

YOUNG MEN AND SUICIDE: strategy guidelines for health authorities

The Government's recently introduced target of reducing the suicide rate by at least one-fifth by 2010 is a challenge for many Health Authorities. These guidelines aim to help Health Authorities to develop an effective integrated strategy to reduce the number of young male suicides.

They are based on an investigation carried out by the Men's Health Forum. This included a literature review and also an assessment of interventions that were thought to be effective in reducing suicide levels. As part of this investigation, Directors of Public Health were asked about their current strategies and initiatives to reduce young male suicides.

The Men's Health Forum's findings

Young men are four times more likely to take their life through suicide than young women, while young women are three times more likely to 'self-harm'. The gender difference in deaths is reflected throughout Europe, whether in Portugal where the ratio is 2:1 or in Ireland where it is 11:1.

There has been a steady increase in the rate of suicide among young men since the 1970s (especially among those aged 15 to 34 years), with the majority of these coming from social classes 4 and 5. It has been this steady increase that has caused so much concern and led the Government to introduce the target to reduce suicide.

The Men's Health Forum's investigation found that most research has concentrated on the suicidal act and tended to ignore gender (i.e. studies have looked at risk factors, the means that were used, explored the links between unemployment and suicide, but rarely focused on the most distinct factor in suicide rates – gender). Moreover, even though gender differences are so significant, they have rarely taken into account when Health Authorities plan and develop strategies and interventions.

So, for example, many of the more common prevention strategies rely on active participation in primary care and mental health services. Yet young men are known to be particularly poor voluntary users of both of these and, unless this is taken into account, strategies are unlikely to be effective.

To date, very few Health Authorities have developed and implemented effective suicide strategies that have reduced the number of suicides by young men. In fact,

very few recent interventions by any agency have impacted significantly on suicide levels. Evaluations have also been rare. While there is general agreement that multi-agency and multi-faceted strategies are essential, these still remain unusual.

The Men's Health Forum's investigations included a survey of Directors of Public Health which asked about suicide prevention strategies targeting young men. While almost half of the 39 respondents described initiatives they were taking, when asked for further details of these initiatives, a series of barriers and issues were mentioned. These included:

- Suicide is hard to confront: *'while most people see it [suicide prevention] as important, it is just horrible to face suicide. If they end up doing it, you feel such a failure; the risks are too high'*.
- Multi-agency work is hard to achieve: *'working together is much easier to say than to do. There have been exceptions, but multi-agency work hasn't really developed very well in our authority'*.
- Health services are not skilled in working with young men: *'health services have no expertise in working with young men, we don't really know them, and even if we did, suicide affects such small numbers, and how do you find them?'*
- Strategies are hard to develop: *'our Public Health department has analysed the dangers and the risks and even identified the groups at risk; however, developing strategies and turning this data into practice is much, much harder'*.

It is, in part, these findings that have led to the production of these guidelines.

Context

The National Service Framework

The Government has published *Saving Lives: Our Healthier Nation*, which includes the target of reducing the suicide rate by at least one-fifth by 2010, and the National Service Framework for mental health, which describes how this will be achieved.

Standard seven within the Framework highlights nine interventions to prevent and reduce suicide at a local level. Those targeting mental health services specifically include:

- Expecting local health and social care 'communities' to tackle the stigma attached to mental illness
- Ensuring high quality primary health care
- Ensuring that everyone with a mental health problem can access local services
- Ensuring that those with severe mental illness have a care plan and safe hospital accommodation (if they require it)
- Ensuring that there is support for those caring for people with severe mental illness

Support for local prison staff is also mentioned, as is ensuring that staff generally have the competence to assess the risk of suicide. Local services are encouraged to develop systems to learn from suicide audits.

Most of the Framework recommendations hinge on the availability of, and access to, services either through primary health care or emergency secondary care (such as A & E).

Health Improvement Programmes

The Health Improvement Programme (HimP) is the local strategy for improving health and healthcare and modernising services as well as the vehicle for achieving national targets. Integrated services are one of the underpinning principles of HimPs: *'Working together in partnership to develop and implement the HimP is key to its effectiveness. The HimP belongs to the whole of the local community and must, therefore, have the widest possible involvement, from all the health agencies, local authorities, voluntary sector bodies, community groups, business and others'* (Department of Health 1997, *The New NHS. Modern, Dependable*).

A Men's Health Forum analysis of 10 HimPs found that most have written their mental health sections at a very general level; some have reproduced virtually word-for-word the proposed initiatives listed in Standard Seven of the Framework. Others have added more detail, but stayed within the mental health services context. This is understandable, as this is the recommendation of the Framework. However, this would appear to be at odds with the requirement that HimPs should be led by the health services but also involve a broad range of other agencies and individuals.

Concentrating only on mental health services will not be enough to tackle the issue of young male suicide. The use of health services are underpinned by gendered perceptions, attitudes and behaviours. Unless gender is taken into account, suicide prevention strategies are less likely to be effective.

What needs to be done?

The Men's Health Forum study of Health Authority strategies found good examples to be unusual. However, one exception to this was Dorset Health Authority.

Dorset has a rural population, with only one job vacancy to every six job seekers, and had a suicide rate slightly above the national average. In 1994, the Health Promotion Department mounted a local media campaign in the lead-up to Christmas which targeted young men with a strap-line of 'You've got to be tough to tell someone what's up. Talk about your problems – that way they'll get sorted'. In 1995, there was a series of small initiatives culminating in a well-attended multi-disciplinary conference in December. From this conference, an action plan was drawn up and lead agencies identified.

The 28-point strategy continues to be actioned and monitored. The diverse strands include strengthening the delivery of services; planned interventions after a suicide; research and evaluation of services; the development of local crisis centres and helplines; as well as broader issues such as the reduction of social isolation, work in schools on mental health, drugs and alcohol abuse, use of custody training for magistrates and strategies for dealing with unemployment.

The strengths of Dorset's strategy are that its context is much broader than mental health; it involves a broad range of agencies (many of which lead on specific strategy targets); and professional workers have been provided with opportunities to test their beliefs and practices. Actions have been written into work programmes; an understanding of gender and masculinity inform the approach; and the strategy is monitored and many of the initiatives evaluated.

Dorset provides a good example of a strategy where effective practice has developed. Dorset has also seen an overall downward trend in male suicide rates for those between 15–24 years of age from 18.29 per 100,000 population (three year rolling rates 1994–6) to 9.46 by 1999.

Recommendations

While it is appropriate for suicide prevention to be placed within a mental health context, this has tended to overshadow the importance of gender. Young men's experiences need to be placed more at the centre of a strategy if the target for a reduction in suicide is to be met. This is primarily for two reasons:

First, most suicide strategies make a number of assumptions about 'at-risk' individuals and groups

which are not appropriate for young men. We know, for instance:

- That men do not use primary health care in the same way as women (and this is particularly the case for young men)
- That counselling and advice services are used at least three times more often by women than men
- That young men, in particular, are poor users on a voluntary basis of virtually any services

Secondly, aspects of being a man inevitably play a part in men's decision-making. So, for example:

- Men (and particularly young men) take more risks with their physical and mental health than women
- Showing vulnerability, asking for help and acknowledging problems contradicts many young men's sense of what it means to be male
- The loss of role, poor health and identity issues relating to being a man all have a part to play in suicide – especially in relation to unemployment, fathering, terminal illnesses, sexuality and imprisonment

We therefore recommend that:

1. Local health authorities consider the gender implications in data collection, and particularly in planning, delivery of services and clinical practice.
2. Suicide prevention (even if it is within a mental health framework) involves a much broader range of settings and disciplines. These should include education, the voluntary sector (especially the Samaritans), probation, youth and careers services, community organisations and accident and emergency departments.
3. Gender-specific strategies targeting young men are developed within the mental health framework to ensure that more general initiatives can be more effective. These strategies should include:
 - a. The provision of school and youth service-based programmes where young men can develop 'emotional skills' such as help-seeking strategies, emotional literacy, communication skills, explorations of what it means to be a man and 'looking after yourself'.
 - b. Existing mental health, support and advice services should develop strategies to target those young men they do not currently reach. This will involve both making services more appropriate and attractive, and also ensuring that staff have a positive approach and an understanding of young men. Recent studies suggest that too many services operate with a stereotyped view of young men (e.g. 'they can't show their emotions') and that young men are reluctant to use services that they do not know. Most high-risk groups of young men are also socially excluded and least likely to use traditional services voluntarily.

c. Many professionals report that young men are reluctant to reflect on drug and alcohol use and abuse and other specific risk-taking behaviours. However, a recent study found that young men were much more willing to discuss and engage with the more general issue of risk-taking. We would recommend that risk-taking becomes a theme within health-related work with boys and young men and that other approaches that engage young men are developed.

d. Health Promotion departments identify the health messages that have attracted young men's attention and analyse why these messages have worked. These should then be replicated in the promotion of available services and within mental health campaigns specifically targeted at young men.

e. Health authorities should identify the groups of young men most at risk within their local communities, and find out and develop a greater understanding of their mental health experience. Most research suggests that a number of factors make an individual 'at-risk'. So, for example, while a psychiatric diagnosis is a risk factor, unemployment, poor communication skills and social isolation will increase this risk. Young gay men, African-Caribbean young men and young refugee men are all groups that have a high risk of committing suicide.

f. Health Authorities should carry out an audit of young men's use of local services. Future initiatives should be pursued via those services that already access the young men at risk. Those services that do not already access young men should develop targeting strategies to ensure that they do.

4. That relevant funding streams and other initiatives are used to develop a broader-based strategy. So, for example the following have and can be used to fund and develop suicide prevention work with young men:

- **Health Action Zones** – suicide prevention strategies can fit well with the core elements of a HAZ's work, i.e. developing broad-based partnerships (involving a number of agencies); using a public health model that is proactive in engaging communities; and developing person-centred service delivery and an evidence-based approach. Existing HAZ projects include Manchester, Salford and Trafford's, 'Let's Get Serious', which aims to impact on the suicide levels of young men through a work and training-based project involving older unemployed men as mentors.
- **Education Action Zones** – while the main focus of the EAZs are to 'improve performance in schools in challenging circumstances', innovative strategies and partnerships of schools, the business sector, local authorities and community organisations are expected to develop. EAZs provide another important means of establishing appropriate support networks for those school students at risk.

● **Connexions** – this emerged out of the Government's Social Exclusion Report, *Bridging the Gap*. It aims to be 'a new integrated support service for all young people, with personal advisors at its heart' in which young people aged 13–19 are supported by a personal advisor who will raise their aspirations and remove barriers to the learning environment. It also intends to address mental health, misuse of drugs or alcohol and other health issues. At a minimum, Connexions will provide an early warning system for young people at risk. The first Connexions started in April 2000 and could provide an important component of a suicide prevention strategy.

● **Other Government Funding** – a number of other funding and initiative streams have emerged from Government that could support a broad-based suicide strategy. The Home Office, for example, recently advertised a Race Equality Grants Scheme, which specifically targets young black men with projects 'which provide services/support to young men alienated and disengaged from active citizenship because of racism and negative stereotyping', as well as other literacy, mentoring and training projects for young men aged 15 to 25 years. This funding stream will provide £12 million over the next three years and, together with other Government initiatives, will provide a valuable source of funding for local projects.

● **Charitable Trusts** – a number of large and small charitable trusts have included the targeting of young men as a priority group and mental health continues to be a major focus for a number of the larger trusts. The Nationwide Foundation, for example, asks for applications that focus on 'challenging disadvantage, discrimination and stigma associated with mental ill-health'. The Diana Princess of Wales Memorial Fund will consider applications for work with 'young people who are most at risk of developing mental illness; young people with mental health problems who are not using statutory services and young people with eating disorders'.

The prevention of young male suicides is complex. These guidelines aim to help all of those agencies wanting to contribute to the Government's suicide target to grapple with the issues. It is clear that unless the gender factors are taken into account, the targets are unlikely to be met.

First steps

Any Health Authority which wishes to develop an effective suicide prevention strategy should consider following the example of Dorset. First, organise a conference involving all relevant local agencies. Then establish a multi-agency strategy group to build on the HimP and Mental Health Framework.

Dorset's experience also suggests that the essential components in any strategy likely to be effective should include:

- A multi-faceted initiative and multi-agency involvement
- A needs assessment of local young men 'at risk'
- Specific services targeted at young men (both in terms of mental health and engaging young men in broader-based services)
- The development and acceptance of a broad and coherent strategy
- Methods of monitoring and evaluating all components of the strategy

The Men's Health Forum can provide a speaker, training facilitator or consultant to assist Health Authorities to develop a coherent (and gender-based) suicide prevention strategy. If any Authority is interested in this, contact the Forum's co-ordinator (details below).

How to get more information

A copy of the Forum's report *Young Men and Suicide* can be obtained from the Men's Health Forum, Tavistock House, Tavistock Square, London WC1H 9HR at a cost of £10 (including p & p). Ten or more copies are available at £5.00 per copy (including p&p). The full text of the report is also available online at www.menshealthforum.org.uk.

The report, and these guidelines, were prepared by Trefor Lloyd (of Working With Men) for the Men's Health Forum.

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About the Men's Health Forum

The Men's Health Forum is an independent organisation which aims to improve men's health through research, policy development, the development of innovative and imaginative projects, collaboration with the widest possible range of interested organisations and individuals.

To find out more about the Forum, or to request a membership application form, please contact the address below.