



Mid Essex

Men's Health Inequalities Project Report



Contents

Summary of Recommendations	3
Introduction	4
Background	4
Methodology	5
Literature Review	6
Consultation, Co-design, Findings	7 - 14
Mapping and Connects directory	15
Suicide Prevention Work	16
New Activity Developed	18
Discussion of Findings	18 - 20
Conclusions & Next Steps	21
Appendix:	22 – 39
Findings, Fact & Stats, consultation & co-design, mapping notes from Advisory Group Meetings, case studies.	

Summary of Recommendations

- Men's mental health services need to encompass both the clinical and the community, allowing for greater ease of access and higher percentage of recovery.
- Ethnic minority groups have less engagement in established services so targeted focus on ethnic minority groups is needed to offer culturally appropriate tailored services/activities. More awareness of the need for culturally appropriate support for Global Majority (BAME) communities and identification of male role models/leaders within these communities is needed.
- Focused partnership with local businesses to equip them with the skills to listen and signpost.
- General lack of knowledge of what is available to specifically support Men's mental health, and most were unaware of the resources on 'Connects' directories or the existence of the Essex Community Tree website. Both to be widely promoted, especially through social media channels and utilised within Mid Essex by men, their families/carers and professionals.
- Men need to be supported in a different way than women as they deal with life's challenges, such as bereavement and grief, differently, often not asking for help.
- Braintree has sufficient groups already established and funding is needed to support those groups to gain awareness and more attendees.
- The research identified the need for more men only safe supported social spaces, in Chelmsford and Maldon districts, where men can talk freely and develop supportive male relationships, which has been shown to encourage help seeking behaviour through sharing personal experiences. Informality of the offer and removing the pressure to talk by creating more supportive and safe social space breaks down some of the barriers men face in seeking support.
- There is a need for men specific resources and targeted promotion where men are, to ensure that they are aware of support available e.g. barbers, pubs, betting shops, football clubs, sports clubs, sheds, social groups.
- Support needs to be offered to include information on all issues that impact on boys and men's mental health across the lifetime.
- Need to increase mental health literacy generally locally, using positive media stories, role models and informing local clinicians on male-typical depressive symptoms.
- New support needs to be co-designed by men to incorporate their views and voices into the design and implementation of any project and its promotion to ensure that it is using a style and language that appeals to men.
- Existing support available throughout Mid Essex needs to be sustained and this needs grant funding to groups.
- More work is needed to identify, create and promote both male focused and specific wellbeing support across the lifespan in a way that appeals to men and boys.

Introduction

This is the report on a 1 year Mid and South Essex ICB funded Mid Essex Men's Health Inequalities project. It was carried out by Maldon and District CVS, Chelmsford CVS and Community 360 Braintree between July 2023-June 2024.

Aim

The project aimed to better understand and impact against the barriers that exist for men in the 30-60 age range accessing support with a specific focus on serious mental illness and suicide prevention by:

Objectives

- Undertaking a male service focused asset map for activities
- Developing and promoting the "Connects" database to create an online resource for men
- Local engagement with men to identify barriers to accessing health support and priorities
- Involving men in the project's co-design
- Co- designing, developing and delivering new opportunities projects and services to meet the needs identified, targeting those living in CORE20 Plus areas (phase 2)

Intended outcomes

- Increased knowledge of local organisations regarding local mental health and wellbeing assets for men
- Increased engagement with communities to better understand gaps and prospects for positive change to better support men's mental health in Mid Essex
- Where possible within the available resources, strengthen provision or capacity of projects and groups which improve or sustain the mental health of male residents.

Background

This project was set against a national and local policy context of measures to improve mental health outcomes and service delivery for the general population.

National policies to improve the access to appropriate, high quality mental health services include the NHS Long Term Plan (2019), the 5-year Suicide Prevention in England Strategy (2023) and the planned Major Conditions Strategy of which mental is one of its key priorities ensuring that it is considered alongside other physical health conditions.

There has also been growing awareness of the disparity between men's and women's health outcomes. In the 2022 call for evidence to develop a mental health and wellbeing plan, there was a specific inquiry into the mental health of men and boys. It recognised that the mental health problems affecting men and boys has increased in recent years and was a serious issue particularly for mental health and suicide rates. Accordingly, priority groups in the Suicide Prevention in England Strategy (2023) include middle aged men and people in contact with the justice system.

Whilst in December 2023 the UK parliament's Parliamentary Office of Science and Technology (POST) published a briefing on men's health. It covered both physical and mental

health and outlined the disparities in health outcomes between men and women. It described the key drivers for these outcomes and policy approaches to improve men's health.

Locally men's mental health was identified as a priority in the Essex Joint Strategic Needs Assessment 2019-21 and mental health remains a key strategic priority in the Essex Joint Health and Wellbeing Strategy 2022-26. It states that suicide is of specific concern within this broader issue, as data shows both that there are rising rates of suicide in Essex, and it has the highest rate of suicides in the country. In 2020-22 Maldon District had a higher prevalence of suicide in males per 100,000 population than Essex, and nationally (17.6 cf 14.1 and 15.8 respectively), with the rate in Braintree (12.0) and Chelmsford (10.3) below national and regional statistics¹.

Through the Place Development Programme (ref) (Module C- Population Health Management) a project was started on suicide awareness which focused on men aged 30-50 years. Some of the actions identified by the programme included 'ensuring people know where and how to access information to support mental health and wellbeing'; 'increasing publicity about suicide awareness and access to training' and 'developing stigma removing campaigns'.

This project aims to help address those actions in Mid-Essex.

Methodology

From July 2023 to June 2024, Chelmsford CVS, Community360, and Maldon and District CVS collaborated to explore the topic of men's health inequalities in Mid Essex.

Building on our established working relationship - having successfully delivered a programme of community-based engagement and asset mapping processes across the three districts - this project has presented the opportunity to undertake more targeted activities designed to enlighten, inform and invest in the assets available in our localities to support mental health and wellbeing.

Primary focus was placed upon the experiences of men, aged 30-60 years of age living in Mid Essex. Target cohorts aligned to CORE20PLUS5. CORE20 refers to the most deprived wards in the districts of Chelmsford, Maldon and Braintree. In this context PLUS would emphasise the need to be inclusive and innovative throughout the programme, and 5 would correlate with population groups experiencing severe mental illness.

Throughout the delivery of the programme, we adopted an Asset-Based Community Development (ABCD) approach that accommodates sustainability beyond the funding period.

We have been citizen-led and relationship oriented through our direct interaction and involvement of local people in the project, on outreach and at events, and in the

¹ [JSNA Health Outcomes - Mental Health dashboard | Essex Open Data](#)

development of advisory groups. The mapping exercise is inherently asset-based and place-based. Our inclusion focus has been achieved through the range of partnerships we have fostered across different cohorts in communities.

A variety of methods were used during the lifetime of the project to enable a deeper reach into three very different communities and achieve its intended aims. Engagement varied across each Mid Essex District in order to avoid duplication and based on each area's specific demographics. The methods used were:

- A literature review was carried out by Maldon and District CVS
- Consultation and co-design with organisations representing men and mental health services was carried out via Advisory Groups in Maldon and Braintree, and by 52 individual or group interviews in Chelmsford
- Mapping of existing men's wellbeing activities was carried out by all three partners and added to their individual Connects directories
- Portal development was led by Maldon, which Chelmsford and Braintree fed all of their mapped data into. Portal costs were shared by all.
- Specific work on suicide prevention training was carried out by Maldon and District CVS and Chelmsford CVS.

See below for a full description of the methods used.

Literature review

Google was searched using the following keywords:

- Barriers to men's mental health services – 13,300,000 hits
- Men's mental health – 11,700,000 hits
- Men's mental health barriers – 3,040,000 hits
- Men's mental health research articles – 11,100,000 hits
- Men's mental health research articles in the UK – 3,010,000 hits
- Men's mental health research articles in the UK since 2020 – 589,000 hits

This final list of articles, which included both academic and grey literature, was then hand searched and selected for inclusion in this review on the basis of their relevance to criteria. Articles on the mental health of the general population or focused on the impact of COVID19 were excluded. Research on the mental health of veterans was also not included. Whilst the majority of veterans are men, this is a highly specific and separate area of work.

In total thirty articles met the criteria for inclusion. Fourteen were research reports based on either primary (n = 9) or secondary research (n = 5). The primary research methods used were quantitative surveys (n = 4), qualitative methods (n = 4) or both (n = 1). Whilst the secondary methods used were a secondary analysis of an existing dataset (n = 3) or a review of existing literature (n = 2). Ten articles were found that summarised and commented on the issues such as editorials and commentaries. Whilst a further six listed good practice suggestions and examples of how to encourage men's engagement with mental health services. The articles included were mainly from the UK (n= 15), but were also from the US (n = 8), Australia (n = 4), New Zealand (n = 2) and Ireland (n = 1).

They were analysed thematically for commonalities and differences regarding men’s experiences of mental health inequalities, the barriers they face in accessing health services and suggested solutions to increase engagement.

The findings of the literature review were summarised and presented to Maldon’s Advisory group for discussion and influenced how the project was carried out. They are presented in full in the Appendix to this report.

Consultation and Co-design

All three partners consulted with representatives from men’s organisations and mental health services.

Maldon District

In Maldon representatives from men’s organisations and mental health services were invited to participate in the co-design of the project via an Advisory Group. Individuals were sent information on the project and what participation entailed. Participation was offered at 2 levels – either full involvement in co-designing or being kept informed and then participating in promoting the information resource to their members or service users. Everyone was offered the option of having a 1-2-1 face-to-face or virtual discussion with the project lead prior to deciding if they would like to be involved.

The Advisory Group membership consisted of representatives from the following groups:

- Mid and North East Essex Mind
- Maldon Men’s Shed
- Maldon Man Cave
- Healthwatch Essex
- Gambling Harm UK
- Burnham Ramblers FC
- NHS Talking Therapies
- Mid Essex Recovery College
- Occupational Therapy, Essex County Council
- Essex Shed Network



Three full Advisory Group meetings were held during the lifetime of the project in February, April and June. A further sub-group meeting was held in April to specifically discuss the logo design for the information resource (see the Appendix to this report).

The meetings were held mostly face-to-face but with the option of attending virtually. They lasted 1-1.5 hours each.

At each meeting the progress of the project was reviewed and discussed, with actions identified for completion by the next meeting.

The full minutes of each meeting are attached in the Appendix to this report.

Braintree District

In Braintree, in order to achieve these outcomes, Community360 implemented a varied programme of activity which was co-designed within the partnership and communities to produce impact. The focus was concentrated on three main areas of and supplemented, with additional £7691 Shared Prosperity funding, to incorporate a fourth mode of working. The areas were:

1. Investigation and Collation - Production of an up-to-date asset map of voluntary and community-based provision which will support men's mental health, including suicide prevention.
2. Promotion and Signposting - Developing and hosting a male-focussed portal on the Connects database to promote assets identified during the mapping process. This will raise visibility and accessibility to information.
3. Activation - Facilitation and delivery of locality-based events, workshops and training, linked to rural areas, that promote improvements in men's mental health and wellbeing.
4. Initiation - (additional funding received) manage a micro-grants programme for grassroots groups and voluntary sector organisations to increase the opportunities for men to support their mental health.

Across all of these areas and through the engagement with an advisory group, they have been able to discern opportunities and challenges for men to access mental health and wellbeing assistance in Mid Essex.

1. Investigation and Collation

Community360 organised an advisory group in February 2024, which was held in Eastlight Community Homes, due to its stronghold of community support and services in one place. Attendance included representatives from:

- Fusion
- Braintree Primary Care Network (PCN)
- Healthwatch Essex
- Essex Partnership University NHS Foundation Trust

With a strong focus being around men's mental health services in Braintree, as well as gaps in provision and challenges that might be faced; the group worked to co-design areas of next steps that would provide a connected approach to this research.

Common themes of conversations included:

Positives

- A Place to be You is now holding a Men Kind group
- Community Men's Shed's are becoming an emerging theme of support
- Referrals through to a clinical mental health nurse from the GP allows access within 7 days
- MIND mental health toolkit provides holistic support to the whole family

Challenges/gaps

- Lack of male volunteers in the community
- Strong female presence in mixed gender groups, this can be intimidating for men attending
- Ethnic minority groups have less engagement in established services
- Gaps in the system for one provider that supports multiple needs, for example, support for addicts out of employment that need mental health support.

Mitigation/actions

- Provide more 'health by stealth' projects, that are activity based such as sporting or gardening
- Give focus to diverse groups that need support in setting up charities or funding to hold sessions
- Link into the Integrated Neighbourhood Team to bridge the gap between clinical and community
- Aim for a holistic approach that not only includes individuals and the community services but also local businesses that men frequent at, such as the barbers.
- Create a one stop shop for individuals to access services at ease, such as a directory.

2. Promotion and Signposting

By utilising the above data research, alongside Chelmsford and Maldon CVS, the development of a male-focused portal has been created to streamline information and increase awareness and visibility of accessible services for men in the Mid of Essex. Through the Connects database, users will have the opportunity to attend groups they might have previously not known about.

Included in the Connects database will be services focused on mental health, health and wellbeing and physical activity, along with services that encompass the whole family including carers.

3. Activation

The following section differentiates between different forms of delivery associated with promoting improved men's mental health in Braintree. It consists of information about the spread and involvement in these activities, as well as spotlights and case studies generated through the engagement.

Mobile Hubs

Collaboration undertaken with the Mobile Hubs programme through C360 funded by Shared Prosperity Funding allowed us to travel across deprived areas of Braintree to engage and network with locals including a focus on ethnic minorities and harder to reach communities.

Visits to Barbers/Tattoo Parlours

Within the Braintree area the team identified a shortlist of 39 organisations bars, barbers, retail, betting shops, tattoo parlours and large employers. Community based social prescriber engaged with organisations from this shortlist to assess the potential for these spaces to help customers and employees to access local provision.

Through conversations with the teams based at the sites, people were positive in support of widening their involvement in this kind of activity but also highlighted barriers and opportunities, such as:

- Operating in a members- only environment – could strengthen links with individuals but also restrict wider reach
- Staff capacity to engage in longer conversations when managing a busy workload
- Training provision and accessibility around working timetables
- Language barriers to utilise available resources
- Fella’s Fair – Arranged through Braintree District Council and held at Colchester Football Stadium, the aim was to address local football attendees around the variety of support that is available to them around mental and physical health. This included a spotlight focus on the Errol Mckella Foundation that supports minority ethnic groups into getting tested for prostate cancer at earlier stages and in a less invasive measure, the grounding behind this is the emerging theme of Black African families moving in the Braintree area and the percentage increase of prostate cancer. Community360 were able to partner with the Foundation and through this have been able to provide invaluable insight and introductions to widen its current footprint across Essex.

4. Initiation

Following the discussion during and previous to the Advisory Group, it became apparent that the consensus was there were enough Men’s Health Groups already established and that funding needed to be spent through supporting those groups to gain further attendees rather than creating something over again. Due to this Community 360 received some further funding to give small grants out to local groups that focused around Men’s Mental Health, during this period we were able to allocate out £6,600 to 7 groups, please see the table below for a breakdown.

Group	Amount
Women of Grace	£1,000
Mid and North Essex East MIND	£1,000
House of Grace Witham	£750
First Stop	£1,000
POP Essex	£1,000
Cressing Temple Community Shed	£1,000
Great Yeldham Men’s Shed	£850
Total	£6,600

Through this funding C360 were able to resource the following:

- Increased health activities for ethnic minority groups including cooking classes and wellbeing practitioner support
- Resource for MIND to hold wellbeing sessions focused on men
- Respite sessions for Dad’s with additional need children
- Equipment within the Men’s Shed to improve wellbeing, activities and attendance

Discussion following findings

Through all of the above research and collaboration the following actions have been noted within the Braintree area:

- Men's mental health services need to encompass both the clinical and the community, allowing for greater ease of access and higher percentage of recovery
- Targeted focus on ethnic minority groups as population increases in the Braintree area, to offer tailored services that meet their cultural need
- Focused partnership with local businesses such as Barber shops to equip professionals with the toolkit to listen and signpost user to relevant services.
- Connect database to be promoted and utilised within Mid Essex by men, their families/carers and professionals.

mind
Mid and North
East Essex

**The Mental
Health Toolkit**

**Men's mental
health support**

Thanks to funding from Community 360, we
are running a fully-funded session of The
Mental Health Toolkit: The Essentials for men.

**This award-winning
workshop will help you:**

- Understand the Mental Health Continuum
- Learn about our Emotional Needs & Resources
- Undo misconceptions about mental health
- Raise awareness of your emotional needs
- Support yourself and those around you
- Better understand sleep and mental health

Tuesday 11 June 2024, 1pm - 4.30pm
Bocking Hall, Church Street, Bocking, Braintree CM7 5JY

To book, please email training@messexmind.org
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UP**

Chelmsford District

Chelmsford CVS used four mechanisms to undertake the research:

1. Mid Essex Community Tree VCS Mental Health Forum (n = 28)
2. Face to face meetings with individuals and community groups (n = 10)
3. Offering questions for groups to complete or share with their members (n = 4)
4. Engaging with organisations and businesses at a major Skills Fayre (no = 10)

1. Large Focus Group

Essex Community Tree is a voluntary network of partner organisations; they have a website with the primary purpose of listing services that provide support for people who are experiencing mental ill health and/or related problems. Chelmsford CVS held a focus group utilising a Mid Essex meeting of the Essex Community Tree Network for VCS organisations supporting mental health highlighting the findings of the desk research and asking whether or not any of the 28 groups represented at the meeting had activities or services directed specifically at men or offered in a different way.

Aching Arms did and they explained the reasons why. They are a charity that gives its comfort bears to hospitals and hospices, for midwives and nurses to offer to bereaved parents in their care. They also offer a support service to parents after their loss, whether it was during pregnancy, at birth or soon after via their Supporting Arms support service, a telephone and email support service which is run by bereaved parents. They had identified a need for dads to be supported independently and described how bereaved men will deal very differently with grief, often not asking for help. In response to this they created an information booklet for grieving dads, 'Supporting Arms For Dads' meetings are held on the first Monday of each month at 7:30pm by Teams and they have introduced a telephone helpline just for dads who would like to speak 1:1 to another bereaved dad.

The Essex Shed Network and Chelmsford Men's Shed were represented and spoke about the movement which offers spaces for men to meet 'shoulder to shoulder'. All Sheds are run by volunteers and don't necessarily have access to specialist mental health support. However they are a supportive space where men do share concerns and health issues. To help equip lead shedders, all Chelmsford Shed volunteers are offered the opportunity to undertake Making Every Contact Count and Zero Suicide Alliance online training; supervisor or lead shed volunteers have completed Mental Health First Aid training. Chelmsford Men's Shed has also recently been accredited as an Inclusive Dementia Community.

Other VCS organisations did not offer specific support to men but agreed they would take this back to their respective organisations to discuss if there was a need and how to fill that gap. We agreed to have the next Community Tree Network meeting focus on Men's Mental Health with Andy's Man Club offering a presentation.

2. Interviews with groups

One of the data gaps identified in the literature review was around the experiences of men from BAME communities and Chelmsford CVS focussed particularly on this area. In conducting further research around what services men were aware of and what barriers there were to accessing these, Chelmsford CVS interviewed representatives of some local

black and ethnic minority groups and male specific community groups. Despite the conversations being initiated by a woman, the men were candid and gave us new insights into perceived barriers. Key findings are below:

Helen Rollason Cancer Charity Men's Group

We spoke to their volunteer group leader who facilitates the monthly men's group, acting as host and helping with any issues that may arise in the group. The group was set up around three years ago as the charity recognised that men dealing with illness, or caring for someone who does, don't always seek the help that they need to manage their own wellbeing. The charity recognised that 'men have to talk too' and having a dedicated men's group has encouraged more men to come forward. "Even with a men only group being set up, there is a challenge in getting them across the threshold. Often the ladies or other family members will encourage their men to come along to the group and then, once they realise the group is helping them, they come back."

Informality of the offering and removing the pressure to talk by making it a supportive and safe social space breaks down some of the barriers. This group starts with a bacon roll, tea and coffee. It allows those attending to share learning from their lived experiences and sometimes have a speaker in.

Over 50s Black Men's Forum

We met with the Chair of the forum to talk about men's mental health and how over 50s black men in the Forum membership access mental health support. This highlighted cultural differences and in particular he explained how black African men would seek support for mental health issues. He explained about the stigma attached and that men in his community would be expected to 'get on with' working, earning, studying etc. The expectation is to succeed; if help is needed this is generally sought from family support or from a clinician and he felt it was important that any support offered would need to be culturally appropriate.

When asked about activities to support good mental health in men and given some examples, he explained that walking and carpentry were not generally activities that African men would take up as a hobby or to give benefits.

However, O50BMF do organise Conferences with a specific focus on health topics that impact black men aged over 50. The most recent included sessions on Managing Depression and Managing Anxiety. They invite male clinicians from the black community to present and then men attending are able to ask their questions directly. Clinicians can offer culturally appropriate advice and support and would be where members of the Forum look to should they need any help or support with mental health.

To improve wellbeing, O50BMF organise table tennis sessions (funded in this area by Active Chelmsford) and these are very well attended giving the opportunity for physical activity and, crucially, connecting to each other. The Forum work across Essex and, with funding from the Lottery, wish to increase their membership from 300 to around 3000.



Sikhs of Chelmsford

Chelmsford CVS were able to ask our questions of one of the founders. He explained that culturally the Sikh community will always first seek help and support from within their own communities and this is the same with men. However, he explained that, when Sikhs have moved to Chelmsford this is much harder as they have left parents, siblings, cousins, families and networks behind so there is often a feeling of isolation or no-one to turn to.

This is one of the reasons why they have formed Sikhs of Chelmsford; to bring people together and also offer support to and connections with the wider community.

For more serious mental health matters they would look to local clinical services for support. Within the Sikh community there are doctors and consultants. They would also access trusted community based support and he was interested in Chelmsford Community Tree which lists key VCS support agencies. Sikhs of Chelmsford would be very willing to find out more about the support available and to share this with their community.

In terms of general wellbeing, the group is very keen to engage with anything that is of benefit. In May, Sikhs of Chelmsford held their Vaisakhi celebrations in the High Street and used the opportunity for education, dancing, music, food and health checks. Everyone was welcome to have their blood pressure and diabetes checked and very many did so.



Chelmsford Muslim Society

Chelmsford CVS met with the male Education Lead at the charity to discuss responses to health inequalities within their community and subsequently asked our questions around men's mental health. He kindly also agreed to seek some input from the Society community, approximately 1500 men. This meeting has led to a wider response in that the CVS and our local public health lead have worked with the Society to encourage them to organise health speakers to come into their space and for community leaders to undertake Mental Health First Aid (MHFA) training.

Andy's Man Club

Is a men's suicide prevention charity offer free-to-attend peer-to-peer support groups across the United Kingdom, including Chelmsford, and online. They want to end the stigma surrounding men's mental health and help men through the power of conversation. #ITSOKAYTOTALK. We asked their London & SE Area Lead about the diversity of men attending their groups and he said that this was increasing; London Clubs are becoming much more culturally diverse, including from men in their early 20s.

3 Questionnaires for Groups to Share with their Members

Chelmsford CVS engaged with and gave out surveys to several groups who were unable to commit time to a face to face interview or were unable to complete when approached. Of particular note:

Chelmsford Muslim Society identified the main barriers as stigma around mental ill health. “Wish it was accepted more people could come forward and discuss this more openly.” They suggested that perhaps letting people know that other Muslim men have come forward in talking about mental health and it is not embarrassing may help to bring people forward for support. Then knowing where to access support is key. They felt there are very limited resources available to help them in knowing what help is out there, especially for Muslim men. Similarly, very little knowledge to none in terms of what help is available from activities to support good mental health. They thought that more awareness programs might help and having access to someone that men feel comfortable talking to about it. “Many cases will be similar so that will help make people come forward and talk about their issues.”

Feedback from others returned is included elsewhere in this report.

4 Engaging with organisations and businesses

Chelmsford CVS took the enquiry to the Chelmsford Skills Festival which was attended by over 50 local organisations including businesses, Chelmsford College, Police. Seven completed the questionnaire with three others taking it back to their workplace for wider input.

All who responded agreed that men do not speak about their issues, citing social and cultural barriers developed from childhood, the traditional view of masculinity, fear of loss of income/providing for family. “This is particularly true in ethnic minorities, LGBTQ+ men and middle age.” Lack of ease of access to people who are qualified to help was also cited as a barrier.

Overall, there was very little awareness of the help available for men with one respondent saying they did not know of any services or activities to support Men’s Mental Health. All suggested that more could be done to help break down barriers men face in asking for help and that much more promotion needs to be done on what is already available.

Utilising business or community leaders or celebrities from different cultures and experiences to help promote messages that are more relatable to men was suggested as one way of breaking down the stigma of reaching out for help. Talks in school about mental health were also suggested as a way of breaking down barriers, “learning from a young age” that it’s ok to ask for help and who to turn to.

Some organisations had MHFA trained staff, whilst one respondent, working for a company that employs mainly men, wasn’t sure what staff trained in MHFA do and suggested an introduction to trained employees was needed in case support was needed at any point.

Mapping

All three partners identified those men only and men focused activities on their local Connects directories, and in Maldon and Braintree through their discussions with their Advisory Group members and, in the case of Chelmsford, through consultations with representatives from men’s organisations and desk research.

- Generally, there was a lack of local support exclusively for male mental health.

- Maldon identified 140 organisations providing 209 men only or men focused services and activities available for men living in Maldon District.
- Chelmsford conducted a mapping exercise across the district focussing specifically on support services or activities for men’s mental health rather than simply general wellbeing and found 164 activities but only 16 men only or male focussed activities. Specialist support for men’s mental health included, Helen Rollason Men’s Group, Andy’s Man Club Chelmsford, Supporting Arms and British Limbless Ex Service Men’s Association. Whilst some of these services are not directed just at mental health they have an important impact on mental wellbeing, often at a time of change in a man’s life.
- Braintree identified 65 activities that specialise in offering support for mental health and would be accessible by men in the district. This list does not include male-only groups, such as sports teams, but highlights those with expertise and activities that would contribute to better mental health and wellbeing directly.

The services and activities found were coded by type of support, delivery method, who they supported, activity coverage and location and then analysed using frequency counts.

The full mapping findings are listed in The Appendix to this report.

[Information resource](#)

The creation of the information resource was facilitated by Maldon and District CVS in partnership with Pipe Media Design. It was based on the existing Connects directory and used an invisible, men focused, category to feed identified activity entries into the online project portal.

As Chelmsford CVS and C360 Braintree also used Aide CRM and Connects, they were also able to feed their identified local activity directly into the online portal. One of the key recommendations was to create a central, branded landing page to better enable user friendly public access to these assets. The portal is not currently live as it did not form part of the final scope of this work, however, the data that makes up the potential content can be found by carrying out a keyword search on the different district connects websites as below:

[Search Results - Maldon District Connects](#)

[Search Results - Chelmsford Connects](#)



Mental health services in Braintree.:

Suicide Prevention Work

Maldon district

In Maldon some of the funding went towards supporting and expanding an existing suicide prevention programme for the farming community.

The programme consisted of both formal suicide prevention training opportunities, which were developed and offered to the farming community and their support networks, and informal networking and social opportunities for farmers to connect them and enable peer support. They were:

- In person Wellbeing Champions social events - informal experience sharing events for people supporting others wellbeing and mental health in the community
- In person Zero suicide group training sessions
- Online MAP Suicide Resilience training sessions
- Farmers Social events to allow informal networking and reduce social isolation
- Public Living Room – in person events offering the general public an informal space in public places to stop and have a chat

The zero suicide training was developed into a group session from the existing Zero Suicide Alliance training programme. A pilot training session was held with MDCVS staff and volunteers in September 2023. The training format was then finalised based on their feedback and delivered to various community groups in rural areas of the district.

Participants for the training sessions were recruited by promotion through members of the Suicide Network partnership group particularly targeted to the rural farming communities and by approaching specific groups in the district.

Whilst people were invited to the Wellbeing Champions socials who had attended a recent MHFA or MAP Suicide Resilience training course or these events were held as part of the usual meetings for established community groups with a wellbeing focus. The Public Living Rooms worked on a drop-in basis at different public events and spaces.

Given the informal and confidential nature of these sessions, no information about participants was recorded other than numbers attending. However, some post session feedback was collected from those participants willing to give it.

In total 22 events were held between July 2023- June 2024, with 268 participants. For the full findings please go to the Appendix to this report.

Chelmsford District

Chelmsford CVS encourage all volunteers and community contacts to undertake suicide

MALDON & DISTRICT CVS

Zero Suicide Alliance Training

Zero Suicide Alliance aims to empower, educate, and equip individuals and organisations to support suicide awareness and prevention.

Maldon & District CVS will be facilitating the FREE ZSA training in a group format where you will learn;

- How to spot suicide warning signs.
- How to have a conversation with someone you're worried about.
- Where to signpost to for further support.

This training session takes approximately 30 minutes to complete and there will be time in the session to socialise & network. Light refreshments will be provided.

Tuesday 5th September, 2pm - 3:30pm.
Fullbridge Church, Maldon, CM9 4LE

To book your place on this FREE course please visit the link below OR scan the QR code to the right:
<http://bit.ly/ZSA-05-09-23>

For more information contact Ryan Pegrum on:
Phone: 01621 851891 ext. 10 email: ryan@maldoncv.org.uk

Maldon & District CVS are a service provider which values diversity and inclusion towards our service users.

awareness training through the free offer from Zero Suicide Alliance and this is mandatory training for all staff.

Each group and individual engaged with was given information about how they could better access more local support and services and encouraged to train in suicide prevention. We had particular interest from the business community at a major Skills event who were all sent links to the ZSA website and x businesses agreed to take this back to their company to try to embed for all staff.

New Activity Developed

A Men's Shed is an established way of offering support to men, enabling them to talk freely whilst undertaking an activity and socialising. Early during the research period, Chelmsford CVS were asked to support a local business man and founder of the Mr Gees Foundation in South Woodham Ferrers who had identified a lack of spaces for men, working age and older, to come together in the area.

Although the area has a Rotary Club and Community Garden that men attend, he felt that there was a need for more and had taken up the lease on premises to offer an opportunity to the community for a Men's Shed and social space. Co-design, developing and delivering new services was not part of this research brief, however, this was an opportunity that was timely to meet an already identified gap in need. Chelmsford CVS worked with him to organise a community engagement session which was attended by over 35 local men all of whom expressed support for a Shed space for South Woodham Ferrers. Chelmsford CVS continued to work with the founder and new volunteer committee members to offer support in the new Shed's development such as embedding the framework for operating a men's shed, required policies and procedures, DBS checks, risk assessments, funding advice, constitution, volunteer training, introductions and signposting to influencers and resources.

During the development of the Shed, although this wasn't the view of all, there has been a clear message from some of the male volunteers involved to keep the space as a predominantly male domain to encourage those attending to support each other. The new Shed opened in April 2024 with over 100 men registering an interest and the camaraderie and purpose already engendered amongst the male volunteers was plain to see.

Discussion of findings

Project Evaluation

As the project included men and representatives from mental health and men focused organisations in its co-design the actual project outcomes differed slightly from those originally planned. However, the main project objectives were all achieved during the lifetime of the project.

- A male service focused asset map of activities were undertaken in all 3 Mid Essex areas
- An online portal of men focused support and activities was developed from the “Connects” databases/online directories
- Local engagement with men to identify barriers to accessing health support and priorities was carried out in Chelmsford
- Men were involved in the project’s co-design in Maldon and Braintree

In addition, a literature review was undertaken in Maldon which identified existing knowledge on the barriers to men accessing mental health support. Whilst the funds were also used to support and expand an existing suicide prevention programme for the at-risk local farming community in the District.

Issue consensus

The findings of the literature review demonstrate the growing body of existing research available on this issue over the past 15 years, as well as the international consensus regarding the inequalities that men experience, why they occur and what needs to be done. The research and good practice are there, policy and wider practice need to catch up.

Research gaps

The main data gaps appear to be around the experiences of men from our Global Majority communities - mainly due to their under representation in national surveys, and the experiences of trans men and non-binary people. This is additional to more ‘recent’ issues such as, and the impact of social media and the rise of insecure working practices such as casual and zero hours contracts, on men’s mental health.

Men are willing to talk about their mental health given the right conditions

Need for more men only safe spaces where they can talk freely ‘shoulder to shoulder’ whilst undertaking an activity such as Men’s Shed. A place where they can develop supportive male relationships as these have been shown to encourage help seeking behaviour through sharing personal experiences. Health by stealth.

Chelmsford CVS had guided conversations with shed leads at Chelmsford Shed who welcomed the opportunity to talk about the activities and services for men that they knew about but also to speak generally and openly about mental health in a safe, non-clinical environment. They said that the Shed model is working but they are concerned it is not diverse enough. As identified in conversations with other groups this may simply be because what the Shed offers is not something that men from other cultures view as beneficial to health.

Need to reframe help seeking as a positive male behaviour

This needs to start at a young age. By promoting positive male role models who openly discuss their struggles and advocate for mental health, having more campaigns around men’s mental health, and generally shining more light on the topic, we can help to reshape societal expectations and create a safe space for men to seek the assistance they need.

Suicide prevention programme's formal training and informal social approach works

As identified in the case study gathered by Maldon and District CVS the informal approach of the Farmer's Social events create a safe space with a supportive environment where the attendees understand each other's demanding way of life. This leads to open conversations and shared experiences which contribute to preventive and protective factors in the community. Other Case studies also show that Men's Sheds, when encouraged and equipped to do so, can become a safe space for men to talk openly.

Raise awareness of existing activities and services

Now that we have existing support activities mapped, Chelmsford CVS, Community 360 and Maldon and District CVS can work alone and with others to develop targeted awareness raising such as social media campaigns. Connect database can be promoted and utilised within Mid Essex by men, their families/carers and professionals.

Identified service and activity gaps

- Support for men from Global Majority communities
- Support for male carers
- Employment Support for men

Lack of men only activities

- In Maldon, under one fifth of identified support and activities were for men only (18%) whereas in Chelmsford this dropped to just 10%.
- The majority of identified male focused activities were physical ones, mainly sports clubs.
- The majority of identified male focused support was for health conditions , mainly for addiction and male cancers.

Lack of specific support for mental health

- In Maldon, just ten percent of activities support mental health, whilst Braintree has a much higher saturation, 53.8%, and Chelmsford around 36%.
- Generally, very few activities were identified that specifically support men's mental health in Mid Essex.

Need for More Information

More work is needed to identify, create and promote both male focused and specific wellbeing support across the lifespan in a way that appeals to men and boys. It needs to include a range of support that addresses their all identified specific needs and issues and is delivered by a variety of in person and remote methods

During interviews, groups only identified a limited number of the resources that are available to specifically support Men's mental health, and most were unaware of the resources on 'Connects' directories or the existence of the Essex Community Tree website.

Conclusion and Next Steps

There is a future need for men specific resources and targeted promotion where men are, to ensure that they are aware of its availability e.g. barbers, pubs, betting shops, football clubs, sports clubs, sheds, social groups.

Support needs to be offered across the lifetime and include information on all the issues that impact on boys and men's mental health, such as fatherhood, relationship breakdown, caring responsibilities, sexuality, domestic violence, sexual violation, male specific health conditions and eating disorders.

Need to increase mental health literacy generally locally, using positive media stories with high profile local personalities where possible as role models and informing local clinicians on male-typical depressive symptoms

Future support needs to be co-designed by men to incorporate their views and voices in to the design and implementation of the project and its promotion to ensure that it is using a style and language that appeals to men, with an emphasis on the choice and control it offers to men to take responsibility for their health, offering both community-based and remote activities and services

Need for more men only safe spaces in Chelmsford and Maldon districts where they can talk freely 'shoulder to shoulder' whilst undertaking an activity such as Men's Shed or supported social space. Places where they can develop supportive male relationships which has been shown to encourage help seeking behaviour through sharing personal experiences. 'Health by stealth'.

Existing support available throughout Mid Essex needs to be sustained and this needs grant funding to groups.

More awareness of the need for culturally appropriate support for Global Majority communities and identification of male role models/leaders within these communities.

Appendix: Findings

Literature review

Four main themes emerged from the literature:

- Men are experiencing unacknowledged mental distress
- Risk factors for male mental illness and suicide
- The barriers to men seeking help and engaging with services
- Solutions to increase engagement

Men are experiencing unacknowledged mental distress

Despite recent advances in health care coupled with the general view of men as the most privileged in society, statistics show that men in the UK have not benefited equally from it. Instead they provide evidence that, despite the lower incidence of mental health issuesⁱ and less frequent use of health care and mental health services by men in comparison to womenⁱⁱ, many men are experiencing unacknowledged and undiagnosed mental distress with depression and suicide a leading cause of death amongst men. (See box 1).

Overall these figures demonstrate what has been described as a 'Silent Crisis' (Affleck et al., 2018) in men's mental and emotional health. Furthermore, they are backed up by international research findings from Ireland, the United States, New Zealand and Australia which draw similar conclusions. These trends should create a sense of urgency in identifying and supporting men who struggle with mental illness so that their dangerous and unhealthy behaviours might be mitigatedⁱⁱⁱ.

Further men's health has a great impact on society as a whole as unnecessary illness and disability among men leads to diminished work productivity and absenteeism^{iv}. Their families' wellbeing are impacted by their behaviour towards them^v as well as facing the combination of any additional treatment costs and their reduced ability to earn. Whilst jails

Box 1: Facts & Stats

- Over 80% of children permanently excluded from school for behavioral difficulties are boys
- Boys perform less well than girls at all levels of education from primary school to university
- There are higher rates of undiagnosed depression in men than women
- 1 in 8 men report experiencing symptoms for mental health problems, compared to 1 in 5 women
- 35.2% of men think they had a diagnosable mental health condition at some point in their life
- A fifth of men (19.5%) have been diagnosed for mental health conditions confirmed by professionals
- 191,000 men a year report stress, depression or anxiety caused or made worse by work
- Over three quarters of those who take their own lives each year in the UK are male
- Men aged 40-49 have the highest suicide rates in the UK
- 73% of adults who 'go missing' from home are men
- 87% of rough sleepers are men
- Men are nearly 3 times more likely to become alcohol dependent than women (8.7% cf 3.3%)
- Men are 3 times more likely to report frequent drug use than women (4.2% cf 1.4%)
- More than two thirds of drug related deaths occur in men
- Men make up 95% of the prison population, and 72% of male prisoners experience 2 or more mental disorders
- Men are nearly 50% more likely more likely than women to be detained and treated compulsorily (sectioned) as psychiatric inpatients than women
- Men have measurably lower access to the social support of friends, relatives and the community
- Men commit 86% of violent crimes and are twice as likely to be victims of violent crime
- Men are less likely to access psychological therapies than women – only 36% of referrals to NHS talking therapies are for men
- Men report lower levels of life satisfaction than women

are costly and ineffective interventions.

Risk factors for male mental illness and suicide

The research reviewed identified which groups of men are most at risk of experiencing common mental disorders including depression and anxiety^{vi}. They included:

- Being from a Global Majority community
- Identifying as GBT
- Experiencing socio-economic disadvantage
- Being unemployed
- Being divorced or separated
- Being middle aged

Being from a Global Majority community

Research indicates that young Black men are around 11 times more likely than young White men to be diagnosed with major psychiatric conditions, are around 3 times more likely to present with suicidal risk and one and half times more likely to present with a diagnosable post-traumatic stress disorder^{vii}. While pressures such as housing, employment and finances have a bigger impact on them, further entrenching pre-existing inequalities that impact on mental health^{viii}.

Identifying as GBT

Gay, bisexual and trans (GBT) men are more likely to report poor mental health, substance misuse, social isolation, self-harm and suicidal thoughts than heterosexual men. Gay men are twice and bisexual men 3 times as likely to report having a longstanding psychological or emotional problem than the general population^{ix}. Whilst the limited data on trans people shows that almost half (46%) have thought about ending their own life^x.

Experiencing socio-economic disadvantage

Existing research suggests that a common factor for the increased prevalence of mental illness amongst certain groups is the exposure to different forms of disadvantage^{xi}.

Experience of socioeconomic disadvantage, including unemployment, low income, poverty, debt and poor housing, is consistently associated with poorer mental health^{xii} and is one of the factors strongly associated with the increased risk of suicide amongst men.

Being unemployed

Unemployment can have negative consequences for people's mental health, including depression, anxiety and lower self-esteem^{xiii}. Unemployment can act as both an acute stressor when experiencing a job loss and a chronic stressor when experiencing long term unemployment. Unemployment tends to be higher among men than women and particularly high among Black men. A study of the impact of unemployment on men demonstrated that there was a much greater likelihood of symptoms such as depression and anxiety^{xiv}. Men are nearly twice as likely to have mental health problems due to being unemployed than women. Unemployed men actively seeking work have a 20% greater risk of death than employed men^{xv}.

Being divorced or separated

Evidence suggests that being in a relationship has a protective role against depression for males. Being divorced or separated was associated with a 1.5-2.5 times increased risk for depression^{xvi} and a higher suicide rate than those who are married^{xvii}.

Being middle-aged

Men aged 45-59 report the lowest levels of life satisfaction^{xviii} and men aged 40-49 have the highest suicide rates in the UK^{xix}. Research suggests that middle age is often associated with several role demands and life changes and that it is the interplay of these changes coupled with cumulative pressures from multiple sources that can decrease their wellbeing and become a catalyst for suicidal thoughts^{xx}.

Middle aged men described feeling increased pressures and less grounded and secure due to changes in society. Male identity is no longer clearly defined whilst modern life is increasingly fast paced, the job market is unstable and insecure, and social media adds to the pressure of creating and maintaining a perfect image^{xxi}. Yet they still felt bound by traditional views of masculinity when it came to expressing their feelings and seeking help^{xxii}.

Suicide

The reasons behind suicide are complex and vary across the lifespan. Research suggests that deprivation, financial insecurity and unmanageable debt, identifying as GBT, stressful life events and harmful alcohol use are strongly associated with an increased risk of suicide in men^{xxiii xxiv}. While there is an established link between ideation, planning and self-harm, most who think about suicide at some point in their life do not actually attempt it, and not all who attempt suicide display preceding ideation or planning^{xxv}. An examination of suicide rates in the US since 1999 showed not only a 30% increase but that nearly half of those who commit suicide had no known mental health condition. Those with no known history of mental health problems were more likely to be male and from an ethnic minority background^{xxvi}.

The barriers to men seeking help and engaging with services

Biological characteristics, occupational factors and health behaviours may all contribute to the reported gender-related differences. However, the literature suggests that men's help seeking behaviour, or rather lack of it, plays a significant role. It has been explored to identify why men are not seeking help from mental health services and, when they do, are then frequently disengaging prematurely.

Overall the findings agreed that the main barriers to men seeking help were:

- Traditional masculine values
- Stigma
- Poor mental health literacy and knowledge of male typical depressive symptoms
- Men's negative opinions and experiences of using health services

Traditional Masculine Values

Men are less likely to seek help because their gender role is in direct conflict with help seeking behaviour generally and seeking psychological help in particular^{xxvii xxviii xxix}. In

research studies the majority of participants said that professional help seeking can compromise their masculinity, in which their ideals of self-reliance, stoicism and strength are seen as in opposition to the expression of emotions and help seeking.

However traditional male coping mechanisms of minimising, ignoring and escaping were reported as ineffective and some men described enduring symptoms until they became too severe to tolerate^{xxx}.

The dominant pattern of social practice for men is characterised by ‘compartmentalising relationships’ in which they differentiate their social connections between men and women. Social relationships with other men were described as purely instrumental, based around shared social or physical activities. Whilst social relationships with women, particularly partners were seen as a key source of emotional support. This has implications for men’s social connections and mental health and wellbeing, leading to limited emotional support among men in times of need and an over reliance on women^{xxxi}.

Stigma

Stigma was a major barrier highlighted in research to men seeking help with the wellbeing^{xxxii xxxiii xxxiv}. It may be the primary deterrent for men seeking help.

Self-stigma among men (private feelings of shame and worthlessness) is driven by external stigma - the stigmatising attitudes of peers, work colleagues, family, health professionals and the wider community at large in which those with mental illness were negatively stereotyped as weak and failures^{xxxv xxxvi xxxvii}.

Men may be more vulnerable to stigmatised attitudes and beliefs about mental health because experiencing it transgresses traditional masculine ideals of strength and self-reliance^{xxxviii xxxix}. Men are often deterred from speaking about their mental health or seeking help due to fear of others finding out and it compromising their work and social status and experiencing labeling or negative reactions such as bullying and derision, perceived weakness and exclusion^{xl xli}. The avoidance of disclosure and help seeking was particularly prevalent where men experienced conditions that overtly violated masculine ideals such as eating disorders^{xlii}.

Media coverage of men’s mental health issues tends to be more negative than women’s mental health. Articles about men contained more stigmatising content, frequently linking mental illness to crime and violence^{xliii}.

Those men who anticipated, perceived and internalised mental illness-related stigma faced a range of consequences including reluctance to access and engage with mental health services, poor treatment adherence, employment issues, social disconnection, intensifying suicidal behaviour and heightened risk for severe mental illness^{xliv}.

For many men struggling with mental health and suicidality, stigma drove their social isolation and alienation from friends, family and society. For some this was self-driven to protect others from themselves, as well as themselves from judgment. For others it was a result of being distanced and shunned by family^{xlv}.

The stigma of mental illness was exacerbated when it intersected with other forms of social marginalisation such as sexual orientation, race and class. Gay men and men from Global Majority communities experience increased stigmatising cultural impacts, combined with mistrust of service providers and disengagement with mental health services^{xlvi xlviil xviii xlix l}. Whilst trans men face additional unique barriers including higher levels of hostility and violence, social isolation and difficulties in finding sexual acceptance^{li}.

Poor mental health literacy and knowledge of male-typical depressive symptoms

In the reviewed research, men identified difficulties with recognising and communicating their problems^{lii liii liv lv}.

The literature suggests that symptoms of depression often present differently in men. Men in psychological distress tend to exhibit more external symptoms such as aggression and violent outbursts, substance abuse and addiction, anti-social or oppositional defiant disorder and attention deficit hyperactivity disorder^{lvi lvii lviii}. Other common symptoms include fatigue, irritability, unwillingness or anxiety about socialising, loss of interest in work or hobbies and sleep disturbances^{lix}.

Self-medication, particularly alcohol, was the most prevalent and accepted way of coping with and escaping difficult feelings. As normal group restrictions around communicating emotions are relaxed whilst drinking^{lx lxi}.

However, these maladaptive coping strategies are often ineffective, exacerbate problems and create more barriers. They are less likely to be recognised by themselves or others and can lead to being discounted as symptoms of mental illness by health professionals and refused support. Instead their behaviour is criminalised^{lxii lxiii lxiv}.

Men's negative opinions and experiences of mental health services

Male perspectives on seeking professional help identified in the literature included lack of knowledge about and negative opinions of mental health services. These were based on both perception and previous negative experiences.

Clinicians have an unconscious gender bias in their diagnostic judgement. Men presenting with male-typical symptoms to GPs and psychiatrists are less likely to be diagnosed as their behaviours are often not recognised as symptoms of mental distress. Mental health professionals use a different approach which is more successful in identifying men's need for support and treatment. However, men with male-typical symptoms are more likely to seek help from a medical provider than a mental health professional creating a 'double jeopardy' – being less likely to seek help and when they do less likely to receive adequate follow up care^{lxv}.

Mental Health Services aren't sensitive to men's specific needs. Research identified men's strong desire for autonomy and control in decision-making with health professionals^{lxvi lxvii lxviii}. Instead men reported finding services complicated, impersonal and threatening. Psychological therapies involve emotional expression, introspection, intimacy and an acknowledgement of vulnerability which often leaves men feeling ashamed and reluctant to engage further. Men reported fearing psychiatric medication and that they would rather

endure distress than take it. They also reported not feeling confident in discussing options or refusing medication with a doctor making them either avoid seeking help or prematurely disengaging with treatments^{lxxix}.

Men reported stigmatising experiences with health professionals for example from ambulance staff called out for a mental health crisis including judgmental comments, lack of empathy, delays in service response and a focus on restraint and sedation^{lxxx}. Whilst men complained about the lack of professionalism among mental health providers due to their lack of transparency about their clinical options, poor communication and lack of interest in or empathy towards their individual situations^{lxxxi}. Reports of negative and stigmatising experiences were higher amongst marginalised groups of men from Global Majority communities and those identifying as LGBT^{lxxii lxxiii}.

Once men had contact with mental health services, social stigma was no longer seen as a cause of disengagement or a barrier to re-engagement^{lxxiv}.

Solutions to increase engagement

However, research shows that men are willing to talk given the right conditions^{lxxv lxxvi}. A number of examples and suggestions were identified from the literature that both have increased and would increase men's engagement with mental health support and social connectedness to other men.

Health Services

Clinician mental health education and more gender sensitive diagnostic tools^{lxxvii lxxviii lxxix}

- Clinicians need to understand the relationship between male-typical symptoms and depression so that they can effectively identify and treat any underlying depression.
- Services need to adapt and respond to men's attitudes offering choice and control while making access easier for them into a transparent treatment process.

Improve physical access to mental health services^{lxxx}

- Provide opening times suitable for full-time workers.
- Improve online access, booking systems and other initial interactions.
- Deliver on mental health access and waiting time standards.
- Invest in integrated care for dual or multiple diagnoses e.g. drugs / alcohol and mental health.

Design male friendly services & interventions^{lxxxi lxxxii lxxxiii}

- Co-design new services with men.
- Settings need to be 'male friendly' and culturally sensitive to the specific requirements of different groups of men and boys. Staff need to be aware of the different socio-cultural context of groups of men and boys such as sexuality and ethnicity.
- Offer personal approaches that stress privacy and confidentiality. Offer mental health support as part of generalised community-based support services, so men don't feel identified as having a mental health need in a safe male friendly or even men only places such as youth clubs, schools, workplaces, natural world settings, physical activity settings, shoulder to shoulder settings (sheds) and virtual / remote settings.

- Effective intervention styles are goal orientated, do something, are co-designed and are community based e.g. activity, exercise, sports-based, social support for older men, peer support and multi-component approaches for suicide prevention.
- Staff need a non-judgmental and empathetic approach, using non-clinical and male friendly language that are positive and goal focused. And treat clients with genuine care and respect, offering choice and control and equal power relations.

More pro-active outreach and engagement with men^{lxxxiv lxxxv lxxxvi}

- Offer a community based approach, taking services to where men are e.g. workplaces, online, pubs, sports grounds, betting shops, barbers, prisons etc.
- Partnership working between the NHS and community groups and organisations doing similar work, e.g. the Young Black Men and Mental Health Programme by Islington Council in partnership with the NHS, or Lewisham IAPT and Partisan
- Extend occupational therapy to include screening and preventative health measures.
- Increase health check outreach and uptake amongst men.
- Start bowel cancer screening earlier.
- Clinicians need to make the most of men's engagement when it happens by including cancer symptom awareness, mental health, sleep apnoea and erectile dysfunction in health checks. And focus on high-risk infrequent attenders.

Stigma

Re-frame men's views on mental health and help seeking behaviour^{lxxxvii lxxxviii lxxxix}

- Re-framing mental illness and help seeking as a strength-based practice that responsible, independent and rational men do as when experiencing a physical health issue.
- Use traditional positive male characteristics such as competitiveness and a desire to succeed to encourage men to persevere, and bravery in facing stigma to take an active role in their health management.
- Change the style and languages used to re-frame stigmatising language and make new meanings e.g. mental fitness instead of mental health, and 'activity' rather than 'health', and 're-gaining control' rather than 'help seeking'.

Increase mental health literacy and positive media coverage^{xcii xciii xciv}

- Incorporate mental health education into therapeutic interventions to help men understand the role of mental health care in their recovery and the impact of disengagement without proper aftercare planning
- Tackle stigma and discrimination, generally, in the work place and for specific conditions such as mental health, eating disorders, breast cancer and sexual violation.
- More positive media coverage and male specific promotional materials are needed. There needs to be direct, positive and solution focused advertising and promotion to tackle stigma and increase service awareness, using relatable and relevant public figures to help incorporate professional help seeking into masculine identity and reinforce the message that help seeking is a strategy for dealing with problems.
- Advertising should be targeted at specific times of the year and where men are, e.g. on gaming websites, through social media, between football matches, Facebook and other major male focused websites.

- Wider education is important in reducing the stigma associated with seeking help, e.g. mental health education programmes in schools from primary level and the provision of school-based counsellors.

Peer Support^{xcv xcvixcvij}

- The greater use of self-help groups and peer-led services is needed. Research shows that connection with peers experiencing similar mental illness has motivated men to stayed engaged, leading to mutual awareness of mental illness and had a positive influence on men's help seeking by knowing they were not alone and offering opportunities to share experiences.

Consultations and Co-design

Braintree

The consensus of the Braintree Advisory Group meeting was that there were enough Men's Health Groups already established and that the funding could be spent better through supporting those existing groups to gain further attendees rather than creating something over again.



C360 MHI meeting
notes.pdf

Maldon

[MHP Minutes 13Feb24.docx](#)

[MHP Minutes 16April24.docx](#)

[Men's Health minutes 13th June 2024.docx](#)

Chelmsford

To ascertain current health inequalities for men, challenges and barriers in accessing support in particular around mental health, what we can do collectively to improve access. Mapping current services and identifying any gaps. The following were explored either by interview or via survey.

The group's current knowledge and experiences of men's health inequalities:

What activities or services are you aware of that support Men's mental health?

What barriers do you see to men seeking support for their mental health?

What might help to break through some of these barriers?

Any other comments or emerging issues around men's mental health?

Completed surveys are available for review.

Mapping

Maldon, Braintree, Chelmsford; district wide

Maldon identified 140 organisations providing 209 men only or men focused activities.

Braintree identified 65 activities that specialise in offering support for mental health accessible by men in the district.

Chelmsford identified 164 organisations providing 16 men only or male focussed activities to support mental health.

District	Maldon		Braintree		Chelmsford	
	n	%	n	%	n	%
Physical Activity	62	29.7	1	1.5	50	30.5
Health Conditions	50	23.9	0	0.0	17	10.4
Hobbies and Interests	21	10.0	5	7.7	10	6.1
Mental Health	21	10.0	35	53.8	60	36.6
Carer Support	15	7.2	3	4.6	1	0.5
Victim Support	13	6.2	1	1.5	5	3.0
Family Support	13	6.2	7	10.8	8	4.9
Financial Support & Advice	8	3.8	2	3.1	1	0.5
Social Activity / Club	7	3.3	3	4.6	0	0.0
LGBT	7	3.3	1	1.5	4	2.7
Digital Support	3	1.4	0	0.0	1	0.5
Domiciliary Support	1	0.5	1	1.5	0	0.0
Education and Training	1	0.5	4	6.2	6	3.6
End of Life Care	1	0.5	2	3.1	1	0.5
Grand Total	209		65		164	

Note that some of the 209 activities have been included in more than one category

Physical Activity	n	%	n	%	N	%
Sports Clubs	49	79			23	86
People with Disabilities	5	8			0	0
Gym / Exercise class	4	6			2	7
Walking	4	6			2	7
Total	62				27	

Sports Clubs	n	%	n	%	N	%
Golf	13	27			0	0
Sailing	13	27			0	0
Football	11	23			5	22
Cricket	6	13			2	9
Rugby	2	4			2	9
Basketball	1	2			0	0
Canoeing	1	2			1	4
Cycling	1	2			1	4

Martial arts					2	9
Volleyball					1	4
Watersports					1	4
Bowling					3	13
Tennis					2	9
Other					3	13
Total	48				23	

Health Conditions	n	%	n	%	N	%
Addiction ²	19	37			9	53
Cancer	13	26			2	12
Eating Disorders	4	8			0	0
Sleep Disorders	3	6			0	0
Dementia	2	4			0	0
Disabilities	3	4			1	6
Lung Conditions	2	4			0	0
Autism	1	2			3	17
Men's Health	1	2			0	0
Obesity	1	2			0	0
Sensory Impairment	1	2			0	0
Other	1	2			2	12
Total	51				17	

Hobbies & Interests	n	%	n	%	n	%
Gardening	5	24			0	0
Men's Sheds	3	14			8	80
Films	3	14			0	0
Fishing	2	10			0	0
History	2	10			0	0
Amateur Radio	1	5			0	0
Model Aircraft	1	5			0	0
Music	1	5			1	10
Tools	1	5			1	10
Wargaming	1	5			0	0
Writing	1	5			0	0
Total	21				10	

Carer Support	n	%	n	%	N	%
Peer Support	5	38			0	
I&A	4	31			0	
Mental Health	2	15			0	
Physical Activity	1	8			0	
Respite	1	8			1	100

² Maldon Alcohol n = 10/ Gambling n = 6 / Drugs and Alcohol n = 3

Total	13				1	
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Victim Support	n	%	n	%	N	%
Domestic Violence	6	55			5	100
Hate Crime	4	36			0	0
Bullying	1	9			0	0
Total	11				5	

Mental Health	n	%	n	%	n	%
Wellbeing Support	11	52	8	22.9	47	78
Training / Mentoring	3	14	4	11.4	0	0
Counselling	3	14	8	22.9	8	13
I&A	1	5	10	28.6	0	0
Personality Disorder Support	1	5	0	0.0	0	0
Respite	1	5	1	2.9	5	8
Crisis Support	1	5	4	11.4	0	0
Total	21		35		60	

Family Support	n	%	n	%	n	%
I&A	4	31			0	0
Mental Health	4	31			0	0
Peer Support	4	31			6	75
Wellbeing Support	1	8			2	25
Total	13				8	

Financial Support & Advice	n	%	n	%	n	%
Food Bank	5	71			0	0
Fuel	1	14			1	100
I&A	1	14			0	0
Total	7				1	

Who is Supported	n	%	n	%	N	%
Male only	38	32			16	10
Adults	37	32			122	84
Carers	15	13			0	
People with Disabilities	10	9			1	0.5
Children and Young People	7	6			4	4
LGBT	7	6			3	1.5
Young Adults	3	2			0	
Total	117				146	

Support categories by male only	n	%	n	%	n	%
Physical Activity	15		3		4	25

Health Condition	8		2		2	12
Social Activity / Club	4		0		0	
Victim Support	4		0		0	
Mental Health	3		7		10	63
Family Support	2		2		0	
Hobbies and Interests	2		0		0	
Total	38		14		16	

Activity Coverage	n	%	n	%	n	%
Local	114	55	38	58.8	51	34
National	40	19	19	29.2	44	30
County wide	35	17	8	12.3	39	27
Regional	8	4	0	0.0	8	6
Other / Not specified	12	6	0	0.0	4	3
Total	209		65		146	

Suicide Prevention

In total 22 formal training and informal networking / social events were held between July 2023- June 2024. They were mainly in person events and were held at various locations across Maldon District. A total of 268 participants attended these events.

Attendance	n
Wellbeing Champions socials	36
Farmers socials	110
MAP suicide resilience training	32
Zero suicide alliance training	39
Public Living Room	51

Whilst no formal evaluation was carried out, feedback from the Project Officer was:

Members of the partnership group have all strengthened their understanding of mental health services available, referral and signposting processes, and the work that partner organisations are undertaking, therefore reducing potential duplication and increasing information available to the community. The events and sessions delivered through the project have helped to improve the health and wellbeing of people across the district, some of whom are experiencing social isolation. The provision of targeted information and focussed training has enabled more people to be better skilled in managing their own wellbeing and mental health. Also to be more aware of where and how to access support and have the skills they need to be resilient to changes in circumstances that may affect their own or others mental health. Increasing knowledge and connecting people in the local farming and wider communities has contributed to reducing feelings of loneliness and isolation, having a positive impact on wider physical and mental health issues.

Informal feedback from events were:

"It's nice that you asked me how I'm feeling first, because I care for my husband I always get asked about his problems".

Wellbeing Champions event attendee

"I've only just moved to the town and I'm feeling really lonely because I can't get on the internet yet. I just want to know what time I can go to church on Sunday so that I can meet some new friends".

Public Living Room attendee

"My son tried to kill himself many years ago and I stopped him but I've never talked about it to other people before today".

Suicide awareness training attendee

"Just to say well done last night. Everyone whom I asked what the meeting was about, like me, did not know. We now realise that if it was promoted as a mental health meeting few would have attended. Although hopefully 95% of the people there have no problem, it would only need to help a few to have been of great benefit, plus many of us will have a different approach to sensitive situations in future".

Farmers Social attendee

Case Study (Maldon):

There is a retired farmer from the Dengie peninsula that attended one of the Farmer's Social events. The entertainment at the event was provided by a stand-up comedian. His routine is a light-hearted take on men's reluctance to access healthcare services and the impact on their mental health.

The words of the comedian resonated with the retired farmer and he felt moved to stand up and talk about his experiences. He talked about how he had worked in farming throughout his life and had not regularly visited his GP until he developed a heart condition which initially limited his independence. Being ill and losing his wife led him to feel isolated, depressed and suicidal until he struck up a friendship with his neighbour which helped him to socialise again. He said he felt able to talk about this at the event because he was in a room full of his supportive peers and he wanted to try to prevent other people suffering in silence like he initially did.

The Farmer's Social events create a safe space with a supportive environment where the attendees understand each others' demanding way of life.

The retired farmer now volunteers with Mid Essex Recovery College and attends their sessions/events to shared his lived experience. He also attended another Farmer's Social in a different area through the project to talk again about his experience to other members of the farming community. He talks openly and honestly about what he went through and it is emotional to listen to him speak because his passion to help others is clearly evident.

Case Study (Braintree)

Men's Mental Health Week 2024: In light of Men's Mental Health Week in June 2024, Community360 linked together Braintree Village (Landsec) and Great Yeldham Men's Shed

to provide a free stand in order to engage with local men and support in their mental health.

Great Yeldham Men's Shed were able to hold a stand on June 15th that allowed them to engage with nearby residents and shoppers to highlight the work that they do. This was initialised through a conversation with Braintree Village and Community360 who were then able to introduce the two connections. Braintree Village provided a stand for Great Yeldham Men's Shed that allowed them to promote the service and activities that they hold, signposting them to session and offering them a hot beverage and snack as a selling point.

Through this stand, the Men's shed were able to engage with 15 people in the local vicinity and shared over 30 leaflets to engaged participants in the process. It was noted by individuals that the Men's shed are a major contributor in reducing social isolation and improving mental health.

Community360 to continue to work on building local relationships through their work and connections in order to better increase awareness and access to local groups.

Case Study (Braintree)

Gentleman completed a referral for support from a Community360 Social Prescriber in the Braintree area. He requested help for social opportunities and ability to access localised mental health and wellbeing support.

The Social Prescriber received the support for the gentleman who had recently moved to the area, he described himself as being lonely, with little knowledge of the area and a need to access mental health support as well.

The social prescriber supported the individual over a number of weeks around his needs noted above. He was currently attending a gym but admitted he was not enjoying this, through speaking to C360r staff member, he was signposted to some local martial art groups as he had enjoyed this in previous years. Details were also shared around local mental health and wellbeing groups and Hubs which he was keen to attend as well as information on crisis support. Alongside this, we also signposted him to a local men's walk and talk group, which is now actively participates in.

Gentleman has now joined the martial arts group that was suggested as well as utilising the men's walking group and has conveyed his gratitude at this invaluable support.

Case Study (Chelmsford)

Chelmsford CVS host Chelmsford Men's Shed and also work with others in the district to develop additional Men's Sheds that operate independently. All Sheds are run by volunteers, trained to support sessions that are attended by a range of adult men.

We ensure that Chelmsford Shed supervisors undertake the same level of training in MHFA – two full days - as staff. All volunteers are offered suicide awareness training and a half day introduction to MHFA session. This level of training was introduced to help volunteer supervisors feel confident and fully equipped in their support of men who come to them and may disclose mental health issues that they need further support with.

When interviewed for this project Chelmsford Shed supervisors were very aware of activities available to men such as Sandon Wood Turners, CVS Link workers, Bowls, Singing for the Brain, Chelmsford Lions. During the interview we were able to brief them on other types of support for men that they could connect their members to for help.

They appreciated the opportunity to talk about Men's Mental Health and fed back that any interventions need to start with young men. They discussed the possibility of a Youth Shed, youth club at Lions (Leos), and the declining use of Scouts/ Youth clubs and male role models.

“Address loneliness first and foremost, mental health talk will follow but start with healthy environments for male friendship.”

“More spaces like The Sheds [are needed] where listening to each other is done in a casual, non-pressured environment. Not sitting in front of a health professional who asks directly – more roundabout, comfortable sharing in a good, regular, environment – not just one off interventions - building up routines and habits of talking.”

“It will take several generations to change.”

Case Study (Chelmsford)

N, a man in his early 40s, was introduced to the Men's Shed by an NHS social prescriber. N lives with autism, anxiety, and depression, which has made forming friendships difficult. Over the years, he has often felt isolated, overwhelmed, and uncertain in social settings. When he first heard about the Men's Shed - a community workshop space - N was hesitant, especially given that most of the other men were older than him. But he decided to give it a try.

N's initial experience at the Shed was filled with uncertainty. He was unsure how he would connect with the older members and felt nervous sharing his ideas. His anxiety and depression often left him feeling withdrawn, afraid to express himself fully. Despite these barriers, N took a leap and started attending the Shed sessions twice a week.

Through Mentorship and Community Support From his first days at the Shed, N found himself in a welcoming environment. The older members offered him a steady, non-judgmental presence, giving him the space to feel safe and supported. With their consistent encouragement, N gradually opened up. Over time, their gentle mentoring and acceptance helped him find a sense of belonging.

As he grew more comfortable, N began contributing his own creative ideas to various projects. He became involved in woodworking, crafting, and even joined a community gardening group connected to the Shed. For the first time in years, N felt he could express himself openly.

The transformation in N has been remarkable. Once shy and hesitant, he now immerses himself in new projects with passion. Where he was once too anxious to share, N is now often heard giggling with sheer joy as he explores the creative process. His confidence has soared, and he feels genuinely accepted and valued.

N's journey illustrates the profound impact of consistent acceptance, positive reinforcement, and genuine community. Thanks to the Men's Shed, he has found not only a space for creative expression but also meaningful connections that uplift and empower him.

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