Preventing Suicide in Boys and Men

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Abstract

Around the world, males dominate suicide statistics. Masculinity – socially constructed gender ideals for boys and men – may be a key contributory factor underpinning the heightened risk of suicide in males. Conformity to "dominant" masculine norms like self-reliance is associated with reduced help-seeking in boys and men. If they do seek help, they often find that services are not well matched to their ways of dealing with problems. Addressing the problem from both ends – norming help-seeking and engaging boys and men with effective help – is much more likely to yield success than addressing these long-standing issues separately.

Keywords

Suicide · Males · Men · Boys · Masculinity

This chapter discusses the intractable issue of male suicide. It describes the magnitude of the problem and explores whether the expectations that society places on boys and men to behave in certain ways may heighten their risk for suicide. It then goes on to discuss the kinds of interventions that might be required to address the root causes of male suicide, noting that our knowledge about the effectiveness and cost-effectiveness of these interventions is limited.

Many chapters of this kind would stop there, indicating that further research is needed to fill these gaps. Instead, ours describes a comprehensive program of research that our team is conducting to further understanding whether certain interventions may help to prevent suicide in boys and men. The research program involves a partnership in which a multidisciplinary group of researchers from five universities (University of Melbourne, Monash University, Deakin University, University of Wollongong, and University of British Columbia) is collaborating with 14 community/industry organizations with a strong commitment to male suicide prevention (Australian Men's Health

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Forum, Australian Psychological Society, EveryMind, Heiress Films, Gotcha4Life, Lifeline, Mantle Health, MATES in Construction, Mental Health First Aid, Movember, Stop Male Suicide, Suicide Prevention Australia, Tomorrow Man, and Victorian Men's Sheds Association). Many of these partner organizations are or will be responsible for co-designing and delivering the interventions we will test.

Suicide in Boys and Men

Around the world, males feature prominently in suicide statistics. The World Health Organization collated international suicide statistics in 2014 and found the global rates in high-income countries were 19.9 per 100,000 for males compared with 5.7 per 100,000 for females [1]. The gap was less striking in low and middle-income countries, but male suicides still outnumbered female suicides by a factor of at least 3:2 [2]. In Australia, our figures are consistent with those in other high-income countries. In 2020, 3139 Australians died by suicide, 2384 of whom were males [2]. This put our male suicide rate at 18.6 per 100,000, more than three times higher than the rate of 5.8 per 100,000 for females [2].

Each time we lose one of our brothers, sons, fathers, uncles, grandfathers, or male friends, colleagues, or peers to suicide, there is an enormous ripple effect. It has been estimated that for every person who dies by suicide, around 135 people suffer intense grief or are otherwise affected [3]. In Australia, that's 313,200 a year who experience the heartache of losing a male in their life to suicide. For many, this impact will be devastating and long-lasting [4, 5] and may increase their own risk of suicidal behavior [6, 7].

Masculinity, Seeking and Receiving Help, and Suicide

There are various explanations for the excess suicide rate among males, including that they are more likely to choose lethal suicide means [8], overuse drugs/alcohol, and withdraw in the face of stress [9, 10], and are less likely to seek help [11]. Masculinity – socially constructed gender ideals for boys and men [12] – may be key contributors to all of these explanations. There are multiple masculinities [13], but in many countries, the "dominant" one promotes norms of power, strength, competitiveness, self-reliance, stoicism, independence, and avoidance of negative emotions [14–16]. These norms are often positive, providing some men with a protective buffer against mental health issues [17], but rigid adherence to them may exert an influence on male suicide (e.g., the choice of lethal means may relate to the view that nonfatal suicide attempts are "feminine" or "weak," [5, 18] and heavy drinking – which is accepted in many masculine milieus [19] – may be a way to manage depression [20–22]).

The interplay between masculinity, help-seeking, and suicidality may also be particularly important. Conformity to masculine norms has been shown to be associated with reduced help-seeking [23–26] and suicidality [27–30]. The influence of masculine norms on help-seeking is in turn mediated by intersectional factors

including age, socioeconomic status, culture and ethnicity, and sexuality. Self-stigma can act as a barrier to help-seeking for men [31], suggesting that interventions that encourage males to seek help may need to challenge rigid masculine norms.

Even when boys and men do seek help, it may not meet their needs. Health services have been criticized for being "gender-blind," and males often find them inconvenient, unengaging, and inadequate [32]. Mental health services may exacerbate the situation because males doubt that psychotherapy works, don't feel safe disclosing that they are not coping [33], and/or view treatment as transgressing masculine norms that idealize self-reliance and self-management [34]. A less-than-satisfactory initial experience with services is likely to put males off when it comes to seeking help if they need it in the future [35]. There have been calls to tailor mental health services and the treatments they offer to the specific needs of boys and men, with recommendations that providers consider the impact of masculine norms on consumers, use skills that orient men to health care, adapt their language to include male-oriented metaphors, and utilize collaborative, transparent, strength-based, and goal-focused treatment styles [36].

Suicide Prevention Interventions

Suicide prevention interventions are classified as (1) universal (targeting whole populations and focusing on certain risk factors without identifying individuals with those risk factors); (2) selective (targeting individuals who are not suicidal, but who have recognized risk factors for suicidality); and (3) indicated (targeting individuals who are experiencing suicidal thoughts or behavior) [37, 38]. Often a variety of universal, selective, and indicated interventions are implemented in conjunction with each other, via a coordinated a "systems-based" approach [39]. The idea is that interventions delivered simultaneously across these different levels have a greater chance of bringing about significant, lasting change than interventions delivered in isolation.

Universal/Selective Interventions That Encourage Help-Seeking Through a Focus on Masculinity

Recently, increasing emphasis has been given to interventions that encourage help-seeking via a focus on masculinity. These tend to be universal interventions, delivered to all males in particular settings, through workshops, training, or media campaigns. In Australia, our partner organizations are delivering some prominent examples: *Breaking the Man Code* (run in schools; Tomorrow Man), *Ahead of the Game* (run in sporting clubs; Movember), and *MATES in Manufacturing* (run in manufacturing work sites; MATES in Construction). Some of these interventions have selective elements too (e.g., *MATES in Construction* trains "connectors" and Applied Suicide Intervention Skills Training [ASIST] workers to support at-risk individuals).

Despite their increasing popularity, the evidence base for these interventions is still underdeveloped. There are published examples of pre-/post-evaluations and nonrandomized trials [40], but only one randomized controlled trial has been reported. This was our own trial of *Man Up*, a three-part documentary aired on ABC TV that explored the relationship between masculinity and suicide and encouraged men to seek help. *Man Up* was created by members of our research team with two of our partners (Heiress Films, Movember) and was hosted by Australian radio personality Gus Worland, who then founded another of our partner organizations (Gotcha4Life). Our RCT showed that *Man Up* increased men's help-seeking intentions [41]. A few other relevant randomized controlled trials are underway [42, 43], including one of *Breaking the Man Code* and another of *MATES in Construction.* These latter trials are being led by members of our research team. The focus of all trials to date has been on effectiveness; none have examined cost-effectiveness.

Indicated Interventions That Ensure That When Boys and Men Do Seek Help, It Meets Their Needs

In Australia and elsewhere, far less attention has been devoted to indicated interventions that ensure that when boys and men do seek help, it is appropriate to their needs. A recent review of Australian tertiary medical training programs showed that limited attention has been paid to the role masculinity plays in engagement with and outcomes of treatment [44]. Guidelines have been developed for the Australian Psychological Society, and a psychologists' training program called *Men in Mind* has been created based on consumer and expert consultation and is due for piloting. However, there are very few examples of best-practice services. Those that do exist, like *Mantle Health*, are in their infancy. No randomized controlled trials have been conducted of any services that provide mental health care through the lens of masculinity.

Addressing Research Gaps: Advancing Knowledge by Answering Critical Research Questions

To summarize, we know that in many countries three quarters of all suicides are by males and that conformity to masculine norms may explain this, at least in part through its role in inhibiting help-seeking and norming self-reliance. Universal/selective interventions that encourage help-seeking in boys and men through a focus on masculinity are likely to be of value, but only if indicated services are "male friendly." There is a major gap in our knowledge, however, as to whether these universal/selective and indicated interventions work.

Our team has recently received funding from Australia's Medical Research Future Fund to address this knowledge gap. We are embarking on a 4-year program of research that will answer four critical research questions:

- Are universal/selective interventions that encourage help-seeking through a focus on masculinity effective and cost-effective?
- Are indicated interventions that are tailored to the specific needs of boys and men effective and cost-effective?
- How might these universal/selective and indicated interventions best work together?
- How can they each be optimized and scaled up?

Our Research Program

Figure 1 shows the conceptual basis for the research. The problem we are addressing is that societally imposed dominant masculine norms run counter to at-risk boys and men seeking help and that those who do seek help often do not receive services that meet their needs, leading to negative outcomes. Our research will investigate whether the solution to this is universal/selective interventions that encourage help-seeking through a focus on masculinity, delivered alongside indicated interventions that are tailored to the specific needs of boys and men.

Our research program involves a series of randomized controlled trials (run by our researchers) of universal/selective and indicated interventions (delivered by our partners). Most of these interventions already exist, and although some have even been evaluated, as noted, this evaluation has tended to be minimal. Only two are the subject of current randomized controlled trials, and these trials do not include cost-effectiveness analyses. We are planning to complement the existing interventions with some new or modified interventions that will be co-designed with our partners and males with lived experience of suicidality. The randomized controlled trials will be augmented by modeling exercises which will consider the broader budgetary and societal implications of rolling out the interventions, in tandem, at scale.

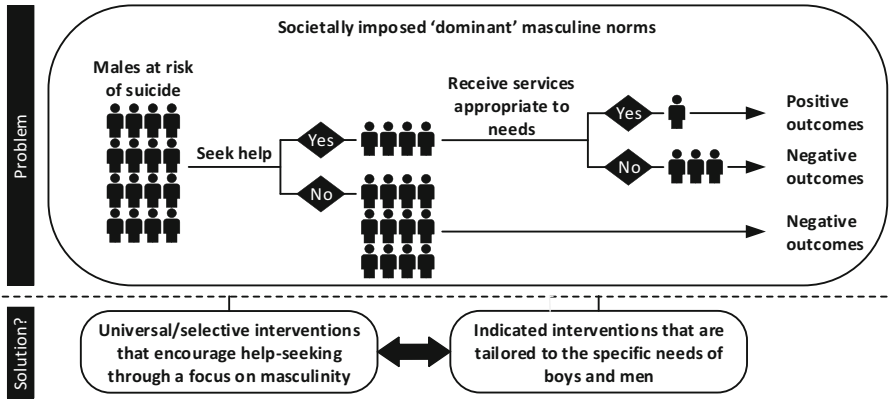

Fig. 1 Conceptual framework

The Interventions

We will trial seven interventions (five universal/selective and two indicated; see Fig. 2):

- *Universal/selective interventions*: Three of the universal/selective interventions (*Breaking the Man Code, Ahead of the Game*, and *MATES in Manufacturing*) are well-established and encourage help-seeking in boys and men by challenging dominant masculine norms. *Mental Health First Aid – Conversations about Suicide (MHFA-CS)* is a more general training program that promotes help-seeking and help-offering, and we will modify it for use in Men's Sheds (community organizations that advance men's wellbeing in a safe environment where they work on meaningful projects with other men). The *media-based male suicide prevention campaign* is the only universal/selective intervention that we will develop de novo. This will be multifaceted and involve traditional and digital media. The modification of *MHFA-CS* and the development of the *media-based male suicide prevention campaign* will be co-designed with the relevant partners and boys and men with lived experience of suicidality.
- *Indicated interventions*: Both of the indicated interventions are currently in the development stage. A set of *specialist Lifeline services* will be delivered by Lifeline, Australia's largest provider of 24-h crisis support and suicide prevention services. Lifeline will develop a model of service delivery that responds to men's needs, co-designing it with male callers. The specifics of the model are yet to be finalized, but it might include messaging that appeals to males (while at the same time resonating with females). The second intervention is *Men in Mind*, a world-first online training program that offers psychologists evidence-based, interactive modules to leverage therapeutic principles that work for men and incorporate these into the way traditional mental health treatments are delivered.

The Randomized Controlled Trials

We will conduct new trials to test the effectiveness and cost-effectiveness of three of the universal/selective interventions and both of the indicated interventions. Trial of *Breaking the Man Code* is underway, and we will strengthen this by adding an economic evaluation component and expanding the number of participants (to maximize the potential for sub-group analyses). In each trial, the given intervention will be compared with an appropriate control condition (e.g., a waitlist control, a minimal awareness-raising intervention or usual practice).

Most trials will be conducted in the settings in which the interventions are delivered. The exception is the trial of the *media-based male suicide prevention campaign*, which will be run in a "laboratory" setting. In each case, participants will be the target group of the particular intervention.

The primary outcome in each of the trials will relate to what each intervention is aiming to achieve (e.g., increases in participants' likelihood of seeking help,

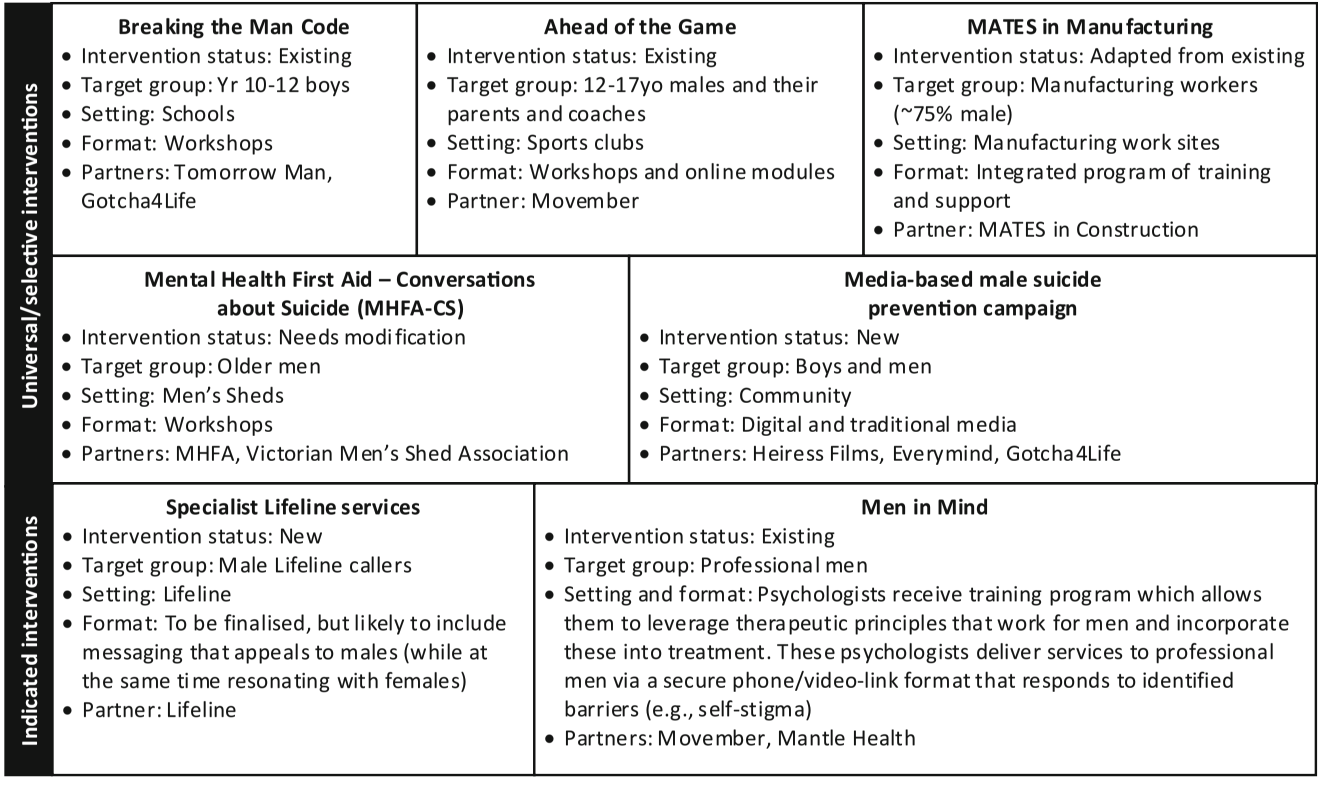

Fig. 2 Interventions

decreases in participants' levels of suicidality). In each case, we will use standardized instruments that we have used in previous trials to assess the outcome (e.g., the General Help Seeking Questionnaire [45] or the Adult Suicide Ideation Questionnaire [46, 47]). We also use the AQoL-4D [48] to derive utility values in order to calculate quality-adjusted life years (QALYs) for the cost-effectiveness analyses (e.g., using the Australian Quality of Life Instrument [48]) and will capture information on resource use and lost productivity through a validated self-report questionnaire and, ideally, through linkage to routinely collected service use data.

The Modeling Exercises

Although "within-trial" economic evaluations will be embedded in each of the trials, there are limits to these. Firstly, important longer-term impacts of the interventions will not be fully captured in the trials because the outcomes measured will be surrogate outcomes relating to, for example, help-seeking intentions, reductions in suicidal thinking and quality of life, rather than the ultimately desired outcome of a reduction in male suicide rates. Secondly, the broader budgetary and societal implications (including scalability cost considerations) of the interventions will not be accounted for.

For these reasons, we will develop a purpose-built lifetime (age 15 to death) economic model, designed to inform decisions about future investments in male suicide prevention. The model will use cost and outcome data from each of the trials to evaluate the population cost-effectiveness of implementing the universal/selective and indicated interventions in combination. It will also draw on empirical analyses of data from longitudinal studies and systematic reviews of epidemiological literature to estimate longer-term trajectories of suicidality and service use in boys and men, along with the resource implications of these.

Strengths and Weaknesses of Our Approach

Our research program will rigorously test a large number of interventions and will therefore exponentially expand the evidence base around male suicide prevention. It is feasible because most of the interventions already exist in some form, having been developed and delivered by our partners. This collaborative participatory action approach also means that if the interventions are found to work, they can readily be scaled up. In addition, these partnerships enable us to channel most of our budget to foster high-impact research and research capacity building, rather than to develop interventions. The existing interventions have been developed with input from stakeholders, including boys and men with lived experience of suicidality, and the new or adapted interventions will be similarly co-designed.

The fact that most of the interventions exist does, however, impose some constraints on trial conduct (e.g., we will need to conduct cluster randomized controlled trials rather than individually randomized controlled trials of most of

the universal/selective interventions because many of these interventions are setting-based). This also makes it difficult to test interventions that *both* encourage boys and men to seek help and provide tailored services for them, although our modeling exercises will explore the impact of delivering the universal/selective and indicated interventions in tandem. Our interventions do not target particular at-risk groups, but the modeling exercise will take subgroups into account via its focus on individual trajectories and our team includes people whose expertise will help us conceptualize how the interventions might be tailored for specific subgroups (e.g., male veterans, Indigenous males; men who are or have been incarcerated).

A Final Comment

Our efforts in this area may be all the more important in the time of COVID-19. Suicide prevention experts from around the world have warned that particular risk factors for suicide may be heightened as the pandemic continues [49], and some of these may be particularly salient for males. For example, the social isolation associated with lockdown may be exacerbated for men with already-limited networks or those whose contact with their male friends relies on activities (e.g., catching up at sporting events). Similarly, the economic consequences of the pandemic may be particularly damaging for working age men who align to breadwinner and provider roles but lose their jobs and careers. We must do all we can to contextualize males' suicide risk and support vulnerable boys and men in these times.

We genuinely believe that our program of work could be game-changing. If we could "crack the nut" of how to prevent male suicide, we would be able to make major inroads into bringing down the overall suicide rate. Addressing the problem from both ends – norming help-seeking and engaging boys and men with effective help – is much more likely to yield success than addressing these long-standing issues separately.

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