



# Young Men & Suicide Project



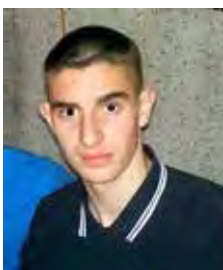
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An Executive Summary Report on the All-Ireland Young Men and Suicide Project



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# Young Men & Suicide Project



## Young Men & Suicide

Suicide is a major cause of death among young males on the island of Ireland. Over the past ten years, the rate of deaths from suicide has been five times higher in males than in females. Although the rate of male suicide in Ireland is relatively low within the overall European Union (EU) context, the rate among young males is amongst the highest in the EU. The recent spike in suicide rates among young males in both Northern Ireland and the Republic of Ireland coincides with the economic downturn and increasing levels of unemployment. On the island of Ireland, hanging is the most frequent method of suicide; particularly among young men. Although rates of attempted suicide and deliberate self harm (DSH) have, overall, been traditionally higher among females, rates of DSH are now higher among younger males than younger females.

## Policy Responses

Policy responses in the North (Northern Ireland) and the South (Republic of Ireland) are based on a public health model, and adopt both a general population approach and a targeted approach. These policies distinguish between strategies at a Primary Level (suicide awareness, skills based enhancement and restriction of lethal means) and at a Secondary Level (screening for vulnerable adolescents, gatekeeper training, media education, crisis intervention, crisis centres and suicide hotlines). The case, therefore, for an increased focus on mental health promotion and suicide prevention among boys and young men is unequivocal, and is underpinned by a strong evidence base and a clear policy mandate. The All-Island Suicide Prevention Action Plan identified the Men's Health Forum in Ireland (MHFI), in partnership with the National Office for Suicide Prevention (NOSP), as being well positioned to develop and implement relevant actions relating to suicide prevention in young men. This prompted MHFI to develop a proposal which led to the establishment of the Young Men and Suicide Project (YMSP).

## Aim of YMSP

The aim of the Young Men and Suicide Project (YMSP) was to identify a range of possible means to promote positive mental health among young men on the island of Ireland, and to assess the efficacy of these approaches.

## Objectives of YMSP

There were four key objectives to this project:

- Review existing mental health promotion and suicide prevention services and programmes (both national and international), in order to identify principles of effective practice when encouraging positive mental health among young men.
- Coordinate a stakeholder engagement process to share best practice - both online and face-to-face.
- Develop and pilot two practical initiatives which utilise the information generated.
- Report on the learning gleaned, and offer recommendations to inform future programmes / campaigns which focus on the mental health of young men in Ireland.

## Phases of YMSP

The YMSP had four discrete phases:

**Phase 1 ...** A thorough search of both the academic literature and the 'grey literature' to identify evidence of effective mental health promotion and suicide prevention work with boys and young men.

**Phase 2 ...** An online survey comprising two questionnaires; each one targeting a discrete service provider group:

### Survey 1

This survey was used with mental health service providers, and sought to explore: (i) the extent and nature of current mental health promotion and suicide prevention work on the

island of Ireland among boys and young men; and (ii) service providers' perspectives on the challenges and opportunities when working with the target group. This was set within the context of the issues raised in the literature review.

### Survey 2

This survey was used with organisations who work generally with young men and sought to map, more broadly, the type of work that is being carried out on the island of Ireland with young men and boys - not just in the area of suicide prevention, but in the areas of personal development, community development and social inclusion etc.

**Phase 3** ... Involved focus group consultations with: (i) key stakeholders from across the island of Ireland; and (ii) young men from the target age group.

**Phase 4** ... Comprised two practical pilot initiatives (one North and one South) that were based upon learning from the literature review and stakeholder engagement phases of the YMSP.

Ethical approval was granted by the Ethics Committee in the Institute of Technology Carlow prior to undertaking the research.

## Risk Factors for Suicide in Young Men

The key factors that influence youth and adolescent suicide are categorised into individual, familial and socio-demographic risk factors. The factors most consistently associated with the rise in young male suicide are income inequality, family relationship difficulties, peer relationship problems, school failure, low self esteem and violence. Gender has also been implicated in increased suicide risk among young men.

**The key factors that mediate the relationship between gender and suicide include:**

- Methods used - men are more likely to use violent methods.
- Mental illness - whilst there are higher rates of mental illness diagnosed in

women, men are less likely to seek help; with male depression often being suppressed and manifested through more 'acceptable' male outlets, such as alcohol abuse and aggressive behaviour.

- Alcohol and substance misuse - these tend to be higher in young males, and are associated with increased suicide risk.
- Use of health care - men tend to access services less frequently than women. The main reasons cited by young men for not getting help with a problem include embarrassment, shame, stigma, confidentiality, and the fear of others finding out.
- Sexuality - some men experience stigma and shame associated with being gay, and higher rates of suicide are common among gay men.
- Social and community factors - such as rapid societal change, changing gender roles, and the socio-economic impact of recession.
- Marital and parental status - there is a higher risk in divorced and widowed men.
- Other social and community factors - including living and working conditions, unemployment and socio-economic status.

In the context of the more recent spike in suicide rates in Ireland, an examination of time series data reveals a causal link between rising unemployment and higher levels of alcohol consumption and increased suicide mortality among younger males. Other factors that are associated with increased suicide risk in young men include:

- Relationship breakdown.
- The accumulation of stress.
- Unhappiness, panic and anger that has remained unresolved over a long period of time.
- Impulsive behaviour associated with alcohol use.
- Awareness of a suicide script.
- Bullying and problems with identity.
- Being tied to the maintenance of a traditional masculine identity.



It has also been documented that whilst the problems that sometimes burden young men might be regarded by others as trivial, they may in fact be perceived and experienced as major problems for young men themselves. An Irish study, involving young men who had recently attempted suicide, reported high levels of emotional distress, and a difficulty among study participants in identifying symptoms of and managing emotional distress. Young men need to see emotional expression as a skill that improves with practice, and need to build an emotional vocabulary and be able to access the vulnerable feelings that are likely to underpin expressions of anger.

**Within the Northern Ireland context, a number of gaps have been identified in relation to supporting young men who may be at risk of suicide and self harm, including:**

- A general absence of work that specifically targets young men.
- A lack of support in terms of raising awareness of the particular considerations for work with young men and for designing effective interventions with them.
- The absence of work focused on personal development and mental health promotion with young men.
- The absence of robust evaluation on 'what works' with young men.

The scale and breadth of factors that are associated with increased suicide risk, and the complex interplay of these factors, underscores the magnitude of the challenge associated with suicide prevention.

## Tackling the Complexity of Suicide Prevention in Young Men

A number of additional factors that contribute to the complexity of tackling suicide in young men must also be considered. These include:

- The need for a multi-dimensional whole of government approach, and for a truly comprehensive partnership model to suicide prevention work with young men.
- The difficulty with measuring effectiveness of interventions - in light of the base rates in populations being low. This makes it difficult to extrapolate differences in rates before and after interventions.
- Other methodological limitations that continue to hamper the development of 'evidence-based' interventions.
- (Young) men's reluctance to seek help and to access conventional health services.
- The challenge of reducing means to harm.
- Problems associated with transferring good practice from one setting to another - whilst it is tempting and understandable to wish to do so, it may not, necessarily, result in the desired outcomes because suicide is so intrinsically linked to socio-cultural factors.
- The rush 'to do something about the problem' - whilst often politically expedient, this may not always be backed up by good evidence.

## Suicide Prevention & Young Men - What Works?

The two key factors that are known to be effective in reducing suicide rates are physician education in depression recognition and treatment, and restricting access to lethal means of suicide.

Efforts to reduce suicide through limitation of access to methods can be categorised into endeavours that limit physical access to suicide methods, and those that attempt to reduce the cognitive availability of suicide. Other interventions - such as influencing how the media report suicide, pharmacotherapy, screening for at risk individuals, chain of care after a suicide attempt and psychotherapy - require further testing and evaluation to understand their short and long-term outcomes in relation to reducing suicide rates.

The efficacy of community education programmes has been found to be limited - in large part because such programmes often fail to reach the target groups who are most at risk. However, long-term programmes that utilise a commitment of the society at multiple levels, and that succeed in establishing a community support network, have been shown to effectively reduce suicide rates. Early intervention in childhood has been shown to be particularly effective. There is also encouraging evidence in relation to the use of sport in promoting positive mental health among young men - as well as enhancing protection against depression and suicidal behaviour.

One of the key challenges is to interrupt the cycle of alcohol / substance abuse, depression, and developmental failure that is associated with an exponential rise in suicide among more vulnerable groups of young men.

Suicide Prevention Australia reports that universal youth suicide prevention programmes (such as restricting access to means, anti-bullying programmes, and physical health promotion) offer the best value-for-

money in reducing suicide risk among young people. However, it stresses that a comprehensive approach - which combines universal, selective (e.g. gatekeeper training, suicide screening), and indicated initiatives (e.g. crisis support services, early intervention programmes) - will have the most effect in preventing youth suicide.

## Effective Practice

The following is a list of ten key principles for effectively engaging with young men in suicide prevention work:

- i. Focus on mind health or mental fitness not mental health.
- ii. Plan services and programmes with young men in mind, and work on developing trust and safety through the creation of non-threatening and male-friendly environments.
- iii. Consult and involve young men in programme development and programme delivery.
- iv. Find a 'hook', and look for avenues that appeal to young men.
- v. Target programmes early.
- vi. Target programmes to those young men most in need.
- vii. Use language that is positive and solution-focused.
- viii. Consider the use of role models and marketing in suicide prevention work with young men.
- ix. Consider the potential of peer support and mentoring.
- x. Evaluate what type of suicide prevention interventions work with young men.

Some examples of effective practice interventions that have been highlighted in the YMSP Full Report include Mind Yourself, Back of the Net, Frameworks, Alive and Kicking Goals, OSPI Europe, MoodGym, Coach the Coach and Incolink.

## Outcome of Online Stakeholder Surveys

Respondent organisations worked across a broad range of settings, and offered a spectrum of prevention and intervention work - with training, health promotion and suicide awareness raising being the most prevalent. Just over one third of these organisations reported that they specifically targeted young men as part of their work. A broad breadth of work was identified by the organisations that reported specifically targeting young men. This included:

- Work with a personal development focus - such as physical and emotional health training in schools, mental and emotional wellbeing, resilience building, and mentoring programmes.
- Counselling and group work, including the provision of outreach and crisis support, youth work, and work with young gay men.
- A range of education, advocacy and suicide prevention awareness programmes.
- Promoting improved access to services through enhanced signposting and referral mechanisms, and encouraging help-seeking.
- Tackling violence, criminal behaviour and working with criminal justice referrals.

Although just over half of respondents reported being effective across a range of capacity defining measures in delivering suicide prevention and mental health awareness work to young men, it was acknowledged, nevertheless, that there was significant scope for enhancing and supporting the capacity of service providers to effectively engage with young men. The key barriers to effectively engaging with young men that were cited included: lack of knowledge and expertise; insufficient funding; lack of training; the absence of partnerships.

In terms of organisational and structural barriers associated with successfully targeting young men, respondents cited: young men's inability to communicate effectively about mental health and emotional wellbeing; inadequacies within existing services; shortfalls in communicating effectively with boys / young men; the need for early intervention; lack of research on creating effective partnerships; lack of follow-up on research recommendations.

Whilst between a half and two-thirds of respondents reported being effective across a range of measures in reaching out to young men, a number of key challenges and barriers to working with young men were identified. These included: issues relating to communication, disclosure and seeking help; accessing, engaging and sustaining commitment; problems relating to alcohol and substance abuse; unemployment, lack of opportunities and disadvantage.

The key organisational needs required to engage with young men were seen as being increased resources, training and partnerships, and the provision of relevant, effective and targeted programmes. Conversely, respondents cited a number of factors that were found to work well in suicide prevention and mental health promotion work. These included:

- **Activities or programmes with a personal development focus and with a strong emphasis on developing open communication, trusting relationships, and promoting help seeking behaviour.**
- **The importance of good staff and role modelling.**
- **Building relationships between services, and creating good networks and liaisons with effective referral.**
- **Client developed and led services.**



### In summary, the respondents 'top priorities' were:

- Awareness raising and signposting - recognising signs and symptoms, and knowing where and how to access support.
- Resources - funding and staff to carry out such work.
- Age and gender specific community-based services.
- Mental health promotion and personal development for young men - with a focus on building resilience, reducing stigma, teaching positive life skills, and encouraging emotional communication.
- Training for frontline staff on all aspects of suicide prevention and the most up-to-date examples of effective practice.
- Challenging masculine ideology and improving young men's help seeking behaviour.
- Early intervention, and the provision of appropriate services for those most at risk.

## Feedback from Stakeholder Focus Groups

Among the most pertinent issues highlighted in the stakeholder focus groups were:

- The perceived challenges associated with communicating with young men.
- How to encourage help seeking behaviour amongst young men.
- Overcoming what is regarded as a persistent stigma attached to mental illness and mental health.
- Addressing young men's awareness of mental health / well-being, and their lack of 'life skills'.
- The paucity of services that specifically address young men's needs.

Stakeholders also discussed what they felt had worked - from their perspective - and what was needed in relation to the development of suicide prevention and mental health promotion work with young men. Of particular note, was the significance of: 'a life takes over' approach; taking advantage of 'windows of opportunity' for engaging with young men; the importance of persistence and perseverance in working with young men.

**The key issues which arose in the focus group with young men included:**

- Young men's fears and struggles.
- Negative perceptions of young men at a societal level.
- The 'pros and cons' of online technologies.
- The negative connotations associated with 'mental health'.
- Problems associated with bullying - particularly in schools.
- The challenge of disclosure within a macho culture.

Among their suggestions for improving the mental health of young men were: the need for early interventions; the importance of open, respectful, two-way communication; the need to develop confidence in dealing with disclosure.

## Pilot Interventions

Based upon learning from the literature review and the stakeholder engagement process, the YMSP Advisory Group agreed that the two pilot initiatives should focus upon ...

- A 'whole community approach' in Northern Ireland.
- The use of online communications / social media with young men in the Republic of Ireland.

The Northern Ireland intervention was called 'First Instinct' - the underlying goal being to encourage and foster a first instinct in young men which is to seek help and support at times of difficulty rather than taking their own lives or engaging in other self-destructive behaviours. It was based in the Colin area - situated between Lisburn and West Belfast. There were four main elements to this intervention:

- Training for Trainers was offered to local practitioners to enable them to deliver the 'Mind Yourself' (an evaluated, brief, mental health intervention aimed at adolescents) programme in schools.
- Specialist support was offered to enable the Colin Neighbourhood Partnership to develop a Young Men's Advisory / Reference Group for the area.

- Local practitioners were offered priority places at training / workshops / seminars which focused upon developing work with men and boys.
- A range of off-the-shelf group work resources / reference materials were acquired to help practitioners to better understand the world in which young men live, and offer them practical suggestions for group work activities with young men.

The pilot intervention in the Republic of Ireland focused upon the development of an online mental fitness programme for young men called 'Work Out'. This initiative was undertaken in collaboration with the Inspire Ireland Foundation. The Work Out programme was modelled on an application which was originally developed by the Inspire Foundation in Australia - working collaboratively with the Australian Brain and Mind Research Institute. The materials within it were chosen because of the strong evidence base which indicated that they can have a positive impact upon the mental health of young men. The programme addresses four main areas:

- Being Practical
- Building Confidence
- Taking Control
- Being a Team Player



## Conclusion & Recommendations

In conclusion, there can be no quick-fix solutions to tackling the extensive and complex causes and risk factors that underpin the very grave statistics on suicide in young men. These causes and risk factors are diverse and intersecting. The challenge of reducing suicide rates in young men demands a very comprehensive and multi-layered response that seeks to intervene at a number of different levels, and that involves a range of key stakeholders.

There can no room for inertia or ambivalence - there is both a public health and a moral requirement to act. It is not enough to be seen to act. There needs to be more concerted efforts to engage more effectively and in a more sustained way with young men, and to act in accordance with the best evidence that is available.

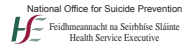
The report on the YMSP provides a blueprint and a roadmap for action that, it is hoped, will act as a catalyst for more focused efforts in tackling suicide in young men in the years ahead. The key recommendations from the report are:

- R1 Develop and promote positive models of mental health that are specifically targeted at boys and young men.**
- R2 Adopt a whole of government, joined-up approach, to young men's mental health.**
- R3 Plan services and programmes for and with young men, and work on developing trust and safety through the creation of non-threatening and male-friendly environments.**
- R4 Target early intervention and the provision of appropriate services at those most at risk.**
- R5 Expand interventions that tackle alcohol and substance misuse in young men.**
- R6 Challenge traditional masculine ideology that is associated with impaired help seeking behaviour in young men.**
- R7 Incorporate role models and marketing into suicide prevention work with young men.**
- R8 Have a more explicit focus on peer support and mentoring in suicide prevention work with young men.**
- R9 Promote and encourage the use of safe and responsible online resources in mental health promotion and suicide prevention work with young men.**
- R10 Develop a one day training programme for all frontline staff on how to effectively engage with young men.**
- R11 Ensure that research underpins all on-going and future work in the area of suicide prevention with young men.**
- R12 Identify and nominate a body to coordinate and oversee future developments in mental health promotion work with young men.**



**Adopt a whole of government, joined-up approach, to young men's mental health.**

The Young Men and Suicide Project Advisory Group was comprised of:



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**Copies of Report** - Electronic copies of both the Executive Summary and the Full Report on the Young Men and Suicide Project can be downloaded from the Men's Health Forum in Ireland website at: [www.mhfi.org](http://www.mhfi.org)

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