Men & Suicide
Conversations with Men
Barriers to Seeking Help and Support

National Suicide Prevention Programme, 3rd Shared Learning Day
Royal College of Psychiatrists, London

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Dawn Hart – Darzi Fellow
MEN & SUICIDE - PROJECT SUMMARY

- To explore the help seeking behaviours of men who were not known to secondary mental health services in the 12 months prior to attempting or completing suicide.
- To gain better understanding of the barriers and causes of these barriers to men seeking help and support within Kent and Medway,
- To influence services and support to improve awareness and opportunity for those men in need.

• Three Phases:
  1. Listen to Coroner inquest audios
  2. Conversational interviews with men who have lived experience
  3. Co-design workshops for recommendations, support and service design
CORONER DATA FINDINGS – 119 Inquest Recordings

Data Sample Information

- A total of 119 inquest recordings were provided by the Coroner’s office and listened to. This represents a sample of inquests during 2017-2018, not the total number of deaths within the categories.
- Information gathering was limited by the amount of evidence shared verbally during the inquest hearing.
- At the time of the data collection, access to further written documentation had not been achieved.
- There are some gaps in the data analysis as a result of not all information relevant to the data collection scope being spoken within court.
- Note: The purpose of a Coroner Inquest is to establishing four key things: the identity of the deceased, and where, when and how they died. Therefore, only information relevant to these is submitted in court.
INITIAL CORONER DATA FINDINGS

Suicide by Gender

- Female: 13
- Male: 73

73 Male Suicide Verdicts

- Drugs/alcohol related
- Suicide
- Other
- Mis-adventure
- Accident
- Open
- Suicide narrative

Male Suicide by Age

- Known
- Not known
- Not stated/unclear

75% Males Not Known to (or not stated to be) 2ndry MH Services 12 Months Prior to Death

3 out of 4 Men were not known to 2ndry MH Services
INITIAL CORONER DATA FINDINGS

High-Risk Triggers

- Other: 27%
- Not stated: 7%
- Relationship breakdown: 9%
- Previous suicide attempt: 2%
- Bereavement: 11%
- Debt problems: 44%
- Self harm: 56%

Help-Seeking Behaviours

- No help seeking displayed: 6%
- Told friend: 6%
- Told family member: 25%
- Visited GP: 56%
- Other: 7%
- Not stated: 11%

Mental Health Diagnosis

- Depression: 6%
- Anxiety: 7%
- Not stated: 25%
- Other: 6%
- Not known mental health history: 56%
Data Sample Information

- Eight men from within Kent volunteered to take part in interviews and share their lived experience of a suicide attempt.
- Each interview explored the participant's suicide attempt and any help or support available at the time or earlier on, together with any barriers to help-seeking experienced at that time.
- All participants received full written information of the project prior to committing to the interviews, and were able withdraw from the project at any time.
- Written consent to record and use audio samples was gained from the participants prior to the interviews starting.
- Over 10 hours of rich conversation has been recorded, from 30 minutes to 90 minutes per session.
Men and Suicide

https://vimeo.com/316125863/8ce98cb29b
Workshops Summary

• Using co-design methodology, three workshops were arranged.
• One workshop for the interview participants, one for the stakeholders, and a final joint workshop bring together both groups
• The workshops enabled conversations and dialogue for a better understanding of everyone's perspective
• Discussions from the first two workshops were shared at the joint workshop as was Coroner data and the visual audio clip from the interviews.
• The day produced many new focuses going forward, with an overwhelming commitment to share the conversations wider, work together and, not just do things better, but do better things.
• Engage one GP surgery in West Kent area in exploring the referral process to support services and pilot changes by June 2019

• Solicit Innovation projects which would pilot peer support within two GP surgeries as part of the 2019/20 Innovation Fund

• Over the next 3 months:
  – Understand the training/support needs for workers in contact with this cohort of men: such as barbers, taxi drivers, bar staff
  – Monitor the ongoing development of the effective pathway design for case management of depression in primary care, with potential to identify a pilot site to trial the pathway
  – Increase awareness for men by providing information through key areas: Release the Pressure on beer mats, shopping receipts, bus/parking tickets
  – Explore the current process/pathways to upskill teachers to identify self-harm early and equip with the skills for early intervention.
WHEN I LEAVE THE WORKSHOP I PLEDGE TO...

• Join a PPG & seek to ensure GPs recognise symptoms of depression/suicide
• Open up more referral pathways to organisations to access our services
• Look at areas that rolled out suicide prevention training in barbers – how we go about doing this?
• Continue to support the Transport groups
• Produce a sign-posting board for my centre
• Listen as much as I speak
• Carry on supporting this project!
• Add signage to the bridges in Kent
• Help make more connections in the innovation fund
• Discuss the themes from today with my team and supervisor
• Speak to GP leads about a Peer Project by the end of April
• Look at how to contact local supermarkets in regards to marketing RTP on the back of receipts, including home delivery
• Commit to taking the Improvement Project forward by liaising with the appropriate people in the CCG
• Continue to support to wear down the stigma and barriers of male suicide, particularly with the professions. Hear the real voice – they need to.
FEEDBACK FROM INTERVIEW PARTICIPANTS

Thank you for giving me the chance for my voice to be heard and giving me more courage to battle through this, not give up.

(The video), it’s brilliant, it really highlights the problem that there is. Hopefully now with doing this for us and letting our voices be heard, I think it’s a new path opened up to a better future, and no more stigma.

It was not the easiest but good to be involved to try to help. That conversations are changing already is brilliant.