THE MENTAL HEALTH AND WELLBEING OF MEN AND BOYS

PROCEEDINGS OF THE EXPERT SYMPOSIUM HELD AT
LEEDS BECKETT UNIVERSITY ON NOVEMBER 6TH 2014

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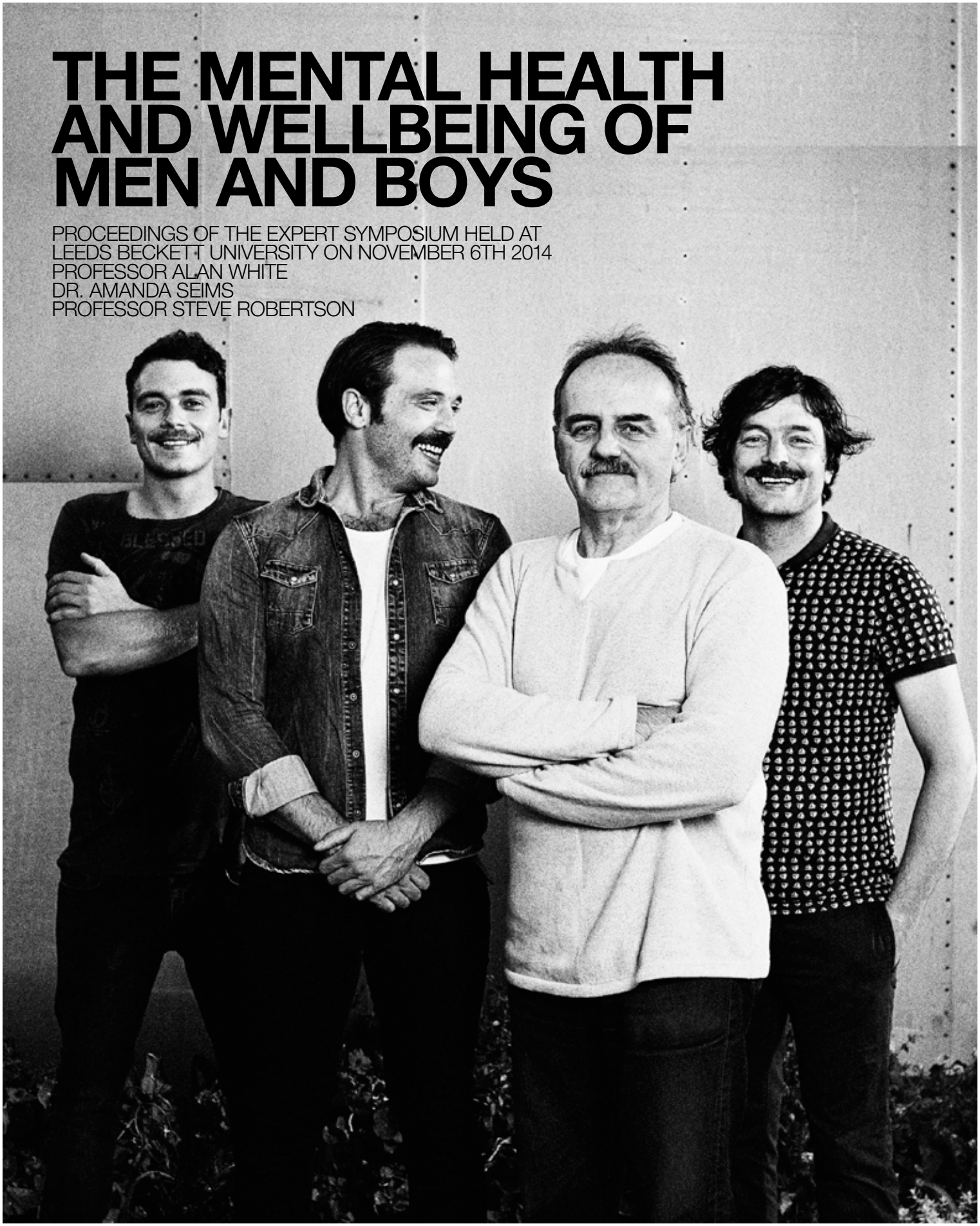


MOVEMBER FOUNDATION
CHANGING THE FACE OF MEN'S HEALTH

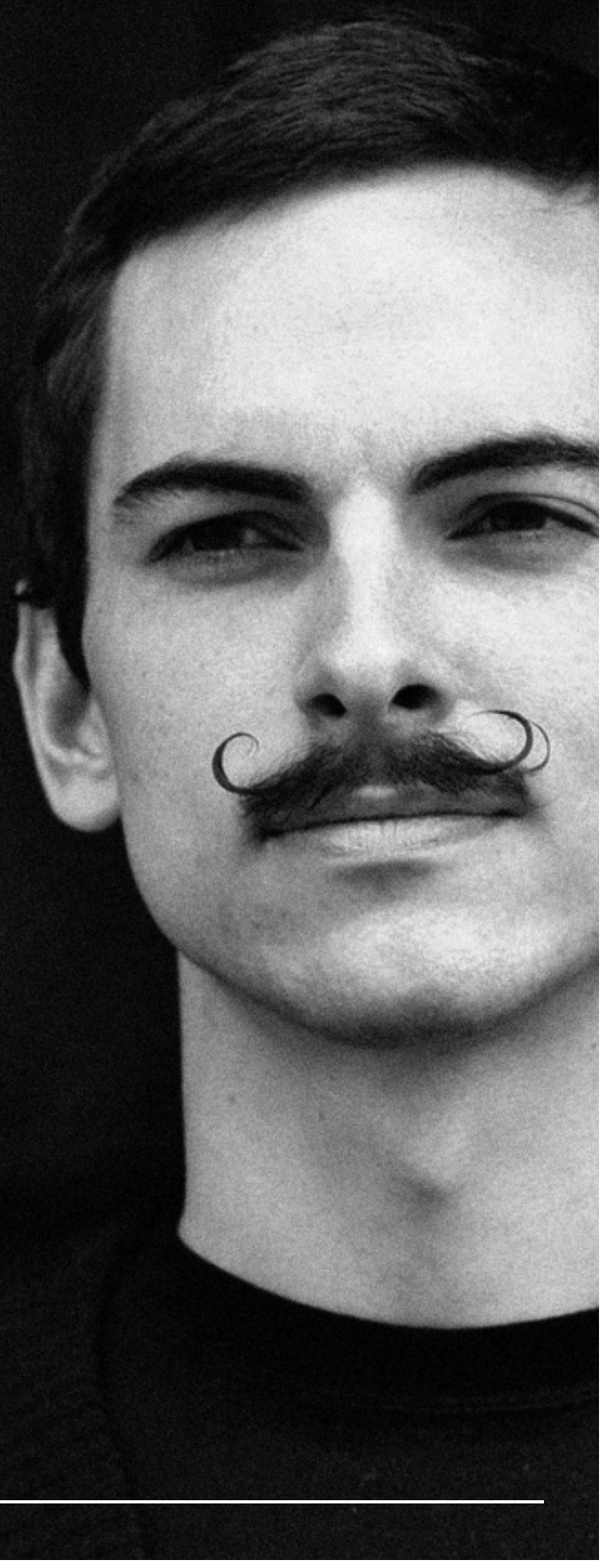
MEN'S HEALTH FORUM

LEEDS BECKETT UNIVERSITY
Institute for Health & Wellbeing

THE MOVEMBER FOUNDATION IS A GLOBAL CHARITY RAISING FUNDS AND AWARENESS FOR MEN'S HEALTH.

ACROSS 21 COUNTRIES, THE FOUNDATION IS COMMITTED TO DRIVING AWARENESS AND STRATEGICALLY INVESTING IN MEN'S HEALTH PROGRAMS SO MEN CAN LIVE HAPPIER, HEALTHIER AND LONGER LIVES. SINCE STARTING OUT IN AUSTRALIA BACK IN 2003, THE FOUNDATION HAS RAISED OVER £346 MILLION, WITH FUNDS BEING DIRECTED TO PROGRAMS ADDRESSING PROSTATE CANCER, TESTICULAR CANCER AND MENTAL HEALTH PROBLEMS.

WORKING YEAR ROUND, THE FOUNDATION'S VISION IS TO HAVE AN EVERLASTING IMPACT ON THE STATE OF MEN'S HEALTH, WHICH WILL BE ACHIEVED BY CONTINUING TO FIGHT FOR AS LONG AS MEN'S HEALTH ISSUES EXIST.



MOVEMBER FOUNDATION

CHANGING THE FACE OF MEN'S HEALTH

REPORT COMPILED BY

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We thank the presenters for checking their summaries within the report. We would also like to acknowledge the contribution of all those who took part in the event.

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EXECUTIVE SUMMARY

As societies become increasingly complex, more and more men are finding they are experiencing mental health difficulties. Suicide rates in men are increasing, and those being diagnosed with depression and anxiety are on the rise. There is also the realisation that a significant number of men who are struggling with their mental wellbeing remain hidden from services and are not being adequately supported or reached with current mental health provision.

In March 2014, the Movember Foundation Board approved, in principal, the development of the *'Taking Action on Health and Wellbeing'* Programme for the UK, which is to introduce a Mental Health component to their existing work on prostate cancer. In preparation for this work, the Centre for Men's Health at Leeds Beckett University, in collaboration with the Men's Health Forum, was commissioned to undertake a literature review and environmental scan of the sector within the UK. As part of this programme of work, an Expert Symposium was held with over 40 individuals and organisational experts in senior positions who have involvement of working with boys and men around mental health issues in the UK, along with men who have mental health problems.

The aim of the symposium was to tap into the tacit knowledge of those working in academia, the third sector and in statutory organisations involved in policy and practice in order to inform our understanding of the landscape of mental health work in the UK. The focus of the discussions within the symposium was intended to generate ideas and suggestions about how future interventions and policy could be best implemented to improve the mental health of men and boys.

The morning session comprised presentations from key individuals from the different sectors to present their views on what is known, what is not known and what is needed to see men's mental health provision improve in the UK. There were also presentations from two men from Voices of Mind to ensure the user's perspective was central to all the discussions.

The key themes identified through the afternoon group discussion were:

1. Initiatives/services need to be responsive to men's needs
2. Appealing environments and safe spaces for men experiencing problems should be created
3. Peer support and self-help should be available for those in need
4. Acknowledgement that mental health is affected by physical health and social issues
5. Society and culture needs to change to improve gender equality
6. Intervention and education must be incorporated into early years and provided regularly throughout life, particularly during key transition periods.
7. Vulnerable groups need to be targeted
8. The importance of leadership figures and the state to facilitate change
9. Specific training needs to be undertaken with all those who come in contact with vulnerable men
10. Research needs to focused onto the problem of men's mental health

There was also a recognition that the time was right for a stronger political push to engage more with the issues raised by men's mental health and that a Declaration on Men's Mental Health and Wellbeing needed to be created.

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BACKGROUND TO THE SYMPOSIUM

Day-to-day knowledge about what works in reaching out to men and boys with regards to their mental and emotional health exists at many levels of service provision. The aim of the symposium was to tap into this tacit knowledge of health experts from academia, third sector and statutory organisations involved in policy and practice in order to inform the overall environmental scan being undertaken for the Movember Foundation.

This event was also seen as an important opportunity for significant organisations to hear about the work being undertaken, with a view to becoming possible step two and three partners who may collaborate in the 'Taking Action on Health and Wellbeing' programme in the pilot stage or beyond. In addition, the event provided a platform for commencing aspects of knowledge dissemination from the earlier work packages into organisations that may have influence or may likely be adopters of the learning generated.

The focus of the discussions within the symposium was intended to generate ideas and suggestions about how future interventions and policy could be best implemented to improve the mental health of men and boys. The working objectives for the day were:

- to provide space to undertake some 'blue-sky' thinking on what could be achieved if resources allowed.
- to hone expectations based on current experience from those in the room as to what is actually achievable.
- to generate a consensus on priorities for what should be tackled as we move forward.
- to facilitate discussion on the respective roles of policy, practice, voluntary organisations and the Third Sector in meeting these priorities – i.e. what is needed to make this happen?

We invited over 60 people from key statutory and third sector/NGO organisations to the symposium who had been identified through discussion within the project team, the wider network, and in consultation with the Movember Foundation (a list of those who attended the symposium can be found in appendix 1).

The day was structured (see appendix 2 for the schedule) to give a morning of presentations aimed at informing attendees of the key findings of the current study (Professor Steve Robertson), an overview of the academic base to boys' and men's mental health (Professor Damien Ridge), the perspective of the Third Sector (Paul Farmer, CEO MIND) and a policy perspective (Gregor Henderson, Public Health England Mental Health Lead). In addition, there were two user perspectives from the Voices of MIND team, one (James Downs) representing a young man's perspective and the other an older man (David Hill).

INTRODUCTION TO THE DAY'S PROCEEDINGS

Professor Alan White
Centre for Men's Health, Institute for Health & Wellbeing, Leeds Beckett University (pictured below)

Gregor Henderson
National Lead for Wellbeing and Mental Health, Public Health England

Alan welcomed the organising partners, the Movember Foundation and the Men's Health Forum, and the delegates, which included policy makers, practitioners, senior members of third sector organisations and service users. Alan stressed the importance of considering issues from the viewpoint of service users throughout the day. Alan explained that the purpose of the day was to provide an opportunity for experts with a wide range of knowledge and experience to get together for some blue-sky thinking, focusing on issues relating to men's mental health and identifying how we will take realistic ideas forward.

The knowledge gathered through the day would contribute towards the overall work of the Movember Foundation and the current Environmental Scan being undertaken by Leeds Beckett University for the Movember Foundation, and to provide useful information for the whole sector of men's mental health.

Gregor stressed that mental health, particularly relating to men, doesn't get sufficient attention. Gregor highlighted two main challenges faced by those working in mental health: 1) should we place our focus on dealing with mental illness or promoting mental health, or are both equally important? 2) should we create separate specific services that focus on mental health for men or should we embed the importance of mental health into how we approach men's lives and their health and wellbeing; to do this we need to challenge the current culture where mental health isn't routinely considered alongside traditional indices of health for men. We need to consider how we can create a collaborative strategic leadership across the UK to achieve this.

There is an abundance of evidence and literature which highlights issues relating to men's mental health and documents successful services and strategies; however, it is important that we also consider evidence that goes beyond traditional randomised controlled trials. Despite the wealth of available evidence, the task of implementing changes which may improve men's mental health is difficult. Furthermore, we face the challenge of trying to persuade local government to implement initiatives and services which address men's mental health in the face of extreme budget cuts.

Gregor suggested that we need to take a balanced approach to promotion, prevention, care and treatment, and invest in prevention and health improvement alongside services. This requires balanced investment in downstream services as well as investing in upstream preventative measures, but to do this we need to be able to measure the cost of this investment vs. the savings from possibly preventing mental health problems.

Gregor requested that the delegates engaged in the day with the aim of considering how leadership could be coordinated following the event to initiate change and consider strategies to implement the wealth of scientific and practical evidence that is currently available.

PRESENTATION 1

Sarah Coghlan
UK Country Director,
The Movember Foundation

SARAH BEGAN BY SHARING THE STORY OF HOW THE CONCEPT OF MOVEMBER BEGAN. IN 2003, TWO FRIENDS NOTICED THAT MOUSTACHES WERE ONE OF THE FEW THINGS THAT HADN'T COME BACK INTO FASHION AND SUBSEQUENTLY CHALLENGED EACH OTHER AND 30 FRIENDS TO GROW A MOUSTACHE OVER 30 DAYS. AFTER RECEIVING SIGNIFICANT ATTENTION FROM PASSERS-BY, THEY DECIDED TO DO IT AGAIN IN 2004 BUT WITH A MORE FORMAL CONCEPT - RAISING MONEY FOR PROSTATE CANCER.

They set up a company, approached the chairman of the Prostate Cancer Foundation of Australia and said they'd get men to grow moustaches to fundraise for them. In the first year they raised $54,000 and in 2006 they became the Movember Foundation, adding mental health as a cause.

Since then, they have raised a total of £346 million around the world to support men's health programmes and services. In 2008, they set up four global offices, including the UK, and 2014 is the first year to invest in men's mental health in the UK.

MENTAL HEALTH INVESTMENT

The focus of their investment in mental health is on prevention, early intervention and stigma reduction. Sarah stressed that small pockets of work show that men will interact if given an appropriate setting. The Movember Foundation is aiming to identify why men engage with these activities when they won't engage with local authority services or health care. They appreciate that men act differently to women with regards to their health: men like doing things and prefer to talk shoulder to shoulder, not face to face.

The Movember Foundation believes that engaging men in mental health services may have an impact upon their engagement with other services, such as screening for physical diseases, physical activity programmes or smoking cessation clinics which may ultimately reduce prevalence of physical diseases.

Sarah Coghlan
UK Country Director,
The Movember Foundation

PRESENTATION 2
Perspective of a service user

James Downs
Voice of Mind

JAMES INITIALLY SUFFERED WITH OBSESSIVE-COMPULSIVE DISORDER (OCD) WHICH RESULTED IN ISSUES SURROUNDING THE CONTROL OF FOOD AND THE DEVELOPMENT OF ANOREXIA AND BULIMIA, SIGNIFICANTLY IMPACTING UPON HIS LIFE. JAMES (AGED 25), HAVING SUFFERED FROM SEVERE MENTAL HEALTH PROBLEMS FOR THE PAST 10 YEARS, PROVIDED THE AUDIENCE WITH A YOUNGER PERSON'S PERSPECTIVE OF SOMEONE WHO HAS HAD TO ENGAGE IN SERVICES, AND CONVEYED THE DIFFICULTIES HE EXPERIENCED IN SEEKING HELP AND ENGAGING WITH SERVICES.

NEGATIVE EXPERIENCES OF HELP SEEKING

James' initial experience of mental health services was that they questioned why he had an eating disorder instead of simply recognising the problem. He felt that his problems were not always validated, which led to denial and self blame.

James' eating disorders often caused health problems resulting in hospitalisation, where he felt that the physical symptoms were treated and dietary advice was given to avoid reoccurrence of the health problem, but there was no consideration of the underlying psychological issues which were causing his hospital admittances. James felt that doctors tended to try to get him to rationalise the problem and trivialised it instead of accepting he needed therapy.

These negative experiences almost caused James as much anxiety as dealing with the problem itself, and he stressed that negative interactions with services can often make a problem feel worse and may cause men to cease future engagement. As a result of these experiences, it took six years for James to receive psychological therapy, and later behavioural therapy, as his issues with controlling food had progressed into a severely entrenched problem.

He felt that therapies such as mindfulness, with little evidence base compared to more traditional therapies, should not be quickly dismissed by health professionals. The best evidence is the patient, and unless non-traditional forms of treatment are explored and trialled, then a sound evidence base may never develop.

GENDER STEREOTYPES

James' OCD led to him missing a lot of the school year, partly due to the issue being dismissed as a typical boy's bad behaviour. He feels that women are traditionally treated as more fragile and emotional, whereas the emotional pain experienced by men is often not acknowledged. Education is needed to reduce stigma and validate men's issues, accepting that men may experience emotional difficulties as much as women.

He acknowledged that there is no typical experience for a young man and no uniform set of characteristics; they now face many of same pressures once associated only with women, such as objectification of their bodies, as well as receiving conflicting messages of male sexuality. The prevailing 'lad culture' reinforces that male emotion is shameful and weak and disallows sincerity of men's feelings. In the modern day there is a breakdown of gender roles and it is not appropriate to associate personality traits or disorders as male or female.

James felt that his experience of services supporting eating disorders were tailored towards women's needs and experiences, and found himself in an endless pursuit of diagnosis which 'fits' a man, as they were unable to accept that men suffer from eating disorders. Services need to abandon these outdated stereotypes and acknowledge that there is a person behind the symptoms and that men's symptoms are as real as women's.

James Downs
Voice of Mind

PRESENTATION 3
Emerging findings from Movember literature review and environmental scan

Professor Steve Robertson
Centre for Men's Health,
Institute for Health & Wellbeing,
Leeds Beckett University

STEVE PRESENTED EARLY FINDINGS FROM THE WORK LEEDS BECKETT UNIVERSITY HAS RECENTLY CONDUCTED FOR THE MOVEMBER FOUNDATION WHICH FOCUSED ON UPSTREAM MENTAL HEALTH PROMOTION TO ESTABLISH WHAT WORKS IN RELATION TO MEN AND BOY'S MENTAL HEALTH, IN WHAT CONTEXT AND WHY. THE WORK PRIMARILY EVALUATED EVIDENCE FROM AN EXTENSIVE REVIEW OF LITERATURE AND TACIT KNOWLEDGE FROM 15 SELECTED PROJECTS SOURCED THROUGH DATABASES OF EXISTING PROJECTS AND THROUGH AN INVESTIGATIVE NETWORK OF 15 PEOPLE ACROSS FIVE COUNTRIES. FURTHER WORK WILL BE COMPLETED FOLLOWING A THOROUGH ANALYSIS OF THIS EVIDENCE; PRESENTED HERE ARE VERY PRELIMINARY FINDINGS.

SETTINGS-BASED INTERVENTIONS
Whereas interventions based in schools had varied success, limited evidence suggested that single sex interventions are more successful for boys and girls. Work-based cognitive behavioural therapy (CBT) reduced stress and depression, and internet-based CBT seemed as effective as face to face interventions. However, some evidence suggested that participation and completion of general online interventions is lower in men compared to women.

INTERACTIVE/ACTIVITY-BASED INTERVENTIONS
Initial evaluations observed consistent short-term mental health benefits, such as improved self-esteem and mood, from engagement with nature and green space. Exercise and sport-based settings showed positive effects on symptoms of depression and anxiety, and may be more effective when single sex. Social group-based activity, particularly in a male-specific place, also showed promise.

SUICIDE
The evidence suggested that multi-dimension interventions may be more effective in reducing stigma, influencing attitude and changing behaviour, than single dimension interventions, such as campaigns to raise awareness; however, they must be tailored to account for cultural differences. Arm's length support, or using typical male settings such as sports clubs and the workplace, also appear to be effective for men.

USING A MALE-FRIENDLY/SENSITIVE APPROACH
The environment where interventions are based needs to be appealing or familiar and somewhere they can feel comfortable and at ease, whilst also accounting for ethnicity, age and sexuality. The use of direct mental health language may not appeal to some men; however, complete avoidance may reinforce stigma and deter men from feeling comfortable opening up to others. Sub-group specific action, social engagement interventions and talking in safe places (e.g. sharing stories or interacting online) may also appeal to men.

VALUES AND ETHOS
Interventions may be more effective if staff have lived experience of the issues, can empathise and are of the same culture/sexuality. It helps if programmes are responsive to the needs of the person and communities they serve, rather than just following funding guidelines. The intervention should also enable environmental and lifestyle changes to facilitate general behaviour change, for example directing men to other support services to address housing or employment concerns.

An open forum discussion with the Symposium attendees recognised that work-based settings are good for motivating staff and make employers appear to be a caring organisation; however, isolated men such as retirees or the unemployed are not in the workplace so will not benefit from these interventions, therefore Men's Sheds may be more effective for these people. For community-based settings it was stressed that users must be given ownership to shape the nature of the activities provided.

It was suggested that key transition periods in men's lives where mental health may be at risk should be identified, e.g. becoming a father or retiring, as men are evaluating their identity during these times.

Project staff and those who interact with the public, such as the police, must be given training on mental health issues and be able to direct those in need to the most appropriate support.

Professor Steve Robertson
Centre for Men's Health,
Institute for Health & Wellbeing,
Leeds Beckett University

PRESENTATION 4
Perspective of a policy maker

Gregor Henderson
National Lead for Wellbeing and Mental Health,
Public Health England

GREGOR NOTED THAT HIGHLIGHTING SIGNIFICANT HEALTH ISSUES IN THE GENERAL POPULATION CAN OFTEN RESULT IN DISCUSSIONS RELATING TO INVESTING MORE MONEY INTO THE NHS. INCREASED FUNDING OF THE NHS IS DIFFICULT HOWEVER, GIVEN THE LIMITED FINANCIAL RESOURCES AVAILABLE.

INVESTMENT IN UPSTREAM PREVENTATIVE STRATEGIES

Gregor suggested that the underlying solution needs to shift our thinking to include preventative strategies and that we should consider integrating mental health support into other services as well as having focused services.

We also need to shift focus to changing the underlying psychosocial and socioeconomic causes. As an example, one of our biggest health problems which is a significant financial strain on the NHS is obesity. The usual treatment is referral to weight management services incorporating exercise and dietary interventions; however, a more effective strategy may be to identify possible mental health issues causing overeating and sedentary behaviour, such as low self-esteem or depression.

He noted that one area for an upstream strategy was to provide courses for emotional literacy, mindfulness and cognitive behavioural therapy where potential mental health risks are initially identified. One strategy which requires little to no investment at all is a change of culture within our society, which allows men to express emotions and speak out confidently about mental health without stigma.

INTEGRATION OF MENTAL HEALTH SUPPORT WITHIN OTHER SERVICES

One reoccurring suggestion was to invest money into the education and training of leaders and those in positions of authority or providing front line support such as politicians, senior managers, teachers and police constables and those making policies. There is a developing cohort of mental health champions based in local authorities. GPs, local mental health support teams and buddies within the community could be trained to spot men at risk of developing severe mental health problems, particularly in older men as they may not actively speak out about mental health unless there are associated physical symptoms.

Leadership of local mental health strategies should not be solely allocated to mental health professionals, it should be led collaboratively and include non-health related areas, such as housing and employment, as they can provide leadership on how these services could integrate mental health support. Interventions used in Scotland that integrated mental health into the criminal justice system, education and employment services have shown successful outcomes, but strategies like these will only work if we change the design and delivery of public services outside of health and care services. Public Health England and local government can help provide leadership to ensure that service commissioners and professionals involved in policy making consider gender in their decisions.

Gregor highlighted that although these suggestions show great potential, they are difficult to implement unless we can demonstrate a clear cost and benefit to those providing financial investment. So investment in research and evidence is crucial.

Gregor Henderson
National Lead for Wellbeing and Mental Health,
Public Health England

PRESENTATION 5
Perspective of an academic and psychotherapist

Professor Damien Ridge
Health Studies, Westminster University

DAMIEN PROVIDED AN OVERVIEW OF SOME OF THE CHALLENGES FACED BY MEN WHEN SEEKING HELP FOR DISTRESS, AND FOR SERVICE PROVIDERS TRYING TO ENGAGE WITH SUCH MEN. WE KNOW THAT MENTAL HEALTH PROBLEMS IN MEN MAY NOT BE DISCOVERED, AS THEY MAY EXPRESS SYMPTOMS DIFFERENTLY COMPARED TO WOMEN; THEY MAY BE STRUGGLING WITH LIFE AND NOT REALISE IT IS RELATED TO MENTAL HEALTH PROBLEMS; THEY MAY BE BLOCKING EMOTIONS; OR ACTING THEM OUT (E.G. BECOMING VIOLENT OR ABUSING ALCOHOL AND DRUGS). ALTHOUGH GENDER DIFFERENCES ARE BECOMING LESS DISTINCT, WOMEN ARE STILL LIKELY TO BE MORE IN TOUCH WITH THEIR EMOTIONS, AND RECEIVE A DIAGNOSIS OF ANXIETY OR DEPRESSION COMPARED TO MEN. MEN ARE LESS LIKELY TO RECEIVE HELP FOR MENTAL HEALTH, WHICH IS REFLECTED IN THE ALARMING STATISTIC THAT FOUR OUT OF FIVE SUICIDES ARE BY MEN.

Men are typically emotionally isolated; many are lonely, and lack the social and emotional support that women can turn to. However, they yearn for emotional connection, and because they have locked away their emotions, they can actually be hypersensitive behind their manly facade. They fear expressing their vulnerabilities and may feel reluctant to speak to a doctor. Whilst services struggle to reach out and engage with men, some professionals may be reluctant to engage with distressed men as it is uncomfortable e.g. it challenges their own socialisation that men should be strong. Men are keen to talk, however, when they feel it is safe to do so. It is common for talking therapists to be the only person a man has disclosed their true feelings to.

It is important to realise that men do want help, but may simply struggle finding it. They may feel discouraged from getting help if their partner/friends mock them for expressing emotions. However, ironically, getting help means regaining strength, a sense of masculinity and getting back on their feet. Damien referred to a male client who initially had a negative and hostile attitude towards counselling, but subsequently experienced it as a practical, powerful and useful therapy which helped him understand his emotions. We need to develop on-going talking relationships with men and reduce the epidemic of social and emotional isolation amongst men.

OVERVIEW AND OUTCOME OF A MENTAL WELLBEING INTERVENTION

Damien referred to a successful intervention project being run at the Victoria Medical Centre in London which dealt with distressed men with everyday life issues (Atlas). The project offered a person-centred therapy and a holistic approach, which included talking therapy and acupuncture, with the aim of preventing further mental health issues in these men.

Men were recruited through the use of a poster at a medical centre which explicitly did not include reference to mental health vocabulary, and instead talked of stress and everyday problems. The poster encouraged partners to refer men to the project too. They also co-designed the programme with GPs to spot and refer potential mental health issues into the project (e.g. men with gastrointestinal issues which were stress related). The offer of a male only service provided validation of men's emotional needs in the clinic, and gave the message it was normal for men to talk to someone about their issues. The results of the evaluation will be available before mid-2015.

PRESENTATION 5
Perspective of an academic and psychotherapist

Professor Damien Ridge
Health Studies, Westminster University

The project used male-friendly practitioners and provided up to 12 sessions, plus an additional six if requested, which were offered out of typical working hours to allow all men to attend. Men typically contacted the project because they'd hit rock bottom, they simply recognised that they had no-one to talk to about their feelings, or their partner had encouraged them to engage.

The men preferred counselling, but often wanted more than the initial 12 sessions and some wanted or needed help over a longer term. Damien stressed that the risk of short-term provision is that it may not provide sufficient time to build a relationship and identify the issues underlying the problem. Additionally, the risk is in identifying the big problem causing problems, but having no opportunity to help resolve their mental health issues, leaving the men high and dry and without support. Skilled practitioners are left having to focus on issues that can be addressed in short time frames, leaving the larger issues affecting men unexplored.

The men stated that the relationship with practitioner was important, akin to mentoring or even paternalistic/maternalistic. After counselling they reported improved understanding and coping, and it is anticipated that the final results of the project will also show reduced anxious mood and perceived stress, positive wellbeing and an improvement in the issue men originally presented with. The project will also examine whether or not there are cost savings before/after treatment in Altas, in terms of work absences, unemployment, and use of health/social services as an outcome of providing timely and skilled treatment to show the wider impact of the project and need for policy change.

PROVISION OF MALE-ORIENTED SUPPORT

In research talking to therapists, it was found that there is no specific training on men's issues. They say that they learn on the job how to interact more fruitfully with men. They may, for example, use less unconventional ways of dealing with male clients to build a relationship and make progress, e.g. use of male humour, letting men "win" if there was a power struggle. They say men can be particularly isolated and yet hypersensitive behind their initial facade. Dr. John Barry conducted a study of coaching for professionals and found that men like factual, goal-directed language, prefer to be in control of creating change, want quick practical solutions and are put off by things seen as 'weak' or 'fluffy' (even though it is still important to engage with men emotionally).

It is important to include laymen when designing services to ensure you are providing something that men want and need, otherwise there is a risk of non-engagement from men. A recent report by The Samaritans stressed that socio-economic inequalities must be tackled; services should specifically target men from deprived backgrounds and allow them free access to a range of support, not just medication. Therapy alongside other interventions is often most effective.

Men's Minds Matters are currently pushing for the inclusion of a male psychology section in the British Psychology Society (BPS) to accompany the existing women's section; this may help incorporate male psychology into the BPS professional training programmes, which will encourage therapists to consider a gendered approach to treatment.

The Campaign Against Living Miserably currently provides a unique website and out of work hours helpline targeted specifically at men and tackling the issue of high male suicide rates.

Professor Damien Ridge
Health Studies, Westminster University

PRESENTATION 6
Perspective of a Third Sector service provider

Paul Farmer
CEO, Mind

PAUL PRESENTED ENCOURAGING EVIDENCE FROM TIME TO CHANGE (RUN BY MIND AND RETHINK MENTAL ILLNESS), ECOTHERAPY, AND OTHER PROJECTS. THE TIME TO CHANGE CAMPAIGN HAS FOCUSED ON ENCOURAGING MEN TO HAVE CONVERSATIONS WITH FRIENDS ABOUT MENTAL HEALTH AND HAS HIGHLIGHTED THE IMPORTANCE OF THESE CONVERSATIONS.

A public attitudes survey found that men typically have more discriminatory attitudes towards mental health compared to women, which can make it challenging getting men to seek help. However, men often face an equally difficult challenge when they try to engage with services; a recent ethnos survey indicated that black minority men are more likely to be treated unfairly in mental health services. Paul reiterated the consensus that our current service provision is failing men, as their suicide rate is still worryingly high compared to women.

OVERVIEW OF EVIDENCE FROM MIND'S PROJECTS

Paul shared evidence from Mind's 138 ecotherapy projects across England that ran between 2008 to 2013, funded by The Big Lottery. These projects typically involved food growing, arts and crafts, conservation work, care farms and structured exercise in nature. As a result of engaging with these projects, 69% of people experienced significant increase in wellbeing and 62% thought their average physical and mental health had improved. There were also reported increases in social capital, connectivity to the local community and green behaviour. An encouraging observation was that the ecotherapy projects received a higher take-up by men compared to other services these organisations were running; 56% of men compared to 35% attending psychological therapies through the Improving Access to Psychological Therapies (IAPT) programme. Feedback indicated that the engagement space and environment helped, and men responded well to the 'leave your diagnosis at the gate' value.

The People's Health Trust funded a pilot project based around a model that reliance is linked to well-being, social capital and psychological coping strategies. The project engaged with groups of local older unemployed men to provide structured activities to support wellbeing and community engagement. The men had been out of work for prolonged periods of time and either had pre-existing mental health problems or had developed them during the period of unemployment. The project provided tools and materials, drawing on mindfulness and cognitive behavioural approaches to support problem solving and coping strategies to increase sense of control and resilience. At the end of the project, more than eight out of ten men had showed improvements in wellbeing, social support networks, coping skills and resilience.

As a result of the Time to Change campaign, more people would ask if someone is OK and the proportion of men saying they were not likely to talk about mental health problems has almost halved, with the number of men who said they would be likely to talk to someone about mental health almost doubling. However, despite these positive outcomes, it is possible that men may not have the opportunity to talk to someone about mental health, so their behaviour and engagement with services may not have changed in line with their attitudes.

With regards to future projects, investment is needed to fund projects working with children and young people, projects using the sporting environment and to increase the evidence for the effect of being in work and out of work on mental health. We also need to create more appropriate environments for peer support; one example of this is the Men's Sheds project; however, we need to remember that there is no one size fits all method for this.

There is a need to have a clear focus on particular male audiences, and both the way to engage them, and the most effective interventions to improve their mental health.

PRESENTATION 6
Perspective of a Third Sector service provider

Paul Farmer
CEO, Mind

FINDINGS FROM THE SCOTTISH ASSOCIATION FOR MENTAL HEALTH

Billy Watson (Chief Executive) was invited by Paul to present some observations from their projects and campaigns in Scotland.

They found that:

- Social care services were dominated by older men in the 45-60 year cohort.
- Sport and physical activity interventions attracted more men than women (65%), typically in the 35-44 year cohort.
- 70% of 500 employment seekers they worked with were males. Mandatory Department of Work and Pensions (DWP) programmes attracted an older cohort of men, however elective programmes offered externally attracted mainly 20-30 year olds.
- Their national anti-bullying campaign 'Respect Me' engaged with ~8000 boys and girls on how to report bullying. More girls reported bullying than boys and they typically spoke to their friends, whereas boys typically went to an authority figure. Girls were more likely to have a coping strategy than boys and boys were six times more likely than girls to join in if they witness bullying.
- Their advertisements were watched by more females than males (60/40). Their Facebook advertisement had 12,000 hits, which were predominantly female (85%). Showing the same message on YouTube received more viewings by men (60/40) which suggests that men may be more likely to engage through YouTube as opposed to Facebook. Although many people viewed these advertisements, females were most likely to act following seeing them.
- They observed that help seeking behaviours were of most concern in the 18-24 year male cohort. This group were the least likely to seek help, with 25% of them likely to take more than a year before taking action. When seeking help, this group were more likely to use online resources before speaking to a GP, whereas other groups would likely seek help from a GP first.

Paul Farmer
CEO, Mind

PRESENTATION 7
Perspective of a service user

David Hill
Voice of Mind

FIVE YEARS AGO DAVID SUFFERED FROM A HEART ATTACK AND ENDED UP IN HOSPITAL NEEDING MAJOR SURGERY IN ORDER TO SURVIVE. DESPITE THE EXCELLENT CARDIAC TREATMENT HE RECEIVED WHILST IN HOSPITAL, THE EXPERIENCE LEFT HIM FEELING ANXIOUS WITH MORTALITY ISSUES AFTER BEING DISCHARGED. DAVID PROVIDED THE AUDIENCE WITH AN OLDER PERSON'S PERSPECTIVE OF GETTING HELP AND DEALING WITH A MENTAL HEALTH PROBLEM.

EMOTIONAL DISTRESS ASSOCIATED WITH PHYSICAL ILL-HEALTH

David felt that the cardiac rehabilitation only took care of his physical health, with no regard for the associated emotional distress he was feeling. Due to a general lack of awareness of sometimes complex mental health issues by many GPs, his needs at this time were not completely identified or addressed and he was simply prescribed medication for depression.

David suddenly ceased the medication on New Year's Eve to allow him to drink alcohol, which had the serious side effect of causing a complete breakdown. This resulted in immediate support from the local Crisis team, which fortunately led to him receiving counselling and another pharmacological approach.

David re-enforced the need for mental health support alongside long-term conditions as it is difficult to separate physical and mental health. David acknowledged the significant emotional support he received from friends and family and stressed that this source of support should not be overestimated.

On reflection, older men do not typically talk about mental health or may lack awareness of where they can go to talk to someone. The audience confirmed this, with a psychiatrist stating that they do not typically see older men and expressed concern as to whether or not they are accessing help through another source.

PRACTICAL RECOMMENDATIONS

David and the audience discussed potential strategies which may provide early identification of older men at risk. The suggestion of training GPs was repeated from an earlier session and David referred to a study which showed that doctors often find it difficult to differentiate between depression and dementia. It is standard practice for health professionals to ask patients about their smoking and drinking habits on initial contact to identify those at risk of physical disease, therefore questions related to mental health could be included as part of this risk assessment. The Rapid, Assessment, Interface and Discharge (RAID) approach of liaison psychiatry in Birmingham was suggested as an exemplary model.

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AFTERNOON DISCUSSION AND FEEDBACK

INFORMATION GATHERED FROM THE KEY SPEAKER AND USER PRESENTATIONS WAS USED AS THE BASE FOR THE AFTERNOON SESSION. THE SYMPOSIUM DELEGATES WERE SPLIT INTO THREE GROUPS, EACH WITH A FACILITATOR AND A SCRIBE WITH THE FOLLOWING QUESTIONS BEING CONSIDERED:

- What are the priority groups of boys and men that should be targeted?
- What are the best settings for working with boys and men?
- What are the most effective approaches for reaching out to boys and men?
- What are the training needs for those working with boys and men?
- What are the research gaps in working with boys and men with regard to their mental and emotional wellbeing?
- The discussions generated through the above questions were then fed back to the whole group to identify the key themes emerging.

KEY THEMES EMERGING FROM THE DAY'S DISCUSSION

1. INITIATIVES/SERVICES NEED TO BE RESPONSIVE TO MEN'S NEEDS

- All men are potentially at risk of mental and emotional problems.
- Where possible, interventions should be tailored to the individual; however, organisations should at least ask men what it is they want from the service and provide choices to suit all.
- There needs to be recognition that many men do not have the language or understanding of the issues in many current health promotion campaigns.
- There may be need for bespoke services for some men, but we also need to have current services adapting to be more appealing to men.
- Reliance on a medical model is insufficient and a socially-orientated approach is also needed - not as a replacement, but to add a different dimension.
- Pre-crisis management is important, with systems and services in place to pick up early signs of mental ill health and support men who are struggling.
- When designing initiatives/providing services it is important not to gender stereotype (either for men or for women), for example not all men are interested in sport or DIY and may not want to do activity-based programmes. This risks excluding some men and making their problems worse by feeling they do not conform to the stereotypical male cultural values.
- A good understanding of the wider social determinants of health and the impact of socio-economic factors is as important as gender for many men's problems.
- Aggression and 'anti-social' behaviour is often an important indicator of underlying emotional and mental health problems.
- Use of mental health terms may discourage men – this can be an issue for some initiatives that are developed by organisations strongly associated with mental health.
- Online provision and telephone support lines can offer ease of access, information and the anonymity that some men require to open up.

2. CREATING AN APPEALING ENVIRONMENT AND SAFE SPACE

- Men need spaces to go to that are signposted as a space for men and promote a sense of mutual commonality.
- The environment needs to welcome men with warmth and acceptance.
- The space needs to be non-medical - men are unlikely to disclose suicidal thoughts to a GP, which is reflected by observations that many men who commit suicide have recently visited their GP.
- The space needs to create a mutual commonality where men can feel safe, able to speak and disclose personal and sensitive information and feel confident that someone will listen to them, without judgement.
- Finding informal settings for men to meet may involve bars; this link with alcohol needs to be handled carefully.
- Online provision may provide a safe space for men to explore their mental health issues.

KEY THEMES EMERGING FROM THE DAY'S DISCUSSION

3. PEER SUPPORT AND SELF-HELP

- Men need to have support outside of services and initiatives which will provide help when these cannot be accessed or in times of immediate crisis, as well as promoting long-term maintenance of good mental health.
- Peer mentoring/role models/ befriending could be useful and may help reduce social isolation, as can being able to bring a friend to the services (a help-seeking legacy).
- The use of online resources to help build real and virtual communities that can offer support to men is growing.
- Equipping men with tools to create a plan of action, which will allow them to cope in times of crisis when they cannot quickly access external support services.
- Men need to know that the other men accessing services are (just enough) like them to ensure continued buy-in.

4. ACKNOWLEDGEMENT THAT MENTAL HEALTH IS AFFECTED BY PHYSICAL HEALTH AND SOCIAL ISSUES

- Physical health, particularly chronic disease and serious injuries can affect mental health. Similarly homelessness, poor housing conditions, unemployment and disability will also affect mental health.
- Mental health interventions should not just be placed in mental health settings.
- Evidence should be collected from interventions that are primarily designed to address these physical and social issues to establish whether they have a positive benefit of mental health. As an example, a weight-management intervention may improve self-esteem and confidence as a result of weight loss.

5. SOCIETY AND CULTURE NEEDS TO CHANGE TO IMPROVE GENDER EQUALITY

- Many of men's problems and the possible solutions lie within our communities - as a society, we must ensure that men feel valued and are not simply disposable, for example by placing importance on the role of fathers in childcare so men have stronger family connections and feel valued.
- Need to move towards a "Big Society[1]" and social agendas, to re-establish communities and promote social connections for men.
- There needs to be recognition that many men are isolated and living alone, with poor social networks and weak social capital, and this is across the lifespan.
- There is a need for society to change the way they address men's problematic behaviours, i.e. not simply using punitive responses.
- Cultural change is needed to make it easier for men to talk. Men can be resistant to talking about mental health, and wider society resistant to understanding that men cannot always cope with life. This resistance means it is easier for men's experiences of mental health problems to go unnoticed.
- Stigma still exists - some progress has already been made with changing the use of language relating to mental health disorders but more work needs to be done. Online resources which provide information on mental health disorders are also helping to reduce stigma.
- Change is needed from the media, which has a significant influence on gender roles; it is currently reinforcing negative gender stereotypes.
- Lessons need to be learnt from women's health and feminism as to how they got women's inequality issues onto the agenda.

[1] "Big Society" is a Coalition government ideology defined as 'A concept whereby a significant amount of responsibility for the running of a society is devolved to local communities and volunteers'.

KEY THEMES EMERGING FROM THE DAY'S DISCUSSION

6. INTERVENTION AND EDUCATION MUST BE INCORPORATED INTO EARLY YEARS AND PROVIDED REGULARLY THROUGHOUT LIFE, PARTICULARLY DURING KEY TRANSITION PERIODS

- Education to reduce stigma is also needed at an early age.
- Boys and young men should be given more compassion, relationship training and the tools needed to manage crisis in their lives.
- Emotional literacy should be taught to young men, with space for facilitated conversations throughout their schooling to help them express themselves – this may reduce aggression as a negative form of emotional expression.
- Personal, Social and Health Education should be gender informed/gender sensitive, with greater access to externally supported services; 'Schools are the ultimate upstream setting which will pay off later downstream'.
- Young men tend to approach services when they are in need, which often coincides with key transition periods in their life e.g. leaving school, changing schools, starting work, unemployment, becoming a father, major illness, divorce, disability, widowhood, retirement. Regular support should therefore be targeted during these transition periods when they may be at an increased risk for mental health problems.
- Families need to be supported when children are in their early years, with more importance placed on the role of the father than is currently.
- We have an ageing population – the mental health of older men is a growing area of concern, with resources, creative thinking and interventions required for preparation for retirement and on-going guidance on keeping mentally and physically fit and well.
- More research and practice development is needed to support men with dementia.

7. VULNERABLE GROUPS NEED TO BE TARGETED

- GBT+ men, ethnic minority men, ex-forces, men in prison and young fathers are specific groups to target.
- There is an over representation of ethnic minority men in the criminal justice system, which may in part be due to undiagnosed/miss-managed mental health issues.
- Preventive tools are needed for boys and men who are known to be heading for later problems, e.g. at risk groups such as those excluded from school, looked after children and those heading towards the criminal justice system.
- Vulnerable and deprived groups are likely to have less access to resources which increases the risk of widening the health inequality between social classes, such as the homeless, migrants, and asylum seekers.

KEY THEMES EMERGING FROM THE DAY'S DISCUSSION

8. THE IMPORTANCE OF LEADERSHIP FIGURES AND THE STATE TO FACILITATE CHANGE

- In England, Wales and Scotland, there needs to be greater awareness of the legal requirements of the Equality Act by service providers.
- In the Republic of Ireland, the Men's Health Policy should be used as a vehicle for change.
- Sustainability, with long-term effectiveness, needs to be the basis of decisions - not quick fixes and financial savings.
- Changes need to be led by the government – they need to challenge the negative stereotypes portrayed by the media, and speak out and highlight the scale of the problem we have with men's mental health and male suicide. This needs to be echoed by significant leadership figures. Support from those in position of power and authority is likely to improve funding opportunities in this area and enable specialist services commissioned for men (i.e. support for fathers) to be accepted by everyone and seen as important.
- Councils have a significant role in influencing local resource allocation, with greater collaboration with local health boards to ensure the importance of this issue is recognised.
- Policy development in mental health needs to ensure it reflects men's (and women's) specific needs.
- Commissioners need to change the way services are delivered - services are often commissioned on a short-term basis with the aim of moving people on to work/skills programmes. These do not always allow sufficient time to build rapport and trust with each individual. These should be commissioned in ways that facilitate support for as long as the individual needs (which is the case with physical problems in health services)
- Public health need to show increased concern for the area of male suicide – more men commit suicide compared to the number of people killed on our roads; however, it was felt that more funding and greater priority is placed on improving road safety than male suicide. This needs to change in order to highlight the issue and make men feel valued.
- Workplace leaders need to ensure the culture within organisations is supportive of sharing concerns and is not adding to men's mental health problems.
- Strong leadership is needed within the sector to avoid a silo mentality and to promote open and constructive collaboration.
- There is a need to lobby the WHO to reinforce the need to recognise 'men's health' as an issue.

Paul Mitcheson
The Movember Foundation

Jane Powell
CALM

KEY THEMES EMERGING FROM THE DAY'S DISCUSSION

9. TRAINING NEEDS

- Improve training of GPs and service providers so they are more aware of men's mental health issues and more able to be able to refer to specialist support services. It may be that when they give consultations for physical problems, they also ask how people are generally feeling.
- Effective training of staff in support services (all, not just health) to ensure they use gender sensitive approaches, such as motivational and Socratic interviewing.
- Teachers should be given training in working more effectively with boys to support healthier mental and emotional development and the skills to manage health services.
- One suggestion was to train everyday people who engage in conversations and develop good relationships with clients as part of their jobs, for example taxi drivers, hairdressers/barbers and personal trainers. Their personal relationship with people may allow them to develop conversation with men regarding mental health.

10. RESEARCH NEEDS

- There is a lot of data available that has not been analysed. A gendered analysis is warranted.
- It is important to have a better understanding of the role of masculinity and male socialisation in boys' and men's mental and emotional health and wellbeing.
- How should culture be engaged with as a theoretical construct in relation to boys' and men's mental and emotional health and wellbeing?
- A cost-benefit analysis of poor mental and emotional health in men and boys should be undertaken.
- Exploring the links between mental health and the social determinants of health.
- Campaigning to NIHR and other research funders to develop programmes of research on boy's and men's mental and emotional health.
- All service development in this area should be accompanied by robust evaluation.
- It was also suggested that an academic unit could be established to act as a central coordinating point, which could collate the right forms of information needed by Government and society to enable change. It could also be a focus for practice development and the setting up of trials for gender transformative work.

Chris Stein
The Movember Foundation

Shane Ryan
Working with Men

SUMMARY OF THE DAY
Suggested future action points

Gregor Henderson
National Lead for Wellbeing and Mental Health,
Public Health England

THE FINAL SESSION WAS FACILITATED BY GREGOR HENDERSON TO ENABLE THOSE PRESENT TO REFLECT ON WHAT WERE THE KEY MESSAGES COMING OUT FROM THE DAY'S DISCUSSIONS AND FROM THEIR INDIVIDUAL EXPERIENCES OF WORKING WITH MEN AND BOYS. THIS SESSION CENTRED AROUND THE QUESTION 'WHAT SHOULD BE THE NEXT STEPS?'

It was recognised that there was still a lot to do in raising the profile of boys' and men's mental health and wellbeing. There was a consensus in the room that there remained poor understanding of the mental and emotional needs of men and boys within society and a dearth of services that are successfully reaching out and targeting those most at risk.

There was agreement that we have been building momentum over the last 10 years in relation to boys' and men's mental health, but this requires additional impetus. For this to occur we need the support of many different voices, from the general population as well as from the Government, statutory, voluntary and third sectors. There is a need to get key players (i.e. the cabinet ministers from all departments) to hear the message and to ensure action can occur. We were reminded that we will not get change by talking to ourselves, we need to convince those who are not here – by undertaking gender transformation work and also influencing those domains that already have current political buy-in.

Continued lobbying is a key component. This can be supported by the Manifesto submitted by the Men's Health Forum and further augmented by a Declaration, which prompts all stakeholders to join together with one voice, co-ordinating our action. A draft of this Declaration has been included in appendix 3. There was also a general consensus that this should be accompanied by a series of UK wide road shows, aimed both at professionals and the general public to get the regional perspective coupled with local ownership and support. At these events the top knowledge messages can be shared and debated. There was also a proposition made as to whether we needed a men's mental health coalition to help coordinate all the activities and to act as a central forum for advocacy on boys' and men's mental health issues.

These initiatives will help maintain the momentum – keeping it in the public conscience and supporting organisations who are working in the field.

APPENDICES
Appendix 1: Symposium attendees

ORGANISATION	FORENAME	SURNAME
Leeds City Council (Emotional health and Wellbeing Lead Public Health)	John	Barry
Mental Health Leeds	Catherine	Ward
The Movember Foundation	Sarah	Coghlan
Service User (Space2)	Stephen	Cross
Voice of Mind	James	Downs
Mind	Paul	Farmer
Space2	Dawn	Fuller
Mental Health Foundation (Scotland)	Isabella	Goldie
The Big White Wall	Claire	Harding
Young Minds	Damian	Hart
Muted	Ian	Hastings
Public Health England	Gregor	Henderson
Voice of Mind	David	Hill
The Movember Foundation	Aletheia	Hunn
University of Glasgow	Kate	Hunt
South London and Maudsley NHS Foundation Trust	Eli	Joubert
Royal Holloway University of London	Frank	Keating
Norfolk and Suffolk NHS Foundation Trust	Roger	Kingerlee
Men's Action Network	Michael	Lynch
Public Health England	Lily	Makurah
The Movember Foundation	Paul	Mitcheson
Surrey University	Linda	Morison
Leeds City Council	Lisa	Mulherin
CALM	Jane	Powell
State of Mind	Malcolm	Rae
Muted	Mat	Rawsthorne
Age UK	David	Richardson
Westminster University	Damien	Ridge
Working with Men	Shane	Ryan
Berkshire Healthcare	Richard	Scott
The Movember Foundation	Chris	Stein
Men's Minds Matter	Luke	Sullivan
Rethink Mental Illness	Dave	Swindlehurst
Men's Health Forum	Martin	Tod
Scottish Association for Mental Health	Billy	Watson
Dorking Psychology	Andrew	White
Inequality Agenda	Jennie	Williams
Mental Health Foundation	Toby	Williamson
Mental health counsellor - Leeds Beckett student wellbeing team	Hazel	Keeley
Leeds Beckett University	Alan	White
Leeds Beckett University	Steve	Robertson
Leeds Beckett University	Brendan	Gough
Leeds Beckett University	Amanda	Seims
Leeds Beckett University	Gary	Raine
Leeds Beckett University	Esmee	Hanna
Leeds Beckett University	Mark	Robinson

APPENDICES
Appendix 2: Programme for the expert Symposium

Rose Bowl 408, Portland Crescent, Leeds LS1 3HB

09:30 – 10:00	**Coffee & registration**
10:00 – 10:05	**Introduction to the day's proceedings** Professor Alan White, Co-Director Centre for Men's Health, Leeds Beckett University, Gregor Henderson, Director of Wellbeing and Mental Health at Public Health England
10:05 – 10:15	**The Movember Foundation** Sarah Coghlan, UK Country Director, The Movember Foundation
10:15 – 10:20	**Perspective of a service user** James Downs, Voice of Mind
10:20 – 11:10	**Emerging findings from Movember literature review and environmental scan** Professor Steve Robertson, Project Lead and Co-Director Centre for Men's Health, Leeds Beckett University
11:10 – 11:30	**Coffee break**
11:30 – 12:00	**Perspective of a policy maker** Gregor Henderson, Director of Wellbeing and Mental Health at Public Health England
12:00 – 12:30	**Perspective of an Academic and Psychotherapist** Professor Damien Ridge Health Studies, Westminster University
12:30 – 13:00	**Perspective of a Third Sector provider** Paul Farmer, CEO Mind
13:00 – 13:45	**Lunch**
13:45 – 13:50	**Perspective of a service user** David Hill, Voice of Mind
13:50 – 15:00	**Afternoon group discussion**
15:00 – 15:20	**Coffee break**
15:20 – 16:00	**Group discussion feedback** Professor Alan White, Co-Director Centre for Men's Health, Leeds Beckett University, Professor Steve Robertson, Project Lead and Co-Director Centre for Men's Health, Leeds Beckett University
16:00 – 16:30	**Summary and conclusions from the chairs** Gregor Henderson, Director of Wellbeing and Mental Health at Public Health England