

STRUCTURAL

1. Financial pressures/debt and male suicide risk
2. Work stress and male suicide risk i.e., work pressures, self-employment, insecure work conditions, workplace bullying, not doing work that makes use of skills and abilities
3. The combined impact of multiple structural factors and male suicide risk i.e., being unemployed, having a disability and living in insecure housing
4. Unemployment and male suicide risk
5. Insecure housing/homelessness and male suicide risk
6. Poverty and male suicide risk
7. Homophobia/biphobia and male suicide risk
8. Exploring the best ways that workplaces can support men who are suicidal
9. Legal issues and male suicide risk
10. Social media and male suicide risk
11. Transphobia and male suicide risk
12. Racism and male suicide risk
13. Disability discrimination and male suicide risk
14. Impact of current and/or historical policy changes and male suicide risk i.e., government spending cuts and male suicide risk
15. Misandry (prejudice against men such as discrimination against men, negative messages about men) and male suicide risk
16. Understanding the importance of work as providing meaning, fulfilment and identity to men who are suicidal

CULTURAL

1. Exploring differences in how male and female distress is understood and responded to by people
2. Exploring what 'being a man' means to men who are suicidal
3. Exploring how men who are suicidal perceive society as viewing men and how these views have changed over time
4. 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? How would men like to see masculinity celebrated and uplifted in our cultures?)
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)
6. Exploring the presence or absence of male role models in the lives of men who are suicidal

RELATIONSHIPS

1. Investigating loneliness and isolation for men who are suicidal
2. Understanding what meaningful connection with significant others means for men who are suicidal
3. Investigating the best ways to support men to create and/or sustain meaningful relationships with others
4. Investigating men as victims of and/or perpetrators of domestic abuse (physical, sexual, emotional, and/ or psychological) and male suicide risk
5. Investigating how connections with significant others can protect men who are suicidal from suicide
6. Investigating challenges in creating and/or sustaining meaningful connections with significant others
7. Understanding how men who are suicidal build intimacy and connection with significant others
8. Investigating romantic breakups and male suicide risk
9. Investigating how men who are suicidal deal with conflict in their relationships with significant others
10. Investigating parental alienation and male suicide risk
11. Investigating parenting challenges and male suicide risk
12. Investigating the absence of a romantic partner and male suicide risk

PSYCHOLOGY OF MEN

1. Exploring feelings of failure in men who are suicidal
2. Exploring the main sources of stress and emotional pain for men who are suicidal

3. Exploring the best ways to support men who are suicidal to repair harmful thoughts and feelings about themselves
4. Exploring how men who are suicidal understand, manage and express their emotions and emotional pain
5. Exploring who men who are suicidal talk to about their emotional problems: what helps, what doesn't, what could help?
6. Exploring the experiences of men who are suicidal of seeking help: what helps, what doesn't, what could help?
7. 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?)
8. Exploring self-esteem (i.e., positive and/or negative thoughts and feelings about yourself) as a male suicide risk and recovery factor
9. Exploring the most effective ways of supporting men who are suicidal to manage their emotions and emotional pain
10. Exploring having a sense of purpose and meaning as male suicide risk and recovery factor
11. Exploring how men manage thoughts of suicide and what prevents men from acting on them
12. Investigating the relationship between having a mental health condition (i.e., depression, social anxiety, bipolar, anxiety) and male suicide risk
13. Exploring what triggers a shift from thinking about suicide to planning a suicide
14. 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)
15. Exploring the thought patterns and emotional states of men when planning suicidal action
16. Exploring what language and messages are best to engage men who are suicidal around mental health issues
17. Exploring the coping strategies men who are suicidal use (i.e., food, alcohol, drugs, medication, gambling, gaming, the internet etc.)
18. Exploring the attitude of men who are suicidal towards seeking help
19. Exploring how men's mental health and suicide are represented in society and how these ideas impact men who are suicidal
20. 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
21. Exploring surviving sexual abuse/assault and male suicide risk
22. Exploring self-reliance (i.e., relying on yourself rather than other people) as a male suicide risk and recovery factor
23. Exploring how men who are suicidal think and feel about their body and physical appearance
24. Exploring sexual minority men (i.e., gay/bi/pansexual men) and male suicide risk
25. Exploring the relationship men who are suicidal have with food and diet
26. Exploring what suicide means to men who are suicidal
27. Exploring male sexuality (i.e., feeling sexually desirable, frequency of sex, sexual satisfaction, porn/masturbation, virginity, attraction to minors etc) and male suicide risk
28. Exploring false accusations of sexual assault (e.g., reports to police or authorities, rumours/gossip) and male suicide risk

EARLY LIFE EXPERIENCES

1. Exploring the best ways to support young men who are suicidal
2. Exploring how young men seek help (i.e., talking to teachers, peers, medical professionals, chat rooms) and cope with their problems
3. Exploring how mental health problems - including suicidal thoughts, feelings and attempts - develop in young men
4. Exploring the long-term impact of early life challenges for men who are suicidal
5. Experiencing or witnessing physical/emotional neglect
6. Experiencing or witnessing psychological/emotional abuse
7. Family controlling behaviours, pressure and/or expectations
8. Experiencing or witnessing physical abuse
9. Death by suicide of a significant other

10. Experiencing or witnessing sexual abuse
11. Mental health problems in the caregiving home
12. Sibling Abuse
13. Growing up in care
14. Growing up as a minority (i.e., racial, sexual, trans, religious)
15. Moving multiple times in childhood
16. Investigating the impact of early life bullying and male suicide risk
17. Caregiver absence, abandonment or estrangement
18. Caregiver(s) struggling with personal problems (e.g., financial, legal, emotional, health)
19. Caregiver relationship conflict - including separation and/or divorce
20. Addiction problems in the caregiving home
21. Death of a significant other
22. Growing up with a disability / physical health challenges
23. Growing up with neuro-divergency (such as ADHD or Autism)
24. Growing up in poverty

SUPPORT AND RECOVERY

1. Exploring effective interventions for men who cannot afford / access therapy
2. Exploring the experience of men who are suicidal of seeking professional support: what helps, what doesn't, what could help?
3. Exploring different intervention types (i.e. talk therapy, medication): what helps, what doesn't, what could help?
4. Exploring the most effective long-term support for men who are suicidal: what helps, what doesn't, what could help?
5. Exploring the experience of men who are suicidal of seeking support from significant others: what helps, what doesn't, what could help?
6. Understanding what training healthcare professionals need to better identify and engage at-risk men
7. Understanding how men cope after a suicide attempt: what helps, what doesn't, what could help?
8. Exploring what recovery means for men who have attempted suicide and men's reasons for living
9. Exploring men's relationship with health-care professionals: what helps, what doesn't, what could help?
10. Exploring the experiences of significant others when supporting men who are suicidal: what helps, what doesn't, what could help?
11. Exploring the most effective support in the six months following a suicide attempt: what helps, what doesn't, what could help?
12. Exploring how academic researchers and health care professionals can work together to incorporate research findings into services
13. 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?)
14. Exploring differences in how men and women present suicide risk and the best gender-sensitive screening tools for health services professionals
15. Exploring how to create communities that support men who are suicidal better
16. Understanding how different services can work together better (i.e., how can the criminal justice system work with mental health care?)
17. Exploring how to best measure the outcome of interventions, i.e., increased self-esteem and reduced suicide risk
18. Exploring the experiences of men who are suicidal of accessing support in their community: what helps, what doesn't, what could help?
19. Exploring effective training for community members to support men who are suicidal (80%)
20. Exploring the experiences of health service professionals (e.g., doctors, therapists, psychologists, psychiatrists etc.) of working with men who are suicidal
21. Exploring emergency admission and discharge: what helps, what doesn't, what could help?
22. Exploring effective community mental health role models for men who are suicidal
23. Exploring effective community members who can spot and engage at-risk men
24. Exploring the experiences of community members who support men who are suicidal: what helps, what doesn't, what could help?

VULNERABLE GROUPS

1. Male survivors of abuse
2. Middle-aged men
3. Male university students
4. Men with addiction problems
5. Men bereaved by suicide
6. Young boys (13 to 18)
7. Men who are homeless
8. Men who are unemployed
9. Men with disabilities
10. Autistic Men
11. Elderly men
12. Racial minority men
13. Trans men
14. Sexual minority men (i.e., gay men, bisexual men)
15. Male immigrants, asylum seekers and refugees
16. Indigenous men
17. Men in rural communities
18. Men from traveller communities
19. Men military conscripts and veterans
20. Men in high-risk professions i.e., first responders, firefighters, police, paramedics
21. Separated fathers
22. Men living with multiple health conditions (e.g., physical and mental)
23. Men from lower income backgrounds
24. Men in the criminal justice system



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

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Supervisors: Professor Rory O'Connor and Dr Katie Robb.

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.

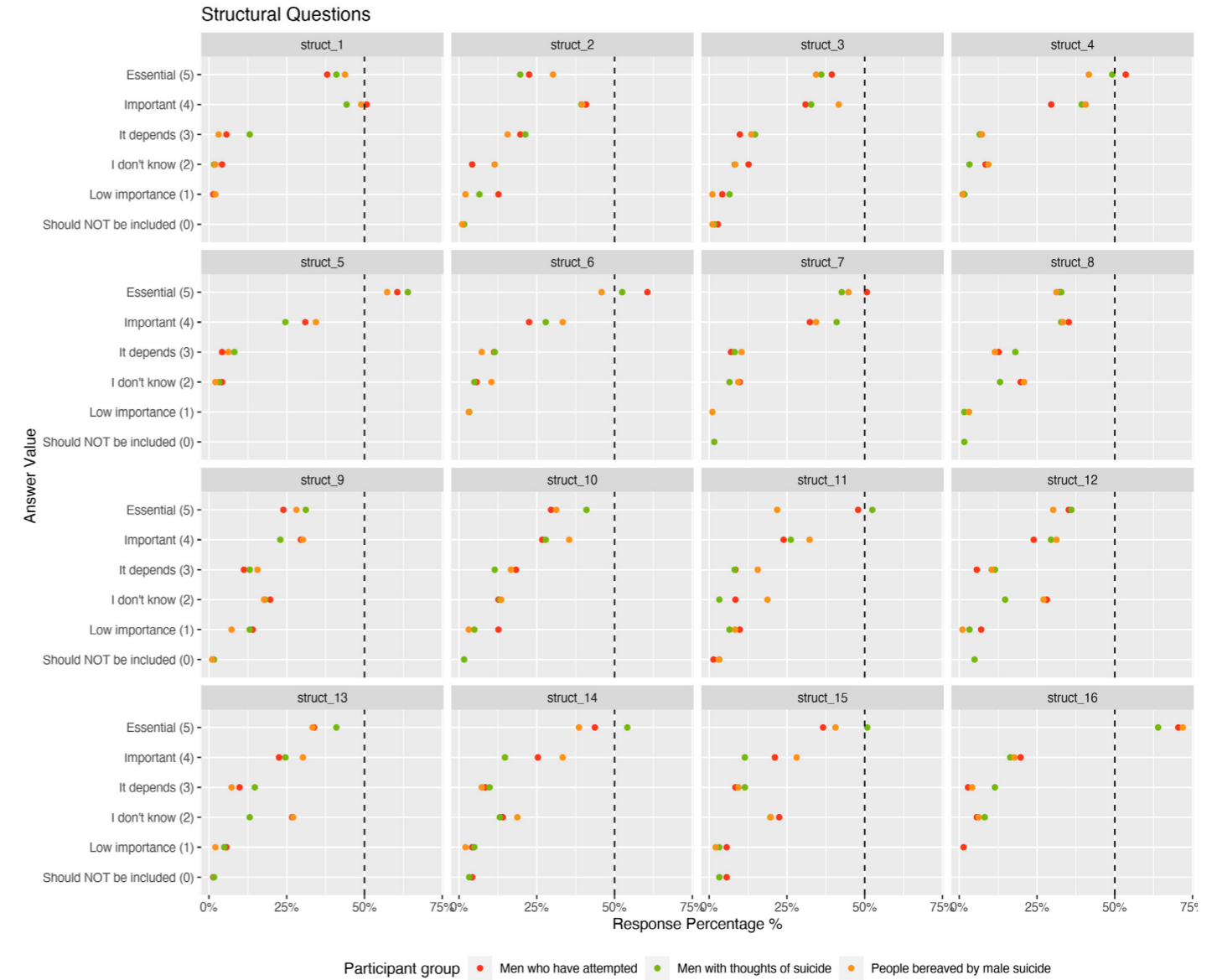
TOP RATED QUESTIONS.

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?

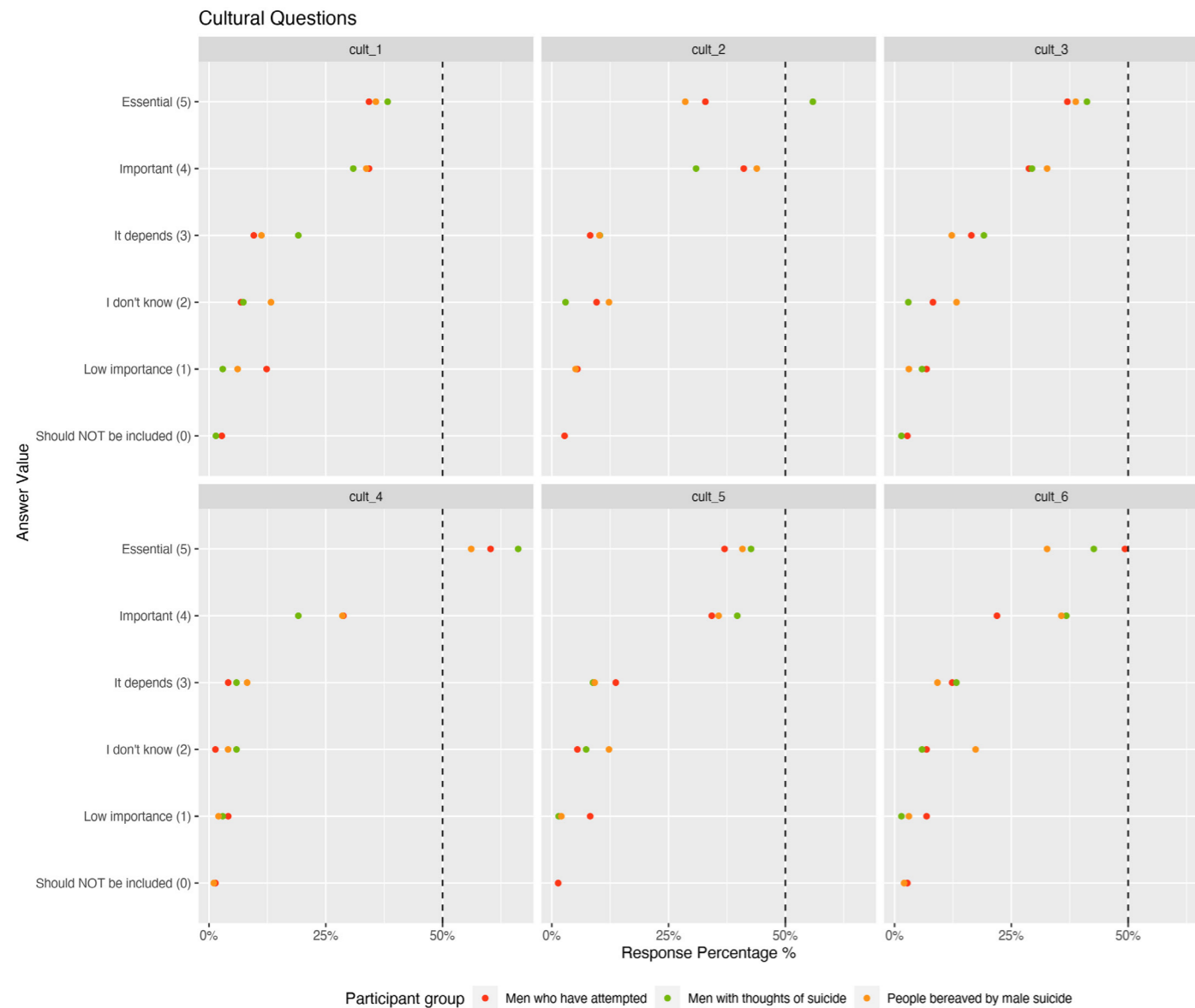


struct_1 = Work stress and male suicide risk i.e., work pressures, insecure work conditions, workplace bullying, not doing work that makes use of skills and abilities
struct_2 = Exploring the best ways that workplaces can support men who are suicidal
struct_3 = Understanding the importance of work as 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?

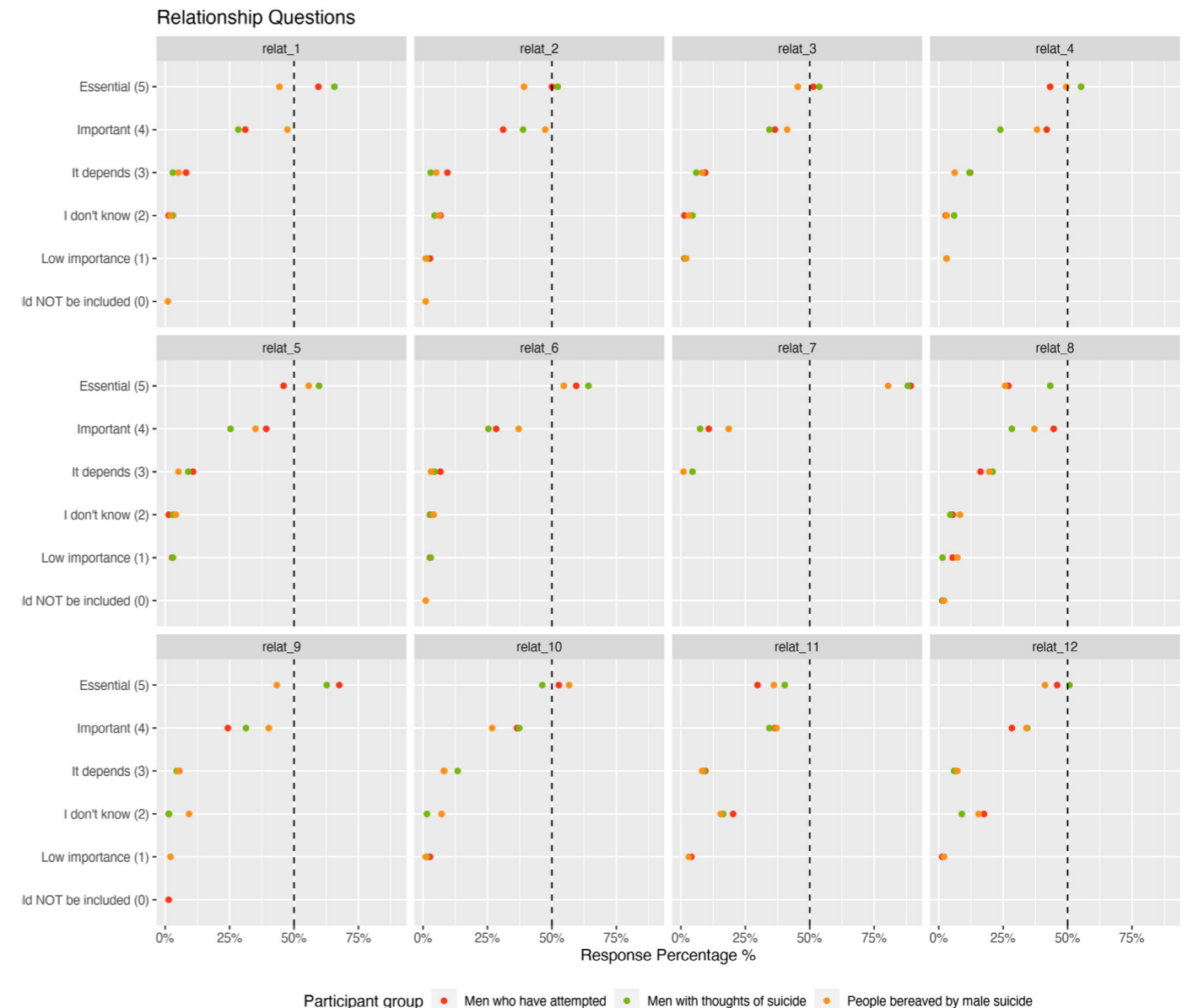


cult_1 = Exploring what 'being a man' means to men who are suicidal
cult_2 = Exploring how men who are suicidal perceive society as viewing men and how these views have changed over time
cult_3 = Exploring ideas of masculinity that men who are suicidal find helpful (i.e., how can masculinity and male 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?

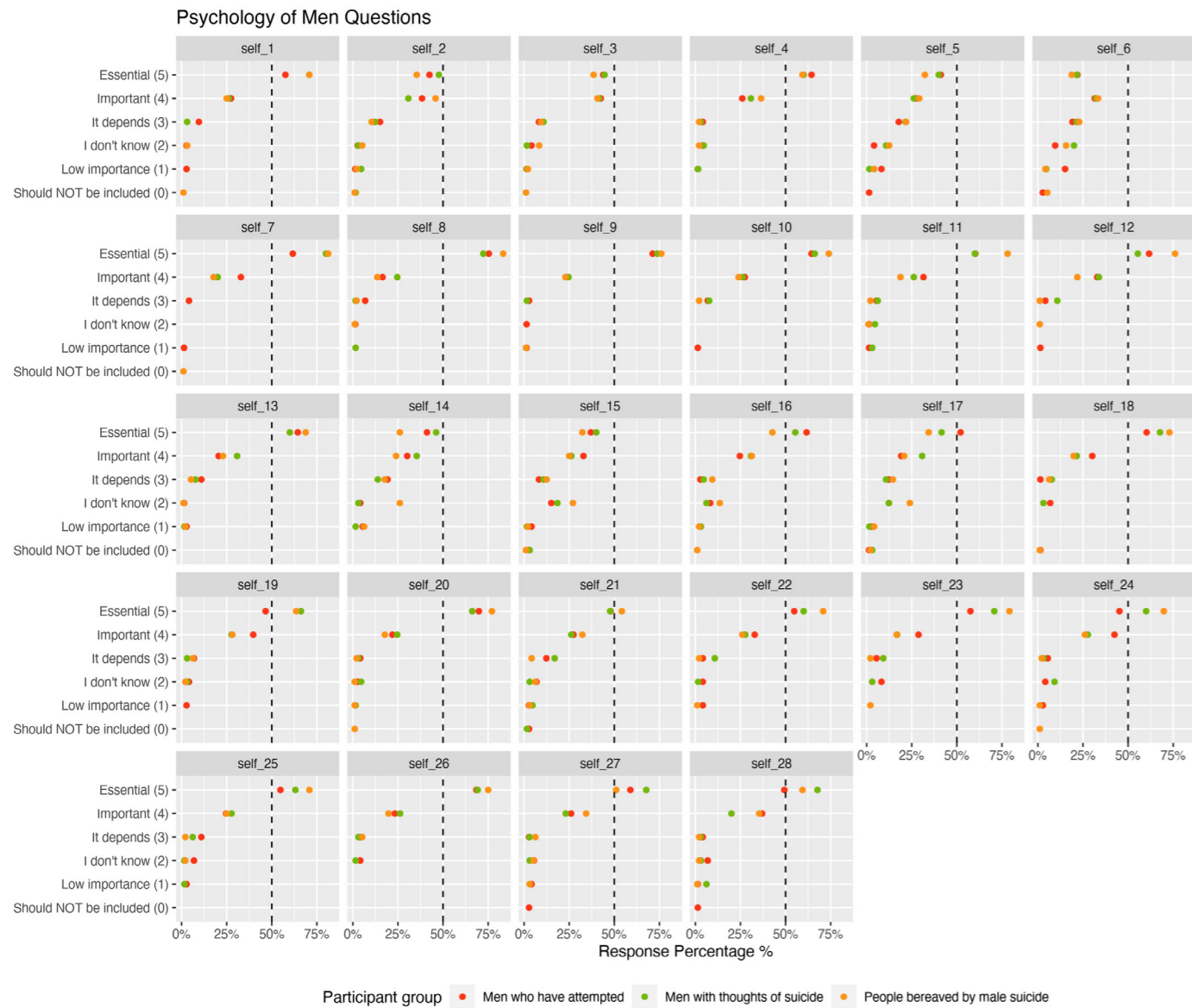


relat_1 = Understanding what meaningful connection with significant others means for men who are suicidal
relat_2 = Understanding how men who are suicidal build intimacy and connection with significant others
relat_3 = Investigating challenges in creating and/or sustaining meaningful connections with 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 PSYCHOLOGY 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?



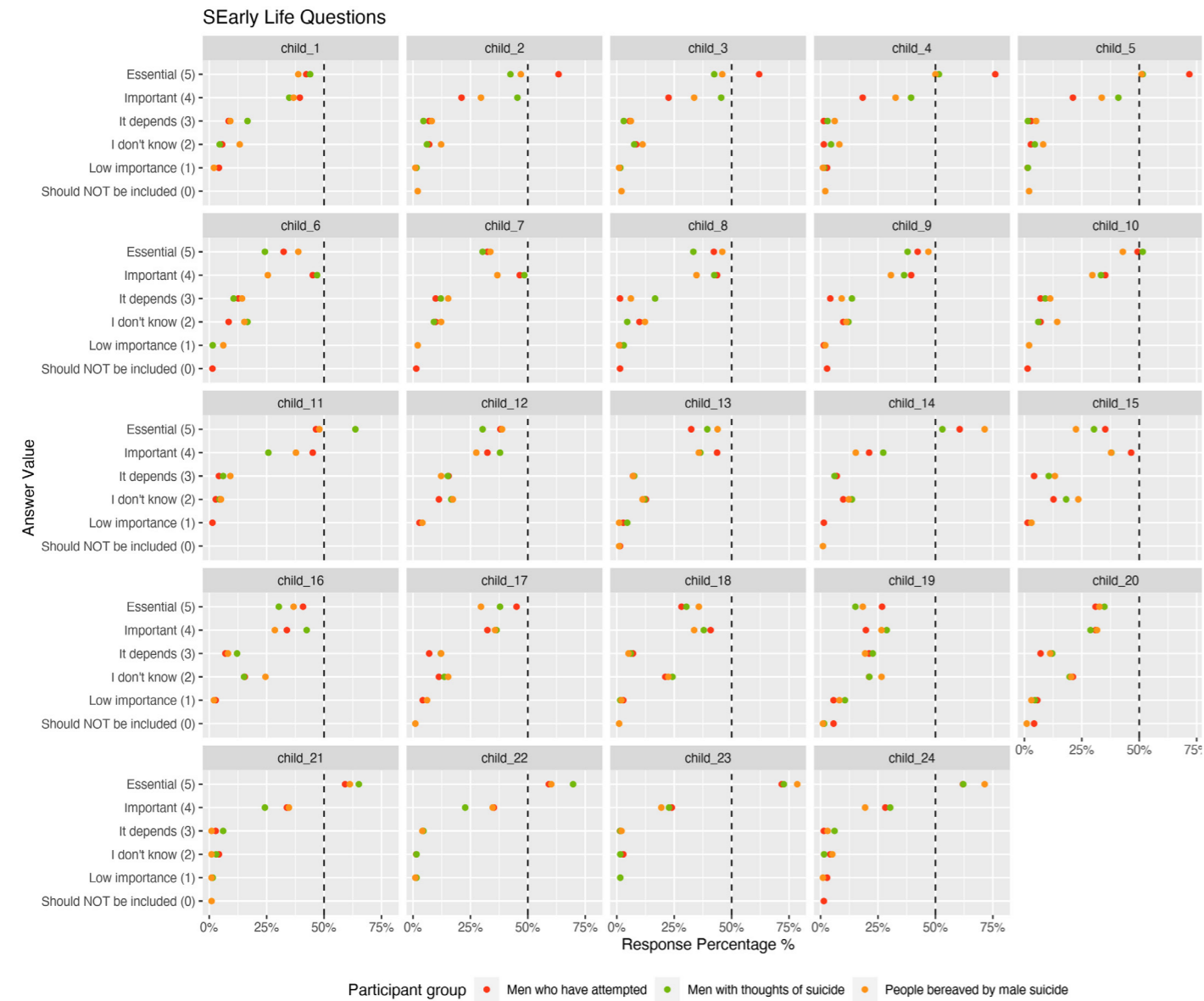
self_1 = Exploring self-esteem (i.e., positive and/or negative thoughts and feelings about yourself) as a male suicide risk and recovery factor
self_2 = Exploring self-reliance (i.e., relying on yourself rather than other people) as a male suicide risk and recovery factor
self_3 = Exploring control and 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 EXPERIENCES

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?



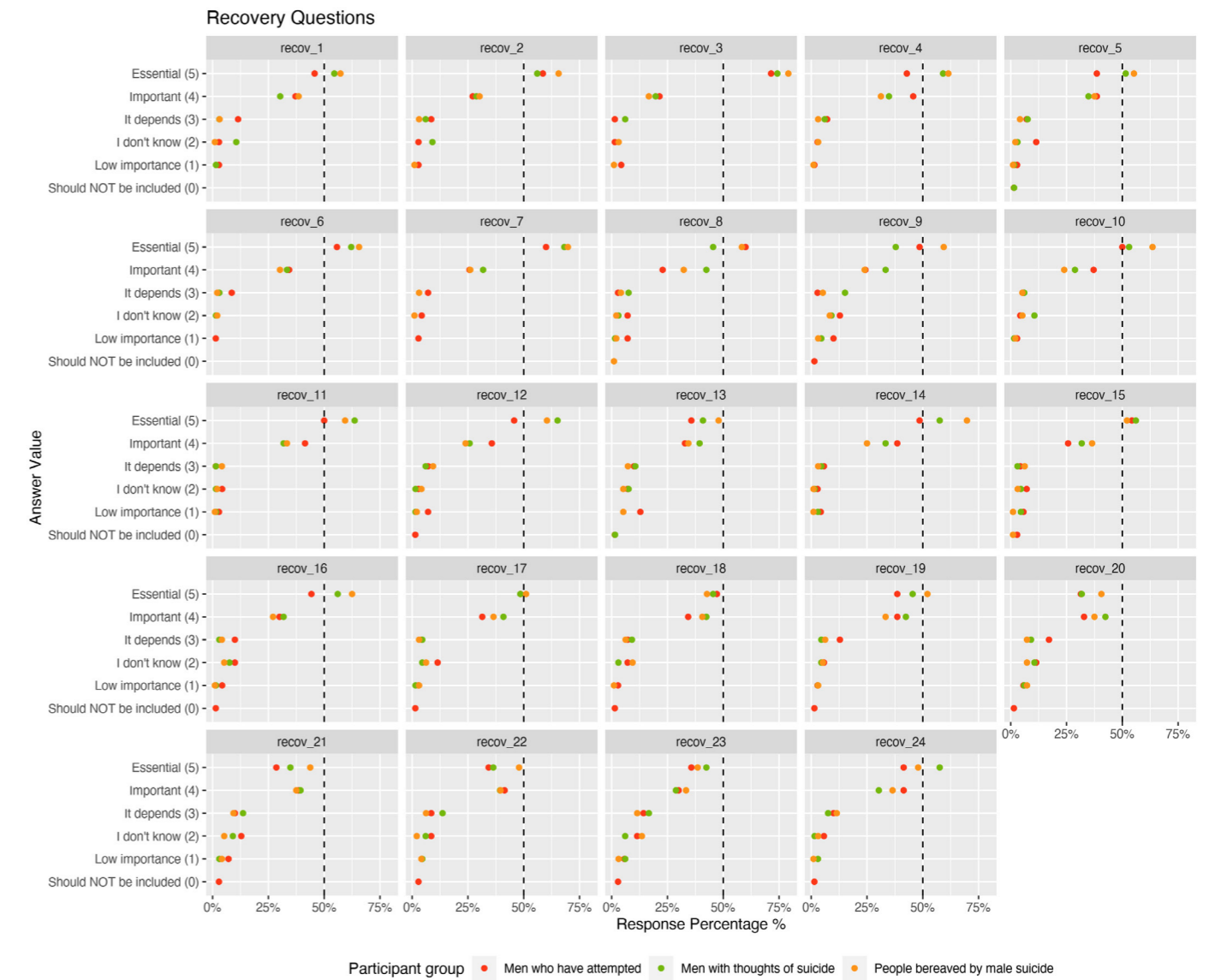
- child_1 = Investigating the impact of early life bullying and male suicide risk
- child_2 = Experiencing or witnessing sexual abuse
- child_3 = Experiencing or witnessing physical abuse
- child_4 = Experiencing or witnessing psychological/emotional abuse
- child_5 = Experiencing or witnessing physical/emotional 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

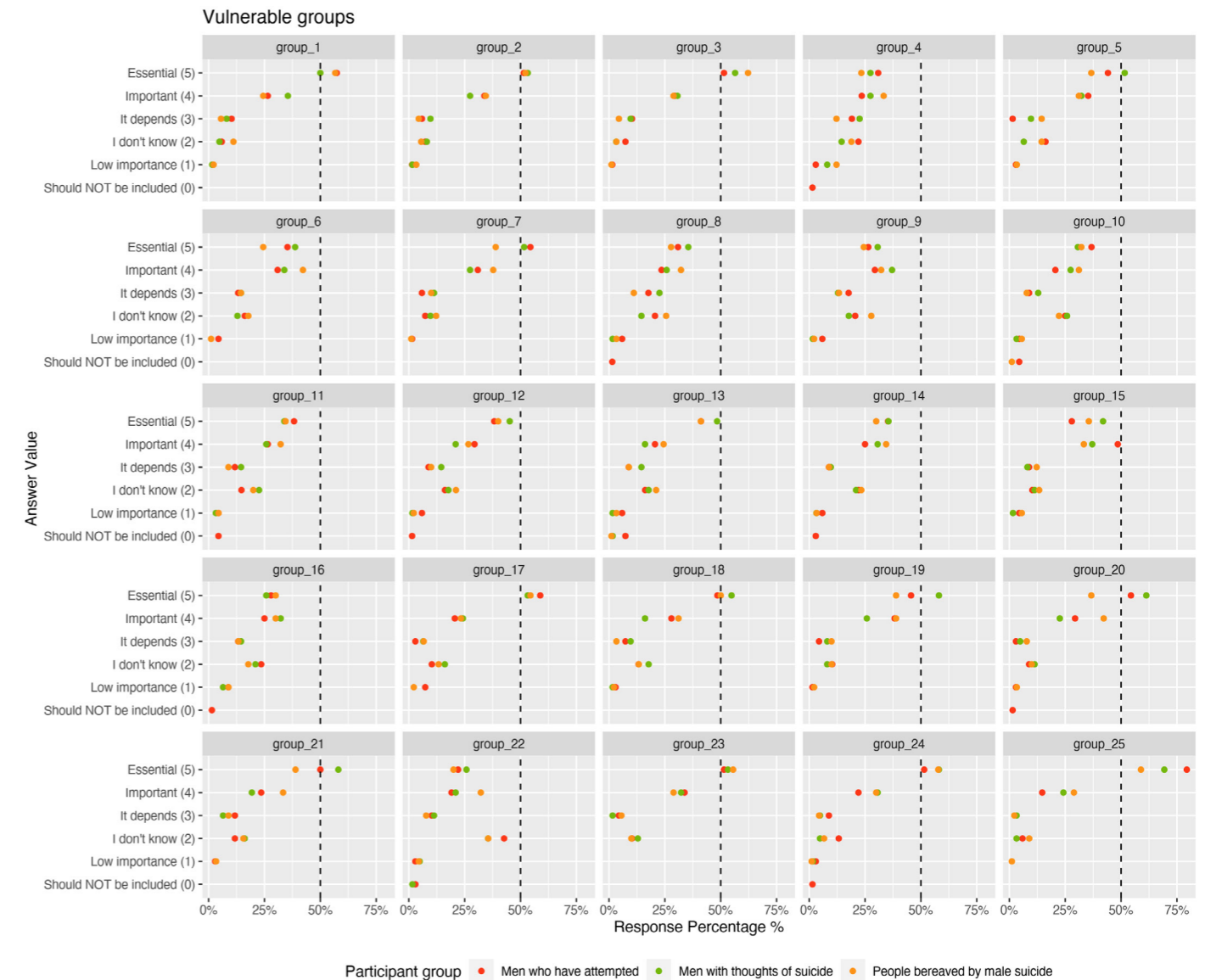
recov_22 = Exploring effective training for community members to support men who are suicidal

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

Table of Results

Overall Level of Consensus for each item

Thematic Domain	% All Participants	% Attempt	% Ideation	% Bereaved	Consensus Round	Decision
Individual Item (abbreviated)						
Thematic Domain 1: Structural Factors						
• Financial pressures/debt and male suicide risk	90	92	89	91	1	Accept
• Work stress and male suicide risk	88	88	85	83	1	Accept
• The combined impact of multiple structural factors and male suicide risk	87	89	82	90	1	Accept
• Unemployment and male suicide risk	84	84	88	83	1	Accept
• Poverty and male suicide risk	80	82	79	80	1	Accept
• Insecure housing/homelessness and male suicide risk	80	81	83	80	1	Accept
• Understanding the importance of work as providing meaning, fulfilment and identity to men who are suicidal	81	81	81	82	2	Accept
• Education systems and male suicide risk	79	77	74	82	2*	Reject

• Exploring the impact of government suicide prevention initiatives over time	69	68	64	73	2*	Reject
• Misandry and male suicide risk	60	68	76	46	2	Reject
• Homophobia/biphobia and male suicide risk	69	68	67	73	1	Reject
• Exploring the best ways that workplaces can support men who are suicidal	65	64	61	71	1	Reject
• Social media and male suicide risk	64	55	70	68	1	Reject
• Legal issues and male suicide risk	64	66	64	64	1	Reject
• Transphobia and male suicide risk	62	55	61	70	1	Reject
• Racism and male suicide risk	61	58	64	62	1	Reject
• Disability discrimination and male suicide risk	61	55	65	63	1	Reject
• Impact of current and/or historical policy changes and male suicide risk i.e., government spending cuts and male suicide risk	55	51	56	58	1	Reject

Thematic Domain 2: Cultural Factors

• Exploring differences in how male and female distress is understood and responded to by people	86	89	85	85	1	Accept
• Exploring how men who are suicidal develop and form their ideas of masculinity	81	79	81	82	2	Accept

• Exploring how men who are suicidal perceive society as viewing men and how these views have changed over time	78	85	81	72	2	Reject
• Exploring the presence or absence of male role models in the lives of men who are suicidal	76	77	79	73	2	Reject
• Exploring ideas of masculinity that men who are suicidal find helpful	74	70	81	73	2	Reject
• Exploring what being a man, means to men who are suicidal	68	69	69	69	1	Reject

Thematic Domain 3: Relationships with Others

• Investigating loneliness and isolation for men who are suicidal	98	100	96	99	1	Accept
• Understanding what meaningful connection with significant others means for men who are suicidal	91	91	94	92	1	Accept
• Investigating the best ways to support men to create and/or sustain meaningful relationships with others	89	88	90	92	1	Accept
• Investigating domestic abuse (physical, sexual, emotional, and/ or psychological) and male suicide risk	88	92	94	84	1	Accept
• Investigating challenges in creating and/or sustaining meaningful connections with significant others	87	88	88	87	1	Accept
• Investigating how connections with significant others can protect men who are suicidal from suicide	87	85	85	91	1	Accept
• Understanding how men who are suicidal build intimacy and connection with significant others	86	81	91	87	1	Accept

- Investigating romantic breakups and male suicide risk 85 89 84 84 1 Accept
- Investigating how men who are suicidal deal with conflict in their relationships with significant others 84 85 79 88 1 Accept
- Investigating parental alienation and male suicide risk 79 81 77 78 2 Reject
- Investigating the absence of a romantic partner and male suicide risk 68 66 79 62 2 Reject
- Investigating parenting challenges and male suicide risk 66 74 60 65 2 Reject

Thematic Domain 4: Relationship with Self

- Exploring feelings of failure in men who are suicidal 97 95 99 99 1 Accept
- Exploring the main sources of stress and emotional pain for men who are suicidal 96 95 97 99 1 Accept
- Exploring how men who are suicidal understand, manage and express their emotions and emotional pain 94 92 93 98 1 Accept
- Exploring who men who are suicidal talk to about their emotional problems: what helps, what doesn't, what could help? 94 95 90 98 1 Accept
- Exploring the best ways to support men who are suicidal to repair harmful thoughts and feelings about themselves 94 92 96 97 1 Accept
- Exploring the experiences of men who are suicidal of seeking help: what helps, what doesn't, what could help? 93 92 94 95 1 Accept
- Exploring self-esteem (i.e., positive and/or negative thoughts and feelings about yourself) as a male suicide risk and recovery factor 92 85 96 96 1 Accept

• Exploring the most effective ways of supporting men who are suicidal to manage their emotions and emotional pain	92	92	87	97	1	Accept
• Understanding men's suicidal thoughts and feelings	92	92	91	95	1	Accept
• Exploring having a sense of purpose and meaning as male suicide risk and recovery factor	92	91	90	96	1	Accept
• Exploring how men manage thoughts of suicide and what prevents men from acting on them	91	88	88	97	1	Accept
• Investigating the relationship between having a mental health condition and male suicide risk	90	89	90	93	1	Accept
• Exploring the past-thinking and future-thinking of men who are suicidal	90	86	93	92	1	Accept
• Exploring what triggers a shift from thinking about suicide to planning a suicide	90	86	88	96	1	Accept
• Exploring the thought patterns and emotional states of men when planning suicidal action	90	86	87	96	1	Accept
• Exploring the coping strategies men who are suicidal use	89	85	91	92	1	Accept
• Exploring what language and messages are best to engage men who are suicidal around mental health issues	89	86	87	95	1	Accept
• Exploring the attitude of men who are suicidal towards seeking help	88	80	90	96	1	Accept
• Exploring how men's mental health and suicide are represented in society and how these ideas impact men who are suicidal	86	85	90	86	1	Accept

• Exploring control and agency as male suicide risk and recovery factors	83	86	87	80	1	Accept
• Exploring surviving sexual abuse/assault and male suicide risk	81	86	87	74	1	Accept
• Exploring self-reliance (i.e., relying on yourself rather than other people) as a male suicide risk and recovery factor	80	80	79	82	1	Accept
• Exploring trauma and male suicide risk	94	98	91	93	2	Accept
• Exploring what suicide means to men who are suicidal	86	89	80	86	2	Accept
• Exploring male self-harm and suicide risk	83	81	81	86	2	Reject
• Exploring male sexuality and male suicide risk	65	68	78	54	2	Reject
• Exploring false accusations of sexual assault (e.g., reports to police or authorities, rumours/gossip) and male suicide risk	60	62	70	54	2	Reject
• Exploring how men who are suicidal think and feel about their body and physical appearance	65	68	66	63	1	Reject
• Exploring sexual minority men (i.e., gay/bi/pansexual men) and male suicide risk	63	70	66	58	1	Reject
• Exploring the relationship men who are suicidal have with food and diet	53	53	54	54	1	Reject

Thematic Domain 5: Early Life Experiences

• Exploring the best ways to support young men who are suicidal	95	95	94	98	1	Accept
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• Exploring how young men seek help (i.e., talking to teachers, peers, medical professionals, chat rooms) and cope with their problems	93	93	91	95	1	Accept
• Exploring how mental health problems - including suicidal thoughts, feelings and attempts - develop in young men	92	92	88	96	1	Accept
• Exploring the long-term impact of early life challenges for men who are suicidal	89	88	91	91	1	Accept
• Experiencing or witnessing psychological/emotional abuse	88	93	91	83	1	Accept
• Experiencing or witnessing physical/emotional neglect	88	92	93	85	1	Accept
• Family controlling behaviours, pressure and/or expectations	87	89	90	86	1	Accept
• Experiencing or witnessing physical abuse	83	84	88	80	1	Accept
• Death by suicide of a significant other	82	80	81	87	1	Accept
• Experiencing or witnessing sexual abuse	81	82	88	77	1	Accept
• Mental health problems in the caregiving home	80	85	76	81	1	Accept
• Caregiver absence, abandonment or estrangement	86	91	85	84	2	Accept
• Death of a significant other	85	81	79	91	2	Accept
• Investigating the impact of early life bullying and male suicide risk	82	81	70	85	2	Accept

• Addiction problems in the caregiving home	77	77	66	84	2	Reject
• Caregiver relationship conflict - including separation and/or divorce	74	79	81	68	2	Reject
• Growing up in poverty	71	66	72	74	2	Reject
• Caregiver(s) struggling with personal problems (e.g., financial, legal, emotional)	69	74	64	69	2	Reject
• Growing up with neuro-divergency (such as ADHD or Autism)	67	66	60	72	2	Reject
• Growing up with a disability / physical health challenges	66	72	60	67	2	Reject
• Sibling abuse	68	69	69	67	1	Reject
• Growing up in care	67	66	69	69	1	Reject
• Growing up as a minority (i.e., racial, sexual, trans, religious)	62	59	64	65	1	Reject
• Moving multiple times in childhood	44	45	45	44	1	Reject

Thematic Domain 6: Support and Recovery

• Exploring effective interventions for men who cannot afford / access therapy	93	92	94	96	1	Accept
• Exploring the experience of men who are suicidal of seeking professional support	93	91	94	96	1	Accept

• Exploring different intervention types	93	86	99	96	1	Accept
• Exploring the most effective long-term support for men who are suicidal	92	92	94	93	1	Accept
• Understanding what training healthcare professionals need to better identify and engage at-risk men	91	88	90	95	1	Accept
• Exploring the experience of men who are suicidal of seeking support from significant others	91	89	94	92	1	Accept
• Understanding how men cope after a suicide attempt	89	86	84	96	1	Accept
• Exploring what recovery means for men who have attempted suicide and men's reasons for living	88	84	84	96	1	Accept
• Exploring men's relationship with health-care professionals	87	84	87	91	1	Accept
• Exploring the experiences of significant others when supporting men who are suicidal	86	78	87	93	1	Accept
• Exploring the most effective support in the six months following a suicide attempt	85	88	81	88	1	Accept
• Exploring what professional support men who are suicidal want to receive	84	81	87	87	1	Accept
• Exploring how academic researchers and health care professionals can work together to incorporate research findings into services	84	75	87	90	1	Accept
• Exploring differences in how men and women present suicide risk and the best gender-sensitive screening tools for health services professionals	84	82	88	85	1	Accept

• Understanding how different services can work together better (i.e., how can the criminal justice system work with mental health care?)	84	75	87	90	1	Accept
• Exploring how to best measure the outcome of interventions, i.e., increased self-esteem and reduced suicide risk	84	82	87	84	1	Accept
• Exploring how to create communities that support men who are suicidal better	84	82	88	85	1	Accept
• Exploring the experiences of men who are suicidal of accessing support in their community	83	77	88	86	1	Accept
• Exploring effective training for community members to support men who are suicidal	80	76	76	88	1	Accept
• Exploring the experiences of community members who support men who are suicidal	85	83	77	92	2	Accept
• Exploring the experiences of health service professionals of working with men who are suicidal	83	77	83	88	2	Accept
• Exploring effective community members who can spot and engage at-risk men	80	72	72	89	2	Accept
• Exploring emergency admission and discharge	79	77	66	88	2	Reject
• Exploring effective community mental health role models for men who are suicidal	69	53	68	80	2	Reject

Thematic Domain 7: At-Risk Groups

• Male survivors of abuse	90	92	94	89	1	Accept
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• Middle-aged men	87	81	88	92	1	Accept
• Male university students	84	85	82	87	1	Accept
• Men with addiction problems	83	82	85	85	1	Accept
• Men bereaved by suicide	83	71	88	89	1	Accept
• Young boys (13 to 18)	82	82	85	82	1	Accept
• Men who are unemployed	81	85	84	78	1	Accept
• Men who are homeless	81	84	85	79	1	Accept
• Men living with multiple health conditions (e.g., physical and mental)	79	83	72	81	2	Reject
• Men aged 18 to 25	78	83	70	80	2	Reject
• Men in high-risk professions i.e., first responders, firefighters, police, paramedics	75	72	65	82	2	Reject
• Men military conscripts and veterans	74	66	81	74	2	Reject
• Men in the criminal justice system	73	79	74	69	2	Reject
• Men from lower income backgrounds	71	77	81	62	2	Reject
• Separated fathers	71	79	77	62	2	Reject

• Separated / Divorced / Widowed Men	70	74	72	65	2	Reject
• Men in insecure employment e.g., self-employed, zero-hour contracts.	69	68	70	69	2	Reject
• Sexual minority men (i.e., gay men, bisexual men)	67	68	68	67	1	Reject
• Men with disabilities	67	65	74	65	1	Reject
• Trans men	64	60	66	66	1	Reject
• Racial minority men	62	62	57	67	1	Reject
• Male immigrants, asylum seekers and refugees	61	58	63	64	1	Reject
• Indigenous men	58	54	57	63	1	Reject
• Men with autism	58	53	60	61	1	Reject
• Men with ADHD	58	53	64	58	1	Reject
• Men in rural communities	55	49	54	60	1	Reject
• Elderly men	55	54	56	57	1	Reject
• Men from traveller communities	45	38	44	51	1	Reject