

The content here is a way of applying a gender lens to your established suicide intervention practice. When working with any patient at risk of suicide, you should continue to draw on your usual assessment approaches, referral pathways and safety planning.

M

Make a connection

How you make the connection can shape his relationship with healthcare for years

USE SITUATIONAL STRESSORS AS YOUR PROMPT

“You came in about the nausea, but you’ve also mentioned things have been heavy at work. How have you been travelling with all that?”

ASK DIRECTLY AND NORMALISE THE EXPERIENCE OF SUICIDAL THOUGHTS

“Given everything you’ve described, I want to ask directly. Have you had any thoughts of suicide or of not wanting to be here?”

“That’s actually more common than people realise in situations like this. I’m glad you told me.”

A

Agree on a path

He’s more likely to follow through on a plan he helped build.

ENACT SHARED CONTROL AND DECISION-MAKING

“I’m not writing this without you. Tell me what’s worked and what hasn’t, and we’ll build the next step together.”

“I’ve got a couple of psychologists in mind who I think could be a good fit. Let’s talk through which one feels right for you.”

“I want you in this plan with me. What do you need it to say?”

L

Land a message

He can only act on what gets through.

NAME IT FOR HIM

“Many young men describe experiencing anxiety in this way, could that be a possibility?”

REFRAME IT AS STRENGTH

“It takes more courage to face this than to keep ignoring it.”

MATCH HIS LANGUAGE

Use his own words for distress to ask about what’s underneath.

LEVERAGE THE “RIPPLE EFFECT”

“The people around you would far rather have a hard conversation now than watch you struggle alone.”

E

Ease him into the next steps

He stays in control, you make the path easier to walk.

ENCOURAGE INFORMAL SOCIAL SUPPORT

“Who else is in your corner that you could lean on a bit more?”

BE THE BRIDGE

“I’ll call ahead so they know what’s going on. You won’t have to start from scratch.”

