MALE SUICIDE

PREVENTION PRINCIPLES

Suicide Prevention Australia

January 2022

Forward from the CEO

It's time to talk about male suicide prevention. Of the over 3,000 lives tragically lost to suicide each year, three out of four, over 75 per cent, are men. They are our husbands and fathers, our brothers and uncles, our colleagues and friends.

As an organisation dedicated to a world without suicide, we'll never turn the trend towards zero unless we address the overwhelming number of men who take their lives each year.

If we want to reduce the instances of male suicide in Australia, we need to begin by fundamentally changing how we approach the issue.

We need an ambitious male suicide prevention strategy. We need to stop men slipping through the cracks of suicide prevention efforts.

Together with our members, many who already work tirelessly to prevent male suicides, we've developed these principles to guide the work of Government and to support our community to create change.

So, what needs to change?

We need to ensure supports respect and value men's strengths. Some men find clinical services disjointed, difficult to use and will walk away after one session if it doesn't meet their needs. The support system needs to effectively engage with men at all levels.

It's important we adopt a situational approach, so we reach men where they are, like their places of work or sporting clubs. While medical interventions play a critical role in suicide prevention, relying solely on the medical system to catch those who fall through the cracks is clearly not working, as men are less likely than women to consult their GP or use mental health services when experiencing mental ill-health. Male-led, community solutions are showing strong, positive results.

We need to support men in all their diversity. Men have different needs depending on a whole range of factors. Supports need to reflect these different cohorts. When we design and deliver programs, we need to listen to men about what makes particular supports effective. In turn, this feedback loop helps to ensure a diversity of resources are available.

Finally, we need to be guided by the evidence. That includes research and data but, critically, it includes the expertise of those with lived and living experience. If we're to truly reach men at-risk and support them with programs that are effective, we need to start by listening to those who know first-hand what works and what doesn't.

The data couldn't be clearer. We need to do more to prevent male suicides. We hope this report and the principles outlined can continue this important conversation with governments, across industry and throughout the community. Above all, we hope it can support action to turn the trend on male suicides towards zero.

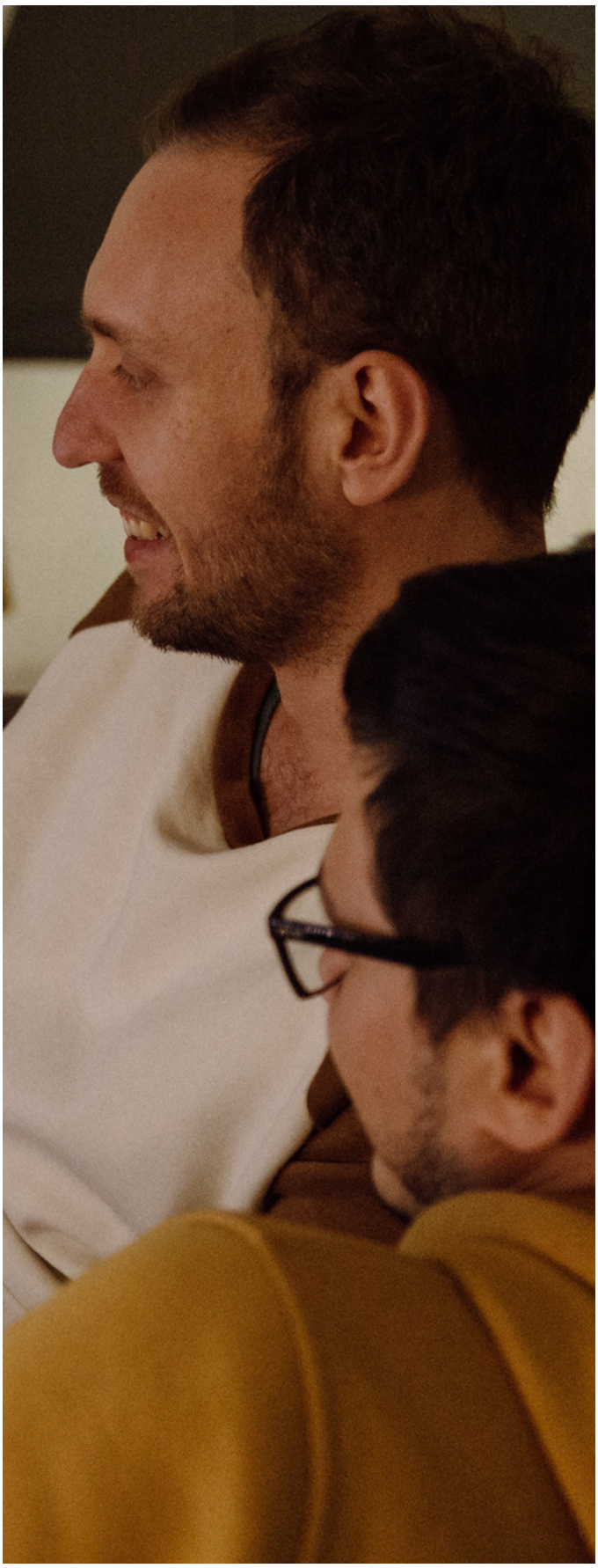
Nieves Murray
CEO
Suicide Prevention Australia

Preface

Male suicide is an issue requiring targeted policy and funding attention by all governments. More than three-quarters of suicide deaths occur in males; in 2020, 3,139 Australians died by suicide, 2,384 (76 percent) of whom were males.[1] Ambulances respond to over 16,800 calls each year from males experiencing suicidal ideation and a further 9,000 ambulances respond to a suicide attempt.[2] These statistics show that many men are in crisis and current supports are not reaching enough men. We need to be providing more supports that engage with men specifically.

Discussions on masculinity are frequently contested and there is ongoing research into how masculinity is best understood, the forms that different masculinities can take, and the ways in which masculinities can include both risk factors and protective factors for suicide. However, it is clear that across a range of different groups (eg. ages, cultures, sexuality, region) males are more likely to die by suicide and that Australia requires a diverse range of effective, evidence-based supports to drive down male suicide. Masculinities are diverse, and so there is a need for a person-centred approach.

Data indicates that men who die by suicide have fewer contacts with health and mental heath systems, meaning there is a need to identify opportunities to intervene outside the health and mental health systems. For example, despite men being far more likely to die by suicide, there are fewer ambulance attendances for male suicide attempts than for female.[3] As well, men who die by suicide are less likely to have had contact with mental health services,[4] or have a diagnosis of mental illness.[5] There is ongoing debate as to what extent these statistics are affected by fewer presentations, masking of symptoms, diagnostic practices, and gender differences in the level of risk from non-mental health risk factors. Regardless of the extent to which suicide attempts by men are less likely to result in hospitalisation or the extent of under-diagnosis of mental illness in men, what these statistics show is that for men there is less opportunity to provide support triggered by a suicide attempt, a diagnosis or a mental health service contact. This means that in addition to providing support, based on these, it is critical that we focus on the situations that put men at risk of dying by suicide. To do this, we need to consider the range of social determinants and situational stressors that can put men at risk of suicide and make a concerted effort to address the underlying issues that might lead men to the point of crisis.

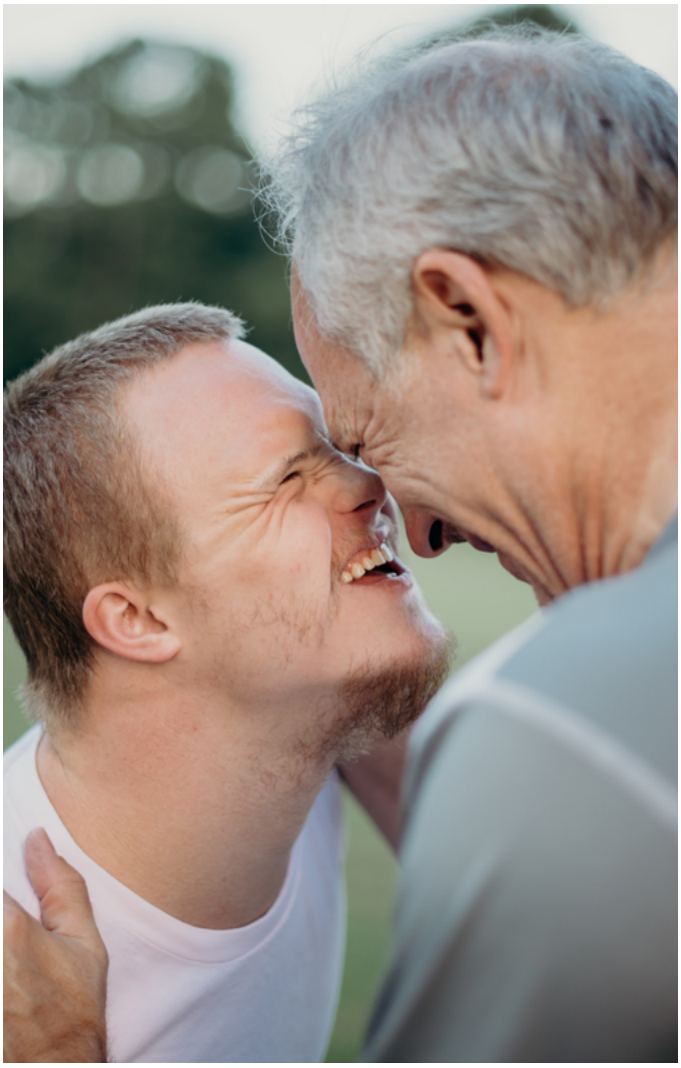


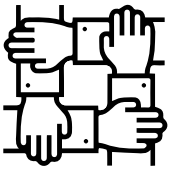
A national male suicide prevention strategy, that incorporates actions by all governments, is needed to ensure the right approach is taken. This could be implemented as part of a national suicide prevention strategy, but it is important that male suicide prevention is specifically recognised as a priority and addressed. The following principles and recommendations for government action are designed to guide the creation and implementation of such a strategy. They are a result of multiple consultations with stakeholders from the suicide prevention and mental health sectors, researchers and people with lived experience. Based on these consultations the following four principles and associated recommendations are proposed:

- **Ensure supports respect and value men's strengths**
  - Plan funding to ensure that the overall support system effectively engages with men
  - Seek to resource and enhance grassroots and peer-led services
- **Take a situational approach**
  - Ensure that connector training is available to those who encounter men at risk
  - Ensure better referral pathways by resourcing collaboration and coordination between support providers
  - Facilitate more effective promotion of existing supports
- **Support men in all their diversity**
  - Take a co-design approach to the creation, implementation and evaluation of initiatives and supports
- **Created with lived experience and support provision expertise, and informed by research and data**
  - Representative and diverse consultation
  - Fund research focused on translation into practice
  - Suicide registers in all jurisdictions
  - Strike the right balance in requiring data on support users
  - Require and fund evaluation of services
  - Set up funding mechanisms to support innovation

Each of these is described below with references to supporting research and clear recommendations on how governments can implement these principles.

Initial consultations on these principles were held while the Prime Minister's National Suicide Prevention Advisor completed her Final Advice. There is strong alignment with key aspects of this advice.[6] The Final Advice calls for a focus on the prevention of male suicides, and advocates for many of the key points of these principles, such as that services go to where men are, that it should be investigated how services engage with men, and that there should be a focus on situational factors, such as relationship distress, financial and workplace distress, justice settings and critical transitions. Following the recommendations of the Final Advice, the Australian Government has signalled a new national approach on suicide prevention with the planned establishment a National Suicide Prevention Office.[7] This provides an opportunity for these principles to guide priority work from the new Office on reducing male suicides.





Principle 1: ensure supports respect and value men's strengths

Existing supports are not always accessible and appropriate for men, 72 percent of males do not seek help if they are experiencing issues with mental ill-health[8] and, of men undertaking therapy, 45 percent drop out.[9] However, tailoring and targeting of clinical and non-clinical interventions can increase men's service uptake and the effectiveness of treatments.[10]

Australia requires a more diverse range of supports that facilitate community connections for men. These need to be provided at scale, funded, and targeted to men at risk of distress. Support providers need to understand how men are thinking, feeling, and behaving to tailor responses to their needs.

An underlying issue is that limited research is available about how men prefer to engage with services and particular service processes. Knowledge about how men prefer to engage with services is dispersed, highlighting the need for an ongoing culture of trialling and evaluating services.[11] However, emerging ideas illustrate the characteristics of a support system which effectively engages with men concerning their mental health and wellbeing. These include:

- **Supports that go to where men are,** such as workplace embedded peer support programs and social based interventions. Initiatives in male dominated industries have successfully shifted suicidality.[12] As well, activity and social based interventions have achieved success in helping to improve men's mental health.[13] Going where men are means identifying spaces (which can be physical, social, virtual, etc.) that are for men, or have a high proportion of men, and delivering supports in, and integrated into, these spaces so that the supports are easily accessible and accepted.

- **Peer-led supports** are for some men preferable to professional support, possibly because of issues of trust and potential stigma in using mental health services.[14] Peer-led supports can include both those run by men with lived experience of suicide, and those run by men who do not necessarily have lived experience of suicide but who have similar backgrounds to the men they support.

- **Taking a strengths-based approach** so as not to punish or alienate men. This involves having knowledge about how to listen and speak to men so that the support is promoted in an engaging way, and provides a safe space for men. A person-centred approach, involving genuineness, unconditional positive regard and empathy, is critical.

- **Providing tools that men can use in their everyday lives.** Men need tools they can use outside of support services that can aid resilience in challenging situations. This can include building knowledge of government processes such as courts or children's services, emotional management techniques, and promoting an approach of taking ownership, accountability and responsibility.[15]

- **A variety of modes of engagement,** including both face-to-face and arm's length services, for example, telephone helplines, and on-line activities and supports such as chat facilities. There is mixed evidence on which modes of service provision men are more likely use.[16] However, it is clear that no one mode of engagement will be effective for all men in all circumstances, it is also clear that no mode of engagement is so underutilised as to be useless. The most effective support system will give multiple 'doors' or avenues that men can step through to access help at the appropriate time. In addition, all modes of engagement will only be effective if they incorporate the other characteristics in this list, such as actively reaching out to where men are and taking a strength-based approach.

- **Consistent and long-term relationships** give the opportunity for regular contact with the same person (or support team) which is critical to building rapport and trust over time with men. With this, they are far more likely to open up and seek help when the need arises.

- **An integrated and collaborative approach** which means that all support providers are aware of and value a range of other supports, for example clinical support services referring men to peer-led services to provide connections and community. All services must understand, respect and respond to men's preferences for treatment.

WHAT GOVERNMENTS CAN DO

Structure program funding to ensure that the overall support system effectively engages with men

The characteristics of an effective support system, based on the emerging evidence and sector expertise, are outlined above. Government resources should be structured to ensure these characteristics are present in the overall set of supports available to all men.

This means that governments should ensure that they fund peer-led supports and a variety of supports using different modes of engagement. This does not mean that every support must be peer-led and provide a range of engagements, but that all men should be able to access peer-led supports and options for how to engage with support. In addition, non-peer-led services should, as part of taking an integrated and collaborative approach, work with related peer-led services.

It also means that, as part of procurement processes, governments should be asking services how they take their support to where men are, how they take a strength-based approach, how they provide tools men can use in their everyday lives, and how they take a collaborative approach with other services. To achieve this, governments will need to ensure there is clarity about what is involved in these activities. The process of ensuring clarity should be done in collaboration with service providers, researchers and those with lived experience.

Recommendation:
Plan funding to ensure that the overall supports available to all men include:

- Supports that go to where men are
- Peer-led supports
- Taking a strengths-based approach
- Providing tools that men can use in their everyday lives
- A variety of modes of engagement
- Consistent and long-term relationships
- An integrated and collaborative approach

Seek to resource, evaluate and enhance grassroots and peer-led services

Grassroots and peer-led services can be critical in providing support where men are because they are embedded in the communities of the men at risk of suicide and have the local knowledge of where they can be reached. Such supports are often created and operate without government funding. However, in many cases such supports could be more effective with some level of government resourcing. Evaluations of some particular community-based and peer-led services have shown them to be effective,[17] but there is limited evidence on what factors influence the impacts of these supports. Further research is required to increase understanding of which organisations produce the greatest benefits from funding, and what funding models best enhance these supports. An example of a useful resource in enhancing grassroots and peer-led organisations is Suicide Prevention Australia's Suicide Prevention Accreditation Program.[18] This supports organisations to implement safe, high-quality and effective suicide prevention and postvention programs in Australia. Resourcing organisations to access the accreditation program would be one mechanism for enhancement. This could be ongoing funding to provide a core of resources from which community support such as volunteering and donations can be leveraged. Or this could be one-off, or occasional, funding to obtain key resources, such as printing a batch of promotional materials to raise awareness of the support, providing free suicide prevention training in the local community, or community events to raise awareness, increase community connections, and reduce stigma. The South Australian suicide prevention networks and South Australian Suicide Prevention Community Grants Scheme, are a good example of how government resources can facilitate communities to provide effective grassroots supports.[19]

Although well-promoted and easily accessible grant schemes can be effective in providing government resources to grassroots community support, governments should not rely entirely on communities coming to them. Some grassroots support providers will not have the resources or awareness to seek out grants. Governments should devote resources to identifying grassroots supports and working with those providing the supports to investigate how resources might be most efficiently used to enhance them. This could be achieved by, for example, funding positions at primary health networks to develop knowledge of communities and links with the grassroots supports that exist in them.

Recommendation: Provide mechanisms to give resources to effective grassroots community supports, including proactively identifying and evaluating effective supports that could be enhanced by government funding.

Principle 2: take a situational approach

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Many men who are at risk of suicide, or who take their own lives, have had little or no contact with mental health services. A number of studies have indicated that men were less likely than women to have had contact with mental health services prior to their death by suicide.[20]

In addition, despite men being far more likely to die by suicide, there are fewer ambulance attendances for male suicide attempts than for female.[21] Also, men who die by suicide are less likely to have a diagnosis of mental illness.[22] The causes of these differences have not been definitely established. Possible explanations could include fewer presentations, masking of symptoms, diagnostic practices, and gender differences in the level of risk from non-mental health risk factors.

Regardless of the reasons for the differences, the practical implication is that with men there are fewer opportunities for support to be triggered in response to a mental health service contact, diagnosis, or suicide attempt. This demonstrates the need to strategically identify opportunities to intervene with men who may be vulnerable to suicide, but not interacting with the formal mental health or suicide prevention systems.

To be effective in male suicide prevention, in addition to providing support based on a mental health diagnosis, support should be available to men in situations that put them at risk of suicide

Examples of situations that put men at risk of suicide include:

- survivors of a suicide attempt
- experiencing bereavement
- undergoing relationship and/or family breakdown
- single parents
- in financial distress
- in high-risk occupations (especially when dislocated from their social support network through shift-work, remote or FIFO work)
- experiencing job loss (including retirees and others transitioning out of careers/occupations)
- undergoing other significant transitions (eg. veterans transferring out of armed services, or men transitioning into aged care)
- struggling with their sexual identity
- in contact with the justice system or involved in legal disputes
- experiencing alcohol or other drug addition and/or abuse
- experiencing significant health issues (including illness or injury).

To ensure support is delivered at these critical times, key touchpoints need to be recognised and utilised to ensure support is delivered. Mechanisms to do this include:

- Connector training (often called ‘gatekeeper training’)
- Better referral pathways
- Targeted promotion of existing supports

WHAT GOVERNMENTS CAN DO

Ensure that connector training is available to those who encounter men at risk

Connector training involves equipping people who regularly come into contact with a target group, with suicide prevention skills. (This is often termed 'gatekeeper training', but that term implies the person is permitting or denying support; the term 'connector' is used here instead). Examples of those who might be most likely to encounter men exhibiting signs of distress include:

- Supervisors and human resources personnel in male-dominated industries
- Judges, lawyers, dispute resolution practitioners, and other service providers involved in legal disputes, especially family and criminal law
- GPs
- Police and other first responders
- Staff at prisons and correctional centres
- Employment and welfare services
- Those supporting young men transitioning from out of home care
- Those supporting male students in schools, universities, TAFES and other educational settings
- Those in community roles of significance to men such as barbers, publicans, male elders, etc.

This list is not comprehensive and research is required to obtain better understanding of where connector training will be most effective for supporting men. Skilled connectors can recognise suicidal behaviours or signs of distress, provide immediate support and direct the person in crisis to support services.[23] It is important that such training includes ensuring that connectors have knowledge of self-care, and the limits of their own abilities; their primary role should be to guide and support men to access existing support services. It is also important that connector training is available that is male-specific, or has a gender lens and takes into account the unique factors that impact male suicidality (including masculinity), how different male suicidality can look when it manifests, and diversity among and between men. In some cases delivery of male-specific connector training by men and peer-led community-controlled organisations can be more effective.

Recommendation:
Fund male-specific connector training to be available to people who regularly encounter men at risk of suicide.

Ensure better referral pathways by resourcing collaboration and coordination between support providers

Cross-agency collaboration is vital to reach men at risk before, during and after a suicidal crisis. A whole-of-government and sector approach, such as a no-wrong-door requirement, to male suicide prevention is required to improve the coordination of services and ensure continuity of care. This is also critical for one of the characteristics of a service system that engages effectively with men (as outlined in the preceding principle): having an integrated and collaborative, approach across all support services.

Collaboration and coordination between services is not resources-free. It requires service providers to invest in building relations and in activities such as case coordination, as well as put in place systems and protocols to protect privacy and ensure consent. Ultimately, these investments save resources as those providing particular supports are able to quickly and efficiently link their clients with a broader range of supports as needed. Some areas where greater resourcing is required include:

- Resource clinical services to more fully utilise the additional support available from peer-led services, which can be critical to support men to maintain connection with clinical services and provide ongoing support after clinical support has ceased

- Resource courts to refer more men to peer-led services
- Resource national services to invest more time in building links with local support services and understand local support pathways (including private fee-charging services where appropriate)
- Resource all support providers to be able to make warm referrals that support the person to connect to the other support provider, this can include supports such as, with the person's consent, phoning the support provider for them, passing on information to the support provider, or booking an appointment
- Resource coordination at sector level, (eg. a community sector or government body should be resourced to coordinate across service providers to better leverage skills, knowledge and capacity to ensure resources are applied at the right time and place for men).

Recommendation:
Fund support providers to undertake collaboration and coordination activities, including relationship-building, coordinated case management and resource coordination at a sector level.

Facilitate more effective promotion of existing supports

There are opportunities for targeted promotion of existing supports that are not currently being utilised. Such promotion should be designed to be effective for men, for example utilising high profile men in mainstream media and advertising campaigns specifically directed at men.[24] Promotions should also be targeted at the situations that put men at risk of suicide. For example, given that relationship and family breakdown are risk factors for male suicide,[25] there should be promotion of supports for men in courts dealing with family law cases and at family relationship centres. In addition to such general opportunities, grassroots organisations may be aware of particular local opportunities for targeted promotion of supports.

Recommendation:
Consult with support providers and other community organisations, especially at local levels, on where and how existing supports should be promoted, and work towards overcoming any barriers to promotion.

Principle 3: support men in all their diversity

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As well as helping particular groups, a commitment to recognising diversity helps ensure that support is responsive to the needs of all men. This principle builds on the preceding principles by recognising that, in order to be inclusive to all men, support should be client-centred and adapted to a range of different needs.

To ensure that support is accessible and appropriate for all men it should be recognised that certain cohorts of men have specific cultural, access, or other requirements that need to be taken into account.

For men in these groups the principles above will still be generally applicable. In particular, the needs of the following groups should be taken into account:

- Different age cohorts (eg. young men, middle-aged men, older men)
- Men from culturally and linguistically diverse backgrounds (including migrants and refugees)
- Aboriginal and Torres Strait Islander men
- Men with disability
- Gay, bisexual, asexual, queer, gender diverse and trans men, and men with diverse sexual behaviours
- Men in regional, rural, and remote Australia
- Men with a history of childhood abuse or other trauma
- Men of low socio-economic status

The above list was derived from consultations with a broad range of stakeholders, but it should not be regarded as a comprehensive list of all groups in all contexts who may have particular needs, nor will all of these groups necessarily be present in all contexts. The intention of this principle is not to focus on particular groups, but to ensure that diversity is recognised and that the needs of all men are taken into account in providing support. Taking into account these needs could, for example, include resourcing both text-based and phone-based arms-lengths services since different age cohorts tend to respond better to different mediums. It could also include mechanisms to reduce the risk of stigma, which is particularly an issue for men seeking help in small communities. It could include requiring that support services be culturally safe.

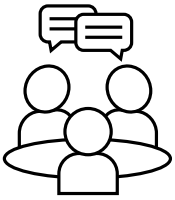
In additon, it could include addressing access barriers for men with disabilities, men who speak languages other than English, and men in isolated communities. It is also very important to take into account that men can be part of more than one of the above cohorts and have multiple intersecting needs. Establishing what is needed will require hearing from a diverse and representative range of men about what services are already accessible and what are the gaps.

WHAT GOVERNMENTS CAN DO

Take a co-design approach to the creation, implementation and evaluation of initiatives and supports

This document cannot provide a comprehensive list of all needs and all ways to address these needs. As well the needs, and best ways of addressing them, will vary depending on the population being supported. This highlights the importance of consultation and co-design in creating and improving supports. Men are experts in their own support needs.

Recommendation:
Take a co-design approach to the creation, implementation and evaluation of suicide prevention initiatives and supports by involving, at all stages, men who are representative of the diversity of the population to be supported. Hear from them what should be taken into account to make effective supports and ensure that resources are available for the diversity of needs.



Principle 4: create through co-design, informed by research and data

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To be effective and efficient, government strategy and policy must be informed by evidence from a range of sources.

People with lived experience of suicidal behaviour are uniquely placed to inform on how best to support people through a crisis. A lived experience of suicide can range from suicidal thoughts, surviving a suicide attempt, caring for someone through crisis, being bereaved by suicide or being touched by suicide in any way.

When working with specific populations, such as a particular industry or culture, lived experience of that context is also important. Consulting on, and co-designing, policy solutions with people with lived experience is a driver for change, innovation and leadership, and ensures that the policy being designed is more effective as a result.

The involvement of those with support provision expertise is also critical. Support organisations can provide key insights on the arrangements needed to deliver the right supports and can give advice on the policy interventions that would mitigate emerging risk factors for suicide.

Additionally, we need research funding dedicated to suicide prevention and guided by expertise to ensure the funding is utilised strategically and focused on the translation of research into practice.

Finally, Australia needs accurate, reliable, timely data on suicide, suicide attempts and suicide prevention activities to enable evidence-based policy, service delivery, program design and informed research. This data needs to be collected and managed in ways that ensure that support users can have confidence that their privacy is protected, and that the privacy of those who have died by suicide and their families is respected.

In summary, government strategy and actions to reduce male suicide must be informed by:

- **Lived experience** – including survivors, carers and the bereaved, and lived experience of specific populations
- **Support provision expertise** – including both large and small, both male-focussed and general, support organisations
- **Research** –such as journey mapping that facilitates strategic and practical initiatives
- **Data** – timely, reliable, and including relevant factors such as childhood trauma, mental health history, and demographics

In addition to government's male suicide prevention strategy being informed by all forms of evidence, the strategy should also ensure that all supports are evidence-based. What constitutes supports being evidence-based is not straightforward. Different kinds of evidence should be required for support models at different levels of maturity. This means that ensuring supports are evidenced-based is not only about setting required standards of evidence for funding. To facilitate innovation there needs to be processes to ensure a focus on research into support practice, provide pathways for funding of research-based and evidence-informed innovations, requiring evaluation of new models of support, and ensure that evaluations result in improving supports and, where appropriate, ongoing funding or expanding of supports.

Ensuring an evidence-based support system means building the evidence and strengthening supports as well as funding mature support models with strong existing evidence of effectiveness.

WHAT GOVERNMENTS CAN DO

Representative and diverse consultation

The different forms of consultations are key mechanisms in ensuring both lived experience and service expertise inform government actions. For such consultations to be effective they need to include all voices. They must be representative as well as diverse. This means that prior to consultation, governments must ensure they have a sound knowledge of the characteristics of the population to be supported and the range of support organisations involved. This will mean governments are, as much as possible, aware of the full range of stakeholders who should be involved in consultations. In consultations, governments should always seek to identify any further stakeholders, and ask whether further groups or organisations should be included.

One way governments can help ensure comprehensive consultations is to use multiple mediums of consultation. Consultations should be more than only large roundtables and opportunities for written submissions. Consultations should also include mediums such as small group workshops (both online and face-to-face); they should utilise existing mechanisms, such as current lived experience panels; they should take place in venues where men are, such as sports clubs; and they should actively seek out groups or people or types of organisations that are generally under-represented or unrepresented.

Recommendation:
To ensure a diversity of lived experience and support provision expertise is included, consultations should be through multiple mediums and should include opportunities for input at early development stages, co-design during implementation, and inclusion in evaluation.

Fund research focused on translation into practice

To ensure that research is utilised strategically there must be mechanisms to focus research efforts on being translatable into practice. An example of this is the Australian Government's funding of suicide prevention research through the National Suicide Prevention Research Fund. This fund is guided by an independent Research Advisory Committee that includes leading research experts, those with lived experience of suicide and experts in service delivery settings.

Recommendation:
Fund suicide prevention research through mechanisms that ensure the research is translated into practice.

Suicide registers in all jurisdictions

Despite the sophisticated nature of our data systems and information management frameworks in Australia, data on mental health and suicide prevention is fragmented, inconsistent and, in many cases, delayed. Australia has sophisticated collection systems and vast information is already stored by multiple government departments. These systems must be harnessed, and information brought together, so that we can target suicide prevention services where they're needed, monitor their success and – ultimately – save lives.

Recommendation:
All state governments without suicide registers should act rapidly to put in place a register. Registers should be set up to enable the data to be collated by the Australian Government.

Strike the right balance in requiring data on support users

Government funding for suicide prevention services usually comes with requirements that the organisation provide data on those using the services. It is obviously important that governments collect such data to aid planning by identifying services gaps, and provide accountability by demonstrating what activity public funds are supporting. It is critical that the data needed for decision-making is collected, and in some cases more data is required to ensure that the needs of all men are being addressed. However, in determining what data is required, governments need to listen to service providers and support users on the impacts of data collection. It can be a barrier to accessing services if men are asked to complete lengthy demographic surveys before they can get support. It needs to be kept in mind that the men attempting to access such supports will likely be facing multiple challenges in their lives, and may find such a barrier insurmountable. In addition, some support organisations have noted that men may have concerns about how such data is used. Even though governments may only be requiring aggregated and anonymised data from service providers, from the perspective of men attempting to use the services they are giving information that links

them to their use of a suicide prevention or mental health service. Some men can have concerns that such data will be used to their detriment in other settings, such as custody rulings by the courts, or that it may disqualify them from working or see their 'fitness' downgraded and employment limited.

Recommendation:
Consult with the sector, researchers, and men with lived experience on the impacts of service user data collection on service effectiveness, and factor this into decisions on what data is required from organisations funded to provide services.

Require and fund evaluation of services

It is critical to ensure that all services are properly evaluated, and resourced to do so, to inform future decisions. Government funding of suicide prevention support should, in all cases, require either demonstrating that the model of support has been previously evaluated as effective, or the inclusion of an evaluation of the support. Where support is based on a model that has been previously evaluated, further evaluation may still be worthwhile to identify improvements or where adaptions are required for the particular context of the support. Funding for evaluation should be separate and in addition to funding for the support provision so that innovative or less mature models of support are not disadvantaged. Evaluations should be independent, use a rigorous methodology appropriate to the context of the support being evaluated, measure indicators that clearly link to the claimed outcomes of the model, and have final reports that are publicly available.

Recommendation:
Require all government-funded suicide prevention supports to be based on previously evaluated models, or to include an evaluation (for which additional funding should be available).

Set up funding mechanisms to support innovation

It is important that a focus on an evidence-based approach does not detract from investing in innovations. By definition, innovations are not going to have the same kind of evidence as mature support models. Sound innovations are evidence-informed and follow verifiable theories on how to be effective, but they may

not have previous trials in relevant contexts. This means that to encourage innovation, governments will need to have mechanisms for resourcing innovations that are distinct from resourcing mature service models. This may include, for example, specific grants for innovations that require research and evaluation to be embedded to enhance what can be learnt from implementing the innovation. It may also include more proactive mechanisms that seek out and identify innovations.

Any mechanisms should take a broad view of innovation, acknowledging that innovation does not have to be entirely new, and can include adaptations of models from other contexts or modifications of existing models. It should also be acknowledged that some innovations will only work in a particular local context. Facilitating innovation should be done with an understanding of what services are already available and how that compares with the ideal 'service landscape' for men (co-designed with diverse men). Lastly, it is important that the mechanisms for resourcing innovations avoid the loss of knowledge through stop-start funding. Evaluations should be conducted well prior to the end of funding so that there is certainty on whether funding will be renewed, but also sufficiently after the commencement so there has been suitable time for the service to be established and generate some results. As well, funding should be planned so that a successful trial will lead to an ongoing and, if appropriate, expanded support service.

Recommendation:
Set up specific mechanisms for resourcing innovative support models that take into account the specific evidence and needs of innovations.

Appendix: Stakeholders Consulted

Suicide Prevention Australia

This report is the result of multiple consultations with a range of experts in male suicide prevention, including stakeholders from the suicide prevention and mental health sectors, researchers, and people with lived experience. Suicide Prevention Australia wishes to acknowledge and thank all these people for their time and insights:

Experts	Company
Andrew Anderson	YouTurn
Joe Ball	Switchboard Victoria
Caitlin Bambridge	Suicide Prevention Australia
Anna Bernasochi	Switchboard Victoria
Darren Black	OzHelp
Richard Brimble	Lifeline Australia
Marc Bryant	LivingWorks
Tessa Colliver	Suicide Prevention Australia - Lived Experience Panel
Jorgen Gallustrup	Suicide Prevention Australia
Lou Greco	Australian Man Cave Support Group
Shane Greentree	Survivors and Mates Support Network
Graeme Holdsworth	Suicide Prevention Australia - Lived Experience Panel
George Howard	Beyond Blue
Craig Hughes-Cashmore	Survivors and Mates Support Network
Kylie King	Turner Institute for Brain and Mental Health
Kairi Kolves	Australian Institute for Suicide Research and Prevention
Phil Lamport	Parents Beyond Breakup
Mark Leopold	SuperFriend
Brendan Maher	Movember
John Milham	Mentoring Men
Pete Nicholls	Parents Beyond Breakup
Karen Phillips	StandBy
Stan Piperoglou	Suicide Prevention Australia
Simon Pont	Suicide Prevention Australia
Glen Poole	Australian Men's Health Forum
Christopher Rainbow	Beyond Blue
Zac Seidler	Movember
Peter Shmigel	Australian Men's Health Forum
Clare Sullivan	Beyond Blue
Nick Tebbey	Relationships Australia
Dunkan Yip	Black Dog Institute
Ken Zulumovski	Gamarada Universal Indigenous Resources

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Suicide Prevention Australia

For general enquiries
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There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

Acknowledgement Statement

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. Suicide Prevention Australia acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.