

Gloucestershire Boys & Young Men Network  
Position Statement

**The National Strategy for  
Suicide Prevention in England:  
A Gloucestershire Perspective  
on Boys and Young Men**

*'Reality Bites'*

It's hard to keep my head together,  
Through days of pain and stormy weather,  
It's hard for me to up and leave,  
When I am angry it's hard to breath,  
When I am sad, angry or worn,  
I turn to violence when I should mourn,  
That's why my mental health is through,  
And I do aerosol and glue,  
When I'm depressed I turn to drugs,  
To fit in with all the other thugs,  
It's hard to smile or be nice,  
When happiness comes at a price,  
The pills I take are like a knife,  
'Cause every one could take your life,  
But still I wonder what to do,  
Perhaps with help I'll make it through.

Entry to World Mental Health Day  
2003 Poetry Writing Initiative

Dean



[www.gbymn.org.uk](http://www.gbymn.org.uk)

## Gloucestershire Boys and Young Men Network

### Position Statement

# The National Strategy for Suicide Prevention in England: A Gloucestershire Perspective on Boys and Young Men

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## 1. What is this Position Statement?

This Position Statement sets out the collective views of members of the Gloucestershire Boys and Young men Network about the implementation of the National Strategy for Suicide Prevention in England within Gloucestershire.

It sets out our recommendations for future actions to prevent suicide amongst boys and young men in our communities, through primary care and through the criminal justice, substance misuse and other services. It does not seek to comment on initiatives that are already underway and are being performance managed e.g. "Twelve Points to a Safer Service".

## 2. The National Strategy and the Boys and Young Men Network

The Government's White Paper "Saving Lives: Our Healthier Nation" (1999) set a target to reduce the death rate from suicide and undetermined injury by at least a fifth by the year 2010. The National Suicide Prevention Strategy for England was published in September 2002.

The Strategy sets out a programme of activity based on 6 goals:-

- To reduce risk in key high-risk groups.  
Specified groups include young men, prisoners and high-risk occupational groups including farmers and agricultural workers.
- To promote mental well-being in the wider population.  
Specified vulnerable groups include children and young people, people who misuse drugs and/or alcohol, black and ethnic minority groups, socially excluded and deprived groups.
- To reduce the availability and lethality of suicide methods.  
Gender issues and suicide method are highlighted, including the frequency of hanging and strangulation among young men.

- To improve the reporting of suicidal behaviour in the media.
- To promote research on suicide and suicide prevention.
- To improve the monitoring of progress toward the 2010 target.

Suicide is a major public health issue. Around 5000 people take their own lives in England every year. In the last 20 years, suicide rates have fallen in older men and women but risen in young men. Suicide is the commonest cause of death of men aged under 35 in England. The suicide rates for men aged 15-24 have doubled since 1971 and almost doubled for men aged 25-44.

Objective 3.5 of The Gloucestershire Boys and Young Men Network Action Plan 2003-2006 is "To produce a Gloucestershire Boys and Young Men Network Position Statement on the implications of the National Suicide Prevention Strategy in Gloucestershire".

### **3. Suicide in Gloucestershire**

The Public Health Common Data Set 2001 records 50 deaths for that year as "Suicide & Injury Undetermined". Of these, 41 deaths were men. Thirteen of these men were in the age group 15-34.

Table 1 shows the trends in male suicide for the period 1993-2001 using indirectly standardised mortality ratios (*see glossary*).

*Table 1: Trends in Suicide (Males only) 1993-2001*

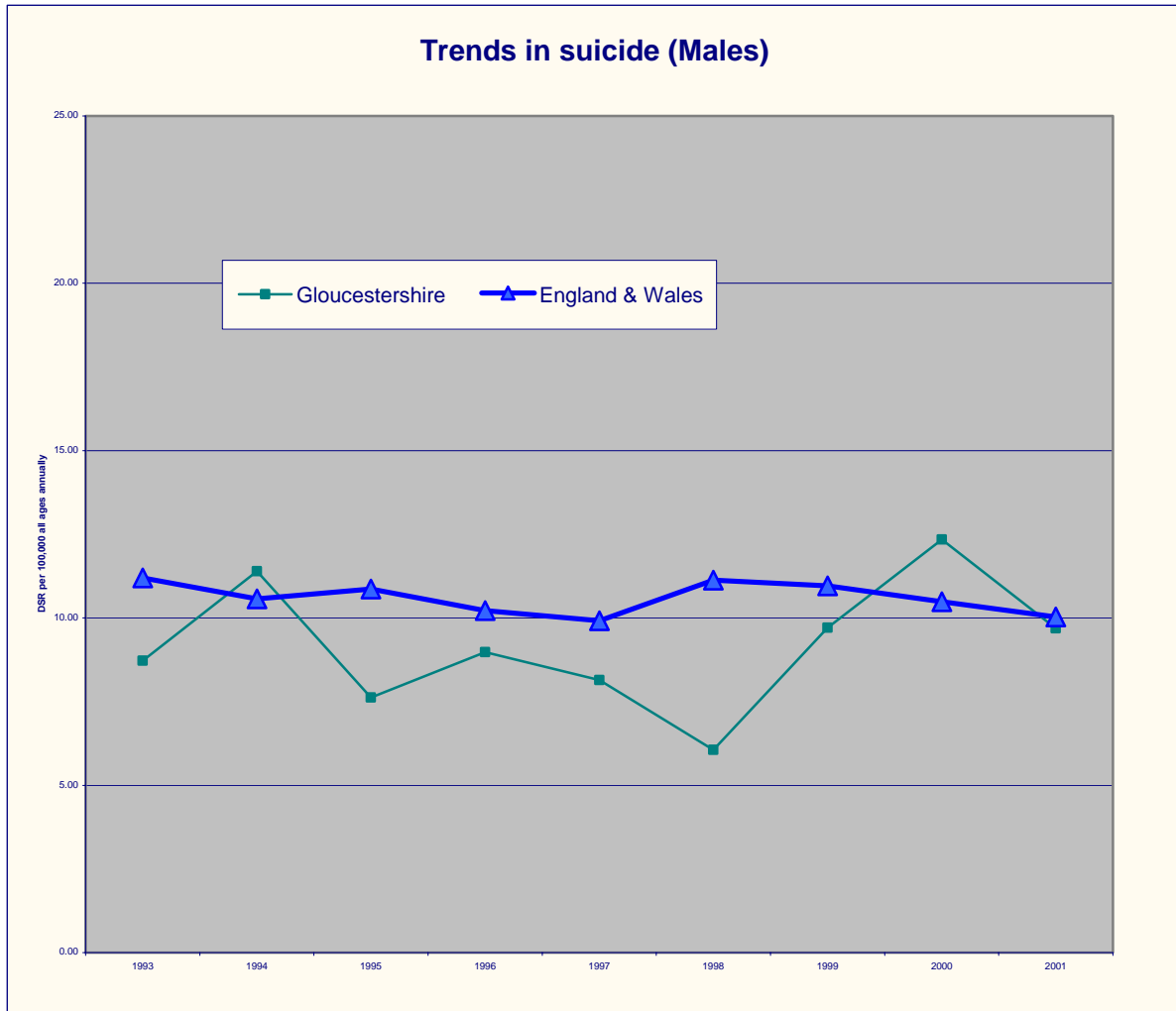
Indirectly standardised ratios (SMR). Standard rates are age-specific mortality rates in 2001.

Area	1993	1994	1995	1996	1997	1998	1999	2000	2001
Cheltenham	74	147	0	72	54	107	196	123	88
Forest of Dean	104	155	77	101	75	49	123	123	124
Cotswold	101	74	123	74	98	49	24	48	24
Gloucester	97	175	95	93	74	130	54	179	145
Stroud	76	94	74	92	110	0	91	73	91
Tewkesbury	55	56	110	132	105	26	78	128	77
Gloucestershire	84	120	76	92	85	64	98	115	94
South West	103	106	118	115	99	104	114	117	106
England and Wales	112	106	108	103	99	111	109	104	100

Source: DoH2002 (CCHI)110

Figure 1 shows the trend in male suicide for both Gloucestershire and England and Wales for the period 1993-2001 using directly standardised rates per 100,000 (all ages annually).

Figure 1: Trend in male suicide - Gloucestershire and England & Wales 1993-2001  
Directly standardised rates per 100,000 all ages annually (see glossary).



The trend data reveals that suicide rates in Gloucestershire fluctuate around the rates for England and Wales. It should be noted that, whilst every single suicide is a tragedy, small changes in numbers for suicide within Gloucestershire result in large fluctuations in the rates presented.

The ways in which our Gloucestershire men and women take their own lives also differs. Table 2, showing cause of death by suicide, demonstrates that “Poisoning by non-domestic gases” and firearm discharge %s are far higher amongst men than women.

*Table 2: Deaths from suicide occurring November 1992 – April 2002*

<i>Cause of Death</i>	<i>Number of Deaths: Male</i>	<i>Number of Deaths: Female</i>	<i>% All suicide deaths Male</i>	<i>% All suicide deaths Female</i>
Hanging, strangulation or suffocation	94	22	39.5	31
Poisoning by non-domestic gases	67	8	28.2	11.3
Poisoning by solids or liquids	32	33	13.4	46.5
Any firearm discharge	14	0	5.9	0
Sharp object	9	0	3.8	0
Drowning	5	5	2.1	7
Jumping from high place or lying before a moving object	5	0	2.1	0
Smoke, fire and flames	1	0	0.4	0
Other & unspecified means	11	3	4.6	4.2
Total – all methods	238	71	100	100

Source: ONS (PHMF)

#### **4. Why young men and gender matters?**

Four major themes emerge from consideration of the research on stress, depression, help seeking and young men.

##### *i. Emotions*

When young men are asked about emotions, stress and depression, they show distinct gender-specific attitudes to vulnerability, control (and lack of it) and identity.

##### *ii. Stereotypical Views*

Young men maintain entrenched and stereotypical views on men, women, coping with and resilience to stress and help seeking. e.g. “Women moan about everything, men get stressed but don’t moan”.

### *iii. Coping Strategies*

While attitudes to emotions and help-seeking are strongly polarized, coping strategies are situationally determined. Exploration of emotions and stress yield fixed negative responses. Exploration of “coping” yields a broad range of methods and coping behaviour is something viewed as desirable. This range commonly includes

- “Soldier on” and “keep it to yourself”.
- Some young men who find they can speak with “diamond friends” and those that won’t “take the piss”.
- Starting with the intention of sharing with a friend but ending up dealing with it on your own as don’t know how to talk about it.
- Things which help you to forget, relax and “keep on top of the situation” including alcohol, illegal drugs, tobacco and sleep.
- Taking it out on others e.g. Using violence.
- Releasing emotions e.g. Praying, listening to music, sport.

When serious issues such as mental distress and suicide are introduced, young men react by distancing themselves. e.g. “People commit suicide when they hear voices and shit like that”.

### *iv. Talking Therapies*

Talking is a coping strategy held in very low regard because there is no belief that it will relieve stress or change anything. However, those who try talking about problems value this approach. Young men who are more confident about expressing their emotions and feelings are also more confident in seeking help where they can talk. Young men are often reluctant to discuss problems but find it easier to engage with a solution-based approach. Strong views are expressed about help and help seeking through “talking therapy”. A commonly held view of talking outside of family and friends is “It’s their job, why should they give a shit!” Young men state that they prefer services that are anonymous and have no stigma attached to using them. Some state that it is easier to talk to females and those that give practical solutions. Others state that it is easier to talk to someone of their own age.

These four themes give a useful insight into the effectiveness of suicide prevention initiatives in Gloucestershire.

## **5. The Evidence Base for Suicide Prevention**

There is a substantive and growing body of research on suicide prevention and young men. Key documents are:

FRIEDLI, L. *Making it effective. A guide to evidence based mental health promotion.* London: mentality, 2003

LLOYD, T. *Boys’ and Young Men’s Health: What works?* London: Health development Agency, 2002

MEN’S HEALTH FORUM. *Soldier it! Young Men and Suicide.* London: Men’s Health Forum, 2001

Additional research is referenced in Appendix One. The recommendations in this Position Paper have been drawn up on the basis of this evidence base and the perspectives, skills, knowledge and experiences of members of the Gloucestershire Boys and Young Men Network.

The Network would draw attention to two significant areas of research.

i. Systematic reviews of suicide prevention programmes in schools have not proven them to be effective. Indeed, there is some evidence they may increase risk for vulnerable young people, particularly boys. A comprehensive programme (as part of a Health Promoting Schools-type initiative) of teacher training, parent education, stress management and life skills together with access to a crisis team for schools has been shown to achieve a very significant reduction in suicide and attempted suicide over a 5-year period.

ii. Self-harming may be a response to a transient period of distress but may also be an important indicator of mental health problems and risk of suicide. It is recognised that self-harm and suicide/attempted suicide are not the same phenomenon. Risk factors include recent self-harm by friends or family, drug use, depression, anxiety, impulsivity, low self-esteem, experience of bullying and worry about sexual orientation. Programmes delivered through schools and youth work addressing self-esteem, depression and anxiety, accompanied by routine screening of adolescents to identify those at risk, have been shown to be effective in reducing self-harm and suicide. Access to help lines, self-referral agencies and school counselling services are also effective interventions. There is also an important role for tackling bullying and creating a safer and more supportive environment for young gay and bisexual men.

## **6. Recommendations**

### **6.1 The Approach**

#### **A dual strategic approach is required where**

Agencies target and develop methods that enable young men to use their services

Young men are provided with settings where they can broaden their coping strategies and attitudes towards gender and be encouraged to seek help

### **6.2 Communication**

To achieve this and communicate effectively with boys and young men, organisations and partnerships must:

Take responsibility for any inability to target & engage with young men effectively. Little significant development will take place if we project the problem onto their reluctance to use services.

Adopt approaches that highlight emotional fitness and mental strength within a positive and non-stigmatising framework i.e. Move away from approaches that rely on phrases such as “Desperate? Need someone to talk to?”

Design messages to target quite specific groups of young men e.g. Messages such as “It is good to talk” are only likely to impact on young men who have experienced this to be the case.

Develop resources for boys and young men which promote mental health, self-esteem and assertiveness thus contributing to suicide prevention.

e.g. The recently launched MEN-tal! Comic (GBYMN, 2003)

Develop resources for boys and young men which promote access to support and advice services.

Ensure availability of these messages and resources in places where young men can access them.

### **6.3 Professional Development**

The development of specific skills for people who work with boys and young men should be incorporated within the broad range of professional training to ensure that agencies are equipped to work effectively with them. This should include input on vulnerable groups such as gay and bisexual men (the relationship between sexuality and mental well-being and the increased risk of self-harm and suicide amongst gay and bisexual men), refugees and young men in the criminal justice system.

### **6.4 Primary Care Trusts and Local Strategic Partnerships: The engine for change**

Work to prevent suicide and promote the mental well-being of boys and young men in Gloucestershire should be led through a combination of

- The work programmes of the Local Strategic Partnerships (LSPs).
- The work programmes of the three Primary Care Trusts through the
  - Commissioning function of the 3 Primary Care Trust Mental Health Local Implementation Groups (LIGS) and their work programmes drawn up on the basis of their Local Delivery Plans (LDPs).
  - Programmes of health improvement and which reduce health inequalities led by public health and health promotion teams.

With reference to Local Strategic Partnerships (of which there are 6 locality-based and 1 countywide partnerships in Gloucestershire), it is recommended that each LSP has a member with a lead role for mental health. This was also a strong recommendation from the October 2003 Gloucestershire Conference on Mental Health Promotion. This role would incorporate responsibility for embedding district-based needs assessment of the mental health issues affecting boys and young men and subsequent action planning in the LSP work programme.

With reference to Primary Care Trust Mental Health Local Implementation Groups, consideration of the mental health needs of boys and young men, as specified “individuals at risk” and “vulnerable groups” under both Standards One and Seven of the National Service Framework for Mental Health, should be a prerequisite.

With reference to Primary Care Trust health inequality and public health responsibilities, it is recommended that PCTs act to support and enhance the delivery of the evolving programmes of work specified below.

The work of the Gloucestershire Boys and Young Men Network has been recognised for its effectiveness, evidence-based nature and innovation by the Department of Health, the South West Public Health Observatory, the Men’s Health Forum, the European Men’s Health Forum and Working With Men.

Two recommendations are therefore made:

- Funding be allocated by PCTs to the Gloucestershire Boys and Young Men Network (for management within the discrete GBYMN budget) to ensure the delivery of the mental health promoting components of the GBYMN 3-Year Action Plan. Performance management of this work could be by the Joint Network Co-ordinators to the Public Health Network.
- The post of Development Worker for Young Men’s Mental Well-being is developed and jointly funded by Gloucestershire County Council and the 3 PCTs.

## **6.5 The fuel in the engine: Building provision**

### **Building service delivery in community venues**

We need to build upon health promotion initiatives in social environments that men attend and feel comfortable in (e.g. pubs, clubs, community, and sports and leisure venues). The Gloucestershire Boys and Young Men Network’s ‘Pints, Pies and Prostates’ scheme, developed in partnership with members of the Gloucestershire Neighbourhood Projects Network, is an evidence-based community initiative which delivers a broad-base of health information to men in social environments and venues. Development of the scheme includes the participation of health professionals (Health Visitors, Community Nurses) and a Community Referral Form to direct men towards services. This scheme need to be enhanced to include further mental health promotion material. Further input should include awareness of issues around young men and suicide.

### **Building culture-based initiatives**

There is a significant evidence-base that promotes the use of the cultures of boys and young men in the delivery of health promotion initiatives. Examples of this include CALM (Campaign Against Living Miserably), a North West and Bedfordshire based scheme that works in partnership with radio-stations, nightclubs and sports

venues, to encourage young men to talk about problems and seek help. A CALM telephone helpline is available for young men and further information and advice is available through CALM's website.

In Gloucestershire, we need to develop our own culture-based initiatives through the building of our own mental health promoting structures for boys and young men. This includes

- *MEN-tal! – The work programme*  
As mentioned earlier, the comic-book style resource 'MEN-tal!' provides information and advice around mental health and risk-taking issues. 'MEN-tal!' should be developed as an 'umbrella' term for the further development of mental health and suicide prevention initiatives for young men in Gloucestershire.
- *www.gbymn.org.uk*  
The potential of the Gloucestershire Boys and Young Men Network's website as a tool to provide mental health information to young men should be maximised. This will involve partnership working with local radio stations, nightclubs, pubs and sports and leisure venues.
- *Cotswolds CALM*  
A pilot programme, based upon the CALM initiative, is being considered by the Network in partnership with Cotswold District Council. Funding is required to run this in the North Cotswolds.

### **Building a mental health and well-being practitioner skills development course**

The Gloucestershire Boys and Young Men Network is developing a course to raise awareness of health issues amongst people working with boys and young men. Projected components of this will include mental health, sexual health, drug and alcohol use and the relationship of cultures, masculinities and ethnicity to health. All elements will aim to enhance workers' capability to broaden young men's coping strategies with regard to health issues.

Funding is required or capacity needs to be ring-fenced for a worker to develop and deliver the mental health module of this course.

### **Building the mental health promoting role of school nurses**

We need to develop the potential of School Nurses to promote the mental health of boys and young men through

- Auditing their mental health promotion activity.
- Developing county-wide guidelines for school nurse mental health promotion.
- Developing "Mental Health Lead" School Nurse.

### **Building the mental health promoting potential of our schools**

We need to audit the Healthy Schools Partnership "Emotional health & well-being" component against the evidence base/best practice and maximise the potential of our schools to promote mental health.

### **Building choice in primary care**

We recommend that a PCT undertake a pilot project enabling access to primary care services through "out of hours" Accident and Emergency provision enhanced with multi-disciplinary cover. This would enhance provision of choice and address some of the barriers which research demonstrates inhibits men from accessing primary care health services.

### **Building bridges with our media**

Evidence from a systematic review of international research into the impact of media coverage concludes that responsible approaches to the portrayal of suicidal behaviour and suicide in the media impacts upon the incidence of future suicide and suicide attempts. Reporting of suicide shows strongly gendered patterns.

We must ensure that our Gloucestershire media adheres to good practice in its' reporting of suicide, mental distress and of communities and groups with elevated rates of suicide. This includes

- Working with the media to celebrate the achievement of, and to challenge discrimination faced by people who experience mental distress and social exclusion
- Working with the media to celebrate the achievement of and challenge the stereotyping of boys and young men
- Promoting "Media Minder" awareness amongst the public and the media. This must include congratulating the media on mental health promoting stories and challenging inaccuracy or discriminatory language
- To organise an annual Gloucestershire Mental Health Journalist of the Year Award
- To develop and deliver a Mental Health Awareness Workshop for our Gloucestershire Media

These actions should be facilitated by Gloucestershire Partnership NHS Trust working in collaboration with partner organisations and our media.

## Appendix One

### Key References: Evidence-based Suicide Prevention Interventions working with boys and young men

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## Glossary

### **Indirectly Standardised Mortality Ratios ~**

The rates of the standard population (in this case England and Wales in 2001) are applied to the study population (as specified). This produces the number of deaths that would have occurred if the study population had experienced the same rates as the standard population. These are the “expected deaths”. The “expected deaths” can then be compared to the “observed deaths” as a Standardised Mortality Ratio (SMR). This SMR is the ratio of “observed deaths” to “expected deaths” expressed as a %. By definition, the standard population (in this case England & Wales 2001) has an SMR of 100%.

### **Directly standardised rates per 100,000 all ages annually ~**

The rates of the study population (in this case Gloucestershire) are applied to the numbers of the standard population (in this case England & Wales) to give the number of deaths that would have occurred in the standard population if the death rates in the study population had applied. This number of deaths is divided by the total standard population to give a standardised rate per 100,000 for the study population.

### **The Gloucestershire Boys and Young Men Network**

The Gloucestershire Boys and Young Men Network is a partnership of individuals from organisations that have an interest in working with boys and young men around health and social issues.

The Network is composed of partners from Cotswold and Vale PCT, Gloucestershire Partnership NHS Trust, Gloucestershire Youth Service, Gloucestershire Social Services, Gloucestershire Drugs and Alcohol Service, Sure Start, Gloucestershire Neighbourhood Projects Network and Adult Continuing Education and Training.

The Network has a 3 Year Action Plan to provide a structure for work with boys and young men in the county. This may be seen on the Network's website at [www.gbymn.org.uk](http://www.gbymn.org.uk), or copies can be obtained from the contacts below.

### **Contacts for more information**

For further information about the Network please contact:

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