

## POLICY BRIEF: THE NEED FOR GENDERED APPROACHES TO YOUTH SUICIDE PREVENTION IN ALBERTA

### OVERVIEW

**ALBERTA** has one of the highest rates of youth suicide in Canada,<sup>1</sup> with some groups of youth – like rural youth – at greater risk of dying by suicide than others.<sup>2</sup> Adolescent boys are at particularly high risk of dying by suicide.<sup>2</sup> For example, the most recent Alberta data show that suicide rates for boys<sup>a</sup> aged 15-24 are more than double the rate for girls.<sup>3</sup> This corresponds with global data showing that overall, male suicide rates are three times that of females,<sup>4</sup> and that young males in transition to adulthood are one of the highest risk groups for dying by suicide.<sup>5</sup>



**STEREOTYPICAL MALE GENDER NORMS REFER TO IDEAS ABOUT WAYS THAT BOYS SHOULD BEHAVE AND EXPRESS THEMSELVES, LIKE BEING TOUGH, UNEMOTIONAL, AND INDEPENDENT.**

**WHY** is this the case? Research suggests that rigid adherence to attitudes and behaviours associated with stereotypical ideas of what it means to be a boy (such as self-reliance and not showing emotions) are associated with adolescent boys’ lower rates of mental health help-seeking,<sup>2,6</sup> and engagement in mental-health care.<sup>4</sup> Evidence also shows that strong alignment with these stereotypical gender norms is an important risk factor for suicide among

adolescent boys.<sup>6-8</sup> Because of this, researchers now recognize that suicide prevention resources need to be targeted in gendered ways.<sup>8-10</sup> **This policy brief seeks to inform provincial policy makers about why rigid adherence to stereotypical gender norms is a risk factor for suicide among adolescent boys in Alberta, and how we can address this risk factor through gendered services and supports.**

**GENDERED SERVICES & SUPPORTS ACTIVELY ADDRESS HOW GENDER NORMS CAN IMPACT MENTAL HEALTH, IN ORDER TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE.**

### GENDER NORMS AND MENTAL HEALTH

**GLOBALLY**, poor mental health is one of the most critical issues facing adolescents, and Alberta is no exception.<sup>1</sup> The first onset of poor mental health is typically in adolescence, and can have serious implications for suicidal thoughts and behavior.<sup>11</sup>

<sup>a</sup> Data in Alberta are only available by sex assigned at birth (male or female; data on intersex youth not available). This brief is broadly focused on cisgender adolescent boys (that is, boys whose gender identity matches their sex assigned at birth), but it is important to acknowledge that suicide is not only an issue that impacts men and boys. For example, gender diverse youth experience disproportionate rates of suicidal thoughts and behavior as compared to cisgender youth, due to the stigma and discrimination they face in society. Also, although boys are more likely to die by suicide, adolescent girls report disproportionate rates of suicidal thoughts and attempts as compared to boys. Thus, adolescent girls and gender diverse youth in Alberta are also in need of gendered approaches for suicide prevention, alongside adolescent boys.

**DEPRESSION** is one common mental health issue in adolescents and adults. Research shows that behaving in ways that strongly adhere to stereotypical gender norms is related to feelings of depression among boys.<sup>4,7,11</sup> This is likely because these norms tell boys they need to be tough and independent, which can lead to boys denying feelings of depression, since these feelings are at odds with what the “ideal” boy acts like.<sup>12</sup> Adherence to these norms can also stop boys and men from seeking out help for their depression, even if they do acknowledge they have depressive feelings.<sup>2,4</sup>

**FOR ADOLESCENT BOYS**, feeling depressed is an important risk factor for suicide.<sup>4,13,14</sup> A recent



comprehensive study found that feeling depressed was associated with suicidal thoughts and behaviors among boys in high school.<sup>14</sup> Researchers have also found that behaving in ways that strongly adhere to stereotypical male gender norms also affects the development of suicidal thoughts and behaviors in adolescent boys.<sup>7,8,15</sup> Finally, while boys in general are at higher risk of suicidal behavior, we also know that some groups of boys, including Indigenous,<sup>16,17</sup> rural,<sup>30,31</sup> and gender and sexual minority boys,<sup>18-20</sup> are at higher risk

for poor mental health outcomes than others. This is because of the stigma and discrimination they face in society, due to things like racism, lack of access to resources, and homophobia. Together, this tells us that **adolescent boys need specific suicide prevention policy solutions, and that these solutions can't be a one-size-fits all approach.**

---

#### GENDER DIFFERENCES IN SUICIDE PREVENTION

**DESPITE** well-documented gender differences in adolescent suicide rates, not much research has explored which types of suicide prevention programs are effective with different genders.<sup>10,21,22</sup> Past reviews of research have focused on the effectiveness of various suicide prevention activities overall. However, these reviews do not often report on gender differences.<sup>23</sup>

**STUDIES** that have focused on gender differences find that although there is evidence of benefit for girls across a variety of approaches (i.e., school-based, community-based, primary care), there is limited evidence that suicide prevention strategies are working well for adolescent boys.<sup>21,24</sup> For example, one study that reviewed the effectiveness of Australian youth suicide prevention initiatives found that there was little, if any, effect on suicide rates for young men.<sup>24</sup> There is a clear need for innovative interventions that are effective with male youth.<sup>11</sup>

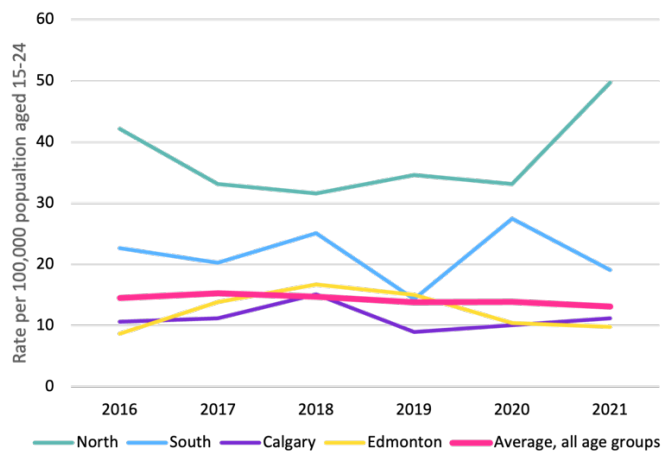


## AREA IN FOCUS: RURAL MEN AND BOYS

**APPROXIMATELY** 30% of youth aged 15-24 in Alberta live outside of the two major urban centers, and so suicide prevention among rural youth is an important focus area for policymakers in Alberta. Indeed, rural boys are one of the groups at increased risk for suicide,<sup>30,31</sup> and Alberta is no exception. For example, in 2020, Medicine Hat experienced a tragedy when a close group of friends died by suicide within a few short months of each other.<sup>29</sup> At the heart of the conversation following these deaths was the stigma surrounding mental health among rural men and boys.<sup>29</sup> Sadly, suicide remains a significant concern among rural men and boys in Alberta.

### PREVALENCE IN RURAL AREAS

- Suicide rates are consistently higher among rural men and boys compared to their urban counterparts.<sup>30,31</sup>
  - In Alberta, average suicide rates from 2016-2021 among youth aged 15-24 were approximately 2 times for those who lived in the South of the province, and approximately 3 times higher for those who lived in the North of the province, as compared to those living in the two major urban centers (**Figure 1**).
    - Across all regions in Alberta from 2016-2021, there were 2.7 times the number of deaths by suicide for males as compared to females aged 15-24.



**Figure 1. Deaths by suicide among youth aged 15-24 in Alberta, 2016-2021, by region of province, and as compared to the average across all age groups.**

Population data are from the 2016 Census, and represent the total number of respondents aged 15-24 in the given area (North, South, Calgary, Edmonton), based on Census Division codes. Suicide rate data are from the Centre for Suicide Prevention, Calgary, AB, based on data provided by the Alberta Office of the Chief Medical Examiner (OCME). Census divisions and zones used by the OCME are not in exact alignment, so all rates should be taken as approximate, and may represent slight over- or under-estimates per 100,000 population for a given zone.

- Men and boys who work in rural occupations such as farming and agriculture are more likely to die by suicide than men working in other roles.<sup>32</sup>
- Previous research suggests that rurality is linked to suicidality, meaning that as people become more isolated from urban centers in low-population areas, the risk of suicide increases.<sup>33</sup>

---

## SPECIFIC RISK FACTORS IN RURAL AREAS

- Men and boys in rural locations are more likely to use highly lethal methods of suicide such as firearms.<sup>32</sup> Boys in rural communities often have greater access to firearms, as these weapons are required for farming and ranching duties.<sup>32,34</sup>
- Rural men and boys are often expected to maintain strict images of stoicism, independence, and toughness to conform to rural norms of masculinity.<sup>35,36</sup> These norms can make it difficult for rural men and boys to seek mental health support, for fear of being seen as weak.<sup>37</sup>
- Men and boys in rural locations may also struggle to maintain their privacy and confidentiality when seeking mental health support, given the close-knit nature of many rural communities.<sup>38,39</sup>
- Mental healthcare is often inaccessible in rural communities due to a lack of resources, economic hardships, and transportation barriers.<sup>36,40</sup>

---

## ADDRESSING SUICIDE IN RURAL MEN AND BOYS

- Gendered suicide prevention approaches that target rural-specific risk factors are needed for rural boys in Alberta.
  - For example, the [WiseGuyz program](#)<sup>45</sup> has shown promise when implemented in rural communities in Alberta.<sup>46</sup>
- Having virtual/remote access to mental health support (e.g., telehealth) is important to ensure 24/7 service access in rural areas.<sup>41,42</sup> In Alberta, rural boys can access [several helplines](#), including the Rural Distress Line (1-800-232-7288) and Kids Help Phone (1-800-668-6868).
  - Additional options – like the [Manitoba Farm, Rural, & Northern Support Services initiative](#) – could also be explored.
- In-person support is needed alongside virtual/remote support. School- and community-based suicide prevention programming is one way to meet rural communities where they are at by training helpers in the community to support their youth, and then connect youth with professional services.<sup>43,44</sup>
  - For example, the [HOPELab](#) at the University of Calgary has previously trained rural school staff in Alberta to support students at-risk of suicide using a natural helpers approach. The natural helpers approach refers to finding people in the community who are naturally sought out for advice, and then training them to ensure they know best practices for suicide prevention, which they can then share with others.
  - Another example of this type of work is the [Community Helpers Program](#) offered by Alberta Health Services.
- Additional funding and personnel for rural mental health is needed, as currently there is a major lack of timely access to in-person mental health support for rural youth in Alberta.
  - Leveraging existing rural mental health advocates (e.g., [Alberta's Rural Mental Health Network](#)) as part of expanding access is also critical.

## THE PROMISE OF GENDERED APPROACHES TO SUICIDE PREVENTION

RESEARCH SHOWS THAT THE MORE CLOSELY ADOLESCENT BOYS ADHERE TO STEREOTYPICAL MALE GENDER NORMS LIKE TOUGHNESS AND NOT SHOWING EMOTION, THE POORER THEIR ATTITUDES ARE TOWARDS HELP-SEEKING FOR MENTAL HEALTH PROBLEMS.

**STUDIES** that look at how male gender norms impact mental health in adolescent boys – including rural boys – find that strong adherence to these norms is a significant predictor of help-seeking attitudes and intentions.<sup>6,25,37</sup> In other words, the more closely adolescent boys feel they must behave in ways that align with norms like toughness, independence, and not showing emotion, the poorer their attitudes are towards help-seeking, and the greater their mental health risks.<sup>11</sup> Admitting to having problems can leave boys feeling weak and vulnerable, feelings that are opposite to the image

of the “ideal” adolescent boy who is tough, strong and doesn’t need help. This creates a barrier to help-seeking.<sup>8,22</sup> As such, suicide prevention with adolescent boys needs to focus on improving the acceptability of seeking help for mental health problems.<sup>8,11,21</sup>

**EFFORTS** to help boys examine their adherence to gender norms that can get in the way of good mental health is one promising approach for suicide prevention.<sup>22</sup> These types of efforts are referred to as gendered or gender-transformative approaches. Gendered approaches support adolescent boys to critically examine how stereotypical gender norms might be unconsciously shaping how they perceive mental health, suicide, and help-seeking,<sup>11,26</sup> and to decide for themselves how they want to act. Research shows that gendered approaches are more effective in improving health outcomes than programs that don’t focus on the role gender norms play in shaping mental health and well-being.<sup>27,28</sup>



**GENDERED APPROACHES** encourage boys to critically reflect on how strict adherence to stereotypical

WISEGUYZ IS A PROGRAM DEVELOPED BY THE CENTRE FOR SEXUALITY IN CALGARY THAT WORKS TO SUPPORT THE MENTAL HEALTH AND WELL-BEING OF ADOLESCENT BOYS

gender norms might be shaping their mental and physical health.<sup>29</sup> Interventions that are gendered provide a safe space for men and boys to think about and discuss these norms, like if they feel that they always need to be strong and tough, and what this means for their well-being.<sup>27</sup>

One example of a gendered program for boys is WiseGuyz, developed by the Centre for Sexuality in

Calgary, AB. This program aims to improve adolescent boys’ mental health by giving them the opportunity to talk about what it means to be a boy in their world, including what they feel expected to do/be versus what they actually want to do/be.<sup>26</sup> The program uses well-trained facilitators to engage boys and lead discussions on participant’s lives through group dialogue and reflection.<sup>30</sup> Research findings from WiseGuyz with boys in both urban and rural Alberta show that participants report significant improvements in well-being following the program.<sup>26,46</sup> As such, there is tremendous potential for WiseGuyz as a gendered intervention that promotes mental health among boys in Alberta.

## POLICY RECOMMENDATIONS

Based on the research evidence in this brief, we recommend the following enhancements and inclusions to the current Alberta Youth Suicide Prevention Plan. These enhancements are needed to address the high rates of male suicide in the province, including among rural boys.

### INCLUDE GENDER AS A FACTOR IN DETERMINING AT-RISK POPULATIONS AND TARGET RESOURCES ACCORDINGLY.

Based on overwhelming data showing persistent gender differences in deaths by suicide, a gendered approach to suicide prevention is needed. Although this brief focuses on boys, gendered approaches are needed for all genders, including girls and gender-diverse youth. This focus will ensure an equitable balance of effective approaches to suicide prevention in the province. For adolescent boys, gendered approaches can respond to the fact that the suicide rate for boys is more than double what it is for girls in Alberta. This work also needs to account for context-specific risk factors (e.g., for rural boys).

### APPLY AN UNDERSTANDING OF THE IMPACTS OF RIGID ADHERENCE TO STEREOTYPICAL MALE GENDER NORMS TO SUICIDE PREVENTION RESEARCH AND INTERVENTION DEVELOPMENT FOR ADOLESCENT BOYS.

The research presented above shows that adolescent boys are less likely to seek mental health help and less likely to engage and benefit from suicide prevention interventions. This may be especially true for rural boys. Rigid adherence to health-harming gender norms, like toughness at all costs, is a root cause of this phenomena. Applying this understanding to suicide prevention research and intervention development will support efforts to address these key barriers to help-seeking.

Using this understanding in research and intervention development also means recognizing that boys' experiences are not uniform, but are different based on the intersection of boys' social identities (e.g., race, ethnicity, Indigeneity, rurality, sexuality, etc.). This means developing interventions that can be used with all adolescent boys, as well as targeted interventions for groups of adolescent boys with specific needs (e.g., Indigenous boys, rural boys, sexual minority boys, etc.).

### INVEST IN GENDERED APPROACHES THAT PROMOTE POSITIVE MENTAL HEALTH

There is emerging evidence that gendered programs can be effective in promoting positive mental health for adolescent boys. Unlike existing suicide prevention efforts that do not focus on gender, in gendered programs, adolescent boys are both engaged in and can benefit from building connections, making room for enhanced emotional capacity and improved attitudes towards help-seeking. We recommend investing in the scaling up and out – as well as ongoing evaluation – of evidence-informed, gendered mental health promotion and suicide prevention programs for adolescent boys.

## REFERENCES

1. Government of Alberta (2019). Building strength, inspiring hope: A provincial action plan for youth suicide prevention 2019-2024. Edmonton, AB: Author.
2. King, T.L., Shields, M., Sojo, V., Daraganova, G., Currier, D., O'Neil, A., King, K., & Milner, A. (2020). Expressions of masculinity and associations with suicidal ideation among young males. *BMC Psychiatry*, *20*, 228-238. doi: 10.1186/s12888-020-2475-y
3. Centre for Suicide Prevention. (2022, January). Alberta suicide stats by region and age. Retrieved from <https://www.suicideinfo.ca/resource/alberta-suicide-stats-region-age/>
4. Olliffe, J.L., Rossnagel, E., Seidler, Z.E., Kealy, D., Ogrodniczuk, J.S., & Rice, S. M. (2019). Men's depression and suicide. *Current Psychiatry Reports*, *21*, 103-109. doi:10.1007/s11920-019-1088-y
5. Rasmussen, M.L., Haavind, H., & Dieserud, G. (2018). Young men, masculinities, and suicide. *Archives of Suicide Research*, *22*(2), 327-343. doi:10.1080/13811118.2017.1340855
6. Clark, L.H., Hudson, J.L., Rapee, R.M., & Grasby, K.L. (2020). Investigating the impact of masculinity on the relationship between anxiety specific mental health literacy and mental health help-seeking in adolescent males. *Journal of Anxiety Disorders*, *76*, 102292.
7. Galligan, S.B., Barnett, R.V., Brennan, M.A., & Israel, G.D. (2010). Understanding the link between gender role conflict, resilience, and propensity for suicide in adolescent and emerging adult males. *International Journal of Men's Health*, *9*(3), 201-210. doi: 10.3149/jmh.0903.201
8. Harland, K. (2008). Masculinity and mental health. Design for Living Partnership. Retrieved from <https://pure.ulster.ac.uk/en/publications/key-issues-in-promoting-mental-health-masculinity-and-mental-health-3>
9. Government of Australia. (2008). Promoting good practice in suicide prevention: Activities targeting men.
10. Australian Men's Health Forum (2016). The need for male-friendly approaches to suicide prevention in Australia. NSW, Australia: Author. Retrieved from [https://d3n8a8pro7vhm.cloudfront.net/amhf/pages/28/attachments/original/1527841278/008\\_KP03\\_Male\\_Friendly\\_Approaches\\_to\\_Suicide\\_Prevention\\_Report\\_2016.pdf?1527841278](https://d3n8a8pro7vhm.cloudfront.net/amhf/pages/28/attachments/original/1527841278/008_KP03_Male_Friendly_Approaches_to_Suicide_Prevention_Report_2016.pdf?1527841278)
11. Rice, S.M., Purcell, R., & McGorry, P.D. (2018). Adolescent and young adult male health: Transforming system failures into proactive models of engagement. *Journal of Adolescent Health*, *62*, S9-S17. doi:10.1016/j.jadohealth.2017.07.24
12. Olliffe, J.L., Philips, J.C., & Roy, P. (2008). Men, depression and masculinities: A review and recommendations. *Journal of Men's Health*, *5*(3), 194-202.
13. Lee, S., Dwyer, J., Paul, E., Clarke, D., Treleaven, S., & Roseby, R. (2019). Differences by age and sex in adolescent suicide. *Australian and New Zealand Journal of Public Health*, *43*, 248-253. doi: 10.1111/1753-6405.12877
14. Olliffe, J.L., Kelly, M.T., Montaner, G.G., Links, P.S., Kealy, D., & Ogrodniczuk, J.S. (2021). Segmenting or summing the parts? A scoping review of male suicide research in Canada. *The Canadian Journal of Psychiatry*, *66*(5), 433-445.
15. Watts, R., & Borders, L. (2005). Boys' perceptions of the male role: Understanding gender role conflict in adolescent males.
16. Fraser, S.L., Geoffroy, D., Chachamovich, E., & Kirmayer, L.J. (2015). Changing rates of suicide ideation and attempts among Inuit youth: A gender-based analysis of risk and protective factors. *Suicide and Life-Threatening Behaviour*, *45*(2), 141-156. doi: 10.1111/sltb.12122
17. Kumar, M.B. and Tjepkema, M. (2019). Suicide among First Nations people, Métis and Inuit (2011-2016): Statistics Canada Catalogue no. 99-011-X2019001.
18. Coleman, D. (2015). Traditional masculinity as a risk factor for suicidal ideation: Cross-sectional and prospective evidence from a study of young adults. *Archives of Suicide Research*, *19*(3), 366-384. doi: 10.1080/13811118.2014.957453
19. Saewyc, E.M. (2007). Contested conclusions: Claims that can (and cannot) be made from the current research on gay, lesbian, and bisexual teen suicide attempts. *Journal of LGBT Health Research*, *3*(1), 79-87.
20. Virupaksha, H.G., Muralidhar, D. and Ramakrishna, J. (2016). Suicide and suicidal behavior among transgender persons. *Indian Journal of Psychological Medicine*, *38*(6), 505-509.
21. Hamilton, E., & Klimes-Dougan, B. (2015). Gender differences in suicide prevention responses: Implications for adolescents based on an illustrative review of the literature. *International Journal of Environmental Research and Public Health*, *12*, 2359-2372. doi: 10.3390/ijerph120302359
22. Struszczyk, S., Galdas, P.M., & Tiffin, P.A. (2019). Men and suicide prevention: A scoping review. *Journal of Mental Health*, *28*(1), 80-88. doi: 10.1080/09638237.2017.1370638.
23. Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V., Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J.P., Sàiz, P.A., Lipsicas, C.B., Bobes, J., Cozman, D., Hegerl, U., & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *Lancet Psychiatry*, *3*, 646-659.
24. Page, A., Taylor, R., Gunnell, D., Carter, G., Morrell, S., & Martin, G. (2011). Effectiveness of Australian youth suicide prevention initiatives. *British Journal of Psychiatry* *199*(5), 423-429. doi: 10.1192/bjp.bp.111.093856
25. Clark, L.H., Hudson, J.L., Dunstan, D.A., & Clark, G.I. (2018). Barriers and facilitating factors to help-seeking for symptoms of clinical anxiety in adolescent males. *Australian Journal of Psychology*, *70*(3), 225-235. doi: 10.1111/ajpy.12191
26. Exner-Cortens, D., Hurlock, D., Wright, A., Carter, R., & Krause, P. (2020). Preliminary evaluation of a gender-transformative healthy relationships program for adolescent boys. *Psychology of Men & Masculinities*, *21*(1), 168-175. doi: 10.1037/men0000204
27. Barker, G., Ricardo, C., & Nascimento, M. (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva: World Health Organization.
28. Dworkin, S.L., Fleming, P.J., & Colvin, C.J. (2015). The promises and limitations of gender transformative health programming with men: Critical reflections from the field. *Culture, Health and Sexuality*, *17*(Sup2), 128-143. doi: 10.1080/13691058.2015.103575
29. Fletcher, R. (2020, September 10). *Life, death, and being a man in Medicine Hat*. CBC News. <https://newsinteractives.cbc.ca/longform/life-suicide-and-masculinity-in-medicine-hat/>

30. Barry, R., Rehm, J., de Oliveira, C., Gozdyra, P., & Kurdyak, P. (2020). Rurality and risk of suicide attempts and death by suicide among people living in four English-speaking high-income countries: A systematic review and meta-analysis. *Canadian Journal of Psychiatry*. 65(7), 441-447. doi: 10.1177/0706743720902655
31. Kim, K., Ozegovic, D., & Voaklander, D.C. (2012). Differences in incidence of injury between rural and urban children in Canada and the USA: A systematic review. *Injury Prevention*. 18(4), 264-271. Doi: 10.1136/injuryprev-2011-040306
32. Kennedy, A., Maple, M.J., Brumby, S.A. (2014). Suicide and accidental death in Australia's rural farming communities: A review of the literature. *Rural and Remote Health*. 14(1), 2515. doi: 10.22605/RRH2517
33. Singh, G., & Siahpush, M. (2002). Increasing rural-urban gradients in US suicide mortality, 1970-1997. *Am J Public Health*. 92(7), 1161-1167. doi: 10.2105/AJPH.92.7.1161
34. Booth, N., Briscoe, M., & Powell, R. (2000). Suicide in the farming community: methods used and contact with health services. *Occupational and Environmental Medicine*. 57(9), 642-644. doi: 10.1136/oem.57.9.642
35. Creighton, G.M., Oliffe, J.L., Lohan, M., Ogrodniczuk, J.S., & Palm, E. (2017). "Things I did not know": Retrospectives on a Canadian rural male youth suicide using an instrumental photovoice case study. *Health (London)*. 21(6), 616-632. doi: 10.1177/1363459316638542
36. Ewert, R. (2021). "A country boy can survive:" Rural culture and male-targeted suicide prevention messaging. *Soc Sci Med*. 289, 114439. doi: 10.1016/j.socscimed.2021.114439
37. Oliffe, J.L., Ogrodniczuk, J.S., Gordon, S.J., Creighton, G., Kelly, M.T., Black, N., & Mackenzie, C. (2016). Stigma in male depression and suicide: A Canadian sex comparison study. *Community Ment Health J*. 52, 302-310. doi: 10.1007/s10597-015-9986-x
38. Francis, K., Boyd, C., Aisbett, D., Newnham, K., Newnham, K. (2006). Rural adolescents' attitudes to seeking help for mental health problems. *Youth Studies Australia*. 24(4), 42-49.
39. Lynch, L., Long, M., Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *Am J Mens Health*. 12(1), 138-149. doi: 10.1177/1557988315619469
40. Creighton, G., Oliffe, J., Ogrodniczuk, J., & Frank, B. (2017). "You've Gotta Be That Tough Crust Exterior Man": Depression and suicide in rural-based men. *Qual Health Res*. 12, 1882-1891. doi: 10.1177/1049732317718148
41. Pisani, A.R., Wyman, P.A., Gurditta, K., Schmeelk-Cone, K., Anderson, C.L., & Judd, E. (2018). Mobile phone intervention to reduce youth suicide in rural communities: Field test. *JMIR Ment Health*. 5(2), e10425. doi: 10.2196/10425
42. Clinic Community Health Program. (n.d.). *Manitoba Farm, Rural, & Northern Support Services*. <https://supportline.ca/>
43. Rural Mental Health Project. (n.d.). *Rural Mental Health Network*. <https://www.ruralmentalhealth.ca/>
44. Alberta Mental Health Services. (n.d.). *Community Helpers Program*. <https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1073813&serviceAtFacilityID=1115285>
45. Centre for Sexuality. (2019). *WiseGuyz*. <https://www.centreforsexuality.ca/programs-services/wiseguyz/>
46. HOPELab Research Team. (2022). *WiseGuyz Rural Evaluation Report*. Internal Report: unpublished.