

A consultation aimed at understanding the needs of males in suicide crisis: A Case Study (Part 2)

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 explore, identify and understand what, if any, barriers are faced by professionals when connecting with men and older boys at risk of suicide and how we can overcome challenges faced.
- To understand and collect data in the following areas:
 - Information
 - Access
 - Engagement
 - Confidence
 - Service delivery

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.

Connection with professionals: The consultation was promoted through various mailing lists to people working in the field of mental health. This allowed us to access the target audience with ease.

Results:

We received 126 responses to the consultation.

- A variety of sectors were represented including secondary care (27.2%), primary care (26.4%) and the third sector (12%).
- We asked what proportion of the client group is male. All participants combined; the average percentage was 46%.

A summary of the findings:

- We asked, 'Do you think that males face barriers/challenges when accessing suicide crisis support?'. 91.13% said yes.
- We asked, 'Do you think that professionals face barriers/challenges when accessing support for males in suicide crisis?'. 59.35% said yes.
- We asked, 'Do you think that professionals face barriers/challenges when it comes to identifying males in suicide crisis?'. 73.77% said yes.
- We asked, 'Do you think more can be done to encourage males to engage in support services?'. 95.08% said yes.

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

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"In my experience, the barrier comes in the form of exclusion criteria and who is considered to be at 'enough' of a risk to receive support."

"Many professionals are not trained in suicide crisis as a whole, but often mistake male presentation as violence or typical male behaviour."

"Suggest it could be more proactive until men realise they CAN ask for help. To have support, there is a lot of expectation that the person will be proactive in engaging, I.E, to call the number, attend an appointment, fill out a form. These tasks can feel overwhelming. A missed appointment becomes a missed opportunity to engage with that person because they haven't felt about to initiate it."

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 generally 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 concerns that professionals had about males in suicide crisis. Many of these are shared with males themselves. As mentioned in the case study above, we created a dedicated service for males in suicide crisis and have since worked and trained with professionals to support them to support more men.

A final comment from a participant:

"Services rely on signposting clients to services rather than making referrals themselves. Men struggle to ask for help, if one service signposts instead of refers them, then they have to ask for help twice instead of once."

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.