Summary of NSPA 'reaching and supporting men discussion 25th June 2020

This discussion included Ellen O'Donoghue, who has worked for Public Health England and Movember, and is now Executive Director of <u>James' Place</u> – a nonclinical centre for men in crisis. As part of our conversation Ellen shared some of her thoughts about myths around reaching men, and what they have found works in her various roles, which is written up first, with challenges and suggestions from across the group below.

James' Place explores psychosocial factors behind suicidal feelings – such as debt, financial worries, relationship breakdown, lack of contact with children – which are the sorts of things that could affect most men at some point in their lives.

Myth: Men don't talk

- When we say this, what we probably mean is 'men don't talk about what we want them to talk about' or at least not to us!
- Many of the men who come to James' Place have never been asked to talk about or understand their feelings
- Some of the symptoms of distress in men include being angry or quiet we need to recognise these as symptoms
- James' Place starts with asking them to identify things they recognise on cards feelings, actions, experiences so in the first session men can show what's going on, they don't even really have to speak
- James' Place gives men the tools to talk about feelings, and all men leave the service able to better understand themselves and their feelings
- GPs can be very good at knowing that someone coming in and saying they're worried about their job, or have headaches might be a signal indicating distress

Myth: Men are hard to reach

- When we say this, we probably mean that we don't know how to reach them, or they're not listening!
- Important to see what it is men are saying and doing, and recognise those as signs
- Movember did some research interviewing men who had made suicide attempts and found that many of them said they had tried to ask for help, they had reached out, but they had not been understood or heard. The way they were expressing their need was not clear enough for others to understand

Myth: Women are the key decision-makers in health

- It can be dangerous to accept this as the status quo as it disempowers men and might prevent organisations from trying to reach men directly
- PHE researched how people respond to ads featuring men and women, and found that to reach women you can feature women or men, but to reach men it's important to feature men

Challenges identified	Suggestions from NSPA, James' Place and others on the call
Issues arising during Covid-19:	
difficulties, a sense they can't provide for families, lack of self-worthIt can be more difficult to spot that men are struggling if you're not set that men are set that men are struggling if you're not set that men are set to set to	
 Supporting men Many services that have supported men, including groups and Recovery College programmes, are on hold, so missing opportunities to inform and support them How to help men recognise that the feeling of desperation, despair isn't right, it's not normal, they can ask for help? 	 Clinical spaces can be intimidating – James' Place looks like a house, when men arrive they are offered a cuppa and asked to wait on a sofa Important to keep groups going online, still develop safety plans etc A service working with young people uses Dialectical Behaviour Therapy and training in groups in a rolling programme so newer participants hear from those already in the groups about the impact the programme has had. Also work on emotional literacy – how people experience and talk about their emotions One organisation runs a 'Men's talk' group, which enables men to go online, talk to other men and share thoughts and feelings Using Paul Gilbert's compassion-focussed therapy and some videos he has made (here) to support men Many organisations use the Stay Alive app (here) Evaluations at one organisation showed that men prefer support from female staff, so not a concern that some teams mostly women Some services have used elements from the film 'Inside Out', which usefully shows 5 key emotions, and differences between them. Particularly relevant for some men might be clarity about the differences between Sadness and Anger

 BAME men Important to engage BAME community in suicide prevention work, including men Another issue that can deter men is if healthcare professionals don't think about different cultures carefully – some men (and wider communities) may need culturally appropriate support and/or people from a similar background to provide support Communication differences can also be made much worse if language itself is a barrier – making it difficult to engage in services, ask for help, understand that staff want or how staff can help 	 In East London, James' Place is creating networks of priority referral to identify particular vulnerable groups and populations to reach out to
 Reaching men Many support groups include a high proportion of women – how to reach men effectively? How increase referrals of men to services? How to develop resources that don't alienate men? Thinking about colours, language, accessibility Some men come to services offering to fundraise and help, then end up needing support – people can present themselves as if they are well so services need to be alert 	 Use walks to create space for people to connect with each other, some of whom then attend the service. Men engage well with walks, but as not doing them during lockdown we're seeing fewer men access the service Working with a group of men with lived experience to develop a campaign for World Suicide Prevention Day in September Bringing together lots of individuals and organisations who work with men across our ICS area to share ideas and opportunities An ICS is working with <u>State of Mind</u> – who use sport to raise awareness of mental health – had planned a project across the footprint to work with rugby league teams and deliver workshops – moving workshops online but has all be delayed Derbyshire suicide prevention for years – including the NSPA zcard (<u>here</u>) in the programme, and having volunteers around to speak to people as they arrive and in half-time, and lots of people talk about how they've been having a hard time Took a leaflet to a pub, after 20 minutes of chat with a group of men, though most said they'd never had any mental health issues, many of them later acknowledged they had been through a suicidal crisis

Other ideas

- 'Read my mind' a reading group to prevent male suicide, as reading is good for well-being. Working with Men's Sheds, CGL alcohol service, Dads Matter and others to raise awareness of it. Also trialled zoom shared reading groups, which worked well.
- Barber Talk collective (here) run suicide prevention training for barbers and hairdressers
- A project that started in Norfolk is The 12th Man (<u>here</u>) men meet for scooter rides, bike rides etc, they also provide training for hairdressers and menswear shops
- Online gaming might be an interesting avenue for reaching younger men some people livestream their games to raise funds and raise awareness of the charity they are supporting

Our thanks to Ellen O'Donoghue and James' Place for sharing their expertise and insight.