



Developing a co-designed research agenda to investigate and help reduce male suicide.

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ROUND 1 RESULTS.

Thank you so much for taking the time to participate in our study.

You are part of a "Delphi" study, which means a study that builds consensus via expert views. There are various ways a Delphi study can be conducted using different panels of experts. For example, academic researchers can be an expert panel, or doctors, or clinical psychologists.

In this study design, we choose people with lived experience to be our expert panel, though we also worked very closely with other academic experts to develop the original research questions.

You have kindly completed round 1 of the survey. We have reviewed all your answers to decide which items should be included in the research agenda, which items should be rejected, and which items need re-rating in this final survey round.

HOW THE SCORING WORKS.

The scoring was first based on splitting all participants into three different groups:

- 1) Men who have attempted suicide
- 2) Men who experience thoughts and feelings of suicide
- 3) People bereaved by male suicide

I know that for many of you, your reality often means you belong to two or more of these groups. For the purposes of the scoring, we had to create strict definitions based on the hierarchy shown above. i.e., if you identify as a man who has attempted suicide and have thoughts of suicide, you were placed in the first group "attempted suicide" for scoring purposes.

Accepted Research Agenda Items. Items have been accepted onto the final research agenda where 80% of all participants endorsed the item as "Important" or "Essential".

Research Agenda Items for Re-Rating. In this final round of the study, we would like you to re-rate certain items. These are questions that were either:

1. Endorsed as "Important" or "Essential" by over 80% of one of the participant groups (i.e., 80% of people bereaved by male suicide felt this item was "Important" or "Essential")
2. Endorsed as either "Important" or "Essential" by over 70% of two of the participant groups
3. Is a new item suggested by a participant in round 1 that we felt was not covered by an existing question.

Rejected Research Agenda Items. All other items were rejected from the research agenda.

So far, we have:

- 76 items that have been accepted
- 32 items that need to be re-rated
- 10 new items to be re-rated
- 26 items rejected

In this final round, all items endorsed by 80% of all participants as either "Important" or "Essential" will be included in the research agenda.

Click [here](#) to access Round 2 of the survey for completion by Sunday 24 April.

In the above survey link you will find a breakdown of all items that have been accepted and rejected as well as those for re-rating. For your additional interest, on the following pages we have included an overview of the top rated items and a breakdown of the scoring per participant group.

Thank you again for your time and support.

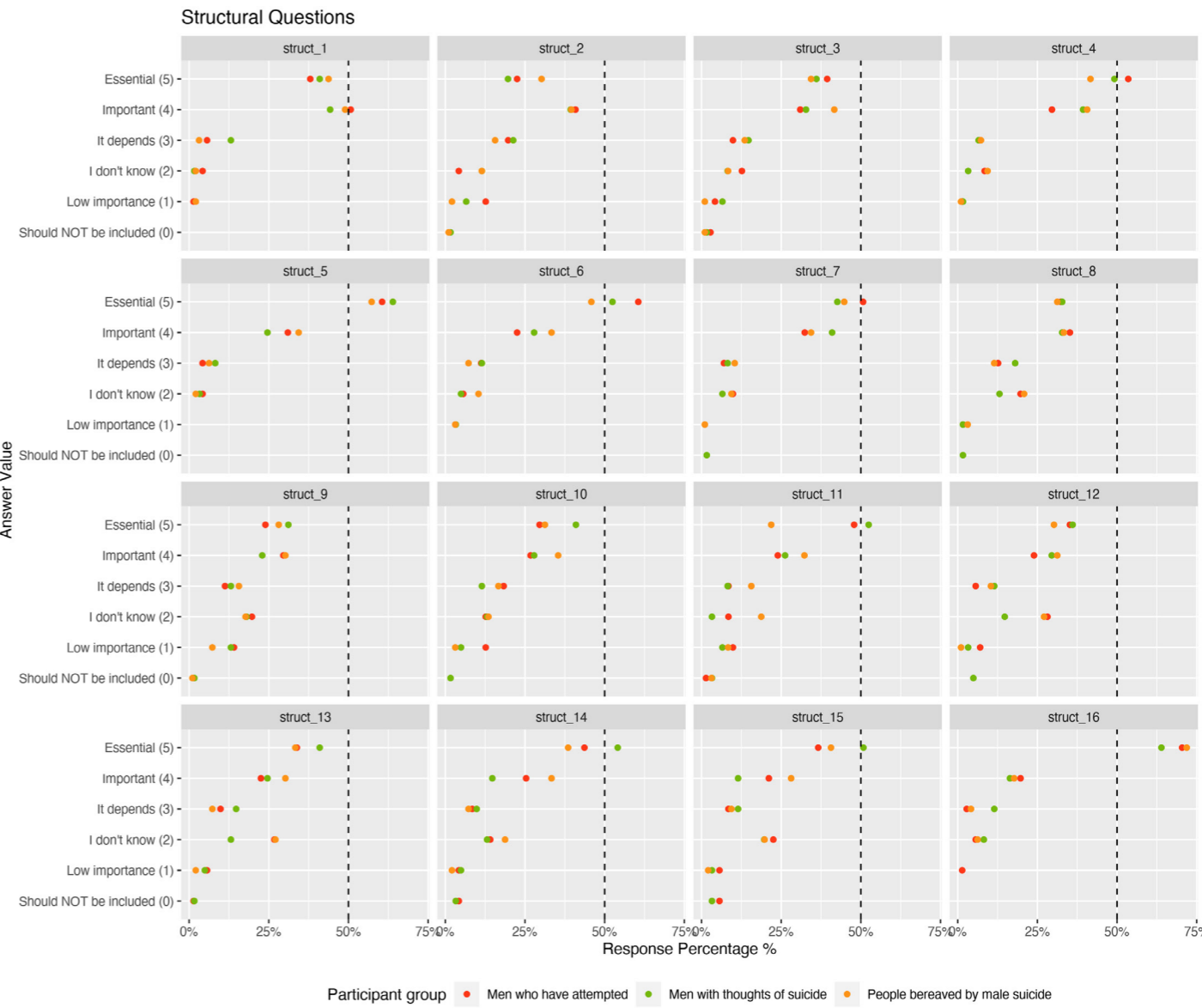
TOP RATED QUESTIONS.

The following questions are those which received the most support from all participants following Round 1 - endorsement percentage is shown in the brackets.

1. Investigating loneliness and isolation for men who are suicidal (98%)
2. Exploring feelings of failure in men who are suicidal (97%)
3. Exploring the main sources of stress and emotional pain for men who are suicidal (96%)
4. Exploring the best ways to support young men who are suicidal (95%)
5. Exploring the best ways to support men who are suicidal to repair harmful thoughts and feelings about themselves (94%)
5. Exploring how men who are suicidal understand, manage and express their emotions and emotional pain (94%)
6. Exploring who men who are suicidal talk to about their emotional problems: what helps, what doesn't, what could help? (94%)
7. Exploring effective interventions for men who cannot afford / access therapy (93%)
7. Exploring the experience of men who are suicidal of seeking professional support: what helps, what doesn't, what could help? (93%)
7. Exploring different intervention types (i.e. talk therapy, medication): what helps, what doesn't, what could help? (93%)
7. Exploring the experiences of men who are suicidal of seeking help: what helps, what doesn't, what could help? (93%)
7. Exploring how young men seek help (i.e., talking to teachers, peers, medical professionals, chat rooms) and cope with their problems (93%)

EXPLORING STRUCTURAL FACTORS

These questions explore male suicide risk and recovery factors related to structural factors such as political, social and economic conditions. Which questions do you think are most important for us to study?

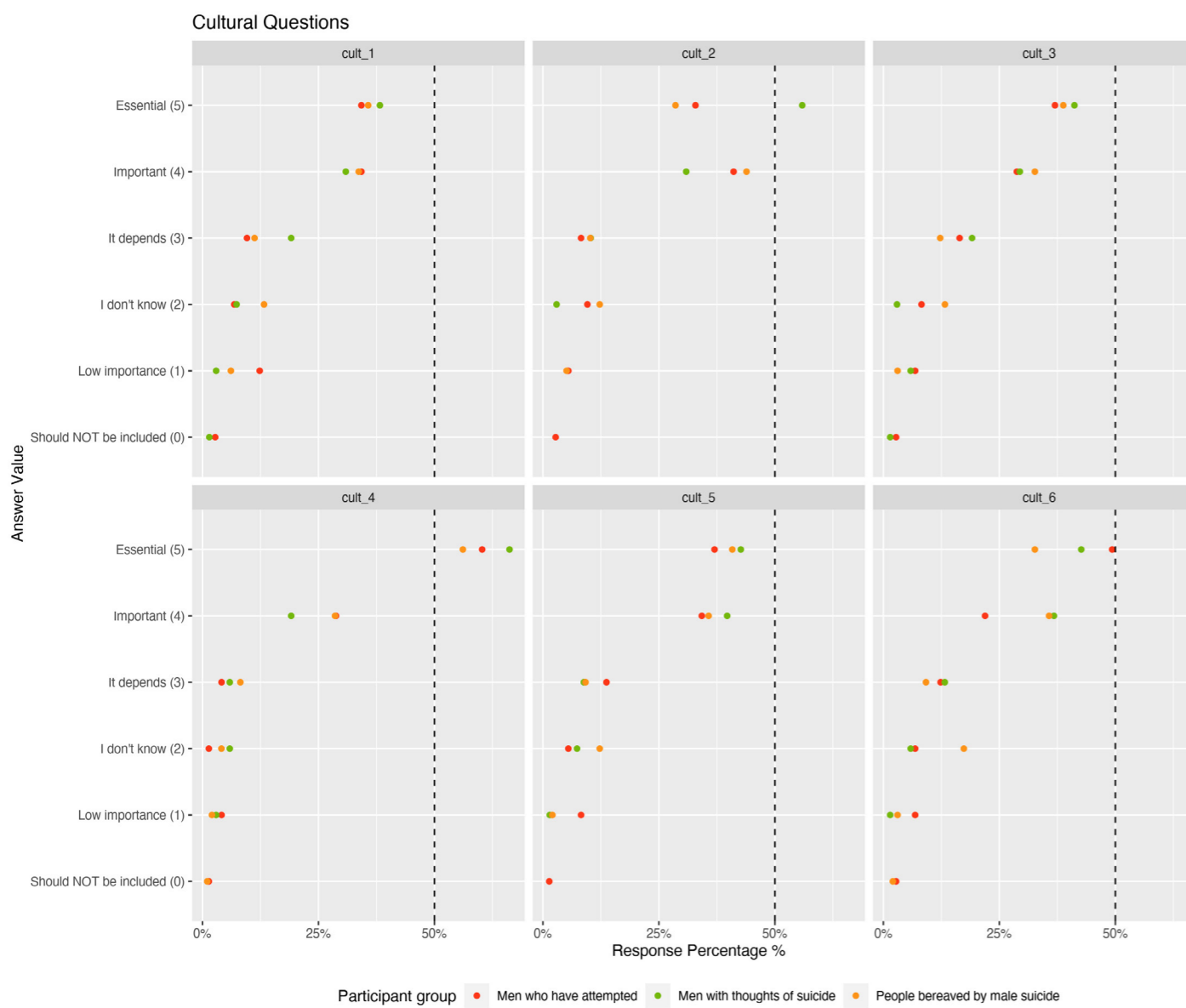


struct_1 = Work stress and male suicide risk i.e., work pressures, insecure work conditions, workplace bullying, not doing work that makes use of skills and abilities
struct_2 = Exploring the best ways that workplaces can support men who are suicidal
struct_3 = Understanding the importance of work as providing meaning, fulfilment and identity to men who are suicidal
struct_4 = Unemployment and male suicide risk
struct_5 = Financial pressures/debt and male suicide risk
struct_6 = Poverty and male suicide risk
struct_7 = Insecure housing/homelessness and male suicide risk
struct_8 = Legal issues and male suicide risk

struct_9 = Impact of current and/or historical policy changes and male suicide risk i.e., government spending cuts and male suicide risk
struct_10 = Social media and male suicide risk
struct_11 = Misandry (prejudice against men such as discrimination against men, negative messages about men) and male suicide risk
struct_12 = Racism and male suicide risk
struct_13 = Disability discrimination and male suicide risk
struct_14 = Homophobia/biphobia and male suicide risk
struct_15 = Transphobia and male suicide risk
struct_16 = The combined impact of multiple structural factors and male suicide risk i.e., being unemployed, having a disability and living in insecure housing

EXPLORING CULTURAL FACTORS

These questions explore risk and recovery factors relating to social/cultural beliefs and expectations for men and male behaviour. Which questions do you think are most important for us to study?

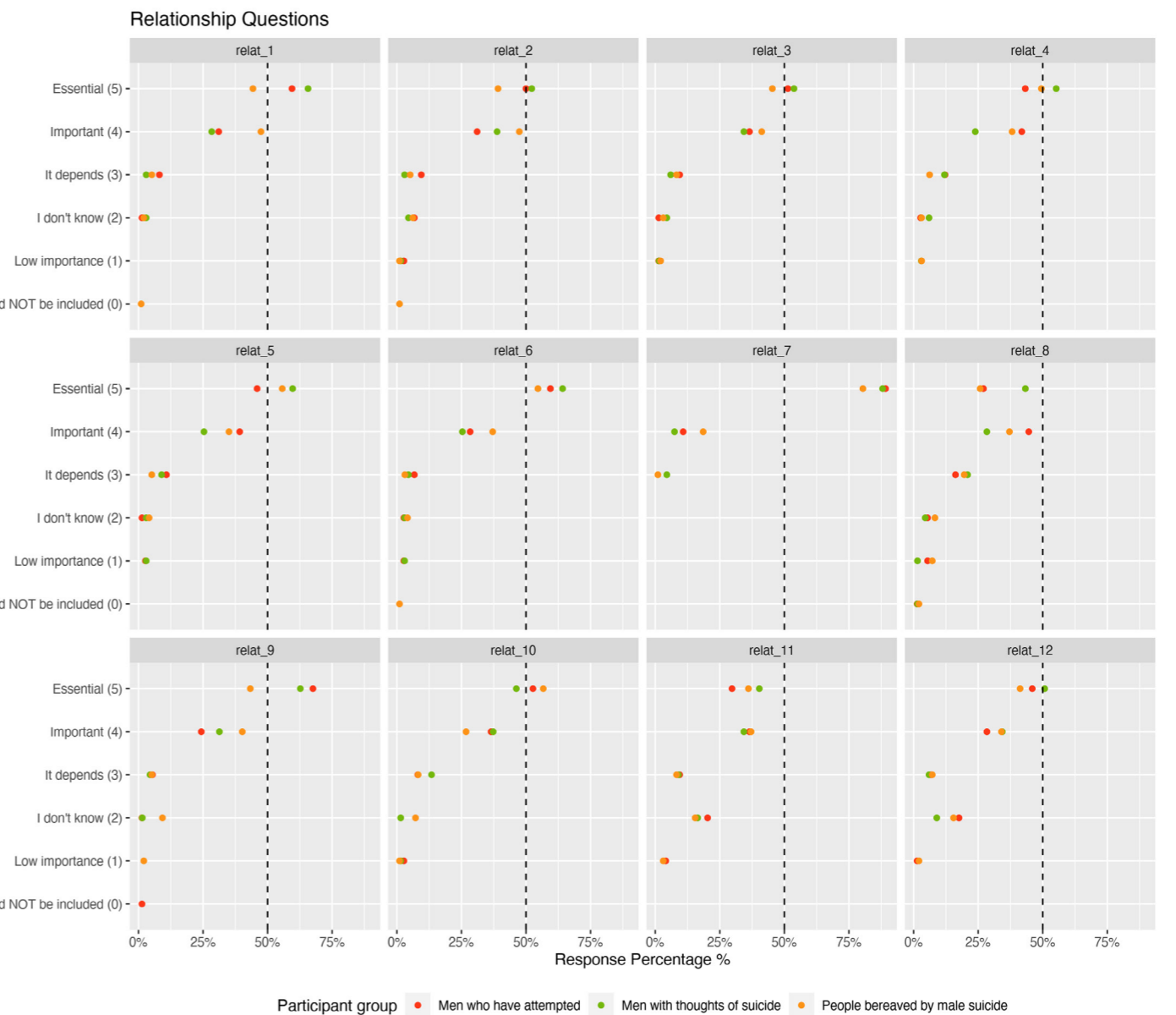


cult_1 = Exploring what 'being a man' means to men who are suicidal
cult_2 = Exploring how men who are suicidal perceive society as viewing men and how these views have changed over time
cult_3 = Exploring ideas of masculinity that men who are suicidal find helpful (i.e., how can masculinity and male strengths be used to protect men from suicide? What sort of masculinity would men like to see celebrated and uplifted in our cultures?)

cult_4 = Exploring differences in how male and female distress is understood and responded to by people
cult_5 = Exploring how men who are suicidal develop and form their ideas of masculinity (who are the main influences on ideas and behaviours i.e., family, friends, media, education, religion etc)
cult_6 = Exploring the presence or absence of male role models in the lives of men who are suicidal

EXPLORING MEN'S RELATIONSHIPS

These questions explore risk and recovery factors that relate to men's relationships with other people. Which questions do you think are most important for us to study?

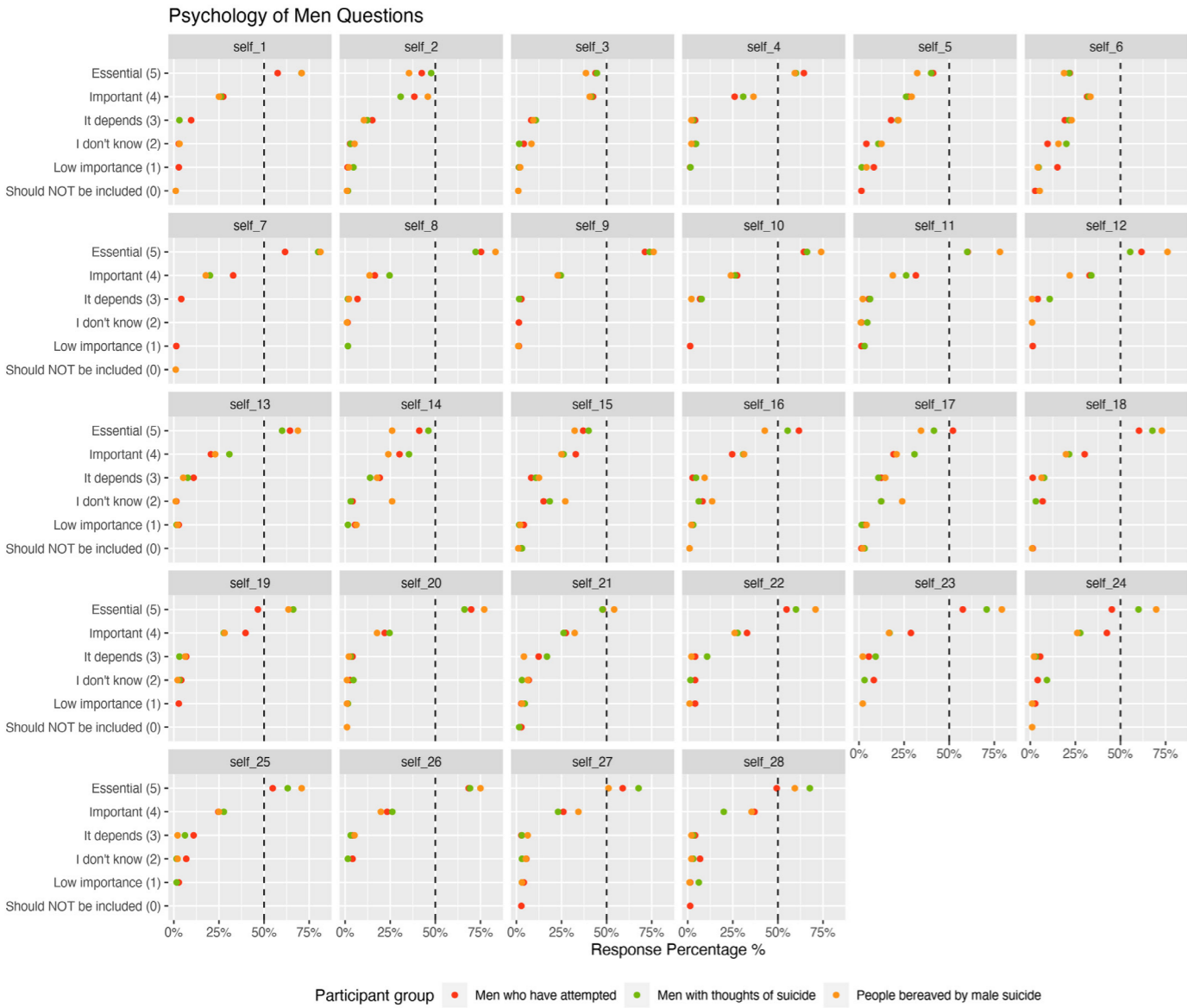


relat_1 = Understanding what meaningful connection with significant others means for men who are suicidal
relat_2 = Understanding how men who are suicidal build intimacy and connection with significant others
relat_3 = Investigating challenges in creating and/or sustaining meaningful connections with significant others
relat_4 = Investigating how men who are suicidal deal with conflict in their relationships with significant others
relat_5 = Investigating how connections with significant others can protect men who are suicidal from suicide

relat_6 = Investigating the best ways to support men to create and/or sustain meaningful relationships with others
relat_7 = Investigating loneliness and isolation for men who are suicidal
relat_8 = Investigating the absence of a romantic partner and male suicide risk
relat_9 = Investigating domestic abuse (physical, sexual, emotional, and/ or psychological) and male suicide risk
relat_10 = Investigating romantic breakups and male suicide risk
relat_11 = Investigating parenting challenges and male suicide risk
relat_12 = Investigating parental alienation and male suicide risk

EXPLORING THE PSCYHOLGOY OF MEN

These questions explore suicide risk and recovery factors that relate to things happening inside the psychology of individual men i.e., the emotions and thoughts that men experience that may increase suicide risk. Our emotions and thoughts are influenced by many things including biological and external factors - such as work, family, and other cultural and structural factors already discussed. In this section, we are interested in what is happening inside the psychology of men due to all these different factors. Which questions do you think are most important for us to study?



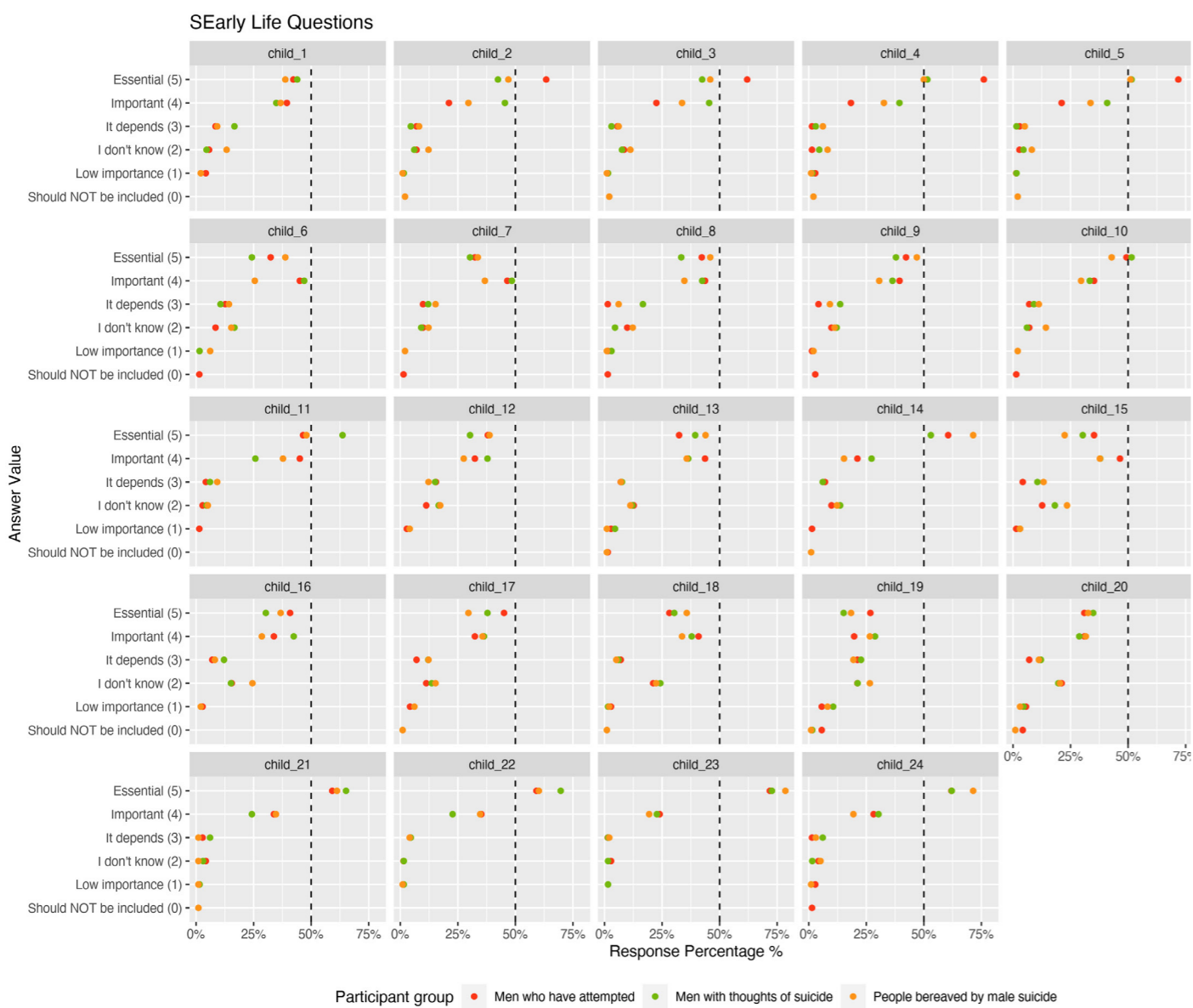
self_1 = Exploring self-esteem (i.e., positive and/or negative thoughts and feelings about yourself) as a male suicide risk and recovery factor
self_2 = Exploring self-reliance (i.e., relying on yourself rather than other people) as a male suicide risk and recovery factor
self_3 = Exploring control and agency (i.e., having the ability and power to do the things you want and to make your own choices) as male suicide risk and recovery factors

self_4 = Exploring having a sense of purpose and meaning as male suicide risk and recovery factor
self_5 = Exploring how men who are suicidal think and feel about their body and physical appearance
self_6 = Exploring the relationship men who are suicidal have with food and diet
self_7 = Exploring feelings of failure in men who are suicidal
self_8 = Exploring the best ways to support men

who are suicidal to repair harmful thoughts and feelings about themselves
self_9 = Exploring the main sources of stress and emotional pain for men who are suicidal
self_10 = Exploring how men who are suicidal understand, manage and express their emotions and emotional pain
self_11 = Exploring the most effective ways of supporting men who are suicidal to manage their emotions and emotional pain
self_12 = Exploring who men who are suicidal talk to about their emotional problems: what helps, what doesn't, what could help?
self_13 = Exploring the coping strategies men who are suicidal use (i.e., food, alcohol, drugs, medication, gambling, gaming, the internet etc.)
self_14 = Exploring male sexuality (i.e., feeling sexually desirable, frequency of sex, sexual satisfaction, porn/masturbation, virginity, attraction to minors etc) and male suicide risk
self_15 = Exploring sexual minority men (i.e., gay/bi/pansexual men) and male suicide risk
self_16 = Exploring surviving sexual abuse/assault and male suicide risk
self_17 = Exploring false accusations of sexual assault (e.g., reports to police or authorities, rumours/gossip) and male suicide risk
self_18 = Investigating the relationship between having a mental health condition (i.e., depression, social anxiety, bipolar) and male suicide risk
self_19 = Exploring the past-thinking and future-thinking of men who are suicidal (e.g., constantly thinking about what has gone wrong in the past/feeling worried about the future)
self_20 = Understanding men's suicidal thoughts and feelings (i.e., how do thoughts of suicide develop, what are the contents of men's suicidal thoughts, what triggers thoughts, how long do they last, are thoughts heightened at certain times of day/night, how do thoughts of suicide impact other areas of men's lives?)
self_21 = Exploring what suicide means to men who are suicidal
self_22 = Exploring how men manage thoughts of suicide and what prevents men from acting on them
self_23 = Exploring what triggers a shift from thinking about suicide to planning a suicide
self_24 = Exploring the thought patterns and emotional states of men when planning suicidal action
self_25 = Exploring the attitude of men who are suicidal towards seeking help
self_26 = Exploring the experiences of men who are suicidal of seeking help: what helps, what doesn't, what could help?
self_27 = Exploring how men's mental health and suicide are represented in society and how these ideas impact men who are suicidal
self_28 = Exploring what language and messages are best to engage men who are suicidal around mental health issues

EXPLORING EARLY LIFE EXPEREINCES

These questions explore experiences in early life - up to the age of 18 - that may increase suicide risk for some men. Which questions do you think are most important for us to study?



child_1 = Investigating the impact of early life bullying and male suicide risk

child_2 = Experiencing or witnessing sexual abuse

child_3 = Experiencing or witnessing physical abuse

child_4 = Experiencing or witnessing psychological/emotional abuse

child_5 = Experiencing or witnessing physical/emotional neglect

child_6 = Caregiver(s) struggling with personal problems (e.g., financial, legal, emotional)

child_7 = Caregiver relationship conflict - including separation and/or divorce

child_8 = Mental health problems in the caregiving home

child_9 = Addiction problems in the caregiving

home

child_10 = Caregiver absence, abandonment or estrangement

child_11 = Family controlling behaviours, pressure and/or expectations

child_12 = Sibling abuse

child_13 = Death of a significant other

child_14 = Death by suicide of a significant other

child_15 = Growing up with a disability / physical health challenges

child_16 = Growing up with neuro-divergency (such as ADHD or Autism)

child_17 = Growing up in poverty

child_18 = Growing up in care

child_19 = Moving multiple times in childhood

child_20 = Growing up as a minority (i.e., racial, sexual, trans, religious)

child_21 = Exploring how mental health problems - including suicidal thoughts, feelings and attempts - develop in young men

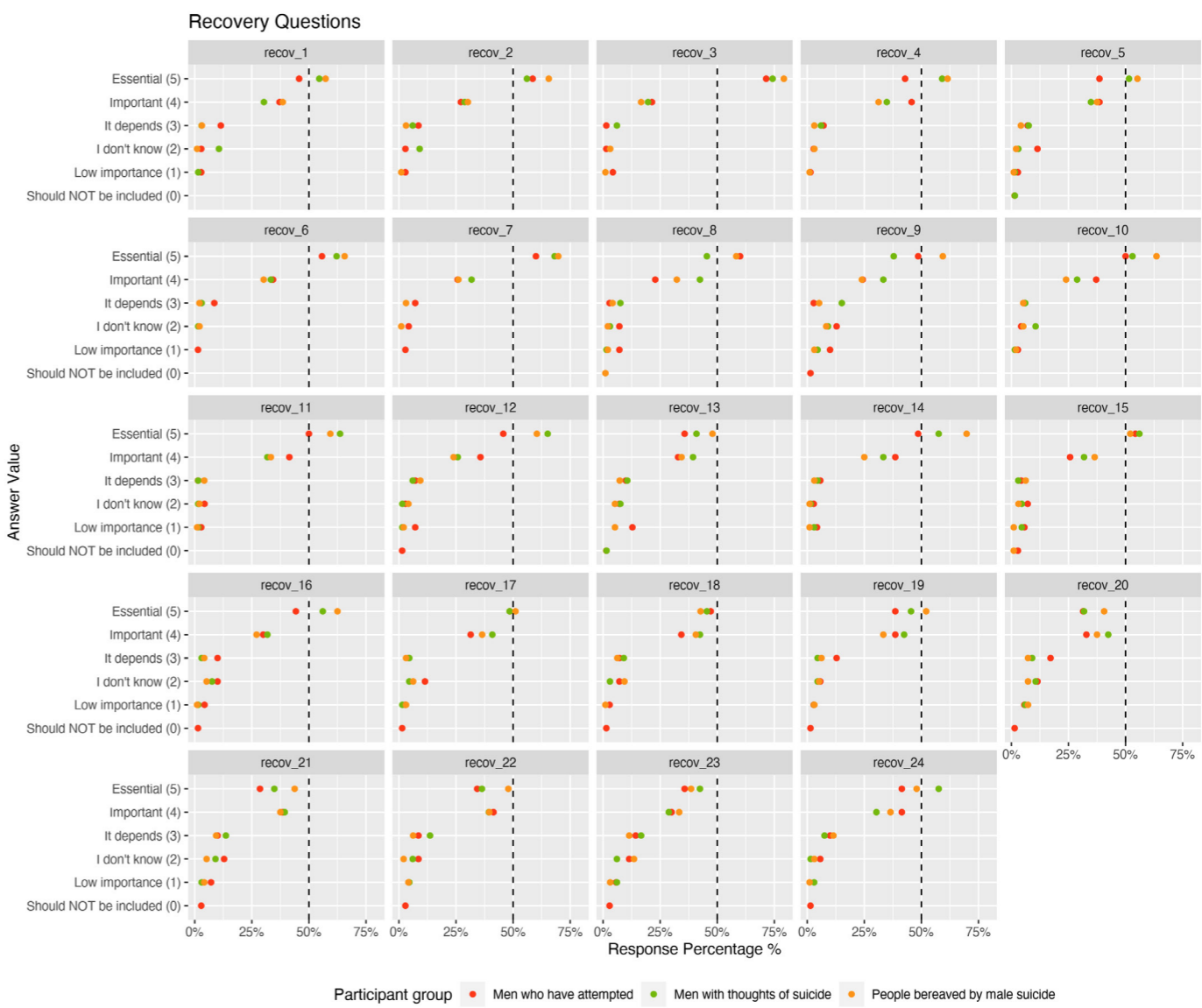
child_22 = Exploring how young men seek help (i.e., talking to teachers, peers, medical professionals, chat rooms) and cope with their problems

child_23 = Exploring the best ways to support young men who are suicidal

child_12 = Exploring the long-term impact of early life challenges for men who are suicidal

EXPLORING SUPPORT AND RECOVERY

These questions explore experiences relating to accessing support and learning to manage suicidal thoughts, feelings and behaviours. Which questions do you think are most important for us to study?



[recov_1](#) = Exploring what ‘recovery’ means for men who have attempted suicide and men’s reasons for living

[recov_2](#) = Understanding how men cope after a suicide attempt: what helps, what doesn’t, what could help?

[recov_3](#) = Exploring effective interventions for men who cannot afford / access therapy

[recov_4](#) = Exploring the experience of men who are suicidal of seeking support from significant others: what helps, what doesn’t, what could help?

[recov_5](#) = Exploring the experiences of significant others when supporting men who are suicidal: what helps, what doesn’t, what could help?

[recov_6](#) = Exploring the experience of men who are suicidal of seeking professional support: what helps, what doesn’t, what could help?

[recov_7](#) = Exploring different intervention types (i.e. talk therapy, medication): what helps, what doesn’t, what could help?

[recov_8](#) = Exploring men’s relationship with health-care professionals: what helps, what doesn’t, what could help?

[recov_9](#) = Exploring emergency admission and discharge: what helps, what doesn’t, what could help?

[recov_10](#) = Exploring the most effective support in the six months following a suicide attempt: what helps, what doesn’t, what could help?

[recov_11](#) = Exploring the most effective long-term support for men who are suicidal: what helps, what doesn’t, what could help?

[recov_12](#) = Exploring what professional support men who are suicidal want to receive (i.e., What areas of life do men want help with? What skills do men want support to build?)

[recov_13](#) = Exploring the experiences of health service professionals (e.g., doctors, therapists, psychologists, psychiatrists etc.) of working with

men who are suicidal

[recov_14](#) = Understanding what training healthcare professionals need to better identify and engage at-risk men

[recov_15](#) = Exploring differences in how men and women present suicide risk and the best gender-sensitive screening tools for health services professionals

[recov_16](#) = Understanding how different services can work together better (i.e., how can the criminal justice system work with mental health care?)

[recov_17](#) = Exploring how academic researchers and health care professionals can work together to incorporate research findings into services

[recov_18](#) = Exploring how to best measure the outcome of interventions, i.e., increased self-esteem and reduced suicide risk

[recov_19](#) = Exploring the experiences of men who are suicidal of accessing support in their community: what helps, what doesn’t, what could help?

[recov_20](#) = Exploring the experiences of community members who support men who are suicidal: what helps, what doesn’t, what could help?

[recov_21](#) = Exploring effective community members who can spot and engage at-risk men

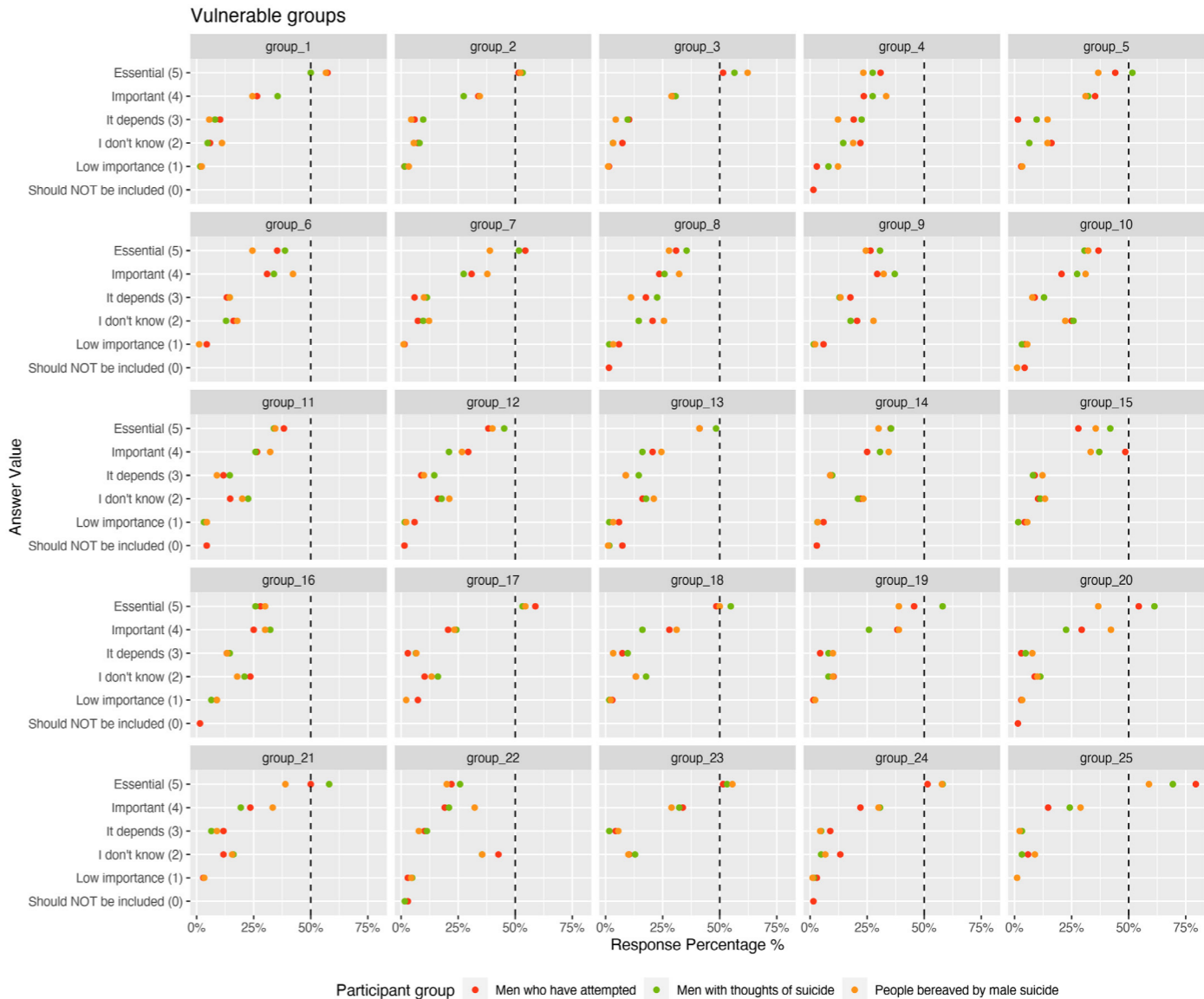
[recov_22](#) = Exploring effective training for community members to support men who are suicidal

[recov_23](#) = Exploring effective community mental health role models for men who are suicidal

[recov_24](#) = Exploring how to create communities that support men who are suicidal better

EXPLORING VULNERABLE MEN

The research questions suggested in this survey apply to all men irrespective of their background. However, certain groups of men have been identified as at particular risk of suicide. Of these populations which do you consider to be of high priority?



[group_1](#) = Young boys (13 to 18)

[group_2](#) = Male university students

[group_3](#) = Middle-aged men

[group_4](#) = Elderly men

[group_5](#) = Separated fathers

[group_6](#) = Men with disabilities

[group_7](#) = Men living with multiple health conditions (e.g., physical and mental)

[group_8](#) = Men with autism

[group_9](#) = Men with ADHD

[group_10](#) = Indigenous men

[group_11](#) = Racial minority men

[group_12](#) = Sexual minority men (i.e., gay men, bisexual men)

[group_13](#) = Trans men

[group_14](#) = Male immigrants, asylum seekers and refugees

[group_15](#) = Men from lower income backgrounds

[group_16](#) = Men in rural communities

[group_17](#) = Men military conscripts and veterans

[group_18](#) = Men in high-risk professions i.e., first responders, firefighters, police, paramedics

[group_19](#) = Men who are unemployed

[group_20](#) = Men who are homeless

[group_21](#) = Men in the criminal justice system

[group_22](#) = Men from traveller communities

[group_23](#) = Men with addiction problems

[group_24](#) = Men bereaved by suicide

[group_25](#) = Male survivors of abuse