

Young Men's Health & Personal Development Projects in the Northern Area - a mapping exercise on behalf of the Public Health Agency



*Funded by
Suicide Prevention in the Northern area.*

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McCready Donnelly Lowry Ltd

27 Auburn Drive, Magherafelt
BT45 5ED
Tel: 028 79301042
anne.mccready@btconnect.com

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Background to the mapping exercise

In January 2009, the legacy Northern Health & Social Services Board, now the Public Health Agency, invited tenders for a mapping exercise where the aim was to consult, across sectors, with organisations working with young men on health and personal development based projects or programmes. The study would be designed to inform the local delivery of Protect Life Strategy targets and would be designed to support an approach to the needs of young men which took full account of existing programmes and services.

The mapping exercise would therefore include:

- examination of local, national and international literature and evidence of effective methods of engaging and targeting young men in order to identify effective evidence based interventions to promote health and well-being
- mapping current work in the Northern area to include initiatives undertaken within partner organisations which may be helping in targeting the objectives within the Protect Life strategy in working with young men and therefore may be helping to reduce the rate of suicide
- and the identification of gaps in current provision.

The final study report (with an accompanying database) would present findings and make recommendations to the Northern Area Promoting Mental Health and Suicide Prevention Steering Group (PHA) for future areas of work targeting young men.

The study proceeded according to these terms of reference and the information collected includes a snapshot of relevant service provision in the Northern area in June 2009.

This is a summary of the main study report and includes:

- main considerations emerging from the literature review
- a brief overview of the services and programmes identified
- some issues and opportunities highlighted by the organisations and groups consulted for information
- the study conclusions
- and the study recommendations with possible areas for action noted.

Key considerations from the literature

A number of considerations relevant to the study were identified from published data on suicide and self harm within the Northern area and from a review of relevant literature. These included the following:

- Significant numbers of men across the age groups 18-35 and 36-59 years complete suicide in the Northern area each year – the overall **suicide rate has increased** across the past ten or more years
- Knowledge and skills for key aspects of positive mental health such as emotional intelligence, resilience and optimism **can be learned and developed** using appropriately designed programmes or other supports
- Opportunities should be taken to build and develop young men's **'emotional' skills** - help seeking, communication, resilience - and this work should be targeted across a **range of settings** to maximise impact
- **Physical health and well-being** are important considerations
- A number of each of **risk and protective factors** for suicide have been identified and these need to be considered in the design of programmes
- A key structural risk factor for suicide is **poverty and disadvantage** including the associated social injustices and health inequalities experienced by people living in areas where there is social and economic deprivation. There are however **other risk factors** for suicide and it is not confined to any particular social class.
- The **accessibility of services** that support the emotional well-being of young people, and of young men in particular, needs to be promoted
- A **greater understanding of male gender roles and masculinity** needs to be encouraged and supported, including **barriers** to real **engagement** with young men and factors that help **promote effective engagement**
- Work with young men in relation to their emotional well-being may not always need to be separate from work with young women but does need to be **differentiated** in order to best meet young men's particular needs
- Work to prevent suicide amongst young men needs to take account of young men's **limited used of services** and their **poor help seeking behaviours**
- and in particular, **vulnerable groups of young men** should be targeted for support – e.g. unemployed, gay / bisexual, asylum seekers, refugees, BME groups, learning disabled, young men with a dependence on alcohol or drugs, and young men with a history of poor mental health.

Summary information – Services and Programmes

- Of the **116** services or programmes classified as part of the mapping exercise, **14** were found to be specifically designed for young men.
- Services were able to be classified as **information/signposting, one-to-one** work such as mentoring, **group work**, and **counselling** or more intensive/therapeutic support.
- **69** services were identified which cater **for both young men and young women** but not young men specifically.
- Since young people in their late teens and early twenties can access services aimed at adults (taken as over 18 years), this means that there are some further **services that can be accessed by 'older' young people**– adding these brings the total number of services for young men and young women to **99**.
- There were **9** services which were open to **'older' young men** – usually over 18, bringing the total number of services with the potential to cater for young men, as opposed to young people generally, to **22**.
- Many programmes have been developed in response to a **specific need** or around a **specific issue or theme** – these are very worthwhile services in their own right but may not be readily accessible to those who do not experience, or recognise that they experience, the need/issue.
- Young men can benefit from programmes designed to **support families, parents or young children** – e.g. Sure Start, family support via Social Services, Child Contact Centres.
 - Support for work in a **range of settings** is available via training programmes and information provided by **NHSCT Health Improvement Service**.
 - Support for **work in schools** is available through **NEELB Curriculum Advisers**.
 - Some frontline programmes or services have been **evaluated at a programme or service level** – many **have not**.
 - **Community Networks** have supported some initiatives relevant to young men through their **small grants programmes** via PHA and some other initiatives have been taken forward at **neighbourhood level**.
- Relevant work with young men has been supported by e.g. Community Safety Partnerships with **diversionary objectives**.

Study conclusions and recommendations

Conclusions

The Public Health Agency will take forward the recommendations highlighted within this section. This report will inform future planning through the support of the Northern Area Promoting Mental Health and Suicide Prevention Steering Group.

Lack of work with young men on their own, or evidently specialised according to their particular needs

A range of issues and opportunities were highlighted by the findings of the mapping exercise, not least the dearth of work with young men on their own or designed to be specific to their needs. While the literature does not point to all useful work with young men on the subject of mental health and well-being needing to be single gender, it is very strongly indicated indeed that the needs of young men are often specific to their gender and therefore need to be addressed in a gender-specific way. This would suggest that there should be more single gender work, particularly group work, happening than there is presently.

Several vulnerable groups have been identified in the literature and by contributors to the mapping exercise. These include young men who are unemployed, who are disabled, who are gay or bisexual or who need support in relation to their sexual or gender identity, young men who have a history of mental ill health, young men who have a drug or alcohol dependency, young fathers, young men from minority ethnic communities, young men leaving care, young men on release from prison, young men who are asylum seekers or refugees and young men experiencing sectarianism or impacted upon by paramilitarism. Young men living in rural areas may also be more vulnerable.

There are considerable numbers of completed suicides recorded amongst males across both the 18-35 and 36-59 years age groups, but effective, well designed, early work with young men to build resilience and coping skills should continue to offer protection for men in later life. Appropriate evaluation should provide information on likely long term impacts of work with younger men and inform the ongoing design and delivery of effective approaches.

Approaches to secure more work on emotional health and well-being with young men should, in the first instance, seek to capitalise on and enhance the existing capacity that exists for work with young people and / or work in relation to emotional health and well-being. There are several areas where

service providers could usefully come together to share experiences, and further build their capacity for work with young men.

The wide range of relevant services

While there are relatively few services which target young men specifically, there are many which target young people generally, or men, or adults generally, and from which young men have the potential to, and do, benefit.

From comments received during the study, it is clear that there is still work to be done in terms of raising general awareness of the range of services that are potentially available, as well as exploration of the opportunities for better integration of services, or at the very least, better use of available resources through networking and partnership approaches.

While there are some 116 services across the Northern area which can include work with young people in relation to their emotional health and well-being, there are only approximately 25 of these (22%) which are 'non-specialised' or 'open' services.

Only about 10 services (9%) are available across the whole area (and then often according to individual organisational resources). While it makes good sense to integrate work on emotional well-being and suicide prevention where appropriate into relevant programmes such as those which target issues in relation to drugs, sexual health, relationships etc., there must also be adequate provision of, and access to, well promoted 'open' sources of support in settings such as local communities, schools and 'mainstream' youth services.

The availability and accessibility of these services in disadvantaged areas is worthy of particular consideration given the evidence of the link between suicide and poverty / disadvantage.

It is interesting to note that Council areas such as Cookstown and Moyle have in recent years recorded relatively high numbers of completed suicides – compared to previous years and to other areas, yet these areas appear to have no locally based work specifically aimed at young men, other than that which may happen via schools or youth services.

Awareness of the particular considerations for work with young men and support for designing effective interventions

It is clear from the literature that personal development work with young men is not just a straightforward extension of work with young people generally. There are important considerations starting with the need to address barriers to effective engagement and including issues such as appropriate

environments, facilitator skills and awareness of young men's attitudes, pressures and particular motivations.

Comments from contributors in relation to difficulties engaging young men and on challenges with keeping groups going, indicate that it is likely that there is a need for some substantial support to be offered in the form of awareness raising on current thinking on good practice and support to develop strategies for engagement and retention.

Need for a personal development or mental health promotion focus

Another factor raised in the literature is the need for personal development work or programmes aimed at achieving outcomes in terms of positive mental health promotion needing to begin with those goals when they are designed (or at least that those goals have equal weight to others) . Diversionary work is mentioned specifically as not being expected to have the same impact as other personal development programmes by virtue of the common motivation behind the organisation of diversionary programmes, namely addressing anti-social behaviour by young people.

Need to encourage an increased focus on evaluation

There is very little to suggest that strong evaluation practice is pervasive amongst many of the organisations consulted for this exercise. This is, at best, disappointing as evaluation serves a number of different, useful purposes including encouraging reflection on practice and practice improvement, as well as its primary aim to demonstrate the efficacy of work in the area under evaluation. On a practical level, mapping and other attempts to create directories of services are made much less useful as any signposting activity is compromised by a lack of awareness of the effectiveness, and indeed safety, of the possible signposting destination services and programmes.

Recommendations

The recommendations emerging from the study are as follows:

Highlighting the importance of single gender work with young men

The importance of single gender and gender specific work with young men, alongside work with young women and in mixed groups, should be highlighted and discussion on the opportunities and issues associated with this promoted amongst relevant service providers and decision makers. As part of this, the groups of young men most at risk and vulnerable to poor emotional well-being and possibly suicide should be emphasised at every opportunity, and the need to target areas of social and economic disadvantage in particular (although not exclusively) should be made clear.

Possible actions include measures designed to raise awareness and promote dialogue on and understanding of the features of effective approaches to work with young men – e.g. conference, seminars, action learning groups, practice challenge exercises, literature and other resources to inform good practice, establishment of online learning networks or talk/message boards etc. The approach should encourage learning from positive local experiences wherever possible.

Supporting more work with young men specifically – a capacity building approach in the first instance

More work with young men specifically should be supported and encouraged starting with influencing current providers rather than seeking to create new mechanisms for delivery. Schools and youth services will be key partners in these efforts but the value of promoting relevant work across a range of settings to increase the accessibility of support is clear. Appropriate work will include one-to-one services, (such as befriending, mentoring and counselling services) which are designed to engage effectively with young men and thus promote accessibility, and also group work or programmes designed to take account of the particular characteristics of young men and their specific needs in terms of supporting their participation.

Possible actions include introduction of skills development measures beyond awareness raising, such as education and capacity building opportunities for providers, or potential providers, in relation to effective engagement with young men, as well as provision of funding opportunities for relevant work where resources permit. Again, learning based on positive local experiences should be harnessed where possible, although introduction of expertise from other areas will also be valuable.

Continued information sharing and promotion of available services

Information on the range of relevant services available, particularly by Council area, should continue to be shared, including from the point of view of this study, information on work with young men specifically and highlighting those services which are 'open access'.

Possible actions include continuation of existing information sharing on relevant services with new or newly developed services for young men highlighted as they become available.

Integrating work on emotional well-being into other programmes

As well as encouraging the availability of 'open access' services, there is also the continuing opportunity for further integration of work on emotional well-

being into other programmes in areas such as sexual health, drugs/alcohol, relationships etc.

***Possible actions** include liaison with professionals in other health improvement areas to identify further opportunities for integrated approaches to programme development.*

Encouraging evidence based and reflective practice

The considerations for work with young men that are described in the literature should be shared and more reflective practice encouraged amongst providers, and potential providers, generally. The key success factors for work with young men and strategies for addressing barriers to their engagement are important areas for attention. This could include showcasing and sharing of good practice by groups which already have demonstrated successful approaches.

Given the prevalence of diversionary work with young men as a means to tackle anti-social behaviour, dialogue on designing programmes which ensure concrete personal development outcomes, as well as achieving diversionary objectives, should be encouraged and supported as part of this focus on evidence based practice.

***Possible actions** are related to the actions already outlined above in terms of raising awareness of evidence based approaches, but also could include the creation of opportunities / spaces for reflective practice on an ongoing basis by service providers working in this area.*

Increased attention to programme level or service level evaluation

Increased attention to programme level or service level evaluation should be encouraged and supported. Evaluation requirements should be built into all funding programmes led by the PHA (not least so that all smaller initiatives contribute meaningful information to any programme level evaluation), and the initiative should be taken to encourage evaluation based on good practice across the area of mental health promotion and suicide awareness generally. This is an area of work that could be progressed with others working in other health improvement areas such as sexual health and alcohol / drugs.

***Possible actions** include communication on the importance and value of structured and substantive evaluation practice. This could take the form of seminars / workshops, practice development groups, written literature etc. Any available funding for distribution should also have evaluation requirements included in the terms and conditions of an award. These*

requirements should be proportionate to the level of funding available but should always be included even for the smallest grants.