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## MANMADE

A BRIEF OVERVIEW OF THE MANMADE PEER SUPPORT PROGRAMME



This short briefing paper is intended for reference by health and social care decision makers in respect of 3 Peer Support Programmes delivered across the West Midlands during 2015 and 2016 to support the wellbeing of men.

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@ukmanmade @common\_unity\_ @forwardFORlife

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## EXECUTIVE SUMMARY

The ManMade programme successfully supports men to be able to talk more openly about their emotions, to build their confidence and self-esteem, to know where to go for help and to support others in the community. This is achieved through an eight-week workshop programme which includes peer discussion, information sharing and self-reflection on a range of health and wellbeing topics, underpinned by person centred facilitation approaches.

The key findings from the evaluations are:

There are many areas of good practice built into the ManMade model being:

1. A person centred facilitation approach
2. A combination of facilitated informal discussion, provision of information by subject experts and experiential activities.
3. An awareness of how gender identity impacts on mental health.
4. Participants benefitting from sharing experiences with other men from similar backgrounds/ages, suggesting that *ManMade* programmes should be tailored to different groups.
5. The programme supports men to increase their understanding of mental health, themselves and others; to be able to discuss personal issues with others, and to be more aware of services and support networks. Accumulatively these supported participants to develop greater self-confidence and self-esteem and to supports in the community.

## BROADER CONTEXT

### The Phenomenon of Suicide

Suicide is one of the last big taboos' in modern day society; a phenomenon that effects so many people in our communities in so many ways and yet has not been tackled within our communities.

In Britain, each year, more than 6000 people kill themselves; that's 4000 more deaths per year than occur on all our roads. Over 75% of all suicides completed are by men.

It has been identified that there are key identifiable factors that increase the likelihood of suicidal ideation and behaviour. Such factors that are associated with suicide include social factors, cultural factors, economic crisis, work stresses, mental health difficulties, family issues, substance misuse, sexual orientation, individual crisis, bullying and more recently, the recognition of the conflict between more traditional gender identities and modern society.

Where a multiple of these factors is applicable to an individual, there is a heightened level of risk in respect of that individual and their propensity for considering suicide as a realistic option.

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*"there are direct links between mental ill health and social factors such as unemployment and debt. Both are risk factors for suicide. Previous periods of high unemployment and/or severe economic problems have been accompanied by increased incidence of mental ill health and higher suicide rates."*

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### Unemployment and Suicide

Between 2000 and 2011, one in five of an estimated 233,000 annual suicides globally were linked to unemployment. An international study of the impact of recession and unemployment on suicide was published in 2015 concluding suicides associated with unemployment totaled about 45,000 annually, making up about 20% of all suicides<sup>1</sup>. It is also important to note though that this study also showed that unemployment was a stronger factor for suicidal ideation than recession itself meaning that even in times of relative prosperity, the experience of unemployment has devastating effects on the individual experiencing job loss which may increase the risk of suicide through mechanisms such as an increased risk of depression, financial strain and reduced affordability of mental health care. This study also highlights how employment is not always a precursor to improved wellbeing and reduced likelihood of suicidal behaviour in highlighting that falling income, zero hour contracts, job insecurity and debt can often be associated with suicide.

English regions with the largest rises in unemployment have had the largest increases in suicides, particularly among men. Recent figures for the West Midlands showed that suicide rates have increased by 24 per cent, with 2007 data recording 245 deaths by suicide/undetermined deaths and the 2010 data showing 450 recorded deaths.

### Identity and Suicide

According to the Samaritans<sup>2</sup> many *men compare themselves against a masculine 'gold standard' which prizes power, control and invincibility. Having a job and providing for the family is central to this, especially for working class men* and when this gold standard is no longer deemed to be being met such men may feel a sense of defeat and/or shame leading to contemplation of suicide. This *ideal man* being a socially constructed aspect of hegemonic masculinity, also means that emotional withdrawal and rigidity – a reduced likelihood of seeking help - may influence gender differences in suicidal behaviours.

Studies have shown that men are less likely than women to consult for most conditions<sup>3</sup>, and for mental health and emotional problems specifically. The reasons for this could be argued to involve the way in

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<sup>1</sup> Nordt C, Warnke I, Kawohl W. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *The Lancet Psychiatry*. Published online February 11 2015

<sup>2</sup> [http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans\\_Men\\_and\\_Suicide\\_Report\\_web.pdf](http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans_Men_and_Suicide_Report_web.pdf)

<sup>3</sup> Canetto, S.S. & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life Threatening Behavior*, 28, 1–23.

which norms of masculinity are constructed to include a denial of pain, emotional sensitivity and anxiety. Asking for help, even in the face of possible suicide, may be viewed by many men as feminine behaviour, and if men are to live up to expectations of strength and independence, they are required to *sort out* their mental and physical problems on their own.<sup>4</sup>

For many men, not coping is seen as an indicator of weakness and depression is a mental illness that for many is still viewed as inconsistent with a masculine identity. Studies have demonstrated that men's response to depression often involves social withdrawal (including hiding symptoms from others), unwillingness to consult healthcare professionals, and a denial of symptoms<sup>5</sup>

## THE THINKING BEHIND OUR APPROACH



In respect of the original opportunity to develop a programme to support unemployed men who were at risk of suicide, Forward for Life and Common Unity viewed the Manmade Programme (as it came to be known) as a way to do things a little differently from the traditional norm. The programme proposed was peer support based in approach whilst utilising the Five Ways to Well-Being framework in a format that was able to be engaged with fully by the 'target audience' of 'vulnerable' men.

The Five Ways To WellBeing<sup>6</sup> was seen as key in ensuring the greatest impact upon the wellbeing of participants as mental health needs and vulnerabilities to suicidal ideation are best addressed via a

<sup>4</sup> Courtenay, W.H. (2000). Constructions of masculinity and their influence on men's well-being. *Social Science and Medicine*, 50, 1385–1401

<sup>5</sup> Canetto, S.S. & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life Threatening Behavior*, 28, 1–23.

<sup>6</sup> <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

holistic approach and not through solely concentrating efforts on risk reduction often associated with mental health problems.

We believe that individuals who have thoughts of suicide must have their needs addressed including providing individuals with the necessary internal resilience tools, self-care skills, personal sense of the self and knowledge of services that engender opportunities for satisfactory living.

ManMade therefore is very much an upstream approach – it doesn't start with identification of illness and potential cure, it doesn't look to come into play at the point of addressing the devastation caused by suicidal behaviour – what it does is recognise that through an emphasis on education, promotion, prevention and protection the number of vulnerable people coming to the point of contemplating suicide as the only rational option available is reduced.

Aspirations in respect of a self-determined quality of life is very much on the agenda with ManMade members. The approach supports men to identify and adopt new approaches that enables them to better deal with as well as more readily accept and understand both internal and external challenges. Focus is on the origins of good health and not the causes of disease. A Salutogenic Approach.

## THE MANMADE PROCESS

The programme seeks to:

- Provide a safe and supportive space to express feelings and learn about mental health
- To empower men to better understand themselves and their own mental health
- To equip men with the skills, tools, information and options to manage their mental health and wellbeing
- To develop a peer support network for men

Over a delivery period of 8 weeks, with 8 themed workshops we have engaged 3 separate cohorts of 'vulnerable' men utilising experiential sessions based on a number of key themes that have an impact in respect of:

- mental health awareness
- confidence building
- promoting self-esteem
- personal identity
- assisting life
- self-care and well-being
- physical health
- loss and bereavement

The approach being based on the New Economics Foundation's Five Ways to Well-being suggests that mental health needs and vulnerabilities to suicidal ideation are often better addressed via a holistic approach which includes internal resilience tools, self-care skills and knowledge.

An often cited challenge regarding the Five Ways To Well-being is how to ensure the Five Ways are best presented in a format most appropriate to, and most likely to be adopted by, the 'target group.' ManMade does this through using the Five Ways to Well-being as an initial reference point to the area

under discussion but importantly trusts much of the dialogue, debate and learning emanating from this reference point to the men themselves.

## THE MANMADE TOOLS

- WEmWeBS
- Reflective Journals
- Interviews
- Workshop Evaluation



.....and the men themselves

## MANMADE FEEDBACK

### The Facilitators

*"They're good people. They don't judge you. You can talk to them as though you've known them for years."*

*"In the first session I came to scope it out. It was relaxed and nice and that's why I came back each week. If you don't feel comfortable you ain't gona go"*

### Identity

*"He said looking after your kids is just [as important as going to work]. It made me feel more relaxed straight away"*

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## The Content

*"What I've learnt through the course...it just makes me think why is this happening. I would love to go more in-depth in it."*

## The Space to talk

*"If it's a stiff environment you're not gonna talk. It's really relaxed."*

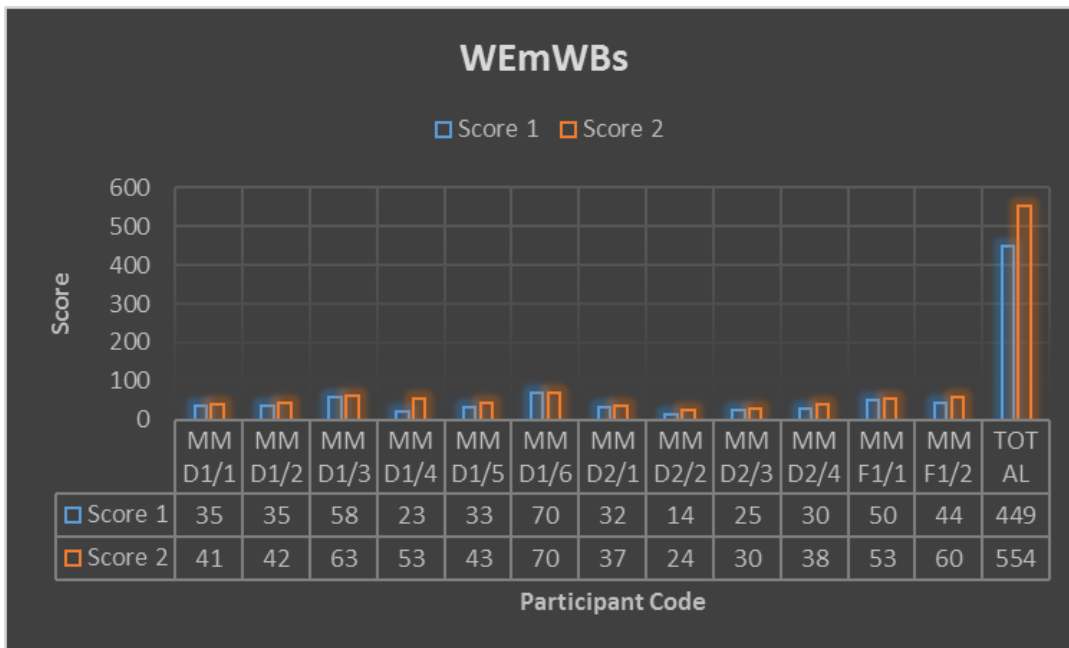
## Reflection

*"It was about how you perceive it. What you perceive isn't wrong, but you see the bigger picture"*

*"It's really useful. It makes you think about it again, and gets you looking forward to the week after."*

## WEMWEBS

In all 3 of the ManMade Programmes, all using the same approach and the same specialist Associates in the delivery of the programme, the wellbeing score for each group demonstrated a clear improvement in well-being for the period the men were engaged with ManMade.



*“One man told me today that if it wasn’t for ‘Manmade’ he would very simply be dead, because suicide was the only option he felt he had left” (Public Health Practitioner)*

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For more information on ManMade, Suicide Prevention and our upstream approach to health please get in touch.



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