

A consultation aimed at understanding the needs of males in suicide crisis: A Case Study (Part 1)

Introduction:

Harmless and the Tomorrow Project undertook a public consultation to better understand the needs of men and boys in suicide crisis. The consultation explored what they would like their support to look like and how we can overcome challenges faced when engaging in support.

Objectives:

- To better understand the needs of males at risk of suicide and to develop further understanding of what type of service men and older boys would like to engage with.
- To understand and collect data from men and older boys in the following areas:
 - Information
 - Access
 - Engagement
 - Confidence
 - Service delivery
- To encourage help seeking behaviours, whilst spreading awareness of the support that is available.

Collaborative Initiatives:

Community engagement: Harmless and the Tomorrow Project promoted the consultation locally using social media. We reached 2795 people and 167 engagements on Facebook, 951 impressions and 58 engagements on Twitter and 107 impressions on Linked in. We also appeared on the local radio to spread awareness of the consultation.

Presence in male dominant spaces: To further increase accessibility and visibility, we attended a local hockey club tournament that was attended by over 50 people. Each attendee completed the consultation and engaged in meaningful conversations about suicide with our team.

Results:

We received 159 responses to the consultation.

- Out of the participants who completed the survey, 84.81% identify as male, 12.03% identify as female and 3.16% identify as non-binary.
- The most represented age group was 25-34 years old, followed by 45-54 years old.

A summary of the findings:

- We asked, 'Do you think information about suicide crisis support is easily accessible?'. 57.6% said no.
- We asked, 'Do you think that males face barriers/challenges when it comes to accessing suicide crisis support?'. 97.06% said yes.
- We asked, 'Do you think more can be done to encourage males to engage with support services?'. 92.8% said yes.
- We asked, 'How important do you think it is that services are seen at public events?'. 51% said extremely important. 34% said very important. 13% said somewhat important and 2% said not so important.
- We asked, 'How would you prefer to contact a support service?'. 63.64% said text message. 61.16% said phone call. 58.68% said online form. 38.02% said email and 37.19% said social media.
- We asked, 'Which environment would you like suicide crisis support for males to take place?'. 60.5% said within a service base. 57.14% said within a community setting. 54.62% said within an activity setting and 27.73% said within a clinical setting.

The consultation gave multiple opportunities for comments. A few can be found below:

"There needs to be different settings which will appeal to different people. It's a place where people feel comfortable and be supported to be safe at that moment and to leave feeling hope and a plan for the future."

"Ones [settings] that are stereotypical seen as more masculine or that have audiences made up of higher percentages of men."

"The thought of going to a healthcare setting to sit in a room with one other person and talk about emotions is pretty horrific. Going to an allotment to talk to people and have emotions as part of that conversation as well as discussions about how to fix this lawnmower is much more tolerable."

"Change attitudes of not only the public but professionals as well."

“The more it's discussed in the public and awareness is increased, men may feel more confident asking for help.”

“You feel like you have to jump through a million and one hoops to actually see anyone.”

Key learnings:

Common barriers were identified throughout both consultations. These include:

Not knowing where or who to turn to when needing support: This can be addressed by improving awareness. One participant commented, “There needs to be a blanket awareness campaign which doesn't make people feel like specialisms are needed to provide help. They aren't. What is needed is more knowledge of what baselines exist in society and an understanding of how you can help one another.”

Services can be difficult to access: The general theme of the comments related to mental health support being a challenge to access due to large waiting lists and limited accessibility in areas outside of main cities and towns.

Stigma: One participant stated, “Asking for help is still not a social construct that is easy for men.”. This suggests early intervention and building of help seeking behaviours needs to happen earlier; before crisis is reached.

Lack of understanding from professionals: Specialist training should be accessible to professionals and beyond. This would help ameliorate the fears and panic that is often felt when supporting someone in suicide crisis.

Conclusion:

The consultation that was undertaken was successful in aiding our understanding of the needs and complexities of men and older boys who are in suicide crisis. Following on from this consultation, we developed a specific service offer for males in suicide crisis. The service offer includes outreach events and drop-in sessions within male spaces and settings, 1-1 crisis intervention support, accessible via text and building better working relationships with professionals, schools, colleges, and universities to aid early intervention and information sharing.

A final comment from a participant:

“True prevention is not about access to services at crisis. Men feel a weight of responsibility to work, to provide, to be strong. Those things build pressures that can make men feel out of control and hopeless if things go wrong – lose job, lose house,

financial issues, relationship breakdown, etc. If support to resolve those issues and the feeling associated are early, then the spiral of hopelessness can be halted."

We work across the U.K. to support suicide prevention endeavours so if you'd like to know more or work on a pilot of work for your locality, please do get in touch.

