



Men and mental health
Get it off your chest



For better
mental health

Mind week 2009

Who we are

Mind has been speaking out for better mental health for 60 years. We work in partnership with around 200 local Mind associations to directly improve the lives of people with experience of mental distress.

Mental distress affects people from every ethnic background and walk of life – one in four people experience mental distress at some time in their lives and a third of all GP visits relate to mental health.

Mind believes everyone is entitled to the care they need in order to live a full life and to play their full part in society. Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively and with respect.

Mind is an independent charity supported by your donations. We campaign to influence Government policy and legislation, work closely with the media and are the first source of unbiased, independent mental health information via our publications, website www.mind.org.uk and phone service MindinfoLine 0845 766 0163.

Acknowledgements

Mind would like to thank all those who responded to our poll and is particularly grateful to Mind in Croydon and Bradford Mind for taking part in the focus groups.

Foreword



Michael Addis is Professor of Psychology at Clark University in Worcester, Massachusetts and the author of over 60 scientific articles and two books on issues related to men's mental health, depression, anxiety and the relationship between science and practice in psychology. We are delighted to have an expert in the field of men and mental health lend his support to our campaign and introduce this report.

The image of the 'tough man' who keeps a stiff upper lip and handles all of his problems on his own is deeply ingrained in society. It is so powerful that men of all ages and cultural backgrounds are both less likely to recognise when they have a serious mental health problem and less likely to seek services for the problem. Perhaps for these reasons men are also four times more likely than women to take their own lives.

Effective health services need to recognise and respond to this. Although the Department of Health has published a Women's Mental Health Strategy, a mirror scheme has not been created for men. In Wales there are no gender-specific mental health strategies.

The recession will have a dramatic impact on men and mental health. One in seven men who are unemployed will develop depression within six months of losing their jobs and men who experience a downward social shift are four times more likely to experience depression than men who improve their social status (Kivimaki, 2007).

The difficulty that many men have reaching out for help has profound consequences for men, women, children, families and communities. Men are more likely to 'act out' when emotionally distressed by drinking, getting irritable or becoming aggressive. It's not surprising then that men are more likely than women to develop a drug or alcohol problem and that 95 per cent of the prison population is male (Ministry of Justice, 2009).

With men accounting for 75 per cent of suicides, it is clear that as a society we are failing men (Office for National Statistics, 2009a). As the recession bites and the situation is set to worsen, men's mental health needs can no longer be ignored.

This unmet need exists not only in the UK, but also at a global level. For example, in the USA there is currently no research centre dedicated to the study of men's mental health. At Clark University, we are in the planning stages of developing just such a centre. For the past decade we have been committed to developing new ways that scientific knowledge can be used to improve the quality of men's emotional wellbeing. In that spirit, I am tremendously impressed with Mind's efforts to create a policy statement for men's mental health in the UK.

A handwritten signature in black ink, appearing to be 'M. Addis', with a long horizontal flourish extending to the right.

Michael Addis

Some facts

Men account for 75 per cent of suicides in England and Wales.

ONS, 2009a

95 per cent of the prison population is male.

Ministry of Justice, 2009

One in seven men will develop depression within six months of unemployment.

Kivimaki, 2007

Gay men are more likely to have high levels of psychological distress than heterosexual men.

King & McKeown, 2003

Black men are almost twice as likely as white men to be detained in police custody under the Mental Health Act.

IPCC, 2008

Mind's research

YouGov survey

Mind commissioned YouGov Plc to conduct a survey on men and women's coping mechanisms and help-seeking behaviours.

The survey was undertaken between 27 and 29 January 2009 and carried out as an online interview administered by members of YouGov. An email was sent to people selected at random from a list of over 185,000 individuals. The email invited them to take part and provided a link to the survey. A total of 2,055 adults responded to the survey.

Responses were weighted to ensure that they were representative of all GB adults (aged 18+). The profile of the GB population is normally taken from census data or, if not available from the census, from industry-accepted data.

YouGov is registered with the Information Commissioner and is a member of the British Polling Council.

Focus groups

Mind carried out two focus groups at local Mind associations. This was to find out how men with experience of mental health problems felt about the services they use and how their male-specific needs were being addressed. We also asked men about how services could be improved for them. The focus groups lasted for two hours and were facilitated by a Mind staff member.

The first focus group took place on 5 February 2009 with six people who attend a men's support group at Mind in Croydon. The second focus group took place on 12 February 2009 with 10 people from the men's support group 'Menzone' at Bradford Mind.

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Key findings of Mind's research

Mind commissioned YouGov to carry out a survey of over 2,000 people (both men and women) on their mental health.

37 per cent of men admitted to regularly feeling worried or to feeling low at the moment.

Help-seeking

Only 23 per cent of men would see their GP if they felt low for more than two weeks compared to 33 per cent of women.

Just 14 per cent of men aged 35 to 44 would see a GP if they were feeling low compared to 37 per cent of women of the same age.



Men were half as likely as women to go to a counsellor or therapist to talk about their feelings.

45 per cent of men thought they can fight off feeling down compared to 36 per cent of women.

'Acting out'

Almost twice as many men as women admitted to getting angry when they are worried.

Young men (18 to 24) were five times as likely to take recreational drugs when worried as young women (5 per cent of men compared to 1 per cent of women).



Men were twice as likely as women to have suicidal thoughts when worried (5 per cent of men compared to 2 per cent of women).

Men aged 45 to 54 were seven times more likely to experience suicidal thoughts when worried as women of the same age.

Coping strategies

Almost twice as many men as women drank alcohol to cope with feeling down (16 per cent of men compared to 8 per cent of women).



Men chose to relax by watching TV (48 per cent), listening to music (33 per cent), going for a walk (21 per cent) or reading (21 per cent).

Women chose to relax by watching TV (43 per cent), reading (31 per cent), taking a bath (26 per cent) or talking to friends (24 per cent).

Family and friends

Men were almost half as likely to talk to friends about their problems as women (29 per cent of men compared to 53 per cent of women).



Only 31 per cent of men would talk to their family about feeling low compared to 47 per cent of women.

Young men were the most likely group to tell a friend to 'pull themselves together' if they were feeling low.

Employment

45 per cent of men were currently worried about their finances.

27 per cent of men were worried about job security compared to 22 per cent of women.

Men were twice as likely to want to have help available at work or at jobcentres as women in almost all age groups.

Key recommendations

- 1** Men's mental health should play a key role in the New Horizons vision and the Department of Health in England should publish a men's mental health strategy as part of this.
- 2** In Wales, the forthcoming review of the National Service Framework for Adult Mental Health and current reorganisation of the NHS should be seen as an opportunity to address specific issues around men and mental health.
- 3** The recommendations of The Gender Equity Project report to primary care trusts (PCTs) in England and other health bodies should be urgently acted upon, including encouraging PCTs to review all existing local targets and, wherever possible, to rewrite them in a form that is disaggregated by gender.
- 4** Commissioners of health services should identify the need for and plan accordingly for male-specific mental health services.
- 5** The criteria used by health professionals for diagnosing mental health problems should include all indicators of a condition, including the more traditional male symptoms of 'acting out'.
- 6** Health professionals should take gender into account when discussing treatment options with men.
- 7** Employers should learn to recognise the symptoms of men's mental distress and introduce mental wellbeing policies.
- 8** Core education/training and continuing professional development of health and social services professionals should cover the relationship between gender, sexuality and mental wellbeing.
- 9** With the Delivering Race Equality strategy due to end in 2010, race equality and the needs of black and minority ethnic men should be made a priority for Strategic Health Authorities.
- 10** Commissioners of mental health services and public health professionals should take into account the different needs men can have at different ages and plan services accordingly.

Seeking help

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31 per cent of men would be embarrassed about seeking help for a mental health problem compared to 26 per cent of women.
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Only 23 per cent of men would see their GP if they felt low for more than two weeks compared to 33 per cent of women.
.....

45 per cent of men thought they can fight off feeling down compared to 36 per cent of women.
.....

Mind YouGov poll, 2009



Many studies show that men's help-seeking behaviour is different from women's, with men being less likely to seek help for both emotional and physical problems through the more traditional, formal routes. For example, men have been found to visit the doctor half as much as women for problems in general, with doctors estimating that only 30 per cent of this difference is due to family planning (Templeton, 2003). When men do seek help, they are less likely to discuss emotional problems and tend to focus on physical issues instead (Smith et al., 2006). In a survey of GPs, respondents felt that one in five men came into their surgery with either emotional or physical symptoms much later than they should have done, a result supported by a MORI poll indicating that 42 per cent of women agreed their partner waits too long before they go to see a doctor (Institute of Cancer Research, 2000).

Although this report focuses on mental distress, it is important to note that men can also find it difficult to seek help for physical problems. With there being an established link between physical and mental health (Royal College of Psychiatrists, 2007), it is vital that the Government continues its work to improve the physical health of men as this will have a positive knock-on effect on men's mental wellbeing.

Mind's survey highlights that only 23 per cent of men surveyed would see their GP if they felt low for more than two weeks compared to 33 per cent of women. Women were also twice as likely as men to say they would seek help from a counsellor or therapist. These findings are supported by results from the British Social Attitudes survey that show 35 per cent of men believe counselling is only for 'very serious problems' compared to 28 per cent of women (National Centre for Social Research, 2008).

Gender roles and masculinity

Little research has been carried out into the help-seeking behaviour of men. In fact, there is no centre for the study of men's mental health anywhere in the world. As a result, we do not have definite answers as to why men are less likely than women to seek help for mental distress. However, we can see a recurring theme in the research that does exist. Although we do not know the extent of its impact, socialisation is the most convincing theory to explain why men can be so reluctant to seek help for mental health problems.

The socialisation theory argues that society encourages boys to believe in the traditional masculine ideology of being tough and emotionally inexpressive – big boys don't cry (Addis & Mahalik, 2003) – as opposed to girls who are expected to be sympathetic and good at talking (White, 2006). As they grow up, boys are meant to develop in polarity to girls and the social punishments for breaking this social norm can be particularly harsh. Whereas girls have more freedom to be tomboys, boys who exhibit 'girly' traits, such as crying, are vulnerable to ridicule. Derisive names like 'sissy' or 'big girl's blouse' are common in the playground and can lead boys to link emotional openness with shame.

This might explain why some men can find it difficult to employ an emotional vocabulary, interpret emotions and express feelings. Admitting to a problem that you cannot solve could be perceived as going against the male's ability to be self-reliant. The fact that a third of the men we surveyed felt embarrassed about seeking help supports this.

Stigma is another barrier that can prevent men from getting help. The anti-discrimination campaign Time to Change, in which Mind is a partner, reports that prejudice against people with mental health problems is on the rise. In Wales, research by the Equalities and Human Rights Commission (2008) found that negative public attitudes towards people with mental health conditions persist with people being regarded by a significant number as unfit to work as teachers and unsuitable as partners in long-term relationships with family members. This stigma compounds men's embarrassment about seeking help and, as a result, many men do not get the support they need (Vogel, 2008).

These ideas were supported by the men in Mind's focus groups:

"I couldn't communicate with people. I felt ashamed – there's something not right with me. I must be weaker. You should be out having a laugh with your friends."

Bradford Mind focus group, 2009

"Women are more demonstrative about their feelings... Men hide their illness."

Mind in Croydon focus group, 2009

'Feminisation' of services

Current health services are not always responding to men's needs. Some men have told Mind that when they do seek help, they can find that the services set up to deal with mental health problems are 'feminised'.

"It's all about women – the notices on the GP notice board. You don't know who to talk to, what to say. There just doesn't seem to be anything for men".

Bradford Mind focus group, 2009

These concerns were echoed in a Men's Health Forum survey (2005) of male service users and potential service users. Over half of the survey's respondents felt that the 'feminised' premises of health services can make men feel unwelcome. The respondents called for more male health clinics and male staff and also suggested men's magazines in the waiting rooms.

Yet these recommendations for male-specific services and male-friendly environments have not been fully integrated into the health service. The Gender Equity Project, which looked into how the health service has responded to the recent gender equity duty, found that there was a lack of both commitment and capacity to tackle gender inequalities in any wholehearted way among primary care trusts (PCTs) and other health bodies. The report explicitly mentioned that there was a shortage of expertise in working with men in particular (Department of Health et al., 2006), a statement confirmed by the UK Advice Finder database identifying only 184 male-specific advice services compared to 757 services for women.

Mental health promotion strategies need to be much better at targeting men and encouraging them to come forward and seek help. Such strategies might focus on 'masculine' attributes and equate help seeking with strength and courage, for example 'it is brave to face up to a mental health problem'. Lessons could be learnt from previous campaigns that have encouraged male help-seeking, such as the National Chlamydia Screening Programme's 'Men Too...' strategy (2007).

Suicide

The consequences of not seeking help for mental distress can be fatal. Men account for three-quarters of all suicides in England and Wales. There are many reasons for this, but the fact that men are less likely to find the right help at the right time is crucial.

The National Suicide Prevention Strategy for England has made significant progress in addressing the problem but it has further to go. Although the suicide rate has fallen since the strategy's introduction in 2002, notably among young men, the number of prison suicides is rising (National Institute for Mental Health in England, 2008). With the majority of prisoners being male, this has specific relevance to men's mental health.

Although the strategy is due to end in 2010, it is essential that the initiatives it has developed continue and grow. In particular, work needs to be done to reduce the number of suicides in prison and future plans should ensure that the needs of men are always taken into account.

In Wales, the 2008 'Talk to me' suicide and self-harm action plan states that around 21 in 100,000 men die as a result of suicide compared to 6 in 100,000 women and sets out to target those most at risk.

Recommendations

Men's mental health should play a key role in the New Horizons vision in England and the National Service Framework for Adult Mental Health in Wales.

The recommendations of The Gender Equity Project report to PCTs in England and other health bodies should be urgently acted upon, including the encouragement of PCTs to review all existing local targets and, wherever possible, to rewrite them in a form that is disaggregated by gender.

The National Suicide Prevention Strategy should ensure that its initiatives continue beyond 2010 and that the needs of men, particularly those in prison, are catered for.



Criminalising men's mental health: 'acting out' and diagnosis

.....
Almost twice as many men as women admitted to getting angry when they are worried (15 per cent of men compared to 8 per cent of women).
.....

Men were twice as likely as women (5 per cent of men compared to 2 per cent of women) to have suicidal thoughts when worried.
.....

Mind YouGov poll, 2009

When experiencing mental distress, many men tend to externalise their symptoms. They may display disruptive, violent and antisocial behaviour. Our survey showed that men were almost twice as likely to get angry when worried as women. A survey by The Samaritans confirms this trend, with a third of the young men identified as suicidal saying that they would smash something if they were worried or upset and half of this group having been in trouble with the police (Samaritans, 1998). Such 'acting out' contrasts with the way in which many women tend to 'act in' when depressed. 'Acting in' traits include reduced self-esteem, ideas of guilt and decreased concentration (WHO, 2002).

'Acting out' symptoms were recognised by the men in our focus groups:

"[Men act out because] they've got no one to talk to."

"Yes men are criminalised, they go to prison."

"There should be more support for people who think they are in danger of doing something."

Bradford Mind focus group, 2009

However, the principles for diagnosing depression focus on 'acting in' symptoms and less on 'acting out' ones. As a result, some perceive these principles and the services set up to treat mental health problems as having been feminised (Kilmartin, 2005).

Whereas these 'feminine' symptoms are picked up by services and treated, the more 'masculine' symptoms are instead often criminalised. Distressed men are more likely to find themselves in the criminal justice system rather than getting the help they need through mental health services. Compared with five per cent of men in the general population, 72 per cent of male prisoners have two or more mental health diagnoses – representing 56,520 men (Men's Health Forum, 2006).

There are already diversion schemes that aim to divert those with mental health problems who come into contact with police toward appropriate mental health care, particularly as an alternative to imprisonment. A report by the Sainsbury Centre for Mental Health (2009) states that these schemes have the potential to save an average of £20,000

in crime-related costs for each person diverted from a prison service into good quality mental healthcare. Such costs would be saved through the reduction of reoffending, improved mental health, cost-efficiency savings to the criminal justice system and improved effectiveness of interventions aimed at other influences on offending. This is not to mention the possible human benefit to offenders of happier, healthier lives.

However, the report also concludes that many of these schemes are underperforming and develop in a haphazard way. More work is needed to improve the ability of services to identify and support men with mental health problems who end up in the criminal justice system. Specifically, Community Orders and Suspended Sentence Orders should include more mental health treatment requirements. Although offenders and probation officers feel that mental health treatment requirements could be beneficial, at present they are rarely used owing to a lack of resources (Centre for Crime and Justice Studies, 2009).

Mind firmly believes that aggressive or violent behaviour is unacceptable. However, it is essential that health professionals recognise when aggressive and violent behaviour is a potential indicator of mental distress and that this is reflected in the principles of diagnosis. This should help men get the right support at the right time instead of allowing mental health problems to deteriorate through not being treated.

Recommendations

Mental health professionals should look to gain a better understanding of how 'acting out' behaviour can be symptomatic of mental distress and incorporate such symptoms into diagnostic criteria where appropriate.

The recommendations of the *Diversions* report (Sainsbury Centre, 2009) should be acted upon. These include establishing a Diversion and Liaison team in every PCT and improving the identification of mental illness by police officers, court officials and other criminal justice staff.

Mental health services should work with the criminal justice system to increase the number of mental health treatments provided as part of Community Orders and Suspended Sentence Orders.

Case study

Bradford Mind

While many support groups exist for women, specific services for men are few and far between. When Mind in Bradford surveyed their users they found that although mixed sex drop-ins were useful, men wanted an opportunity to discuss their issues without women present.

“Our male members wanted a safe space, a relaxing and supportive environment where they could share experiences and coping strategies,” says Steven Jhakra, Services Coordinator at Bradford Mind. “The men wanted a time when they could discuss men’s issues without feeling intimidated, or being perceived to be ‘inadequate’.

“One service user had issues based on self-esteem, and he didn’t like being around professionals, and in front of women he’d just clam up. Having a man’s space, he felt OK to be himself; he didn’t have to behave or present himself a certain way for someone else.”

Steven feels that one of the main problems that men face in getting mental health support is that, from an early age, men aren’t taught to express their emotions, and there is a lot of social pressure on men to act in a certain way which prevents them discussing distress. One of the aims of the men’s group is to break down those barriers and help men open up.

“Men are taught to be the strong man, a provider, and to be desensitised to emotions. With the men’s group, we’ve turned that around, and said it’s OK to be emotional. People can come out with some really big issues, such as how they’re expected to be as ‘men’ in society. The group gives a sense of belonging, being able to open up somewhere and be respected.”

There is a lack of support services aimed specifically at men, and the Bradford Mind scheme provides a positive

alternative to some of the options that men in distress can be left with.

“Many men find it hard to go somewhere in the evening to break the isolation. They may go to the pub, the bookies, anything to get out,” says Steven. “For some people, the support group is the only place they can get real social contact.”

But, as Steven explains, for some men not having somewhere they can turn can have more serious consequences.

“There’s a lot of much needed support for women, but not really for men. If a man has a breakdown, loses his family, becomes homeless, he has no option but the Salvation Army; a woman can access a refuge or council house or property.”

Bradford Mind’s men-only services are also getting demand from the younger generation – around a third of their 30 service users are young men, such as recent university graduates. A lot of these are men who need a bit of support, but don’t necessarily want to contact their GPs, and instead have made their way to Mind. The diversity of people who want to access the support group is reflected in constant demand for them to open their doors at evenings and weekends.

Steven feels strongly that more attention needs to be paid to men’s mental health.

“We need more men’s groups, early interventions, early opportunities to discuss emotions. As one service user put it, there’s a lot of talk about looking after your physical health, such as testicular cancer, but no talk of looking after your hearts and heads’.”

Getting help: coping tactics and treatment

.....
Almost twice as many men as women drank alcohol to cope with feeling down (16 per cent of men compared to 8 per cent of women).
.....

Men chose to relax by watching TV (48 per cent), listening to music (33 per cent), going for a walk (21 per cent) or reading (21 per cent).
.....

Women chose to relax by watching TV (43 per cent), reading (31 per cent), taking a bath (26 per cent) or talking to friends (24 per cent).
.....

Men were half as likely as women to go to a counsellor or therapist to talk about their feelings (10 per cent of women compared to 5 per cent of men).
.....

Mind YouGov poll, 2009



Coping strategies

Men tend to have different coping strategies to women when dealing with mental distress. Instead of talking about their problems, many men prefer to watch television, exercise (21 per cent would go for a walk and 10 per cent would go to the gym) or drink alcohol in times of distress. These results suggest that some men tend to try to find ways of dealing with problems independently as opposed to reaching out and finding a solution with someone else through sharing the problem. One study showed that men prefer to self-monitor conditions and attempt to find their own solution first before they choose to seek professional help (Smith et al., 2008).

While going to the pub with friends may seem social and therefore positive, self medication through alcohol and drugs can turn into an alcohol or drug problem. Men are three times more likely than women to be alcohol dependent (Alcohol Concern, 2007) and more than twice as many men access treatment services for drug problems (NHS Information Centre, 2007). Some men may have both a drug or alcohol problem and a mental health problem (this is often called 'dual diagnosis'). Mental health services often recognise this relationship but find it difficult to address both of these together. Services need to take a joined-up approach to dealing with people with mental health problems and drug and alcohol problems. That's why Mind co-founded the 'Making Every Adult Matter' coalition with Clinks, Drugscope and Homeless Link to help tackle the complex challenges faced by those most marginalised in society across sectors including mental health and drug and alcohol addiction.

Men's support groups

Finding activities and social networks that encourage positive coping methods can be difficult. A focus group participant recovering from alcoholism and depression described how going to a weekly men's group provided the constructive social contact that he needed:

"I had to change my entire lifestyle. Going into pubs had to stop. I had to find somewhere else to hang around. I've made new friends here."

Bradford Mind focus group

Mental health support groups for men are a good treatment option. When men who attend male-only support groups at Bradford Mind and Mind in Croydon were asked why they enjoyed going along to them, they explained that the groups provided a space to talk openly about their problems. Important themes that emerged included gaining a sense of community and enjoying the freedom of single-sex company:

"In a mixed group you are bounded by your own sex. All of us know each other and we're not bounded."

Mind in Croydon focus group

"[We get] support, fellowship, companionship. They don't listen to you outside. People listen to you [here]."

"It's the spirit of togetherness and the feeling of belonging."

"It's nice to know it's here. It's a lifeline."

Bradford Mind focus group

"We get involved in activities that are just activities for men."

Mind in Croydon focus group

Men's support groups can be particularly effective when they expand on 'masculine' qualities; for example, facing a challenge (Kilmartin, 2005). In addition, making reciprocity an important part of the therapeutic work can help men to feel that they are not simply receivers but actively supporting others too (Addis & Mahalik, 2003).

Exercise on prescription

The tendency for men to prefer exercise over talking in order to cope with feeling down should also be considered by health professionals. Mind's survey found that one of the ways men prefer to deal with stress and anxiety is through exercise, and research shows that exercise, particularly outdoor exercise, can be an effective treatment option for mental health problems (Mind, 2007a). In response to this, health services should expand its use of referral on to exercise programmes as a way for men to deal with mental distress where appropriate.

'Talking therapies'

Not enough is known about methods of preferred support for men, especially if one-to-one 'talking therapies' are not the favoured choice. We may find, for example, that talking therapies focusing on action and behaviour (rather than root causes or the past) are initially easier for men to engage with. Where treatments call for men to express their emotions, clinicians might frame emotions as an expansion of masculine qualities when appropriate and emphasise outcomes, goals and productivity (Kilmartin, 2005).

Our survey also found that the top two things men felt would make it easier to seek help was the availability of online help (24 per cent) and an assurance of anonymity (13 per cent). This has implications for the way in which psychological therapies could be delivered to men and services should respond to this. For example, the use of computerised cognitive behavioural therapy (cCBT) programmes can provide convenient, time-efficient treatment that is anonymous and reduces stigma. However, it is worrying that two years after the National Institute for Health and Clinical Excellence (NICE) recommended cCBT be offered in all parts of England and Wales, just nine out of 152 PCTs in England are fully complying with these recommendations and 38 are failing to comply at all.

Mind welcomes the Government's recent commitment to invest a further £13 million in the Improving Access to Psychological Therapies (IAPT) programme in England. This should be viewed as an opportunity to ensure that the needs of men are taken into account when services are rolled out (for example, reciprocity in the treatment process and anonymity).

Recommendations

Men's treatment choices, including online support, should be considered in consultation with men.

PCTs and the new local health boards in Wales should adhere to NICE guidelines on the provision of cCBT and ensure that this treatment is made fully accessible to men where appropriate.

When developing new services, commissioners for the IAPT programme in England and providers of services in Wales should take into account the different ways that men prefer to accept help.



Case study

Mind in Croydon – Boxercise

Mind in Croydon is leading the way in ‘beating’ mental health problems. Boxercise is a partnership between Mind in Croydon and the former world champion boxer, Duke McKenzie, and is one of the projects in the Time to Change programme. Under Duke’s instruction people with mental distress learn boxing techniques to help improve both their physical and mental wellbeing. Although Boxercise is designed for both men and women, it has particularly good outcomes for men. As Michel Thizzy, the brains behind the initiative explains, the scheme can help people recover their confidence and self belief in a different way to the usual mental health support:

“Self-esteem is really important to men. With mental health problems, you can really lose your confidence, but Boxercise and being in the ring with Duke McKenzie make you feel like a champion right away. Men feel like ‘one of the blokes’ – they feel like a man, and they feel they have value.

“If you’re a young man with mental health problems, on medication, 17 stone, you look in the mirror, and what do you see? Do you want to talk to women? With Boxercise, people feel better about themselves, and it’s not even about losing weight, for example. It’s about lifting your self-esteem.”

Duke McKenzie adds: “Through boxing I’ve learned to understand people and I feel I can identify with people. All men have egos and men with mental health problems aren’t any different. Everyone needs encouragement to build up their confidence. That’s what keeps men going.”

Feeling good about yourself is inextricably linked to having good mental health, and many of the men Michel works with have been made to feel that their mental health makes

them somehow ‘weak’ or ‘less of a man’. Rather than addressing just the thoughts and emotions that go with mental distress, Boxercise helps people to recover the most basic of things – a feeling of self-worth.

Michel says: “Sport helps men feel stronger in body and in mind. One man has been suicidal, and has been on long-term psychotherapy. He went to the health trust and said that, for him, Boxercise was better than the psychotherapy.”

The project has four main aims: to improve health and fitness; to improve self-esteem and mental wellbeing; to improve social inclusion; and to help people lead healthier lives. Isolation can be a persistent problem for people with mental health problems, and bringing people together to train can go a long way to helping people feel more included. As Michel says,

“Many of the people we see will be on medication, they will be isolated, they will be lacking in motivation. We try and bring the group together, and people bond with each other and make friends. Quite a few have joined a gym as a full-time member, on reduced fees. No one at the gym has noticed they have mental health problems, and this makes them feel better about themselves – they don’t feel like they’re just ‘the nutcase off the street’. They feel the same as anyone else. It’s a step towards integration.”

For men with mental health problems, Michel observes, it can also be a positive way of managing their emotions.

“It can also be a form of anger management. It’s not about aggression.” Duke says, “How many fights do you think I’ve got into outside the ring? None. It’s about discipline and management.”

Social support: family and friends



.....
Men were almost half as likely to talk to friends about their problems as women (29 per cent of men compared to 53 per cent of women).
.....

Only 31 per cent of men would talk to their family about feeling low compared to 47 per cent of women.
.....

52 per cent of men would talk to their partner when worried.
.....

Mind YouGov poll, 2009

Whereas disclosure and 'really knowing' each other are characteristic of female friendships, doing things together, such as going to the pub or watching sport, is more characteristic of male friendships (Men's Health Forum, 2006). In the British Social Attitudes survey, 25 per cent of men had never sought help from a friend or relative compared to just 10 per cent of women. Men were also almost half as likely to be classed in the group which was most likely to talk about their emotions (National Centre for Social Research, 2008). Perhaps because of this, men are markedly more likely to score lower than women in an important measure of social capital – levels of social support – and therefore less able to mobilise social support during times of stress (Men's Health Forum, 2006). This is worrying as having good social support is an important predictor of recovery for mental distress.

Men are much more likely to focus their need for support on their partner instead of talking to friends and family.

"It made me feel as though I was an embarrassment to my family. I'm the oldest lad and I felt awful, I felt I had let them down."

Bradford Mind focus group, 2009

Over half (52 per cent) of the men we surveyed would talk to their partner if they were feeling low whereas only 31 per cent would talk to their family and only 29 per cent would talk to their friends. The relationship between a man and his partner can be extremely beneficial, with marriage and civil partnerships being found to reduce the likelihood of men developing mental health problems (Seeman, 2006). However, the Stigma Shout survey (a part of the Time to Change campaign) found that service users felt immediate family held some of the most discriminatory attitudes to mental health problems (Time to Change, 2008). Without other people to talk to, men can be left vulnerable if their family, and in particular partners, are not accepting or supportive.

"The only person I talked to was my partner. She ended up saying 'Just pull yourself together.' I was absolutely heartbroken. There's my support gone. I couldn't talk to my family – they wouldn't understand."

Bradford Mind focus group

Although men tend to share their problems with partners, they can be left isolated if these relationships break down. Some men have described to Mind the isolation they can experience during periods of mental ill health:

"When you are ill, you lock yourself away out of the public. Most of the men I've spoken to say that you disappear and get out of society."

Mind in Croydon focus group, 2009

Isolation can exacerbate mental distress as it is an established causal factor in the cycle of mental ill health (Joy & Miller, 2006). With 15 per cent of men under 45 living alone (compared to only five per cent of women) it may be that younger men are particularly at risk of isolation. The risk is also increased for older men who can begin to lose their social networks through retirement, bereavement and reduced mobility.

Recommendations

Health professionals should be aware of the isolation risk posed to men and refer them to appropriate support to prevent this.

The public's awareness of men's mental health problems should be raised and friends and family, particularly partners, need to be encouraged to proactively support male friends and relatives.

Employment and the recession



.....
45 per cent of men were currently worried about their finances.
.....

27 per cent of men were worried about job security compared to 22 per cent of women.
.....

Men were twice as likely to want to have help available at work or at jobcentres as women in almost all age groups.
.....

Mind YouGov poll, 2009

Experiencing satisfaction and success at work is an important factor for positive mental health for everyone. With 88 per cent of male employees working full time compared with 57 per cent of female employees (Office for National Statistics, 2008), many men may continue to feel the pressure of being the 'breadwinner'. As the recession deepens, Mind's research confirms growing concern among the men surveyed about finances and employment – 45 per cent of men are worried about money and 27 per cent about their job security.

The Health and Safety Executive (2004) concluded that men, in comparison with women, are given less support from their managers and peers, have higher work demands and are significantly more likely to report that their employer had not undertaken any initiative over the last 12 months to reduce stress. In addition, 30 per cent of men work more than 45 hours a week compared with 10 per cent of women. This could be indicative of how socialised attitudes about men's mental health and how they should cope are having a negative impact on the workplace. It could also suggest that men are perhaps more likely to work in environments with 'macho' work cultures that put less emphasis on employee support; the UK has some of the highest working hours in Europe (European Foundation for the Improvement of Living and Working Conditions, 2008).

Employers should recognise their own presumptions and gender bias when thinking about how their male colleagues are coping in the workplace. Where there has been an attempt to disclose work-related stress or any other mental health problem, employers should help employees with appropriate support and signposting. Our survey found that men were twice as likely to want to have help available at work or at a jobcentre as women in almost all age groups. Employers could learn from successful initiatives such as the Royal Mail's health awareness programme that reduced absenteeism from 7 per cent to 5 per cent (Royal Mail's workforce is 84 per cent male).

Unemployment

We often look to our job for a sense of identity and value so being made redundant can have a negative impact on a person's mental wellbeing. If work provides a sense of achievement, pride in expertise and an assured social position in the

workplace (Gomez, 1993), unemployment can take this away.

A study of over 4,000 people found that unemployment had more of a negative effect on the mental health of men than women (Artazcoz et al., 2004). This may be due to men feeling more pressure than women to adopt the 'provider' role. In fact, one in seven men are thought to develop depression within six months of being made redundant (Kivimaki, 2007). Participants in our focus groups described how unemployment affects men:

"With lots of unemployment the man – his image as a breadwinner – gets affected... Men are more stigmatised if they are out of work."

Bradford Mind focus group, 2009

Prolonged periods of unemployment can also create or exacerbate mental distress and the job-hunting process itself can be detrimental to a person's mental health. Every rejection can dent self-esteem and living on a lower income from benefits can reduce confidence further still. Dame Carol Black's review of the health of Britain's working age population stressed the link between work and good physical and mental wellbeing. It follows that unemployment will have the opposite effect (Black, 2008).

Recession

The economic crisis has made it more important than ever to ensure that the mental wellbeing of men is properly addressed. Evidence shows that mental distress tends to rise during a recession. Ten years ago, the Asian economic crisis saw huge increases in the male suicide rate. It went up by 39 per cent in Japan, 44 per cent in Hong Kong and 45 per cent in South Korea (Chang et al., 2009).

At the time of writing, over 2 million people, including 1.22 million men, were unemployed (Office for National Statistics, 2009b). Many people who may have overextended themselves financially but have never had real money worries before could find themselves exposed to the harsher side of debt, such as dealing with final demands and bailiffs, without wages tiding them over each month. Mind published new research in 2008 that demonstrated the vicious circle of debt and mental distress – being in debt may negatively affect a person's mental health, while living with

a mental health problem increases the likelihood of falling into debt (Mind, 2008). A study by Citizens Advice found that one in four clients of a national debt service sought treatment from their GP for stress, depression and anxiety (Citizens Advice Bureau, 2003).

Mind welcomes the Government's announcement that PCTs will be encouraged to use up to £80 million of VAT savings to commission complementary debt advice services as part of the Improving Access to Psychological Therapies (IAPT) programme in England. With the recession expected to increase the number of people, particularly men, experiencing mental distress, it is important that financial advice and mental health services are better integrated.

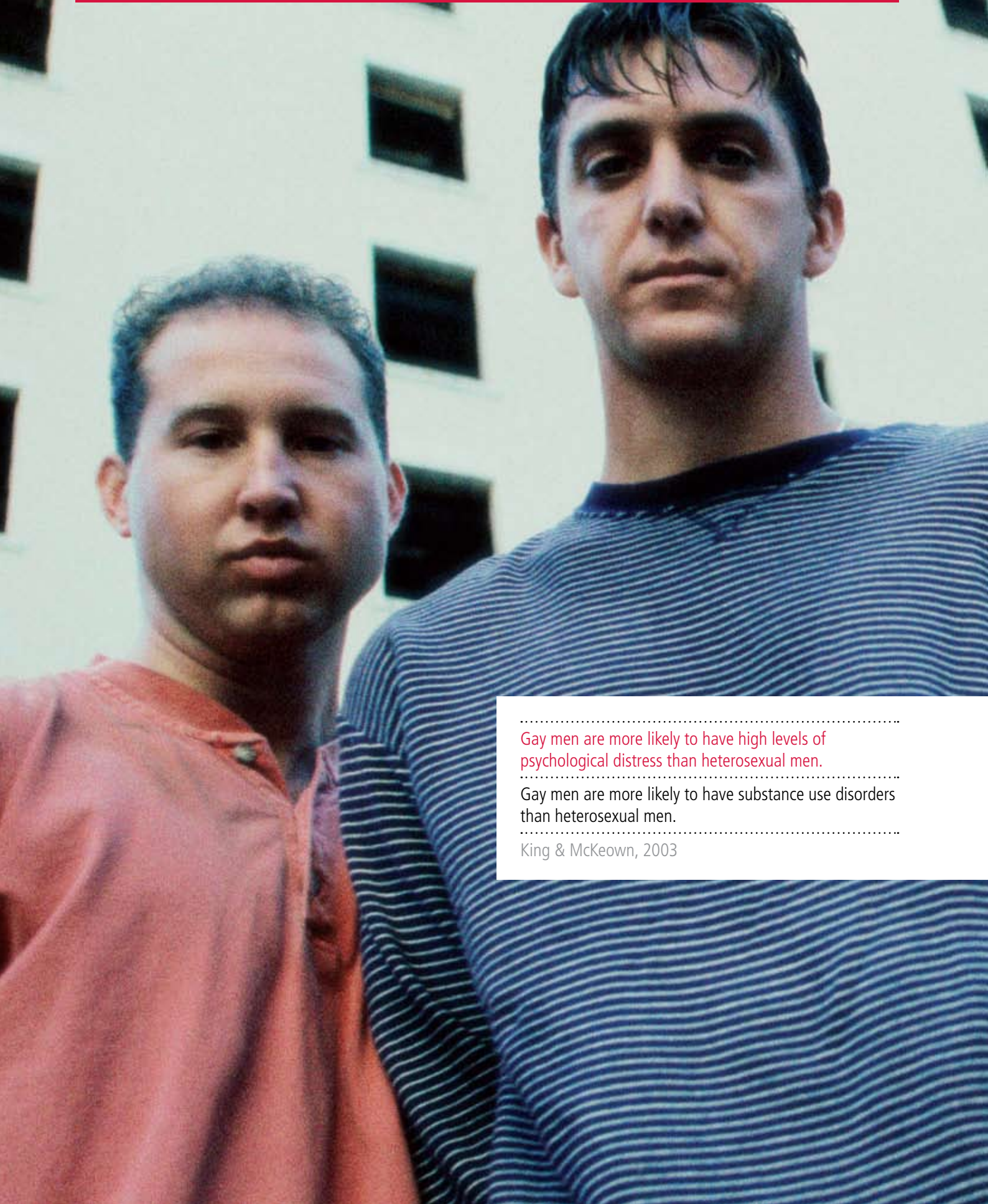
Recommendations

Employers should learn to recognise the symptoms of men's mental distress and be aware of their own gender bias when developing initiatives to promote health and wellbeing at work. Employers could look to the Mind Workplace programme for help and support in introducing these changes.

Employers should ensure that redundancy policies consider mental health aftercare and signposting to appropriate services.

The needs of men should be taken into account when the IAPT programme develops integrated financial and mental health services in England. The Welsh Assembly Government should consider a similar scheme.

Gay men



.....
Gay men are more likely to have high levels of
psychological distress than heterosexual men.
.....

Gay men are more likely to have substance use disorders
than heterosexual men.
.....

King & McKeown, 2003

Research has found that gay men are at significantly higher risk than heterosexual men of self-harm, drug or alcohol misuse, experiencing suicidal feelings and having a mental health problem (King et al., 2008). Reasons for this are diverse but a large part of it may be due to the discrimination that gay men can experience because of their sexuality.

A report commissioned by Mind found that gay men were more likely to have been attacked and verbally harassed in the last five years and more likely to have been bullied at school than heterosexual men (King & McKeown, 2003). It should be remembered that homosexuality was considered to be a psychiatric diagnosis until as late as 1992. It is still illegal in 93 nations around the world, with seven of these countries punishing homosexual acts with death. Any attempt to understand gay and bisexual men's mental health should take this background into account.

However, research by the British Association for Counselling and Psychotherapy (BACP) identified gaps in the knowledge about the needs of gay patients and negative attitudes towards gay men among some therapists (King et al., 2007). Mind supports BACP's recommendation that these problems be addressed and the subject incorporated into therapists' training.

Recommendations

Core education/training and continuing professional development of health and social services professionals should cover the relationship between sexuality, gender and mental wellbeing.

Agencies working with boys and young men (including schools, youth services and health and social services) should develop policies around bullying and victimisation related to sexuality.

Health and social services agencies should monitor the particular experiences and satisfaction levels of gay and bisexual men as users of services.

Case study

Richard

Richard's mental health problems started at a very early age after his father left home when he was eight. By the age of 10 he had been diagnosed with anxiety and depression and prescribed Valium. After three months off school he returned to class but the rest of his school life was extremely difficult and his mental health meant that he was a target for bullies, yet he received no support from school and his family just told him to keep quiet.

At the age of 19 he had another episode of depression where he also developed severe agoraphobia, staying in his room for a long period of time and refusing even to open the curtains.

"There is a major connection between being gay and mental health problems, the sheer amount of discrimination and the pressure from potentially a very early age to conform and just not being able to.

"But eventually I went to a day-service centre and made a good recovery, I managed to turn my life around at this point. I went to uni, made lots of friends, got a job and a boyfriend."

However around his early 30s Richard's life took a turn for the worse. He started experiencing anxiety and depression again, and when he mentioned his mental health problems at work his employer was unsympathetic and started to make his life really difficult. He soon found that his colleagues started to whisper about him behind his back, spreading rumours about his health, and then his partner of nine years left him because he could not deal with Richard's mental distress.

Richard just couldn't get the support he needed so he left his job and moved away. He was finding it difficult to access a service that catered for his needs and understood what he was going through.

"It's a lot harder for men to disclose any vulnerability, we are expected to be less emotional and just put on a brave face. The concept of men's groups in day services is just so alien, let alone a group for gay men."

He moved to Kent where he eventually received a diagnosis of depersonalisation disorder. He was prescribed antidepressants and also received two years of cognitive behavioural therapy which he found extremely effective. He got a job working for a social enterprise scheme, running a café and he is now no longer on medication, managing his mental health with the help of herbal remedies. He hopes to set up an advocacy group for people who have experienced mental distress.



Black and minority ethnic men

.....
Black men are almost twice as likely as white men to be detained in police custody under Section 136 of the Mental Health Act.
.....

Independent Police Complaints Commission, 2008

Rates of admission to psychiatric wards are between three and 10 times higher than average in some black groups.
.....

Some black groups have the longest average stays as mental health inpatients
.....

Commission for Healthcare Audit and Inspection, 2008

Culture and race can also impact upon the help-seeking behaviour and treatment of men for mental distress, although we do not know to what extent. Different cultures often have different attitudes to both mental health problems and help-seeking in general. For example, there is considerable stigma attached to mental illness among the Chinese community and this can result in Chinese people hiding their problems from others and not accessing services (Pui-Ling & Logan, 1999). In addition to help-seeking issues, men from certain black and minority ethnic (BME) backgrounds are more likely to experience off-putting, intrusive and heavy-handed treatment in the mental health system.

The problems some BME men experience with mental health and corresponding services can start at an early age. Black Caribbean boys are twice as likely as white boys to be identified as having behavioural, emotional or social difficulties and black pupils (mainly boys) are three times more likely to be permanently excluded from school than their white peers (Men's Health Forum, 2006). With black staff accounting for just 1.5 per cent of the teaching population in England and 7 per cent of teachers in London (Department for Education and Skills, 2005), school management tends to be made up of white staff, particularly at senior levels. This can lead to differences in communication styles between teachers and parents of BME boys. As a result, BME parents may find it difficult to successfully work with the school in dealing with any behavioural problems their child might have.

When they grow up, men from certain black groups are more likely to receive disproportionately aggressive treatment from mental health services. African Caribbean men are three times more likely than white men to be formally detained under the Mental Health Act and are more likely to receive invasive medical treatments such as electroconvulsive therapy (National Institute for

Mental Health in England, 2003). Seclusion rates and the use of hands-on restraint by mental health staff are higher than average among some black groups and these groups are also more likely to be on medium or high secure wards as a result of their mental health problem (Commission for Healthcare Audit and Inspection, 2008).

Cultural attitudes and ingrained prejudice may go some way to explain why BME men are treated like this by mental health services. Stereotypes of threat associated with some ethnic groups, African Caribbean men in particular, have deep historical roots. Such stereotypes can have repercussions in the mental health system, especially in areas that deal with risk management. The Delivering Race Equality (DRE) strategy in England has made progress in tackling these prejudices. Initiatives administered by community development workers, who are central to the DRE strategy, have increased the capacities of communities to respond to mental health issues. However, there remain serious questions regarding the extent to which the DRE strategy is bringing about substantial change in the operation of statutory mental health services.

Recommendations

With the DRE strategy due to end in 2010, race equality and the needs of black and minority ethnic men should be made a priority for strategic health authorities and new local health boards in Wales.

When developing new services, commissioners should take into account how the proposed service will engage with the needs of local ethnic populations.

Interactions between race, culture, gender and mental health should feature substantially in the training of all mental health professionals. This should underpin performance management priorities.

Case study

Derek

Derek has had depression on and off for more than 20 years and believes that his mental health experiences have been affected by both his cultural background and his gender.

“For a long time I never really accepted that I had a mental health issue. As a black man I bought into the stigma myself, I thought admitting to having a mental illness was a sign of weakness especially given my cultural background.”

For years, Derek was on and off work sick, some employers were supportive, others were not, but he would never take the antidepressants his GP would prescribe him as it would mean acknowledging he had a problem.

In 2003, however, he slipped into a deep depression which lasted over three years and during this time he barely left the house.

“I just sat at home and vegetated. Had it not been for the support of my Mum and my sister then I am sure I would have been sectioned.”

Then, in March 2007, he realised that something had to change otherwise he would just be stuck at home for the rest of his life. His GP visited him at home and talked

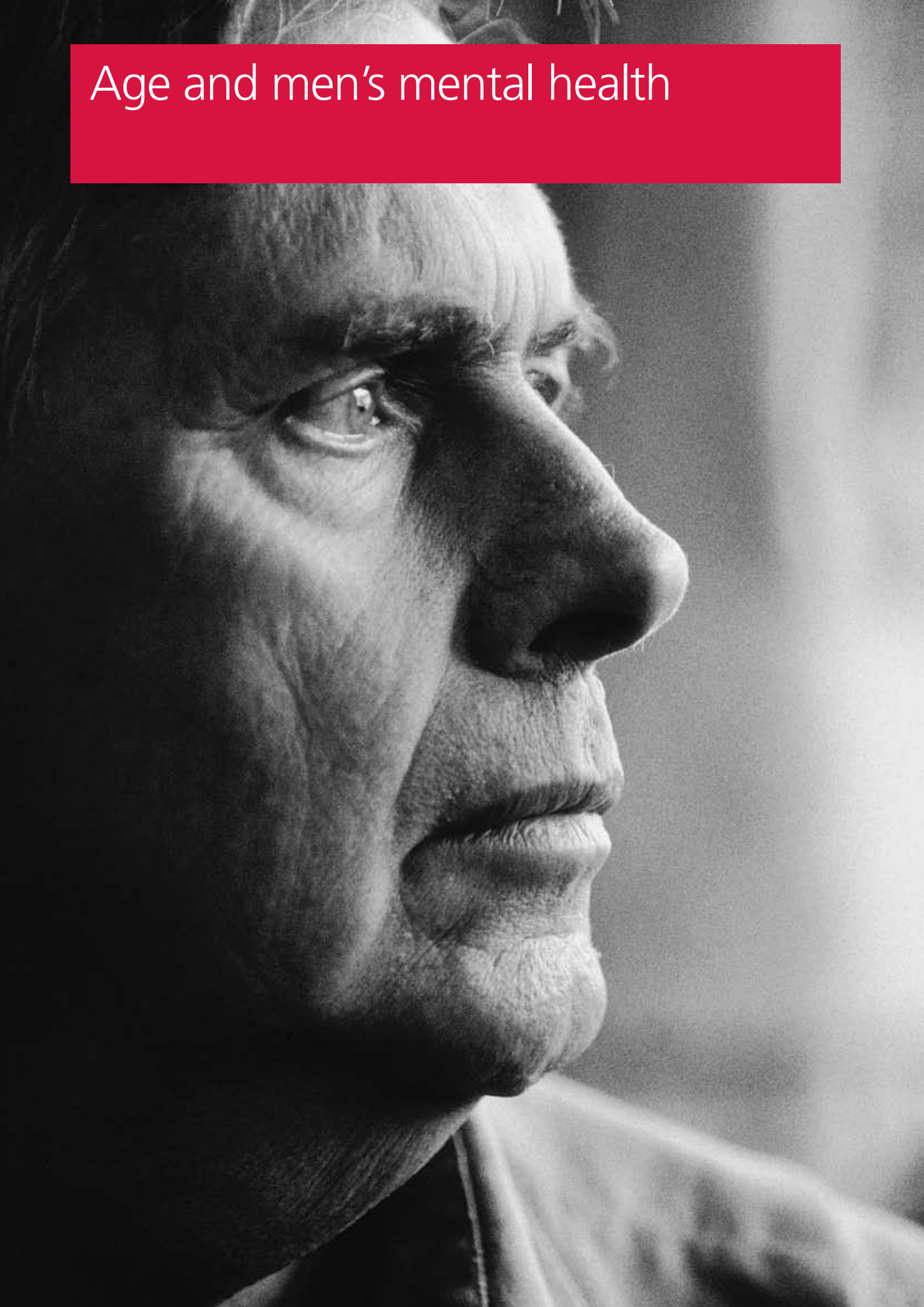
him through the options of medicating and convinced him to start taking antidepressants. It was at this point also that he started becoming increasingly involved with Mind, both as a client having counselling and also as a volunteer.

Over the past two years he has gone from strength to strength and he is now the chair of City and Hackney Mind’s service user group and a trustee and has also done volunteer peer advocacy.

“I’m now accepting the skin that I’m in, but unfortunately many of my wider family have not come to terms with my mental health problems. It is still a taboo subject in Caribbean culture and I’m seen as the black sheep really. They call me ‘mad Derek’, and if they see me they ask if I’m still having ‘my little breakdown’. It’s sad really, but I now avoid most family functions.

“I am determined to stay well now though. I missed three and a half years of my life, and it really frightened me, so now I’m determined, I’m having my counselling, I’m taking my meds and by the end of this year it will be three years since I experienced any depression.”

Age and men's mental health



Young men

Young men (18 to 24) were five times as likely to take recreational drugs when worried as young women (5 per cent of men compared to 1 per cent of women).

Young men were the most likely group to tell a friend to “pull themselves together” if they were feeling low.

Mind YouGov poll, 2009

Boys are more likely than girls to be diagnosed with hyperactivity syndromes, conduct disorders, psychosomatic disorders and depressive and anxiety syndromes. When they hit puberty, young men become less likely to be diagnosed with depression and anxiety disorders than young women (Seeman, 2006) but are much more likely to abuse drugs and alcohol, behave violently and take their own lives (Samaritans, 1998).

Although young men are likely to experience mental distress in their lives, our survey showed that they are the least likely to seek help for such problems. Only 4 per cent of young men would see a counsellor if they were feeling low compared to 13 per cent of young women. It may also be that young men tend to stigmatise mental health problems more than any other age group, with young men being the most likely group in our survey to tell a friend to “pull themselves together” if they were feeling low.

Certain projects have been immensely successful in getting young men to seek help for their mental health problems. The Campaign Against Living Miserably (CALM) runs a website and helpline for young men in distress. The fact that 72 per cent of CALM's callers are male demonstrates that men will seek help if the service is tailored with their needs in mind.

Middle-aged men

Just 14 per cent of men aged 35 to 44 would see a GP if they were feeling low compared to 37 per cent of women the same age.

Men aged 45 to 54 were seven times more likely to experience suicidal thoughts when worried as women of the same age (7 per cent of men compared to 1 per cent of women).

Mind YouGov poll, 2009

Men aged 40 to 49 have the highest suicide rate in England and Wales. This incidence is closely followed by men aged 30 to 39 and men aged 50 to 59, respectively. The peak difference between the male and female suicide rate is in the 30-to-39 age group where men account for four out of five suicides (National Institute for Mental Health in England, 2008). These figures suggest that the mental health of middle-aged men is of serious concern.

Our survey supports this, with men aged 35 to 44 being the most likely group to be embarrassed about seeking help (39 per cent) and more than twice as likely to drink alcohol when worried as women of the same age (25 per cent of men compared to 11 per cent of women). Men aged 45 to 54 were also seven times more likely to experience suicidal thoughts than women (7 per cent of men compared to 1 per cent of women).

Mid-life crisis might help explain why many middle-aged men appear to experience mental distress. This is a controversial condition that some doctors and psychologists think affects many men in their 30s, 40s and 50s. Symptoms include irritability, loss of libido, erectile dysfunction and depression. Some believe it has mainly psychological causes while some argue that it is related to hormonal changes. Others state that there is no such condition and that the symptoms cited have other causes.

Whatever the reasons, middle-aged men are experiencing high levels of mental distress. Whereas many mental health strategies focus on the needs of young or older men, little has been done to specifically address the needs of this group. Mental health services should see middle-aged men as being particularly at risk and implement policies for them accordingly.

Older men

One in four older people have symptoms of depression severe enough to warrant intervention.

Age Concern, 2008

People over the age of 75 are 16 times less likely to be asked about suicidal thoughts than young adults.

O'Connell et al., 2004

As men get older they may need to adapt to significant life changes. Retirement can bring a new lease of life to some but for others the loss of a career can lead to a lack of purpose and reduced social interaction. If their partner dies, elderly men may suddenly find themselves in a position where they are the sole person in charge of running a household. Bereavement or divorce and accompanying loneliness can also lead to depression. It is estimated that there are 500,000 older men living alone and that one in five people with an elderly father is not in contact with him (Office for National Statistics, 2008). Perhaps because of this isolation, the suicide risk in single, older men is three times greater than that of married men in the same age group (O'Connell et al., 2004). This pattern is not reproduced among older women.

Many older people will also experience physical ill health and disability as they age. Living with chronic pain and decreased mobility can be very difficult and both are associated with increased suicide risk.

Older men are a high-risk group but are not well served by primary care or psychiatric services. It is believed that 25 per cent of all people over 65 living in the community have symptoms of depression that are serious enough to warrant intervention. However, only half of them are treated for depression and, of those offered treatment, only a very small proportion receive psychological therapy (NHS, 2008). Compared to young adults, people over 75 are 16 times less likely to be asked about suicide by their GP and five times less likely to be asked if they feel depressed (Mind, 2005). With older men unlikely to volunteer information on experiencing suicidal feelings – only a third of older people would discuss depression with their GP – this practice is especially worrying (Age Concern, 2008).

Although the Government has committed itself to providing “a health and social care system that promotes fairness, inclusion and respect for people from all sections of society, regardless of age” (Department of Health, 2006), there is a disproportionate use of psychological treatments for younger adults. Just four per cent of the Improving Access to Psychological Therapies pilot programmes are being used by those over 65 despite the fact that this age groups counts for 18 per cent of the population and 25 per cent of the population aged over 18 (NHS, 2008).

A recent survey of the British Geriatric Society shows that almost half of doctors specialising in the care of older people think that the NHS is institutionally ageist (Help the Aged, 2009). Such discriminatory attitudes are resulting in older men receiving inadequate care from the system, with health professionals perhaps seeing depression as an inevitable part of the ageing process. More needs to be done to promote healthy ageing among older men. Health professionals should take advantage of the relatively high contact older men have with primary care to deliver wellbeing messages and refer patients to appropriate support services.

Recommendations

Mental health education should be incorporated into teacher training programmes to enable teachers to recognise mental distress in boys and young men and to deal with it constructively.

Commissioners and mental health services should identify middle-aged men as an at-risk group and develop appropriate strategies.

Primary care health professionals should take a more proactive interest in, and develop awareness of, depression and suicidal thoughts among older men. The Department of Health and Welsh Assembly Government should act upon Age Concern's recommendation for GP contracts to contain incentives for treating depression at all ages (Age Concern, 2008).

Conclusions

Men's mental distress is a hidden problem. An examination of the evidence suggests that gender and the way we are socialised into different cultural norms could be having a big impact on the way men interact with mental health services. The image of the tough, resilient male who hides emotion is perhaps so deeply entrenched that dominant cultural norms still have an effect on how services are conceived and delivered.

Services should consider how best to engage men in treatment and support. Our research showed that men found it easier to cope with problems by doing things like going for a walk or listening to music as opposed to asking for help through sharing and talking about their problems. However, when men did feel able to seek help we found that men's groups, anonymous support and online information were helpful. More research is needed into this area but our findings have implications for the kinds of talking treatments and alternatives that might be most appropriate for men.

Just as 'masculinity' is thought to have an impact on men's mental health, the same can be said for sexuality and ethnicity. Gay men are at particular risk of mental distress and better training is required if the specific needs of this group are to be properly addressed. Black and minority ethnic

(BME) men are more likely to experience compulsion and restraint than white men. The mental health service should continue to work on engaging BME men in the mental health system and develop a better understanding of different cultures and how these cultures can influence help-seeking behaviour.

Although the Department of Health has published a Women's Mental Health Strategy, there is no equivalent for men. Such a strategy is desperately needed and should be published as part of the Government's New Horizons vision. It should recognise how mental health problems affect men in particular and look at ways to resolve the issues and recommendations this report identifies. A similar approach should be taken by the Improving Access to Psychological Therapies programme in England as it develops new services with the extra funding it has been given by the Department of Health. In Wales, the opportunities offered by reorganisation of health services should be used to ensure that the findings of this report are acted upon.

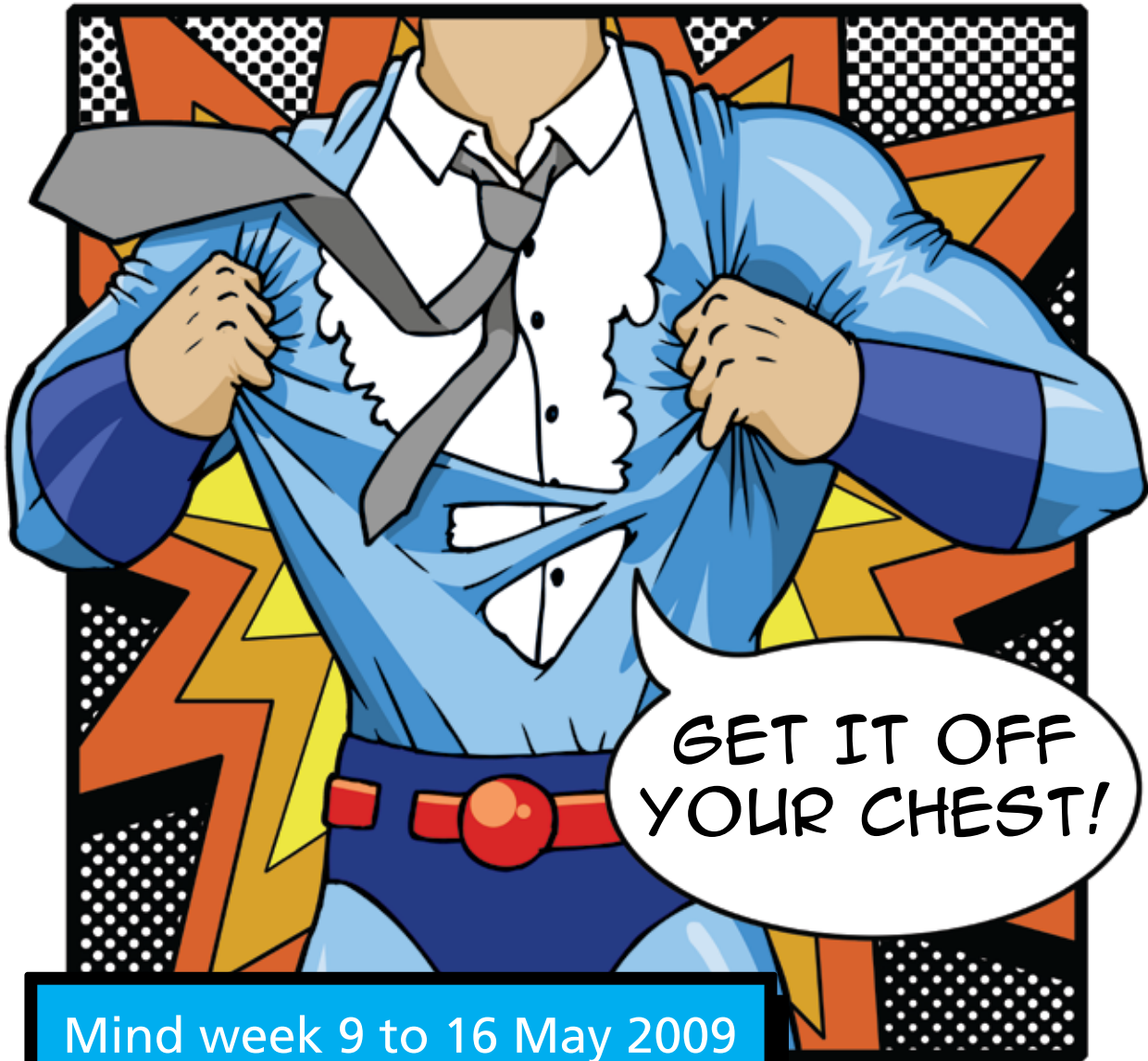
As the recession deepens, it is now more important than ever to ensure that men are given the support that they need. It's time we allowed men to get it off their chests.

References

- Addis M. and Mahalik J. (2003), 'Men, masculinity and the contexts of help-seeking', *American Psychologist* 58 (1): 5–14
- Age Concern (2008), *Undiagnosed, untreated, at risk: The experiences of older people with depression*
- Alcohol Concern (2007), *Alcohol and Men*
- Artazcoz L., Benach J., Borrell C. & Cortès I. (2004), 'Unemployment and mental health: understanding the interactions among gender, family roles and social class', *American Journal of Public Health* 94 (1): 82–8
- Black C. (2008), *Working for a healthier tomorrow*
- Centre for Crime and Justice Studies (2009), *The Community Order and Suspended Sentence Order; three years on*
- Chang S.-S. et al. (2009), 'Was the economic crisis 1997–1998 responsible for rising suicide rates in East/Southeast Asia? A time-trend analysis for Japan, Hong Kong, South Korea, Taiwan, Singapore and Thailand', *Social Science and Medicine*
- Citizens Advice Bureau (2003), *In too deep: CAB clients' experience of debt*
- Commission for Healthcare Audit and Inspection (2008), *Count Me In Census 2008*
- Department for Education and Skills (2005), *School Workforce 2004*
- Department of Health (2006), *Our Health, Our Care, Our Say: a new direction for community services*
- Department of Health, Men's Health Forum and Essex Primary Care Research Network (2006), *The report of The Gender Equity Project: What the 'gender duty' provision of the Equality Act 2006 will mean for the health of men*, Men's Health Forum
- Equalities and Human Rights Commission (2008), *Who do you see? Living together in Wales*
- European Foundation for the Improvement of Living and Working Conditions (2008), *Working Time Developments – 2007*
- Gomez J. (1993), *Psychological and psychiatric problems in men*
- Health and Safety Executive (2004), *Psychosocial working conditions in Great Britain in 2004*
- Help the Aged (2009), *Specialist doctors label the NHS institutionally ageist and demand a law to bring it to an end*
- Independent Police Complaints Commission (2008), *Policy Custody as a 'Place of Safety': Examining the use of section 136 of the Mental Health Act 1983*
- Institute of Cancer Research (2000), *Survey of GPs proves that men put off going to their doctor*
- Joy I. & Miller I. (2006), *Don't mind me – Adults with mental health problems*
- Kerr D., Owen L., Pears K. & Capaldi D. (2008), 'Prevalence of Suicidal Ideation Among Boys and Men Assessed Annually from Ages 9 to 29 Years', *PMC* 38 (4): 390–402
- Kilmartin C. (2005), 'Depression in men: communication, diagnosis and therapy', *Journal of Men's Health and Gender* 2 (1): 95–9
- King M. & McKeown E. (2003), *Mental health and social wellbeing of gay men, lesbians and bisexuals in England and Wales: A summary of findings*, Mind
- King M., Semlyen J., See Tai S., Killaspy H., Osborn D., Popelyuk D. & Nazareth I. (2008), 'A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people', *BMC Psychiatry* 8: 70
- King M., Semlyen J., Killaspy H., Nazareth I., Osborn D. (2007), *A Systematic Review of Research on Counselling and Psychotherapy for Lesbian, Gay, Bisexual and Transgender People*, Report for the British Association for Counselling and Psychotherapy.
- Kivimaki M. et al. (2007), 'Organisational downsizing and increased use of psychotropic drugs among employees who remain in employment', *Journal of Epidemiology and Community Health* 61: 154–8
- Men's Health Forum (2005), *Men tell us why they don't go to the doctor's*
- Men's Health Forum (2006), *Mind Your Head*
- Mind (2005), *Access all ages: Mental health needs in later life must be met, not marginalised*
- Mind (2007a), *Ecotherapy*
- Mind (2007b), *Men's mental health factsheet*
- Mind (2008), *In the Red: debt and mental health*

- Ministry of Justice (2009), *Prison population and accommodation briefing for 6th March 2009*
- National Centre for Social Research (2008), *British Social Attitudes*
- National Institute for Mental Health in England (2003), *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England*
- National Institute for Mental Health in England (2008), *National Suicide Prevention Strategy for England: annual report on progress 2007*
- NHS Information Centre (2007), *Statistics on drug misuse, England, 2007* (full report)
- NHS (2008), *Improving Access to Psychological Therapies Equality Impact Assessment*
- O'Connell H., Chin A., Cunningham C. & Lawlor B. (2004), 'Recent developments: Suicide in older people', *British Medical Journal* 329: 895–9
- Office for National Statistics (2008), *General Household Survey 2006*
- Office for National Statistics (2009a), *Suicides*
- Office for National Statistics (2009b), *Labour Market Statistics, March 2009*
- Pui-Ling L. & Logan S. (1999), *The Mental Health Needs of Chinese People in England: Report of a National Survey*, Chinese National Healthy Living Centre
- Royal College of Psychiatrists (2007), *Physical Illness and Mental Health*, [information leaflet]
- Sainsbury Centre for Mental Health (2009), *Diversions: A better way for criminal justice and mental health*
- Samaritans (1998), *Young Men Speak Out*
- Seeman M. (2006), 'Gender Issues in Psychiatry', *Focus* 4 (1): 3–5
- Smith J. et al. (2006), 'What do we know about men's help-seeking and health service use?' *The Medical Journal for Australia* 184 (2): 81–83
- Smith J. et al. (2008), 'It's sort of like being a detective: Understanding how Australian men self-monitor their health prior to seeking help', *BMC Health Services Research* 8 (56)
- Templeton S-K. (2003), 'Women visit GPs twice as often as men', the *Sunday Herald*, Feb. 23
- Time to Change (2008), *Stigma Shout: service user and carer experiences of stigma and discrimination*
- Vogel D. (2008), 'The influence of television on willingness to seek therapy', *Journal of Clinical Psychology* 64 (3): 276–95
- Welsh Assembly Government (2008), *Talk to me: a national action plan to reduce suicide and self-harm in Wales 2008 to 2013*
- White A. (2006), 'Men and mental wellbeing – encouraging gender sensitivity', *The Mental Health Review* 11 (4): 3–6
- World Health Organization (2002), 'Gender and Mental Health Factsheet'

This report is part of Mind week and our 'Get it off your chest' campaign to improve mental health services and support for men.



Mind week 9 to 16 May 2009

MEN AND MENTAL HEALTH

Visit www.mind.org.uk/mindweek to see how you can get involved



For better mental health



**For better
mental health**

For details of your nearest local Mind association and of local services, contact Mind's helpline, *MindinfoLine* on 0845 7660 163, Monday to Friday 9.00am to 5.00pm. Speech impaired or deaf enquirers can contact us on the same number (if you are using BT Text direct, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

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Registered charity number 219830
Registered in England number 424348

ISBN 978 190356795 1
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