

The need for Male-Friendly Approaches to Suicide Prevention in Australia...



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1. Overview

Suicide kills six men a day in Australia (1). It is the leading killer of men and boys under 45 and claims more lives than road traffic accidents (1). While men account for 75.7% of all suicides (1), the majority of time, money and energy invested in researching and preventing suicide fails to target male suicide.

Research suggests that most suicide prevention strategies are more effective at preventing female suicide than male suicide (2).

The men's health and wellbeing sector in Australia has a wealth of experience and expertise in delivering male-friendly approaches to tackling the social issues that affect men and boys. At present, the sector is an under-funded and under-utilised resource in the drive to reduce suicide deaths in Australia.

A number of key organisations operating at a Federal and State level have committed to halving the suicide rate in Australia within a decade.

As the peak body for men's health in Australia, it is the view of the Australian Men's Health Forum that this ambitious goal cannot be achieved unless we target resources at male-friendly approaches to preventing suicide and harness the experience and expertise of the men's health and wellbeing sector.

2. Some Facts About Male Suicide

Suicide kills eight people a day in Australia and six of them are men.¹

Male suicide has increased by 41% in the past decade from 1624 deaths a year in 2006 to 2292 suicides in 2015.¹

Suicide affects men of all ages. It kills two boys aged under 20 a week; it is the leading killer of men under 45; men aged 40 to 55 record the highest number of suicides and older men have the highest rates of suicide.¹

Aboriginal and Torres Strait Islander males are nearly three times more likely to die by suicide than Aboriginal and Torres Strait Islander females - and twice as likely to take their own lives as non-indigenous males.¹

Males who identify as gay, bisexual, transgender or intersex are at higher risk of suicide and have been reported to be four times more likely to have attempted suicide.³

Each suicide is estimated to cost the economy \$6million. Based on this figure, male suicide costs the economy an estimated \$13.75billion a year.⁴

Closing the gender suicide gap and reducing the number of male suicides to the same level as female suicide, would save the lives of more than 1500 Australian men a year and save the economy an estimated annual \$9.3billion.

3. Why are we more effective at preventing female suicide?

There are three key reasons why current approaches to suicide prevention tend to be more effective at preventing female suicide:-

- They position suicide as a mental health issue
- They favour female-friendly approaches to suicide prevention
- They tend to problematise men and masculinity



3.1 Male suicide and mental health

Suicide is generally presented as a mental health issue. At a strategic level, suicide prevention is positioned as one of seven priority actions within the Fifth National Mental Health Plan⁵ with services delivered at State level through Primary Health Networks and Local Hospital Networks.

Yet according to Australia's national suicide prevention framework, Living Is For Everyone (LIFE)⁶ only a small percentage of people diagnosed with mental illnesses ever attempt suicide and a diagnosis of mental illness is not a reliable predictor of suicide-related behaviours.

Furthermore, where mental illness is linked to a person's suicide, it is highly unlikely to be the only risk factor and is more often only part of a complex mix of factors that can include high levels of situational distress. Some of the "Situational Distressors" that are known to increase men's risk of suicide include relationship difficulties, social isolation, loss of a job or income, financial or housing stress. The situational distressors may be compounded by unhealthy coping strategies such as drug and alcohol abuse.⁷

This is particularly true of male suicide. According to the Queensland Suicide Register, while nearly two-thirds (63.6%) of women who take their own lives have at least one psychiatric disorder, less than half of men (44.4%) who die by suicide, have a psychiatric disorder.⁸

These figures suggest that while people with mental health issues who take their own lives are twice as likely to be male, people who die by suicide, but don't have a mental health issue, are nearly five times more likely to be male.

So while the drive to destigmatise mental health and remove the barriers to people accessing mental health services may help some men, this approach is unlikely to reach most men who are at risk of suicide and may even stigmatise some suicidal men, by wrongly presenting male suicide as a mental health issue.

3.2 Male-friendly approaches to suicide prevention

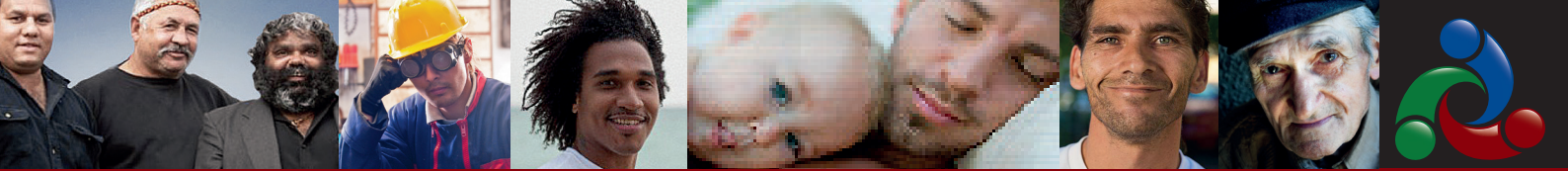
Currently, most approaches to preventing suicide rely on either identifying people who are thinking about or planning suicide and then intervening, or identifying people who have attempted suicide and providing follow-up care.

While both of these approaches can help prevent male suicide, they are essentially female-friendly strategies that are more likely to help suicidal women than suicidal men. One of the paradoxes of male suicide is that while men are three times more likely to take their own lives, women are consistently reported to experience more suicidality than men, which includes thinking about and planning suicide⁹.



It is not surprising therefore, that female-friendly suicide prevention strategies that target people who are thinking about suicide and invite them to talk about their suicidality from the "inside out", are more effective at helping women. Male-friendly approaches to suicide prevention generally recognise that men are less likely to report having suicidal thoughts and so identify men at risk from the "outside in". One way this can be achieved is by targeting support services at men who are experiencing the situational distressors that are known to increase their risk of suicide, such as issues with relationships, work and money.

Approaches to suicide prevention that target people who have previously attempted suicide, can also be described as more female-friendly than male-friendly. For example, around 70% of clients referred from hospital to The Way Back Support Service in NSW, which provides follow up care to people who have attempted suicide, are women.¹⁰



One of the unhelpful myths about suicide that has taken hold in the suicide prevention sector and found its way into Government strategies, is the claim that a previous suicide attempt is the most reliable predictor of a subsequent death by suicide.⁵

According to the Queensland Suicide Register, while almost a half (44.4%) of women who die by suicide have made a previous attempt, nearly three quarters (72.7%) of men who take their own lives, do so at the first attempt.⁸

These figures suggest that people who die by suicide at the first attempt are four times more likely to be male and that while targeting follow-up support at those who have previously attempted suicide may help some men, it is a female-friendly strategy that has been shown, in practice, to be more effective at reaching women.

3.3 The strengths-based approach to male suicide prevention

One of the reasons it is vital to recognize and describe services that are more effective at reaching women than men as being more “female-friendly”, is that if we don’t do this, we can end up blaming men for not accessing those services. It misses the opportunity provided by social determinants around situational distress.

The “deficit model” approach to male suicide sees men as the problem and argues that if only men behaved more like women, they’d open up, get help, talk about their issues and access female-friendly services. This “deficit model” approach currently dominates mainstream thinking about male suicide, both at a cultural and systemic level. Media conversations and campaigns that focus on “getting men to talk” and research that attempts to link traditional masculinity to male suicide, fail to address the urgent need to develop male-friendly services that are more effective at supporting suicidal men.

This doesn’t mean there is no merit in understanding the role of masculine norms. A recent study of 14,000 Australian men measured 11 characteristics of masculinity and found that one of these traits, self-reliance, can be a predictor of suicidal thinking.¹¹ Another Australian study

of masculine beliefs in men who had attempted suicide, found the two main reasons that suicidal men give for not reaching out for help was that they had isolated themselves and didn’t want to burden others. What made a difference was assisting men to find their own solutions to their problems.¹²

What these studies suggest is that in many cases, suicidal men need reliable services that can provide practical help and support to deal with the situational distress of issues like relationship difficulties, social isolation, loss of a job or income and financial or housing stress.

The men’s health and wellbeing sector in Australia has a wealth of experience and expertise that take a strengths-based, male-friendly approach to tackling the social issues that affect men and boys.



What the experience of those working in the sector shows, is that men respond positively to practical, self-directed, problem-solving approaches to health promotion and suicide prevention.

In general, male-friendly approaches to suicide prevention reinforce positive messages about masculinity and promote the belief that when men take action to tackle the situational distressors that can lead to male suicide, it is a sign of masculine strength. While the “deficit model” of male suicide prevention can tend to pathologise masculinity and view men as emotionally illiterate, the strengths-based approach takes an emotionally literate and male-friendly view of masculinity, that aims to



work with the grain of human nature by “meeting men where they are” in terms of their psychology, culture and location.

Such approaches recognise that men are interested in their health and wellbeing and motivated to take actions that strengthen or adapt their roles as wage earners, partners, carers, family members and friends and citizens who contribute to the wider community.

4. Some Male-Friendly Approaches to Suicide Prevention

MATES In Construction

Male suicide rates in the construction sector are 71% higher than in other industries, with construction workers being six times more likely to die by suicide than a workplace accident. Since MATES In Construction was launched in Queensland in 2008, the State has gone from having the fourth highest construction suicide rate in the country, to the lowest suicide rate. MATES In Construction takes a strengths-based approach to suicide prevention, which builds on the masculine strength of “wanting to help others”. By providing workers with the tools to help a mate in distress, MATES makes help-giving an everyday norm on construction sites, making it easier for men at risk of suicide to get support.

Dads in Distress (DIDs)

The Dads in Distress (DIDs) peer-support groups, delivered by the charity Parents Beyond Breakup, provides ongoing support to dads who are separated from their partners. Around one in four male suicides occurs in the aftermath of a relationship separation. DIDs groups offer a unique combination of practical support, emotional support and social connection. Fathers who approach DIDs often report high levels of suicidality which reduce over time, through ongoing participation in the groups.

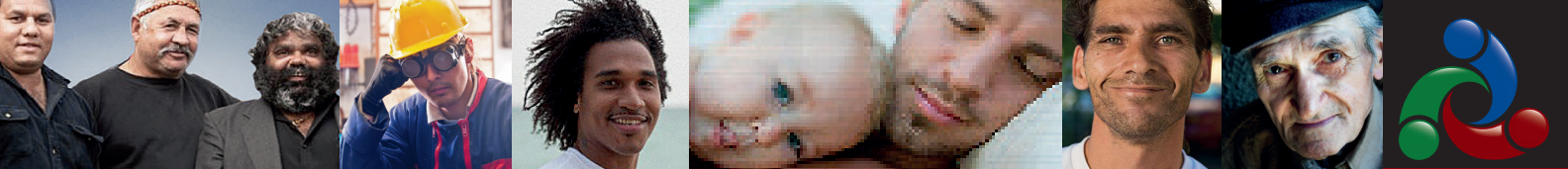
MensWatch

MensWatch is a suite of services and programs devised by the Australian Institute of Male Health and Studies (AIMHS). These services and programs include the Menswatch Peer Support Program, the Community Alliance program and the Conversations With Women About Men program. According to AIMHS, men experiencing psychological distress who are at greatest risk of suicide, are often not effectively engaged by service providers, and are poorly understood, reinforcing their isolation. MensWatch aims to improve the help and support available to suicidal men through its training, community engagement programs and counselling and mental health support.

Stop Male Suicide

Improving suicide literacy through suicide prevention training is one of the main strategies used in Australia to reduce the number of people who take their own lives. However, the majority of training delivered does not focus on male suicide and male-friendly approaches to preventing suicide. The Stop Male Suicide project provides specialist male suicide prevention training for people who may come into contact with men at risk of suicide, in a personal, professional or voluntary capacity. The course helps participants to understand the pathways to male suicide; how to spot a man at risk of suicide; how to work with masculine strengths to help men get help and how to work with suicidal men to develop a safety plan.





Wheatbelt Men's Health Inc. (Regional Men's Health Initiative)

Delivers a wide range of education and wellbeing programs across rural and regional Western Australia. Most programs are delivered in workplaces or other places men meet and focus on building resilience and empowering men and communities to cope with the difficulties of life. In every presentation men are encouraged to develop strategies to counter the negative impacts of "Situational Distress" which may include suicidal ideation. This program has as a central theme "before it gets too much....TALK TO A MATE" and encourages men to be alert to those male friends who may be doing it tough.

Rural Financial Counseling Service of WA (RFCSWA)

This program would not be identified as a suicide prevention strategy or program. It provides financial counseling to farmers and other related businesses experiencing financial difficulties. In the last eight years this organisation has delivered services to approximately 20% of the farm businesses in West Australia. The sector they work in is recognised as high risk for suicidal ideation and behavior. The program deals with the causes of "Situational Distress" around financial difficulties and seeks to calm, clarify and assist the farmer to come up with workable solutions. This approach keeps clients in control while being supported.

An unmeasured benefit of this program is that there has not been one farmer or related family member suicide from this client base in the last eight years.

The Alive and Kicking Goals Indigenous Suicide Prevention Program

Young Indigenous men aged 15-24 are four times more likely to die by suicide than non-Indigenous males in the same age group. The Alive and Kicking Goals (AKG) project aims to reduce and eliminate Indigenous deaths by suicide in the Kimberley region of WA, which is known to have some of the highest rates of male suicide in the world. AKG focuses on the areas of esteem-

building through peer education and leadership training, using young Aboriginal men, most of whom have experienced first-hand the effects of suicide, to promote change in remote Aboriginal Communities.

The program uses sport as a vehicle for reaching young men and was launched in 2008 as an initiative of a Yawuru man, David Pigram, then president of the Broome Saints Football Club, who worked with the Men's Outreach Service to develop the program.

Men's Resource Centre

The Men's Resource Centre (MRC) provides a "safe space" in a secure, accessible venue that makes it easy for men to seek help. Clients are afforded the opportunity and time to tell their story and health concerns without judgment or prejudice. The MRC staff deliver male-friendly programs and workshops on suicide risk factors; what to do when someone is suicidal and what services are available across the South Coast of Western Australia. For men at risk, there is a Positive Mentoring Program that provides peer support founded on key principles of respect, shared responsibility and mutual agreement. The MRC also takes a pro-active role in promoting men's health with major events such as the HBF Australia Day Fun Run, Up the Creek with a Paddle and a Wall of Fame for International Men's Health Day.

The Wingman Project

Males who identify as gay, bisexual, transgender and intersex (GBTI) are known to be at increased risk of suicide and often dealing with the distress of discrimination and homophobia. There are many different communities of GBTI males in Australia and one common characteristic is they may be less likely to have contact with family, or no family to rely on. Research shows that while gay men often see their friends experiencing distress, they lack the confidence to reach out and help.

The Wingman Project is an initiative developed in partnership by The National LGBTI Health Alliance, beyondblue and the Movember Foundation. The aim of the Wingman Project is to give gay men the confidence, knowledge and skills to



become 'Wingmen' in their social networks, to support their friends, and themselves at times of distress. Launching in 2017, the Wingman Project will provide a highly interactive online toolkit containing practical strategies, advice and actions.

5. Strategic Approaches to Preventing Male Suicide

At a strategic level, one of the core values of the Fifth National Mental Health Plan is that all males and females who are at risk of suicide should be treated equitably, regardless of their age, culture, sexual identity or where they live.

AMHF supports the approach to gender equity outlined in the 2010 National Male Health Policy.¹³ Gender equity in suicide prevention does not mean competition between males and females for services or resources. A gender equity approach to suicide prevention recognises that gender is a social determinant of suicide risk and ensures an appropriate balance of male-friendly and female-friendly responses, that make it easier for men and women at risk of suicide to access the help and support they need.

The Fifth National Mental Health Plan also states that whole-of-government leadership and engagement across all sectors is critical and commits to the development of a whole-of-government national suicide prevention plan.

Unlike women and girls, Australian males are bereft of administrative structures, such as a Minister for Men or an Office for Men and Boys, at Federal, State and Territory levels.¹⁴ In the absence of such structures, it is essential that all Governments proactively engage with representatives of the men's

health and wellbeing sector on an ongoing basis to ensure that all suicide prevention strategies and activities include an equitable balance of strengths-based, male-friendly approaches that address the situational stressors that are known to increase men's risk of suicide.

6. Ten recommendations to help prevent male suicide

6.1 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.

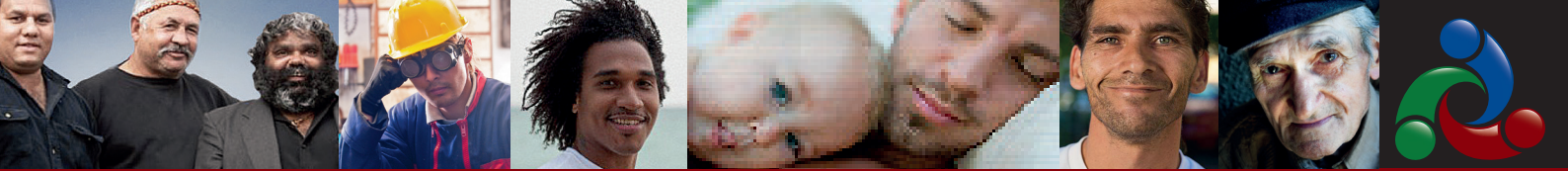
6.2 Re-affirm the National Male Health Policy

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.

6.3 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.





6.4 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.

6.5 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. 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 a concerted drive to increase literacy of male suicide at an individual, cultural and systemic level.

6.6 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.

6.7 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; homeless men; imprisoned men; separated fathers; men in financial difficulty; unemployed men; ex-servicemen, homeless men; imprisoned men and so on.

6.8 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.



6.9 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.

6.10 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.

7. 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.

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