Men and Suicide: Part II. Encouraging Help-Seeking and the Promise of Social Support

Part I of this SIEC Alert noted the reluctance of many men to seek help. They often wait until they are in crisis before doing so (Kapur et al, 2005: 113). Another issue is understanding why, when some men seek help, they fail to articulate what it is they need (Stanistreet et al, 2004: 257). What then can be done to encourage men to look for or ask for help when they are experiencing difficulty?

A 2002 study in Ireland set out to examine this question, among others. A two-part investigation incorporating a community-based survey and a series of focus groups with young men collected information on their attitudes toward help-seeking behaviour, ways of coping, and approaches to problem-solving (Begley et al: 4).

Even though many focus group participants felt people who were suicidal were too far gone to be helped (36), a promising finding from the survey was that virtually all respondents believed at least sometimes a person thinking about suicide can be helped and their death prevented (17).

Both groups were similar in the things they said would hinder them from seeking professional help - a dislike of talking with strangers about their problems, stigma, confidentiality, and a preference for solving their problems by themselves or through informal social supports (27, 36).

With regard to things that would encourage young men to seek help, the survey group made the following recommendations (24):

- Make more information available.
- Do not charge for psychological support services (mentioned only by those who had not used such services).
- Improve access to psychological services.
- Guarantee the confidentiality of those using services.
- Remove the stigma associated with help-seeking.

Focus group participants suggested the Internet would be a useful tool both to increase help-seeking and for suicide prevention as it would address concerns about stigma and confidentiality (36). They also felt health services need to go to young men rather than vice-versa. The need for choice when developing services was emphasized (35).

Another suggestion emerging from the focus groups was that sports might provide a viable way to promote mental health to young men. Through a ripple effect, men involved in sport would be able to influence attitudes toward health and health services among their peers not involved in sports (35). Sports were also mentioned, along with talking and support from friends and family, as a preferred coping strategy (32).

The Role of Family and Friends in Suicide Prevention

The Irish study found that less than one in eight men would go to a health professional for support; mothers and friends were identified as the most common sources of support for young men. Therefore, there is a need to consider how they may be equipped to provide the most appropriate support. Peer support programmes in schools, colleges, and the workplace might be an approach with respect to friends (39).

Other studies have shown social support, especially from family, is an important protective factor against suicide (Mishara et al, 2005: 330). At a 1999 forum in Australia, migrant men included close family ties as a factor sustaining their well-being (Macdonald, 2001: 4). A 2002 scoping exercise from the UK also suggests interventions include those which foster supportive relationships within families and other social networks (Harden et al: 17).

High-risk suicidal men do not usually call crisis services but their family and friends often will (Mishara: 330). In response to this situation, Suicide Action Montréal (Québec) developed a program in which men at risk are helped indirectly by providing services to family and friends. Services were offered through one of four programs - an information session, information session with telephone follow-up, rapid referral to mental health and abuse programs, and telephone support. In a comparison of pre-test, 2-month post-test, and 6 month follow-up results, 131 third-party participants reported the suicidal men had:

- significantly less suicide ideation.
- made fewer suicide attempts.
- fewer depressive symptoms (337).

The telephone support program was rated as the most helpful of the four programs. In addition to the benefits to the high-risk men, family and friends also:

- had less psychological distress
- used more positive coping strategies
- reported their communications with the man-at-risk were more helpful (338).
Sources and Resources

SIEC #2005-0655
* Available at:

SIEC #2006-0689
Available at:
http://epiioe.ac.uk/EPPIWebContent/hp/reports/young_men_suicide/report-web.pdf

SIEC #2006-0683
Available at:

SIEC #2003-0225
Available at:

SIEC #2005-1441

SIEC #2005-0160
Available at:

Other reports of interest:

Available at:


* URLs are current at time of publication