

Guidelines for Funding Bodies of Research and Program Design

These Guidelines have been developed to help improve suicide prevention for men in Australia. They are designed to assist funding bodies across government departments at all levels, as well as the not for profit (NFP), philanthropic and the corporate sectors, to contribute to suicide prevention endeavours that exhibit integrity and effectiveness. The Guidelines are based on significant recent international research and have been developed in consultation with leaders in suicide prevention and men's health. Funding bodies can take a crucial leadership role in addressing concerns about the effectiveness of suicide prevention activity in Australia.

Funding bodies are in a position to be able to ensure that suicide research and programs they fund meet required standards and criteria which result in outcomes that genuinely engage with the needs of males at risk of suicide.

Some facts about men and suicide in Australia

Men account for the majority of all suicide deaths in Australia, amounting to over 2,000 per annum.¹ These figures are generally accepted as being considerably under-reported.² This is greater than all road fatalities and homicides together and represents an average of at least 6 men killing themselves every day.

There have been strong calls recently to address shortfalls in suicide prevention research and program design in general^{3,4,5} and especially as it applies to men.

The conflation of mental illness or disorder with suicide is unhelpful for many men⁴ and may significantly impede efforts at suicide prevention. Many of the men at greatest risk of suicide are not engaged effectively, if at all, by mental health services.^{4,6}

The majority of men who attempt suicide will die on their first attempt.⁷

For effective male suicide prevention, it is vital that funding bodies encourage a mutually informative continuity of research, program design, service delivery and evaluation, in order to ensure the best possible outcomes for males at risk of suicide. Examples of a breakdown in this continuity are where research does not address crucial questions that arise out of service delivery and when mental health services may have proven to be unhelpful to many men in distress and at risk, evidenced by the high rate

of completed suicides by men despite their contact with primary care and mental health services.^{4,8}

A further example is how a predominant focus on mental disorder, to the exclusion of social context and determinants, is unhelpful for many men.

Criteria for funding bodies to apply to applicants and recipients of funds

Concerning the rationale for conducting the research or program:

Is it crucial, in that it answers an important question or clearly targets a known need or deficit in suicide prevention?

Does it avoid unnecessarily replicating what is already known or a successful program model that already exists?

Has a sufficient literature review been conducted?

How will the research or program design articulate with efforts 'on the ground' to reduce the risk of male suicide?

Have the researchers or program designers sought expertise in their planning and design to procure knowledge outside their own discipline – especially concerning issues specific to male gender, male experience and male psychology?

Have the researchers or program designers avoided negative male stereotypes, ideology and language?

How robust are the evaluation methods of program design and delivery – to ensure accurate analysis and reporting of developmental process, delivery/service provision and client outcomes?

Where relevant, does the program design genuinely incorporate features of real potential sustainability?

Have program designers provided evidence of how they intend to effectively access and engage with at risk males?

It is recommended that research and program designers and those who must evaluate program outcomes should undergo preparatory basic in-service training in understanding and more effectively engaging and communicating with males.

At risk male cohorts

There are a number of settings in which males are most vulnerable and at risk of suicide; research and program funding should ideally target these settings, which include:

- Unemployed males
- Males experiencing separation
- Males in rural and remote locations
- Males experiencing social disconnectedness
- Males who consume high levels of alcohol or engage in substance abuse
- Males experiencing major depression, anxiety, or any mental disorder
- Males experiencing powerlessness
- Males engaging in self-harming behaviour or that have made a previous suicide attempt
- Males, especially younger males, of indigenous heritage
- Males who are homosexual, bisexual or trans-sexual
- Males that do not have access to male appropriate or specialised professional support

It may be helpful to consider

- The social context of distress (social determinants) rather than solely considering mental health diagnoses including depression
- Social support systems and social capacity building
- A strengths-based approach – respectful of men
- Workplace 'mental health' programs that include the social context including workplace conditions
- Action research

It may be helpful to avoid

- Judgmental attitudes about male help-seeking behaviour and 'appropriate' expression of feeling and emotions

- Assumptions and stereotypes about males that are not supported by evidence
- Duplication of unsubstantiated popular commentary about gender
- Emphasising resilience-building solely for individuals and not taking into consideration their context
- Advocating 'help-seeking behaviour' without adequate service support as follow up
- Awareness-raising of 'mental health' issues as a major or stand-alone aspect of activity
- Use of clinical diagnostic tools and risk-factor assessments – particularly without consideration of the social context
- Focus on depression and other mental health disorders to the exclusion of the context and circumstances (social determinants) which might lead a person to experience distress
- Generic 'suicide prevention' training programs without gender differences as a core component
- Workplace 'mental health' programs that do not take stock of social context – including workplace conditions

See also:

Preventing Male Suicide: *Become Part of the Solution*

National Guidelines for Suicide Prevention: *Men and Unemployment*

Contact **MHIRC** or **AIMHS** for advice on appropriate expertise and consultation

http://www.uws.edu.au/mhirc/mens_health_information_and_resource_centre

<http://aimhs.com.au/cms/>

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References:

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In 2015, 2,292 males and 735 females died by suicide, a total of 3,027 deaths, which equates to an average of over 8 deaths by suicide in Australia each day. See more at: <http://www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats#sthash.Z4ZFAtEU.dpuf>
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