# CHARTER FOR MEN'S MENTAL HEALTH







# TABLE OF CONTENTS

- 1. Table of contents
- 2. Why we need a charter
- 3. 7 principles for men's mental health services
- 4. Principle 1: Make men's mental health a priority
- 5. Principle 2: Audit men's access to funded services
- 6. Principle 3: Reach out to men at risk
- 7. Principle 4: Help services help more men
- 8. Principle 5: Hear men's stories of lived experience
- 9. Principle 6: Fund grassroots services run for men
- 10. Principle 7: Support men in all their diversity
- 12. References
- 13. About the charter

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### WHY WE NEED A CHARTER

Improving the mental health of men and boys is a national priority.

According to the Australia Bureau of Statistics, mental health is the third biggest cause of death, disease, illness and injury in men, after cancer and cardiovascular disease.

Men experience a greater disease burden than women from mental health issues but are significantly less likely to access mental health services funded by the Government and major NGOs.

Men also account for 3 in 4 suicides in Australia and yet our auditing consistently finds that up to 4 in 5 clients of Government-funded suicide prevention services are women.

Suicide is the leading killer of men under 55. It kills 9 people a day, 7 men and 2 women. Closing the gap between male suicide and female suicide would save 1,700 lives a year.

With these stark statistics in mind, our Charter for Men's Mental Health sets out seven principles to help governments, funders, commissioners and policy makers to ensure mental health and suicide prevention services are better equipped to support men and boys.



[Male suicide] must be called out as a priority for whole of government attention."

**Christine Morgan** PM's Suicide Prevention Adviser



## 7 PRINCIPLES FOR MEN'S MENTAL HEALTH SERVICES

	THE PRINCIPLES	WHAT THIS MEANS IN PRACTICE
1.	MAKE MEN'S MENTAL HEALTH A PRIORITY	Leaders in mental health and suicide prevention ensure policies, funding, programs and services take into account the specific needs of men and boys.
2.	AUDIT MEN'S ACCESS TO FUNDED SERVICES	Services funded to prevent suicide and tackle mental health issues are evaluated to assess their effectiveness at reaching and supporting men and women.
3.	REACH OUT TO MEN AT RISK	Services respond early to distress such as relationship issues, financial and workplace distress, legal matters, bereavement, life transitions and social isolation.
4.	HELP SERVICES HELP MORE MEN	Services are supported to build their capacity to deliver male-friendly services, where staff are trained to respond to the needs and preferences of men in distress.
5.	HEAR MEN'S STORIES OF LIVED EXPERIENCE	Leaders in mental health and suicide prevention ensure that policies, funding programs and services take into account the specific needs of men and boys.
6.	FUND GRASSROOTS SERVICES RUN FOR MEN	The value of grassroots initiatives designed for men is recognised, with funding allocated to help these groups grow, develop and build their evidence base.
7.	SUPPORT MEN IN ALL THEIR DIVERSITY	Priority populations at increased risk are addressed directly and the different needs of men and women in these populations are taken into account.

### PRINCIPLE 1: MAKE MEN'S MENTAL HEALTH A PRIORITY

In 2021, the Prime Minister's National Suicide Prevention Adviser, Christine Morgan, published her final recommendations in support of the Government's 'towards zero' suicides goal.

Her report delivered a strong message on male suicide and highlighted the disproportionate impact that suicide has on men as an issue that "must be called out as a priority for whole-ofgovernment" action.

The recommendation that men should be a priority population is backed by Suicide Prevention Australia (SPA), the national peak body for the suicide prevention sector.

In particular, SPA has advised the Commonwealth Government to "fund the creation and implementation of a national male suicide prevention strategy". More broadly, the Government's National Men's Health Strategy (2020-2030) already identifies men's mental health as one of five priority men's health issues that need to be tackled by providing "male-centred information, services and programs".

Finally, a survey (n=1,250+ people) commissioned by the Australian Men's Health Forum has found that mental health and male suicide are the top two issues the public wants the Government to tackle to help improve the health of Australian men.

#### What this means in practice:

Leaders in mental health and suicide prevention ensure that policies, funding, programs and services take into account the specific needs of men and boys.





### PRINCIPLE 2: AUDIT MEN'S ACCESS TO FUNDED SERVICES

22

We have been advocating for a male suicide prevention strategy and we are disappointed that the budget has ignored this priority population."

Nieves Murray CEO, Suicide Prevention Australia The first step towards making men a priority is to understand how effective current services are at reaching men and boys.

With this in mind, the PM's Suicide Prevention Adviser, Christine Morgan, has recommended that "current services and programs funded in suicide prevention are evaluated to identify whether, and how, they engage with men".

This is in line with AMHF's recommendation, first made in 2016, that gender impact assessments are applied to all policies, strategies, interventions and projects in the field of suicide prevention to consider how effective different approaches are at addressing male and female suicide. AMHF's research has consistently found that while 75% of suicides are men, up to 80% of people at risk of suicide who are supported by Governmentfunded prevention services are women.

While we do not advocate for funding to be taken away from women at risk of suicide, it is reasonable to ask that suicide prevention funding be allocated in an equitable way that reflects the fact that 3 in 4 suicides are male.

#### What this means in practice:

Services funded to prevent suicide and tackle mental health issues are evaluated to assess their effectiveness at reaching and supporting men and women.



# REACH OUT TO MEN AT RISK

For at least two decades, men's health advocates have been calling for the national drive to prevent suicide to look beyond mental illness and place more focus on the social factors that put men at risk of suicide.

Men's mental health and risk of suicide are shaped by a range of factors from boyhood experiences of education and family life, through to a man's current work, financial and relationship status. Research shows that 98% of people who die by suicide have experienced a recent life crisis.

In April 2019, Suicide Prevention Australia called for a "whole-of-government" approach stating that: "Global evidence shows that a fragmented and mental illness-specific approach doesn't work. An integrated approach to suicide prevention encompassing mental health, social, economic and community factors is the best evidence-based solution."

These calls have been backed by the PM's Suicide Prevention Adviser who said, in her final

recommendations to Government, that "a shift to earlier responses to distress that focuses on intimate relationship distress, financial and workplace distress, justice settings and key transitions and isolation for older men should lead to earlier opportunities and identify men requiring additional support".

This is particularly important as we know that men's and women's experiences of suicide can be different. Male suicides are more often associated with relationship problems, money issues, job loss and alcohol abuse, whereas female suicides are more likely to be linked to mental illness and previous suicide attempts.

#### What this means in practice:

Services respond early to distress such as relationship issues, financial and workplace distress, legal matters, bereavement, life transitions and social isolation.

### PRINCIPLE 4: HELP SERVICES HELP MORE MEN



Christine Morgan PM's Suicide Prevention Adviser International best practice tells us that one of the key ways to improve men's access to healthcare is by developing male-friendly services. This fact was acknowledged in Australia's first National Male Health Policy, which called on all health professionals to "make their practices more male-friendly".

The PM's Suicide Prevention Adviser, Christine Morgan, has also stated that where necessary, services should be "redesigned to be more accessible to and better meet the needs of men".

Research consistently shows that around 2 in 3 men who die by suicide have been in contact with services prior to their death. According to research by the men's health charity, Movember, "men are talking with their feet".

In a survey of 2,000 men who accessed therapy, 43% dropped out of treatment prematurely without

informing their clinician. The main reason given was a lack of connection with the counsellor.

Movember's research has also found that while 75% of men think talking openly is good for your mental health, 2 in 5 men say they have regretted "opening up" to someone about their problems.

Rather than focus on men's willingness to get help, we need to build the capacity of service providers and local communities to give help to men.

#### What this means in practice:

Services are supported to build their capacity to deliver male-friendly services, where staff are trained to respond to the needs and preferences of men in distress.



### PRINCIPLE 5: HEAR MEN'S STORIES OF LIVED EXPERIENCE

In recent years there has been a growing recognition of the importance of involving people with lived experience of suicide in the development of policies and programs.

The Australian Men's Health Forum recently commissioned research into men's lived experience of suicide by the University of Western Sydney.

The research highlighted some of the barriers that can prevent men accessing help, including stigma, stoicism and men's fear that seeking help may negatively impact their relationships and their ability to earn.

Furthermore, men reported a lack of malefriendly health and support services and negative experiences when accessing services such as blame and guilt placed on men for not coming sooner, perceived 'anti-male' attitudes and an incomplete understanding of the way men communicate their distress.

According to the recommendations of the PM's Suicide Prevention Adviser, suicide prevention must be informed by what men experiencing suicidal distress really need, with men's lived experience knowledge and insights informing all approaches to suicide prevention "from research that builds the evidence base and guides government policy and program planning, to service design and delivery, program implementation and evaluation".

#### What this means in practice:

All approaches to improving mental health and preventing suicide are informed by what men in distress tell us that they need.





No-one around me knew what I was experiencing. I was afraid that they will lock me up if I told someone about my feelings."

Men's Lived Experience of Suicide report



# FUND GRASSROOTS SERVICES DESIGNED FOR MEN



It is vital to affirm the role of informal approaches to male suicide prevention. Many men's stories paid respect to grassroots men's support groups."

Men's Lived Experience of Suicide report

According to the PM's Suicide Prevention Adviser, services need to be delivered in "places and formats that suit the needs of men".

Suicide Prevention Australia has also noted that "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".

It is important to note that women can and do play a vital role in delivering mental health services to men. Around 70% of mental health nurses, 72% of psychosocial support workers, 77% of peer support workers and 79% of psychologists in Australia are female. In addition, the majority of telephone counsellors and the majority of people receiving suicide prevention training are also female.

While men are under-represented in mainstream services, there is an upswell of men at a community level who are stepping up to get involved in male suicide prevention by setting up, volunteering for and taking part in local peer support groups.

According to the Government's Workforce Gender Equality Agency (WGEA), a gender diverse workforce has a larger pool of talent to draw from, is more efficient, productive and creative and makes better decisions.

Funding more grassroots, mental health and suicide prevention initiatives that are targeted at men, is probably one of the quickest and most impactful ways to help more men to take responsibility for preventing male suicide.

#### What this means in practice:

The value of grassroots initiatives designed for men is recognised, with funding allocated to help these groups grow, develop and build their evidence base.

### PRINCIPLE 7: SUPPORT MEN IN ALL THEIR DIVERSITY

The National Men's Health Strategy names nine priority male populations that may require specific attention when developing health interventions.

The PM's Suicide Prevention Adviser has also highlighted the need to target interventions at men from priority population groups.

For example, suicide is the second biggest killer of Aboriginal and Torres Strait Islander males, with young Indigenous men aged 20-34 years old identified as being one of the most at-risk populations in the world.

In particular, the needs of the following groups should be taken into account:

- Different age cohorts (e.g. young men, middleaged men, older men)
- Aboriginal and Torres Strait Islander males
- Men from culturally and linguistically diverse backgrounds (including migrants and refugees)
- Men with disability
- Trans, gay, bisexual, asexual, and queer men, and men with diverse sexual behaviours
- Men in regional, rural, and remote Australia
- Men of low socio-economic status

#### What this means in practice:

Priority populations at increased risk are addressed directly and the different needs of men and women in these populations are taken into account.









Preventing suicide among boys and men would go further than any other approach to achieving the Prime Minister's goal of working towards zero suicides."

Professor Jane Pirkis Lead Researcher, The Buoy Project



While 3 in 4 suicides are men, up to 4 in 5 clients of taxpayer-funded suicide prevention services are women."

**Glen Poole** CEO, Australian Men's Health Forum

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## **ABOUT THE CHARTER**

The Men's Mental Health Charter was launched at a virtual Round Table with the Hon David Coleman MP, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, on Friday 11th June 2021.

The Charter was developed by the Australian Men's Health Forum (AMHF), the peak body for individuals and organisations working the improve the lives and health of men and boys.

It draws on a range of existing sources including the National Men's Health

Strategy 2020-2030; the Final Advice report of the PM's National Suicide Prevention Adviser; the work of Suicide Prevention Australia's policy team and AMHF's position papers on male-friendly services, malefriendly approaches to suicide prevention and the case for a national male suicide prevention strategy.

The launch event was hosted by AMHF and attended by a diverse range of individuals and organisations working in men's health, mental health and suicide prevention.

### CHARTER FOR MEN'S MENTAL HEALTH

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