













Men's Minds Matter Course Promational Video



## Introduction

Alongside clinical support services, communities play a vital role in mental wellbeing. That's why, in partnership with Rethink Mental Illness, and as part of suicide prevention work, North West London Integrated Care Board has given grants to organisations within the North West London community.

The aim was to co-produce suicide prevention projects and promote suicide awareness within communities. By working through a social response, people who may not have access to support through clinical routes, or are disproportionately affected by suicide and mental health illnesses, could be supported and represented.

Within this scheme, Comedy on Referral, started by Angie Belcher, received a grant for a course coproduced with The Recovery College, Rethink Mental Illness and Experts by Experience (EbE). The comedy course was deployed for men with suicidal ideation, experience of suicide or are bereaved by suicide. The aim of the therapeutic course was designed to allow men to discuss issues they may be facing in their life in a group setting as well as using comedy devices as therapeutic tools to build resilience, confidence, support networks and reframe life experiences by exploring one's personal history through standup comedy. The course was delivered over 10 weeks from February to April 2023 in two-hour sessions.

This article reports on the impact of the comedy project based on both quantitative and qualitative evidence. It starts by contextualising the intervention within the literature before describing the comedy course and then preventing the evaluation findings, followed by the conclusion and recommendations.

"The aim of the therapeutic course was to allow men to discuss issues they may be facing in their life in a group setting, using comedy devices as therapeutic tools."

## **Background context**

Suicide is considered a public health concern and is the leading cause of death Worldwide and in the United Kingdom (Tingle, 2014). Suicides occur due to complex and interlinking causes. Much of the literature shows an interaction between psychosocial and psychiatric factors, so mental health issues and social concerns, such as unemployment, rising levels of inequality, poverty, social integration issues, exclusion and sociocultural elements (Balogun, 2018; Biddle et al., 2008; Button & Marsh, 2020; Ibrahim et al., 2019; Tingle, 2014). A social justice stance on suicide developed by scholars states the need to understand how structural social processes effect suicide risk factors, instead of solely considering psychiatric or biomedical explanations (Button & Marsh, 2020).

#### Suicide and the risk factors

In 2022, 2,515 suicides were registered in England, of which 1,831 were men (Quarterly Suicide Death Registrations in England - Office for National Statistics, n.d.). The Suicide Prevention Strategy in England has stated the need to reduce male suicides, given that men are more likely to die due to suicide compared with women (Appleby et al., 2017). There has found to be a risk for men who do not ask for, or receive, help through conventional services and focusing on those who are at risk and outside the reach of health professions is important (Appleby et al., 2017; Fountoulakis et al., 2011).

For men, common risk factors for suicide are clinical and social, for example culture, socio-economic status, ethnicity, age and sexuality (Van Sabben & Paulsen-Becejac, 2018). Young men in particular are found to be less likely to seek help from services, family and friends, and instead, displays and expression of mental health issues, such as depression, are seen through outlets associated with masculinity, for example aggression and alcohol abuse (Van Sabben & Paulsen-Becejac, 2018). In addition, suicide rates are found to be higher among white heterosexual males, however there are many other high-risk groups based on factors such as ethnicity and sexuality (Van Sabben & Paulsen-Becejac, 2018). Therefore, overcoming taboos, including vulnerability and finding help in relation to mental health is important in suicide prevention work (Van Sabben & Paulsen-Becejac, 2018).

#### About suicide prevention - what we already know

A combined strategy of looking at the wider population (universal approach) and highrisk groups (targeted interventions) has been used for suicide prevention work, however this has been criticised for lacking evidence in effectiveness (Hunt et al., 2021; Pitman & Caine, 2012). In the national strategy, it has been emphasised that local authorities should draw up their independent and localised suicide prevention plans to ensure that the local context is accounted for and that care at the individual level is emphasized (Van Sabben & Paulsen-Becejac, 2018). However, high risk groups need to be targeted to address inequalities in people's social and environmental conditions, including employment, housing, family circumstances etc and these should be addressed through a multi-agency and community-oriented way (Pitman & Caine, 2012). As projects are developed targeting these issues, the effectiveness of approaches need to be evaluated to ensure the value of interventions and build the evidence base for particular groups. Within suicide prevention work, local contexts and the prevalence of specific risk factors need to be taken into consideration.

## **Humour and suicide prevention**

Humour is a fundamentally social phenomenon. It is defined as a broad category which represents anything that people perceive as funny and makes them laugh; it is also a mental process involving the creation and perception of amusement (Martin & Ford, 2018). Studies have found that humour can have health-promoting qualities, specifically with mental health (Abel, 2002; Bennett & Lengacher, 2006; Edwards & Martin, 2010; Koller & Gryski, 2008; Richman, 1996; Schneider et al., 2018). Humour has been linked to higher levels of resilience, lower levels of stress, higher self-esteem, better immune function and the release of anxiety and tension (Bennett & Lengacher, 2006; Edwards & Martin, 2010; Schneider et al., 2018). The reason for these positive effects can be explained by how humour is used in the cognitive appraisal of stimulus, where stressful situations are reappraised, therefore it is used as a coping mechanism (Abel, 2002).

There are different types of humour and some are associated with more negative effects, for example aggressive humour (humour which downgrades others and threatens to harm or expose them) and self-defeating humour (directing humour against themselves to amuse others) (Schneider et al., 2018). A study found that self-criticism and neediness are associated with injurious (aggressive and self-defeating) humour styles and are associated with increased levels of depression (Besser et al., 2011). This is compared to affiliative humour, which establishes and strengthens social bonds through telling jokes or anecdotes to others to entertain them, and self-enhancing humour, which is when an individual has a humorous attitude toward stressful events and adversity. These two types of humour have been shown to be correlated with greater life satisfaction and fewer depressive symptoms (Dyck & Holtzman, 2013). Likewise, humour training for schizophrenic people was associated with a reduction of their negative symptoms, depression and anxiety (Cai et al., 2014).

Given this setting, the comedy course aimed to address low mood in men, who are in a high-risk category of suicide. It was a social response to suicide prevention, using alternate means to provide therapeutic tools and coping mechanisms to the men.



# **About the comedy course**

The project involved a collaborative effort to develop a comedy course focusing on suicide awareness, targeting men aged 18 and above. As Lourdes Colclough, Head of Suicide Prevention at Rethink Mental Illness, said, "... we're hoping it will reach men who may be struggling with mental health issues, and either don't think they have an issue or wouldn't access clinical support because of the stigma or it just doesn't feel right." This initiative brought together individuals with lived experience, comedian and educator Angie Belcher, Rethink Mental Illness, and Consultant Clinical Psychologist Lisa Sheldon, who also serves as the Head of Psychological Therapies in Community and Recovery Mental Health Services for the West London NHS Trust.

In the first phase of the project, the team co-produced a comedy course over three full days. The co-facilitation process involved 3-4 men with lived experience and the process was supported by two Peer Trainers. There was presence from The Recovery College, who brought valuable co-production expertise to the space. Subsequently, interested participants received additional training from the Recovery College to enhance their cofacilitation skills for delivering the completed comedy course. The course structure was designed around key themes, such as the importance of communication, problemsolving strategies, reaching out, diverse experiences of mental health difficulties, modes of self-expression, the significance of connection, and fostering a sense of belonging.

The tailored comedy course for men aimed to deliver transformative outcomes across its ten structured sessions by not only fostering an increase in confidence, but also equipping participants with the valuable skill of using comedy as a means for introspection and self-reflection, acknowledging the unique challenges and experiences they were each bringing to the table. In this way, the course intended to help attendees develop their resilience by learning new coping mechanisms.

The 10-week course aimed to empower attendees to navigate life changes with a comedic mindfulness approach, which fosters a sense of control over personal narratives. The use of humour as a therapeutic tool was meant to facilitate a lighter perspective on past traumas, thus lessening the burden of anxiety and fear. The group setting of the course was meant to cultivate a supportive environment, diminishing feelings of isolation. In summary, the aims of the course were to:

- Bring men together in order to affect a change in their mental health through comedy.
- Empower men with comedic techniques in order to help people feel confident about themselves.
- 3. Develop men's appreciation that other people can help you in your life.
- **4.** Enable the connection of people with themselves and others.

The course was advertised via flyer at the recovery college and an email was sent out to the mailing list. In addition, outreach work was completed by social prescribers and link workers to advertise the course. The Recovery College emphasized that they do not work with referrals, but wanted participants to choose to join the course. The target audience was men in high risk groups, such as men struggling with debt, loneliness, unemployment, family break up, gambling etc and with a lived experience of suicidality, however, it was not advertised as such, Instead, it was labelled as "a new course that uses stand-up comedy to help people process their feelings and gain confidence."

In total, 21 men signed up for the course, but 2 dropped out, meaning 19 in total completed the course between February and April 2023. The men were from varied backgrounds, representing diverse cultural and socioeconomic spheres. They attended with multifaceted motivations, including a genuine aspiration for personal growth and resilience.



# **Evaluation Methodology**

The evaluation was designed to explore to what extent the course had achieved its aims and, in particular, to understand more about the course outcomes, what enabled those outcomes to be achieved, and what, if anything, could be improved going forwards?

To answer these questions, a focus group was held 13 weeks post course completion. A total of 8 men attended the focus group, all of whom had completed the course.

The participants were asked a series of questions about their motivations for attending the course, how the course was structured and delivered (including the end performance) and the benefits as a result. The focus group took about 3 hours to complete. In addition, one one-to-one interview was held with a participant who had to leave the focus group early, so this was finished via phone call where the remaining questions were asked. The focus group itself was recorded and detailed notes were made by the two facilitators. The interview was also recorded via note taking. The recordings were then transcribed and grouped into themes.

In terms of limitations, the focus group was attended by less than half of all course participants, therefore there was the potential for some bias towards those who found the course the most engaging and beneficial. However, whilst the evaluation aimed to evidence some of the outcomes of the course, it was also about understanding when and why comedy may be a useful suicide prevention intervention. For this reason, it was felt that a qualitative approach was appropriate on this occasion.

# **Evaluation Findings**

## A valuable and significant experience

During the focus group, it was clear just how valuable and significant the comedy course had been to many of the attendees, with participants describing the experience as "transformative", "life-changing" and "amazing".

"It's been one of the ten most valuable things I've done in my life."

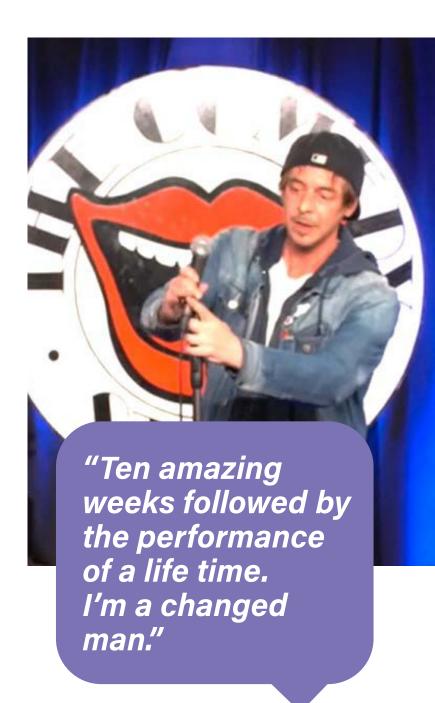
"Thank you for taking me from aspiring to transform into a human hermit crab. . . into someone who finally cares about something and someone."

Participants recollected how significant the opportunity of attending the course had seemed when they first became aware of it, and one participant noted how beneficial they had found the course compared to other support they had received.

"I got more out of 9 weeks of being taught comedy and how to reframe my trauma and look at the world differently than I have in years of waiting for the NHS to help me."

Some participants also relayed their sense of achievement having completed the course, and one participant specifically mentioned how comfortable they would now feel talking about their experience compared to support they had received in the past:

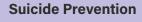
"If I'm standing at the bar, would I say I've been on a CBT course? But I would say I've done stand-up comedy at the comedy store... it's something that I can talk about."



#### Course outcomes

When participants were asked about the benefit(s) of attending the comedy course, the following outcomes were evident:

- Suicide prevention
- Improved confidence
- Improved overall wellbeing and resilience
- New social connections and reduced isolation
- Reduced feelings of stigma and shame



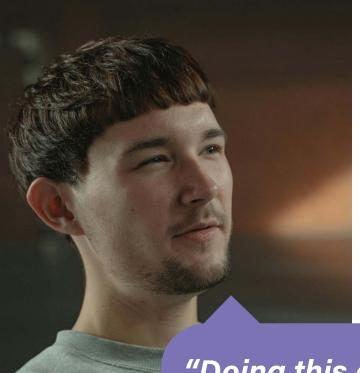
One of the focus group participants explicitly said that the course had prevented them from acting on their suicidal thoughts that they had felt during the course:

"As someone who felt suicidal at least twice during the course, I think definitely it prevented it [suicide]... it saved my life."

Other participants agreed that the course had a preventative impact on them by reducing the power of potential risk factors and giving people a reason to live.

"Yes, absolutely [the course can prevent suicide]... Suicide isn't the first thing that happens for me. It will be acting out around things like picking up a drink, picking up a drug...it'll be lying, cheating, stealing, all of these behaviours that come first... but what this course has done is steered me, in a really significant way, away from that pattern of behaviour... It's helped me to grow and build in areas of my life that are steering me further and further away from suicide..."

"I'm one step further away from the darkness as there's more to me, so suicide is that bit further away."



"Doing this course has given me a reason not to do that [suicide] in the future..."

#### Improved confidence

The majority of participants talked about feeling much more confident in themselves following the course, with an increased sense of self-belief given what they had been able to achieve during the course.

"I've been able to get up on stage for ten minutes, I can do anything... Confidence in myself..."

"I went from zero to hero, having zero confidence to perform on stage to having the confidence and self-belief that I can do it again, which is huge."

In one case, a participant reflected on their lack of confidence at the start of the course compared to the end, whereby they were confident enough to take what they'd learnt during the course and use it to perform at a local comedy gig: "I had a lot of problems at work, which took my confidence away. ..[The course has] given me a lot of confidence and made me realise I am tough skinned, so recently I did a local gig..." Another participant talked about how their growth in confidence remained with them after the course had ended: "That's how I feel even now. I could speak in front of a crowd of 10 million people if I wanted to."

"I went from zero to hero"

#### Improved overall wellbeing and resilience

The quotes below demonstrate how the comedy course was a chance for attendees to really 'let go' of things that were difficult and, as a result, participants talked about their overall wellbeing being improved.

"[It was a chance to] defrost some of the tension that I'd been holding...let in a bit more of my childlike, funny...a bit more of myself again."

"I left my trauma on the stage."

"When I was feeling suicidal and isolated, I got nothing. When I did the course, I was learning a new skill, connecting with other people, giving something back. It gives that sense of not feeling useless... And I started to dress better..."

In addition to a general sense of improved wellbeing, some participants talked about how the course had shown them that they could overcome some of their fears, which subsequently increased their resilience and sense of self-belief to be able to face difficult situations in the future.

"Having done this comedy course I know I have been able to climb over that hill... so it makes that dog on my shoulder a bit quieter".

"I have acquired new techniques and coping skills to deal with stressors in my life."

"Facing fear in the performance itself provided me with a blueprint to face fear generally. I can just apply the same way of being [on stage] to walking over and standing with 3 people I don't know, who I don't have anything to say, and I'm scared, but I've got a blueprint for dealing with it... now I'm thinking of all the other things I thought were "impossible" in my life that I can make a reality."

#### New social connections and reduced isolation

During the focus group, participants talked warmly about the connections that they had made between each other during the course. In particular, participants used the terms "brotherhood" and "camaraderie" to describe the sense of community and relationships that developed between the men, which was felt to be a real benefit of the course.

"[The course was a] great place to meet other men with the same vibe and the same needs."

"I feel like we all grew together over the course of the 10 weeks, and that was the kind of spiritual journey we went on."

"That was the benefit... the camaraderie... meeting up on Thursdays. All of that added to the course."

In one case, the relationships that had formed between the group members had prevented someone from acting on their suicidal thoughts when they didn't turn up to one of the final sessions.

"Because I didn't come to the last rehearsal, a lot of the guys started texting me, checking I was ok... One of the guys texted me and we met before the performance... and another guy text me and said 'you don't have to perform, but you inspired me being up on that stage and I learnt a lot from you...' That connection... when I was feeling suicidal and isolated was invaluable..."

During the course, the attendees created a WhatsApp group to keep in touch, and some of the attendees met up in-between sessions, particularly as the performance got closer, in order to support each other. The WhatsApp group continues to be used and, whilst they hadn't met up between the performance and the focus group, one of the participants said "seeing everyone here, it makes me realise how much I want to hang out with everyone again."

#### Improved relationships

One of the participants felt the course had directly improved their relationship with their family by enabling him to bring some humour back into the household:

"What's making me happy is that my sons are now paraphrasing some of my jokes, and we're telling jokes more... this is one of the biggest changes in my life. I'm closer to [my sons] and I'm showing my funny side to them, and even my wife, that's changed everything I think."

#### Reduced stigma and shame

It was clear that some of the participants had experienced stigma and a sense of shame related to their mental health, however, this was directly challenged and reduced by the course. This was particularly clear for two of the attendees who noted how hard it could be to talk about mental health within their particular culture, however, the comedy course gave them a space to share without shame.

"In my experience, in Indian culture you just aren't open about mental health... Now I'm ready to talk about things. And not be ashamed of it."

"The link with Rethink and Mental Health is a bit embarrassing, but it's just normalising mental health and I'm glad I'm not ashamed to talk about it."

"It's allowed me just to speak about things. Just to talk. To communicate. I don't feel ashamed of the things that I've done..."

One participant felt that their ability to talk about their participation on the course was also a way of raising awareness of suicide amongst their own networks: "It's part of the raising awareness being part of the course."

# How did the course achieve these outcomes?

There were numerous reasons provided by the participants as to why they felt the course had been so beneficial, including the:

- Focus on comedy
- Performance
- Male-only space
- Group environment
- Multi-faceted benefits



#### The focus on comedy

The focus on comedy significantly contributed to the participants' enjoyment of the course, as well as the benefits they experienced. Often, it was the focus on comedy that had motivated individuals to initially attend the course, and it became a mechanism by which participants felt they could safely explore their feelings and experiences and, importantly, having these heard by others.

"I was in it for how I can use my trauma and look at it from a different angle... reframing as they called it... I could vent it in a way where I could enjoy it therapeutically."

"The reason I attended was because I was just miserable all of the time and I wondered 'why do I never see any good in the world', so I think the creative aspect of taking bad stuff and making it something funny really helped."

"I just felt I wanted to be listened to and I felt if I went on stage, I could be listened to."

One participant found the experience of dealing with their experiences through humour "liberating", particularly when compared to other group support sessions they had attended, which were often "very serious". The fact that the course was delivered at the Comedy Store also added to the significance of the experience: "I loved being in the Comedy Store... it felt way more premium and put together than other 'free' courses and like we were part of something big."

Saying this, whilst the focus on comedy was important, participants appreciated the balance that was achieved on the course between focusing purely on comedic techniques whilst enabling attendees to explore their stories.

"The advice was to put together your story, don't worry about the funny. You'd find the funny later... that was the direction, which was kind of useful."

In fact, one participant felt that the course was negatively impacted by people whose sole purpose was to focus on learning comedy: "It felt like a few of the individuals were there because they wanted to be a comedian and this was their platform, so the purpose of the course was kind of diluted."

"I didn't really tell that many jokes, it was more of a distortion of my experience in a comedic way."

#### The performance

At the end of the course, attendees had the opportunity to perform their comedy routine in front of a selected audience. This included some of the attendees' family and friends, if they chose to invite them, as well as Rethink members of staff. The performance element of the course was definitely an important part of the overall experience for a number of reasons including:

- Reminding attendees of the progress they'd made across the course;
- Helping attendees overcome, and demonstrate to themselves that they could overcome their fear(s); and
- Creating a sense of pride in their own, and each other's, achievements;

"[The performance element of the course was] critical...it was like the coming together of all our work...I was so proud seeing everyone go up [on stage]."

"[The performance was] the transformative part...it felt like there was a real shift...I wanted more of that feeling...I was still on a high on the Monday."

"I performed a 5-minute stand-up set at the Comedy store!... I did it."

The sense of validation that they received from having an audience laugh with them, and hear their story, was also a powerful aspect of the performance.

"That audience finally showed us that we belonged somewhere, that we DID deserve to be in the spotlight instead of hiding in the dark... The audience was just so behind us."

"For someone who doesn't believe in themselves, and seeing the audience smiling and laughing, I thought 'maybe I can believe in what they're projecting to me rather than all these messages from my past that are projecting into my head..." "It was important for me to invite my family. This is me. I wanted to explain why I'm having mental health issues...I'm a valid person...I want them to understand what I'm going through..."

Some participants did, however, recollect how nervous and worried they had been about the performance aspect of the course, with one participant comparing the sense of fear they felt to "skydiving for the first time". As a result, this participant chose to block the performance out of their minds for the majority of the course and convinced themselves that they wouldn't perform as a way to deal with the fear: "I blocked out the performance part of the course... it enabled me to turn up every week due to the fear of the performance... I was convinced I wasn't going to do it."

Other participants also had very strong reasons for choosing not to invite their friends or family members to the performance, and they explicitly wanted the content of the performance to remain confidential as a result.

"I didn't invite anyone as largely I wasn't convinced I was going to get up on stage. And I didn't want the pressure or the feedback from people. I didn't want to hear 'oh, you were very good and you almost knew what you were doing. This wasn't the reason I did the course (i.e. not to seek validation from others)".

"I didn't invite friends as I don't really have friends and I didn't want to be nervous... them, whereas with strangers I have nothing to lose."

Therefore, whilst the performance was important, attendees appreciated any additional support they received up to the lead of the performance as well as having the right to choose who they invite.

#### A male only course

Participants were asked to reflect on the fact that the course had been male only. For the majority, this had felt an important feature of the course, enabling them to explore their narrative and story to a depth that may not have been possible if it had been a mixed course. Some participants reflected on how having a mixed course could have been distracting and led to a competitive environment.

"Having women there would have been an immediate wall [barrier] to exposing our feelings... this may have limited the ability for us to heal... we may have held ourselves back."

"If there was some women there, it'd be a distraction. We might be showing off. There might be jealousy there... other stuff going on, distracting us from what we were there for... Instead, it was about learning about ourselves... So it's better it was men only."

It was also felt that there are limited spaces where men are able to reflect on their particular challenges as men, and it was felt that the reason for delivering a male only course, given the statistics around male suicide, justified the decision.

"There's no space for me to just be comfortable and talk about being a guy and being a father that's separated and stuff like that. So that was really interesting, to hear stuff like that in a male only space."

A few participants recognised that they hadn't experienced a mixed course so it was hard to say concretely that the male only space was part of the course's strength, however it was clear that everyone had enjoyed the male only aspect of the course.

"Having not tried it with women involved as well, I couldn't probably comment on what the difference would be. Feminine energy is important in my life. But yeah, I think I really enjoyed the dynamic as it was as well. I felt a strong sense of brotherhood from the group and I think that's a powerful force that really helped me and continues to help me now."

"I thought it was a good group as we were men only so we could be ourselves."

#### The group environment

Based on the focus group discussions, it was apparent that the group environment was one of the reasons the course had been so beneficial, providing a space for men to: learn from each other; inspire each other; encourage each other; and challenge some of the more negative preconceptions they held of themselves.

"I often think of myself as an old, fat man, but I'm learning to appreciate myself and realise that other people appreciate me, so I've gained a lot from it..."

"Hearing other people's stories and journeys... we took inspiration from each other... I could see so much good in these people, so I decided I wanted to give some of that [validation/belief] back to myself."

"Spending time with all this lot [i.e. the other men on the course] it was really good for me. I often see a lot of good in other people but I think the course helped me to start to find the good in myself... I feel like we all grew together over the course of the 10 weeks, and that was the kind of spiritual journey we went on."

Ensuring that this was a confidential space was, however, a very important principle to everyone on the course, particularly given the nature of what individuals were sharing both during the sessions but also during the performance.

#### **Multi-faceted benefits**

When describing the comedy course, participants talked about the benefits of the course being multi-faceted. In other words, it wasn't solely a space to share one's story, neither was it solely a space to learn a new skill or meet new people. It was the combined effect of all of these benefits in one intervention that was felt to have the transformative effect. Knowing that there were other men who had experienced similar suicidal thoughts

"Doing this course, it ticked all the boxes. I was learning a skill, I was kind of doing therapy, I was connecting with other people, I was getting encouragement, and being able to give stuff back as well, like when we met up and I gave them feedback..."

"Don't spend the money on medication, spend it on a transformative experience where people learn life skills and preventative attitudes that help you to cope with suicidal situations."

### Feedback on the course structure and delivery

On the whole, participants were very complimentary regarding the delivery and structure of the course. In particular, there was high praise given to the members of staff delivering the course.

"[The member of staff] is an amazing teacher who is passionate about what she does. She transformed me and numerous other persons in our class into confident people. Under her expert guidance and support."

"I haven't had the level of encouragement... from [the course leaders] from anyone else."

One participant also noted how beneficial it had been having someone with lived experience supporting attendees on the course given the level of empathy they were able to provide when they shared their story: "I could connect with [the lived experience facilitator]. Yes, he was a comedian but he had that lived experience... He had that empathy."

Whilst the feedback regarding the structure and delivery of the course was mostly positive, there were aspects of the course that participants felt could have been improved. The first of these was to reduce the length of time between applying for a place on the course and being contacted, either to confirm their place or simply to inform them about the next steps, as it was apparent that the uncertainty had been uncomfortable for some.

Participants were also thoughtful about whether the duration of both the individual sessions (2 hours) as well as the overall course (10 weeks) had been right. One participant specifically said that they would have liked more time to be able to "really decipher and engage" with the comedic theory as "it felt rushed to be able to really take it on board..." and it was hard to practice on their own at home. Extending the sessions to three or four hours was suggested therefore. w

"For me to able to decipher it, really understand the content, put it into practise, just didn't have enough time."

"It felt like we ran out of time very quickly in sessions."

However, other participants felt that it was less about the length of the session, rather, it was about how the time was managed during the sessions. In particular, some participants voiced their frustration at attendees' stage time not being limited to the five minutes that had been initial stated, which meant that not everyone got to go on stage each session. Individual feedback was also provided at the same time, which added to the time that attendees sat waiting for their turn. As such, some participants felt the time could have been used more effectively.

"Someone would have been performing for 15 minutes and they weren't stopped. And then the feedback took 20 minutes... There were days when I left a little resentful, honestly, [feeling that] I've just wasted two hours... So if extra time just means sitting through those painful experiences of not getting a go, then no, I wouldn't want more of that... Quality over quantity comes to mind."

"I would've liked to have more individual time on stage."



Participants noted that they did receive some supplementary support 'between sessions' from one of the course facilitators, which was hugely appreciated, however this was mainly towards the end of the course: "We supplemented by having coffee mornings thanks to [the member of staff] nearby the Halifax Bank. We'd have a few hours with them. So we supplemented [the course itself] but that was towards the end."

In terms of the provision of feedback, attendees said that they did not always feel comfortable receiving feedback in front of the entire group, and some people found it hard to process at the time. Instead, it was suggested that individual feedback could be provided in alternative ways.

"[Feedback] might've been better delivered in writing at another time, not in front of everyone. I was really struggling to process what was being said to me."

"With the feedback, we could have done more recording and then listening to it afterwards."

One of the participants (the same participant who talked about valuing the lived experience facilitator) also noted their surprise at the lack of individual support that was provided to attendees during the course, particularly given the level of personal exploration they were doing throughout the course. As such, whilst they said they would recommend the course, they felt there may benefits in thinking about having a therapist involved somehow.

"I was a little bit left like 'hold on, there's a lot of stuff that has come to the surface that you've asked me to think about... so I need some healing or some real 1-2-1 [support]... There was no like 'holding your hand' through it... but the person delivering that course may not have the knowledge or expertise to really understand that individual as they're not a therapist or a counsellor or that lived experience... So do [the course], but think about having a therapist there."

Finally, participants commented on how much they missed the course, and the relationships they had established, once it ended. Being thoughtful about how the course is ended safely and how attendees could be encouraged or supported to retain their connections once the performance took place, may be one way to improve the course going forwards.

"I felt a bit sad as well, because it felt like the end of something that had been a really important part of my weekly routine for weeks, months even."

## **Conclusions and recommendations**

#### **Professional reflections**

Based on the findings presented above, we asked two professionals – Lisa Sheldon, a consultant clinical psychologist and Angie Belcher, the course creator – to reflect the following three questions:

- 1. What do you feel has been the value of this type of social intervention in relation to suicide prevention?
- 2. Has it resonated with your own professional knowledge and experience?
- 3. What, if anything, do you feel you have learnt from this programme?

#### **Reflections shared by Lisa Sheldon**

The value of providing social interventions is that they work on a number of different levels simultaneously. All groups, because they are social in nature, are microcosms for exploring wider influences of our family, culture and society. The 10-week comedy course, as a group intervention, was especially beneficial as it provided an opportunity for participants to make sense of their difficulties in a social setting. In being able to talk openly, re-frame, and dispel the very expectations and pressures which cause and contribute to the sense of pain, isolation and disconnection, this group led to an exploration of shared experiences and a renewed sense of hope and companionship.

It is likely that the benefits worked at different levels with participants learning about specific comedic devices and techniques and, in so doing, learn about themselves (their beliefs, their self-image, alternative ways of being). The exercises were also a way participants could explore, make sense of, play around with, and experiment with different narratives and ways of being. The value of this, especially through the medium of comedy, was that members could cut through and up-end the very expectations, roles and ways of relating which have potentially contributed to, and caused their difficulties.

The value of a suicide prevention intervention being social is fundamental to the power of this innovative intervention because it involved putting into words, expressing and eventually talking publicly about what it means to be human and being open about what goes on inside of us whilst at the same time dispelling myths and establishing shared truths and connection. These are the messages that need to be heard and the social is how they are shared. Preventing suicide in our society has many key ingredients and sits at so many different layers, but it is the social layer where we have potential to reach out and be there for each other in whatever form this is meaningful. These are the foundations of prevention in its truest sense.

I have however always had an interest in community and social interventions, and what resonates most with me is the idea that meaningful recovery, our sense of wellbeing and sense of self relies on, and is driven by, our social connections with others rather than the "problem", as it were, residing in the individual. Socially-based interventions therefore provide much more scope for lasting and more fundamental changes through collective action, recognising what connects us and empowers us.

I think I was particularly drawn to supporting this project not only because it involved co-producing an innovative intervention with colleagues from various different settings including experts by experience, but the idea that it was driven by a social response to suicide prevention. This brought in a broader dimension to the project as it meant it was driven by the need to support those who were less likely to access services and were therefore at greater risk.

A feature I really liked and valued about our work was the emphasis on co-production from the get-go. This meant we were very much co-creating how the course was pitched; anticipating what would be helpful in terms of emphasis, the value of experiential learning and the balancing act of the process and final outcome of performing live at the comedy store. Whilst it wasn't a surprise as such, I developed a greater appreciation about the importance of feedback loops. These are inevitably a central part of delivering comedy in terms of the attunement with, and engagement with the audience but they also formed a central part of both the pre and post evaluation of the course as well as how we gathered more learning during the course of the 10 weeks. This rich, and often very personalised, feedback provided an incredibly helpful way to understand how the participants reflected on their journey; what was beneficial, where the gaps were and the impact on their lives. An area which I particularly learnt from was the powerful impact of performing the live stand-up at the end of the course. For many this was a uniquely uplifting and confidence-boosting experience and is a reminder of the power of being able to do something that surpasses our expectations and the immense courage we discover when we really need it.

At the start of this project we did not know that this Suicide Prevention intervention would be a success. Intuitively, and from the range of experiences we brought, the work made sense. However, the opportunity to work together to co-create the 10-week programme and then hear about how this was experienced, and how it helped, was very rewarding.

"The value of providing social interventions is that they work on a number of different levels simultaneously."

#### **Reflections shared by Angie Belcher**

The biggest hurdle to engaging men in group therapies is the perceived exposure or sharing truths. Therefore, this comedy course gave the men a get out clause psychologically; for them, they were learning comedy and this trumped any negative thoughts about being emotionally vulnerable in a group situation.

The comedy course I designed originally, which was used as a framework/skeletal structure for our co-produced course, was to be focussed always on comedy. That doesn't mean that other soft and hard skills don't get taught, but they are woven into the fabric of the course. Therefore, the men reported that they felt they could talk, felt closer to others and they had found "Brotherhood". For me, the way to teach anyone anything, be it comedy or anything else, is relationship building; I build the safety and connection into the course, so that people feel safe to open up. Comedy is the perfect way to do this. We don't notice in the exploration of how to be funny, that we are actually processing our trauma and conflict.

There were also more subtle ways that the course felt less "therapeutic" and therefore became easier for the men to share and explore aspects of themselves in a psychologically safe way. These included

- 1. The set up of the room. The comedy store had immovable seats facing the front, so unlike most therapeutic sessions no one had to look at anyone else or endure someone else looking back at them. This links in with my health and safety briefing, which states that no-one has to do anything they don't want to do, (my ultimate mantra being "comfort the afflicted and afflict the comforted"). What this statement does, along with the layout of the room, is to make it very easy not be involved, that it actually feels safe to be involved. In performance, we talk about what the use of eye contact can do for a performer and their audience, but this too is true of facilitation techniques. The men felt safe not being in a circle, so their guard actually came down quicker.
- 2. We didn't bang on much about suicide. We looked instead at the terminology of vulnerability, trauma and conflict, which are all part of the indicators of suicide. Again, this slight shift in focus meant that the course didn't feel therapeutic; rather, it felt like a comedy course.
- 3. The concept of feedback, not failure. Comedy is the only art form whereby we can find out if it works by doing it in front of an audience, but in order to get the best material we have to go to our edges and find out how far our emotions can lead us to a punch line. Therefore, the men were taught about our approach to coaching, that there's no judgement on their ideas in terms of the formulation, but that our jobs were to ensure that the fulfilment of that joke has to work. (For example we don't say "Why did you think a child abuse joke was necessary" but rather "The punchline to that joke didn't work according to this audience and your choice of material in a 5 minute set might alienate your audience"). Also if a joke didn't land well within the group, we as a group understood that the joke needed polishing, so we could analyse the joke part and get it better, and together we got everyone to the finish line.

"Comedy is the perfect way to do this. We don't notice in the exploration of how to be funny, that we are actually processing our trauma and conflict."

The course has cemented my belief in the transformative power of comedy for people both on and off stage; how comedy acts as a talking therapy and, for me, stand-up comedy is time travel – a chance to go back in time to analyse our life story and change or re-frame the narrative. The arts give us a safety valve release for out mental health burdens, and comedy is overtly about that, so this is an effective, enjoyable and almost clinical way to encourage people to share emotionally, thus leading to better ways for men to manage their mental health and ultimately choose not to take their own lives.

Specifically with his group I've learnt of some culturally specific indicators of suicide that I'd never realised were prevalent. For example, the mental health challenges brought on by arranged marriage, anger issues and female on male domestic violence. The men told me that comedy had always been a way that they'd dealt with this internally, but now they had a chance to turn their problems into a thought process, a sharing situation and in front of a public audience in a comedy club. As such, they felt their load had been lightened, and that their futures were brighter.

## **Summary of key findings**

In summary, this report demonstrates the significant value of the comedy course to the men who participated in the focus group. The course delivered a range of outcomes, including: reducing the risk of suicide; improving people's confidence, wellbeing and resilience; increasing participants' social connections and reducing isolation; and reducing the stigma and shame that some people felt relating to their mental health challenges.

The way in which the course was designed and delivered was fundamental to how these outcomes were achieved. In line with existing literature, the focus on comedy was particularly powerful, proving to be not only an important motivator for one's initial interest in the course, but a safe and effective mechanism through which participants could explore and reframe their feelings and experiences, and, very importantly, to have these heard by others. Other factors that were essential included the male-only nature of the course, the chance to connect with a group, and the performance element.

This targeted approach acknowledged the specific needs of men with lived experience of suicidal ideation, creating a space where shared camaraderie and understanding contributed to a shared journey of healing. Within this secure and supportive environment, participants openly shared their experiences related to addiction, self-harm, domestic abuse, and suicidal ideation. The sense of camaraderie and positive social dynamics among participants point to a shared motivation for a supportive space conducive to authentic self-expression. The course's potential to serve as both a creative outlet and a therapeutic environment resonated with those seeking avenues for personal growth and connection. Attendees were excited by the prospect of forging bonds with like-minded individuals facing similar challenges, creating a sense of belonging and mutual understanding that extended beyond the course itself.

Throughout the focus group, it became increasingly clear that it was the combined effect of all of these factors that enabled the course to have such a transformative effect. It provided the opportunity to both make sense of, and share, one's story with oneself and the world, alongside the opportunity for personal development through learning a new skill, that the course was felt to have such a transformative effect. Notably, participants highlighted the course's efficacy in diverting them from destructive patterns, fostering a heightened feeling of agency over their lives. Attendees perceived the course as an opportunity not only to address immediate struggles but also to acquire enduring skills for navigating life changes with increased resilience.

There were some changes that were suggested by participants, which could potentially improve the delivery of the course in the future, including better time management during sessions, actively signposting to bespoke, supplementary support as things came up, and ensuring there is a well thought through exit strategy once the course comes to an end. However, the findings overall demonstrate the potential for comedy to be used as a powerful medium for building resilience, enabling self-expression, and creating positive transformation within the realm of mental health.

#### **Recommendations**

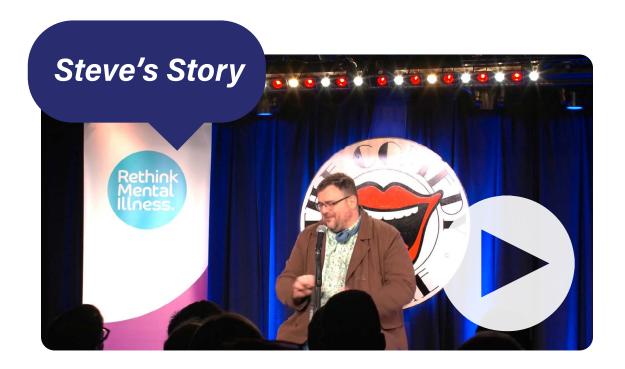
Based on the findings, the following set of recommendations have been made.

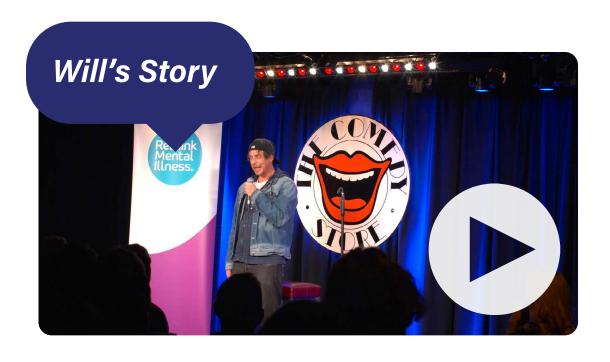
- 1. Continue to deliver and invest in the comedy course as an effective suicide prevention intervention for men at risk of suicide.
- 2. Refine and adapt the course in line with the suggestions made by participants.
- Consider how the learning from this programme can be used to improve or influence other suicide prevention programmes; in particular, the benefit of providing interventions that provide both personal development opportunities (e.g. learning a new skill) alongside a therapeutic approach that enables people to identify and address the underlying causes and narratives that impact on one's mental health.
- 4. Undertake a more substantial evaluation of the effectiveness of the intervention in different settings and for different cohorts.
- **5.** Develop a "train the trainer" model to upskill others to be able to effectively deliver the course on a wider scale.
- **6.** Support people to remain in contact with one another so that the preventative social connections that are developed can be embedded and sustained.

## References

- Abel, M. H. (2002). Humor, stress, and coping strategies. Humr, 15(4), 365–381. https://doi.org/10.1515/ humr.15.4.365
- Appleby, L., Hunt, I. M., & Kapur, N. (2017). New policy and evidence on suicide prevention. The Lancet Psychiatry, 4(9), 658–660. https://doi.org/10.1016/S2215-0366(17)30238-9
- Balogun, F. (2018). Suicide Prevention in England: An Evaluation of Fifteen Years of Action. Journal of Psychiatry, 21(2). https://doi.org/10.4172/2378-5756.1000441
- Bennett, M. P., & Lengacher, C. A. (2006). Humor and Laughter may Influence Health. I. History and Background. Evidence-Based Complementary and Alternative Medicine, 3(1), 61–63. https://doi.org/10.1093/ ecam/nek015
- Besser, A., Luyten, P., & Blatt, S. J. (2011). Do Humor Styles Mediate or Moderate the Relationship Between Self-Criticism and Neediness and Depressive Symptoms? Journal of Nervous & Mental Disease, 199(10), 757–764. https://doi.org/10.1097/NMD.0b013e31822fc9a8
- Biddle, L., Brock, A., Brookes, S. T., & Gunnell, D. (2008). Suicide rates in young men in England and Wales in the 21st century: Time trend study. BMJ, 336(7643), 539–542. https://doi.org/10.1136/bmj.39475.603935.25
- Button, M. E., & Marsh, I. (Eds.). (2020). Suicide and social justice: New perspectives on the politics of suicide and suicide prevention. Routledge Taylor & Francis Group. https://books.google.co.uk/books?hl=en&lr=&id=n0i8DwAAQBAJ&oi=fnd&pg=PT9&dq=community+suicide+prevention+england&ots=aCkHqWbaBj&sig=L3XOY-FjTg399wfvWSsZ9CxVB3o#v=onepage&q=community%20suicide%20prevention%20england&f=false
- Cai, C., Yu, L., Rong, L., & Zhong, H. (2014). Effectiveness of humor intervention for patients with schizophrenia: A randomized controlled trial. Journal of Psychiatric Research, 59, 174–178. https://doi.org/10.1016/j. jpsychires.2014.09.010
- Dyck, K. T. H., & Holtzman, S. (2013). Understanding humor styles and well-being: The importance of social relationships and gender. Personality and Individual Differences, 55(1), 53–58. https://doi.org/10.1016/j. paid.2013.01.023
- Edwards, K. R., & Martin, R. A. (2010). Humor Creation Ability and Mental Health: Are Funny People more Psychologically Healthy? Europe's Journal of Psychology, 6(3), 196–212. https://doi.org/10.5964/ejop.v6i3.213
- Fountoulakis, K. N., Gonda, X., & Rihmer, Z. (2011). Suicide prevention programs through community intervention. Journal of Affective Disorders, 130(1–2), 10–16. https://doi.org/10.1016/j.jad.2010.06.009
- Hill, A. (2022, September 5). Standup comedy course for men at risk of suicide wins NHS funding. The Guardian. https://www.theguardian.com/society/2022/may/09/standup-comedy-course-for-men-at-risk-of-suicide-wins-nhs-funding
- Hunt, I. M., Webb, R. T., Turnbull, P., Graney, J., Ibrahim, S., Shaw, J., Kapur, N., & Appleby, L. (2021). Suicide rates among patients subject to community treatment orders in England during 2009–2018. BJPsych Open, 7(6), e180. https://doi.org/10.1192/bjo.2021.1021
- Ibrahim, S., Hunt, I. M., Rahman, M. S., Shaw, J., Appleby, L., & Kapur, N. (2019). Recession, recovery and suicide
  in mental health patients in England: Time trend analysis. British Journal of Psychiatry, 215(4), 608–614. https://doi.org/10.1192/bjp.2019.119
- Koller, D., & Gryski, C. (2008). The Life Threatened Child and the Life Enhancing Clown: Towards a Model of Therapeutic Clowning. Evidence-Based Complementary and Alternative Medicine, 5(1), 17–25. https://doi. org/10.1093/ecam/nem033

- Martin, R. A., & Ford, T. E. (2018). The psychology of humor: An integrative approach (Second edition). Academic Press, an imprint of Elsevier. https://books.google.co.uk/books?hl=en&lr=&id=l4RlDw AAQBAJ&oi=fnd&pg=PP1&ots=q-YhcYlyQW&sig=mQ025c-cdYaCQ9HcUUufXDDHMLw&redir\_esc=y#v=onepage&q&f=false
- Pitman, A. (2019). Suicide prevention in England. BMJ, I5102. https://doi.org/10.1136/bmj.I5102
- Pitman, A., & Caine, E. (2012). The role of the high-risk approach in suicide prevention. British Journal of Psychiatry, 201(3), 175–177. https://doi.org/10.1192/bjp.bp.111.107805
- Quarterly suicide death registrations in England—Office for National Statistics. (n.d.). Retrieved November
   16, 2023, from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/







Leading the way to a better quality of life for everyone severely affected by mental illness.

For further information on Rethink Mental Illness Phone 0121 522 7007 Email info@rethink.org

## rethink.org



















Rethink Mental Illness, a company limited by guarantee. Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 28 Albert Embankment, London, SE1 7GR. Authorised and regulated by the Financial Conduct Authority (Firm Registration Number 624502).