Man Therapy™:

An Innovative Approach to Suicide Prevention for Working Aged Men

A White Paper by:

Sally Spencer-Thomas, Psy.D.
CEO & Co-Founder, Carson J Spencer Foundation
www.WorkingMinds.org | www.CarsonJSpencer.org

Jarrod Hindman, MS
Director, Office of Suicide Prevention
Colorado Department of Public Health and Environment
www.coosp.org

Joe Conrad
CEO & Founder
Cactus Marketing and Communications
www.SharpIdeas.com

ManTherapy.org

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Office of Suicide Prevention
Linking Communities, Building Awareness, Preventing Suicide
www.coosp.org

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Suicide among Working Aged Men in the United States: Understanding the Problem

Junior Seau, Kurt Cobain, Hunter S Thompson, Ernest Hemingway, and Don Cornelius were all famous and influential men whose lives were cut short by suicide. These deaths were widely covered in the media and discussed publicly, with little understanding of how or why men with such success died with such great despair. Unfortunately, far too many men, particularly men of working age, are dying every year by suicide without public knowledge or outcry, which contributes to a lack of awareness of the significance of suicide in the US.

The Reality: Suicide and Men by the Numbers

[Note: data retrieved from the Center for Disease Control and Prevention's WISQAR fatal injury report: http://www.cdc.gov/injury/wisqars/index.html]

- In 2009, 43 percent of the suicide deaths (15,904 of the 36,909 deaths) in the US were among men ages 25 to 54, which by a large margin is the highest number of suicide deaths among any age/gender group.
- For all ages, the suicide rate in 2009 was 12.02/100,000. For men ages 25 to 54, the rate was twice that at 24.83/100,000, illustrating the unique and significant burden men carry on the US suicide rate.
- Men are four times more likely to die by suicide than women.
- Suicide rates are highest among White non- Hispanic Americans.
- Suicide is the second leading cause of death for men 25 to 34.

Why Do Men Have Such High Rates?

Men's unwillingness to acknowledge mental health problems or suicidal thoughts, coupled with the common behavior of not accessing available services contribute to the high suicide rate among men (Moller-Leimkuhler, 2002). While men die by suicide in much higher numbers than women, suggesting that men may be in greater need of mental health services, research finds that men appear far less interested in and likely to access services. While there is no evidence that women experience higher rates of depression, men account for only one in ten diagnosed cases of depression (Mental Health America, 2007), and research suggests that male depression goes 50 to 65 percent undiagnosed. Further, men are resistant to asking for help, communicating inner feelings and forming groups around emotional issues (Davies and Waldon, 2004). While it is true that consistently over different ages, nationalities, ethnic and racial backgrounds, men seek help less frequently than women, this paper argues that the trend is due in part on men's socialization and in part on health delivery systems and not entirely on "men behaving badly."

Gender role socialization theories (Addis & Mahalik, 2003) offer a perspective that helps explain these statistics. Cultural codes of achievement, aggression, competitiveness, and emotional isolation are consistent with the masculine stereotype; depressive symptoms are not. Cultural ideals of rugged individualism lead to social fragmentation and fewer coping alternatives.

According to Mansfield, Addis and Mahalik (2003), when men consider seeking help, they often go through a series of internal questioning:

1. Is my problem normal?
The degree to which men believe other men experience the same problem affects their decision to seek help. A prime example of this psychological process is erectile dysfunction. Before Senator Bob Doles' public disclosure, many men thought they were the only ones suffering from this highly common and highly treatable problem. After the public campaign, many more men sought help.

2. Is my problem central to who I am?
If the mental health symptoms reflect an important quality about the person (for example the hypomania in bipolar disorder that impacts creativity or productivity), then the person will be less likely to seek help.

3. Will others approve of my help-seeking?
If others, especially other men, are supportive, then the person will be more likely to go. Help- seeking is particularly likely if the group is important to the person and unanimous in their support.

4. What will I lose if I ask for help? For many the biggest obstacle to asking for help is fear of losing control: losing work privileges or status, being "locked up," or losing one's friends or family.

5. Will I be able to reciprocate?
Usually, the mental health services offered do not allow opportunities for reciprocity. Because of ethical standards, the mental health practitioner is often not allowed to share personal information or receive favors, thus maintaining a position of power over the client. For some men, receiving help is acceptable only if they can return the favor later on; in the relationship with a mental health provider, this is often not possible. One exception is Alcoholics Anonymous (AA). According to their mission, "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism." According to the AA fact file, men make up 65 percent of membership in AA, indicating that this model of reciprocity is appealing to men. By contrast, among persons with any recent mental health disorder, a higher percentage of women (16%-26%) made mental health visits than men (9%-15%).

These data suggest that historical, traditional approaches to reaching men with mental health and suicide prevention messages have been mostly unsuccessful, and new, innovative approaches need to be explored and developed.

Time for Change: Promising Practices for Suicide Prevention among Working-Aged Men

"So long as we keep repeating the phrase, 'encourage male help-- seeking behavior' in our grant applications, public health marketing, and outreach efforts, suicidal men will just keep dying. Hoping men will become more like women is costing us the lives of our fathers, brothers, sons, uncles and nephews."
~ Paul Quinnett, 2010

In 2007, the Office of Suicide Prevention, Carson J Spencer Foundation, and Cactus Marketing Communications forged a partnership and set out to uncover a new approach to preventing suicide among men of working age. For the next two years the team conducted eight focus groups and eight in- depth interviews to help answer the questions:

- How do we reach men in distress who do not access mental health services?
- How do we bring suicidal or highly distressed men "back to life"?

Man Therapy™ Research and Development Outcomes: Eight Approaches to Successful Outreach

After a review of the literature and the thematic analysis of our transcribed interviews and focus groups, we concluded that the following approaches would increase success in reaching high- risk men of working age.

- Approach #1: Take the mental health language out of the communication, at least initially. o Many at- risk men were not seeing their problems through a mental health lens, so communication such as, "if you are depressed, seek help," was totally missing an important subgroup of men.

- Approach #2: Show role models of hope and recovery.

  o Share stories of men with "vicarious credibility" who have gone through tough times and found many alternative ways to healing.

- Approach #3: Connect the dots: physical symptoms (changes in energy, sleep patterns, appetite) with emotional issues.

- Approach #4: Meet men where they are instead of trying to turn them into something they are not.

  o Make messaging compelling, even using dark humor. By taking a light-hearted approach, even poking fun at traditional therapy, we can open the doors to conversation.

  o Bring the messages to where men show up (locations men frequent, media they pay attention to, etc.)

  o Use an internet-based approach that allows for anonymity and self-assessment

- Approach #5: Target "double jeopardy men": Men with the most risk factors who are also the least likely to seek help.

- Approach #6: Offer opportunities to give back and make meaning out of the struggle.

  o Children and legacy issues are often an important barrier to engaging in suicidal behavior. o Volunteering, spiritual growth, and strengthened relationships are also helpful in finding

  meaning after despair and creating a sense of belonging.

- Approach #7: Coach the people around the high-risk men on what to look for and what to do

  o Intimate partners are both the most likely cause for suicidal distress (e.g., divorce, separation, death) and the most likely person to intervene and influence a man to seek help.

  o Workplaces need training, just like CPR, to help co-workers identify suicidal distress and refer to helpful resources (www.WorkingMinds.org).

- Approach #8: Give men at least a chance to assess and "fix themselves."

  o "Show me how to stitch up my own wound like Rambo," in-depth-interview participant.

  o Focus on mastery- oriented intervention strategies that demonstrate progress and are time-limited.

  o Simple, self- help strategies allow men to take action in smaller, concrete steps – many of them we know (e.g., sleeping and eating well) are critical to mental health

How Man Therapy™ Helps Solve the Problem of Men and Suicide

We know many men experience suicidal thoughts, believe they are the only ones, and become hopeless as a result. We also know many types of interventions and mental health services that effectively prevent suicide exist. The problem is no one has successfully bridged the two and men continue to die without linking to a life- saving treatment or other intervention.

THE GOAL OF MAN THERAPY is to show working age men that talking about their problems, getting help and fixing themselves is masculine.

The campaign strength is its innovative and humorous approach through a fictional "therapist" named Dr. Rich Mahogany, who is a no- nonsense man's man that let's men know honest talk about life's problems is how they will start to solve their problems. At the center of the campaign is a web portal that allows men to interact with Dr. Mahogany, do a "head inspection" (self- assessment), and get "manly mental health tips." When men indicate their level of distress is high, Dr. Mahogany refers them to the National Suicide Prevention Lifeline or "the Pros" (a vetted list of professional mental health service providers).

The website also involved the people who surround the men at risk, with a section called "worried about someone," and offers suggestions on how to give back through volunteering or getting involved in the cause. A testimonial library shows men from many walks of life triumph over significant life challenges through many different journeys.

In conclusion, this new approach holds great promise for being the bridge between men at risk for suicide, and the interventions that can save their lives.

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