



living is for everyone

# Promoting Good Practice in Suicide Prevention

## Activities Targeting Men



Australian Government

Department of Health and Ageing

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## ABOUT THE NATIONAL RESOURCE

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*Suicide among males in Australia is more than four times than among females. This calls for urgent action across the community.*

This resource was developed with funding from the Australian Government Department of Health and Ageing to support the development and delivery of a wide range of suicide prevention programs and activities aimed at men.

It aims to assist individuals and organisations in designing and delivering men's suicide prevention programs and interventions including:

1. programs conducted by service clubs, community organisations, sporting organisations, employers and community service providers across whole communities to increase social cohesion and capacity in the area of men's suicide prevention.
2. programs conducted with specific 'at-risk' groups of men; aimed at developing capacity and resilience, particularly where environmental factors may undermine men's health, for example in farming communities, regions with high unemployment, or with groups who are isolated for a variety of reasons.
3. services or interventions for men at heightened risk of suicide, including those provided by family and friends or carers, GPs and other health workers, or community and emergency response workers.

The contents of the kit represent current approaches to early intervention and prevention of suicide and complements the Living is for Everyone national suicide prevention materials (2007).

The resource is structured around the main topic areas of:

1. Information on men's suicide and suicide prevention
2. Effective suicide prevention programs for men: considerations; suggested strategies; indicators of good practice; and examples of strategies used with:
  - Individuals at heightened risk of suicide
  - Whole communities including men in the workplace
  - Groups identified as being at-risk (with sections on Men in the Middle Years, Men in Rural Communities, Men from Culturally and Linguistically Diverse (CALD) Communities, Indigenous Men, Men Undergoing Relationship Breakdown and Older Men)

A list of references is also provided.

A number of key themes run through the materials.

### Wellness not illness

The focus of the resource is on creating and maintaining men's health and well being. The materials actively avoid a deficit or 'pathogenic' model that sees suicide as reflecting an inadequacy in men (e.g. a failure to seek support, or inability to communicate health issues).

### Prevention and early intervention

The materials are consistent with the directions of the National Suicide Prevention Strategy and aim to imbed preventative behaviours and responses within communities and individuals and also address the needs of men at immediate risk of suicide. They promote the importance of good health and well being in men as a means of building resilience in individuals and in communities.

## **Environmental factors**

Men's health and well being, like that of all members of the community, relies on a complex web of social, economic, environmental and personal factors. There is strong evidence that the rate of suicide in men reflects men's responses to difficult and stressful environmental factors within their lives.

*The social determinants of health defined by the World Health Organization (WHO) provide a useful framework for working with men at heightened suicide risk.*

## **Men's mental health issues**

The causal relationship between suicide, mental health, and stressors in men's lives is unclear. We do know that having a diagnosed mental illness is a risk factor for suicide, and that early treatment for depression may have a significant impact on reducing suicide rates.

*It is important to promote interventions and support for mental health conditions, particularly depression, as a major component of suicide prevention.*

## **The needs of *at-risk* groups**

It is often assumed that particular groups in the community are at greater risk of suicide because of intrinsic personal characteristics. However, it is more likely to be a complex mix of personal/family and environmental risk factors including unemployment, family separation, social isolation, alcohol and drug use and mental health.

*Interventions need to address these stressors in ways that suit men.*

## **Men's unique characteristics**

There is much anecdotal evidence that men have unique ways of responding to events in their lives, and interventions need to take into account the relationship between men's grief, anger and stress and their ways of expressing these.

*The focus of suicide prevention activities needs to be on the strengths that men bring to a situation, and in supporting them to understand their responses to stressors and to manage them safely.*

## **Services and programs that are appropriate to men**

There is anecdotal evidence that men will access and participate in 'male friendly' programs and services. This requires knowing what men want and will respond to.

*Men should be involved in all aspects of planning, delivery and evaluation of programs and services so the approach, timing, location, structure and content suit the range of men in the community.*

## **Utilising and accessing existing good quality programs**

There is a great range of programs throughout Australia targeting men's suicide prevention. This resource draws on those programs and combines both existing and new materials. The strategies and indicators of effective programs contained in the resource are derived from program information, evaluation reports (where they exist), anecdotal evidence, and local and international research.



# 1

## INFORMATION ABOUT SUICIDE AND MEN

“Males account for 80% of deaths by suicide in Australia.”

### Male suicide rates in Australia<sup>i</sup>

More than 2,000 people die by suicide each year (1.5% of all deaths in 2004). Suicide accounted for more deaths than motor vehicle accidents between 1994 and 2004. Males account for 80% of the deaths by suicide in Australia. In 2005, 1,657 males (16.6 per 100 000) and 444 females (4.4 per 100 000) died by suicide.<sup>ii</sup>

### Specific groups of men at risk of taking their own lives

- Individuals who are less connected to family, friends and community are more likely to self-harm, particularly if there are also other social stressors. For example the suicide rate for people in any form of custody is three times that of the general population.
- Men in the middle years are at greater risk than other age groups of dying by suicide. Suicide accounts for more than one quarter of all deaths in the middle years: 24% of total male deaths for 20 to 24 year olds; 26% for 25 to 34 year olds; and 18% for 35 to 44 year olds. Relationships, employment (and unemployment), changing gender roles, addiction and financial factors are all major potential causes of stress over these years.
- Mental disorders such as major depression and psychotic illness are associated with an increased risk of suicide, especially after discharge from hospital or when treatment has been reduced. Psychological autopsy studies show consistently that up to 90% of people who suicide may have been experiencing a mental disorder at the time of their death. People are at heightened risk of suicide while in hospital for treatment of a mental disorder, and in the weeks following discharge from mental health in-patient care.
- Alcohol or drug abuse plays a significant role in a person's decision to self-harm. Reports indicate that of people who attempt suicide, 30% are under the influence of alcohol – and of these, about two thirds are male. Alcohol has a strong role in impulsive behaviour, and there is a circular relationship between social stressors, substance abuse, depression and other mental illness and suicide. Alcohol and other substance abuse is also often accompanied by employment, financial, relationship and accommodation difficulties.
- Young Aboriginal and Torres Strait Islander males are more likely than other young Australians to die by suicide. In 2004 suicide accounted for 4.2% of deaths for Aboriginal and Torres Strait Islander people compared to 1.6% of deaths for other Australians. They are one of the most disadvantaged groups in our community, and the health outcomes for Indigenous men are low by world standards. Unemployment, financial stresses and social isolation may be key factors in this high incidence of suicide.

*four out of five people who die by suicide are males*





*a person may have a sense of hopelessness about the future or may not want to burden others with their feelings*

- 'Being a gay adolescent is a significant risk factor for suicidal thoughts and attempts. More than fifteen different studies conducted over twenty years have consistently showed higher rates of suicide in the range of 20-40% among gay adolescents...Being gay in itself is not the cause of suicide. The increased risk comes from psychological stress associated with being gay.'<sup>iii</sup>
- Men suffering from post traumatic stress disorder (PTSD). The effects of war and other life events that may result in PTSD are well documented.<sup>iv</sup>
- For new arrivals to Australia, experiences of war, trauma or threats to life before arriving in Australia, including PTSD may increase the risk of suicide for particular groups. In addition, 'asylum seekers suffer significantly higher levels of depression, suicidal ideations, PTSD, anxiety and panic' if they spend time in detention centres.<sup>v</sup>
- Men bereaved by suicide. People who have lost a family member or close friend are at increased risk of taking their own lives.
- People with chronic illness or pain are at greater risk of suicide, particularly if they are older.
- In men aged over 75 the suicide rate was 21.6 per 100,000 in 2005;<sup>1</sup> almost thirty times the rate for women of the same age.
- Men living in rural and remote Australia may experience considerable difficulties and hardship, including financial difficulties and isolation, and they may not have access to support services during tough times. They may also have greater access to means of suicide that lead to immediate death. Suicide rates in rural and remote areas of Australia are significantly higher than the national average and very remote regions have suicide rates more than double that of major capital cities. However, because of the small population numbers in rural and remote areas, rates can vary widely from year to year, compared to regional and metropolitan areas, and one or two suicides can have a significant impact on the total rate.
- Suicide is a major occupational health and safety issue for workplaces. For example '*statistics show that suicide mortality rates from the Construction Industry are an alarming 75% higher than Australian male rates. According to internal figures from CBUS, from 1998-2004, the rate of possible suicides among their membership is 43 per 100,000. This is a staggering contrast from the national suicide mortality rate in Australia in 2002 of 11.8 deaths per 100,000 (De Leo & Heller, AISRAP 2004)*'.<sup>vi</sup>

<sup>1</sup> Source: 'Causes of Death 3303.0', Australian Bureau of Statistics, 2007





# 2

## SUICIDE RISK FACTORS IN MEN

“*Suicide is a very complex, multicausal human behavior with many ‘causes’ and several biological as well as psychosocial and cultural components. (Rihmer, 2007)*”

### Risks and protective factors

Suicidal behaviours, both fatal and non-fatal, result from interactions between a variety of risk factors and a lack of protective factors across a person’s life span.

Risk and protective factors are often at opposite ends of the same continuum. For example, social isolation (risk factor) and social connectedness (protective factor) are both extremes of social support. Men who attempt to take their own life usually have many risk factors and few protective factors. But risk and protective factors don’t explain everything about suicide. Most men with multiple risk factors do not attempt to take their own life, and some who do take their lives have few risk factors and many protective factors.

Factors that are reported as reducing the risk of people choosing to take their own life suicide include:

- a strong sense of connectedness with family, friends and workmates;
- healthy and well developed coping skills; and
- the belief that suicide is wrong.

*people who attempt to take their own life usually have many risk factors and few protective factors*

### What we know about men ‘at risk’ of suicide<sup>vii viii</sup>

In one study of people who attempted suicide, more than 80% reported social stressors prior to the attempt, with the majority reporting more than one stressor, particularly interpersonal conflict. Particular stressors that impact on men include:

- isolation, social exclusion and lack of social support including as a result of family dislocation, unemployment, ill-health, geographic distance or old age;
- work-related pressures including high expectations, job insecurity, poor performance at work, large or complex workloads or difficult conditions ;
- work related injury and disability;
- unemployment or retirement. Without work, men can lose their sense of identity as well as their social networks;
- relationship breakdown, including for many men, the pain of losing regular contact with their children;
- legal or financial problems, such as debt and bankruptcy;
- chronic illness or pain (more common among older men);
- alcohol or drug use or dependence;
- prior suicide attempts or a family history of suicide; and
- untreated depression. Depression and suicide ideation often go hand in hand, although depression is treatable in 80-90% of cases.

*men’s health should be seen in the context of their economic and social opportunities*



people who attempt to harm themselves are feeling overwhelmed and cannot see any other way out



we know that lots of men don't seek help when they need it - but maybe it's the services that are at fault, in that they don't adequately cater for men's real needs

These factors correspond to the World Health Organization (WHO) ten social determinants of health used for identifying and addressing health issues. They are: social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food, and transport. *The health and life expectancy of people, wherever they live, are affected by their living circumstances and quality of life. With few exceptions, the evidence shows that the lower an individual's socio-economic position the worse their health.* ([www.who.int/social\\_determinants/resources/interim\\_statement/en/index.html](http://www.who.int/social_determinants/resources/interim_statement/en/index.html))<sup>ix</sup>

## The role of impulsivity

Sometimes people take their own life after signalling their intentions. In other cases, there is no warning.<sup>x</sup> A recent study found that of those who attempted suicide only 7% thought about it for more than 24 hours and 75% had lost the urge to suicide within 24 hours.

*'Alcohol may either simply potentiate existing impulsivity or produce disinhibition at a critical period when cumulative risk for suicide exceeds protective factors. Reducing access to alcohol at such critical periods may, thus, provide an additional protective factor for young males considered to be at risk, particularly in those known to have a history of impulsive behaviour.'*<sup>xi</sup>

## Help seeking behaviours and men

It is widely held that a reason for the relatively high rate of suicide in men relates to male characteristics, for example: 'men often do not recognise symptoms of emotional distress' or 'men prefer to work things out rather than seek professional support when feeling distressed or suicidal.' However this is only part of the story. Comments collected from men often tell a different story that puts responsibility onto services and programs to better meet the needs of men. For example men talk about:

- Not knowing about the services that are available:  
*'You don't know that there is anyone who can help.'*  
*'Problems were too personal to share with others.'*  
*'Didn't know where to go – thought I could sort it out myself.'*
- Negative preconceptions about help-seeking:  
*'I thought that if I asked someone for help I was going to get locked up in a padded cell somewhere.'*
- Services are not 'male friendly':  
*'Even though I had an appointment they kept me waiting too long so I was late back to work.'*  
*'There was no parking for my van.'*  
*'The waiting room was full of women's' magazines.'*

It is crucial that services and interventions are designed and delivered to specifically address the needs of men. This can only be achieved if men are involved in the planning, delivery and evaluation of all programs.



# 3

## EFFECTIVE SUICIDE PREVENTION PROGRAMS FOR MEN

*“Programs that assist men to address life’s stressors will address both their personal coping strategies and the sense of social isolation.”*

### Features of effective men’s suicide prevention programs:

The following comments made by men provide a useful summary of characteristics of effective suicide prevention services:

*‘staff have good communication skills and show genuine care for the client’*

*‘staff have professional qualifications combined with life experiences’*

*‘the approach is practical and solution-focused’*

*‘opportunities are provided for men to take control of solutions’*

*‘mentoring/leadership roles are provided by men’.*

Effective men’s suicide prevention programs should be based on the understanding that suicide is a preventable health issue. Programs and activities should aim to assist men to develop skills to deal with life events and to retain a sense of control over their lives. Effective programs would therefore:

- acknowledge and address the unique characteristics and needs of men;
- identify and address the specific risk factors within the community;
- develop and maintain networks of individuals and services;
- provide information, education and training in men’s health issues;
- utilise women, families and friends as sources of support for action;
- work to optimise individual and community capacity in relation to suicide prevention;
- assist people at heightened risk of suicide; and
- be well structured, planned and evaluated.

People (professionals, employees and members of the community) providing men’s suicide prevention programs require the following **skills and knowledge**:

- knowledge of the factors that promote and/or impede good health in men;
- an understanding of the emotional, economic and social environments of men who are at increased risk of suicide, and of intervention strategies that will effectively address this;
- the ability to engage with men, engender a sense of being valued and work collaboratively with men;
- skills in designing strategies to support high quality programs; and
- being able to involve men in planning, delivery and evaluating programs.

Research shows that 40-60% of people who take their own life have seen a physician in the preceding months. Better detection, management and referral of mental health disorders are an important step in suicide prevention.

*if men are to be part of the project in the long term, they need a real sense of local ownership of the project*



*most people who are suicidal can get through the crisis with the help and support of family, friends, health professionals and the community*



The following is a guide to assist professionals working in this area.

## Guide for professionals<sup>xii</sup>

**What men said:** *'Men expected physicians to notice something ...figure it out and diagnose the problem... Doctors have to read the signs.'*

Use techniques that draw out men's responses in a practical and non threatening way e.g. the *For Men Only Prompt List*<sup>xiii</sup> allows men to provide confidential information in written form that can be used to start conversations about things that may be bothering them.

**What men said:** *'The doctor kept asking me questions that I didn't want to answer.'*

Questions should be non-threatening and structured to allow men to open up in their own time.

**What men said:** *'I prefer to be doing rather than talking.'*

Be solution focussed, providing options for addressing problems whilst allowing men to maintain a level of control.<sup>xiv</sup>

**What men said:** *'I think they've got to listen.'*

Try not to appear rushed even though you may be. Make another time soon that is more suitable and follow up with a phone call.

**What men said:** *Men were put off by the environment and appointment times.*

Check that waiting rooms and interview spaces are male friendly – ask male clients for their feedback.

## Guide for program managers

The following indicators of good practice in men's suicide prevention may assist in the planning and evaluation of programs and services.

### A planned, structured approach

- Men are involved in the design and planning of programs and services.
- Evaluation is embedded to ensure continuous improvement.

### Reflecting men's needs

- Programs are developed and implemented in collaboration with men to make sure their needs will be met.
- Programs and services promote men's confidence and self-management.
- There is a focus on providing practical solutions.
- Networking is promoted particularly in locations where men congregate.
- 'Male friendliness' is regularly reviewed by seeking men's feedback.
- Programs and services are actively promoted to men and to their families.
- Programs and services are accessible in terms of location, time and cost.

### Promoting men's health and strengths

- The focus is on *keeping healthy*, rather than on illnesses.
- The focus is on addressing environmental factors that place men under stress, rather than on characteristics within men.
- Whole groups and communities are involved.
- Services are provided for men at risk of suicide.
- A competency based approach to training and assessment is implemented to ensure personnel have appropriate interpersonal and technical skills.



# 4

## WORKING WITH WHOLE COMMUNITIES

“

*A sense of belonging and being connected to a community is an important protective factor for suicide.*

”

### Community based men's suicide prevention strategies

Higher suicide rates are more likely in communities with:

- high levels of social exclusion;
- high levels of unemployment;
- high levels of drug and alcohol use and abuse; and/or
- limited social supports.

Where such factors combine, their impact snowballs.

Local community programs, projects and activities that aim to build individual and community capacity and resilience can significantly influence the prevention of suicide and suicidal behaviours. Strategies used in various regions of Australia to effectively develop community capacity in suicide prevention include:

- *Central Coast and Sutherland Shire Suicide Safety Network*<sup>xvii</sup> provided information and education to increase community mental health literacy and provide support and confidence to members
- The *three-in-One* project<sup>xviii</sup> brought men together in an all-male social support network. It included *Participant Action Research (PAR)* and the *nine domains of community capacity*<sup>xix</sup> to measure project outcomes
- *workplace education programs* that focus on the development of life skills e.g. OzHelp ([www.ozhelp.org.au](http://www.ozhelp.org.au))
- *education and training programs* to strengthen the suicide prevention skills of local health professionals, called gatekeeper training (e.g. GPs, emergency departments, other local health care providers)
- *parenting skills programs* for new parents or recently separated parents. The Child Support Agency has a range of information in different languages ([www.csa.gov.au/promotion](http://www.csa.gov.au/promotion))
- *promoting community discussion* of issues relating to stress and suicide, to reduce stigma and make it easier to seek help e.g. rural forums conducted by beyondblue ([www.beyondblue.org.au](http://www.beyondblue.org.au))
- *men's health education programs* at places and times, and in ways that speak directly to men, – for example Mensheds ([www.mensheds.com.au](http://www.mensheds.com.au))
- *school-based education programs* covering mental health, social skills and drug and alcohol education programs e.g. The Kyogle Youth Action Incorporation ([www.kyogleweb.com.au](http://www.kyogleweb.com.au)), MindMatters and Kids Matter
- *using the media* (local radio and newspapers) to promote positive messages and community events
- *involving community workers* (e.g. youth workers, school based counsellors, project and community network support officers) to provide specialist expertise
- *engaging sporting organisations*, employers, local clubs and pubs etc to increase skills in recognising and responding to men who need help

*In working with whole communities, the aim is to increase awareness of suicide risk, build the community's resilience, and build the capacity to be responsive to men's needs. This is a preventative approach.*



*It is important to involve men in decisions about planning and delivering programs*



- *advertising men's health and mental health promotion weeks* as a way of getting message into the community ([www.menshealthweekaustralia.org](http://www.menshealthweekaustralia.org))
- *actively promoting 24 hour local crisis support lines* such as Mensline Australia, Lifeline, Youthline, Kids Helpline, Suicide Helpline (Vic) and local community mental health services
- *promoting 'Information and Support Pack for Those Bereaved by Suicide'* distributed by the Coroners Courts in each state/territory.

## Guide for program managers

The following are indicators of good practice<sup>xvi</sup> that may assist in planning and evaluating community based men's suicide prevention programs:

### A planned, structured approach

- The program addresses underlying community conditions and environments, not just a limited range of self-destructive behaviours in men.
- Men from the community are involved throughout the program to make sure it is appropriate. It is planned and structured to address the specific needs of the community.
- Process and outcome evaluation are in place, with participants involved in evaluation (e.g. Participant Action Research). Feedback is used to continuously improve programs.
- The results of evaluation are documented, published and used.

### Promotes good practice

- Good quality systems of governance are in place.
- The program is open to new ideas and approaches.
- Strong advocacy for preventing men's suicide is provided.

### A preventative approach

- The program draws on men's skills and strengths, rather than attempting to re-educate them to address perceived failings.
- It is based on a sound understanding of suicidal behaviour and related factors.
- Interventions are included at three levels: community, specific target groups and individual.
- Strategies are included to reduce risk factors and increase protective factors.

### Utilises appropriate skills

- Men are included as leaders in the program.
- Program coordinators and other personnel are suitably skilled.
- The skills and talents of a range of groups and individual men are used.
- Appropriate support (e.g. GPs, counsellors) is available.



# 5

## TARGETED INTERVENTION PROGRAMS

“

*It is important to work with groups and communities who are identified as being at-risk, to build resilience, strength and capacity and an environment that promotes self-help and support.*

”

### Suicide prevention strategies aimed at-risk groups

Groups of men who may be potentially at risk of suicide include men:

- who are unemployed or troubled by performing poorly at work
- under personal stress, including through legal problems, relationship conflicts, bankruptcy or arrest
- who feel isolated or have limited social supports
- with alcohol or drug problems
- who are socially excluded
- with a previous history of attempted suicide or a family history of suicide
- with a mental disorder, especially if they have been recently discharged from hospital.

Specific groups covered by this resource include Aboriginal and Torres Strait Islander men, rural men, men undergoing relationship break up, men from Culturally and Linguistically Diverse Communities (CALD), men in their middle years and older men. Young men are also an at-risk group but are included in resources covering youth suicide prevention.

Strategies to address the needs of at-risk groups of men could include:

- *creating environments* that encourage men to talk openly about issues: man to man (*talk to a mate*), talk to a partner, to family or a friend through formal and informal groups e.g. Mensheds ([www.mensheds.com.au](http://www.mensheds.com.au)), a gardening program for young men in Kempsey NSW, a website aimed at young farmers in New England areas of NSW, and a Youth Centre for Indigenous young men in Alice Springs.
- *supporting the development of life skills* such as problem solving, anger management and coping skills to build individual resilience through:
  - education on ways of effectively dealing with life stressors e.g. resilience and life skills training in the construction industry by OzHelp ([www.ozhelp.org.au](http://www.ozhelp.org.au)).
  - opportunities for men to talk about their issues in a safe environment e.g. program for men attracted by the same sex aimed at Indigenous and culturally diverse youth in WA.
  - training in practical and technical skills e.g. booklets and training provided by the Child Support Agency ([www.csa.gov.au](http://www.csa.gov.au)).
- *promoting positive views of men's health* and promoting messages such as *there is always someone you can talk to; It is safe to talk; talk to a mate; and It is safe to use the 's' word.*
- *creating and maintaining support networks* within the community, including support to families and friends after a suicide death (postvention), healing camps for 'at-risk' Indigenous young men and support groups for gay men

*support needs to focus on providing solutions and options for addressing men's problems, whilst enabling men to stay in control*





'at-risk' groups vary with the community, so it is important to have a thorough knowledge of local community culture and experiences

- *increasing access to services* for at-risk men e.g. *intensive counselling/buddy support* for men discharged from mental health services, *gatekeeper* and service provider training to increase skills in recognising and responding to the needs of at-risk men; and screening for depression. *The For Men Only Prompt List<sup>xx</sup>* provides a screening tool for GPs that could be widely applied.
- *increasing understanding of factors* related to suicidal behaviours, including through awareness training such as ASIST and referring men to resources such as Lifeline's *Read the Signs* ([www.readthesigns.com.au](http://www.readthesigns.com.au)). *Mensline Australia's resources on Men and Separation - Choices in Tough Times* ([www.menslineaus.org.au](http://www.menslineaus.org.au)) and *Dads in Distress* ([www.dadsindistress.asn.au](http://www.dadsindistress.asn.au)).

## Guide for program managers

The following indicators of good practice may assist in planning and evaluating programs aimed at specific target groups:

### A planned, structured approach

- A planned approach to services is based on a sound knowledge of community needs, events and culture and the needs in the 'at-risk' groups.
- The program is developed in consultation with at-risk men and community representatives.
- Both process and outcome evaluation are in place and involve participants.
- The results of evaluation are documented and published and evaluation feedback is incorporated into future programs.

### A preventative approach

- The program addresses underlying conditions / environments that place specific groups of men at risk.
- The program aims to work with groups rather than with individuals.
- There is a focus on increasing men's knowledge and skills to maintain good emotional and mental health, and ways of reducing the impact of stressors.
- The program is based on a sound understanding of: factors associated with suicidal behaviour; the social determinants of health and their impact on specific groups in the community; and how to adapt programs to meet the specific needs of these groups.
- It aims to increase men's understanding of suicidal thoughts and how to combat them.
- Men are encouraged to link with families, friends and health professionals.

### Appropriate skills

- The program draws on the skills and talents of a range of community providers and individuals.
- Personnel involved in the program have appropriate skills and knowledge.
- Appropriate health support workers (e.g. GPs, counsellors, psychologists) are available.





# 6

## AT-RISK GROUPS - MEN IN THE MIDDLE YEARS

“

*We need to understand the many pressures on men in the middle years and the reasons they do not seek help sooner.*

”

### Incidence and risk of suicide – men in the middle years

Statistics show that men in their middle years are at a heightened risk of suicide. Suicide accounts for more than one quarter of all deaths in the middle years: 24% of total male deaths for 20 to 24 year olds; 26% for 25 to 34 year olds; and 18% for 35 to 44 year olds.

While there is no definitive research to show why this is the case, we know it is not because of any intrinsic failing in men in this age group. We also know that a range of social, environmental and financial factors can make it difficult for men to maintain health and well being during this period. These include:

- relationship pressures and breakdown, including with partners, children and extended family members
- pressures of employment and job insecurity
- unemployment and the identity issues this often raises for men
- other identity issues, including sexual identity
- use and overuse of alcohol and other drugs
- social isolation through unemployment, work hours or geographic location.

Working with men in the middle years on suicide prevention must be based on a sound understanding of the psychology of men and the many environmental factors that can have an impact on the emotional well being of men in this age group – for example, the importance of employment in men's identity, employment pressures (both promotion or underperformance), unemployment or fear of it, the impact of retirement, financial stresses and debt, family responsibilities, alcohol and other drugs and relationship issues.

### Suggested suicide prevention strategies - men in the middle years

Strategies for working effectively with men in the middle years include:

- *addressing environmental factors* including through:
  - community networking programs to reduce social isolation and develop shared understanding of ways to cope with life events. In this age group, sporting and service clubs and other venues where men congregate can provide support and information about how to stay mentally and physically healthy, and deal constructively with stress.
  - workplace programs can provide support and information about managing stress, provide training in practical and 'life' skills and provide mentoring.
  - training for staff who might be in the frontline in such clubs and organisations, or in workplaces (e.g. bartenders, sports trainers, workplace supervisors) about men who may be at heightened risk and how to respond to them.

*services and programs must address the many factors that place men under stress*





- *education campaigns for young men* aimed at imbedding awareness of health and well being and developing personal strategies to manage stress and other life influences.
- *personal skill development programs* in anger management, problem solving, conflict resolution and handling of disputes. This can be of particular importance in assistance in dealing with relationship breakdowns. The Child Support Agency, Lifeline and Mensline Australia all provide resources appropriate to this age group.
- *promoting cultural beliefs that discourage suicide and support self-preservation* particularly in response to stressful life events situations. For example, promote positive messages about managing transitions to their new circumstances.
- *providing support for family and community networks*, both formal and informal to assist them to respond to men at heightened risk of suicide, including through accessing local health and mental health services.
- *promoting specialist support services* provided for at-risk groups such as same sex attracted young men. For example the Aids Council of NSW (ACON) provides a range of services including specialist counselling in relation to suicide prevention.

## Resources – men in the middle years

**Child Support Agency** provides training and resources in practical and technical skills for people facing relationship issues [www.csa.gov.au](http://www.csa.gov.au)

**Lifeforce program**, [www.wesleymission.org.au](http://www.wesleymission.org.au)

**Lifeline** provides 24 hour crisis counselling ph 13 11 14 or visit the Lifeline website, [www.lifeline.org.au](http://www.lifeline.org.au)

**Mensline Australia** provides crisis response including counselling support to men 24 hours a day 7 days week, ph 1300 789 978 24, also see the website for resources, [www.menslineaus.org.au](http://www.menslineaus.org.au)

Sayers M.R, Miller K.M and Ministerial Council for Suicide Prevention (2004) *Help Seeking Behaviours of Suicidal Men aged 17-35 Years – a consumer consultation pilot project* Ministerial Council for Suicide Prevention, Perth

Barwick H. (2004) *Young Males: Strength based and male focussed approaches* NZ Ministry of Youth Development, Wellington N.Z.



# 7

## AT-RISK GROUPS - MEN IN RURAL COMMUNITIES

“

*Keeping up with the pace and nature of change and the demands of farm businesses can create huge stresses for rural men.*

”

### Incidence and risk of suicide – rural men

Suicide rates for rural men, particularly young men, are higher than those of men in metropolitan areas.

Many rural and remote regions of Australia show rates above 15 per 100,000 population (particularly in northern Queensland and Western Australia and the Northern Territory). This is well above the national average of 11.8 per 100,000 for the same period.

Particular suicide risk factors for rural men include:

- access to firearms;
- family conflict;
- rural men commonly face substantial financial difficulties related to environmental factors over which they have no control. Suicide may seem like a practical solution to apparently insurmountable problems;
- the combination of the type and size of the workload, isolation, lack of access to support services chronic illness, increased sense of responsibility;
- same-sex attracted youth (SSAY) may face particular issues of isolation in rural areas;
- there is a shortage of health care professionals in rural areas; and
- rural communities often place a high value on self-sufficiency and resourcefulness. Rural men may not want to ‘dwell on problems’ or talk about their feelings. *‘Farmers do not use the term ‘depression’ or report symptoms of depression in interviews, but they did discuss issues that led to stress.’<sup>xxi</sup>*

### Suggested suicide prevention strategies – rural men

Interventions in rural communities need to address many interrelated aspects, including physical, social and structural aspects of communities. Programs should:

- take a holistic approach to men’s health - focus on wellness, not illness, tying suicide prevention to broader messages about health and well being. For example Mental Health First Aid Training (see [www.mhfa.com.au](http://www.mhfa.com.au)).
- develop and implement strategies that target the whole community, building on the strengths and capabilities of rural men. For Example the *Alive and Well* Project (WA Wheat Belt project) focused on a wellness model, strengthening links between individuals and the community. It included suicide prevention education (*GateKeeper training*); men’s health education (*Working With Warriors, Coping with Hard Times*), and networking programs (*Pit Stop*).<sup>xxii</sup>
- promote ways that men can connect with others to counter isolation, through networking. For example, the one stop shop website (*Just Look* – [www.justlook.com.au](http://www.justlook.com.au)).

*strategies to promote mental well being in rural communities need to be sensitive to the culture within these communities*





it is important to understand and manage your own health, which includes asking for help when you need it

justlook.org.au) identifies existing programs for the region and the *Pit Stop* program (including the 'Talk to mate before it's too late' fridge magnets) from the *Alive and Well* program in the WA Wheatbelt region provided opportunities for men to get together.

- take programs and services to where men are, for example regional field days and community group 'drought' meetings conducted by *beyondblue* in rural communities.
- provide interventions to address specific issues of at-risk groups such as drug and alcohol programs or services for same-sex attracted youth (SSAY), such as community awareness, emergency crisis care and telephone counselling.
- provide education and training on suicide prevention, such as LivingWorks *Applied Suicide Intervention Skills* (ASIST) training and *SafeTALK* workshops ([www.livingworks.org.au](http://www.livingworks.org.au)).

## Guide for program managers

The indicators of good practice listed below should be combined with those identified in other sections of this resource to assist in design, delivery and evaluation of programs.

- Existing networks/events are used for discussing men's health issues.
- There are interventions at three levels: community, specific target group and individual.
- The focus is on wellness, not illness, and suicide prevention is linked to broader messages about health and well being.
- Local men are involved from the start to make sure their needs are met.

## Resources – rural men

**Agriculture Advancing Australia (AAA)** programs:

- AAA Farm Help – Centrelink Farmer Assistance, ph 1800 686 175 or [www.affa.gov.au/farmhelp](http://www.affa.gov.au/farmhelp)
- AAA Rural Financial Counselling Service 1800 026 222 [www.affa.gov.au/financialcounselling](http://www.affa.gov.au/financialcounselling)

**Australian Government Regional Information Service** ph 1800 026 222 (Mon to Fri 9am – 6pm) or [www.regionalaustralia.gov.au](http://www.regionalaustralia.gov.au)

**beyondblue** - [www.beyondblue.org.au](http://www.beyondblue.org.au)

**LIFE (2007) Fact Sheet 18**; Suicide in Rural And Remote Communities

**Lifeline** 13 11 14 – 24-hour telephone counselling and referral services

**Lifeline's Information Service** 1300 13 11 14 mental health and self-help resources

**Managing the Pressures of Farming** – handbook of practical approaches: [www.aghealth.org.au/pressures](http://www.aghealth.org.au/pressures)

**Mensline Australia** provides counselling support to men 24 hours a day 7 days week, ph 1300 789 978 24, see website for resources: [www.menslineaus.org.au](http://www.menslineaus.org.au)

**Tool Kit for getting through the drought**, download from Lifeline website: [www.lifeline.org.au/infoservice](http://www.lifeline.org.au/infoservice)

**Tough Times** - stories of rural men and difficult times – Rogers-Clark, C. & Pearce, S. (eds) Centre for Rural and Remote Area Health USQ: [www.usq.edu.au/sciences/research/crrah/publications](http://www.usq.edu.au/sciences/research/crrah/publications)



# 8

## AT-RISK GROUPS - CULTURALLY AND LINGUISTICALLY DIVERSE MEN

“

*It can't be assumed that the risk of suicide and factors that contribute to suicide are similar across all cultures.*

”

### Incidence and risk of suicide - CALD men<sup>xxiii</sup>

The concept of suicide, its acceptability, and rates of suicide vary across cultures. Suicide rates among immigrants tend to reflect the suicide rate in the originating country, but revert to Australian rates over time. Rates are generally higher among people born in countries that have higher suicide rates (notably English-speaking countries and countries from western, northern and eastern Europe), and lower in immigrant groups from countries with lower suicide rates (including southern Europe, the Middle East and Asia). Across Australia 25% of suicides are among the immigrant population, and 60% of these are from a non-English speaking background.

Factors that may increase the suicide risk for men from culturally and linguistically diverse backgrounds include:

- poor expectations of the future, low socio-economic status and language barriers, particularly where these result in social isolation, unemployment and financial pressure;
- experiences of war, trauma or threats to life before arriving in Australia, including post traumatic stress disorder (PTSD). 'Asylum seekers suffer significantly higher levels of depression, suicidal ideations, PTSD, anxiety and panic' if they spend time in detention centres;<sup>xxiv</sup>
- financial stress, often complicated by housing and employment pressures;
- social exclusion, including lack of access to opportunities for employment, education, housing, health care, recreation and cultural activities or removal from their community support networks; and
- existing mental health conditions, which may be exacerbated by resettlement.

### Suggested suicide prevention strategies – CALD men

Strategies for men from culturally and linguistically diverse backgrounds need to be sensitive to and take account of the cultures within these communities. Programs should:

- take a holistic approach to men's health that enables discussion about suicide and focus on wellness (not illness) and tie suicide prevention to broader messages about health and well being;
- focus on building and enhancing self-esteem, and sense of purpose and community and include strategies that target the whole community, specific groups and individuals; and
- work to reduce isolation and social exclusion, and promote activities that support social cohesion and increase men's feeling of belonging, particularly amongst those who are older and may be unemployed, retired or retrenched.

*displacement is much like it would be for you or me - you walk away from your home, career, culture, everything familiar and everything you've attained - and never return*

*CALD groups in Australia suffer the same type of mental health problems that beset all communities*





Strategies that men have found to be helpful include:

- linking men to existing networks that help them to sustain their interests and activities, or establishing new networks of men of similar backgrounds
- providing opportunities for men to ‘tell their story’ and be heard
- providing opportunities to access specialist health and support services, including mental health services
- practical skills-based activities and workshops
- culturally appropriate health promotion programs.

## Guide for program managers

The indicators of good practice for conducting programs with men from culturally and linguistically diverse backgrounds that are listed below should be combined with those in other sections of this resource to assist program planning, implementation and evaluation.

- The program takes a holistic approach to men’s health that enables discussion about suicide.
- The program takes account of culture-specific protocols, including the appropriate use of male and female counsellors and support staff.
- Interventions are provided at three levels: community, specific target group and individual.
- The focus is on wellness, not illness, and suicide prevention is linked to broader messages about health and well being.
- Men from the community are involved throughout the program, to make sure it is appropriate.

## Example of good practice

The *Three in One Project*<sup>xxv</sup> in the Illawarra Region, NSW aimed to create group-centred opportunities to develop and harness men’s interest in practical skills-based activities. It is particularly relevant to those men with trade and labour backgrounds who are interested in using and developing these skills. It reflects local perspectives and needs as well as the varied cultural heritage of the participants.

## Resources – CALD men

**Association for Services to Torture and Trauma Survivors (ASeTTS) Perth WA**

**Companion House** - assisting Survivors of Torture and Trauma in the ACT

**Fact Sheets** available from Multicultural Mental Health Australia (MMHA), see [www.mmha.org.au](http://www.mmha.org.au)

**Lifeline** provides 24 hour crisis telephone counselling, ph 13 11 14

**Melaleuca Refugee Centre Torture and Trauma Survivors Service of the NT**

**NSW Service for the Treatment and Rehabilitation of Torture & Trauma Survivors (STARTTS)**

**Phoenix Support Service for Survivors of Torture & Trauma Hobart TAS**

**Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)**

**Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) SA**

**Transcultural mental health services** in each state and territory

**Understanding Cultural Diversity in Mental Health** 2002 WA Transcultural Mental Health Centre

**Victorian Foundation for Survivors of Torture VIC**

[www.mindframe-media.info](http://www.mindframe-media.info) for information on suicide in culturally and linguistically diverse groups



# 9

## AT-RISK GROUPS - ABORIGINAL AND TORRES STRAIT ISLANDER MEN

“

*It is essential that services for Indigenous people acknowledge and respect cultural differences and how Indigenous people interact with services in their communities.*

”

### Incidence and risk of suicide - Indigenous men

Suicide among Australia's Indigenous population is significantly higher than the general Australian population, with estimates suggesting that, in some years, the suicide rate for Indigenous people in specific communities is as much as 40% higher than that for the Australian population as a whole. Over the past 30 years Indigenous suicide has increased dramatically, with young Indigenous males being the most at risk.

Young Aboriginal and Torres Strait Islander males are more likely than are other young Australians to die by suicide.

In 2004 suicide accounted for 4.2% of deaths for Aboriginal and Torres Strait Islander people compared to 1.6% of deaths for other Australians.

The high suicide rate among some groups of Indigenous Australians (particularly in young males) may be due to a number of factors which often combine to further magnify the risk for suicidal behaviours and self-harm. These factors include:

- Indigenous people are often exposed to a number of known environmental risk factors for suicide, including poverty, low socio-economic status, lack of education, poor employment prospects, reduced access to services, living in rural or remote communities, domestic violence or abuse, and alcohol and other drug abuse;
- many Indigenous people have been affected by the suicide of another family or community member;
- trauma and grief are ever present within many Indigenous communities as a result of the continuing loss and traumatisation from past discrimination, dislocation and mistreatment, as well as current grief from the deaths of family and community members and friends;
- the number of Indigenous inmates in Australia's prison system is disproportionate to the total population;
- loss of cultural identity and social isolation is known to cause a person to lose their sense of purpose and meaning in life. This may also be a major contributor to Indigenous suicidal thinking and behaviours;
- lack of access to culturally appropriate services to assist people who may be at risk of suicide or who have been affected by suicide; and
- relatively poor health amongst Indigenous Australians compared with the wider Australian community also poses a risk factor for suicide, particularly for older people.

*unemployment, financial stresses and social isolation may be the key factors in this high incidence of suicide*



*it is important to understand the cultural differences in how Indigenous people view mental health and suicidal behaviours*

## Suggested suicide prevention strategies – Indigenous men

Indigenous people have a holistic understanding of health and well being that not only affects the individual, but the community as a whole. Therefore strategies should:

- involve working with community members, not just individuals;
- involve Indigenous people and culturally competent staff in developing services that are culturally appropriate;
- recognise and harness the range of skills of Indigenous men;
- reflect an understanding of the impact of trauma and loss, both past and present, on the physical and mental health of Indigenous Australians and that the effects are passed from one generation to the next;
- provide a coordinated approach to combat the range of social issues affecting Australia's Indigenous population; and
- provide regular screening and culturally appropriate treatment for mental illnesses, such as depression, using a combination of traditional and modern treatment methods.

### Guide for program managers

Indicators of good practice in programs conducted with Indigenous men are listed below and should be combined with those community, at-risk groups and individual programs in other sections of this resource.

- The program takes a holistic approach to men's health that reflects an Indigenous perspective and is linked to broader messages about health and well being.
- Culture-specific protocols, including content of programs and the appropriate use of male and female support staff are adhered to.
- Staff have been trained in Indigenous cultural awareness, and cultural brokers are used as appropriate.
- Elders from the community are involved from the start.

### Resources – Indigenous men

**Dr Edward Koch Foundation**, [www.kochfoundation.org.au](http://www.kochfoundation.org.au)

**LIFE (2007) Fact Sheet 16**; Suicide prevention in Indigenous communities

**Lifeline's Just Ask** website ([www.justask.org.au](http://www.justask.org.au)) provides emotional well being toolkits for indigenous communities:

*Help when you are feeling down*

*Coping with sorrow, loss and grief*

*Aboriginal Suicide Prevention Information*

**NSW Centre for Rural and Remote Mental Health (CRRMH)**, [www.crrmh.com.au](http://www.crrmh.com.au)

**Queensland Centre for Rural and Remote Mental Health (CRRMHQ)**, [www.crrmhq.com.au](http://www.crrmhq.com.au)





“

*‘Stay on the planet for your kids’ is a strong message for dads struggling with relationship breakdown.*

”

## Incidence and risk of suicide – men and relationship breakdown

*Although a man may have friends with whom he works, socialises or plays sport, they are often not people in whom he can confide his deepest feelings. Without strong emotional support, when their marriage breaks up many men may develop emotional problems that can eventually affect their health.*

Each year in Australia, there are around 52,000 divorces and 70,000 separations (including couples in long-term de facto relationships). This adds up to large numbers of men (and women) having to cope with the aftermath of separation. Separated men are 9 times more likely to take their lives than separated women<sup>xxvii</sup>. And young separated men are 10 times more likely to die by suicide than through road accidents.

Many studies confirm the link between relationship break-up and men’s suicide. The effects are particularly strong in the months following the break-up, but research by the Family Court of Australia shows that even after ten years, many men are still struggling with problems relating to separation.

For many men it is loss of regular contact with children that is most difficult.

## Suggested suicide prevention strategies - men and relationship breakdown

Strategies for men undergoing relationship breakdown need to:

1. acknowledge the pain and stress that men may be feeling
2. provide support for men to adjust to new circumstances
3. assist men in developing skills to adjust to their new circumstances
4. provide opportunities for men to network with like minded men.

The strategies might include any or all of the following:

- conducting support groups and developing networks of men in similar circumstances including ‘virtual’ groups over the internet;
- strengths-based education programs to assist men adjust to new circumstances, including the services provided by the Family Court of Australia. Rather than focusing on fixing up ‘deficits’ (e.g. poor communication skills), a strengths-based approach is most effective –managing the new situation, building on existing skills of parenting, financial management, managing households and adjusting to change;
- counselling services targeted specifically at men; and
- creating male friendly environments that make men feel welcome, including information and materials aimed at men or – at the minimum – are gender neutral. This could include meeting in places where men would normally congregate.

*‘to be called  
Daddy for years  
then not to be  
called Daddy can  
be devastating’*





## Guide for program managers

Indicators of good practice for working with men undergoing relationship crises include:

- Programs are based on a sound understanding of the impact of relationship breakdown and of the increased pain of separation from their children.
- Programs are available at the times of highest risk. Recently separated fathers are a very high risk group for suicide and self-harm. It is most critical to have services on hand at this time.
- A range of programs is available to address men's different needs, including programs that:
  - enable fathers to play a positive role within schools and play groups
  - provide a forum where men can talk about their emotional difficulties
  - provide information and skills, including financial and anger management
  - provide opportunities for men to mix socially with other men, including through sport and recreation
- Making services male-friendly including by:
  - involving separated men in planning, delivery and evaluation of services
  - acknowledging and celebrating the role men play within families
  - providing male-oriented counselling by people skilled in working with men
  - using language that is male friendly.
- Using feedback from recently separated men to improve services.

## Resources - men and relationship breakdown

**Child Support Agency** materials available from the website: [www.csa.gov.au](http://www.csa.gov.au)

- Me and My series (available in five languages):
  - *Me and my Changing Family – Moving Forward*
  - *Me and my Kids – Parenting from a Distance*
  - *Me and my Kids and my Ex – Forming a Workable Relationship for the Benefit of your Children*
  - *Me and my Money – Practical Money Ideas*
  - *My Family is Separating – What Now?*
  - *What about me? – Taking Care of Yourself*
- Are you a Separated Parent?
- Dealing with Separation CD-ROM
- Getting Started – Information about Child Support for Separated Parents

**Dads in Distress** a dedicated support group for men [www.dadsindistress.asn.au](http://www.dadsindistress.asn.au)

**Debt Counselling and Mediation Centre** 136150

**Family Court of Australia Mental Health Support Project (MHSP)**. <http://www.familycourt.gov.au>

**Lifeline's Read the Signs** website ([www.readthesigns.com.au](http://www.readthesigns.com.au)), **Living Works** suicide prevention and intervention ([www.livingworks.org.au](http://www.livingworks.org.au)) and **Tool Kits** ([www.lifeline.org.au/infoservice](http://www.lifeline.org.au/infoservice))

**Men And Separation – Choices In Tough Times** and **Men at Risk eLearning Tool** available from Mensline Australia: [www.menslineaus.org.au](http://www.menslineaus.org.au)

**Men's Health and Wellbeing Association** [www.mhwaq.org.au](http://www.mhwaq.org.au)

**Mensline Australia** 24 hours counselling line 1300 789978 or email : [talkitover@menslineaus.org.au](mailto:talkitover@menslineaus.org.au)



# 11

## AT-RISK GROUPS - OLDER MEN

“

*Men and women are different in their responses to ageing.*

”

### Incidence and risk of suicide – older men

In men aged over 75 the suicide rate was 21.6 per 100,000 in 2005<sup>2</sup>; almost thirty times the rate for women of the same age.

Ageing can have many positive aspects – more time to spend with family and friends, opportunities for travel and personal growth, and grandchildren. But there can also be many losses, of family, partner, friends, employment, health and independence. *Some of these losses affect men in quite specific ways, and represent potential risks for depression.*<sup>xxxviii</sup>

To work effectively with older men it is important to recognise and address their specific needs.<sup>xxix</sup> This includes understanding and responding to environmental factors related to:

- retirement from full time work. It is essential that men are able to establish meaningful roles outside paid employment.  
*Retirement and the loss of paid employment may result in feelings of loss and disappointment, which can continue for years ...men talk about feeling left behind and losing contact with work colleagues.*
- loneliness, isolation and depression. Retirement, ill health, or lack of family supports and companionship can erode some men's well being and sense of purpose, leaving them isolated, lonely, and at risk of depression and suicide.
- lack of appropriate services. There is a shortage of appropriate, men-friendly support services (such as counselling) for men of all ages, but particularly older men. For example, the majority of staff and residents of aged care facilities and services are women.

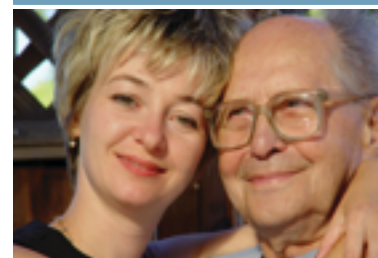
*The difficulty in designing aged care services that are older men friendly is that there is little research around their situation.*

- withdrawing  
*Danish research (as yet unpublished) by Simon Simonsen suggests that what is observed as withdrawal could be an expression of positive autonomy, a coping mechanism that allows men to retain their sense of themselves and their place in the world.*

It is important to celebrate and utilise older men's strengths and capabilities, rather than concentrate on negative health issues.

*We need to ensure that we do not create frameworks and services that define older men by the physical, psychological and social pathologies they experience. While such things need attention, the dominant framework needs to be one in which older men are listened to, worked with and celebrated.*

*We need to develop ways that better conceptualise and engage with older men in positive, non-deficit ways.*



<sup>2</sup> Source: 'Causes of Death 3303.0', Australian Bureau of Statistics, 2007



## Suggested suicide prevention strategies - older men

Effective approaches include:

- providing opportunities for men to make practical contributions to the local community;
- services that address specific health and lifestyle issues, including alcohol and drug abuse;
- groups that enable men to socialise in a practical, action-oriented environment; and
- establishing or linking men to networks to promote social interaction, for example OM:NI conducted by the NSW Council for the Ageing.

### Guide for program managers

#### Indicators of good practice of working with older men include:

- Men are involved in planning and decision making about program structure, content and approach.
- Feedback from older men on the program is sought and acted on.
- Older men's strengths and skills, and the contribution they can continue to make, are acknowledged and utilised.
- Programs are based on a sound understanding of, and address, the complexity of stressors that older men experience, including isolation, reduced sense of self-worth, increased responsibility as a carer, and financial pressures.
- Programs are based on and reflect a sound understanding of health issues that affect older men, including effects of sustained alcohol and drug use, chronic pain or illness, and mental health issues including depression.
- Opportunities are provided for older men to network and meet together in meaningful ways.

## Resources – older men

Brown, Anthony, *A Bloody Depressing Thought: The relationship between older men, aged care and depression*. Men's Health Information and Resource Centre University of Western Sydney, <http://menshealth.uws.edu.au/publications.html> **Older Men: New Ideas** (OM:NI) NSW Council on the Ageing (COTA), [www.cotansw.com.au](http://www.cotansw.com.au)

**The International Society for the Study of the Aging Male** (ISSAM), [www.issam.ch](http://www.issam.ch)

Macdonald J.J, Brown A, Buchanan 2001, *Keeping The Balance – Older Men and Healthy Ageing: A Framework for Discussion*. NSW Committee on Ageing Men's Health Information and Resource Centre, University of Western Sydney July 2001

**Men's Health Information and Resource Centre** (NSW), [www.menshealth.uws.edu.au](http://www.menshealth.uws.edu.au)

**Mensheds** - an Australian organisation specialising in the needs of men, their health and well being [www.mensheds.com.au](http://www.mensheds.com.au)

**NSW Committee on Ageing**, [www.coa.nsw.gov.au](http://www.coa.nsw.gov.au)

**Prostate Cancer Foundation of Australia**, [www.prostate.org.au](http://www.prostate.org.au)



# 12

## RESPONDING TO INDIVIDUAL RISK

“

*If someone has threatened to or has harmed himself intentionally, get medical help immediately – call 000 for an ambulance. Mensline Australia provides crisis response to men 24 hours a day, ph 1300 78 99 78.*

”

It can be hard to tell if someone is considering taking their own life but often he will provide clues or warning signs such as:

- talking or joking about death or suicide, expressing thoughts about death through drawings, stories and songs, or talking of feeling hopeless, helpless or worthless
- risky or self-destructive behaviour (to themselves or others) including increased alcohol and/or substance use
- withdrawing from friends, family, the community and losing interest in things they used to enjoy or not taking care of themselves and their appearance
- being unusually moody, sad, or aggressive and not ‘being themselves’
- saying goodbye to people, giving away their things, settling old or ongoing issues or suddenly seeming better or at peace, after being depressed for a while.

*don't ignore the situation and hope it will go away*

People who are thinking about suicide often feel very alone. They may feel that nobody can help them, or that they are beyond help. They may see suicide as an answer to their problems, and may be unable to see any other way of dealing with their situation. They may believe it is their only way out. ASIST is a 2-day skills-based workshop that equips people for an effective suicide intervention role. The emphasis is on suicide first aid - helping a person stay safe and seek further help ([www.livingworks.org.au](http://www.livingworks.org.au)).

*if you can buy time you can often save a life*

Two handouts for distribution are provided in this section.

### Guide for program managers

The following indicators may assist in the planning and evaluation of services aimed at responding to individual risk.

#### Clearly defined procedures and protocols

- Protocols for dealing with crisis situations are clearly defined and understood by all staff.
- Contact numbers for emergency response are clearly displayed.
- Strategies are defined and in place to address individual needs.

#### Appropriate skills

- Personnel have the right skills, commitment and understanding of the needs of men considering suicide.
- Formal communication links are defined and used with GPs and other health professionals.

#### A planned approach

- Planning of services is based on knowledge of the needs of men in crisis.
- The effectiveness of programs is evaluated and changes are made in response to feedback.
- Strategies are in place to provide clinical supervision and debriefing to staff.
- Strategies are in place to provide ongoing support to men and their families.



Distribute this handout to family, friends and workers to help them respond to individual risk.

## Act immediately

If someone is threatening to or has harmed himself intentionally, get medical help immediately – call 000 for an ambulance.

If someone is talking of suicide or is behaving in a way that causes concern, it's tempting to hope that if you ignore it, it will go away. However it is very important to do something.

- Ask the person directly if they are thinking about suicide. Talking about suicide will not put the idea into their head – it may make them feel it is safe to talk about how they are feeling.
- Let them know you care. Ask them how they are feeling and listen to them - let them do the talking. Things may seem a lot better after they have spoken to you about their problems.
- If a person is considering taking their life it is important to know how much thought they have put into it. Ask them whether they have tried it before; how and when they might do it; and if they have assembled the means of doing it (e.g. drugs, knives).
- Don't leave the person alone - stay with them, and ask them the contact details of others who can support them (family, friends etc.).
- If possible, remove any available means of suicide. This includes weapons, knives, blades, medications, alcohol, other drugs, and access to a car.
- Seek immediate help.

## Arrange for ongoing support

- Get the person to *make a promise*. Thoughts of suicide often come back and if they do, the person needs to tell someone. Get them to promise to call you or someone else such as **Mensline Australia** 1300 78 99 78 or **Lifeline** 13 11 14 before they consider harming themselves.
- Make sure the person has *24-hour access to some form of support* – you, (other) family members, friends, or numbers for **Mensline Australia** 1300 78 99 78 or **Lifeline** 13 11 14.
- *Offer to go with the person* to appointments, or be with them while they talk to someone else they trust (a friend, relative, etc.). If you are the primary carer, try to establish a good relationship with the health professionals treating the person. Your opinion will be valuable.
- *Discuss with the person the issues or situations that might trigger suicidal thoughts*. Plan how to reduce this stress and what coping strategies can be used. Continue to be supportive.
- *Suggest the person seeks help* from:
  - people in the community such as family and friends, community elder, work colleague or supervisor, youth group leader, sports coach etc;
  - health workers such as GP, counsellor, psychologist, social worker, community or mental health service, Aboriginal Medical Service; support groups; and/or
  - counselling services provided by workplaces, schools, religious bodies, and by telephone and the web.

## What not to do

- Don't ignore the situation and hope it will go away – if you think you can't cope with helping the person, find someone else who can.
- Don't think you can fix things on your own.
- Don't make promises you can't keep.
- Don't make the person feel ashamed.
- Don't forget to look after yourself. It can be stressful supporting someone who is suicidal. Involve others to support you, including **Lifeline** (13 11 14) and/or **Mensline** (1300 78 99 78).



## INFORMATION FOR SOMEONE WHO IS SUICIDAL

Distribute this hand out from the Living is for Everyone materials.

### Get Help

*If you think you might harm yourself call for help immediately*

- call 000 (police, ambulance, fire) or
- call Lifeline 13 11 14 or
- go, or have someone take you to your local hospital emergency department.

### It is important to understand suicidal thoughts

Remember that thoughts about suicide are just that – thoughts. You don't need to act on them. They won't last for ever, and often they pass very quickly. Many people who have had serious thoughts of suicide have said that they felt completely different only hours later. It is normal to feel overwhelmed and distressed during difficult times or when it seems that things will never improve.

### Things you can do to keep yourself safe

**Seek help early** - Talk to a family member or friend, see your local doctor, or ring a telephone counselling service.

**Postpone any decision to end your life** - Many people find that if they postpone big decisions for just 24 hours, things improve, they feel better able to cope and they find the support they need.

**Talk to someone** - Find someone you can trust to talk to: family, friends, a colleague, teacher or minister. 24-hour telephone counselling lines allow you to talk anonymously to a trained counsellor.

**Avoid being alone (especially at night)** - Stay with a family member or friend or have someone stay with you until your thoughts of suicide decrease.

**Develop a safety plan** - Come up with a plan that you can put into action at any time, for example have a friend or family member agree that you will call them when you are feeling overwhelmed or upset.

**Avoid drugs and alcohol when you are feeling down** - Many drugs are depressants and can make you feel worse, they don't help to solve problems and can make you do things you wouldn't normally do.

**Set yourself small goals to help you move forward and feel in control** - Set goals even on an hour-by-hour or day-by-day basis –write them down and cross them off as you achieve them.

**Write down your feelings** - You might keep a journal, write poetry or simply jot down your feelings. This can help you to understand yourself better and help you to think about alternative solutions to problems.

**Stay healthy** - try to get enough exercise and eat well - Exercising can help you to feel better by releasing hormones (endorphins) into your brain. Eating well will help you to feel energetic and better able to manage difficult life events.

**See your local doctor or a specialist to discuss support or treatment** - Discuss your suicidal thoughts and feelings with your doctor, talk about ways to keep yourself safe, and make sure you receive the best treatment and care.

**See a mental health professional** - Psychologists, psychiatrists, counsellors and other health professionals are trained to deal with issues relating to suicide, mental illness and well being. You can find them in the Yellow Pages or visit your GP or contact a crisis line for information.



## Find help in your local area

If you're feeling suicidal, getting help early can help you cope with the situation and avoid things getting worse. After you get over a crisis, you need to do all you can to make sure it doesn't happen again. There are a number of sources of support in your local area. If the first place or person you contact can't help, or doesn't meet your needs, try another.

**Lifeline** has centres all around Australia. Check their website for the centre closest to you ([www.lifeline.org.au](http://www.lifeline.org.au) or [www.justlook.org.au](http://www.justlook.org.au))

**General practitioners** – look for one in the Yellow Pages, or contact your local community health centre.

**Community Health Centres** – these are listed in the White Pages.

**Psychiatrists** – look in the Yellow Pages, or ask a referring organisation such as Lifeline's Just Ask. To claim the Medicare rebate, you need a letter of referral by a GP.

**Psychologists** – you can find these through your GP, community health centre, the Yellow Pages or the Australian Psychological Society (APS). The APS provides a referral service on 1800 333 497 or visit their website at [www.psychology.org.au](http://www.psychology.org.au).

**Counsellors and psychotherapists** – you can find these through your GP, community health centre, the Yellow Pages or the Psychotherapy and Counselling Federation of Australia Inc (PACFA). PACFA have a national register of individual counsellors and psychotherapists available to the public ([www.pacfa.org.au](http://www.pacfa.org.au)).

## Call a crisis help line

**Mensline** (A 24-hour counselling service for men) Ph 1300 78 99 78, [www.menslineaus.org.au](http://www.menslineaus.org.au)

**Vietnam Veterans Counselling Service Telephone:** 1800 011 046, [www.vvaa.org.au/vvcs.htm](http://www.vvaa.org.au/vvcs.htm)

**Lifeline** 24-hour telephone counselling available anywhere in Australia for the cost of a local call. Telephone: 13 11 14

The Lifeline website has resources and information related to suicide prevention: [www.lifeline.org.au](http://www.lifeline.org.au)

**Kids Helpline** (For young people aged between 5 and 25, is free, confidential and anonymous telephone and online counselling service Telephone: 1800 551 800 [www.kidshelponline.com.au](http://www.kidshelponline.com.au))

**Headspace** (A mental health website for young people) [www.headspace.org.au](http://www.headspace.org.au)

**Salvo Care Line** (A crisis counselling service available throughout Australia. The website provides details of other services available through the Salvation Army) Telephone: 1300 36 36 22, [www.salvos.org.au](http://www.salvos.org.au)

**Suicide Helpline** (VICTORIA ONLY) - Confidential telephone counselling, support and referral available 24 hours a day, seven days a week throughout Victoria for the cost of a local call. Telephone: 1300 651 251, [www.suicidehelpline.org.au](http://www.suicidehelpline.org.au)

**Crisis Care** (Gay and Lesbian Counselling and Community Services of Australia provides information and links to counselling services for gay and lesbian people throughout Australia) Telephone: 1800 18 45 27 or see the website for numbers in your state/territory, [www.glccs.org.au](http://www.glccs.org.au)

**Lifeline's Information Service** (Information about mental health and other related issues for individuals, professionals, families and communities in rural and regional Australia) Telephone: 1300 13 11 14, [www.lifeline.org.au](http://www.lifeline.org.au)

**Lifeline's Service Finder:** Just look (online database of low cost or free health and community services throughout Australia - free, confidential 24 hour service) [www.lifeline.org.au](http://www.lifeline.org.au) or [www.justlook.org.au](http://www.justlook.org.au)

NOTE: Many of these services also offer interpreter services for those people who speak English as a second language.





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