**Research Background Notes For UREAP**

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 I chose this to do my research project on men’s mental health as over my lifetime, I have noticed a disparity in how men and women were treated and what supports were available for men. Although I am a female, I was very close with my adoptive dad, and spent more time hunting, trapping, fishing, and talking with both my biological and adoptive fathers then with female influences. My friends have mostly been male; we seem to have similar interests and a way of relating. I also grew up with an emphasis on dealing with things yourself; being tough and silent and strong. My role models were men, but I noticed a difference between how a tomboy like myself and boys my age were treated in regard to life adversity. As a culture,, my male friend’s were largely discouraged from speaking about or expressing emotions, and there was a fear of being seen as anything less than masculine. If you were, you were ‘weak’, a ‘bitch’, a ‘pussy’.

 I was bullied incessantly by girls in high school, which further reinforced my preference for working with men when I began employment. I worked on roofing crews and landscape installation/construction crews with ex-convicts, addicts, and men from low-income or working class homes. I enlisted in the military as an infantryman, so was immersed in a very hypermasculine culture for a period but ended up leaving due to a medical condition and some mental health issues. I also worked for several years with BC Wildfire, of which 75% of crew members were male; although it now caters to a younger generation, male stereotypes are still reinforced.

 When injuries left me unable to work in manual labor anymore, I got a job in a homeless shelter. I had also volunteered on and off for several years prior with homeless outreach and at a food bank. In my work in social services for the past year, I have noticed that there are many resources, safe houses, counselling, and additional supports for women, but very few for men. As a result, most of the shelter clients are men. Most of the men I have encountered through my work with social services, but also on crews, have had some sort of substance dependency. When they got stressed, they would turn to alcohol or drugs or tobacco to alleviate their symptoms… or their stoicism would break, and they would explode with anger. I was fortunate enough to have not been harassed much by men on crews but noticed that when I encountered men who were hostile and abusive, it was always the man on the crew who struggled the most in other aspects of their life.

 My best friend and crew supervisor had been an Indigenous 35-year-old man who ran away from his home on the Kitimat reserve at 16. We worked alongside each other in Kelowna for about 60 hours a week. He struggled with alcohol and drug abuse, PTSD, and was in a psychologically and physically abusive common law relationship. Despite this, he showed up to work every day, we would joke and banter back and forth for hours or receive support from each other. Rather than fight back, some nights he would sleep in his car because there was nowhere else for him to go. I also had numerous acquaintances outside of the work through the gym, boxing, and other athletic endeavors- some of which were involved in well known gangs. In getting to know and speaking with these men, over time I came to understand how their backgrounds and upbringing had led to the maladaptive coping strategies or rough exterior seen, but also learned that even the most muscle bound, hardened, tattooed ex-convict pumping iron had pain, but could also feel and express compassion, and seemed relieved to have a non-judgmental listener.

 Reoccurring themes I have noticed over the years are a general discomfort with being emotionally vulnerable; concerns with not meeting stereotypes; interest in a hyper masculine body type and concern with not appearing ‘manly’ enough; being discouraged from sharing emotions but encouraged to express rage, aggression, risk taking, and promiscuity; encouraging others to turn to alcohol and substances to cope, rather than speak. There is a pack like hierarchy to maintain- the weakest get picked on or pushed out. Like me, we had been raised to ‘suck it up’; like me, many of them were also uncomfortable with the medicalized and conventional model of talk therapy and feel more comfortable doing a side-by-side activity where we can disclose naturally or share a sense of camaraderie. Unfortunately, there are not many of these alternative programs available and they are difficult to access.

 Having been personally victimized and injured by men despite this, sometimes it is challenging to want to help them; I combat this by recognizing that the men who hurt me had suffered from mental illnesses, marginalization, and their own trauma. The current frameworks used for mental health are modelled after stereotypical/generic female needs, with the average female’s preferences, biology and physiology guiding their creation. This approach does not work for everyone however- not for all women or for most men (further confirmed reading that only ¼ of medical service users are men; they also have a high dropout rate from mental health programs when they do participate). As a result, there is a need to create programs that are helpful to those who are left out of conventional mental health care models.