

SOLDIER IT! **Young Men and Suicide**

An audit of local service provision and young men's uptake of services

Suicide is now the commonest cause of death of men aged under 35 in England. Suicide rates for men aged 15-24 have more than doubled since 1971 and almost doubled for men aged 25-44. This is a major men's health issue that rarely receives the attention it deserves. The Men's Health Forum has a long-standing interest in increasing understanding of why so many young men kill themselves and how this problem can be tackled much more effectively.

Soldier It! is a study that aims to provide an insight into young men's attitudes to seeking help with a mental health problem and into how agencies working with young people perceive men. The Forum commissioned Working With Men to look in detail at both young men and services in a deprived London borough. The findings suggest that young men are very reluctant users of services while agencies have little understanding of how to target this group. The report concludes with recommendations about how work with young men can more effectively improve their mental health and reduce their risk of suicide.

In 2001, the Men's Health Forum (MHF) published strategy guidelines to assist local health authorities to develop an understanding of young men and effective strategies to prevent suicides. Here we present the findings of a new MHF study which investigates the apparent mismatch between young men and local services in the context of mental health and suicide. A list of recommendations to help agencies better target young men is included.

Introduction

This report is a continuation of work previously commissioned by the MHF which aims to assist health organizations and professionals to develop an understanding of young men and effective strategies to prevent suicides.

The Forum's most recent briefing paper *Young Men and Suicide: strategy guidelines for health authorities*¹, recommended that local health authorities consider the gender implications of suicide in data collection, and particularly in planning, delivery of services and clinical practice; involve a much broader range of settings and disciplines within their strategies for suicide prevention; and develop their strategies to target young men.

Specific strategies to target young men outlined in the report included: a range of community-based developments such as "emotional skills" programmes; the identification of health messages that successfully attract the attention of young men; the identification of groups of young men most at risk; and the development of future services based on those which successfully access at-risk young men.

Implicit within these recommendations is a view that there should be a widening of the context of suicide prevention and a concentration on young men's general use of services (as well as the more narrowly defined mental health provision). If young men used services more appropriately, if their help-seeking behaviour was more active and if services were better equipped to respond to the needs of young men, then this would impact on current suicide levels.

Whilst it is known that young men are poor users of most services and that agencies can have difficulties both targeting and working effectively with young men ^(see note 1) ², as yet there is a widespread lack of understanding about how to overcome these problems and develop strategies and support services that target young men appropriately. The aim of this study is to investigate the apparent mismatch between young men and local services in the context of mental health and suicide.

Background

• **Gender.** As in many areas of life, gender plays a significant part in the incidence, means and causes of suicide. From 1982 to 1996, the overall number of suicides for men increased by 2.3 per cent, whereas for women it decreased by 41.3 per cent.

There are also variations within different age groups, with significantly higher rates of suicide amongst the younger age groups: a 102% increase in the rate of male suicides amongst 15-24 year-olds; a 51% increase amongst 25-34 year-olds and 50% for those aged 35-44 years.

As in most other mortality figures, there are marked social class differences. Males in social class V are 3.5 times more likely to kill themselves than those in social class I³. Unfortunately, data correlating social class, gender and age is unavailable, but the indications are that young males from social classes IV and V are most at risk.

This gender differential can also be found in "deliberate self-harm", in which the incidence is three to four times higher amongst females⁴. Suicide methods also reflect gender differences, with hanging being the preferred method for young men⁵.

While there appears to be a strong link between mental illness and suicide, this has never been confirmed as a reason for the difference in male and female suicide rates⁶. Apart from studies exploring sexuality, gay men and suicide ^(see note 2), gender is rarely explored, although the issue of "struggling to be a man" is often mentioned by many as contributing to some young men taking their own lives^{7,8}.

While a link between masculinity and suicide is unproven (or untested), writers such as Kilmartin have argued that difficulties for men in living up to the co-

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existing modern demands of work, success, physical strength, independence and invulnerability has been a repetitive theme within the literature on men and depression, suicide and alcohol and drug abuse⁹. McClure has suggested that “conversely, new roles and expectations of young men in society may lead to loss of self-esteem if they are unable to live up to expectations. They may then be vulnerable to suicide if they lack appropriate supportive social networks or are able to communicate their concerns”⁸.

It has also been suggested by Stillion, McDowell and May that because males show higher levels of aggression throughout their lifespan, this is reflected in the more violent and lethal means used by males compared with females when taking their own lives¹⁰.

- **Emotions.** Numerous studies have found that there is little difference in the quantity and types of emotions that men and women experience, but that there are significant differences in the ways they express them¹¹.

Kilmartin reviewing the literature, suggests that “there are fairly robust findings to indicate that males, especially sex-typed ones ^(see note 3), are less expressive and disclosing than females regarding emotions other than anger. Kilmartin goes on to suggest that a consequence of restrictive emotionality is that “many men deal with emotions by placing feelings outside of themselves, through externalising defences, by ‘acting out’ emotional conflicts, and/or through physical symptoms”⁹.

Some authors have suggested that various factors counter the influences of gender socialization. Interestingly, Balswick¹² reports that boys who have expressive fathers are as expressive as girls. In families where both parents are expressive, boys will not tend to view emotional expression as an exclusively female trait and, therefore, the natural tendency to express themselves will emerge since it is not associated with threats to masculinity.

This gendering of emotions and emotional expression not surprisingly also impacts on psychiatric disorders and mental health. While girls and young women are twice as likely as boys to suffer a depressive disorder, ten times more likely to suffer from anorexia and more likely to feel lonely, young men are three times more likely to be alcohol dependent and twice as likely to be drug dependent¹³. Interestingly, Fombonne concluded

that “suicidality has a strong and independent association with substance misuse, particularly with alcohol, which is the most frequently misused substance. Substance misuse predates suicidal behaviours in most individuals, suggesting that substance misuse leads to subsequent suicidality”⁸.

- **Help-seeking behaviour.** In the same way that there are gender differences in suicide rates, methods and mental health conditions, many males and females also show different types of help-seeking behaviour. The main reasons offered for the under-representation of men as users of psychiatric services are that men are not good at seeking help, and that male inexpressiveness leads to a reluctance in seeking medical or psychological help^{14,15}. Only one man in seven seeks mental health services at some point in his life, compared to one in three women, while there is no indication that men need these services less often than women⁹. Men are thought to be more likely to externalise problems (often onto others), with women over-represented in mental health populations and men predominating in criminal statistics¹⁶.

Both Connell and Edley and Wetherell suggest that the current psychiatric system is not “men-friendly”, in other words not flexible enough to be helpful to men experiencing difficulties with their male role or identity, or to men who are reluctant to highlight personal problems for fear of appearing weak^{17,18}.

Prior takes up this theme suggesting “we now recognise that life is potentially as stressful for men as it is for women and that this fact has been masked until recently by different patterns of help-seeking behaviour and approaches to psychiatric diagnosis”¹¹.

Young men are thought to use more active coping strategies, seek information, use aggression and confrontation, or alternatively try to deny the problem’s existence. “Though some of these mechanisms may be advantageous, the lack of an ability to ask for help leaves young men vulnerable,” suggest Dennison and Coleman. The same authors conclude that it is these different gender-related coping styles that may lead to the contrasting mental health problems of young women and men¹³.

- **Tailored therapy.** Gender differences are also thought to be reflected in counselling and therapy, with some suggesting that men and women may prefer

different approaches and methods.

“An important aspect of working with an adolescent male is engaging him in treatment, more often than not, he doesn’t want to be there! It is something that his family, school, or the courts want for him, but that the adolescent does not want for himself. During the initial interview, it is important to know what brings him to counselling, where he would be and what he would be doing if he weren’t at the meeting”¹⁹.

Not only is this reluctance a common theme, but it has also been suggested that traditional therapies have expected men to set aside their masculine socialization in order to be “good clients”. They have had to be expressive and trusting of another person, which makes them feel like they have to drop what made them feel masculine.

Some therapists have begun to adapt their clinical practice to the needs of men. They have argued that men are more open to problem-solving approaches than to the psychodynamic or interpersonal treatments that often require substantial introspection. Some have made therapy more task-orientated, which they have argued has appealed to men’s “fix-it” approach to life.

Of course, none of the statements above can be generalized to all males. Most of these behaviours are underpinned by an individual’s own perception of what it is to be a man. If an individual’s view is rigidly sex-typed, then his attitudes and behaviour towards his health are more likely to reflect poor help-seeking and gendered-coping strategies¹⁶.

• **Factors influencing uptake of service provision.** A recent review of developing practice with young men has highlighted a number of elements that enabled young men to respond to services and overcome barriers that inhibited their help-seeking². This review of 41 examples of practice (ranging through sexual health, fatherhood, violence and mental health) is unusual in its attempts to identify incentives and barriers to young men’s service use. The authors found that young men used services when:

- *They were desperate* (had tried self-healing, ignoring it, hoping it would go away)
- *There was little choice or an element of coercion* (this usually reflected settings such as school and youth offending, where they physically had to attend,

even if they may have been emotionally absent)

- *Agencies had made access easier* (this usually meant anonymous phonedlines or settings such as drop-in centres where no prior appointment was required)
- *Their identities were central to the agency involved* (usually black young or gay young men, where the agencies responded to, and were supportive of, their social identities)
- *Agencies were advocates for young men* (this operated on some of the same messages as their identity, but were agencies where young men knew they would be received with enthusiasm and could expect support).

These factors provide the context for the operation of agencies working with young men. They also provide a useful framework within which to assess the effectiveness of the agencies examined in this study.

The study

• **Aims.** The aims of this study were to:

- Explore ways in which young men deal with their emotions
- Explore with agencies how they target and work with young men
- Identify any mismatch between young men and agencies
- Develop strategies that will impact on young men’s help-seeking behaviour and in turn on the level of male suicides.

• **Area.** The audit was carried out in Newham, East London, which is ranked 4th highest on the Jarman index (used to measure levels of deprivation and social exclusion) and 10th highest on the National Mental Health Needs Index. Newham also has the 3rd highest unemployment rate in London, the highest number of “income-deprived” residents in London and a high number of individuals with other risk factors for mental illness²⁰.

Newham offered an area that had both need and enough services to make an audit such as this viable. Newham has a higher than average proportion of young people in its population and significant numbers of those “at-risk” of suicide. For both the age groups 15 to 24 and 25 to 34 years, Newham’s suicide rate is almost double the national average.

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- **Participants.** The fieldworker had already worked in the Borough, and his contacts were used to identify both agencies and participants for the study. Factors used to select the young men included age, ethnicity, class and sexuality. The study's sample was never seen as representative of national or even local populations.

- **Interviews.** An initial series of small groups were set up for young men, more than half of which did not take place – they were usually arranged through a project worker and the young men failed to attend. Their reluctance to engage (a strong theme within the findings) was very apparent, even at this early stage.

Twenty-five young men were interviewed between the ages of 15 and 22; 17 of the interviewees (68%) were aged between 16 and 18 years. Three (12%) of the young men identified themselves as gay. Their ethnic origins are outlined in Table 1 and the agencies where interviews with young men were conducted are listed in Table 2. For the names and a brief description of the 10 agencies interviewed see Table 3.

In the interviews with agencies, we wanted to reflect both statutory and voluntary projects and those specifically targeting young people (and in one case) young men. We talked to agencies about the needs of young men (particularly mental health needs), how the agencies respond to these needs and how they targeted young men. The interviews with the study's participants explored their views about emotions and help-seeking, and barriers that inhibit their use of local services.

Table 1: Ethnic origins of the 25 interviewees

White European	9 (36%)
Asian	8 (32%)
Black African	5 (20%)
Black African-Caribbean	3 (12%)

Table 2: Agencies where interviews with young men were conducted

Colours	3
Revitalise	3
Newmartins Community Youth Trust	11
Beckton Globe	5
Millennium Volunteers	3
Total	25

Table 3: Names and brief descriptions of the 10 agencies interviewed

Beckton Globe Youth Project

(Generic youth work provision, informal education and activity-based).

Colours Youth Project

(Borough-wide project providing young people the opportunities to reflect on and explore their sexuality and related issues through individual counselling and group work).

Educational Psychology

(School-based provision that assesses and devises individual programmes for pupils up to the age of 19 years. Most referrals are via schools, but some from parents. No specific groups are targeted).

Focus E15

(Works with young people aged 16-24 years of age, and provides accommodation, training and job searching facilities for 110 young people and "move-on" flats for the same number).

The Harmony Project

(Partnership organisation between social services and the voluntary sector, currently running a pilot project targeting young black men and mental health issues).

NEWCYS Millennium Volunteers

(Recruits young people aged 16-25 who are interested in volunteering within local support services).

Newmartins Community Youth Trust

(Works with young people up to 25 years of age, who are on the edge of the criminal justice system. About 70% of their users are young men).

Newham Youth Awareness Programme

(Peer education-based drugs projects working with 16-25 year-olds. The majority of users are young men).

Revitalise

(Staffed by youth workers and teachers, to support young people and help to integrate them back into mainstream education).

Young People's Advice and Information Service

(This service provides advice and one-to-one counselling to young people).

Findings

Four major themes emerged from the interviews with young men.

- **Emotions.** When the young men were asked about emotions, stress and depression, they talked about being a man. Being “strong” was considered by many to be very important and showing emotion was usually thought to lead to vulnerability and a lack of control. A commonly held view was that men have to “soldier it”: “You have to keep it to yourself, just soldier it, switch on someone, it gets the stress out of your head”.

A commonly held view was that showing feelings was embarrassing, or that feelings should not be taken seriously. There was also concern that most men “would take the piss” if they saw other men showing any “soft feelings”.

Some of the black men interviewed believed that black men were “stronger” than white men, in terms of dealing with their emotions. They suggested that this was as a result of black men’s experience of racism, that they believed “hardens” them to the impact of emotions.

The participants also cited other males when discussing emotions. For example: “I’ve never seen my dad cry out of sadness; he doesn’t show it, he just holds it in”.

In direct contrast, those men who could not handle their feelings were referred to as “sensitive” and as not really being men. Accusations of sensitive men being “wimpy”, “gay” or even “women”, were common, for example: “A sensitive man just can’t handle it”; and “If a guy is all into his feelings he will be seen as a gay guy”.

While these strongly sex-typed views of being men were anticipated, such extreme attitudes were not expected. While other gender roles (such as paid work and even domestic activity) would provoke a range of opinions, and a diversity based on circumstances, individuals and aspirations²¹, emotions and how to deal with them were seen as central to their identity as men.

- **Stereotypical views.** Stereotyped views of men and women were also surprisingly common from the majority of young men interviewed. Examples of generalised statements about women included:

“Women get stressed all of the time” and “For women, it’s the wrong time of the month everyday!”

Distinctions between men and women were also made: “Women moan about everything, men get stressed, but don’t moan”.

In line with literature findings, the young male participants believed that the main difference between the emotions of men and women was that men and women feel the same, but express and deal with their emotions differently. This was expressed in a positive way by a minority of young men: “Women are more in touch with their feelings” and “There are differences in the way men and women deal with emotions”.

Such traditional attitudes were central to the young men’s views of emotions and depression and appeared to influence their attitudes towards both emotions and help-seeking: if their attitudes towards masculinity and gender were strongly sex-typed, they were much more likely to have a rigid view of men needing to “soldier it” and it being “the wrong time of the month everyday”. In contrast, if their attitudes toward gender and masculinity were more fluid, so were their views towards the expression of emotions.

- **Coping strategies.** The divergence of attitudes towards masculinity, emotions and help-seeking was also reflected in the way that young men coped with “stress”. At one extreme was the “soldier it” and “keep it too yourself” attitude (as mentioned above), while at the other, some young men said they would talk to “diamond friends”, those that would listen, not “take the piss” and give them advice: “I’m not usually quiet, when I am, my friends notice. I want someone to listen, not flip out”.

Some of the participants said that when they had a problem, they often started with good intentions of sharing it with a friend but ended up dealing with it on their own. This suggests that whilst some young men are willing to talk, quite often they do not know how.

A broad range of coping strategies were mentioned including methods which “helped them forget, relax and keep on top of the situation” – pills, smoking, alcohol, sleep and things that kept their mind away from the problem.

Some talked about involving others, which sometimes

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meant taking it out on others, usually through violence, whilst in contrast, there were those who thought it was important not to divulge a problem or burden others with it.

Other coping strategies which helped to release emotions and resolve issues included praying, listening to music and reflecting on the problem, sport and the gym. Most thought that showing emotions (especially crying) would not solve anything.

There was also a belief held amongst some of the interviewees that coping skills were determined at a young age, by uncontrollable events that either made them develop good coping skills or not: “When you are younger, things happen that either make or break you”.

Interestingly, while young men’s attitudes towards emotions and help-seeking were strongly polarized, their actual behaviours were much more diverse and often situationally determined. When the young men were asked about how they coped, they logically asked “In what situations?”.

While discussions about showing emotions and being stressed brought relatively fixed negative responses, respondents felt more comfortable talking about “coping”, something which they viewed as desirable behaviour.

When serious issues such as mental illness and suicide were mentioned, most young men reacted by distancing themselves. Comments included: “People commit suicide when they hear voices and shit like that”.

While escapism (drink and sleep) and denial (“chill out and get above it” and “don’t let it get to you”), featured highly for the young men, so were more positive ways of expressing themselves such as trying what they thought was the best way of coping, for example, going to the gym and talking to a mate. While for some, there was a view that you either coped or you did not, a small number had a range of coping strategies which were determined by the situation, context and circumstances.

• **Talking therapy.** There were some very strong views expressed about help and help seeking. Some talked about friends, family and some strangers as being approachable and of particular importance. Others held

the view that counsellors and professionals were not good; a commonly held view was: “It’s their job, why should they give a shit!”.

Those that mentioned services outside of their family and friends said they would prefer them to be anonymous and not to cause stigmatisation. Some said that it was easier to talk to females and those that would give practical solutions, whilst others said that it was easier to talk to someone of their own age who would understand (although it was not clear whether it was a combination of both age and understanding or whether one of these was more important than the other).

Talking was a coping strategy held in very low regard, mainly because they did not think it would relieve the stress or change anything. However, those who had tried talking about their problems valued it, whilst those that had not were on the whole very reluctant to consider looking for someone to talk to. Those that felt more confident about expressing their emotions and feelings were also more confident about seeking help where they could talk.

Agencies

A number of themes also emerged from the interviews with agencies.

Harmony was the only agency that targeted young men as a distinct group. Although some of the other agencies were very aware of the lack of young men using their service, and often expressed a concern about individual young men, they still did not target them.

That said, the agencies rarely targeted any specific groups (although most were for young people), and most talked about not having a budget or the time to do specific marketing.

Services were gendered. Those that were generic, youth work-based (centred around activities such as games and sport) and concentrated on drugs, alcohol and crime prevention, tended to see more young men than young women. While in contrast, agencies that focussed on counselling or concentrated on general health matters saw more young women.

Those agencies that saw a majority of young men did

not always know how to engage with them, especially in terms of emotional and mental health issues. They said that they did not feel they had the necessary skills to do so. These agencies talked extensively about young men's reluctance to use services generally, their unwillingness to talk and inability to express themselves. However, they did not question whether they might have contributed to these reluctances or created any barriers, nor did the agencies describe attempts to engage with young men and surmount these barriers. Most agencies appeared to accept this reluctance as "the way young men are".

Two of the agencies said they had done some outreach work, visits to local schools and to other places where young people could find out about their services. Most agencies relied on word of mouth, and on the whole responded to people who came through their door.

Most conversations with workers were slow and often stilted, and agency staff did not have a lot to say about young men and their needs (apart from young men's general reluctance). Gender differences in young people were not raised by project staff, except by agencies which worked full- or part-time with black, gay or lesbian young people and were more able and more willing to discuss gender issues.

Agency staff talked about the stigma associated with mental health problems and implied that this was barrier enough, but once this was linked with young men's reluctance to express emotions and use services, it was particularly unlikely that young men would seek help for a mental health problem.

Agency staff who did not work with mental health issues saw mental health as a specialist area and they would refer young men who presented with "mental health symptoms" to specialist agencies such as MIND, Harmony and the Child and Adolescent Services. While we did not explore their meaning of "mental health symptoms", most agencies did not view their service as dealing with mental health and thus any young men who had found their way to them would then have been turned away.

Conclusions

While a study of this size and sample cannot offer conclusive findings, it can highlight issues, themes and insights that will help those practitioners charged with the development of strategy and projects. These conclusions are offered as part of what we believe to be a complex series of factors that contribute to young men's attitudes and behaviours towards help-seeking, emotions, mental health and suicide.

- **Young men's reluctance.** When young men were asked about their attitudes towards suicide, emotions, help-seeking, depression and coping, perceptions of gender and masculinity were central to their response. Those young men with strong stereotyped perceptions of masculinity, were also more likely to hold the view that men have to deal with their own problems and show little emotion. They were also less likely to seek help when problems emerged.

The majority of agencies accepted, too readily, the view that young men were reluctant to engage with emotions or seek help. This was too often to the point of resignation, leading to the view that there was little to gain from targeting young men at all.

Interestingly, agencies saw young men's reluctance contributing to the difficulty in targeting young men. This externalizing of responsibility was not unlike the way that young men themselves often externalised their problems.

- **Help-seeking and gender.** One of the barriers identified by young men was the expected response from other men. It was assumed that if they expressed emotions that made them appear weak or vulnerable, then other men would take advantage or ridicule them. This was also a significant factor in young men's reluctance to seek help, especially from other men.

Interestingly agencies made no comment about the gender of staff and the impact this may have on young men's use of services. While there has been a flurry of authors advocating male staff for "role modelling" purposes, young men's comments suggest that they do not necessarily have a preference for a male worker. In fact, they are more likely to feel comfortable with anyone who treats them positively.²²

- **The value of talking.** Very few of the young men rated highly "talking" as a coping strategy or had much

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confidence in it as a method of resolving difficulties. Only those who had already experienced the value of talking through problems were convinced of its benefits.

Instead, the majority of young men described the importance of developing an “inner strength” to protect them from their emotions and they invested in strategies that would distance them from their emotions and their impact.

Some agencies offered help in a form that was opposite to what the young men said they would find useful. This was particularly the case with talking and emotional support provided by many agencies, an approach which most young men claimed was of little value.

Generic agencies, in particular, found it difficult to envisage services that would be acceptable to sex-typed young men, apart from making their services more activity-based and undertaking outreach work.

• **Learning coping strategies.** Very few of the young men advocated or demonstrated a range of coping strategies. They usually described a total of one or possibly two ways of coping, whether they were “escaping the stress” (such as through alcohol), or “talking it out” (to a friend). There was little recognition that a range of strategies could be helpful to deal with the broad range of stresses and strains that life might throw at them.

Emotional expression and help-seeking behaviours were often viewed as one of the significant differences between gay and heterosexual young men. Much of this coincided with stereotyped views of gay and heterosexual men. However, all of the young men had a range of expressions and behaviours that they thought were acceptable and others they did not. So, for example, some of the gay young men said that showing your emotions was fine, but those who show too much emotion were “drama queens”.

Agencies too often operated from the stance that young men were very sex-typed. Agencies’ awareness of the needs of young men, the skills to engage with them, and targeting strategies were, on the whole, very low and resulted in some agencies only seeing small numbers of young men and finding them difficult to manage.

• **Targeting young men.** Most agencies saw themselves as either a specialist or generic service. Agencies which were generic operated on the basis of responding to the needs of customers, whether referred or opportunist. Targeting strategies were usually absent. Most agencies responded only to the needs of those who came to them. While the value of outreach was recognised, workers thought there were other priorities.

Recommendations

1. Gender attitudes towards coping, help-seeking and emotions must be reflected in *any* strategy if agencies are to impact on significant numbers of young men.
2. Agencies will need to take some responsibility for their inability to target and engage with young men effectively. If they continue to project the problem only onto young men and their reluctance to use services, little significant development will occur.
3. If agencies are to target young men effectively, focussing on their attitudes towards emotions and help seeking may be important starting points. Approaches that highlight emotional fitness and mental strength, within a positive and non-stigmatising framework, may impact more successfully on significant numbers of young men than approaches that rely on phrases such as “Desperate, need someone to talk to?”
4. Media and marketing messages, such as “It is good to talk” are only likely to impact on those young men who have experienced this to be the case. It is recommended that messages that effectively target quite specific groups of young men are developed, and that these will need to be done through a proper understanding of young men and what will get through to them.
5. Skills development courses that aim to broaden young men’s coping strategies (for example, the ability to ask for help, recognizing emotions and the development of a range of emotional outlets, etc.) may be a very useful foundation for significant numbers of young men.

6. A dual strategic approach is required, where agencies target and develop methods that enable young men to use their services and young men are provided with settings where they can broaden their coping strategies and attitudes towards gender and be encouraged to seek help.
7. Strategies that target young men when they are desperate, as well as more general skills-based courses within youth offending, schools, colleges and study skills (emotional literacy skills courses), could be of value. Young men who have strong “sex-typed” attitudes towards gender and masculinity are important to target because they are more likely to have rigid views about men and their emotions, help-seeking behaviours and coping strategies. Specific groups of young men at risk of suicide and mental illness (including young gay men, refugees and those in young offender institutions) are also important targets.
8. Specialist provision (such as 42nd Street in Manchester) may be required to enable the development of skills and approaches that can then be introduced within mainstream services. Specialist agencies often take the lead in developing a genuine expertise which brings a level of interest and awareness to mainstream agencies as well as the realisation that young men can be targeted and worked with effectively.
9. The development of specific skills for professionals to target and engage young men should be incorporated within the broad range of professional training to ensure that agencies are equipped to work effectively with young men.
10. Schools should ensure that young men, in particular, are provided with clear opportunities to talk about their personal concerns. This maybe through Connexions, Personal Health and Social Education and Citizenship (PHSE&C), school nurses or through existing pastoral support.
11. Initiatives targeting young men should use both traditional health agencies (GP surgeries, GUM

clinics and advice and counselling services), as well as non-traditional avenues (such as leisure and recreation venues, pubs, clubs, websites, and radio) to publicise services and information.

Notes

Note 1 – there are some notable exceptions to this. 42nd Street (in Manchester) and Health Works (Dorset), for example, have both developed gender-based targeted suicide prevention work with boys and young men.

Note 2 – There are a number of studies that indicate a much higher rate of deliberate self-harm for gay men, see for example Bagley and Tremblay (1997)²³, who found gay and bisexual men aged 18 to 27 years in Canada were four times more likely to have harmed themselves, and Faulkner and Cranston (1998)²⁴, who found just over twice as many gay and bisexual young men harming themselves as heterosexual men. However, the evidence for successful suicides is much less conclusive. Muehrer (1995)²⁵, reviewing the literature on suicide and sexual orientation, points out the limitations of existing research evidence, including the lack of data on the prevalence of homosexual identity in the general population. That said, there is general agreement of a close association in suicides related to gay men with HIV infection, although Catalan (1999 and 2000)²⁶, has argued that new treatments for HIV may well lead to a reduction of this number.

Note 3 – Authors such as Connell (1995)¹⁷, have suggested a broad spectrum of masculinity. At the farthest end of the scale are those whose attitudes toward gender roles and how men and women “ought to be” are at their most “sex-typed”, ie. extreme and rigid.

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