MALE SUICIDE PREVENTION POLICY POSITION STATEMENT SEPTEMBER 2020

POSITION

1. Male suicide prevention requires targeted policy and funding attention. This demands a whole of government approach to suicide prevention and recognition of men as a priority population
2. Male suicide prevention should be a core stream within a national suicide prevention strategy. A national approach to male suicide would support the delivery of effective, evidence based suicide prevention services at scale, funded and targeted to meet the needs of men at risk of distress.

CONTEXT AND COMMENTARY

Male suicide requires targeted policy and funding attention

Male suicide is an issue warranting targeted policy and funding attention. Australia requires 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[1]. In 2018, 3,046 Australians died by suicide, 2,320 (76.2%) of whom were males[2]. 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.[3] 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.[4] 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.[5]

A whole of government, national approach 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.

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.

Suicide Prevention Australia is of the position this demands a whole of government approach to suicide prevention and recognition of men as a priority population. Male suicide prevention would be a core stream within a national suicide prevention strategy; and would include specific actions to address male suicide. Actions could, for example, address:

- a map of the journey of males who have died by suicide or who have lived experienced suicidality to identify key touchpoints and 'doors' for support;
- the training development needs of workforces to actively contribute to suicide prevention, and articulate these in a suicide prevention workforce strategy;

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[1] Australian Bureau of Statistics (2019), 'Australia's leading causes of death, 2018', *3303.0 – Causes of Death, Australia*
[2] Ibid.
[3] *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.
[4] Australian Bureau of Statistics (2016), 'Australia's leading causes of death, 2015', 3303.0, Causes of Death, Australia, (2015)
[5] 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)

- funding for services facilitating community and industry-based connections for men, particularly those targeted at men vulnerable to distress; and
- intersectional vulnerabilities: for example, Aboriginal and Torres Strait Islander men; culturally and linguistically diverse men; and gay, bisexual and other men who have sex with men.

The need for a diverse range of tailored services

Australia requires a more diverse range of effective, evidence based suicide prevention services for men and these need to be provided at scale, funded and targeted to men at risk of distress. Service providers need to 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.[6]

While support services available to men are not always accessible, however, evidence shows that tailored, targeted clinical and non-clinical interventions may increase men's service uptake and the effectiveness of treatments[7]. Emerging ideas and evidence also illustrate the characteristics of services which effectively engage with men and boys concerning 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[8].
- 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[9].
- Collaborative interventions involving action-oriented problem solving. 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[10].
- Workplace embedded peer support programs. Programs such as the Mates in Construction Program have successfully shifted suicidality in male dominated industries[11].

A national male suicide prevention strategy would drive development of a diverse range of effective, evidence based services along these lines.

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[6] 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

[7] Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help seeking for depression: a systematic review. *Clinical Psychology Review*, 106-118.

[8] Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). 'The role of masculinity in men's help seeking for depression: a systematic review'. *Clinical Psychology Review*, pp. 106-118.

[9] Robertson, S., Gough, A., Robinson, M., Seims, A., Raine, G., & Hanna, E. (n.d.). *Promoting mental health and wellbeing with men and boys: what works?* Leeds: Centre for Men's Health.

[10] Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). 'The role of masculinity in men's help seeking for depression: a systematic review'. *Clinical Psychology Review*, pp. 106-118.

[11] Doran, C. Ling, R. Gullestrup, J. Swannell, S. Milner, A. (2015). 'The impact of a suicide prevention strategy on reducing the economic cost of suicide in the New South Wales construction industry', *Crisis*, 37, pp. 121-129, accessed 1 May 2020 at <https://doi.org/10.1027/0227-5910/a000362>.