

MEN'S MENTAL HEALTH AND SUICIDE IN CANADA

Of the estimated 4,000 suicide deaths in Canada each year, close to 75 per cent are men.¹

- Over the last four decades, men have accounted for most of the suicide deaths in Canada.² Research into sex differences in suicidal behaviour has revealed a “gender paradox”: While men are more likely to die by suicide, women are more likely to attempt it.³
- Suicide is complex and influenced by many factors spanning the life course, including biological, environmental, psychological, and socio-cultural. Although these are fluid and varied among individuals, men share several factors that can increase their risk for suicide.⁴



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Population diversity*

Canada is home to over 38 million inhabitants from diverse cultural and ethnic backgrounds.

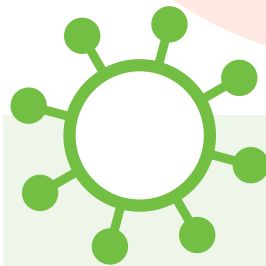
- Men make up almost **50 per cent** of the population, with racialized groups making up nearly a quarter of it.⁵
- More than **800,000** people in Canada self-identify as Indigenous men.⁶
- **Four per cent** of the total population identifies as 2SLGBTQ+; a quarter (about 380,000) of these identify as gay and 75,000 as transgender or non-binary.⁷

Among men in Canada, Indigenous men and sexual and gender minority men are at highest risk for suicide.**

- Compared to men in the general population, Indigenous men exhibit higher rates of suicidal behaviour, including suicidal ideation, attempt(s), and death. Suicide attempts are **10 times as high** among male Inuit youth, compared to non-Indigenous male youth.⁸
- Compared to heterosexual men, sexual minority men (i.e., gay, bisexual, queer) are up to **six times as likely** to experience suicidal ideation.⁹

* Due to fear and apprehension in self-identifying, this data may underestimate the true number of Indigenous and 2SLGBTQ+ people in Canada and the overall diversity of these populations.

** Other subgroups among men may be at higher risk of suicide, including different occupational groups (e.g., military and public safety personnel), immigrants and refugees, and racialized groups.



The COVID-19 pandemic has intensified some of the well-known risk factors for suicide in men, including psychological distress, job loss, loneliness, and problematic alcohol and substance use.¹⁰⁻¹² These impacts have been shown to be more pronounced among men living in marginalized conditions (i.e., Indigenous men, sexual and gender minority men), who have reported increases in alcohol and cannabis use, depression, self-harm, and suicidal thoughts.¹³⁻¹⁵

WHO is at risk of suicide...

Men living in environments where they are “expected” or feel pressured to uphold **masculine norms** (like strength, toughness, self-reliance, stoicism). Such expectations can feed into negative attitudes, beliefs, and behaviours that relate to mental health and the benefits of seeking help.^{16,17} Men who adhere strongly to these norms may find it more difficult to recognize signs of mental illness in themselves and others and be less likely to seek out and access mental health supports.¹⁶⁻¹⁹

Men who consume **alcohol**, particularly at high doses. Drinking alcohol – whether acutely, heavily, or over the long term – can lead to or worsen depressive symptoms, reduce fear and inhibition, and result in more serious suicide attempts.²²⁻²⁴ Not only are men more likely to be diagnosed with an alcohol use disorder than women, they are also more likely have higher blood alcohol levels at the time of death by suicide.^{25,26}

Men who are **living with depression** or experiencing depressive symptoms.⁴ Signs of depression in men can look different than what we might expect and may manifest as increased irritability, anger, impulsivity, and substance use, including problematic alcohol use.²¹ This can make it more difficult for loved ones, health-care providers, and the men involved to recognize depression and seek out or provide support.

Men who are **socially isolated, lonely**, or have experienced a **relationship breakdown**. Those with recent experience of such a breakdown (e.g., separation or divorce), and those who are widowed or live on their own, may feel socially isolated and lonely, which can put them at higher risk for depression and suicidal thoughts and behaviours.^{4,27-29}

Men who experience **societal stigma** and **social exclusion** and/or exposure to **trauma, abuse**, and **violence** (including homophobia, discrimination, sexual/physical abuse, historical and colonial violence, and forced displacement).^{8,9,32-35}

These experiences can lead to or worsen existing mental health problems (like depression and anxiety), substance use, and feelings of social isolation and loneliness. They can also impact men’s willingness and ability to seek out help and access quality health and mental health services.^{9,36-40}

HOW to reduce the risk...

Reframe “masculinity” to allow for greater expression and recognition of emotion and help seeking among men.^{17,20,21} Try to understand your own biases around gender, mental health, and help seeking, and acknowledge their importance for all men. Collective efforts may help de-stigmatize mental illness among men, enhance the quality of health-care provider relationships, and open new pathways for building better personal relationships.

Increase awareness and learn to recognize the signs of problematic alcohol use. Take time to understand **how drinking can increase the risk for suicide** and how alcohol can be **consumed more safely** to reduce other immediate and long-term risks and harms, like depression and suicide.

Learn about male-type depression and the various **warning signs** for suicide.²¹ Noticeable changes in mood and conduct, like drinking more, withdrawing from family and friends, and feeling angry and impulsive can be signs of depression and/or suicidal behaviour.

Keep in touch with the men in your life and support those who have recently gone through a breakup, separation, or divorce. If you or someone you know needs additional support, look for online resources and programs that **encourage social connections with other men in informal settings**. Programs that allow for “shoulder-to-shoulder” action-oriented tasks (e.g., camping, sports, art, auto mechanics), rather than face-to-face talk-focused therapy may help get the conversation going.^{21,30,31}

Recognize that different life experiences and identities can impact men’s mental health and limit their ability to access and use health and mental health services. As much as possible, **resources** and **services** must **speak to men’s experiences** of mental health, trauma, abuse, and/or violence, and their geographical and cultural contexts, and be delivered in a way that is equitable, safe, and inclusive.

Resources

For further details and research on men's mental health and suicide prevention, read our full evidence brief: [Mental Health and Suicide Prevention in Men](#).

If you are worried that someone you know may be thinking about suicide, use the following conversation guides to learn how to talk about what you've noticed in their behaviour, how they may be feeling, and how you can get them help:

Crisis Conversation Guide

- [Suicide Prevention in the Workplace](#) (pp. 14-18)

Centre for Suicide Prevention Video

- [How Do I Talk to Someone Thinking About Suicide?](#)

If you are in distress, contact your nearest distress centre:

Crisis Services Canada

- Website: [Crisis Services Canada](#)
- Toll-Free: 1-833-456-4566 (available 24-7)
- Text: 45645 (available 4 p.m. to midnight ET)

For those in Quebec

- Website: <https://suicide.ca/>
- Toll-Free: 1-866-277-3553 (available 24-7)
- Text: 1-855-957-5353

Wellness Together Canada

- Website: [Wellness Together Canada](#)
- For adults, text WELLNESS to 741741
- For youth, text WELLNESS to 686868
- For front-line workers, text FRONTLINE to 741741



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