



## More than Mental Health: Reaching Men at Risk for Suicide

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Amid all the news coverage about suicide in the past few weeks, you may have noticed a surprising [new statistic](#) [1] from the CDC: more than half of people who died by suicide in 2015 did not have a known mental health condition. These new [data](#) [2] reveal many shared characteristics between those who died by suicide without a mental health diagnosis and men ages 35 to 64 at risk for suicide. These characteristics include risk factors such as alcohol, relationship or intimate partner problems, domestic violence, legal problems, job or financial problems, and past military service. **With that in mind, how can we broaden our prevention efforts beyond mental health services to better reach men at risk? Here are some ideas, drawn from both SPRC's [Preventing Suicide among Men in the Middle Years](#) [3] recommendations and the new CDC data:**

**Make connections with nontraditional prevention partners.** Both the CDC data and SPRC report show that men who are struggling may not be seeking behavioral health care services. Based on the key risk factors for this group, suicide prevention programs need to engage agencies and organizations that men may connect with when they first encounter adversity or challenges. These include substance abuse prevention and treatment programs, domestic violence intervention programs, organizations that serve military and veterans, family and criminal court systems, and workplaces. These agencies and organizations may be able to help mitigate some of the stressors associated with suicide deaths, and can also be important places to identify men who may be struggling and connect them with help.

**Improve suicide detection and supports across other health care systems.** Even if the majority of those at risk for suicide are not seeking behavioral health treatment, they may still be engaging with other kinds of health care systems. The Action Alliance report [Recommended Standard Care for People with Suicide Risk](#) [4] outlines basic and attainable steps to better identify and support those at risk for suicide across health care settings, including emergency departments and primary care. These steps, including simple safety planning and post-discharge follow-up, can have a big impact for someone at risk. We also know that [crisis services](#) [5] have an important role to play in a coordinated and effective response to someone who is at imminent risk.

**Advance safer suicide care in behavioral health.** Since almost half of those who died by suicide *did* have a known mental health disorder, improving suicide care in behavioral health care settings is still a critical tool in our



prevention toolbox. Men are less likely to receive behavioral health care services than women—but not for the reasons you might think. We tend to assume that men are generally less likely to seek help for any problem, and it's true that there are strong cultural expectations that men be self-reliant and conceal their emotions. However, there are also other issues at play. Clinicians may not detect depression or other mood disorders in men, and even evidence-based treatment may be less effective, since the large majority of clinical trial participants for mental health and suicide interventions are women. Fortunately, we have a robust model for improving suicide care in behavioral health care systems: [Zero Suicide](#) [6] is continuing to spread and helping to ensure those at risk don't fall through the cracks.

**Offer culturally appropriate assistance for those who are struggling.** Since so many of those who die by suicide do not have a mental health diagnosis, and prevailing male cultural expectations discourage help-seeking, we need to consider alternative ways to reach men at risk for suicide that are more attuned to their preferences. The SPRC report, [Preventing Suicide among Men in the Middle Years](#) [3] recommends building coping skills and connectedness by creating peer-to-peer, community-based groups that can enhance self-worth, meaning in life, and a sense of purpose for men. The report offers examples of this kind of program, such as [Men's Sheds](#) [7], which originated in Australia and have been replicated in the U.S. and other countries; [DUDES Club](#) [8] in Canada; and the [Men's SHARE Project](#) [9] in Scotland. There has also been recent progress in [working with the gun-owning community](#) [10] to find culturally appropriate ways to talk about keeping each other safe during times of crisis—another way men can rely on peers to help them through troubled moments.

It is also important to acknowledge the toll that suicide takes on other groups, including women, men of other ages, LGBTQ individuals, American Indian/Alaska Native communities, and others. Those with a diagnosed mental illness are also at increased risk for suicide. However, as we aim to reverse the trend of increasing suicide rates in our country, we need both behavioral health care *and* community-based interventions to support all who may be struggling, including those who fall outside of the traditional safety net we have been working to build.

## Links within this resource

[1] <https://www.cdc.gov/vitalsigns/suicide/index.html>

[2] <https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm>

[3] [http://www.sprc.org/sites/default/files/resource-program/SPRC\\_MiMYReportFinal\\_0.pdf](http://www.sprc.org/sites/default/files/resource-program/SPRC_MiMYReportFinal_0.pdf)

[4] <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Action%20Alliance%20Recommended%20Standard%20Care%20FINAL.pdf>

[5] <http://bhlttest2.com/>

[6] <http://zerosuicide.sprc.org/>

[7] <http://www.mensshed.org/>

[8] <http://www.dudesclub.ca/>

[9] [http://www.health-in-mind.org.uk/services/mens\\_share\\_project\\_in\\_midlothian/d40/](http://www.health-in-mind.org.uk/services/mens_share_project_in_midlothian/d40/)

[10] <http://www.sprc.org/video/reducing-access-to-means>

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