

STRESS, MENTAL HEALTH & SUICIDE: MEN

Issue/Problem	High rate of suicide amongst young men in Northern Ireland
Evidence Base (Equality & Inequalities Report)	<p>The majority of recorded suicide deaths between 1983 and 2001 in Northern Ireland were males (76%). The largest proportion of suicide deaths was amongst single males (36%).</p> <p>Overall, deaths from suicide tend to be concentrated amongst young people, with 23% of these deaths occurring in the 25-34 age band. The proportion of deaths resulting from suicide was highest for males in the 25-34 age band (19%) and the 16-24 age band (18%).</p> <p><i>Ref: General Register Office for Northern Ireland cited in "Equality and Inequality in Health and Social Care in Northern Ireland: A Statistical Overview" (DHSSPS, 2004:70-72).</i></p>
Evidence Base (Literature Review)	<p>In constructing, displaying and maintaining their male identity, men are more likely than women to engage in risky behaviours (e.g. excessive alcohol and tobacco consumption and drugs use) which can be a serious hazard to their health and are a major cause of men's higher mortality rates.</p> <p><i>Ref: Courtenay (2000) cited in McEvoy, R. & Richardson, N. (2004) Men's Health in Ireland. Belfast: Men's Health Forum in Ireland.</i></p> <p>Men tend to be more vulnerable to mental health problems and suicide than ever before due for a number of reasons including:</p> <ul style="list-style-type: none">○ the fact that many men are reluctant to talk about their problems or feelings or to admit that they may be depressed.○ the reluctance of many men to consult with their GP for mental and emotional health problems.○ unemployment and the adverse impact of the continued decline of certain industries (such as the manufacturing industry). <p><i>Ref: MIND. Men's Mental Health Information Sheet.</i></p> <p>The mental health of young men in Northern Ireland is particularly affected by the Conflict as they are more likely than females to be victims of punishment beatings and paramilitary intimidation.</p> <p><i>Ref: Smith, M., Fay, M., Brough, E. & Hamilton, J. (2004) The Impact of Political Conflict on Children in Northern Ireland. Belfast: Institute for Conflict Studies.</i></p>

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

Research evidence points to gaps in service provision for particular groups of men:

- **older men** – tend to be reluctant to access services (e.g. day centres) because of the perception that they are geared towards the needs of older women (Arber & Davidson, 2003¹).
- **divorced men** – tend to be less involved in formal organisations and have less support available from family and friends. Services aimed at meeting the needs of this group is particularly limited (Arber & Davidson, 2003).
- **male victims of domestic abuse** – very few support services available for men (Brogden & Saranjit, 2004²). Gaps in service provision for young boys and males experiencing domestic violence, especially boys in rural areas (Save the Children, 2003³).
- **gay and bisexual men** – lack of services or support for services to help men deal with issues such as homophobic bullying and harassment, discrimination and family rejection.
- **male survivors of sexual abuse** – lack of co-ordinated support for adult survivors of abuse (InterAgency Group on Sexual Abuse⁴).
- **fathers** – despite examples of good practice, men have comparatively less access to support services than women, to enable them to cope with the stresses of parenthood (Father’s Direct⁵).
- **bereaved men** – lack of appropriate services specifically targeted at men who have experienced bereavement.
- **men in rural areas** – particularly isolated in terms of service access.
- **young offenders** – inadequate psychological services in juvenile justice centres despite the high proportion of young people entering the juvenile system with a range of mental health problems (NIHRC, 2002⁶).

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

The importance of addressing the issue of suicide and attempted suicide, especially amongst young people in Northern Ireland, has been recognised by the [Investing for Health Strategy](#). The Investing for Health Strategy outlined the DHSSPS intention publish a separate strategy and action plan to promote mental and emotional wellbeing and tackle the issue of suicide. The subsequent five year [Promoting Mental Health Strategy and Action Plan 2003-2008](#) aims to prevent and reduce the number of suicides in Northern Ireland through an interagency approach. It includes interventions such as suicide awareness training for teachers and youth leaders; outreach work in areas of need (especially with young men); the development of suicide awareness programmes in each HSS Board area; provision of support and information services in co-operation with HSS Trusts and voluntary and community groups for those who

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

have been bereaved by suicide; development of a suicide risk assessment training programme for HPSS personnel; HSS Boards and Trusts in co-operation with Primary Care to develop a Depression Awareness Training Programme for GPs; continuation of the monitoring of prisoners to assess the risk of suicide including in-service training for police and prison officers.

The new 20 year [Regional Strategy](#) for health and wellbeing in Northern Ireland also places a special emphasis upon reducing the number of suicides particularly amongst young men. There are also various other overarching strategies in development which may also have a positive impact upon reducing the incidence of suicide and deliberate self harm including the [Strategy for Children and Young People](#), the [Anti-Poverty Strategy](#), the [Gender Equality Strategy](#), the [Victims Strategy](#), and the [Strategy for Older People](#). Other strategies such as the DHSSPS [Drug and Alcohol Strategies](#), the Drug and Alcohol Co-ordination teams and various local projects will also contribute towards alleviating some of the problems associated with suicide and deliberate self-harm.

Suicide prevention is one of the strategic goals of HSS Boards and Trusts with many developing their own mental health and suicide prevention strategies and campaigns. Improving mental health and reducing the risk of suicide is a key issues contained within Board area [Health Improvement Plans](#). [The Health Promotion Agency](#) have also been involved in various campaigns and have worked in partnership with other agencies and voluntary and community groups (including youth and student organisations) to promote positive mental health. The promotion of mental health and the prevention of suicide amongst young people is also a primary concern of the four [Health Action Zones](#) with a the development of a number of local initiatives aimed at promoting social inclusion and encouraging empowerment amongst young people.

At a local level, numerous community and voluntary groups have developed [innovative programmes](#) aimed at young men in disadvantaged areas (e.g. the work of Youth Action’s Young Men’s Unit). Many of these initiatives explore issues such as male unemployment, social inclusion, mental health and suicide, sexual health and other risk taking behaviour.

The [Review of Mental Health and Learning Disability](#) is currently in the process of reviewing the law, policy and provisions affecting people with mental health needs in Northern Ireland. The Review incorporates several expert working committees looking at issues such as adult mental health, child and adolescent mental health, mental health promotion, alcohol and substance misuse. The high rate of suicidal behaviour and suicide amongst young people and the need to provide an adequate response a key concern of the review⁷.

Is the problem amenable to further intervention by the DHSSPS or other?

The DHSSPS publishes an annual "[Priorities for Action](#)" (PfA) document outlining the Department's plans of action under various programmes of care. Key issues identified within the PfA for 2004/05 include [investment in mental health services](#) with an objective to provide a modern and responsive service to people with mental health needs in a greater variety of settings. The PfA documents outline how mental health services should be developed over the medium term.

In terms of the *general mental health* of young people, research evidence stresses the need for:

- greater access to services for young people including one-stop shops (via self-referral or via youth counselling services). Such facilities must be appropriate and accessible in terms of opening times, location and physical environment (YoungMinds⁸).
- a recognition that young people are often reluctant to seek support from formal sources, when children do come into contact with professionals it is important to ensure that young people have a choice of male or female advisor, or an advisor of the same ethnic background if requested (Gorin, 2004⁹)

Men are often reluctant to access appropriate services or to discuss their mental health concerns. A range of interventions to address this issue include:

- encouraging a greater understanding of male gender roles and masculinity amongst policy makers and health care practitioners including training to identify men's health needs locally. This should include training on men's health needs (McEvoy & Richardson, 2004¹⁰).
- the urgent need for more health promotion initiatives specifically targeted at men (e.g. a suicide and self-harm strategy for men) (McEvoy & Richardson, 2004).
- the encouragement of men's health advocates or "champions" at local level (McEvoy & Richardson, 2004)
- health care services (particularly primary care services) should be provided in a way which is convenient and more accessible to men (e.g. opening hours outside working hours, information displays aimed at men). The viability of providing primary care services in non-traditional environments should be explored (e.g. workplaces, sporting venues, social clubs) (Men's Health Forum, 2004¹¹)
- men's access to confidential and anonymous sources of health advice (e.g. helplines, websites) should be encouraged (Men's Health Forum, 2004).
- statutory health and social services should work in partnership with schools to develop within boys and young men emotional

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

literacy to enable them to recognise and articulate their worries (White, 2001¹²).

In relation to tackling the problem of suicide amongst young males, the Men’s Health Forum stresses that strategies must take into account young men’s limited use of services and their poor health seeking behaviours, if they are to succeed. Multi- agency and multi-faceted interventions are essential (Men’s Health Forum, 2001¹³). The Men’s Health Forum (2001) recommends that:

- suicide prevention strategies must involve a broad range of settings and disciplines, including the education, voluntary sector, probation, youth and careers services, community organisations and accident and emergency departments.
- the provision of school and youth service-based programmes which encourage young men to develop “emotional skills” such as help-seeking strategies, emotional literacy and communications skills.
- encouragement of young men to discuss general risk taking behaviours. Risk taking should become a theme within health related work with boys and young men.
- the identification of particular groups of young men at risk of mental health problems should be a priority (e.g. unemployed men, gay and bisexual men, BME men, young asylum seekers and refugees).

¹ Arber & Davidson (2003) cited in “How Loneliness and Health Risks of Older Men Go Unseen in a World Geared to Older Women. *Economic and Social Research Council (ESRC) Press Release*, 24 March 2004.

² Brogden, M. & Saranjit, S. (2004) *Abuse of Adult Males in Intimate Partner Relationships in Northern Ireland*. Belfast: OFMDFM.

³ Save the Children (2003) *Children and Domestic Violence in Rural Areas* (Summary Report). Downloadable from Save the Children Website.

⁴ Information extracted from Interagency Groups on Sexual Abuse website www.sexualabuseiag.co.uk

⁵ Information extracted from Fathers Direct website www.fathersdirect.com

⁶ Northern Ireland Human Rights Commission (2002) *In Our Care: Promoting the Rights of Children in Custody*. Belfast: NIHRC.

⁷ The Review of Mental Health and Learning Disability. Letter to the Minister of Finance. 6 December 2004. http://www.rmhdni.gov.uk/pubs/ian_pearson.pdf

⁸ YoungMinds www.youngminds.org.uk

⁹ Gorin, S. *Understanding what children say: Children’s experiences of domestic violence, parental substance abuse and mental health problems*. London: Joseph Rowntree Foundation.

¹⁰ McEvoy, R. & Richardson, N. (2004) *Men’s Health in Ireland*. Belfast: Men’s Health Forum in Ireland.

¹¹ Men’s Health Forum UK (2004) *Getting it Sorted: A Policy Programme for Men’s Health*. London: Men’s Health Forum.

¹² White, D. *Report of the Scoping Study on Men’s Health*. London: Men’s Health Forum.

¹³ Men’s Health Forum (2001) *Young Men and Suicide: Summary Report*. London: Men’s Health Forum.