

LE SUMMIT 2021

# Establishing a Men's Lived Experience of Suicide Network

Collated Outputs



## Introduction

With 75% of suicides in Australia being attributed to men, they have recently been recognised as key priority group in suicide prevention. We need to hear far more of the wisdom and expertise of our fathers, brothers, sons, uncles, and mates. The National Men's Health Forum and Roses in the Ocean are joining together to establish a National Men's Lived Experience of Suicide Network.

### What is the purpose of this workshop?

This workshop seeks to:

- Determine the role of the Men's Lived Experience of Suicide Network
- Explore how men can be more engaged in suicide prevention
- Identify the barriers to men accessing support
- Discuss types of support men actually want
- Discuss key advocacy and policy issues



## Discussion 1

### Determine the role of the Men's Lived Experience of suicide Network

	The purpose of the Network	Key areas of focus	Desired outcomes of being involved
Creating a sense of community and offering a range supports	Create organic opportunities for men to come together, without necessarily labelling it. 'Casual connections' in authentic spaces, e.g., BBQ conversations, campfire catch-ups, smaller 'intimate' groups to create trust.	<p>Do no harm: ensure the safety and support for men with lived experience is maintained and prioritised intentionally.</p> <p>Support roles for MWLES (Men With Lived Experience of Suicide) in community and health sector are often female dominated which can be challenging, men perceive as risky.</p> <p>Reaching out to men on a peer-to-peer level, rather than professional-to-client level, and allowing one-on-one interactions.</p> <p>Supports and initiatives are accessible (online).</p>	<p>Building peer lead safe spaces, where:</p> <ul style="list-style-type: none"> <li>men are encouraged to talk openly and intentionally.</li> <li>men are aware they aren't there to 'fix things' just a place to go to not be alone.</li> <li>there is a network of peers and/or mentors that can support others.</li> <li>peers understand ideation from different perspectives (drugs, booze, homelessness, relationships, finances, work).</li> </ul>
Inclusive diversity	Be a voice where there isn't one.	<p>Ensure there is diversity in male voices. E.g., young men, gay men, CALD men, rural men, blue-collar and white-collar backgrounds, sporting, medical, artistic, men experiencing chronic pain, farmers, elder men.</p> <p>Include other genders.</p>	Outreach supports for those that don't opt to join in.
Broadening the lens and educating	Ensure the lens is expanded beyond mental health and education is provided on the separating suicide from mental health and medical models.	Psychosocial education and how to support.	<p>A 'champions of change' model where lived experience champions speak to all levels of the community in safe places - men's sheds/high schools (similar to the 'scared straight' program).</p> <p>Gatekeeper training across communities.</p> <p>Training, information, and education is accessible.</p> <p>Delivering education in schools.</p>
Reducing stereotypes and stigma	Encourage different thinking around male stereotypes.	Men can be heard, it's ok to address a range of issues without being turned away or seen as attention seeking.	Services need to change their approach rather than getting men to change how they engage



## Discussion 2

Explore your ideas to encourage men to join and actively participate in the network

	Where, when, and how do men like to connect?	Which men's voices are missing?	What is the best way to get the message to men that we need them?	Barriers that may prevent men from contributing
Informal settings and activities	<p>Around shared activities where suicide is not the focus.</p> <p>Around a BBQ, at sporting events.</p> <p>Practical activities: fixing bikes, building things, rebuilding computers, etc.</p>			<p>Expectation to share.</p> <p>Removing toxic masculinity and male culture (BBQ and a beer) – alcohol adds extra layers.</p>
Creating awareness and getting involved	<p>Places where men already congregate – workplaces, pubs, sporting grounds.</p>	<p>People need to know that there are people like them.</p>	<p>Generativity – reaching out to others in ways that give to and guide the next generation.</p> <p>Involving media and key male public figures e.g., Gus Worland is doing amazing things with Tomorrow Man and Tomorrow Woman.</p>	<p>Expectation that men need to be in a public-facing role.</p>
Training and education			<p>Training or information on 'how to support a mate' rather than 'how to look after yourself'.</p>	<p>Mixed messages around mental illness and mental health, as situational distress is never discussed.</p>
Ensuring diversity is included and respected		<p>Include male youth.</p> <p>Work with people that bring lived experience from different geographies and find themselves within our social environment, e.g., seasonal pickers, ski season, etc.</p>	<p>Communicate effectively with different cultures.</p> <p>Contact the leadership of diverse groups and talk with influencers.</p>	<p>Different cultures have different ways of viewing and responding to suicide.</p>



## Discussion 3

### What type of support do men actually want and find helpful?

	What types of support have you experienced or heard about that are particularly helpful for men?	What does helpful help look like for men experiencing significant distress and/or suicidal crisis?	Who is best to offer support for men experiencing significant distress and/or suicidal crisis?
Non-clinical one-to-one support		<p>Not necessarily across from a counselling table but support being provided in places and ways that appeal to men – going for a walk or a drive.</p> <p>Practical support to solve the problems e.g., relationship issues, family court, financial issues, etc</p>	<p>Peer led support can be very effective.</p> <p>Peer matching – a man of similar age to walk and talk with, who has a similar experience, as it reduces the need to explain the details.</p> <p>Mix of both men and women as supporters – some men prefer to talk to a man but not all.</p>
Non-clinical support groups	<p>Help such as Men's Sheds, 'Shoulder to Shoulder' or Safe Spaces. 'Men's Table' or 'The Man Walk' at the local level are proving to be most helpful for men.</p>	<p>Connecting men with similar interests where they feel comfortable e.g., car enthusiasts – your car gets regular servicing; what are you doing to keep yourself running smoothly?</p> <p>Support groups that respect and acknowledge one's strengths and abilities rather than seeing it as a problem to be fixed.</p> <p>"Rough knuckleheaded" blokes seem to work in the support of men sharing in support groups.</p>	<p>Male peer workers working in suicide peer support groups.</p>
Educating and training	<p>Safe talk training – talk like a tradie like 'mates in construction', 'Men's Table', and 'A Man Walk'.</p> <p>Educating GP's or gatekeepers to identify the situational distress when men present at their doorstep and offer support.</p>	<p>Need to stop tiptoeing around the subject of suicide and normalise talking about these issues.</p> <p>Shift the focus from mental illness to a situational and crisis approach.</p>	
Barriers and setbacks – removing the stigma	<p>ASIST training and MHFA training: 80%-90% of attendees are women.</p> <p>'Tell ya male mate ya love him and you won't lose your manhood' – an example of an exercise to reduce the stigma and open up.</p>	<p>Working out how to hold activities in spaces where men feel comfortable e.g., in pubs, whilst not encouraging unhealthy coping strategies e.g., alcohol consumption.</p> <p>Men seem to need to be invincible, and vulnerability is seen a sign of weakness.</p> <p>Men are not just the bread winners – need to remove this old fashion idea.</p>	

