



# MALE SUICIDE PREVENTION POLICY POSITION STATEMENT MARCH 2020

## POSITION

1. Male suicide requires targeted policy and funding attention.
2. A whole-of-government approach to male suicide to adequately address key situational factors, particularly relationship breakdowns that are disproportionately linked to suicide among men.
3. Government should implement a national male suicide prevention strategy, supported by cross-agency collaboration and data sharing between agencies to identify men at risk.
4. The strategy should also be supported by:
  - a. Training for key community gatekeepers and touchpoints for vulnerable men;
  - b. Funding services proven to effectively engage with men and boys in relation to their mental health and wellbeing

## CONTEXT AND COMMENTARY

### Male suicide requires targeted policy and funding attention

Male suicide is an issue requiring targeted policy and funding attention and a concerted effort to address the underlying issues that might lead men to the point of crisis.

More than three-quarters of intentional self-harm deaths occur in males<sup>1</sup>. In 2018, 3,046 Australians died by suicide, 2,320 (76.2%) of whom were males<sup>2</sup>. Ambulances respond to over 16,800 calls each year from males experiencing suicidal ideation and a further 9,000 ambulances respond to a suicide attempt.<sup>3</sup>

Aboriginal and Torres Strait Islander men are particularly at risk, with males 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-Aboriginal and Torres Strait Islander males.<sup>4</sup> 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.<sup>5</sup>

Government needs to make male suicide a priority by implementing a male suicide prevention strategy at national and state government levels. The Fifth National Mental Health Plan acknowledges that approximately 75 per cent of people who die by suicide are male.<sup>6</sup> The failure of the Implementation Strategy to detail causes of male suicide is a missed opportunity as investments in policies and programs aimed to prevent suicide in Australia are consistently failing to target male suicide as a specific issue.

Addressing situational stressors and complex environmental stressors is key to addressing male suicide. Some of the situational factors known to increase men's risk of suicide include relationship difficulties, social

<sup>1</sup> Australian Bureau of Statistics (2019), 'Australia's leading causes of death, 2018', 3303.0 – Causes of Death, Australia

<sup>2</sup> Ibid.

<sup>3</sup> *Beyond the Emergency: A National Study of Ambulance Responses to Men's Mental Health*. Report. Turning Point and Monash University, Beyond Blue. Richmond, VIC, 2019, p. 8.

<sup>4</sup> Australian Bureau of Statistics (2016), 'Australia's leading causes of death, 2015', 3303.0, Causes of Death, Australia, (2015)

<sup>5</sup> Skerret DM. Mental Health and Suicidal Behaviours in LGBTI Populations and Access to Care in Australia: A Literature Review, prepared for Queensland AIDS Council (2014)

<sup>6</sup> The Department of Health. (2017). 'The Fifth National Mental Health and Suicide Prevention Plan'.

<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>, p 23.

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isolation, loss of a job or income and financial or housing stress. These may be compounded by unhealthy coping strategies such as drug and alcohol abuse.<sup>7</sup>

### **A whole of government approach is required to address male suicide**

A whole-of-government approach to male suicide prevention is required to improve the coordination of services. Cross-agency collaboration is vital to reach men at risk both before, during and after a suicidal crisis.

Suicide is generally presented as a mental health issue, yet the majority of male suicides are not linked with a mental health diagnosis. According to the Queensland Suicide Register (QSR), while nearly two-thirds (63.6%) of women who take their own lives have been diagnosed with at least one psychiatric disorder, less than half of men (44.4%) who die by suicide have been diagnosed with a mental health disorder. This demonstrates the need to strategically identify opportunities to intervene with men who may be vulnerable to suicide, but not interacting with the formal mental health or suicide prevention systems.

We are of the position this demands a whole of government approach to suicide prevention whereby all government agencies likely to interact with vulnerable men collaborate on a male suicide prevention strategy. The strategy would support a national suicide prevention strategy; and would include specific actions to address male suicide, including:

- actively mapping the journey of males who have died by suicide or who have experienced suicidality to identify key Government agency touchpoints
- assessing the training development needs of Government workforces to actively contribute to suicide prevention, and articulate these in a suicide prevention workforce strategy
- prioritising funding for services facilitating community connections for men, particularly those targeted at men vulnerable to distress
- investment in gatekeeper training for employees in frontline roles in non-health related areas such as social services, income support, employment, and the courts system.

### **Gatekeeper training**

Gatekeeper training is a strategy that should be leveraged to support men experiencing distress. It involves equipping people who regularly come into contact with a target group with suicide prevention skills. Skilled gatekeepers can recognise suicidal behaviours or signs of distress, provide immediate support and direct the person in crisis to support services<sup>8</sup>.

A systematic review of gatekeeper training outcomes in the United States of America found that gatekeepers had developed knowledge, skills and referral skills; and larger studies involving physicians and military personnel reported that suicidal behaviours, ideation and attempts were reduced, at least in the medium term<sup>9</sup>. Orygen's analysis of Australian trials of gatekeeper training outcomes reported similar findings, while noting the need for population-based studies in Australia<sup>10</sup>.

### **Preferences for engaging with services and barriers for accessing support**

Support services are not always accessible and appropriate due to the fact that some males may not engage in help-seeking behaviour. Of concern, 72% of males don't seek help for mental ill-health<sup>11</sup>. Tailoring and targeting clinical interventions may increase men's service uptake and the effectiveness of treatments.<sup>12</sup>

Research involving analysis of data from men in the Australian Longitudinal Study on Male Health has highlighted the potential connection between masculine behaviour norms, in particular self-reliance, and a

<sup>7</sup> Macdonald J. Pathways to Despair: The Social Determinants of male suicide (aged 25-44), Central Coast, NSW, Men's Health Information and Resource Centre (2008)

<sup>8</sup> De Silva, S. Simpson, R. Parker, Dr A. (2020). 'Does Gatekeeper Training Prevent Suicide in Young People?', *Research Bulletin*, Orygen, accessed online at <[https://www.orygen.org.au/Research/Research-Areas/Suicide-Prevention/Orygen\\_Suicide\\_prevention\\_research\\_bulletin?ext=>](https://www.orygen.org.au/Research/Research-Areas/Suicide-Prevention/Orygen_Suicide_prevention_research_bulletin?ext=>)>.

<sup>9</sup> Isaac M, Elias B, Katz LY, Belik SL, Deane FP, Enns MW, Sareen J, Swampy Cree Suicide Prevention Team. (2009). 'Gatekeeper training as a preventative intervention for suicide: a systematic review'. *Canadian Journal of Psychiatry*, vol. 54, no. 4, pp. 260-268

<sup>10</sup> De Silva, S. Simpson, R. Parker, Dr A. (2020). 'Does Gatekeeper Training Prevent Suicide in Young People?', *Research Bulletin*, Orygen, accessed online at <[https://www.orygen.org.au/Research/Research-Areas/Suicide-Prevention/Orygen\\_Suicide\\_prevention\\_research\\_bulletin?ext=>](https://www.orygen.org.au/Research/Research-Areas/Suicide-Prevention/Orygen_Suicide_prevention_research_bulletin?ext=>)>.

<sup>11</sup> Australian Government Department of Health and Ageing (2013) National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-report13>

<sup>12</sup> Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM, *The role of masculinity in men's help seeking for Depression: A systematic review*

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reluctance to actively seek help particularly within a clinical setting. Men are also less likely to engage in traditional forms of help-seeking behaviours as they face unique access barriers such as: stoicism, invulnerability, perceiving symptoms as lacking severity, privacy concerns, and low literacy of mental health awareness and support systems<sup>13,14</sup> Loneliness can accompany men's transitions including retirement, bereavement, divorce and illness. Within these life changes, some men seemingly self-isolate.

We need to consider understand how men are thinking, feeling and behaving to tailor responses to their needs. An underlying issue is that limited research is available about how men prefer to engage with services and particular service processes. Knowledge about how men prefer to engage with services is dispersed.<sup>15</sup>

Australia requires a more diverse range of services that facilitate community connections for men and these need to be provided at scale, funded and targeted to men at risk of distress.

Emerging ideas and empirical evidence illustrates the characteristics of services which effectively engage with men and boys in relation to their mental health and wellbeing. These include:

- Arm's length services, such as telephone helplines and on-line chat facilities have been shown to be effective in suicide reduction and first-suicide attempt reduction for men.<sup>16</sup>
- Peer support for some men is preferable to professional support, possibly because of issues of trust and potential stigma in using mental health services considered antithetical to masculine norms.<sup>17</sup>
- Collaborative interventions involving action-oriented problem solving.<sup>18</sup> Activity and social based interventions have achieved success for promoting and improving the mental health of older male participants in particular, including initiatives such as the Men's Shed's approach and gender specific social activities in residential care.<sup>19</sup>
- Workplace embedded peer support programs. Programs such as the Mates in Construction Program have successfully shifted suicidality in male dominated industries. The program involves training construction workers to notice behaviour changes or signs in conversations with their colleagues that might indicate they needed help; and then pointing them in the direction of support services such as psychologists and social workers.<sup>20</sup>

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<sup>13</sup> Rice, S.M., Aucote, H.M., Parker, A.G., Alvarez-Jimenez, M., Fila, K.M. & Amminger, G.P. (2015). *Men's perceived barriers to help seeking for depression: Longitudinal findings relative to symptom onset and duration*, Sage Journals.

<sup>14</sup> Fogarty, A.S., Spurrier, M., Player, M.J., Wilhelm, K., Whittle, E.L., Shand, F. Christensen, H. & Proudfoot, J. (2018). *Tensions in perspectives on suicide prevention between men who have attempted suicide and their support networks: Secondary analysis of qualitative data*, Health Expectations, Vol 21:1, pp261-269.

<sup>15</sup> Robertson, S. White, A. Gough, B. Robinson, M. Seims, A. Raine, G. Hanna, E. (2015) 'Promoting Mental Health and Wellbeing with Men and Boys: What Works? Centre for Men's Health', Leeds Beckett University, Leeds, p 9

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM, *The role of masculinity in men's help seeking for Depression: A systematic review*

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[http://eprints.leedsbeckett.ac.uk/1508/1/Promoting\\_MentalHealth\\_Wellbeing\\_FINAL.pdf](http://eprints.leedsbeckett.ac.uk/1508/1/Promoting_MentalHealth_Wellbeing_FINAL.pdf)  
<sup>20</sup> MATES in Construction, *The MATES Model*, website, accessed online on 8 November 2019 at <http://matesinconstruction.org.au/about/how-mic-works/>.

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