

# MALE SUICIDE PREVENTION Engagement report March 2025

NHS Lancashire and South Cumbria ICB communications and engagement team lscicb.communications@nhs.net



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# Acknowledgements

The ICB would like to thank everybody who took the time to complete the Survey shared across the networks and participated in the online engagement sessions, online focus sessions and network meetings to contribute.

## Introduction

The statistics are shocking. Every two hours a man in the UK takes his own life and it's the biggest killer of men under 49. Male suicide and mental health is a big issue that demands more attention. It's unacceptable that so many men are dying from suicide daily, yet there is still so much stigma surrounding this subject.

Our campaign in Lancashire and South Cumbria aims to reach all men, not just those already using our services. We recognise that there are cultural barriers that stop men from seeking help and we need to find a helpful and informative way to talk about male suicide.

Male suicide should be seen as a health and gender inequality issue. It is an avoidable difference in health and lifespan that can also be linked to deprivation. Men are more affected because of societal expectations on how they should behave. We need to look beyond individual mental health problems and understand the social and cultural factors that make people feel like they want to die.

## **Executive summary**

NHS Lancashire and South Cumbria ICB (the ICB) is committed to listening to patients and members of the public to make sure their views and experiences inform quality improvements and commissioning intentions.

In the winter of 2024-2025, the ICB suicide prevention team started phase 2 of the 'Let's keep talking' to prevent suicide campaign and held several engagement events across Lancashire and South Cumbria (LSC), attended mainly by men aged 40-54. This feedback was then used in the development of a Suicide Prevention campaign aimed specifically at men, launched in March 2025.

The aim of the campaign is to raise awareness and reduce the stigma around Men's Mental Health and increase their awareness of the Staying Alive App, whilst signposting to support services via the Male Suicide Prevention website in support of the overall aim of reducing male suicides.

To better evaluate the campaign at its conclusion, it was determined that it would be necessary to gain a baseline understanding of people in Lancashire and South Cumbria (LSC) that already used and downloaded the Staying Alive App.

To do this, three methods were used: Online focus group workshops and online surveys were shared between 22 January and 11 February 2025, and the survey received a total of 337 responses. 10 individuals attended the online engagement sessions and there was also an option for organisations or groups to book for face-to-face focus sessions for their members, which 31 participants attended.

With such a relatively short timescale, this was felt to be an overwhelming response and demonstrates the passion the population of LSC have towards being part of the campaign to focus on Men and Suicide prevention.

There is a real need identified by respondents for an ongoing positive campaign that targets males accessing services, but also that men should not be seen as unable to communicate. Males communicate differently and this needs to be recognised in the language used to describe services and symptoms. The language used in health appointment letters also needs to be looked at in a different way to increase uptake.

The campaign initially was aiming towards challenging some of the recognised masculine constructs, but the feedback received was more concerned with the concept of help-seeking for males and their support network. The respondents want to see a campaign that addresses four main areas:

- 1. Help-seeking for males and their network
- 2. Language used to positively explain and talk about topics
- 3. Support services gender oriented including letters and the support environment, and
- 4. Support to have these conversations and challenge the stigma around mental health and suicide prevention.

#### **Key findings**

The key findings from the feedback received showed us that many men in LSC would like:

- 1. To see more male-focused material with a clear message of hope and support
- 2. A positive message through the Male campaigns locally
- 3. Clear, concise and strong messaging that has a definite focus
- 4. A colourful campaign that catches your eye and remains in your mind
- 5. Preferences from the survey were concepts 2, 5 and 7
- 6. Focus groups liked concepts 2, 5 and 6
- 7. Online engagement groups liked concepts 5 and 6
- 8. The survey shows that there is a need to keep this campaign relevant and ongoing throughout the year
- 9. Males do communicate but differently to females
- 10. Men don't access services for a range of reason from not recognising the signs of ill health, cultural stigma, language used to describe symptoms to self-perceptions of what a male should be
- 11. Stigma is a clear piece of work to focus on from within ongoing campaign work
- 12. Men expressed an opinion that services are female orientated so aren't appealing to men to access.
- 13. Men see help seeking as a sign of weakness
- 14. Language used in the promotion of services and knowledge of the services available
- 15. Look to develop the campaign for the digitally excluded so support can be offered wider.

#### Online survey

The respondents want to see a broader campaign that captures the wider risk factors that affect Men's mental health. They want to see this as a longer running campaign that has as much focus as female health campaigns. The concepts the online survey supported were 5 and 6. (it says 2, 5 and 7 in the key findings above)

#### Focus workshops.

They wanted a positive image with a relatable person on the image. They wanted the campaign material to represent the population of Lancashire and South Cumbria. The preference within the groups were concept 5 and 6. (It says 2, 5 and 6 in the key findings above)

#### Online engagement session

Preference from the online engagement were concepts 5 and 6 due to the clear and concise messaging that the group felt would draw their attention and they would remember for future use.

All the groups wanted a campaign that targets the support network around males as well as the person. The use of Grassroots as a partner within the campaign was felt to be a good addition that could support people with both learning more about starting conversations with people showing signs of deteriorating mental health, and how to support someone having thoughts of suicide.

The option that the staying Alive app is web based and available in a paper format alongside 14 language was well received, but respondents felt it would need to promote this in stages to get all that information out and rely on people visiting the website.

The ICS LSC Male Suicide prevention webpage was seen as a good central point to seek local support for the surrounding topic, with links to relevant issues such as domestic abuse, gambling, mental health and debt.

## What have we been talking to people about and why?



NHS Lancashire and South Cumbria Integrated Care Board (ICB) was given the opportunity to expand on the male suicide prevention campaign that was undertaken a few years ago, and add to or update the resources contained within its suicide prevention webpages.

As male suicide continues to be the most significant killer of men below the age of 49, it was felt that a new campaign, with fresh materials and messaging, would be the best way of seizing this opportunity.

To support the development of a new campaign it was vital to reach out to people with experience of male suicide, including people who have attempted or considered suicide, people working in the field, our orange button holders and others with a knowledge and understanding of the issues involved.

To reach as many people as possible within a relatively short timescale, several methods of engagement were used, including face-to-face engagement sessions with men's groups, online engagement sessions and an online survey, distributed to groups and made widely available across Lancashire and South Cumbria. As part of the engagement process, participants were shown several concepts and asked to give feedback on what may or may not work, and why. This information would then be used to finalise the new campaign materials.

Who have we heard from?

We received 339 responses from the online survey that ran from January to February. We also spoke

to people who had experience of dealing with male suicide, including men who have attempted suicide. (65 men attending engagement session?)

# How did we speak to people?



The purpose of the engagement was to:

- 1. Determine a preference for some concepts used before and possible concepts to deliver this campaign.
- 2. Gain a greater insight into it, how and where they wanted to see the campaign
- 3. What creative would be most effective and an insight in to why.

**Online surveys** were developed: This was primarily aimed at 40-54-year-old men. The surveys were designed to understand:

- Why do they think male don't tend to access support, until they have to or until is it too late?
- Do you think campaigns can help
- What kind of campaign they would suggest that would help men to seek support?
- Should the campaign focus on individual topics such as Debt, gambling, mental health etc
- Should we use real people that represent communities locally
- Where should we put the campaign material to capture men's attention?

The survey was live from 22<sup>nd</sup> January and 11<sup>th</sup> February 2025 and was publicised via:

- The ICB's social media channels
- ICB Citizen panels
- Emailed to all partners, stakeholders and commissioned services across Lancashire and South Cumbria
- It was shared with local authority colleagues to cascade to their networks and Commissioned services across Lancashire and South Cumbria
- Lancashire and South Cumbria ICS colleagues
- All MH staff to distribute within their networks.
- Staffs' friends, family and colleagues where appropriate.

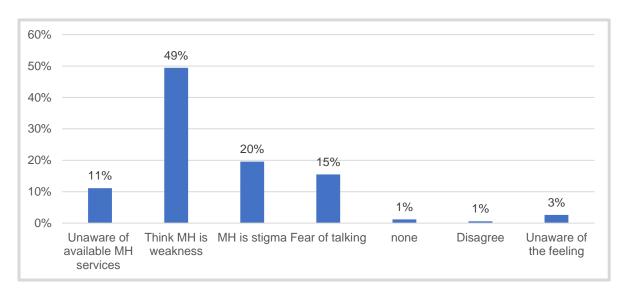
In addition, three online engagement sessions were organised and promoted with men's groups. There were also a few face-to-face sessions, consisting of visits to existing forums, where the issues around male suicide and a discussion of the draft concepts could take place.

# What did we hear?



Identified below are the responses to the survey questions:

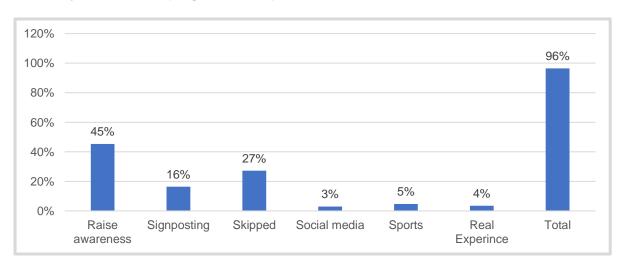
Why do you think males predominately don't tend to access support, until they have to or until it is too late?



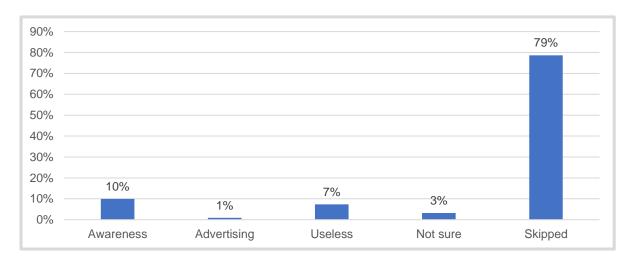
#### Do you think campaigns can help men access their support?

Α	nswer Choices	Response Percent	Response Total
1	Yes	75.37%	257
2	No	3.52%	12
3	Not sure	21.11%	72
		answered	341
		skipped	1

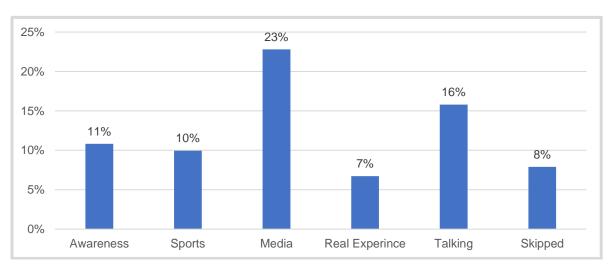
#### How do you think campaigns can help men to access services?



#### If you don't think campaigns can help support men, why not?



# Please tell us what kind of campaign you would suggest that would help you to seek support, make it more memorable or make it easier to advise friends in need.



# Should the campaign focus on issues (such as debt, gambling, mental health) separately?

Ar	nswer Choices	Response Percent	Response Total
1	Yes	50.47%	160
2	No	26.50%	84
3	Not sure	23.03%	73
		answered	317
		skipped	2

# Do you think the images used as part of the campaign should be real local people that represent communities locally?

Ar	nswer Choices	Response Percent	Response Total
1	Yes	50.47%	160
2	No	26.50%	84
3	Not sure	23.03%	73
		answered	317
		skipped	2

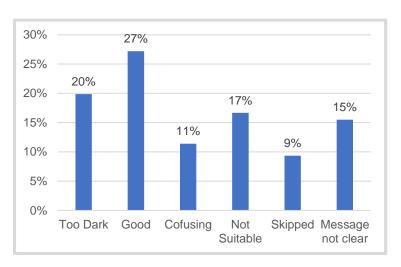
# Please tell us where you think putting this campaign material would capture men's interest.

Pubs	Football stadiums	Construction sites
Petrol stations	Mosques	Men's magazines
High streets	Cricket grounds	Ad breaks on TV
Sports grounds	Dart events	Supermarkets
Transport	Gyms	Amazon
Local shops	Train stations	i-vans
Billboards	Retail parks	Builders' yards
Public toilets	Gambling shops	Rugby clubs
Cinema	Hospitals	Motor shows
Music events	Local groups	CAB offices
Changing rooms	Social media	Police stations
Workplaces	TV	ED
Beer mats	Doctors	Fire stations
Petrol station	Churches	Hostels
Barbers	Workplaces	Buses
Take aways	DIY stores	Golf clubs/ranges
food banks	Garages	Universities
Walking in centres	Dentist	trains

#### Concept 1 – No future without you.

What do you think about the messaging, images, colour combinations and style of this poster?

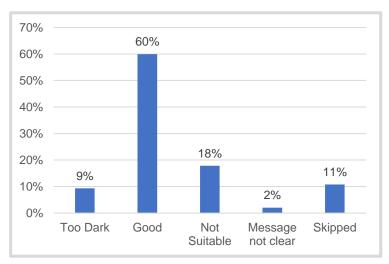




#### Concept 2 - It's time we turned it around

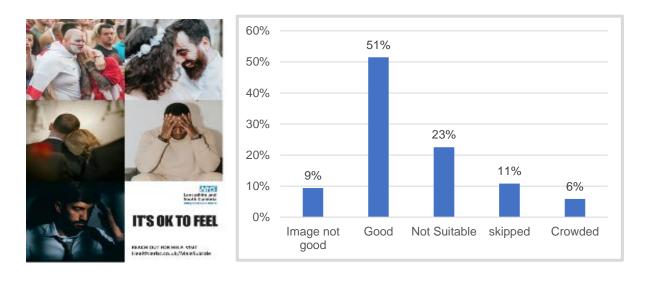
What do you think about the messaging, images, colour combinations and style of this poster?





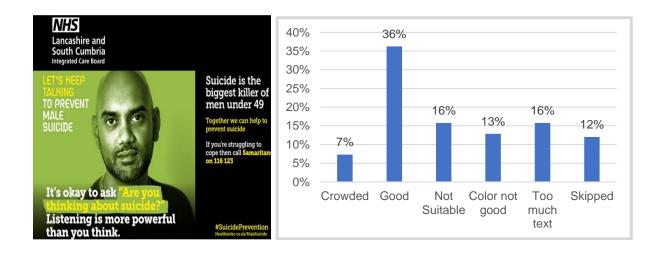
### Concept 3 - it's ok to feel

What do you think about the messaging, images, colour combinations and style of this poster?



#### Concept 4 – Let's keep talking

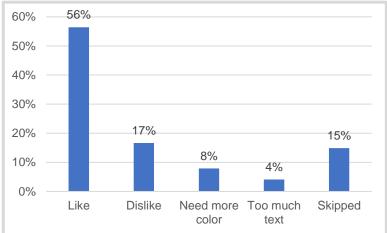
What do you think about the messaging, images, colour combinations and style of this poster?



## Concept 5 - Reach out for help

What do you think about the messaging, images, colour combinations and style of this poster?

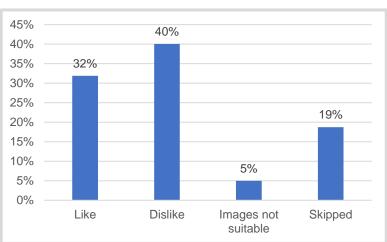




#### **Concept 6 – Honestly Mate**

What do you think about the messaging, images, colour combinations and style of this poster?

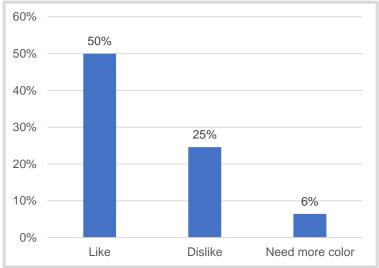




#### Concept 7 – You feel you have no-one to talk to

What do you think about the messaging, images, colour combinations and style of this poster?

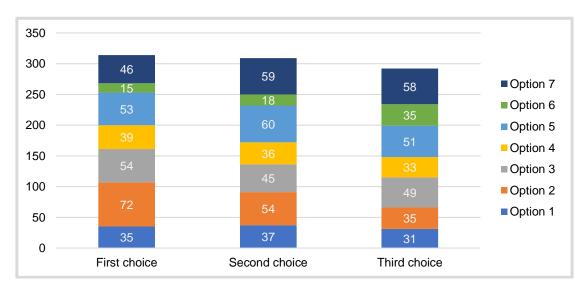




# Please let us know your preferences around using QR codes or websites. Contact details are useful for people without digital access

An	swer Choices		Response Percent	Response Total
1	QR code		15.66%	52
2	Web page		12.65%	42
3	Both		61.45%	204
4	Neither		3.61%	12
5	Other (please specify):		6.63%	22
		1	answered	332
			skipped	10

#### Which of the concepts do you prefer?



#### Online engagement sessions

# Please tell us where you think putting this campaign material would capture men's interest.

- a. Positive images of men as strong role models
- b. Men can communicate they just communicate differently
- c. Men are strong and proud
- d. There is a relatable point that all men can relate to you just need to find it.

There were three sessions run over different days and at different times of the day to offer as much opportunity to input as possible.

The overall theme from the sessions is the passion and enthusiasm for the focus on Male Suicide prevention and the need for this campaign to highlight a range of issues.

It needed to be a clear and concise campaign that was bold and something new. The preferences of the online engagement was Concept 5 and then 6 with the tweaks suggested.

Concepts	Pro's	Cons
Concept 1	<ul> <li>I like the simplicity</li> <li>Its bold</li> <li>Likes the yellow instruction</li> </ul>	<ul> <li>Couldn't figure it out</li> <li>It assumes education</li> <li>Confusing for Dyslexics</li> <li>The message take time</li> <li>Would this work as a social media GIF</li> </ul>
Concept 2	<ul> <li>Striking</li> <li>Looks like a hand seek help</li> <li>Love the tagline</li> <li>Could be part of the word Suicide</li> </ul>	<ul> <li>Feel saturated with figure</li> <li>Not sure the facts will work</li> <li>Could be seen as drowning – could be triggering</li> </ul>
Concept 3	<ul> <li>Emotions are temporary</li> <li>Like the vulnerability in some pictures</li> <li>It's okay to open up and accept them</li> <li>Doesn't have that powerful message</li> </ul>	<ul> <li>Didn't get this</li> <li>Should use an England supporter</li> <li>Images are dark</li> <li>It's okay to feel what?</li> <li>Maybe 4 pictures not 6</li> <li>Don't really understand the meaning behind some of the pictures</li> </ul>
Concept 4	<ul> <li>Has a chatty feel to it but not as powerful as some of the others</li> <li>Clear message</li> </ul>	<ul> <li>Too dark</li> <li>Can't see the shadow behind</li> <li>Concept is lost with being able to see the shadow</li> </ul>
Concept 5	<ul> <li>Expand to - there is help out there and they will listen</li> <li>Likes the white and black</li> <li>Yellow is a colour of hope</li> <li>CTA being yellow is striking</li> </ul>	
Concept 6	<ul> <li>Secrets keep us sick</li> <li>Men Do communication</li> <li>They communicate differently</li> <li>War against masculinity</li> <li>Promote men to be strong</li> </ul>	<ul> <li>The black writing is too light needs to be thicker</li> <li>maybe the black words aren't needed</li> <li>maybe 'we' works better that you have to talk-feels like a demand</li> <li>It puts responsibility back on the person</li> </ul>

<ul> <li>Protect others</li> <li>Relatable point</li> <li>Staying alive app on bottom left</li> <li>QR code to go underneath the</li> </ul>	
logo	

#### Face-to-face engagement sessions:

Please tell us where you think putting this campaign material would capture men's interest.

- 'Can we think about choosing male figures portrayed that are representative.
   Caucasian and Asian being the preferred representations, NOT afro
   Caribbean which isn't very representative of the population in Lancashire and South Cumbria'.
- 'The idea of one figure should be replaced with either a couple or a group of men who are representative'.
- 'We need to think about segments of the population who cannot understand English and those who cannot read. Perhaps think about key languages and imagery for those who cannot read'.
- 'Think about the colours they black is good but it can be hard to read the faded-out fonts, so this needs some thought'
- 'Best to put ads inside buses or trams where there are captive audiences'
- 'If on a bus shelter or something then it has to be eye catching'
- 'Sportsgrounds or gyms are good places to display posters'
- 'Good to target the person having suicidal thoughts and their mates'

Which of the posters/materials you have seen are the ones that you prefer? preference was 2, 5 and 6

Concept	Pro's	Cons
Concept 1		<ul> <li>Confusing, not clear, hard to think about – given that the group were minority ethnic males they felt that the language would be hard for those in this community, it had to be explained and this they felt was a barrier to the central message.</li> </ul>
Concept 2	<ul> <li>Members felt that the hand should be replaced with a positive image and that the idea of the hand should be to show the hourglass being up righted (turned the other way). They felt that this sense of movement would be more positive and helpful</li> <li>It's harder hitting so you take more notice</li> </ul>	Missing a call to action or more information

	<ul> <li>It's a good prompt for women too so they take men's mental health more seriously</li> </ul>	
Concept 3	People will focus on the one image that relates to them and nothing else	<ul> <li>There was a sense that the images were not representative. Although not stated explicitly I felt that the participants found the football support with the union jack painted on his face was threatening to the participants as there was an association with far-right supporters and the expression seemed threatening. Participants said this was not representative, but I think they were politely reflecting this.</li> <li>This is more about mental health than suicide prevention</li> </ul>
Concept 4	Consideration needs to be given to the fonts and making the website link bigger. The messaging needs to be qualified with "there is help" there was a discussion about the phrase "its ok to feel" – what??	<ul> <li>The image is not the demographic of the population – suggestive of afro Caribbean which is very small proportion of the community. Members suggested that this image should be a group of men with representativeness including Caucasian, and Asian members of the community.</li> <li>Not emotive</li> <li>Not representative</li> <li>He looks like a model</li> </ul>
Concept 5	<ul> <li>They liked the informal language and the words; they felt that it lends itself to radio and video versions.</li> <li>They suggested the addition or alternative text as "its ok to feel, you are not alone" and "its ok, not to feel ok" – help is at hand.</li> <li>Liked how it makes it more personal</li> <li>The use of You, Your and You're</li> <li>Speaks to the person</li> </ul>	<ul> <li>We will need to think about different languages and also what about those who cannot read.</li> <li>They wanted us to think about the font size and the call-to-action URL to the website being more prominent.</li> <li>Looks drab and not eye catching</li> <li>This would work best for a captive audience such as on a toilet door or in front of a urinal</li> </ul>
Concept 6	<ul> <li>The hidden text element was viewed as clever and interesting, but we might need to give it more prominence with colour or emboldening it.</li> <li>They suggested the addition or alternative text as "its ok to feel, you are not alone" and "its ok, not to feel ok" – help is at hand.</li> </ul>	Again, participants thought that we might need to think about languages and those who cannot read.  Liked the concept but the black doesn't work  Can't see it from a distance  Make the black text grey so it's still readable  Tells you to talk about it but then gives you an app to download.

#### What if anything would you change?

#### **Additional questions**

• Power by mate covers the conversations mates could have

- Social bonds are the key to getting men involved and engaged
- Walking and talking therapies should be an option that is promoted
- People want to talk to someone straight away not have to search for and download and app to then type to someone who may or may not be a real person on the other end
- Should always address the issue correctly
- Use the word suicide more openly
- People close to you need to start the conversation.

#### Suggested tagline for future promotions

- It's not always obvious
- People close to you need to start the conversation
- Has your mate gone quiet?
- Secrets keep you sick
- It's not always obvious
- "PLEASE CONTACT US, WE ARE WAITING FOR YOU" or "don't suffer in silence. We are here to help you!"
- "We have lost too many men. Please contact us we are here to help you"

# Insights we have gained from this process

- Throughout this work we have learnt that men are quite adamant that they do talk, they just don't talk the same way, and campaigns should pinpoint that concept
- How women support each other is different and that should be a point we are clear on when offering support for men
- Men feel that there needs to more male orientated services out there that promote men's services in a more appropriate way
- Further campaigns should look at men's conversation and how to have them, and the language used when asking men to access health and mental health services
- Resources that men could use when going for support, with a range of options that could be useful in most situations
- Men want to see relatable figure heading these campaigns that hit the right areas and promote a positive role model
- Men want to see more services, more information, more support and more knowledge about how men show their distress
- To help the campaign to stay relevant the respondents would like to see this
  approach adopted across all campaigns and throughout the year, so it addresses
  stigma, access to resources, access to support, starting conversations, language
  used and support to access services
- Look at how males seek help in order to aim campaigns at particular areas.

# **Next steps**

This report will be used to shape the Male Suicide Prevention Campaign within LSC, which launches in March 2025. The report will also be used to effectively evaluate the campaign. The suggestions and feedback received will also help shape future campaigns regarding males Suicide prevention and male mental health.

This report will be shared with the suicide provision network and local partners across LSC. The findings will also be used to inform the future development of the Male Suicide prevention website and any ongoing work within Lancashire and South Cumbria.

It will be shared with the network that helped us to share the surveys and took part in the engagement workshops.

This will be the base of future campaigns and work carried out in LSC around male orientated services/promotions.

# **Appendix 1 – questionnaire demographic monitoring**

#### What is your age?

An	swer Choices		Response Percent	Response Total
1	16 or under		0.00%	0
2	17-25	I	1.49%	5
3	26-35		8.04%	27
4	36-45		22.62%	76
5	46-55		44.35%	149
6	56-65		15.77%	53
7	66-75		6.85%	23
8	76-85	I	0.30%	1
9	Over 85		0.00%	0
10	Prefer not to say	I	0.60%	2
			answered	336
			skipped	6

#### Tell us how you identify yourself

Ar	nswer Choices	Response Percent	Response Total
1	Male	80.83%	274
2	Female	18.88%	64
3	Other	0.29%	1
			339
		skipped	3

#### Is your gender the same as the one given you at birth?

Ar	nswer Choices	Response Percent	Response Total
1	Yes	97.92%	329
2	No	1.19%	4
3	Prefer not to say	0.89%	3
		answered	336
		skipped	6

#### Please tell us which area you live in

4	Answer Choices	Response Percent	Response Total	

1	Central Lancashire (Preston, Chorley and South Ribble)	18.53%	63
2	West Lancashire (Skelmersdale, Ormskirk and the Northern Parishes)	3.82%	13
3	North Lancashire (Lancaster, Morecambe, Heysham, Fylde and Wyre)	20.29%	69
4	East Lancashire (Burnley, Hyndburn, Pendle, Rossendale, and the Ribble Valley)	15.59%	53
5	Blackburn with Darwen	10.59%	36
6	Blackpool	10.88%	37
7	South Cumbria (Barrow and Kendal areas)	10.59%	36
8	Cheshire and Merseyside	1.47%	5
9	Greater Manchester	2.35%	8
10	Other	5.88%	20
		answered	340
		skipped	2

## Please choose the category that best describes your level of disability.

Ar	Answer Choices		Response Percent	Response Total
1	No disability		67.76%	227
2	Wheelchair user		1.19%	4
3	Hearing impairment		1.19%	4
4	Visual impairment		0.00%	0
5	Physical impairment		5.07%	17
6	Multiple impairments		3.88%	13
7	Learning disability		1.79%	6
8	Mental health		13.13%	44
9	Prefer not to say		5.97%	20
			answered	335
			skipped	7

## What is your sexual orientation?

Aı	nswer Choices	Respo Perc		Response Total
1	Heterosexual (attracted to the opposite sex)	87.2	4%	294

2	Bisexual (attracted to both sexes)	4.15%	14
3	Gay/lesbian (attracted to the same sex)	4.15%	14
4	Prefer not to say	4.45%	15
		answered	337
		skipped	5

# What is your ethnic group/background?

Ar	nswer Choices	Response Percent	Response Total
1	White British	85.76%	289
2	White Irish	1.78%	6
3	East European	0.00%	0
4	Gypsy/Roma/Traveller	0.00%	0
5	White other	2.67%	9
6	Mixed White/Black African	0.00%	0
7	Mixed White/Black Caribbean	0.30%	1
8	Mixed White/Asian	0.00%	0
9	Mixed other	0.89%	3
10	Asian or Asian British - Indian	2.37%	8
11	Asian or Asian British - Pakistani	2.67%	9
12	Asian or Asian British - Bangladeshi	0.00%	0
13	Asian or Asian British - Other	0.30%	1
14	Black or Black British - Caribbean	0.00%	0
15	Black or Black British - African	0.00%	0
16	Black or Black British - Other	0.00%	0
17	Chinese	0.00%	0
18	Any other ethnic group	0.59%	2
19	Prefer not to say	2.67%	9
		answered	337
		skipped	5