**Project Description**

**2.1.**

ABSTRACT

This project explores the barriers men face accessing mental health services and asks men what services they feel would be the most appealing and effective to improve their mental health. The study is meant to use qualitative data to identify more specific areas of gender-specific services for men; men’s input is essential in meeting service needs. Men make up half the population, commit suicide at three times the rate as females, yet social services have limited male-specific services (Shafer & Wendt, 2015).

Literature reviews show that men frequently struggle with mental health but are resistant to help-seeking behaviours especially from formal, medicalized, or feminized settings (Scholz et al, 2022; Woodhead, 2022). Mental illness is directly linked to crime, domestic abuse, intimate partner violence (IPV), and family abuse (Barry et al. 2019; Shafer & Wendt, 2015; Shorey et al., 2012); the CASW Code of Ethics core value of promoting social justice for all (CASW, 2005) requires social workers to consider these connections and respond with more accessible and genderized programs to address men’s mental health concerns (Robertson et al., 2018; Scholz et al., 2022)

Men from minority or oppressed groups, such as gay or Indigenous men, are even less likely to seek help in formal settings due to a previous negative experience (Sharp et al, 2012). When men do choose to seek help, it can be difficult for them to find services that adequately meet their needs. Hegemonic masculinity and men’s health stigma are large barriers to mental health services: men have been socially conditioned through traditional masculine stereotypes to remain stoic and independent. However, men have been found to benefit from more informal programs that emphasize camaraderie and positive masculine traits (Sharp et al, 2012; 2022).

**2.2**. **Literature Review**

Although genderized and transformative service approaches have gained traction, programs specific to male needs are largely undeveloped and under researched. While exploring men’s access to mental health services, Scholz found that in this realm, men are “doubly marginalized due to the norms of masculinity pressuring men to never admit ‘weakness’…and negative stereotypes…against their mental health concerns”; stigma was a major barrier to service access (2022).

That gender has been established as a social determinant of health (Sharp et al., 2022), with men less likely to access services despite health disparities, is an indication that there is a need for programs that are more appealing, accessible, and effective for men. The traits encouraged through hegemonic masculinity in Canada are the same traits that discourage help-seeking, but often “increase (men’s) risk of disease, injury, and death” (Courtenay, 2011).

Suicide and homicide are the largest disparities between men and women; homicide kills them at fourfold the rate, and suicide thrice as much on average (2011l; Statistics Canada, 2022). Certain disorders and addictions, such as schizotypal disorders and substance abuse, are prevalent in men (Courtenay, 2011). Violence against women may prevail in the media, but evidence demonstrates that men are at a higher risk of experiencing violence and abuse within their lifetime (Courtenay, 2011). 5% of boys have experienced sexual abuse, and those who have are twice as likely to abuse drugs and alcohol and suffer emotionally than those who have not (Courtenay, 2011).

Men gravitate to avoidant and other unhealthy responses to stress, that are more likely to lead to psychological disorders and detrimental to physical health (e.g., high blood pressure). Boys are often taught from childhood that anger is an acceptable emotion to express; they often do not receive comfort when distressed (Courtenay, 2011).

That men do not receive support and may externalize their suffering has a negative impact on those around them. Intimate partner violence is experienced by 20% of women, not including those affected by psychological abuse (Shorey, et al. 2012). Although poor mental health does not guarantee violence, there is a positive correlation “between depressive symptoms and IPV perpetration” and more aggression seen in those with a mental health diagnosis (Shorey, et al. 2012). The emotional dysregulation experienced alongside depression and anxiety can also lead to abuse (Shorey, 2012).

The mental health services available often do not appeal to men; current research finds that “gender-sensitized programs and… healthy lifestyle interventions targeting physical activity” are more likely to engage men (Sharp et al., 2021). 10% of Canadian men are expected to experience a severe mental illness over their lifetime, and “approximately one million men suffer from major depression each year” (Sharp, et al. 2021). Interventions have been most successful in an informal, men-only group format, “encouraging humor, banter, and friendly competition”; they’ve been seen as necessary in garnering commitment to the program. Focusing on the activity, rather than on mental health, is also more acceptable to men; they want “belonging and camaraderie” (Sharp et al. 2021). Focusing on participant involvement and positive masculine traits, such as dedication to family, have also encouraged engagement (Robertson, et al. 2018).

There is a substantial knowledge gap regarding program creation and engagement in “mental health promotion interventions for men” (Robertson et al., 2018). Involving service users in program creation is beneficial as their priorities are focused on need; they can “develop alternative approaches to mental health that can complement existing services” (Lester & Tait, 2018). Service providers also lack the knowledge to provide settings for safe disclosure (Seidler et al., 2018).

**2.3 Research Questions**

My research is meant to explore the barriers adult men aged 25-64 experiencing psychological distress face when accessing services and identify programs they would find most effective and accessible.

**2.4. Methodology and Analysis**

This study uses qualitative research to access the target population’s expertise. It hopes to discover what would encourage men to receive help for mental health, so uses a nonprobability sampling method and utilizes working-aged men (men aged 35-64 account for the most suicides according to multiple reports ([Roy et al., 2018; Statistics Canada, 2022]), from cafes, gyms, and sport centers to reach a diverse demographic and use multiple cluster samples. Men at each chosen location could have the option of filling out a survey and/or participating in an interview to share about their past experiences with mental health, and what they feel would most meet their needs. Gyms were included as there is a connection to focus on physique and mental health issues; plus, it is a socially acceptable way to work off stress (Robertson et al., 2018; Sharp et al., 2021).

The data would be analyzed to identify recurring themes regarding barriers and treatment. Narrative individual case studies narratives would be compared with the survey results. Critical issues identified in men’s health are suicidality, depression, and substance abuse; men commit 80% of suicides in Canada (Bilsker et al., 2018). Survey results would be analyzed separately from the narratives and identify patterns within the information that could guide future research and programs that would address these issues.

The researcher is a thirty-year-old female university student, who worked on crews with men for a decade prior to starting the BSW program. Her gender may affect what men disclose, but her casual persona, past experiences, and approachable demeanor may contribute to men feeling comfortable with confidential and ethical disclosure, based on male coworkers and friends having confided in her in the past.

**2.5. Impact**

Many social services are dedicated to helping women and families who are suffering from domestic abuse, violence, or IPV. These approaches treat the symptoms but not the cause, such as men’s mental health issues. Men are also “victimized at… high rates in their intimate relationships…which is often associated with an increase in their mental health symptomology” (Shorey, et al., 2012).

Portrayals of men as ‘privileged’ produce “dominate norms (that) perpetuate an idealized masculinity that very few men actually meet” (Abrams, 2016). Men face structural and attitudinal barriers to services; service providers may lack awareness of men’s needs for safe disclosure, and “the impact of socialized, dominant masculine ideals…may continue to obstruct men’s pathways to care” (Seidler et al., 2018, p.107). The feminization of services deters men, and the settings they require for safe discussions are usually “juxtaposed to mainstream…services” (Robertson et al., 2018). Hegemonic masculinity reinforces stigmas; research could undermine them (Scholz et al., 2022).

Men’s suicide remains “overlooked as a social problem” (Roy et al., 2018). With growing economic instability, this problem could worsen as unemployment is linked to increased suicidality (Roy et al., 2018). Physical health interventions show improved mental health benefits; further research could lead to alternative programs that are more accessible and effective (Robertson et al., 2018).

Men who are unemployed or self-employed are largely ignored; the most “neglected and marginalized subgroups are men in the military, Indigenous, immigrants, refugees, men in transition (relationship break up, unemployment, or career changes), rural and remote areas (Roy et al., 2018). Considering the needs of men’s mental health is necessary, as it has an enormous impact on “individuals, families, and communities… social work practice with men …can produce positive systemic effects” (Shafer et al. 2015) plus reduce men’s suffering.

**2.6 Research Dissemination**

I would like to use the results of this research to encourage further exploration and program development in men’s mental health. Along with applying it to my future practice, I would like the findings to be available through the TRU library and submit it to a relevant peer-reviewed journal or through the BCCASW website to raise awareness and encourage others to explore this subject further.

**2.7 References**

Abrams, J. R. (2016). Debunking the Myth of Universal Male Privilege. *University of Michigan*

*Journal of Law Reform*, *49*(2), 303–334.

Barry, J., Kingerlee, R., Seager, M., & Sullivan, L. (2019). *The Palgrave Handbook of*

*Male Psychology and Mental Health*. Palgrave Macmillan.

Bilsker, D., Fogarty, A. S., & Wakefield, M. A. (2018). Critical Issues in Men’s Mental Health. *CANADIAN*

*JOURNAL OF PSYCHIATRY-REVUE CANADIENNE DE PSYCHIATRIE*, *63*(9), 590–596. <https://doi->org.ezproxy.tru.ca/10.1177/0706743718766052

Canadian Association of Social Workers (CASW). (2005). *Code of Ethics*.

Centre for Suicide Prevention (March 30, 2022). *Men and Suicide.* Retrieved from

https://www.suicideinfo.ca/local\_resource/men-and-suicide-fact-sheet/

Courtenay, W. (2011). *Dying to be Men: Psychosocial, Environmental, and Biobehavioral*

*Directions in Promoting the Health of Men and Boys.* Taylor & Francis Group, LLC.

Currier, D., Patton, G., Sanci, L., Sahabandu, S., Spittal, M., English, D., Milner, A., & Pirkis, J. (2021).

Socioeconomic Disadvantage, Mental Health and Substance Use in Young Men in Emerging Adulthood. *Behavioral Medicine*, *47*(1), 31–39. <https://doi-org.ezproxy.tru.ca/10.1080/08964289.2019.1622504>

Grant, J & Potena, M. (2007). *Textbook of Men’s Mental Health*. American Psychiatric Publishing,

Inc.

Lester, H. & Tait, L. (Jan. 2018). Engaging User Involvement in Mental Health Services. *Advances*

*in Psychiatric Treatments.* Vol. 11 (13). Cambridge University Press. Web retrieved [https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/encouraging-user-involvement-in-mental-health-services/B0C178BAE0EB489356DF4C69A5C4E747#](https://www.cambridge.org/core/journals/advances-in-psychiatric-treatment/article/encouraging-user-involvement-in-mental-health-services/B0C178BAE0EB489356DF4C69A5C4E747)

Robertson, S., Gough, B., Hanna, E., Raine, G., Robinson, M., Seims, A., & White, A. (2018).

Successful mental health promotion with men: the evidence from “tacit knowledge.” *Health Promotion International*, *33*(2), 334–344. <https://doi-org.ezproxy.tru.ca/10.1093/heapro/daw067>

Roy, P., Tremblay, G., & Duplessis-Brochu, É. (2018). Problematizing men’s suicide, mental health,

and well-being: 20 years of social work innovation in the province of Quebec, Canada. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *39*(2), 137–143. <https://doi-org.ezproxy.tru.ca/10.1027/0227-5910/a000477>

Scholz, B., Lu, V. N., Conduit, J., Szantyr, D., Crabb, S., & Happell, B. (2022). An exploratory study

of men’s access to mental health services. *Psychology of Men & Masculinities*, *23*(4), 412–421. https://doi-org.ezproxy.tru.ca/10.1037/men0000404.supp (Supplemental)

Shafer, K., & Wendt, D. (2015). Men’s Mental Health: A Call to Social Workers. *Social Work*, *60*(2),

105–112. https://doi-org.ezproxy.tru.ca/sw/swu061

Sharp, P., Bottorff, J. L., Rice, S., Oliffe, J. L., Schulenkorf, N., Impellizzeri, F., & Caperchione, C.

M. (2022). “People say men don’t talk, well that’s bullshit”: A focus group study exploring challenges and opportunities for men’s mental health promotion. *PLoS ONE*, *17*(1), 1–17. <https://doi-org.ezproxy.tru.ca/10.1371/journal.pone.0261997>

Sharp, P., Stolp, S., Bottorff, J. L., Oliffe, J. L., Hunt, K., & Caperchione, C. M. (2021). Can lifestyle

interventions improve Canadian men’s mental health? Outcomes from the HAT TRICK programme. *Health Promotion International*, *36*(4), 943–951. <https://doi.org/10.1093/heapro/daaa120>

Shorey, R. C., Febres, J., Brasfield, H., & Stuart, G. L. (2012). The Prevalence of Mental Health

Problems in Men Arrested for Domestic Violence. *Journal of Family Violence*, *27*(8), 741–748.

Seidler, Z. E., Rice, S. M., Kealy, D., Oliffe, J. L., & Ogrodniczuk, J. S. (2020). What gets in the

way? Men’s perspectives of barriers to mental health services. *International Journal of Social Psychiatry*, *66*(2), 105–110. https://doi-org.ezproxy.tru.ca/10.1177/0020764019886336

Statistics Canada (2022-01-24). *Death and Age Specific Mortality Rates*. Retrieved from

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039201>

Woodhead, R. (2020). *The impact of social relationships on men’s mental health and wellbeing*.