



**The organisers of a suicide prevention forum are determined to stamp out a major men's health issue too often ignored by politicians and the media. By Steve Waldon.**

'Now!' Three letters, one word - but it looks like being the most important exclamation in the latest campaign to stop Australian men killing themselves.

That they do so in alarming numbers between 25 and 44, or from 75 on, is known. Although no one is claiming the list is definitive, also known are the

many triggers: alcoholism, gambling issues, relationship breakdowns, job loss. Men are not immune from the attendant repercussions: depression, loneliness, or the erosion of self-esteem.

And then there are those who take their lives for no apparent reason.

Responsible, employed, loved and loving men who commit suicide, leaving behind bewildered family and friends, tormented by a needless death and their failure to prevent it. You couldn't, counsellors tell them, because he didn't give you the right signals that he was struggling. True, but also cold comfort.

Male suicide is not ignored. You will find plenty of concerned people immersing themselves (sometimes to the detriment of their own health) in - what are the words that always apply? - "programs", "service provision", "initiatives".

But there is a growing frustration among those people that the issue of why men kill themselves has not become a deafening blip on the public radar. Much of that frustration was evident when about 100 delegates gathered for two days in Sydney earlier this month, charged with thrashing out what amounts to a decisive action plan to raise community awareness of male suicide.

As one said, with an exasperation that the others understood too well, if five dead men washed up on Bondi or St Kilda beach, the place would be swarming with media. If it happened the next day, and the day after, there would be a national outcry. Does the fact that the men who commit suicide are not so public make them any less dead?

The forum hosted a diverse group representing employers, the health fraternity, health service providers, researchers and policy makers from around Australia. The ambitious collaboration was organised by Suicide Prevention Australia, Mensline Australia and Crisis Support Services. John McDonald, for one, rated it not just important, but historic.

McDonald is professor of public health at the University of Western Sydney and president of the Australasian Men's Health Forum. He also is an articulate Scot to whom people tend to listen, so if any of the delegates doubted much would come from the National Forum on Men and Suicide, he reassured them.

"This is a historic occasion," he said. "In years to come, people will say 'Oh yes, May 2006, that's when all those people went to Sydney (and emerged with a plan)'."

"We must put male suicide on the national agenda," McDonald said emphatically. He meant not just in government departments and think tanks, but a vast community awareness that men are dying, from which hopefully would stem a substantial rethink in wider society. And a sense of urgency. "We must value men. We must honour them, not just when they come back (as war dead), but long before then."

Of the 2098 Australian suicides annually, 80 per cent are male. Almost 50 per cent of them are males aged 25-44 years. The yearly averages fluctuate, but never below staggering.

The figures are, Professor Ian Webster says, "one of the great tragedies of Australia today and that is completely unacceptable". Some of the more voluble delegates would have been tempted to replace "completely" with "f---ing". Last month, the Federal Government announced an additional \$1.8 billion in Commonwealth funding to fix Australia's mental health system.

Prime Minister John Howard said the money would be spent over five years to allow more mentally ill people to see psychologists and to address the critical shortage of mental health nurses and clinical psychologists.

But is it just about money? Ian Webster, the chairman of the National Advisory Council on Suicide Prevention, says that getting funds is great, but conceptualisation and understanding come first.

If we don't get to grips with the fact that male suicide is as complex a health issue as the nation faces, then prevention strategies will not make significant inroads into it.

There has been plenty written and spoken over the past 20 years about society allowing men to "get in touch with their feelings", explore their "feminine side", or "express their vulnerability".

But Webster thinks that centuries of expectations of men remain pervasive. "Society expects much of men and the tests of performance are pretty stiff and uncompromising," he says.

"We expect leadership, toughness, resilience, physical and emotional strength, warm and loving relationships, a stiff upper lip, productive work, and the ability to provide for a family. A challenge indeed."

Webster said that Australians had been sufficiently concerned by the road toll 30 years ago to form national strategies to tackle speeding and drinkdriving. The country must now see male suicide as worthy of the same alarm, he said.

The forum was a slog, even for delegates used to working long and hard in fields where they are constantly exposed to distress and misery.

The organisers made it clear they wanted a blueprint - an action plan to be handed to decision makers in government and business. Delegates were told to produce conclusions and recommendations that would not end up "as just another report on someone's bookshelf".

So the conference had to have a different structure. Instead of a series of speakers, PowerPoint presentations and reams of notes, the delegates were divided into groups of four and allocated to five workshops — three on the first day and two the next.

Each of these lasted nearly two hours, in which time they had to argue but eventually agree on strategies for tackling male suicide. Now!

The groups reconvened in a larger room between workshops, each reporting to the whole gathering what had been tossed around, and what recommendations had surfaced.

By the end of day two, a group of fatigued but largely satisfied Australians were able to hand to organisers what had been sought: "What needs to be done, by whom, and how."

As John McDonald says, history might deem the forum a watershed moment in Australia's dealings with the mental health of its men.

Just how much Australian men are expected to become sensitive souls unashamed to weep seems to depend largely on the culture in which they live and work".

Webster first understood the damage done to some men by an unrelenting blokey culture of knockabout living when he spent part of his early medical career in an outback mining town. The hard work and occasionally harsh environment was constantly ameliorated by alcohol and crudity - and in an environment like that, what "good bloke" wants to be seen as a "sissy"?

Well, if all these men are such tough nuts, he remembers thinking, why are so many killing themselves? It is a lesson that stays with him.

Anthony Smith, of North Sydney Central Coast Health, says that although it has been necessary to re-educate the whole community to understand that drinking, swearing and a sound knowledge of Steve Waugh's batting averages are not the only indicators of Australian manliness — (if they are at all) — we should still acknowledge the virtues of carefree masculine vigour where it builds rapport.

Smith says it is too easy to devalue men's strength. No one is strong and tough all the time, but neither are all men desperately unhappy or uncertain. Not all the time. He thinks we should not dismiss the value of men going to the footy or having a few beers, knocking around together on a fishing trip or after a round of golf.

The trick, Smith says, is to expand their thinking. Their time together can retain its matey bravado; they just need to be encouraged to include expressions of vulnerability. In other words, having a feminine side does not require the total subjugation of the masculine. Go ahead and tell your mates you're struggling, then take a look south. Have your testicles disappeared? No.

Ian Webster and Anthony Smith agree that "depression", although doubtless a significant contributor to male suicide, is in danger of becoming the stock byword for mental illness.

Smith says it is time to talk about life events and how they shape a man's mental wellbeing - to invite loud and long community discussion about risk factors other than clinical depression. "Depression has become almost a ubiquitous expression when in fact we might be describing other things," Webster says.

What everyone agrees on is the need to destigmatise depression and other forms of mental illness. It is not a new idea, because agencies such as beyondblue are pushing this line harder than ever.

Identifying a man with depression, or with the attributes that could lead to it, is now seen as critical to suicide prevention. Many sufferers cover up with confounding shrewdness, and their internal pain is not evident to any except the trained professionals who can recognise them. But the mental health professionals interviewed by *The Age* three years ago for a series on male suicide said, with some regret, that these men do not present themselves for assessment. If they did, psychiatrists say, many would still be alive.

Delegates at the Sydney forum said it in several ways, but the message was consistent: we need to normalise the concept among men that it is OK to seek help.

This will mean a calculated and sustained effort to "get the help to where men are". Many employers are already aware that they should have mechanisms in the workplace to identify men who might be battling negative impulses, but the forum said the message had to penetrate further. Sporting clubs, men's groups and service organisations have intimate access to men but are they equipped to start looking beyond their constitutions?

They will need to be, because another prominent theme to emerge was that suicide and depression can no longer be seen as a problem for the mental health community alone. It affects all of society, so it involves everyone to some extent.

Everyone, it was noted, should include the voices of those who are most innately affected by these deliberations — people with a lived experience of suicidality.

Members of the Australian Mental Health Consumers Network are an increasingly determined lobby group.

Their motto, Nothing About Us Without Us, is a blunt challenge to those who organise conferences, allocate funds, make policies and write guides about suicide. Is anyone better placed to talk about suicidality than those with the unique perspective of having been there and returned?

One quality they retain, or gain, after not completing suicide is an energetic passion for having the treatment of mental illnesses recast outside conventional parameters.

That philosophy closely aligns them with the view of some delegates that suicide prevention could be enhanced by a focus on what is good about life, not just bad. Suicide, some say, becomes a viable — and even logical — pathway when helplessness progresses to hopelessness.

Couldn't life affirmation be more widely deployed to send shafts of light into someone's consuming darkness? The forum was considered sufficiently intense to have its own counsellor appointed for

delegates distressed by the discussions. Gay McKinley, a Lifeline counsellor also in private practice, said talking about preventing death should involve talking about how men can find happiness.

That notion dovetailed with John McDonald's view that primary health care is an overlooked adjunct to medicine. He said Aboriginal groups understood it, but mainstream Australia was not trained to think beyond waiting for something to go wrong, then heading to the doctor.

Primary health care, he says, is a balance between the curative and the preventative. It's a theme he advocated some years ago in his book *Primary Health Care: Medicine in its Place*. "It wasn't to denigrate medicine," he says. "But to say that in the language of health, including suicide, medicine is only a small part.

"Look at how we spend the money in Australia. Ninety-five per cent goes to acute health care. People are ready to put money into heart surgery, but not visiting old, isolated people in their homes." When the delegates finished, they left organisers a challenge of their own. They wanted all their work distilled into a mission statement: "In the next generation, male suicide will not be a significant health issue."

It is a lofty aim, but they reckon we might as well start. Now.

#### **ONLINE**

[www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)

[www.menslineaus.org.au](http://www.menslineaus.org.au)

[www.crisissupport.org.au](http://www.crisissupport.org.au)

For assistance or information visit [www.beyondblue.org.au](http://www.beyondblue.org.au), call Suicide Helpline Victoria on 1300 651 251 or Lifeline on 131 114.