National Guidelines for Male Suicide Prevention Program Design

AIMHS
AUSTRALIAN INSTITUTE OF MALE HEALTH & STUDIES

WESTERN SYDNEY UNIVERSITY

Recent international research brings into question the current approach to suicide research and prevention and provides a sounder basis for developing effective prevention strategies, particularly in relation to males. Current policy and some practice initiatives are also of questionable value and may have potential to compound rather than alleviate difficulties that males face. Of crucial importance to program design for male suicide prevention is to ensure that it is evidence based, male gender specific, mindful of men's lived experience, strengths based, considerate of social determinants and avoidant of male gender stereotypes.

These Guidelines are designed as a resource to support the best endeavours of services, NGOs, researchers, organisations and individuals across Australia who are working towards reducing the suicide toll.

Some facts about male suicide

- Nearly 80 percent of all suicides in Australia are men[1]
- The majority of men who attempt suicide will die on their first attempt[3]
- Suicide in Australia exceeds the national road toll, yet attracts relatively little publicity[1]
- Suicide rates in rural and remote areas are significantly greater than in urban populations, with farmers [4] and indigenous men being most at risk[1]
- Alcohol intoxication increases suicide risk by up to 90 times[5]
- Suicide ranks second to coronary heart disease as the cause of potential years of life lost by Australian males[6]
- The majority of men at greatest risk of suicide are not successfully engaged, if at all, by mental health services[7]

Concerns about current suicide prevention program design

International leaders in suicide prevention, Knox, Hjelmeland, McPhedran & De Leo have pointed out significant shortcomings in suicide prevention research and program design.[8, 9, 10] Some of the shortcomings include '...the failure to measure such factors as social integration and dimensional indicators of stress, over-reliance on categorical measures of psychopathology and a focus on proxy outcomes instead of death by suicide'[8]. Many suicides occur in the absence of mental disorder, raising concerns about suicide research, program design and practice that are preoccupied with mental disorder. This includes the 'raising awareness' approach to 'mental health' including *depression.*[10]

These Guidelines challenge program design and consequent service delivery efforts that give precedence and centrality to a psychopathological or mental disorder approach to suicide to the exclusion of often more telling contextual issues and social determinants. Program design should be underpinned by equally thorough research – research that does not ignore factors of central significance to the question of best practice prevention.

The term *program* here refers to planned or orchestrated activities with the goal of achieving male suicide prevention, or that reasonably should, as part of their purpose, responsibility, or duty of care, concern themselves with male suicide prevention.

Program settings include all settings and sectors that come in contact with men who may be in significant psychological distress and at risk of suicide – such as those concerned with: primary care, men's health, health and mental health promotion, community development, mental health service delivery, welfare, workplace settings and specific suicide prevention. These will necessarily be mindful of the particular circumstances in which males are most vulnerable and at risk of suicide, including

Unemployment

Separation

Men in rural and remote locations

Social disconnectedness

High levels of alcohol consumption

Males experiencing major depression and/or other mental health issues

Self-harming behaviour and a previous suicide attempt

Indigenous heritage

Sexuality – with particular concern for gay, bi-sexual and trans-sexual individuals

Access to lethal means of suicide

Not having access to male friendly and appropriate professional support

It may be helpful for prevention efforts to target predominantly male environments, such as workplaces and other venues and events where males congregate, as well as key male peers that may be trusted and close at hand for those males who experience psychological distress or mental health difficulties. This may be particularly helpful for 'blue collar' males who are less likely to be engaged by human service agencies and programs.

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Programs for male suicide prevention

Key points to ensure quality program design

Evidence based

Programs for suicide prevention for men need to be informed by available evidence concerning:

- Social determinants that may be of even more relevance to prevention than considerations of and interventions for presumed mental ill-health.
- Characteristics and implications of male gender and male specific cultural expectations and impositions.
- Important differentiations between mental health, mental illness, psychiatric and psychotherapeutic treatment options for men in distress and at risk of suicide (examples of which in past program design have sometimes been problematic and even potentially clinically iatrogenic).
- The actual efficacy, advisability and problems of psycho-pharmaceutical treatments used with males found to be experiencing suicidal ideation and/or behaviour.
- Gender inequities in health, mental health, health promotion, workplace safety and welfare, policies and resource allocation, relative to available morbidity and mortality data.

Contextualising male experience and acknowledging gender differences

In common with women, distress for men is often a result of a range of particular inter-related factors including: socio-cultural, environmental, intrapersonal and interpersonal. Acknowledging these factors and being cognisant of their implications should be integral to any process of program design, delivery and evaluation.

Health and mental health service delivery contexts, programs and methods have naturally been characterised significantly by their predominant users, who are women. For male constituents to be catered for in an equally respectful and effective way, especially in efforts to promote psychological wellbeing, mental health and suicide prevention, program design needs to reflect a clear understanding of both genders and their particular experience and issues.

Understanding male gender and male experience requires insight into both the physiological basis of much male behaviour and experience and an understanding of the range of expectations, constraints and impositions of culture that impact profoundly on males throughout the lifespan. The deficit image of males popularized by mass media and reinforced in a range of public and official literature does not reflect an informed view of the factors at work that move some males to a place of suicide. [11]

Acknowledging the need to obtain a better understanding of how to work effectively and respectfully with males will represent a significant shift for some program designers and service delivery practitioners, but will reward their efforts, because males do respond well to appropriately male attuned programs and services.

Program design that incorporates appropriate evaluation

Good program design makes provision for end-to-end evaluation including: developmental processes such as testing with the target community, delivery and client outcomes. 'Real world' mixed method evaluations over longer periods of time may provide some benefit for the suicide prevention sector and as well as a capacity to develop transferable knowledge. Evaluation, in its objectives and implementation should ensure that inadequacies of program effectiveness are honestly identified and acknowledged and not merely attributed to clients based on stereotypic or unsupported assumptions of problematic male help-seeking. It is now widely recognised that programs that are well designed and targeted for male constituents, usually attain success.

Experts and expertise – suicide prevention for men

Program and research designers should consider consulting with experts in male suicide prevention as part of their planning process, to ensure an integrated and appropriate perspective that includes an appreciation of physiological, cultural and psycho-social factors. Experience within the standard framework and approach to suicide prevention is an inadequate indicator of the expertise required for effective male suicide prevention. Program designers also need to be discerning and cautious in making use of literature on topics such as *masculinities*. Though being sources of convenience, couched in academic language and readily available in publications of government, institutions and academe, they can be misleading and poorly supported by evidence. Closer and critical reading will usually reveal the value and deficiencies of such literature.

Of prime importance will be consultation with representatives of male cohorts targeted for prevention, with consideration given to both their circumstances and their lived experience.

It is recommended that program designers, those whose task it will be to accomplish program objectives and those who must evaluate program outcomes, should undergo preparatory basic in-service training in understanding and more effectively engaging and communicating with males. For advice on appropriate male - friendly training see **Useful Resources** over page.

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Useful resources:

Australian Institute of Male Health and Studies

http://aimhs.com.au/cms/index.php?page=contact-us

Men's Health Information and Resource Centre http://www.uws.edu.au/mhirc/mens_health_information_and_resource_centre/contact

Suicide Prevention Australia

http://suicidepreventionaust.org/contact/

Suggested reading material:

Approaching Suicide as a Public Health Issue – Kerry Knox, PhD, MS (Annals of Internal Medicine, USA)

Suicide Fact Sheet Australian Institute of Male Health and Studies (AIMHS)

http://aimhs.com.au/cms/index.php?page=facts-about-suicide

Position Statement – Suicide Prevention Australia (SPA)

SPA Men and Suicide Position Statement

Research Report Pathways to Despair.... University of Western Sydney (UWS) / Men's Health Information Resource Centre (MHIRC)

Pathways to Despair: The Social Determinants of male suicide (aged 25-44), Central Coast, NSW

LIFE-Fact sheet 17 Suicide and Men

Fact sheet 17: Suicide and men

MHIRC resource Kits

Resource Kit 2: Practitioners' Guide to Effective Men's Health Messaging

Men's Health Resource Kit 2: Practitioners' Guide to Effective Men's Health Messaging

Resource Kit 4: Practitioners' Guide to Men and Mental Health

Men's Health Resource Kit 4: Practitioners' Guide to Men and Mental Health

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