Men and Suicide: From Research to Practice

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Carson Spencer 1969-2004
www.CarsonJSpencer.org
49% of Presidents – Mental Disorders

Overview and Goals

• The Partners
• Research
  – On-line survey: Spring 2006
  – Literature and existing program audit: 2007-2008
  – Focus Groups: Winter 2006 and Fall 2008
  – In-depth-interviews: Winter 2008
• Practice Recommendations
By the Numbers

- National
- Colorado
- Regis University

U.S. Suicide Rates by Gender, Age and Race (CDC)
Cultural Diversity and Suicide

- Men
- Women
Suicide, White Women
by Health Service Area, 1988-1992

10 30 40+
suicides per 100,000 living people
Men and Women Help-Seeking Survey: Suicidal Behavior

Men and Women Help-Seeking Survey: Coping Strategies


Concerns About Help-Seeking

Understanding Men and Suicide
Part I: Risk Factors

Model of Suicide Risk

Figure 1: Thomas Joiner's model of suicide risk, 2006
Why the Gender Gap?

- Lethality
- Belongingness/attachment
- Higher rate of male substance abuse/dependence
- Perceived burdensomeness
- Differences in help-seeking


"Women seek help – men die."

- **Double jeopardy:** The men most in need of psychological help appear to be least interested in using available help services.
- Men’s initial approach to help-seeking is indirect.
- Barriers to help
  - Socio-cultural
  - Systemic

Risk Factors Increasing Suicide Vulnerability for Men
From Suicide Prevention Resource Center

• Social Isolation (McPherson, 2006; Joiner, 2005)
• Stigma
• Job or financial loss
• Alcohol and other substance abuse disorders
• Impulsive and/or aggressive tendencies
• Easy access to lethal means

A Profile of Men at Risk

1 Divorced men kill themselves twice as often as single or married men.
2 66 percent have a high school education or less.
3 Nonfatal suicidal behavior is most prevalent among unemployed, uneducated, poor, and lower socioeconomic status individuals.

Social Risk Factors

Societal Pressure for Men at Risk:
- Identity factors for men are assailed in their middle ages: looks fade, bodies sag, careers have peaked and decades of striving have taken a toll.\(^1\)
- Losses contribute to the potential of suicide
  - Can threaten potential for suicide
  - Loss (divorce, retirement, illness, death or other)
  - Physical integrity
  - Physical power
  - Physical autonomy

\(^1\) "Suicide – Men at Risk". Julie-Anne Davies and Steve Walden. March 2004.
Three Profiles

- Winning norms
- Hegemonic masculine norms
- Controlling emotions

Emerging Interest in Men and Depression

Male Depression is frequently manifested in three key behaviors\(^1\)

- Self medication
- Isolation from friendships and society
- Violence and abuse

“Male-depression syndrome” or masked depression

- DSM-IV misses the mark – under-diagnosis
- Fatigue and Sleep Disorder – reported as and treated from medical symptom perspective
- Irritability/anger/violence/Impulsivity - seen “acting out”
- Lowered stress tolerance
- Loss of interest
- Alcohol and drug abuse and other “vices” – seen as congruent with male ideologies

Men’s View of Suicide

1 Surviving a suicidal act is considered “unmasculine” and that men who survive a suicide act are considered less deserving of sympathy than women.¹
2 Surviving the act violates the male sex-role messages of strength, decisiveness, success and inexpressiveness.²

Understanding Men and Suicide
Part III: Help-Seeking

Stages of Help-Seeking

- Symptom Perception
  - Illness is a threat to masculinity
  - Denial, under-evaluation, normalization
  - Information to significant others
  - Help-seeking is a threat to masculinity
  - Referral to lay system
  - Referral to medical care system
  - Self-medication

[Diagram not transcribed]
Masculine Gender-Role Socialization

- Masculinity is not a stable, internal, trait-like construct (variability)
- Gender socialization’s effect on help-seeking is moderated by several social psychological processes:
  1. Is my problem “normal”?
  2. Is my problem a central part of me? (ego-central)
  3. How will others react if I seek help?
  4. What can I lose if I ask for help?
  5. Will I have the opportunity to reciprocate?

Focus Group: Men and Mental Health:
Obstacles to Help Seeking

- Not manly – “embarrassed” “felt ridiculous”
- “Powering through” impossible expectations
  - continuous visibility, accessibility, multitasking, and high performance
  - High-wire – feeling of helplessness
- Fears
  - Mental disorders=violence, very unstable, discipline
  - “Fear of surviving overrides good sense.”
Promising Practices
Part I: Early Identification and Intervention

Impact Through Early Intervention

- Thought
- Decide method
- Access Means
- Commit to time and place
- Attempt/Complete
Impact Through Early Intervention

Impact Through Early Intervention:

1. Society and social services need to make early prevention methods available to those in need (especially males). [1]
2. Early intervention is key. Tertiary prevention methods, those following self-injury, may be coming too late for those at high risk at completing suicide. [2]
3. Meaningful social engineering is needed to reduce suicide rates. [3]

[1, 2] Discussion with Yeates Conwell, MD, University of Rochester Medical School, NY.

RESEARCH AUDIT: Keys to a Successful Campaign

Promoting Services:

• Promote and market therapy services in a manner congruent with traditional male gender roles. [4]
• Men responded more favorably to a brochure promoting alternative services (classes, video tapes and other structured interventions) rather than traditional counseling (individual and group counseling). [2]
  – Alternative services were perceived as less emotionally intrusive and therefore expected to be more palatable to men adhering to traditional gender norms.
  – Men are likely to have greater comfort with mental health options that are more structured.

Promising Practices
Part II: Social Messaging

Keys to a Successful Social Marketing Campaign

WHY SOCIAL MARKETING?

• Social marketing is particularly useful in identifying factors that influence men's willingness to accept help.

• Specifically, it can help address negative demand (marketing a service which the audience has a distaste and lack of excitement), sensitive issues (those requiring a great expenditure of time and energy from the target audience) and invisible benefits (those where the audience have difficulty in seeing immediate benefits).

Keys to a Successful Campaign

#1: MEETING MEN WHERE THEY ARE AT

- Stages of change model: Pre-contemplation
  - Pre-contemplative reasons men don’t seek help
    - Ignorance: men are unable to identify, label or describe their own feelings
    - Irrelevance: men would consider referring others to a psychiatrist or psychologist, but fail to see relevance of therapy in own concerns
    - Principles: many of the values of masculinity dissuade men from making the decision to seek professional help (or help, in general)


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Keys to a Successful Campaign

- Stages of change model: Contemplation
  - To progress to the contemplative stage
    - Overcome men’s incorrect perception that seeking help keeps to prevailing norms by
      - Demonstrating other men who successfully seek and benefit from help
      - Communicating that norms associated with the action of seeking help do not conflict with normative values
    - If help allows men to make strong, healthy, autonomous decisions, they may be able to ignore societal values that say men shouldn’t seek professional interventions.

**Keys to a Successful Campaign**

#2: USING TRADITIONAL GENDER ROLE VALUES AND LANGUAGE

- Fix oneself, taking control back
- “Absolute refusal to lose or fail”

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**Keys to a Successful Social Marketing Campaign**

#3: UNIQUE STRATEGY

- When asked for techniques to use to cope with suicidal thoughts, men ranked spirituality and positive thinking among their first strategies.¹

- Education and support for dealing with men in despair and crisis should be targeted to the social networks of this high-risk population.²

- Non-mental health language or service system distribution

[1-2] Coping with Thoughts of Suicide: Techniques Used by Consumers of Mental Health Services
Keys to a Successful Social Marketing Campaign

#3 Look at Best Practices and Established Models

1. The United States Air Force Suicide Prevention Program (AFSPP) is a multi-layered intervention program targeted at reducing risk factors and enhancing protective factors.

2. Pro/Con: Culture congruent norms (generalizable?)

Keys to a Successful Social Marketing Campaign

- Real Men, Real Depression (NIMH) and Men Get Depression (DVD)
- Pro: Role modeling through story telling
- Possible limitation: still using mental health language and help-seeking call to action
Keys to a Successful Social Marketing Campaign

- National Fatherhood Campaign

Emerging Colorado Campaign
Target Audiences

**Target Audiences:**
- Primary: Men, ages 25 to 54
- Secondary: gatekeepers & men's network of support
  - Workplaces
  - Faith Communities
  - Mental health professionals and mental health centers
  - Media
  - Women (partners, mothers, sisters, etc.)
  - Primary care physicians / general practitioners
  - Legal system (lawyers, judges, etc.—esp. divorce)
  - Local public health agencies

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Message Strategies and Tactics: Part I

people **prevent** suicide

www.PeoplePreventSuicide.org

A suicide prevention toolkit for campus stakeholders
Mental Health Matters
Doing Our Part in This Emerging Social Movement

"Be a friend. Listen. Support. Get Help. Together we can all have a role in fighting mental health issues and preventing suicide."

Did you know:
67% of Regis students have a high knowledge of suicide risk factors, 12% higher than the national average, 55% score

"As a Resident Assistant, I have come to understand the need for balance in one's life, and by prioritizing our personal, which has not only been a goal of the staff, but also the students. I feel, this balance is achievable."

Did you know:
71% of the Regis community feels comfortable talking to a counselor (June 2021)
Message Strategies and Tactics: Part II

- Leadership
- Normalize and integrate
- Tools to fix oneself (not to diagnose)
- Non-traditional services and nontraditional places
- Role modeling
- Connecting at-risk men to helpful other, great if reciprocity is possible
- Humorous and edgy – viral appeal
- Empowering secondary systems to get involved and tools to be effective

Closing