

A close-up photograph of a barber cutting a man's hair. The barber is using clippers on the back of the man's head. The man's hair is dark and styled. The barber is wearing a dark shirt. The background is slightly blurred, showing a barbershop setting.

Read the
full research
report [here](#).

MALE SUICIDE RESEARCH PRIORITIES

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This public guide is based on the following study: Bennett, S., Robb, K. A., Andoh-Arthur, J., Chandler, A., Cleary, A., King, K., Oliffe, J., Rice, S., Scourfield, J., Seager, M., Seidler, Z., Zortea, T. C., & O'Connor, R. C. (2024). Establishing research priorities for investigating male suicide risk and recovery: A modified Delphi study with lived-experience experts. *Psychology of Men & Masculinities*, 25(1), 85–98. <https://doi.org/10.1037/men0000448>

TACKLING THE MALE SUICIDE CRISIS

More men die by suicide than women in almost every country in the world. In some places, like Eastern Europe, the difference is really big - up to 7 times more men die than women. Suicide is also one of the top causes of death for men in many countries. For example, in the UK, it's the biggest killer of men under 50.

These statistics tell us that male suicide is a significant and urgent problem.

However, there hasn't been enough research into why men are more likely to take their own lives, leaving us with many unanswered questions.

We urgently need to understand why some men are at a higher risk and better ways to help them.

There are lots of different questions for us to investigate such as unemployment, addiction, or divorce and how they intersect with male suicide risk.

However, there are limited resources to fund research and limited researchers to deliver the work.

That's where this study comes in.

We wanted to understand what research questions to prioritise.

Working closely with 242 people directly affected by male suicide, and a panel of global experts, we aimed to pinpoint the key areas for priority action.

This report shares what we learned. Our hope is that by establishing a robust research agenda of priorities, informed by those who intimately understand the experience of male suicide, we can ensure that resources are allocated strategically to tackle the most urgent issues first.

We hope this agenda can make strides in preventing male suicide and saving lives.

DEVELOPING RESEARCH PRIORITIES

HOW WE DID IT

Our first step was to develop potential research questions for the agenda.

To do this we looked at three different data sources:

1. Scientific research on male suicide
2. Grey literature on male suicide
3. Responses to a global survey on male suicide risk and recovery factors



1.

DEVELOPING THE INITIAL QUESTIONS: SCIENTIFIC RESEARCH

A systematic review is when scientists search for all the studies written on a particular topic and analyse their findings to build bigger and broader conclusions about an issue.

Two systematic reviews of qualitative and quantitative male suicide research work have recently been conducted.

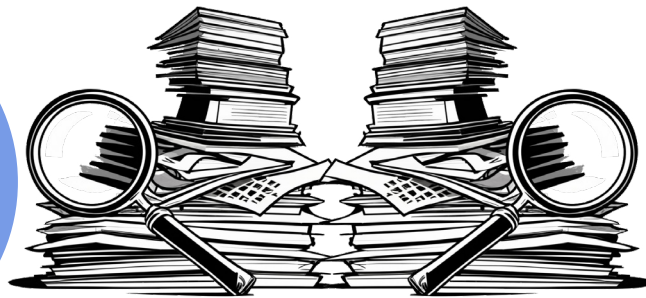
Quantitative researchers explore things that can

be measured and tend to work with numbers and statistics.

Qualitative researchers talk to people, listen to their stories, and try to get a deeper understanding of their experiences.

We explored these two reviews - which brought together evidence from 183 studies - and from their findings distilled potential questions for the research agenda.

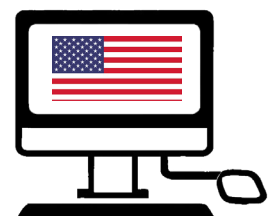
105
QUANTITATIVE
STUDIES



78
QUALITATIVE
STUDIES

2.

DEVELOPING THE INITIAL QUESTIONS: GREY LITERATURE SEARCH



Grey literature refers to *unpublished research* like charity and policy reports and recommendations. Grey literature was excluded from the search terms of both the systematic reviews referenced above, but can be a valuable source of important insights. So, we conducted a grey literature search of the main English-language Google sites.

Using the search terms “male suicide” and “file type = pdf” we looked at the first 30 pages from (a) Google USA, (b) Google UK, (c) Google Australia, and (d) Google Canada to find PDFs on male suicide. All relevant PDFs and corresponding websites were read and reviewed for potential research questions.

3.

DEVELOPING THE INITIAL QUESTIONS: GLOBAL SURVEY

The author team had recently conducted a global survey examining male suicide risk and recovery factors. Over 3,100 men took part in the survey and answered questions about (a) childhood challenges, (b) sources of mental pain, (c) barriers to seeking help, (d) suicide risk factors, (e) suicide

protective factors, and (f) future male suicide research recommendations.

Answers to all these questions were reviewed and used to develop potential research questions.



4.

DEVELOPING THE INITIAL QUESTIONS: RESEARCH & CLINICAL EXPERTS



From these three data sources - the two systematic reviews, grey literature search, and global survey - we put together an initial agenda of potential research questions.

We then asked 10 global academic and clinical male suicide experts to review this draft agenda and give their feedback on any questions they felt were missing, resulting in 135 potential priorities.

5.

RATING THE QUESTIONS: WORKING WITH PEOPLE WITH LIVED AND LIVING EXPERIENCE

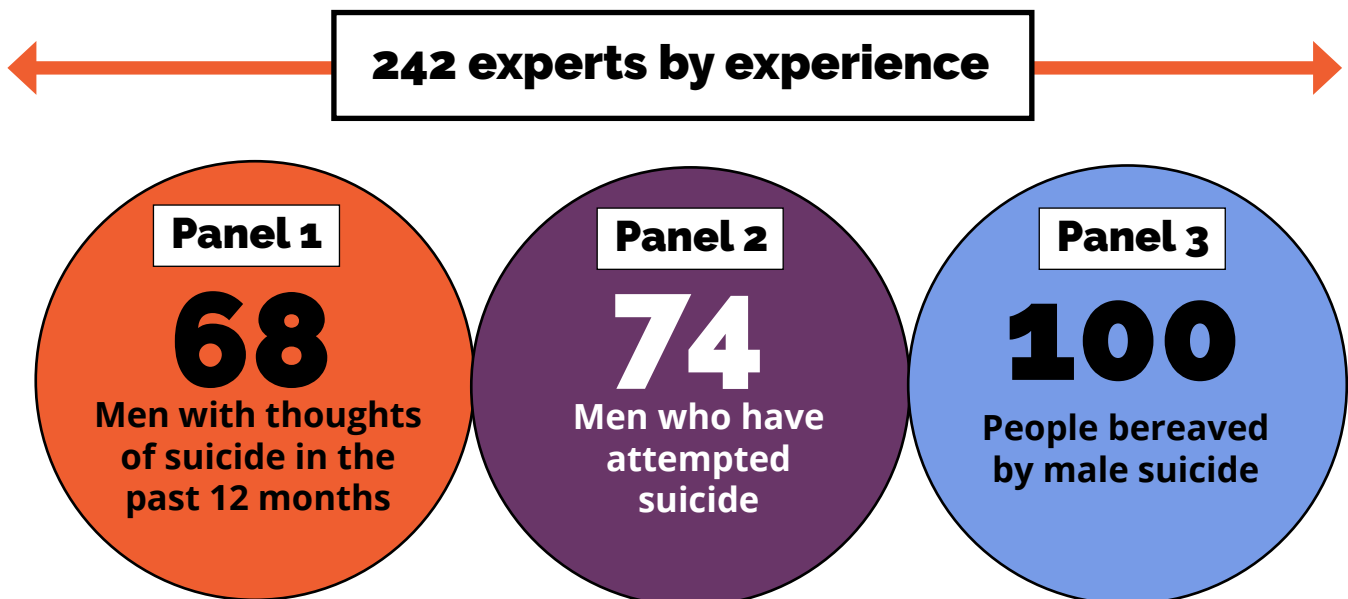
With our preliminary research questions generated we needed to decide which ones were most important.

To do this, we used something called the *Delphi method*. The Delphi method involves asking a group of people who know a lot about a topic to rate the importance of questions via a survey.

For the purposes of our study we recruited three panels of people with lived and living experience of male suicide:

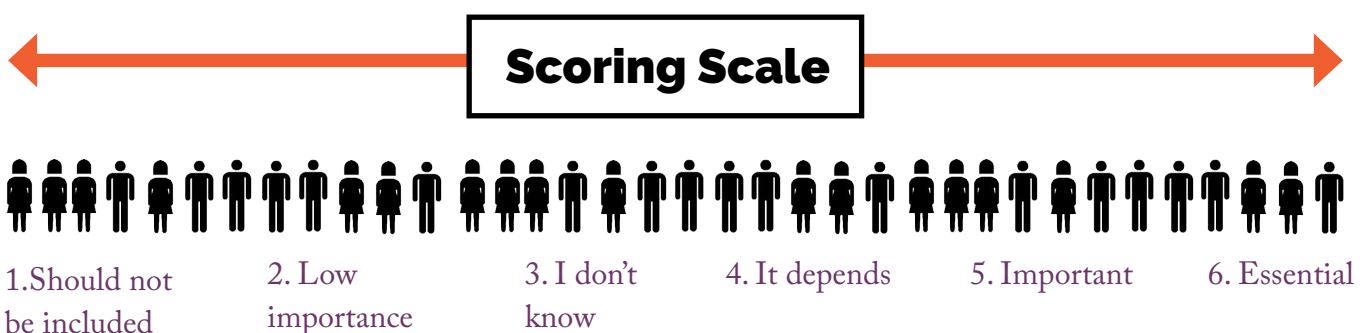
1. Men who had attempted suicide
2. Men with thoughts of suicide in the last 12 months
3. People bereaved by male suicide

Our panel was made up of people from 34 countries, though the majority were from the UK or USA. Via two survey rounds we asked them to rate which questions they felt were most important when it comes to understanding male suicide risk and recovery.



We asked our three Delphi panels to rate each research question based on a scale from 'should not be included' to 'essential.'

Example question: Investigating parental alienation and male suicide risk



Based on the following statistical thresholds, research questions were either **accepted** onto the final agenda, **rejected**, or **re-rated** in a second survey round.

- 1. Item accepted:** Items were automatically accepted onto the research agenda if it was rated as either ‘essential’ or ‘important’ by 80% or more of all three expert panels
- 2. Item re-rated:** Items were re-rated in Round 2, if 80% of 1 expert panel endorsed it as ‘essential’ or ‘important’, or if 70%–79.5% of 2 expert panels endorsed it as ‘essential’ or ‘important’.
- 3. Item Rejected:** Any items that did not meet the above criteria were rejected.
- 4. New questions:** Participants also had the opportunity to suggest new items for the research agenda if they felt an important topic was not covered. These items were added to the second round of the survey to be rated by all other participants.

ROUND 1: RESULTS

76
items
accepted

Including: Exploring how men who are suicidal develop and form their ideas of masculinity

32
items
re-rated

Including: Exploring parental alienation and male suicide risk

27
items
rejected

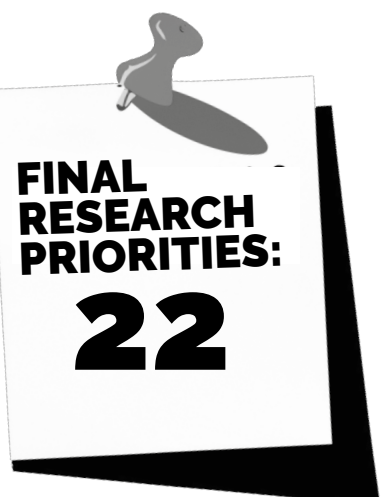
Including: Exploring how men who are suicidal think and feel about their body and physical appearance

7
new
questions

Including: Exploring trauma and male suicide risk

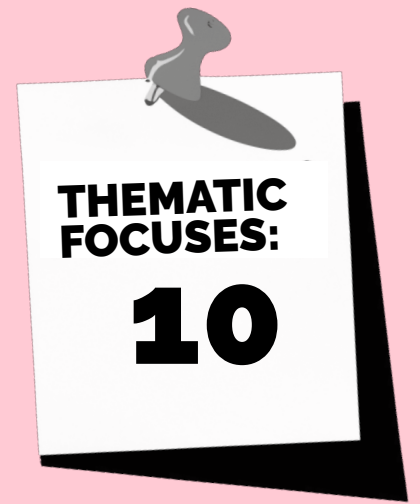
In round 2, there were 39 items which were voted on (32 items re-rated from round 1 and 7 new questions). Eleven questions met the threshold, resulting in an 87-item research agenda.

Working with our team of global academic and clinical experts, we carefully reviewed the 87 endorsed priorities. We organized them into groups based on common themes, making the agenda easier to understand and navigate. This process resulted in a final agenda comprising 22 key priorities, grouped into 10 main themes.













6.

FINAL AGENDA: TEN THEMATIC FOCUSES:



Questions for the research agenda are organised across ten thematic areas:

<p>1. RELATIONSHIP WITH OTHERS</p> 	<p>2. RELATIONSHIP WITH SELF</p> 
<p>3. EMOTIONS</p> 	<p>4. MENTAL HEALTH</p> 
<p>5. SUICIDAL BEHAVIOURS</p> 	<p>6. EARLY-LIFE EXPERIENCES</p> 
<p>7. STRUCTURAL FACTORS</p> 	<p>8. CULTURAL FACTORS</p> 
<p>9. AT-RISK GROUPS</p> 	<p>10. SUPPORT & RECOVERY</p> 

FINAL AGENDA: THREE HIGHEST-RATED PRIORITIES



The three questions most endorsed by the panel were:

Relationship with others:

- 1. Investigating loneliness and isolation for men who are suicidal** (98% endorsement)



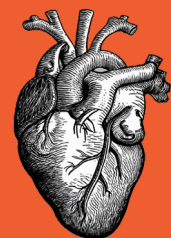
Relationship with self:

- 2. Exploring feelings of failure in men who are suicidal** (97% endorsement)



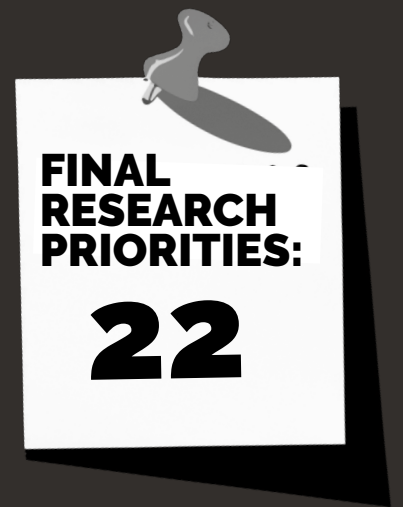
Emotions:

- 3. Exploring the main sources of stress and emotional pain for men who are suicidal** (96% endorsement)



MALE SUICIDE RESEARCH PRIORITIES: FINAL AGENDA

THE COMPLETE
AGENDA



RELATIONSHIPS WITH OTHERS



QUESTIONS:

- 1. Investigating loneliness and isolation for men who are suicidal (98%)**
- 2. Investigating the role of meaningful connection and intimacy in male suicide risk and recovery:**

Including:

- Exploring what meaningful connection means to men who are suicidal (91%)
- Exploring the best ways to support men to create/sustain meaningful connections (89%)
- Exploring how meaningful connections can protect men from suicide (87%)
- Exploring challenges men experience creating connections (87%)
- Exploring how men build connections (86%)

- 3. Investigating relationship challenges and male suicide:**

Including:

- Exploring domestic abuse (physical, sexual, emotional, and/or psychological) and male suicide risk (88%)
- Exploring romantic breakups and male suicide risk (85%)
- Exploring interpersonal conflict and male suicide risk (84%)

COMMENTARY:

Relationship challenges and a lack of belonging are central to certain theories of suicide and have previously been highlighted as a risk factor for men.

The highest endorsed priority across our entire study was “investigating loneliness and isolation for men who are suicidal.”

Isolation and loneliness can relate to men who are physically alone as well as men who may be surrounded by significant others but feel emotionally lonely within those dynamics.

We urgently need to understand more about what men are really looking for in their relationships and why some men struggle to build intimate connections.

Other important priorities were domestic abuse, breakups, and conflicts with others.

Not much research has been done on how domestic abuse affects male suicide risk.

We need to look at both sides of this issue - how some men end up being violent towards others, and how some men become victims of abuse.

Breakups have been known to be emotionally challenging for some men, and there’s already quite a bit of research on that.

However, we still need to dig deeper into why romantic conflict and breakdowns can be so devastating for some men that it can contribute to suicidal pain. We need to understand why conflict hurts so much and how men can deal with relationship stress better.

One question that just missed the threshold of making the top priorities but is still important to consider is parental alienation and problems accessing children after a relationship breakdown.

Overall, the priorities in this thematic focus underline the value of understanding men’s relationships needs - as partners, brothers, husbands, fathers, friends - their need for connection and belonging, and whether these are being met in our societies.

We need to explore how men relate to others, what sort of connections they are craving, and why certain relationship problems can lead to suicidal pain.

Isolation and loneliness can relate to men who are physically alone...



as well as men who may be surrounded by significant others but feel emotionally lonely within those dynamics.



RELATIONSHIP WITH SELF



QUESTIONS:

4. Investigating how men who are suicidal think and feel about themselves:

Including:

- Exploring feelings of failure in men who are suicidal (97%)
- Exploring the best ways to support men who are suicidal to repair harmful thoughts and feelings about themselves (94%)
- Exploring the role of self-esteem as a male suicide risk and recovery factor (92%)
- Exploring purpose and meaning as a male suicide risk and recovery factor (92%)
- Exploring control and agency as a male suicide risk and recovery factor (83%)
- Exploring self-reliance as a male suicide risk and recovery factor (80%)

COMMENTARY:

The second most endorsed priority across the study was **exploring feelings of failure in men who are suicidal (97%)**.

Previous research has shown that feeling like a failure can increase emotional pain and suicide risk in men. We urgently need to understand why some men find feeling like a failure so consuming that they can lose sight of what makes their lives meaningful.

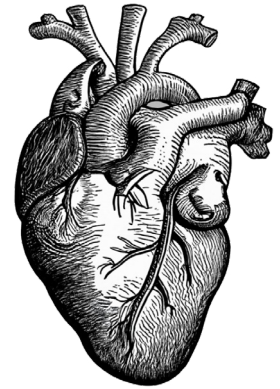
In Western cultures, there's a big emphasis on men being independent and successful. These expectations can make men feel alone and

stressed out, if they feel they can't live up to these ideas. This isn't just a problem in Western countries - it's been linked to male suicides in Ghana and Uganda too.

A man's ability to succeed and feel good about himself can be limited by things like poverty, or not having good education opportunities. It's important to understand how these factors, along with cultural pressures, can affect how men see themselves and their place in society.

We need to understand what gives men meaning and purpose and what men's self-esteem is rooted in. We need to explore the importance for men of having control over their lives and being self-reliant. We also need to work out how to help men who are suicidal to repair painful ideas and thoughts they may hold about themselves.

EMOTIONS



QUESTIONS:

5. Investigating the emotional life and challenges of men who are suicidal:

Including:

- Exploring the main sources of stress and emotional pain for men who are suicidal (96%)
- Exploring how men understand, manage and express their emotions (94%)
- Exploring who men talk to about their emotional problems (94%)
- Exploring trauma and male suicide risk (94%)
- Exploring the best way to support men to manage their emotions and emotional pain (92%)
- Exploring surviving sexual abuse/assault (81%)

COMMENTARY:

The third most endorsed priority was **exploring the stress and emotional pain that men who are suicidal experience** (96% of participants agreed it was important).

We need to increase our understanding of men as emotional beings and understand how men manage and express their emotions, who they emotionally confide in, and how they cope with emotional pain.

We also need to understand how emotionally painful experiences such as trauma and sexual abuse can impact men and increase suicide risk.

Emotional suppression has been strongly connected to suicidal thoughts and feelings in men.

Many studies suggest there's a link between men keeping their emotions inside and being at risk of suicide. It's important to think about how cultural and societal pressures affect how men express their emotions.

MENTAL HEALTH



QUESTIONS:

6. Understanding the mental health of men who are suicidal:

Including:

- Exploring the relationship between having a mental health condition and male suicide risk (90%)
- Exploring what language and messages are best to engage men who are suicidal around mental health issues (89%)
- Exploring how mental health and suicide are represented in society and how these ideas impact men who are suicidal (86%)

COMMENTARY:

While, mental health problems like anxiety and depression are often linked to suicide, studies show that men who take their own lives are less likely to have been diagnosed with a mental health condition. However, anxiety and depression might present differently in men than women, and these conditions may go unnoticed, unspoken and under-diagnosed in men.

We still have a lot to learn about mental health and male suicide risk.

Some evidence suggests that some men who are thinking about suicide don't see their distress as something that requires medical attention and

so they don't seek professional mental health support. Instead, some men might view their pain as a reaction to problems in their relationships, society, or environment, and instead want practical help in relation to these challenges.

We need to understand the best way of talking to men about their mental health and suicide risk in a way that resonates with them. This is especially important in places where there's a lot of stigma around mental health.

We also need to understand how suicide and mental health are represented and understood in different societies and cultures, and how these ideas impact men who are suicidal.



SUICIDAL BEHAVIOURS

QUESTIONS:

7. Investigating men's suicidal behaviours and coping strategies:

Including:

- Exploring the experiences of men who are suicidal of seeking help (93%) and attitudes towards seeking help (88%)
- Exploring men's suicidal thoughts and feelings (92%)
- Exploring how men manage thoughts of suicide and what prevents them from acting on them (91%)
- Exploring what triggers a shift from thinking about suicide to planning a suicide (90%)
- Exploring the thought patterns and emotional states of men when planning suicidal action (90%)
- Exploring the past-thinking and future-thinking of men who are suicidal (90%)
- Exploring the coping strategies men who are suicidal use (89%)
- Exploring what suicide means to men who are suicidal (86%)
- Exploring self-harm and male suicide risk (83%)

COMMENTARY:

This group of important questions is all about studying suicidal behaviours including thoughts, feelings, actions, help-seeking behaviours, and coping strategies.

We need to explore the contents of men's suicidal thoughts and feelings, how men cope with them, and what stops them from seeking help. Additionally, it's important to investigate the transition from thinking about suicide to planning it, as well as the emotional states and

coping mechanisms involved. Some men describe their thoughts of suicide as distressing, others as comforting. Some men might try to numb their pain with things like alcohol or, gambling, which can make things worse in the long run. We also need to explore the healthy ways men cope, like connecting with others, playing sports, or finding comfort in their faith.

Finally, exploring the connection between self-harm and suicide risk in men can help us identify warning signs early on and prevent tragedies.

EARLY LIFE EXPERIENCES



QUESTIONS:

8. Understanding the mental health of young boys who are suicidal:

Including:

- Exploring the best ways to support young men who are suicidal (95%)
- Exploring how young men seek help (i.e., talking to teachers, peers, medical professionals, chat rooms) and cope with their problems (93%)
- Exploring how mental health problems - including suicidal thoughts, feelings and attempts - develop in young men (92%)

9. Exploring the long-term impact of early life challenges for men who are suicidal (89%)

10. Understanding early-life abuse/trauma and male suicide:

Including:

- Exploring experiencing or witnessing psychological/emotional abuse and male suicide risk (88%)
- Exploring experiencing physical/emotional neglect and male suicide risk (88%)
- Exploring experiencing family controlling behaviours, pressure and/or expectations and male suicide risk (87%)
- Exploring experiencing caregiver absence, abandonment or estrangement and male suicide risk (86%)
- Exploring experiencing death of a significant other and male suicide risk (85%)
- Exploring experiencing physical abuse and male suicide risk (83%)
- Exploring experiencing death by suicide of a significant other and male suicide risk (82%)

- Exploring experiencing early life bullying and male suicide risk (82%)
- Exploring experiencing sexual abuse and male suicide risk (81%)
- Exploring experiencing mental health problems in the caregiving home and male suicide risk (80%)

COMMENTARY:

Several studies have shown that tough experiences during childhood are linked to thoughts of suicide later in life. However, most of this research focuses on women and girls, leaving a gap in our understanding of how these challenges affect boys and men, specifically.

We need to understand how challenges in childhood impact boys and men over the long-term.

Studies show that tough times in childhood can make it harder for people to feel safe and confident as they grow up. It can also make it harder for some people to manage their feelings and have good relationships with others.

We need to explore how the psychological fallout from these experiences can be reduced.

By understanding how suicidal thoughts start and grow in young men, we can develop interventions to help prevent suicidal pain from building up over young people's lives, which could lower suicide risk.

It's important to look at how boys are taught to handle their feelings. Boys who go through challenging childhoods might feel like they have to hide their pain because of societal expectations for men to be strong. The combination of tough childhoods and cultural norms of emotional suppression, may leave boys and men especially isolated. A study from 2013 found that boys who were abused as kids and tried hard to fit in with traditional ideas of masculinity were at higher risk of suicide (Easton et al., 2013).

The emotional impact of childhood traumas may be compounded for men by masculine norms to conceal their pain.



Painful events in childhood

Norms of male emotional suppression



STRUCTURAL FACTORS



QUESTIONS:

11. Investigating the role of work in male suicide risk and recovery:

Including:

- Exploring the role of work stress in male suicide risk (88%)
- Exploring unemployment and male suicide risk (84%)
- Exploring the importance of work as providing meaning, fulfilment and identity for men who are suicidal (81%)

12. Investigating financial challenges and male suicide risk:

Including:

- Exploring financial pressures, debt and male suicide risk (90%)
- Exploring poverty and male suicide risk (80%)
- Exploring insecure housing/homelessness and male suicide risk (80%)

13. Investigating the combined impact of multiple-structural challenges and male suicide risk i.e., being unemployed, having a disability and living in insecure housing (87%)

COMMENTARY:

Structural factors refer to risk factors that go beyond individual emotions or behaviours and are more about the bigger picture of someone's life circumstances or the society they live in.

For instance, things like poverty, discrimination, or lack of access to mental health resources could be considered structural suicide risk factors because they create conditions where someone might feel hopeless or overwhelmed to the point of considering suicide.

Structural issues prioritised in this study relate to work stress, unemployment, financial challenges, housing challenges, and poverty.

It's interesting to see how many priority research questions relate to work and money, and how success and challenges in these areas may affect some men's sense of identity.

Ideas and expectations for men to be providers may mean some men feel particular pressures and stress in relation to these domains.

Some experts say that male work success is driven by a desire for control, power, and influence. But

others argue that it's also a way men show care and protection for their families by providing for, and taking care, of them.

We need to understand what being a provider means to men and how not being able to fulfil that role could affect their mental health, possibly leading to feelings of powerlessness or failure.

In recent years, more women have entered the workplace, and the types of jobs available have changed, with less job security overall. This shift in the job market might affect how men see themselves and their value in society.

Future research exploring structural challenges need to consider how men from various backgrounds face different pressures related to their jobs and finances.

Each man's achievements are shaped by external factors like his upbringing, where he lives, and what opportunities are available to him. These factors interact with other challenges such as race, immigration status, or disabilities. All these intersecting factors needed to be explored.



CULTURAL FACTORS

QUESTIONS:

14. Investigating the role of masculine norms in male suicide risk and recovery:

Including:

- Exploring gender differences in how distress is expressed, understood and responded to by people (86%)
- Exploring how men who are suicidal develop and form their ideas of masculinity (81%)

COMMENTARY:

Cultural risk factors refer to aspects of a society's beliefs, values, and practices that contribute to men being more likely to experience thoughts of suicide or attempt suicide.

These factors could include traditional gender roles that expect men to be strong and stoic, making it harder for them to seek help for mental health issues. It could also include societal pressures related to work, financial success, or social status, which may lead men to feel overwhelmed or hopeless. Essentially, it's about how cultural expectations and norms impact men's mental health and increase their risk of suicide.

There were two priorities from this study regarding cultural influences on male suicide. The first question focuses on how men may express their pain and how other people may react to it.

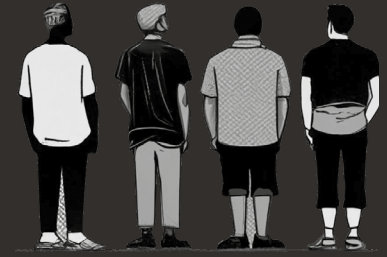
Some men might hide their pain due to societal expectations for men to be strong and cope.

Other men may express distress in ways that aren't always recognized as indicating a serious crisis. For instance, thoughts of suicide might be mentioned casually or after drinking. It's crucial to understand how cultural norms shape men's understanding and expression of emotional pain.

Another important question is about how men develop their ideas of masculinity and which of these ideas protect men from distress, and which may increase their exposure. For example, studies suggest men who strongly believe in traditional masculine values are more likely to consider suicide.

We need to bear in mind that there is no singular way to be a man and remember to explore the diverse ways that men behave and cope with distress.

AT-RISK GROUPS



QUESTIONS:

15. Exploring men experiencing life transitions:

Including:

- Middle-aged men (87%)
- Male university students (84%)
- Young boys - 13 to 18 (82%)

16. Exploring men experiencing structural challenges:

Including:

- Men who are unemployed (81%)
- Men who are homeless (81%)

17. Exploring men experiencing emotional challenges:

Including:

- Male survivors of abuse (90%);
- Men bereaved by suicide (83%)
- Men with addiction problems (83%)

COMMENTARY:

Men of all demographics can be at risk of suicide. However, particular at-risk groups have been identified within this study as requiring dedicated exploration.

These include men experiencing life transitions.

Major life changes can coincide with increased vulnerability to mental health issues and suicide risk.

Middle-aged men navigating transitions such as career changes, relationship breakdowns, and family responsibilities, were endorsed as important.

Similarly, male university students adjusting to academic life and new-found independence may struggle.

Young boys navigating adolescence are also vulnerable, grappling with identity formation, peer pressure, and societal expectations of masculinity.

Men facing structural challenges of unemployment and homelessness were also prioritised along with men facing specific emotional challenges of abuse, suicide bereavement, and addiction problems.

SUPPORT AND RECOVERY



QUESTIONS:

18. Exploring what 'recovery' means for men who are suicidal:

Including:

- Exploring how men cope after a suicide attempt (89%)
- Exploring what recovery means for men who have attempted suicide and men's reasons for living (88%)

19. Exploring effective interventions:

Including:

- Exploring the impact of different intervention types (including different intervention types such as talk therapy, medication, media campaigns) (93%)
- Exploring effective interventions for men who cannot afford / access therapy (93%)
- Exploring the most effective long-term support (92%)
- Exploring the most effective support for men in the six months following a suicide attempt (85%)
- Exploring how to best measure the outcome of interventions, i.e., increased self-esteem and reduced suicide risk (84%)
- Exploring how different services can work together better (i.e., how can the criminal justice system work with mental health care?) (84%)

20. Exploring the role of health-care professionals in supporting men who are suicidal:

Including:

- Exploring the experience of men who are suicidal of seeking professional support (93%)
- Exploring what training healthcare professionals need to better identify and engage at-risk men (91%)
- Exploring men's relationship with health-care professionals (87%)
- Exploring what professional support men who are suicidal want to receive (84%)
- Exploring differences in how men and women present suicide risk and the best gender-sensitive screening tools for health services professionals (84%)
- Exploring how academic researchers and health care professionals can work together to incorporate research findings into services (84%)
- Exploring the experiences of health service professionals of working with men who are suicidal (83%)

21. Exploring the role of significant others in supporting men who are suicidal:

Including:

- Exploring the experiences of men who are suicidal of seeking support from significant others (91%)
- Exploring the experiences of significant others when supporting men who are suicidal (86%)

22. Exploring community interventions:

Including:

- Exploring the experiences of community members who support men who are suicidal (85%)
- Exploring how to create communities that support men who are suicidal better (84%)
- Exploring the experiences of men who are suicidal of accessing support in their community (83%)
- Exploring effective community members who can spot and engage at-risk men (80%)
- Exploring effective training for community members to support men who are suicidal (80%)

COMMENTARY:

Currently, there's not much research on which interventions work best for men. We urgently need to figure out what kind of help can support men through suicidal crises and to lead more fulfilling lives.

Despite the common belief that men don't seek help, evidence shows men are reaching out, but can struggle to find the help they need.

We need to answer important questions like what type of support men actually want (84% agreed it's important) and what their experiences are when they try to get professional help (93%).

Men are more likely than women to die on their first suicide attempt and less likely to be connected with mental health services. So, it's important to strengthen support for men in informal, community spaces, as well as through their friends and family.

Loved ones are often the first line of support during a suicidal crisis, but there's not enough research on their experiences, and what support they may also need.

We also need to understand how community-based interventions can better support men who are struggling (84% agreed it's important).

The causes of suicide are complex. It's not just a medical issue. We need to look beyond individual biology and mental health, to consider environmental, cultural, and structural factors that also contribute to suicidal pain. Integrated interventions that address various aspects of men's lives, like emotional support, financial help, and housing assistance, could be effective.

Preventing suicide also requires tackling social issues like loneliness, unemployment, and homelessness, as well as promoting emotional

skills and challenging restrictive ideas of masculinity in our societies and cultures.

It's difficult to measure the direct impact of these interventions on reducing suicide rates, but taking a broader approach to prevention could lead to better outcomes.

We need to keep an eye on how well our efforts to prevent suicide work in the long run. Just because someone doesn't attempt suicide right after getting help doesn't mean they won't try later. To really understand if our efforts are effective, we have to look at the bigger picture and consider whether men need different kinds of support at different times.

For example, therapy might help a man deal with suicidal thoughts, but if he's dealing with ongoing problems like unemployment, homelessness, family issues, or discrimination, he might still feel really bad. Therapy alone might not be enough to lower his risk of suicide over his lifetime.

So, we have to ask ourselves: Is the goal of suicide prevention just to stop someone from dying at one particular moment, no matter how tough and painful their life remains? Or, should we also be working to improve the overall quality of life? This means not just keeping people alive, but helping them find meaning and dignity in their lives.

To do this, we need to understand what "recovery" means for men who've tried to kill themselves and what keeps them going. Most of the people in this study agreed that this was an important question. By figuring out what recovery looks like based on real experiences and keeping track of it over time, we can set clear goals for suicide prevention and see if we're reaching them.

CLOSING THOUGHTS

Male suicide is a public health crisis that hasn't been sufficiently researched or funded.

We have many unanswered questions about why men are at such increased risk. This study has for the first time prioritised the most important research topics to be tackled to advance our understanding of male suicide.

Priorities include things like how relationships, early experiences, and cultural pressures impact suicide risk. The top three questions from the study were about isolation and loneliness, feeling like a failure, and what causes stress and emotional pain for men who are suicidal.

Suicide isn't caused by just one thing; it's a mix of many factors that change over time. We need to study these factors together, not separately. This means working with experts from different fields like sociology, biology, and economics.

To tackle this research agenda, we need support from governments, funding, and teamwork between different experts. By creating an agenda of priorities - informed by those who intimately understand the experience of male suicide - we have aimed to ensure some of the critical issues are tackled first.

We hope this agenda can help global colleagues direct resources effectively. Together, we can focus our work to deepen our understanding of male suicide risk and effective interventions. Ultimately, our goal is to ensure that more men who are feeling suicidal can find a path to a meaningful and fulfilling life.

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LIAM BRITTON FOUNDATION



The Liam Britton Foundation (Charity number: 1166009) was set up in loving memory of Liam, who sadly passed away in 2014.

The Foundation aims to raise awareness of the mental health challenges leading to suicide.

Through research, we want to help create a deeper understanding of suicide risk and recovery factors, dismantle mental health stigma, and build empathy and compassion for the challenges faced by people in suicidal pain.

To find out more visit: facebook.com/liambrittonfoundation/
liambrittonfoundation/



JONATHAN'S VOICE



Jonathan's Voice

Jonathan's Voice (Charity number: 1180424) is a mental health charity, set up in 2017 in the memory of Jonathan McCartney who tragically took his own life that year. Our charity has three core aims:

- To increase the understanding of mental health and suicide risk for the purposes of reducing stigma and empowering individuals to speak about mental health, including knowing how to respond.
- To educate organisations, especially in the professional environment, for the purpose of encouraging them to create the right support structures, policies and practice to support employees with mental health and well-being.
- To support research into suicide. The research explores male suicide, specifically the cultural and social factors that put men at risk of suicidal despair and the factors that can aid men to recover a meaningful life.

To find out more about Jonathan's story, the work of Jonathan's Voice and to get in touch please visit us at jonathansvoice.org.uk



The production of this public guide was supported by generous funding from MANUP?

MANUP?

At **MANUP?** we recognise the growing trend of men starting to open up about their mental health challenges.

As an awareness charity, we aim to take this a step further by cultivating a culture of attentive and empathetic listening. We strive to equip individuals, be they partners, family members, or friends, with the understanding and tools necessary to support the men in their lives effectively.

Our focus lies in enlightening society about the importance of speaking up about mental health issues and ensuring an informed, compassionate audience ready to listen and respond.

MANUP? is leading the charge in transforming how mental health is discussed and addressed within communities, promoting a more supportive and proactive approach to male mental wellbeing



Thank you

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Your feedback is invaluable in helping us evaluate our impact and improve future materials.

Visit malesuicideresearch.com/feedback to share your feedback anonymously.

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The research was supported by funding from the following charities: Jonathan's Voice (Charity number: 1180424) and The Liam Britton Foundation (Charity number: 1166009). Further information can be found here:

jonathansvoice.org.uk
liambritton.org.uk

This public guide was supported by funding from MANUP? Further information can be found here:

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Contact

This research was conducted by researchers at the 'Suicidal Behaviour Research Lab' at the University of Glasgow.

Contact information:

Dr Susanna Bennett

 s.bennett.2@research.gla.ac.uk

 [susie_research](https://twitter.com/susie_research)

 [male_suicide_research](https://www.instagram.com/male_suicide_research)

 malesuicideresearch.com

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