

# Male-Inclusive Suicide Response Training Program

## Program Evaluation Report

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Men and  
Families



THE UNIVERSITY OF BRITISH COLUMBIA  
Centre for Community Engaged Learning  
Student Affairs

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## Executive Summary

Despite men having the highest rates of suicide in Canada (Mental Health Commission of Canada, 2022), there are lacking suicide prevention trainings which provide psychoeducation and skills training about how to effectively support men at risk for suicide.

This project collaborated with the Canadian Centre for Men and Families Vancouver to offer free Male-Inclusive Suicide Response Training Program workshops across British Columbia to mental health professionals, volunteers, and community members.

These workshops aimed to enhance suicide prevention response skills within our local communities, create opportunities to destigmatize men's mental health, and increase social support for men at risk for suicide within local communities.

A total of 54 participants attended workshops across British Columbia. After completing the workshop, participants rated their suicide prevention response skills to be significantly better than before attending the workshop. Discussing suicide, men's mental health, and response strategies did not appear to influence perceived isolation, depression, glorification, and normalization of suicide – but did appear to reduce overall perceived stigma about suicide.

Recommendations for future suicide prevention efforts focused around men's mental health include hosting one to two day events, creating opportunities to discuss lived experiences openly, and providing take-home resources to participants.

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## Men's Mental Health and Suicide

Men have the highest rates of deaths by suicide in Canada (Mental Health Commission of Canada, 2022). Risk factors for male suicidality include harmful masculine norms around seeking emotional support, social disconnection, depression, trauma, and loneliness (Mental Health Commission of Canada, 2022).

Despite research showing men exemplify gender-specific and high risk factors for suicide (Easton et al., 2013; Macdonald & Cooper, 1998; Ogunbajo et al., 2022; Tousignant et al., 2021), there is a lack of male-inclusive suicide prevention interventions within Canada.

Male-inclusive interventions may be more effective because they acknowledge how men's mental health problems may manifest uniquely, including in cases of male-type depression where outbursts of anger are common (National Institute of Mental Health, 2017).

There are even less mental health supports for men who have survived intimate partner violence, sexual assault, or other events which society typically views as primarily affecting women. Men may be erroneously perceived by society to rarely or never experience these types of trauma.

Unfortunately, men impacted by these issues are historically underserved and often do not have equitable access to mental health support.

## Program Objectives

The Male-Inclusive Suicide Response Training Program offered free suicide prevention workshops across British Columbia to enhance the social support skills of local community members, volunteers, and professionals. This project partnered with the Canadian Centre for Men and Families, a non-profit organization with a vision to cultivate “a healthy future for men, boys, and their families, by filling critical gaps in men's services that reduce male suicide, empower fathers undergoing separation and divorce, and help men heal from trauma” (Canadian Centre for Men and Families, 2023).

This program's primary objectives were to:



- 1** Train volunteers and community members to effectively respond to men experiencing suicidality or mental health distress.
- 2** Create opportunities to destigmatize conversations around men's mental health.
- 3** Promote community resiliency by enhancing men's individual wellness through social support.

## Target Population

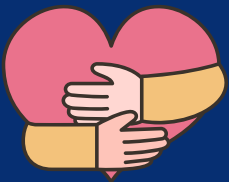

This project focused on amplifying the suicide prevention response skills of people most likely to have contact with men at risk for suicide: volunteers at non-profit organizations, post-secondary students in mental health related professions, and loved ones of men struggling with suicidality. We aimed to empower these community members with the knowledge and skills necessary to tailor their approaches to supporting men at risk for suicide. People of all genders, ages, and cultures were welcome to attend workshops.





# Male-Inclusive Suicide Response Training Workshops

Suicide Response Skills and Learning Objectives	Workshop Programming
<p>Adopt an active role in destigmatizing conversations about men’s mental health and suicide risk</p> <p><b>End the Stigma</b> </p>	<ul style="list-style-type: none"> <li>• Community guidelines to create a safe space for participants to discuss mental health and suicide prevention</li> <li>• Small group discussions about ways to destigmatize men’s mental health</li> <li>• Group debrief at the end of workshops to discuss learnings and approaches to navigating instances where men’s mental health or suicide stigma may appear</li> </ul>
<p>Identify and respond to warning signs for suicide</p> 	<ul style="list-style-type: none"> <li>• Psychoeducation about what is and is not suicidality, protective/risk factors for suicide, and male-type depression</li> <li>• Warning signs for different levels of suicide risk, including when a suicide attempt is likely to occur and emergency services should become involved</li> <li>• Small group or paired activities to assess mental health disclosures for different levels of suicide risk</li> </ul>

# Male-Inclusive Suicide Response Training Workshops

Suicide Response Skills and Learning Objectives	Workshop Programming
<p>Respond empathetically to disclosures about suicide or mental health distress</p> 	<ul style="list-style-type: none"> <li>• Skills training about ways to mirror language, explore reasons for living, and enhance coping when supporting a person who is suicidal</li> <li>• Training videos of actors portraying clinical case studies of men struggling with suicidality</li> <li>• Worksheets, small group activities, and paired partner discussions about how to respond to men disclosing suicidal thoughts or plans to die by suicide</li> <li>• Consider how personal reactions to disclosures of suicidal thoughts may influence their capacity to respond, especially in cases where the person at risk is exhibiting anger</li> </ul>
<p>Navigate hesitancy or resistance from people at risk for suicide about accessing formal mental health resources</p> 	<ul style="list-style-type: none"> <li>• Psychoeducation about relational approaches to suicide prevention</li> <li>• Learning which words to avoid and what questions to ask to encourage a person at risk for suicide to reach out for social support</li> </ul>

# Male-Inclusive Suicide Response Training Workshops

Suicide Response Skills and Learning Objectives	Workshop Programming
<p>Start conversations with people about getting support from mental health professionals</p> 	<ul style="list-style-type: none"><li>• Considering their capacity and limits in supporting a person who is suicidal (i.e. “When do I need to bring someone in to help me best support this person at risk for suicide?”)</li><li>• Learn ways to ask open-ended questions about mental health needs in a non-judgmental way</li></ul>
<p>Create distance between a person and lethal means to die by suicide</p> 	<ul style="list-style-type: none"><li>• Skills training about how to talk about suicidal thoughts and suicide plans openly and in a non-judgmental way</li><li>• Exploring ways to disrupt plans for suicide, including limiting or removing access to preferred means of dying by suicide</li><li>• The use of appropriate humour and inconvenience to limit access to means for suicide (e.g. placing bullets in a box and burying it in the backyard or placing sharp knives in absurdly difficult to reach places)</li></ul>



## Workshop Outcomes

At the end of each workshop, participants were invited to complete a voluntary and anonymous feedback form. Participants were asked about their previous and on-going history of receiving disclosures of suicidal thoughts from friends, family members, or significant others. Participants had the option of providing written feedback about what was helpful or could be improved from the workshop.

Participants were asked to rate their suicide prevention response skills and perceived stigma about suicide. The 4-item suicide skills subscale from the Suicide Knowledge and Skills Questionnaire (Erbuto et al., 2021) was presented to evaluate suicide prevention response skills. The 16-item short form of the Stigma of Suicide Scale (Batterham et al., 2013) was used to assess perceived stigma about suicide.

Although participants completed these questionnaires at the end of each workshop, participants rated their suicide prevention response skills and perceived stigma about suicide for both before and after completing the workshop.

## Participant Demographics

53 participants completed feedback forms, with 19 (35%) being partially incomplete. Participant ages ranged from 18 to 72 years old, with the average participant age being 33 years old (SD = 13.34).

Participants were comprised of undergraduate students (35%), non-profit services staff members (33%), graduate students (26%), friends/family members/significant others of a person who is suicidal (24%), volunteer mental health workers (13%), and other (17%) occupations or community-based roles.

79% of participants had previously received a disclosure of suicidal thoughts from a friend, family member, or significant other. 17% of participants identified a person who is close to them who was presently contemplating suicide.

## Suicide Prevention Response Skills

Participants were asked to rate each statement on a 5-point scale (completely disagree = 1, completely agree = 5). Higher ratings indicate greater agreement with each statement presented.

### Average Participant Ratings of Suicide Prevention Response Skills

	Before Workshop M(SD)	After Workshop M(SD)	Percentage Improvement
“I have received the training I need to engage and assist those with suicidal desire and/or intent.”	2.91(1.20)	4.19(0.72)	43.99%*
“I am comfortable asking direct and open questions about suicide”	3.19(1.22)	4.31(.61)	35.11%*
“I have the skills I need to engage and assist those with suicidal desire and/or intent.”	2.75(1.10)	3.90(0.72)	41.82%*
“I have the support I need to engage and assist those with suicidal desire.”	2.87(1.90)	3.87(0.82)	34.84%*

Total respondents = 51. Mean (M) and standard deviation (SD) were calculated for each item on this questionnaire, the Suicide Knowledge and Skills Questionnaire (Erbuto et al., 2021). \*indicates statistically significant change at  $p < .001$

## Perceived Stigma About Suicide

Participants were presented with the statement “In general people who suicide are...” followed by an adjective (e.g. lonely, pathetic, strong, cowardly, vengeful, etc.) and then asked to rate their agreement with the statement on a 5-point scale (1 = strongly disagree, 5 = strongly agree). Higher numbers indicate greater total perceived stigma about suicide.

### Average Ratings of Stigma About Suicide

	Before Workshop M(SD)	After Workshop M(SD)	
Isolation/Depression	14.28(3.34)	14.78(3.20)	No Significant Change
Glorification/Normalization	10.10(3.83)	10.42(4.05)	No Significant Change
Stigma	10.80(3.82)	10.05*(2.95)	Significant Change

Total respondents = 39. Mean (M) and standard deviation (SD) represented by total subscale scores on the Stigma of Suicide Scale (Batterham et al., 2013). \*indicates statistically significant change in decreased perceived stigma about suicide  $p < .05$

## Participant Feedback

### Most Helpful Parts of the Program

Participants identified the suicide response training skills as the most helpful part of the training program. In particular, they noted the importance of understanding how to mirror language to empathetically respond to disclosures of suicidal thoughts and create distance between a person who is suicidal and their preferred means to die by suicide. A participant expressed that she no longer felt that her only option was to bring her family member to the hospital emergency room, but rather that she could enact more personable and sustainable suicide prevention response skills to keep her family member safe.

Participants appreciated how workshops created a safe space to speak openly about men's mental health and suicide prevention with fellow community members. One participant remarked about how he felt less alone in their struggle in supporting their life partner who is chronically suicidal because he had the opportunity to connect with others with similar experiences.

Participants reported benefiting from psychoeducation about male-type depression and how its presentation may negatively influence how people respond to men at risk for suicide. Many mental health professionals who attended workshops remarked about not knowing about male-type depression and valued learning skills about how to approach conversations about with men who may be resistant to seeking out support for their mental health.

Participants valued the interactive features of workshop programming, including use of training videos and small group discussions/activities. Many participants shared how they felt the collaborative nature of workshop programming helped facilitate engaging and meaningful learning.

Participants found the training videos to be realistic, meaningful, and powerful examples of lived experiences for men who have struggled with suicide. A group of participants discussing how they would respond to the training video found it valuable to debrief their different reactions and

approaches to supporting a man who was angry and expressing suicidal thoughts. This group acknowledged that each person would likely respond differently based off of their comfort, capacity, and skillsets. This discussion about intersectionality and positionality appeared to serve as a powerful community-building exercise about how people from different walks of life could support the same person (from the training video) in their own personable ways.

## **Workshop Registration**

A total of 124 people registered for Male-Inclusive Suicide Response Training Workshops across British Columbia (Surrey = 15, Nanaimo = 34, Vancouver = 56, Victoria = 19). However, a total of 54 participants ended up attending workshops in their local communities (Surrey = 4, Nanaimo = 10, Vancouver = 29, Victoria = 11).

Registration information suggests there is a large community-interest and need for suicide prevention response training across British Columbia. Despite the low registration retention rate, the original registration spots for these workshops filled up quickly and exceeded capacity at each site. Multiple community agencies reached out to the project director about the possibility of future free workshop series for their volunteers.

Since workshops took place on evenings and weekends between August and September 2023, registration retention rates were likely impacted by vacation and return to school scheduling conflicts. Hosting workshops in-person limited access to participants in local communities and were unable to accommodate remote attendance via Zoom. Free workshops additionally have lower registration retention rates due to lacking a ticket cost to serve as a financial commitment for attendance.

Our registration retention rates may suggest that it be beneficial to offer free suicide response training workshops during the fall and winter months where there are likely to be less personal scheduling conflicts. Future iterations of this workshop series may additionally benefit from a low cost commitment, such as a small donation to a local suicide prevention non-profit, to increase registration retention.

## Suggested Program Improvements

Participants reported a desire for the workshop to be longer (to a full day/two days as opposed to a half day workshop) to allow for more small group discussions and opportunities to connect with other community members. Some participants shared that a two-day workshop would have enabled them to better process the information provided and generate questions they could bring to a second workshop day. Participants also wanted more time to debrief small group activities, especially when working through the suicide risk assessment and responding to training video activities.

There was also a desire for workshop programming to include more male-specific information and strategies around suicide prevention. Topics suggested included male experiences of isolation, values around stoicism, traditional masculinity, barriers to social support, and fear of being perceived weak when seeking support. Participants additionally shared an interest in learning about the gender differences related to suicidality.

Participants suggested workshop programming would also benefit from including more clinical case studies of men who have struggled with suicidality, additional resources for suicide prevention, and reflection worksheets to take home.

## Summary

**This program highlighted two important outcomes:**

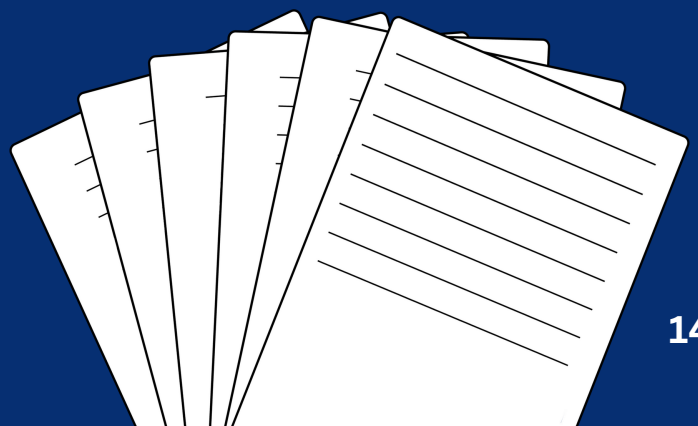
- 1** Male-inclusive suicide prevention training programs can significantly increase overall suicide response skills
- 2** Talking about men's mental health and suicide does not increase stigma about suicide and may actually decrease overall perceived stigma about people who are suicidal

## These successes are likely attributed to:

- Creating safe spaces for participants to have open conversations about men's mental health and suicide prevention
- Discussing how male-type depression may present differently than expected for a person who is suicidal
- Psychoeducation about how men may exhibit warning signs for suicide differently
- The interactive nature of this workshop, including training videos based off of clinical case studies

## Recommendations for future male-inclusive suicide prevention programs include:

- Continued use of case studies and lived experiences to convey the unique experiences of men at risk for suicide
- Full to two day long workshops to allow for more interactive learning and community-building
- Open-ended discussion prompts about stigma about men's mental health, suicide, and ways to destigmatize these topics in daily life
- Two or more facilitators, including at least one male-identifying facilitator
- Resourcing for participants within their local communities, including what services they can refer loved ones or clients at risk for suicide to as needed
- Optional take home activities for future reflection



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