

Men and mental health get it off your chest



For better
mental health

Report summary

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

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 deeply ingrained in society and may effect men's help-seeking behaviour.

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. 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.

Mind's research

In January 2009 Mind commissioned YouGov to carry out a survey of over 2,000 people (both men and women) on their mental health. We also held focus groups with two men's support groups at Bradford Mind and Mind in Croydon.

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.

'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).

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).

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. 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.

A full version of the report can be downloaded from mind.org.uk/mindweek

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

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.

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.

References

- IPCC (2008), *Policy Custody as a 'Place of Safety'*
King M. et al. (2007), *A Systematic Review of Research on Counselling and Psychotherapy for Lesbian, Gay, Bisexual and Transgender People*
Kivimaki M. et al. (2007), 'Organisational downsizing and increased use of psychotropic drugs among employees who remain in employment', *JECH* 61: 154-8
Ministry of Justice (2009), *Prison population and accommodation briefing for 6th March 2009*
Office for National Statistics (2009), *Suicides*

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.
- 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 health professionals should take into account the different needs men can have at different ages and plan services accordingly.