PUTTING MEN INTO MENTAL HEALTH

KEY ISSUES BRIEFING

SOMERSET County Council

MEN'S HEALTH FORUM

USEFUL WEBSITES

CALM
www.thecalmzone.net

Heads Together
www.headstogether.org.uk

Men Get Eating Disorders Too
www.mengetedstoo.co.uk

Men's Health Forum
www.menshealthforum.org.uk

Mental Health Foundation
www.mentalhealth.org.uk

Mind
www.mind.org.uk

Samaritans
www.samaritans.org

Survivors UK
www.survivorsuk.org

Time to Change
www.time-to-change.org.uk

KEY FINDINGS

- Much survey and diagnostic data suggests that women are more likely to be affected by common mental health disorders such as depression and anxiety but this may under-estimate the scale of the problem in men.
- Men are more likely to kill themselves (75% of suicides are male), to be alcohol dependent and to use illegal drugs.
- Body image disorders, perinatal depression and the psychological consequences of sexual abuse affect more men than is generally recognised.
- Men are far less likely than women to seek help for a mental health problem. This is in part due to men's beliefs and attitudes but also to the way services are designed and delivered.
- There is now good evidence about how men can be better engaged in mental health services. Using safe male spaces, such as sports venues and workplaces, and using appropriate language about mental health when communicating with men are among the steps that can be taken.

INTRODUCTION

1.1. Somerset Public Health is working, with the support of the Men's Health Forum, to raise awareness of men's mental health issues and to facilitate the delivery of services that meet the needs of men as well as women. This forms part of a work programme to implement the national Five Year Forward View on Mental Health which includes plans to improve patient access to psychological therapies, reduce suicide rates and tackle alcohol and drug misuse.

1.2. To help highlight an issue which has been under-recognised in both policy and practice, a men's mental health conference was held in October 2015 for a wide range of stakeholders in Somerset. There were some 120 attendees. The conference was followed by the publication of a conference report and training events for service providers.

1.3. This briefing aims to complement previous work in Somerset by providing an overview of the key issues in men's mental health to help providers in all sectors in Somerset to understand better the issues facing men and how to design

and deliver services that they will use effectively.

1.4. This briefing highlights important information about the state of men's mental health. It is a complex picture but it is clear that, in some areas, the level of need has been overlooked, accurate gender-disaggregated data may not be available, and that innovations in professional practice are required. It is not claimed that men's mental health is worse than women's mental health. Gender inequalities in the mental health of both sexes are in need of greater recognition and attention.

THE EXTENT OF MENTAL HEALTH PROBLEMS IN MEN

2.1. Severe psychotic illnesses are uncommon but are diagnosed about equally in men and women. Most published evidence, including diagnostic data, suggests that the common mental health problems (e.g. depression, anxiety, phobias, obsessive compulsive disorders, etc.), which are the main focus of this report, are more common in women.

2.2. The Adult Psychiatric Morbidity Survey (APMS) is generally regarded as one of the most reliable sources for England. The most recent data, for 2014, suggests that all types of common mental health problems were more prevalent in women than in men.[1] Nearly half (43.4%) of adults think that they have had a diagnosable mental health condition at some point in their life (35.2% of men and 51.2% of women). A fifth of men (19.5%) and a third of women (33.7%) have had diagnoses confirmed by professionals.

2.3. Gay and bisexual men are more likely to experience mental ill-health than heterosexual men. A recent large UK survey found that 21% of gay and bisexual men reported being depressed, within the last 12 months, 17% were anxious, 7% had self-harmed and 3% had attempted suicide.[2]

2.4. The APMS found that the prevalence of common mental health problems varied significantly by ethnic group for women but not for men. Surprisingly, black men may actually have higher levels of mental well-being than the general population.[3]

2.5. Offenders and homeless people, who are much more likely to be men, do experience far higher levels of mental ill-health, however.[4] Military personnel who served in Iraq and/or Afghanistan, are also more likely to report common mental health conditions than men in general.[5] Unemployed men are more at risk of mental health problems and suicide than unemployed women.[6]

2.6. Survey-based evidence, or data based on clinical diagnoses, may under-estimate the extent of mental health problems in men, however. Men are less likely than women to recognise emotional and psychological distress in themselves or to seek treatment for mental health problems from a health professional.[7] This may be particularly the case for African and Caribbean men.[8] It may also be that some of the symptoms of depression in men – such as alcohol misuse or anti-social behaviour – are not diagnosed as such.[9] The Royal College of Psychiatrists has suggested that, in fact, men suffer from depression just as often as women.[10]

2.7. There are several specific mental health issues where the burden on men is very clear:

SUICIDE

2.8. Of the total number of suicides (6,188 deaths) registered in the UK in 2015, 75% were males and 25% were females, a ratio of 3:1.[11] Males aged 45-59 have the highest suicide rate of 22.3 deaths per 100,000 population. Males aged 30-44 had the second highest suicide rate, at 21.0. Although the rate for the males aged under 30 is the smallest, it has been steadily increasing in recent years and suicide is the largest single cause of death in men age under 50. The statistics for Somerset broadly follow the national pattern.

2.9. Non-fatal self-harm is a major risk factor for subsequent suicide and, although it is more common in women, it is still significant in men. A survey of 16-24 year olds in the UK published in 2017 found that a quarter (24%) of men said they had intentionally hurt themselves and almost the same proportion (22%) said they had considered self-harming.[12]

ALCOHOL USE

2.10. Men are more likely than women to drink at levels that pose a risk to their health and an estimated 9% of men in the UK and 4% of women show signs of alcohol dependence.[13] There appears to be particular problem with hazardous drinking among military personnel: across all the services, 67% of men report hazardous drinking, compared to 33% of men in the general population.

ILLEGAL DRUG USE

2.11. Levels of drug use were higher among men than women in 2015/16, with 12% of men aged 16 to 59 reporting taking any drug in the last year, compared with 5% of women.[14] Men were more than twice as likely to report using cannabis (9.1% of men had used cannabis in the last year, compared with 3.8% of women) and were almost three times more likely than women to take powder cocaine (3.3% compared with 1.2%) and ecstasy (2.2% compared with 0.8%). In 2014, there were 2,248 deaths which were related to drug misuse and 72% of these were male.[15]

2.12. There are also several mental health issues which are more common in women but which are significantly under-recognised in men:

BODY IMAGE DISORDERS

2.13. Most British men are unhappy with their muscularity, according to a study published in 2012.[16] Most did not consider their arms (62.8%) or chests (62.9%) to be muscular enough. 17% of men had a definite fear that they might gain weight and 32% reported that they had 'exercised in a driven or compulsive way' as a means of controlling weight. Up to 25% of those showing signs of an eating disorder are male[17] and there is evidence that increasing numbers of men are misusing anabolic steroids in order to increase their muscularity.[18] A surprising number of young men are affected by penis size anxiety.[19] Gay men are more likely to experience body image disorders.

PERINATAL DEPRESSION

2.14. The prevalence of fathers' depression and anxiety in the perinatal period (i.e. from conception to one year after birth)

is approximately 5-10% and 5-15% respectively.[20] This can impact on children's emotional and behavioural outcomes and also on maternal mental health. However, many fathers feel reluctant or unable to express their support needs or seek help. They often prioritise their partner's needs, question the legitimacy of their experiences and feel excluded by services.

PSYCHOLOGICAL CONSEQUENCES OF SEXUAL ABUSE

2.15. According to Survivors UK, at any one time more than one in 10 boys aged under 16 are victims of some form of sexual abuse; there could be over two million adult male survivors of childhood sexual abuse in the UK.[21] A further 3.5% of men have sexually assaulted in adulthood. Negative mental health effects consistently associated in research with child sexual abuse include post-traumatic symptoms, depression, substance abuse, aggressive behaviours and conduct problems, eating disorders, and anxiety. Child sexual abuse has also been linked to psychotic disorders including schizophrenia and delusional disorder, as well as personality disorders. Female survivors may be more likely to internalise their emotional pain and males to externalize it.[22] Male survivors are more likely to attempt suicide. [23]

MEN'S USE OF SERVICES

3.1. Men are far less likely than women to seek help for a mental health problem. A recent Mental Health Foundation survey of people who have had mental health problems found that 28% of men said they had not sought medical help compared to 19% of women.[24] A third of women, compared to a quarter of men, had told friends or family about their mental health problem within a month of it arising. More than a third of men, compared to a quarter of women, either waited more than two years or chose never to tell friends or family about their problem.

3.2. A large survey of 16-64 year olds in Somerset specifically found that men with symptoms of a common mental disorder were 34% less likely than women to have sought some form of help.[25]

3.3. It is therefore unsurprising to learn that only about one-third (36%) of referrals to the Improving Access to Psychological Therapies programme in England in 2015-16 were for men.[26] This is despite evidence that recovery rates through the programme are broadly similar for men and women.

3.4. Men's reluctance to seek help is in part rooted in 'masculine beliefs.' These are still widely held by men, including by younger men.[27] Men who conform strongly to masculine norms tend to have poorer mental health and less favourable attitudes towards seeking psychological help although, interestingly, not all masculine norms are equally implicated.[28] Men who place more emphasis on self-reliance or who have sexist attitudes are most at risk.

3.5. In addition to stigma, other barriers to help-seeking include a lack of symptom awareness (e.g. a belief that mental ill-health is signified by 'hearing voices', talking to oneself or suicidal behaviours), a misperception about anti-depressants and other medication (that they are 'personality-altering'), and misunderstanding the counselling process (as always involving 'Freudian couches').[29] A study of men in Australia found that men at the highest risk of long-term depression were the most likely to hold negative attitudes towards help-seeking for their condition.[30]

3.6. But it would be wrong to hold men solely responsible for their under-use of services for mental health problems. Gender socialisation has been judged to place heavier constraints on males than females and individual men cannot easily discard the masculine norms with which they have grown up.[31] Primary care and other services have also not been designed or delivered in ways that many men find easy to use. This in in part for practical reasons – such as services not being available outside of 'normal' working hours – and in part because they can appear to men to be more focused on meeting the needs of women. There has also been a lack of health campaigns highlighting men's mental health and encouraging them to seek help.

ENGAGING MEN IN MENTAL HEALTH

4.1. There is now an increasing body of good evidence about how men can be better engaged in mental health services.

4.2. Mental health promotion for men that takes account of gender and masculinity is more likely to be effective.[32] Settings that create safe male spaces (eg. sport-related, workplaces, Men's Sheds or online spaces) can help to promote trust, reduce stigma and normalize men's engagement in interventions. Embedding interventions in the communities of men being engaged, fully involving these men, and holding 'male-positive' values engender familiarity and consolidate trust. Using 'male-sensitive' language and activity-based approaches allows for positive expressions of emotions, facilitates social engagement, and provides a base for open communication. Appropriate partnerships between agencies is also an important requirement for success and as crucial for maximizing intervention impact. These approaches have been encapsulated into 'Top Ten Tips' in an accessible Men's Health Forum 'How To' guide for practitioners.[33]

4.3. The Men's Health Forum has more recently looked in more detail at the language men use to talk about mental health issues. While terms like 'emotional', 'depressed' and 'anxious' feel appropriate to younger men, older men roundly reject 'emotional', preferring 'stress', 'stressed out', 'overwhelmed' or 'overloaded'.[34]

4.4. When working with men, whether face-to-face or when producing information and marketing materials, it can also be helpful to re-frame help-seeking as a show of strength, of taking control and a way of getting things back on track.[35] Asking men if they have been 'struggling with' or 'battling against' pressures rather than 'feeling sad or depressed' may seem more acceptable to many as the language is more consistent with traditional ideas of male experience and identity.[36] Once mental health difficulties have been identified, practitioners can work with men to identify what would help them 'fight' or 'resolve' the issue.

4.5. Men have responded positively to high-profile sportsmen disclosing their mental health issues as it helps to position help-seeking as a social norm.[37] Recent comments about

mental health by Princes William and Harry could make a similar impact. Partners also have an important role in encouraging men to seek professional help. The GP, once seen, can be an important enabler for men to seek therapy. Online resources have also proved helpful as a reinforcer of a decision to seek counselling.

4.6. Finally, seven 'Key Questions' have been developed by the Men's Development Network in Ireland as a tool to assist conversations with men on mental wellbeing.[38] The questions can be used in one-to-one settings as well as groups. They are: (1) How are things? (2) What's going well? (3) What's not going well? (4) Is there anything you need to do? (5) Is there any support you need? (6) What's one step you might take? (7) What difference might it make? There is now considerable 'grey' evidence of the effectiveness of this approach.[39]

4.7. Organisations working with men on mental health issues might find it useful to ask themselves six key questions about the service they are delivering to men. These are in the box opposite.

ISSUES TO CONSIDER

(a) Is the service genuinely 'male positive' in its approach (eg. are staff respectful and sympathetic to men, encouraging and optimistic rather than negative, critical or fearful)?

(b) Has the service been audited to see whether sufficient numbers of men are engaged and whether they are the men who most need to be engaged?

(c) Have any barriers to men's engagement been identified and addressed?

(d) Is the service sufficiently and appropriately 'male-sensitive' (eg. is it 'solution-focused or activity-based, delivered in 'safe male spaces' or using the right language and concepts)?

(e) Are any changes in service design and delivery needed to achieve better outcomes for men?

(f) Have staff received training specifically on men's mental health issues?

REFERENCES

1. Mental Health Foundation (2016). Fundamental Facts About Mental Health 2016. Mental Health Foundation: London.
2. F Hickson, C Davey, D Reid, et al, Mental health inequalities among gay and bisexual men in England, Scotland and Wales: a large community-based cross-sectional survey. Journal of Public Health 2016 fdw021. doi: 10.1093/pubmed/fdw021
3. S Stewart-Brown, PC Samaraweera, F Taggart, et al, Socioeconomic gradients and mental health: implications for public health. The British Journal of Psychiatry 2015;206:461–465. doi: 10.1192/bjp.bp.114.147280
4.Mental Health Foundation, op cit
5. Houses of Parliament Parliamentary Office of Science and Technology, Psychological Health of Military Personnel. Postnote 2016; 518.
6.J Gulliford, D Shannon, T Taskila, et al (2014). Sick of Being Unemployed: The health issues of out of work men and how support services are failing to address them. Men's Health Forum: London.
7. D Wilkins (2015). How To Make Mental Health Services Work for Men. Men's Health Forum: London.
8. F. Keating (2007). African and Caribbean men and mental health. Race Equality Foundation: London.
9. ABA Cavanagh, C Wilson, J. Coralie J, et al. Differences in the Expression of Symptoms in Men Versus Women with Depression: A Systematic Review and Meta-analysis. Harvard Review of Psychiatry 2017;25(1):29-38. doi: 10.1097/HRP.0000000000000128.
10. Royal College of Psychiatrists. Depression and Men. http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/depressionmen.aspx (accessed 18 April 2017).
11. Office for National Statistics. Suicides in the UK: 2015 registrations. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2015registrations (accessed 18 April 2017).
12. S Marsh (2017). A quarter of young men self-harm to cope with depression, says survey. The Guardian. https://www.theguardian.com/society/2017/mar/01/quarter-of-young-men-self-harm-cope-depression-poll?CMP=Share_AndroidApp_Gmail (accessed 18 April 2017).
13. Alcohol Concern. Alcohol and health. https://www.alcoholconcern.org.uk/alcohol-statistics
14. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564760/drug-misuse-1516.pdf (accessed 18 April 2017).
15.Health and Social Care Information Centre (2016). Statistics on Drug Misuse: England, 2016. http://content.digital.nhs.uk/catalogue/PUB21159/drug-misu-eng-2016-rep.pdf (accessed 18 April 2017).
16. University of the West of England. Beer belly is biggest body issue for men. https://info.uwe.ac.uk/news/uwenews/news.aspx?id=2178 (accessed 18 April 2017).
17. Beating Eating Disorders. Eating Order Statistics. https://www.b-eat.co.uk/about-beat/media-centre/information-and-statistics-about-eating-disorders (accessed 18 April 2017).
18. All Party Parliamentary Group on Body Image (2012?). Reflections on body image. All Party Parliamentary Group on Body Image and Central YMCA: London.
19. P Baker (2016). Man MOT Project: Key Lessons. How online anonymity works for men. Men's Health Forum: London.
20. Z Darwin, P Galdas, S Hinchliff, et al, Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. BMC Pregnancy and Childbirth 2017;17(45) doi: 10.1186/s12884-017-1229-4.
21. Survivors UK. Answering Questions on Male Sexual Abuse. https://www.survivorsuk.org/question/answering-questions-on-male-sexual-abuse/ (accessed 18 April 2017).
22. S Sigurdardottir, S. Halldorsdottir, SS Bender, Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. Scandanavian Journal of Public Health 2014;42(3):278-286.
23. SD Easton, LM Renner, P O'Leary, Suicide attempts among men with histories of child sexual abuse: Examining abuse severity, mental health, and masculine norms. Child Abuse & Neglect 2013;37(6):380–387.
24. Mental Health Foundation. Survey of people with lived experience of mental health problems reveals men less likely to seek medical support. https://www.mentalhealth.org.uk/news/survey-people-lived-experience-mental-health-problems-reveals-men-less-likely-seek-medical (accessed 18 April 2017).
25. MI Oliver, N Pearson, N Coe, et al, Help-seeking behaviour in men and women with common mental health problems: cross-sectional study. The British Journal of Psychiatry 2005;186(4):297-301.
26. NHS Digital. Psychological Therapies: Annual report on the use of IAPT services England, 2015-16. http://content.digital.nhs.uk/catalogue/PUB22110/psych-ther-ann-rep-2015-16.pdf (accessed 18 April 2017).
27. B Heilman, G Barker, A Harrison (2017). The Man Box: A Study on Being a Young Man in the US, UK, and Mexico: Key Findings. Promundo US and Unilever: Washington DC and London.
28. YJ Wong, MR Ho, SY Wang, et al, Meta-Analyses of the Relationship Between Conformity to Masculine Norms and Mental Health-Related Outcomes. Journal of Counseling Psychology 2017;64(1):80-93.
29. C Harding, C Fox, It's Not About "Freudian Couches and Personality Changing Drugs": An Investigation Into Men's Mental Health Help-Seeking Enablers. American Journal of Men's Health 2015; 9(6):451–463.
30. SM Rice, HM Aucote, AG Parker, et al, Men's perceived barriers to help seeking for depression: Longitudinal findings relative to symptom onset and duration. Journal of Health Psychology 2015 doi: 10.1177/1359105315605655
31. J. Williams, D. Stephenson, F. Keating, A tapestry of oppression. The Psychologist 2014;27:406-409.
32. S. Robertson, B. Gough, E Hanna et al, Successful mental health promotion with men: the evidence from 'tacit knowledge'. Health Promotion International 2016 daw067. doi: 10.1093/heapro/daw067
33. D Wilkins, op cit.
34. Men's Health Forum, Language and Men's Mental Health (forthcoming).
35. J. Ogrodniczuk, J. Oliffe, D. Kuhl et al, Men's mental health: Spaces and places that work for men. Canadian Family Physician 2016;62:463-4.
36. S. Robertson, S. Patrick, Mental health and wellbeing: focus on men's health. British Journal of Nursing 2016; 25(21):1163-9.
37. C Harding, C Fox, op cit.
38. The Men's Development Network, 7 Questions worth reflecting on for a better life. http://www.mens-network.net/wp-content/uploads/2015/09/MDN-Latest-7-Questions-Training.pdf (accessed 18 April 2017).
39. B Grace, N Richardson, P Carroll (2014). Engaging Young Men Project: A report on the Mapping Exercise conducted in Ireland during 2014. Men's Health Forum in Ireland: Dublin.

Briefing prepared by Peter Baker, Associate, Men's Health Forum. May 2017.