

Young Men #SpeakUp about Men's Mental Health

Exploring the stigma and barriers young men face in seeking support for ill-health, and the expectations on men to “show no weakness” and “man up”.

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Introduction

This report provides a summary of the discussions carried out as part of a series of community-based workshops that took place in April and May 2018, facilitated by Darnall Community Development Centre (DCDC) and funded by a Healthwatch Sheffield #SpeakUp grant. The workshop session plans can be found in appendix 1.

These workshops provided an opportunity for young males to discuss their experiences and views of accessing, or reasons for not accessing, local health and mental health services, and share their thoughts and feelings on matters that affect them in relation to men's health and wellbeing, in an environment where they feel comfortable speaking freely.

The workshops explored the stigma and barriers young males face in seeking support for ill-health, and the expectations on men to "show no weakness" and "man up". The sessions explored the ways that young men in Sheffield could be encouraged and supported to address health issues and seek medical support and advice when needed. As an organisation, we aim to feed this information back into the work of Healthwatch Sheffield.

DCDC works with young people in the community through its existing provision such as the community gym and fitness classes. Through this work we have developed a good rapport with young people representing a range of Black, Asian, Minority Ethnic and Refugee (BAMER) groups. The young men who participated in this project were all members of, and were recruited from, Empire Boxing and Thai Boxing Club. These workshops have given a voice to young men in Sheffield, making sure their views, feelings and opinions are shared with the wider healthcare community and are hopefully considered in decisions around health services that affect them. We hope that the information elicited from these workshops provides a valuable insight into the thoughts and feelings of young men who represent a culturally diverse, under-represented community.

Participant demographics

The workshops collectively involved 26 males in total. Participants represented a range of different ethnic origins and identified as the following: White British (5), White Polish (1), Roma Slovakian (3), Asian Pakistani (6), Asian Bangladeshi (2), Asian Afghani (2), Arab (3), Black or Black British - African (2), Caribbean (1), and Mixed Black Caribbean and White (1). English was spoken as a second language for 7 of the 26 participants. The ages of the participants were reported as follows: under 16 (5), 16-17 (2), 18-21 (5), 22-24 (4), 25-29 (4), and 30-35 (6). This demographic overview is based on information



provided on a questionnaire completed by participants (see appendix 2). Participant consent forms were obtained from all involved (see appendix 3).

What we found

Masculinity

When asked 'What is a man expected to be?', participants responded with roles and responsibilities such as: "a family man", "married", "a father", "provider for your family", "be the breadwinner", "care for and protect my family", "a good Muslim", "tough", "determined", "a grafter", "good at all physical work", "successful", "good at sports", "faultless basically", and physical descriptions of a man, or what a man should be or is expected to be, responses included: "big", "strong" and "muscly".

It was acknowledged amongst the group that men should feel comfortable opening up about health and mental health concerns and should not be made to feel judged, "less of a man", weak or embarrassed. It was generally agreed that in society, there was additional stigma attached to men suffering with mental illness especially, which created a barrier to accessing care and support when needed.

Accessing support

When asked what health services they would consider accessing if they had a health or mental health issue, in all three workshops the large majority of males said that they would only access medical support if they required urgent care, and would attend the accident and emergency department at the local hospital. There was a general consensus that they would be very reluctant to attend a GP surgery for medical advice or care. Many were not sure if they were registered at a GP surgery, or felt it may not be in their local area since moving to another part of Sheffield.

Some of the younger participants admitted they would only go to a GP surgery under the instruction of their mother, who would arrange and take them to their appointment. Younger participants also said they have occasionally reported to their school nurse for minor injuries or other common conditions such as a headache or stomach ache for example, but admitted that this is usually for the benefit of being excused from unpopular lessons, and would not have sought medical care for the same symptoms outside of school hours.

Most of the older participants and/or those who live independently, agreed that for non-emergency medical advice or treatment for common conditions, such as a stomach ache, they would typically "google" their symptoms to make a diagnosis and purchase medication from a local pharmacy or supermarket to ease their symptoms, if they felt it was really necessary.



GP appointments

When asked for the reasons they would be reluctant to see their GP, explanations mostly related to inconvenience, including: long waiting periods both for the appointment and on the day of the appointment due to scheduled times not being kept by the GP, difficulties getting an appointment that fit around work and family commitments, travel to the surgery and/or difficulties or costs associated with parking, rather than apprehensions or nervousness. The general view was that a visit to the GP would only be considered if symptoms were becoming more severe or persistent despite self-medicating and was causing a great inconvenience, for example, a sport injury or respiratory problems that was preventing them from training for a boxing competition. Other reasons for visiting a GP included, needing medication that could not be purchased over the counter and required a prescription, such as antibiotics.

Mental health

In relation to mental illness, the participants generally agreed that they would not visit a GP or any other medical professional for support or treatment unless the symptoms were uncontrollable, visible to others and/or posing a risk or causing problems that affected others, for example, extreme anger or aggressiveness.

Importance of friends and family

For mental health issues such as depression, anxiety or suicidal thoughts, most said they would only seek emotional support from “someone close that you can trust” such as a close friend, girlfriend or their gym coach for example. Many of the participants recalled moments or difficult times in their lives where they had considered seeking emotional support, or had sought emotional support for depression or anxiety, but in all cases of those who had confided in someone, this was typically a close friend or girlfriend.

Some people reported that they were more likely to confide in a male friend, girlfriend or female family member (e.g. mother, sister, auntie) as opposed to a male relative (e.g. father, brother or grandfather). Many agreed there was also a generational factor in terms of understanding and acceptance of, particularly, mental health concerns for men. Some participants felt that younger or similar aged friends and siblings had more awareness and understanding of mental illness.

When asked if there was anything that prevents them, or makes them more reluctant to seek medical help and what would help remove these barriers, most men agreed that regardless of any issues they have with accessing a GP, in relation to mental health, they would always feel more comfortable speaking to somebody they know and trust, rather than a medical professional.



Role of schools

One participant commented on how he felt that there was little awareness in secondary school about mental health and the effects that the pressure associated with studying, revising, exams etc. can take on your mental health were not discussed. Some participants did agree that there was much more understanding, awareness and support available at university level education through the 'student union' or 'student support services', and that there should be the same level of appreciation, support and understanding for younger pupils.

Attitudes of professionals and employers

Other commonly reported reasons for not seeking support for both physical and mental health advice or care from a GP was for fear the doctor would be dismissive. Some participants shared stories of historic visits to GPs who showed a lack of sympathy or concern, leaving them feeling "pathetic".

Other reasons or apprehensions about seeking medical support included, fear it would "go on your record", or that a diagnosis would then have to be disclosed to employers or prospective employers, college/university, DVLA etc. as well as apprehensions that they may be judged, victimised or discriminated against as a consequence.

Social media and role models

Participants generally agreed that there was more awareness amongst younger generations due to social media campaigns and celebrities including popular, well known, male athletes (boxers and footballers) who have publicly spoken out about their struggles with depression and mental health. Men felt that using males that fit the stereotype of a 'typical male' (i.e. physically strong, athletic etc.) was an extremely positive method of raising awareness, changing people's perceptions, and making mental illness and the need for support for males more acceptable and less stigmatised.

Awareness of mental health support services

Surprisingly, none of the participants in the groups, even those who disclosed having suffered with mental health issues, were aware of any mental health support organisations or charities (e.g. Mind, Young Minds and Samaritans). When discussing the support offered by these types of organisations, most felt they would still feel more comfortable discussing their thoughts and feelings face-to-face with someone they know.

Participants were asked to consider and comment on how they would react or respond to another male disclosing to them in confidence that they were suffering with mental illness or were having suicidal thoughts. Some of the participants felt they would be reluctant to encourage the friend to go and see a doctor, and would instead take it upon themselves to support the individual. Reasons for this were that they were not confident that a visit to a GP would give them the support they need, and felt more confident that they would



demonstrate more sympathy and could offer more regular and ongoing support that would be more effective than prescribed medication from a GP.

Role of Darnall Community Development Centre

What positively came from these workshops was that the gym/community centre for many of these men is a place (the only place for some) where they do have someone they would feel comfortable disclosing health or mental health issues to (such as anxiety, depression and/or suicidal thoughts). Many agreed that they would feel more at ease discussing mental health issues in a familiar, informal setting that did not feel cold and clinical.

When asked how we ensure our community, community centre and gym, creates and/or maintains an environment where people can access support by talking to someone about health or mental health concerns, participants felt that making people feel part of a bigger “family”, community or team would make them more comfortable sharing any issues they had. It was agreed that by exhibiting support through the ups and downs in all aspects of training, such as with weight management, fitness levels, through competitions etc., that members can feel they are in a safe and supportive environment where people care about them and their wellbeing.

Although most favoured the idea of informally supporting one another, others did suggest trialling a men’s support group/health group in the community centre (“a bit like this workshop”) where men could openly discuss any worries, pressures, stress etc. they were experiencing without fear of judgement.



About Healthwatch Sheffield

Healthwatch Sheffield is the city's local consumer watchdog for health and social care services. The organisation exists to help adults, children and young people to influence and improve the way health and social care services are designed and run in the city. Healthwatch Sheffield is completely independent from the NHS and Sheffield City Council.

About the #SpeakUp grants

In 2017/18 Healthwatch Sheffield ran a small grants programme called 'Speak Up'. The programme was designed to enable local organisations and community groups to gather views and experiences of health and social care services from Sheffield residents, especially from those who do not traditionally have a voice. The aim is to ensure that health and social care decision makers in the city hear from a diverse range of people about their experiences of services.



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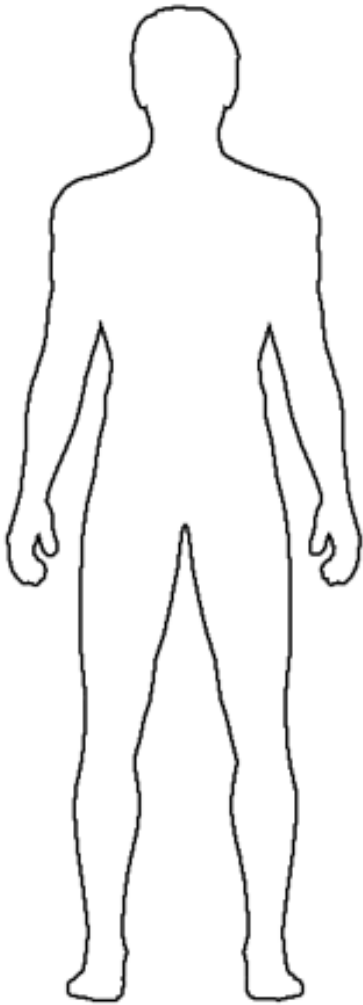
#SpeakUp

Young Men's Health Workshop

Tuesday 9th April 2018 (Workshop 1)

Introduction

- Discuss what issues we are talking about when we think about men's health and their relationship to our view of what it means to be a man.
- Discuss views and experiences of health and care provision for young men in Darnall and Sheffield.
- Collect information about how we can improve men's access to health services.



Masculinity

Annotate this man with words that you think describe what it means to be a man. (5 mins)

What should a man be?

What should a man not be?

What sort of things are we talking about when we say Men's Health? What are Men's Health Issues?

Discussion. (5 mins)

Access to Health Services – Discussion (15 mins)

Are you registered with a local GP? (Show of hands)

Have you been to see your local GP when you have been ill?

What other health services have you accessed?

What health services would you consider accessing if you were unwell?

For what types of illness would you seek out help from health services?

Are there any issues for which you would not feel able to seek out help from health services?

Men's Mental Health

Quiz (10 mins)

1. **What is the biggest cause of death for men under the age of 35?**

- A) Drug Use
- B) Cancer
- C) Suicide
- D) Heart Disease

2. **Most suicides are committed by women. True or False.**

False - 76%, or 3 in 4 suicides are by men.

3. **What percentage of the UK population suffer from a common mental health disorder (such as depression, anxiety, phobia, obsessive compulsive disorder, panic disorder)?**

17% - One in Six adults.

4. **What percentage of men in the UK suffer from a common mental health disorder?**

13.2% - That's about one in eight people, compared to one in five women. This is likely to be an under-estimation because of the low numbers of men who seek out medical support, and the fact that men are likely to have lower levels of access to precursors of good mental health such as emotional support of family and friends, and positive engagement with education.

Boxers with Depression (5 mins)

Who are these men? Do they fulfil our ideas of what it means to be a man?



1. Frank Bruno



2. Ricky Hatton



3. David Allen



4. Tyson Fury

What do these men have in common?

- Boxing
- They have all publicly spoken about their struggles with mental health and depression...(along with many other boxers, and other athletes or other people we might consider to fit our stereotypical understanding of men as strong, unemotional etc.).

Video of Ricky Hatton talking about his battle with depression, as a boxer: (2 mins)

<https://www.youtube.com/watch?v=olQ6KsUVexA>

Accessing Support (10 mins)

Would you tell anyone if you were feeling low? Who?

Where would you go for support if you thought you were struggling with a mental illness?

Who would you want to speak to?

Would you take time off work?

Improving Access to Health Services for Young Men (10 mins)

Men are significantly less likely to access health services than women, psychological therapies in particular.

Is there anything that would stop you from seeking medical help?

Is there anything that would help to stop these barriers/ make you more likely to make use of health services?

What can we do at DCDC/Empire to support the mental and physical health of our members? (10 mins)

Create a list of plans/ a manifesto for making the gym a place that supports men's health (physical and mental). Over a 1/3 of men suffering from a common mental health problem never disclose this to friends or family, or waited longer than 2 years to do so. How can we create an environment where people can talk about their feelings when they are struggling?

Video: 'Jamal Edwards breaks Taboos around Men's Mental Health' - Importance of talking about men's mental health. (10 min video approx – leave on for participants to watch at the end of the session?)

<https://www.youtube.com/watch?v=zk77YuLomCo>

Information Sources:

www.menshealthforum.org.uk

www.samaritans.org.uk

Appendix 2: Demographic Monitoring Questionnaire

Monitoring Form



What is your age?

12-16 years old ☐

22-26 years old ☐

17-21 years old ☐

27+ years old ☐

Do you have a disability, long-term illness or health condition?

Yes (please tick all that apply) ☐

No known disability ☐

Prefer not to say ☐

Physical impairment ☐

Learning disability/difficulty ☐

Sensory impairment ☐

Other ☐

Long standing illness ☐

Please specify.....

Mental Health condition ☐

What is your religion?

Christian ☐

Sikh ☐

Buddhist ☐

No religion ☐

Hindu ☐

Other religion ☐

Muslim ☐

Prefer not to say ☐

Jewish ☐

What is your ethnicity?

A: Asian or Asian British

Bangladeshi ☐

Indian ☐

Pakistani ☐

Any other Asian background ☐

Please specify.....

B: Black or Black British

African ☐

Caribbean ☐

Any other Black background ☐

Please specify.....

C: White

British, English, Northern Irish, Scottish or

Welsh ☐

Irish ☐

Gypsy or Traveller ☐

Any other White background ☐

Please specify.....

D: Mixed or multiple ethnic backgrounds

White and Black ☐

White and Asian ☐

Any other mixed or multiple ethnic background ☐

Please specify.....

D: Other ethnic group

Arab ☐

Any other ethnic group ☐

E: Prefer not to say ☐

Appendix 3: Consent Form

Consent Form



Project: Young Men #SpeakUp about Men's Mental Health

Your participation requires taking part in a workshop which will explore the stigma and barriers young men face in seeking support for ill-health, and the expectations on men to “show no weakness” and “man up”.

I, the undersigned, confirm that:

- I have had the project and its aims explained to me and I have understood the information
- I have been given the opportunity to ask questions about the project and my participation, and I agree to voluntarily participate in the project
- I understand I can withdraw at any time without giving reasons and that I will not be penalised for withdrawing nor will I be questioned on why I have withdrawn
- The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me
- I understand that staff from 'Sheffield Healthwatch' will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form
- The use of the data has been explained to me and I understand what it is being used for
- I give consent to be photographed taking part in the project
- I, along with the Researcher, agree to sign and date this informed consent form.

Participant:

Name of Participant

Signature

Date

Researcher:

Name of Researcher

Signature

Date