

10

recommendations to help prevent male suicide

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1. Ensure an equitable balance of male-friendly and female-friendly approaches

The whole-of-government approach to suicide prevention outlined in the Fifth National Mental Health Plan must be unequivocal in acknowledging the gendered nature of suicide and ensure there is an equitable balance of male-friendly and female-friendly approaches to suicide prevention that responds to the fact that three-quarters of suicides are male.

2. Re-affirm the National Male Health Policy

The whole-of-government approach to suicide prevention must acknowledge and address the fact that the delivery of male-friendly approaches to suicide prevention is hindered by the absence of administrative structures at Federal, State and Territory level. As a first priority, we recommend the re-affirmation of the 2010 National Male Health Policy and a commitment to fund the development and delivery of State and Territory policies on men's health.

3. Shift focus from talking about mental health to addressing situational distress

Australia's national suicide prevention framework, Living Is For Everyone (LIFE) acknowledges that a diagnosis of mental illness is not a reliable predictor of suicide-related behaviours. As such, we recommend a significant shift in emphasis in male suicide prevention to prioritise the key social distressors that are known to increase men's risk of suicide including relationship issues, employment-related issues, financial issues and unhealthy coping strategies such as drug and alcohol abuse.

4. Introduce gender impact assessments as a matter of good practice

As most suicide prevention strategies are more effective at preventing female suicide than male suicide, we recommend, as a matter of good practice, that gender impact assessments are applied to all policies, strategies, interventions and projects in the field of suicide prevention. A gender impact assessment considers how effective different approaches are at addressing male and female suicide. For example, projects that target people who have made previous suicide attempts, are known to be more effective at reaching women at risk of suicide. Gender impact assessments are essential if we are to ensure there is an equitable balance between male-friendly and female-friendly approaches to suicide prevention.

5. Promote male suicide literacy

One of the reasons suicide prevention strategies are more effective at reducing female suicide than male suicide is that we are more literate about the needs of women and girls, than we are about the needs of men and boys.

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While there is a growing acceptance of the need to improve and measure “suicide literacy”, there is currently little or no awareness of the benefits of improving and measuring “male suicide literacy”. We recommend that everyone engaged in preventing suicide in Australia be trained in male suicide prevention and that there is concerted drive to increase literacy of male suicide at an individual, cultural and systemic level.

6. Promoting gender diversity in suicide prevention

Governments in Australia are committed to ensuring that the services they provide reflect the diversity of the communities they serve. As three-quarters of those who die by suicide are male, but men are less likely to benefit from suicide prevention services, it is essential for everyone involved in suicide prevention to assess how male-friendly and gender inclusive their services are. Questions to consider include whether male workers are equally represented at all levels of employment; whether services are delivered in a male-friendly way and whether an organisation’s culture is welcoming and inclusive of men of all backgrounds.

7. Recognising men in all their diversity

While men of all backgrounds may share many characteristics, they are not an homogenous group. It is important that strategies to prevent male suicide include universal interventions that target men and boys as a group, as well as selective interventions for groups of men with specific needs. This may include Aboriginal and Torres Strait Islander males; males who identify as gay, bisexual, transgender or intersex; males from different CaLD communities; men with disabilities; men with relationship issues; men experiencing family violence; separated fathers; men in financial difficulty; unemployed men; ex-servicemen; homeless men; imprisoned men and so on.

8. Researching male suicide

While there is a wealth of suicide research being undertaken in Australia, greater focus needs to be placed on identifying the extent to which different situational distressors are linked to male

suicide, so that resources can be targeted at those men in distress who are at highest risk of suicide. Furthermore, there is a need to research the relative effectiveness of different strategies in preventing male and female suicide. Finally, research on the systemic, cultural and individual barriers that men at risk of suicide face in terms of accessing help and support is needed to help develop and deliver male-friendly services.

9. Engaging the Men’s Health and Wellbeing sector

The men’s health and wellbeing sector in Australia has a wealth of experience and expertise both in terms of engaging men and boys in services, and in terms of having compassion and understanding for men’s lived experience of issues such as relationships problems; work-related stressors and financial worries. The sector is under-resourced and under-utilised and therefore building the capacity of the sector to work in partnership with the suicide prevention sector, is essential.

10. Developing strong, male-friendly leadership

All approaches to suicide prevention can benefit from strong, male-friendly leadership. In any project to prevent suicide, it is advisable to appoint at least one person to take responsibility for advocating for men who are at risk of suicide, to ensure the approach taken is designed to be male friendly and make a difference for men. While it may be preferable for male-friendly leadership to be delivered by a man, in some contexts, it is entirely appropriate for women to take on the role of advocating for men and boys and providing strong, male friendly leadership.

Conclusion

Men are three times more likely to die by suicide than women. Current approaches to suicide prevention are more effective at preventing female suicide than male suicide. There is an urgent need for Governments to work with the Men’s Health and Wellbeing sector to address this problem and develop male-friendly approaches to suicide prevention by adopting the recommendations outlined in this paper.