

# Suicide Prevention Outreach to Men

March 13, 2013





## Welcome!

- Please <u>mute</u> your line
- If you have a <u>question</u>, please type it into the "Questions" box or "raise your hand" by clicking the hand logo on your control panel



## Why focus on men?

- Most suicide deaths are men (numbers and rates)
  - Men die from suicide more than 3:1 as women
- Many risk factors: divorce, alcohol abuse, firearm ownership, economic problems, rural
- Depression symptoms are often masked in men (may show as anger)

## Why focus on men?

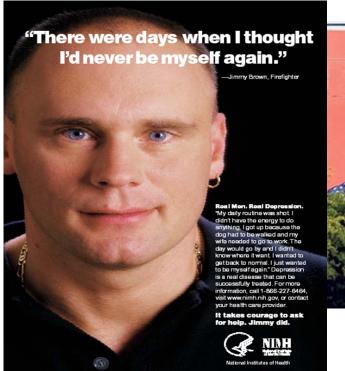
- Less help-seeking among men
- Depression symptoms are often masked in men (may show as anger, fatigue)
- Men may be an under-served population in suicide prevention.
- Are we using the right language, the right approaches to engage at-risk men?

## Other campaigns to reach men...

Take Time to be a Dad today



Men in Gowns (preventive health)



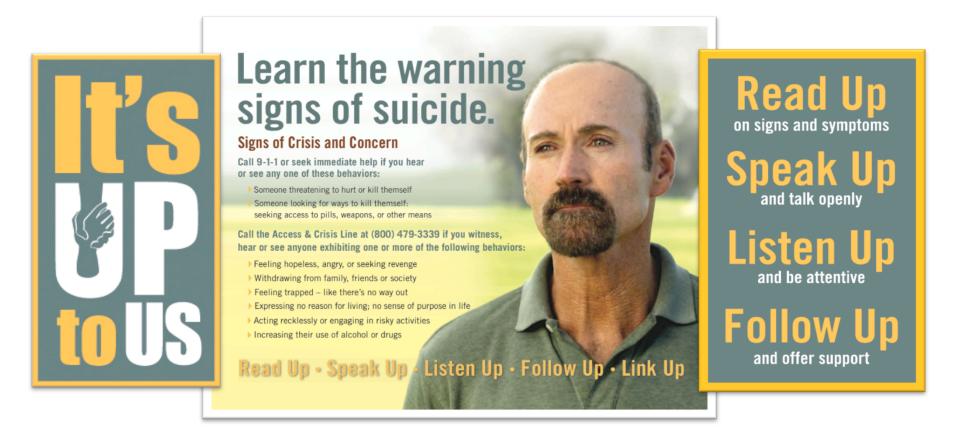


## Often "man campaigns" use

- Themes of bravery, heroism, toughness (Don't Mess with Texas, Real Men/Real Depression)
- Tongue in cheek humor (Texas, Men in Gowns)
- Men talking directly to other men (Real Men, Men's Shed Movement)

#### San Diego It's Up to Us campaign

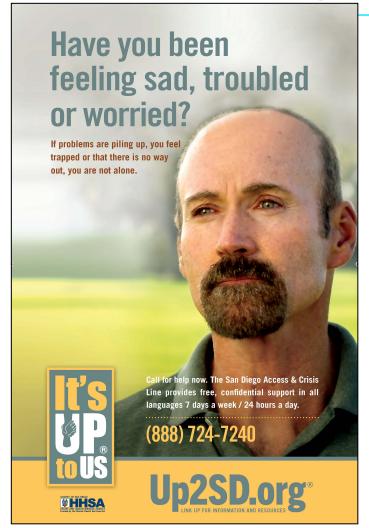
#### Focused around the word "UP"



#### Tough Times: Middle-aged Men



#### **Targeted Campaigns**





### Outcomes: 18 Month Follow Up Study

Of the 88% of San Diegan's who recognized the ads:

- 43% had discussed them with someone else
- 53% increase from baseline study of those stating they know where to seek help
- 68% claimed this campaign has helped them learn the warning signs for suicide

#### Visit <a href="www.Up2SD.org">www.Up2SD.org</a> for materials



## Poll

Has your County tried to do targeted outreach to men?

## Poll

Have you visited the ManTherapy website?

#### MANTHERAPY.ORG /

March 13, 2013

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#### PARTNERS / PUBLIC, PRIVATE, NON-PROFIT

#### Office of Suicide Prevention





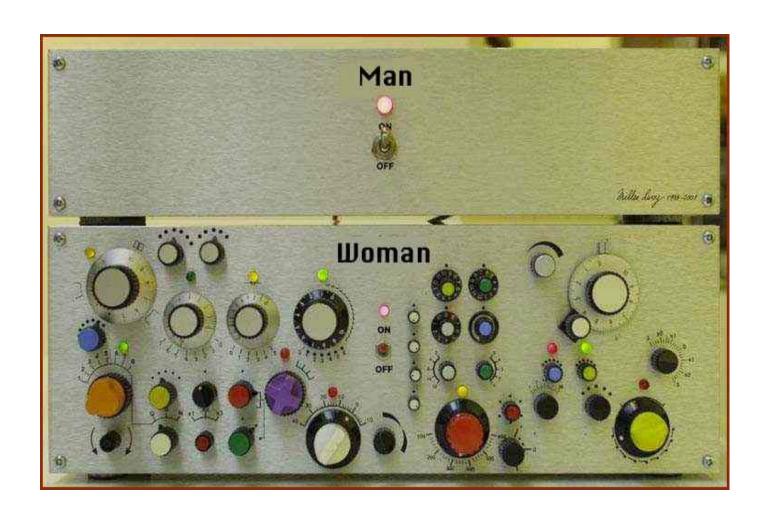


#### /PSA



#### D. BOONE /

"I WAS NEVER LOST BUT I WAS POWERFULLY BEWILDERED ONCE FOR THREE DAYS."



#### MALE HEALTH DISPARITIES / ISSUES

- More unintentional injuries and death
- More HIV/AIDS
- More liver disease, heart disease, heart attacks
- More smoking, binge drinking, HBP
- More homicides
- More suicides (4 to 1)
- More uninsured

#### SUICIDE IN COLORADO / MEN 25 TO 64

- 2011 COHID
  - 57% of suicide deaths (520/910)
  - 36.7/100,000 (all ages, 17.4/100,000)
- 2004-2010 NVDRS
  - 63.6% current depressed mood
  - 49.7% firearm
  - 46.4% intimate partner problem
  - 39.0% crisis within 2 wks of the suicide
  - 37.1% disclosed intent
  - 32.8% problem with alcohol
  - 30.0% job problem
  - 28.5% financial problem
  - 24.1% physical health problem

#### UNDERSTANDING MALE SUICIDE /

#### The Male Cultural Stigma to Seeking Help

- Men are <u>far</u> less likely to report depression. While there is no evidence that women experience higher rates of depression, men account for only 1 in 10 diagnosed cases of depression.<sup>1</sup>
- Men have a resistance to asking for help, communicating inner feelings and forming groups around emotional issues.<sup>2</sup>

[1] "Ranking America's Mental Health: An Analysis of Depression Across the States." Prepared for Mental Health America by Thomson Healthcare. November 29, 2007.

[2] "Suicide – Men at Risk". Julie-Anne Davies and Steve Waldon. March 2004.

#### CONSTRUCTION OF MALENESS /

- **No Sissy Stuff** Stigma of all stereotyped feminine qualities including openness and vulnerability. Never resemble women or display strongly feminine characteristics for fear of being a "sissy".
- **The Big Wheel** Success, status and the need to be looked up to for what one can do or has achieved.
- The Sturdy Oak A manly air of toughness, confidence and self-reliance.
- Give 'em Hell The aura of aggression, violence and daring.

SOURCE – Advancing Suicide Prevention (2007)

#### BACKGROUND /

#### 2007-2009 Research and Development Period

Research question #1:"How do we reach men in distress who do not access mental health services?"

- •Five focus groups male business leaders, sociologists specializing in men's studies, faith leaders, employee professionals, HR professionals, mental health service providers
- Transcribed/qualitative analysis

Research Question #2: How do suicidal men "come back to life"?

- •8 in-depth interviews with men who had experienced a suicide crisis, were at least 2 years out and were now considered "thriving"; 30-54 years old
- •2-hour interviews, transcribed/qualitative analysis

#### FINDINGS FROM RESEARCH /

- "Men have a 'smaller bandwidth' of support. When stresses come, they hit harder."
- "We need to connect the dots between physical symptoms and mental health problems."
- "Find stories of other men with 'vicarious credibility' who have struggled and recovered."
- "Target of change: 'first thought' (of suicide) [rather than wait for the crisis to emerge]."
- "Humor (especially dark) helps us break down barriers. Be edgy and direct."
- "We are taught to power through impossible expectations."
- "Just being a man leads to choices that are damaging to mental health [talking about male norm-congruent vices that are selfmedicating]"

#### FINDINGS FROM RESEARCH /

- "Fear of surviving overrides good sense."
- "People with mental disorders are seen [by many men] as unstable, unreliable, lazy, poor performers, or sick...so we make fun of mental illness as a source of coping, distancing."
- "[When I was depressed] I was a destruction machine drinking, fighting, driving drunk death? Who cares?"
- "I put on a front because it was necessary."
- "If I get help, I can help someone else. It makes me feel really good."
- "[I realized] that life was good before all this, if I could figure it out, I could get back to that. I am not a quitter. I touch-stoned back to the places I'd been before."
- "Can't move a couch by yourself, can't jump a car by yourself sometimes you just need a hand to get over the big bumps in life."
- "Don't give me a diagnosis tell me what to do."
- "Show me how to fix myself. How to stitch up my own wound like Rambo."

#### CONCLUSIONS AND APPROACH /

- 1) Soften the mental health language in initial communication
- 2) Show role models of hope and recovery
- 3) Connect the dots: physical symptoms
- 4) Meet men where they are
- 5) Target "double jeopardy men"
- 6) Offer opportunities to give back & make meaning out of the struggle
- 7) Coach the people around the high-risk men
- 8) Give men at least a chance to assess and "fix themselves"

#### CAMPAIGN APPROACH /

Men think therapy is for women and sissies. So they don't seek the help that they need, when they need it. Let's show them that therapy and honest talk can be masculine, by providing them the therapist they need. A therapist who is a no-nonsense, man's man. A therapist who will tell it like it is. A therapist like Dr. Rich Mahogany.

#### MATERIALS DEVELOPED /

#### Mantherapy.org Website

#### Advertising

- •:30 PSA TV Spot
- Viral Videos
- Online Banners

#### Outdoor

- Billboards
- Bus Shelters

#### Collateral

- Posters
- Coasters
- Business Card

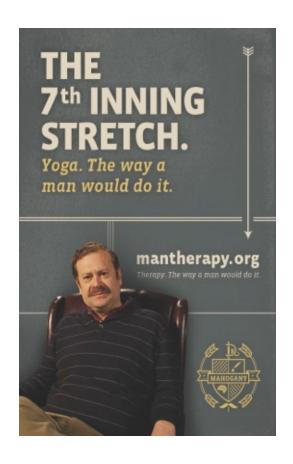
Media Kit – Online

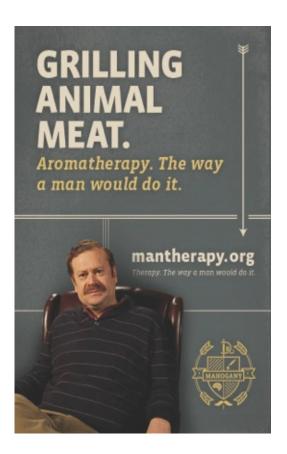
#### COLLATERAL / COASTERS

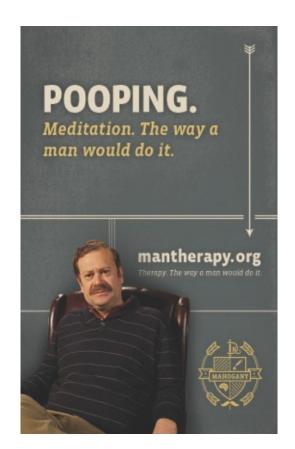




#### COLLATERAL / POSTERS







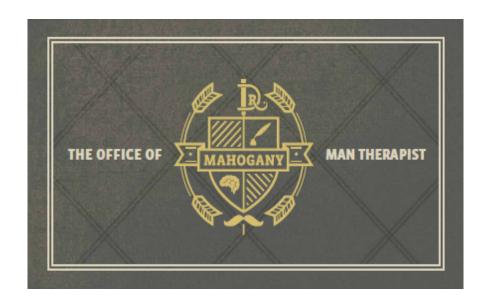
#### **OUTDOOR / BILLBOARDS**





Know the Signs >> Find the Words >> Reach Out

#### **COLLATERAL / BUSINESS CARD**





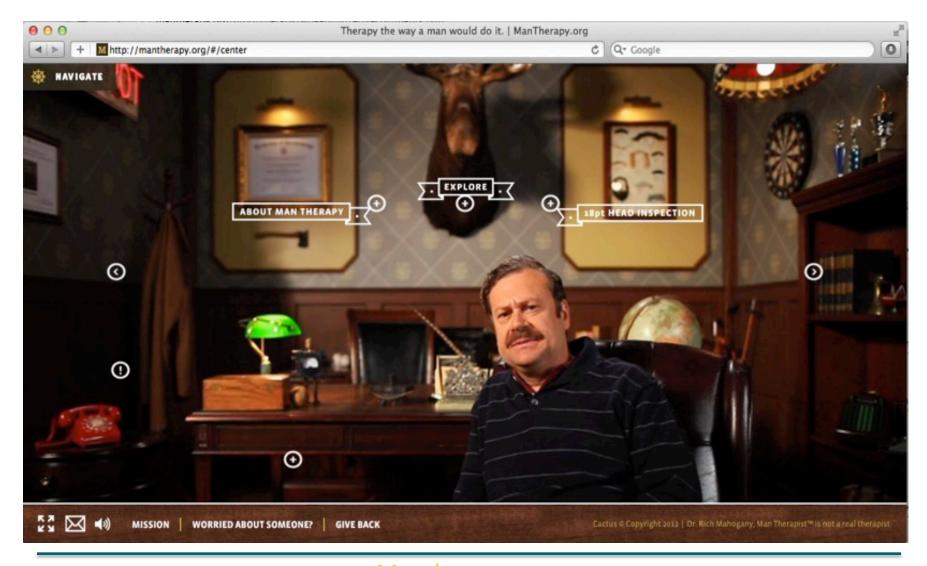
#### COLLATERAL DISSEMINATION/

- OSP Community Grantees I I grantees, 28 counties (22 rural)
- Disseminate materials in non-traditional locations
  - Bars & restaurants
  - Gyms
  - Golf courses
  - Clubs (Elks, Rotary, Kiwanis, etc.)
  - Organizations that employ primarily men (law enforcement, constructions, oil and gas, etc.)
- Town hall meetings

#### /INTRO



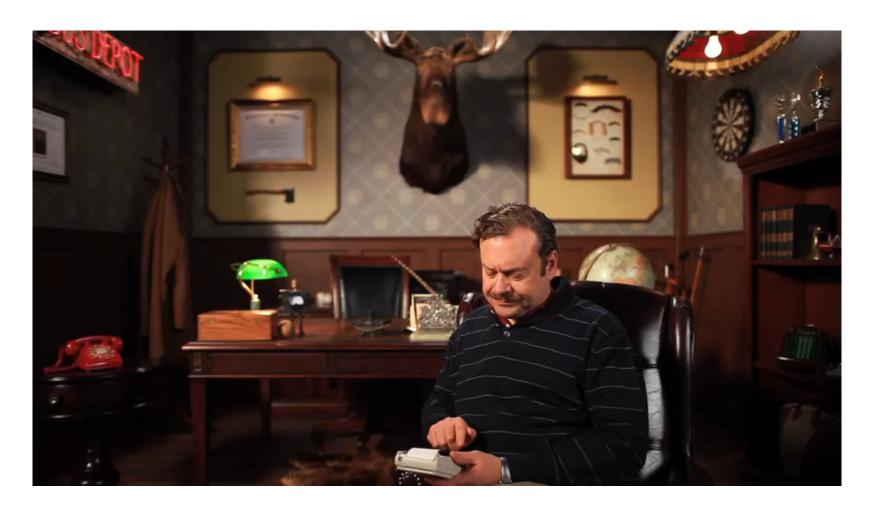
#### WEBSITE /



#### /ABOUT

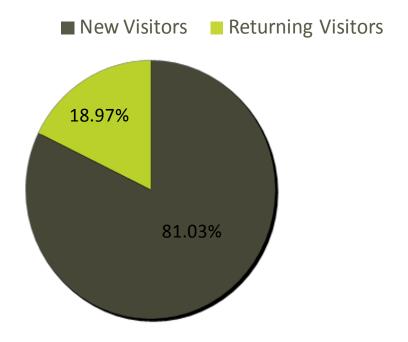


#### /RESULTS...NOT SO HOT



# / ANALYTICS & EVALUATION

#### RESULTS /



Total Visits: 189,591

Unique Visitors: 153,521

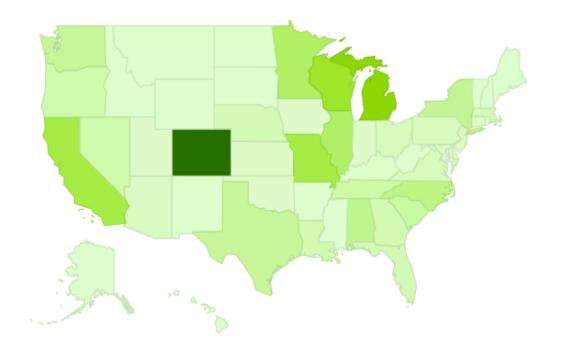
Average Time: 5:38

Quiz: 26,261

Crisis Line: 13,597

YouTube Views: 35,208

#### VISITS BY STATE /



- 1. Colorado 33,976
- 2. Michigan 13,917
- 3. Wisconsin 11,561
- 4. California 10,605
- 5. Missouri 10,304
- 6. Minnesota 8,319
- 7. Illinois 7,893
- 8. New York 5,932
- 9. North Carolina 5,924
- 10. Alabama 5,058

#### SURVEY /

- 77% male / 78% ages 25 to 64 / 15% active duty or veteran
- 84% would recommend the site to a friend in need
- 50% agreed or strongly agreed that after visiting the site, they were more likely to seek professional help (therapist or MH pro)
- 72% said the 18-pt Head Inspection helped direct them to the appropriate resources on the website
- 77% were satisfied or very satisfied with the quality of the Man Therapies
- 73% were satisfied or very satisfied with the info in Gentlemental Health 101
- 66% were satisfied or very satisfied with the quality of Tales of Triumph

Barrier - Very small sample size (N=258). Data are anecdotal at this point.

#### POP-UPS /

- 5,023 responses to 4 pop-up questions (14% of visits from 12.18.12-02.25.13)
- Gentlemental Health 70% probably or definitely plan to use the information
- Man Therapies 84% probably or definitely plan to use the strategies
- Tales of Triumph 88% found the videos pretty or very helpful
- 18-Pt Head Inspection 90% may or will definitely use the recommended techniques
  - Able to cross-tab w/ 3 response categories (A-ok, So so, Not so hot)
    across 4 results categories (Depression/suicide, Anger, Anxiety, Substance
    Use)

Barrier – No way to determine unique responses and no demographic or follow-up info

#### FOLLOW-UP /

#### **GOALS:**

- Measure utilization of recommended activities
- Measure connectedness
- Measure help seeking behavior
- Measure attitudes and beliefs about suicide and mental health
- Identify independent / outside evaluation team

Barrier – Low response rate

#### QUALITATIVE FROM WEBSITE SURVEY /

"I have never regarded myself as a stereotypical macho male, but was struck by: (i) how many of the macho-male myths I subscribed to and (ii) how fast they crumble when they are examined. Thanks."

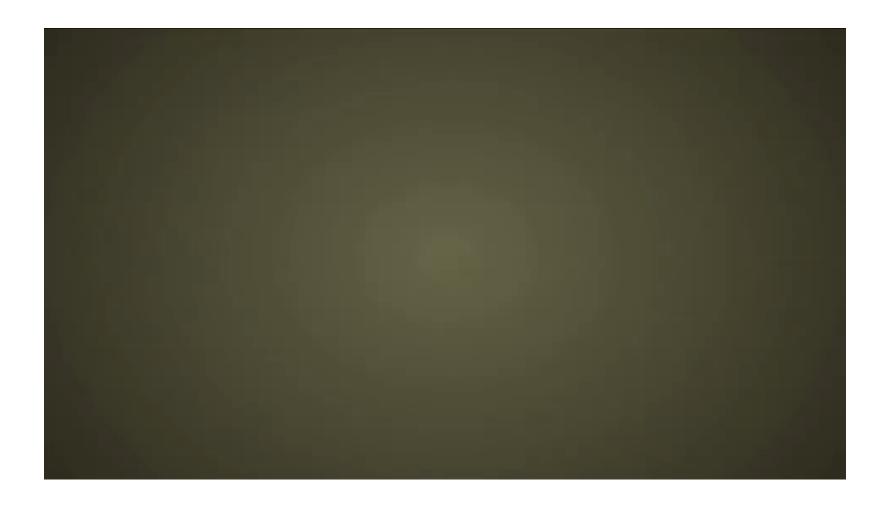
"I am a mental health clinician and I love the idea and the concept of using humor to get men the help they need. This is such an important area."

"Extremely engaging use of humor, not only via the actor and faux therapist, but throughout. As a therapist and a man, I was pleased to see such a resource. Well done! Hopefully this will become the model for preventative campaigns within public health using modern media."

"Dr. Mahogany is hilarious, with just the right level of warmth to keep me feeling engaged. That's not easy!"

"My 23-year-old, summa cum laude college graduate, and new engineer son is struggling with ADHD. He will not take medication. Of course he is having problems at work. I hope one day he will try medication, but in the meantime, your website helps him feel normal."

#### /YOUTUBE - COOKING



## Questions & Discussion

If you have a <u>question</u>, please type it into the "Questions" box or "raise your hand" by clicking the hand logo on your control panel



## Thank you!

Anara Guard aguard@edc.org

#### **Next small county webinar:**

"Means Restriction"
Wednesday, April 10<sup>th</sup>, 1:30-2:30pm

Please fill out the Evaluation!

Webinar will be archived on www.yourvoicecounts.org