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PhD Thesis: The Impact of Depression and Peer Suicide on Young Males in Ireland - A Qualitative Research Study (2006–2011)

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Abstract

Background: This qualitative research explores the impact of depression and peer suicide on young males in Ireland between 2006 and 2011, a period characterised by significant socioeconomic disruption and rising suicide rates in this population. While existing literature has largely prioritised individual risk factors, less is understood about lived experience and the wider social and societal response. This study aims to enhance understanding of how depression is experienced, expressed, and responded to among young men, and to consider implications for suicide prevention and mental health policy.

Methods: A qualitative, multi-perspective design was employed. Cases of suicide among young men were identified using coronial records as a case identification and sampling frame. Semi-structured interviews were conducted with bereaved family members and close peers of the deceased. This dual-perspective approach enabled exploration of lived experiences of distress prior to death and the subsequent impact of suicide within peer networks. Data were analysed using reflexive thematic analysis, with particular attention to depressive symptomatology, contextual stressors, patterns of help-seeking, and interpersonal and societal responses.

Results: Findings indicate that young men experiencing depression were often subject to cumulative psychosocial stressors, including financial insecurity, employment instability, and a diminished sense of future direction linked to broader economic change. Depression was frequently unrecognised or unexpressed, with distress typically communicated indirectly through behavioural changes such as social withdrawal, irritability, emotional constriction, and increased alcohol and substance use. Engagement with formal mental health services was generally limited.

Peer responses to suicide were marked by profound emotional and social disruption. Initial reactions included shock, disbelief, and difficulty reconciling the death with prior understandings of the individual. Many peers engaged in retrospective sense-making, attempting to reconstruct events and identify potential warning signs. Emotional responses were commonly internalised, with limited recourse to formal bereavement or psychological support. Instead, coping tended to occur within informal peer networks, often characterised by silence, avoidance, and mutual emotional containment. Although exposure to suicide heightened awareness of mental health vulnerability, this did not consistently lead to sustained changes in help-seeking behaviour or communication practices.

Conclusions: This study highlights the interconnected impact of depression and peer suicide among young males, emphasising the importance of lived experience in understanding suicidal behaviour and its aftermath. The findings highlight the need for a broader societal and

relational response that extends beyond individual-focused interventions. Peer networks represent a key yet underutilised context for the early identification of distress and the provision of postvention support. These insights have important implications for mental health policy, suicide prevention strategies, and interventions aimed at enhancing resilience, improving help-seeking, and reducing stigma in young male populations.