer attempts to suppress emotions deepen the disease symptoms and add new ones (e.g. addiction). Then, when mental pain becomes difficult to bear, it affects everyday functioning. At this stage, the symptoms further deepen, and also new ones occur. This is also a moment when using psychoactive substances, which so far brought temporary relief, may develop into full addiction. Such behaviour may in consequence lead to suicidal behaviour. It is usually only at this point that men start to seek help (Chodkiewicz, 2017).

MENTAL HEALTH PROBLEMS IN POLISH MEN

EZOP Polska study (Kiejna et al., 2015) was the first cross-sectional epidemiological study, conducted in a representative

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sample of Polish adults (aged 18–64 years). On the basis of the achieved results, the prevalence of selected mental disorders among adult males was assessed with regard to age structure (Tab. 1).

The above data show that more than 18% of men abuse alcohol (most frequently in the range of 40–49 years), more than 4% present with the symptoms of alcohol addiction (especially in the range of 40–49 and 50–64), almost 2% suffer from major depression and almost 4% from panic attacks (both disorders are most common or have the highest indicators in the range of 50–64 years), and more than 2% suffer from specific phobias (most frequently in the range of 40–49 years). Therefore, it may be concluded from the above data that men aged 40–64 years are the most vulnerable to mental disorders (Kiejna et al., 2015).

Findings of a global study on disease burden indicate the importance of mental health in the area of public health (Global Health Estimates 2016, 2018). According to the latest estimates of the most important causes of years lost due to disability (YLD), mental and behavioural disorders constitute the second most important group of causes responsible for 17% of years lost due to disability among men living in Poland (Wojtyniak and Goryński, 2018). In spite of this, men assess their mental health much better than women, more frequently describing it as excellent or very good.

SUICIDES IN POLAND

The analysis of mortality resulting from committing suicide – the most frequent cause of death among patients with mental problems, is an important issue in the epidemiology of mental disorders of men. Every three seconds a suicide attempt is made, and every 40 seconds somebody takes their life (World Health Organization, 2020). In all European countries (except for Lichtenstein), the group of suicide victims includes a much larger representation of males (Eurostat, 2020).

Considering current police data showing that there were 5,255 suicide attempts ending with death (including 4,487 men, that is 1:7 ratio in relation to women) in 2019 in Poland, and that the attempts were most often made by people aged 60–64 years, it must be concluded that men in this age group constitute an important risk group regarding suicidal attempts. It is worth noting that similar data regarding suicide structure in Poland and division by sex is recorded by the police every year (1:7, 1:6 females versus males) (Payne et al., 2008).The discrepancies between the data of the Chief Police Headquarters and the Central Statistical Office result from different methods for data collection, imprecise or erroneous registration, or additional factors. The data of the Police Headquarters come from the KSIP-10 form and the data of the Statistics Poland – from the death certificate. Discrepancies may occur already at this stage. For example, in the course of the proceeding, suicide turns out to be an accident. Police records report suicide resulting from drug intoxication, while the death certificate indicates e.g. accidental drug intoxication. Another problem is related to errors made at Statistics Poland data registration. The card entry includes fall from a height. The doctor issuing the death certificate did not specifically state that it was an intentional fall, and the doctor-coder coded the cause of death as accident (instead of suicide). Additionally, there is a problem of general/imprecise entering information by doctors regarding the cause of death in the death certificate on request of the deceased person's family (insurance issues, unwillingness to disclose the cause of death of a close person – especially in small communities). These and probably also other factors generate differences in the data, and despite strong attempts to harmonise them it is still very difficult (explanation of the Statistics Poland, Department of Demographic Studies). Men choose more lethal methods of suicide (e.g. by hanging or jumping from a great high), and the suicidal process (time from the occurrence of suicidal ideation to suicidal death) is shorter – most of them act by the heat of passion. Moreover, as already mentioned, when facing problems, men are more likely to attempt self-treatment by using psychoactive substances, which is a known risk factor of committing suicide. Apparently an "anaesthetised" man sees an even more distorted picture of the situation, which may more easily contribute to making a decision to end his life (Global Health Estimates 2016, 2018). This is confirmed by studies showing that men are much more likely to commit suicides under the influence of alcohol and drugs than women. They also revealed a stronger correlation between abuse of and addiction to psychoactive substances and suicidal behaviour and tendencies (Polish Police Statistics, 2020).

Currently, people witness the progress of civilisation, changes in the political and economic life, and fast-paced lifestyle. There is high pressure to pursue constant development in order to provide oneself and one's family with the highest possible standard of life. The stereotype of a "strong" man enjoying power and prestige is possible to achieve only for few, which may cause frustration and a long-term conflict, which in turn leads to aggression, as well as violent and destructive behaviour. An important factor is also the fact that only one in four men (25%) may count on their family support in difficult situations (Moskalewicz et al., 2012). Depressive disorders have close connection with suicidal tendencies (Kielan et al., 2020). Depression and suicide attempts are observed more often among women. However, men far more often commit suicide (Chodkiewicz and Miniszewska, 2016). One of possible explanations of this discrepancy is that depression in men has unspecific symptoms, which are more difficult to detect and diagnose (Kielan et al., 2020). Men in depression present predominantly externalising symptoms, especially those related to social behaviours, such as bursts of anger, irritation, increased sexual activity, workaholism, emotional withdrawal (with the inability to cry), anhedonia, alexithymia, isolation from the surrounding world, acts of violence and auto-aggression (Chodkiewicz, 2016). Men with suicidal thoughts

Diagnosis DSM-IV	Number (unweighted) N*(P1), N**(P2)	18–29 N* = 1,465 N** = 519	30–39 N* = 1,069 N** = 395	40–49 N* = 938 N** = 342	50–64 N* = 1,411 N** = 546	Total: N* = 4,883 N**=1,802
Alcohol abuse	N**	13.0 (95% CI 10.7–15.9)	20.1 (95% CI 16.3–24.6)	24.6 (95% CI 20.6–29.1)	19.1 (95% CI 15.8–22.9)	**18.6** (95% CI 16.7–20.6)** N*** = 406
Alcohol addiction	N**	1.6 (95% CI 1.0–2.7)	2.7 (95% CI 1.6–4.4)	5.5 (95% CI 3.5–8.6)	6.5 (95% CI 4.8–8.8)	**4.1** (95% CI 3.3–5.1)** N*** = 103
Abuse of psychoactive substances	N**	2.3 (95% CI 1.4–3.7)	2.0 (95% CI 1.0–4.2)	1.1 (95% CI 0.7–1.6)	1.7 (95% CI 1.1–2.6)	1.8 (95% CI 1.3–2.5) N*** = 47
Addiction to psychoactive substances	N**	0.0 (95% CI 0.0–0.3)	0.3 (95% CI 0.3–0.4)	0.7 (95% CI 0.1–3.6)	0.1 (95% CI 0.0–0.5)	0.2 (95% CI 0.1–0.6)* N***=5
Major depression	N*	1.5 (95% CI 1.1–2.2)	1.9 (95% CI 1.9–2.5)	1.8 (95% CI 1.2–2.8)	2.4 (95% CI 1.8–3.2)	1.9 (95% CI 1.6–2.4) N*** = 92
Minor depression	N*	0.3 (95% CI 0.1–0.8)	0.7 (95% CI 0.4–1.3)	0.1 (95% CI 0.0–0.7)	0.3 (95% CI 0.1–0.7)	0.4 (95% CI 0.2–0.6) N*** = 17
Dysthymia	N**	0.3 (95% CI 0.1–0.8)	0.6 (95% CI 0.1–4.0)	0.3 (95% CI 0.1–1.2)	0.5 (95% CI 0.3–1.0)	0.4 (95% CI 0.2–0.9) N*** = 12
Panic attacks	N*	2.9 (95% CI 2.1–4.0)	2.4 (95% CI 1.8–3.2)	3.3 (95% CI 2.4–4.4)	6.4 (95% CI 5.5–7.6)	**3.9** (95% CI 3.4–4.5)** N*** = 186
Specific phobias	N*	2.9 (95% CI 2.2–3.7)	1.6 (95% CI 1.0–2.4)	2.3 (95% CI 1.7–3.3)	1.8 (95% CI 1.3–2.6)*	2.2 (95% CI 1.8–2.6)* N*** = 106
Social phobia	N*	1.9 (95% CI 1.4–2.6)	1.4 (95% CI 0.9–2.0)	1.2 (95% CI 0.7–2.1)	0.6 (95% CI 0.3–0.9)	1.2 (95% CI 1.0–1.6)** N*** = 62
Generalised anxiety disorders	N*	0.2 (95% CI 0.1–0.6)	0.4 (95% CI 0.3–0.6)	1.1 (95% CI 0.6–1.9)	1.0 (95% CI 0.7–1.3)	0.6 (95% CI 0.4–0.9)** N*** = 29

N* – unweighted number (P1), N** – unweighted number (P2), N*** – unweighted number, * $p < 0.05$; ** $p < 0.01$.
Source: Own work based on Kiejna et al., 2015.

Tab. 1. Prevalence of selected mental disorders in the population of adult men in Poland with regard to the age structure

are not eager to talk about their attempts during medical consultations and they are ashamed to seek help. A better understanding of male depressive symptoms is the main key to provide appropriate support in the management of their emotions (Kielan et al. 2020).

Suicides have serious emotional consequences, especially for the close family. Suicidal death of one man affects 4–10 people from the closest circle and up to 20 other people in indirect relations with the person. Suicides are also associated with significant economic costs. The losses of the Polish economy regarding all suicides committed in Poland in one year amount to about 2 billion PLN (Kielan and Olejniczak, 2018).

WHAT SHOULD BE DONE FOR MENTAL HEALTH OF POLISH MEN?

Pre-suicidal prophylaxis targeted at a person and his/her closest surroundings involves providing people with knowledge and skills necessary to overcome obstacles, to make good choices in life, as well as to initiate and reinforce factors supporting their development. It is also important to reduce social bias and stereotypes, so that the persons who suffer could be understood. In order to inhibit suicides, it is necessary to act on a global (World Health Organization), national (Ministry of Health) and local level (local environment, schools, non-government organization) (Waszczuk, 2018). Because suicides always involve various aspects, the activities must be undertaken on various levels, so that they could reach all groups of recipients via as many canals as possible. Male-specific determinants of mental health should constitute a reference point for health promoters in the process of designing programmes of mental health promotion. Additionally, the following factors appear to be important for mental health promotion:

1. Screening tests, educating primary care physicians, psychiatrists and psychologists with regard to specific male problems with mental health (Rutz et al., 2016).
2. Organising social campaigns concerning the most pressing problems (Rochlen et al., 2005).
3. It is also important to provide on-line counselling and applications, especially for teenage and young men.

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4. More attention should also be paid (in practice and in studies) to a correlation between alcohol abuse (addiction) and suicidal tendencies among men (Conner et al., 2009).

CONCLUSIONS

Analysing the aspects of men's mental health, the following must be considered:

1. High rate of suicides, which is accompanied by low social awareness of the problem.
2. Specific nature of male depression, manifested with atypical symptoms and difficult to diagnose with the current diagnostic criteria, and, for this reason, inadequately treated.
3. Risky alcohol use, which has a significant influence on mental and physical health.
4. Specific, dysfunctional way of dealing with mental suffering.
5. Incomplete use of available services regarding mental health care.
6. The fact that men are more susceptible to anger and interpersonal aggression (Bilsker et al., 2018).

There is a need in Poland to plan and implement activities in the field of mental health promotion, prophylaxis of mental disorders and suicidal behaviour, which would be directed specifically to men (World Health Organization, 2014).

Conflict of interest

None to declare.

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