MEN talk Health

Lewisham
July 2018

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healthwatch
Lewisham

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What is Healthwatch Lewisham?

We are one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Our remit as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

We give children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Our core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

National data suggests that suicide remains to be the biggest killer of men under 45 years. A staggering three quarter of all suicides are committed by men.[1] The audit conducted by Campaign Against Living Miserably (CALM) found that a concept of masculinity and the factors related with it could give clues into the disproportionately high rate of male suicide in the UK.[2] The concept of masculinity included expectations for men to be emotionally strong and financially responsible. The risk of traditional constructs of masculinity contributing to poor mental health including a higher risk of suicide, is higher especially among those of lower socio-economic status.[3] Other significant factors linked to poor mental health in men are: a decline of traditional male occupations, marital breakdown and reduced access to their own children after their relationship breakdown.[4]

Research found that the way men cope with pressures is fundamentally different to women, they are less likely to open up to friends and more likely to take part in dangerous behaviour. Women were more likely than men to have reported common mental disorder (CMD) symptoms.[5] This, combined with the high rate of suicide, suggests that men are not reporting their CMD symptoms. This is backed up by data suggesting that men are less likely to access psychological therapies than women. Only 36% of referrals to IAPT (Increasing Access to Psychological Therapies) are men.[6] As a result of not opening up and seeking help for CMDs, men experience a 'build up' of distress which can culminate in crisis including suicidal thoughts and behaviour.[7]

Lewisham's Joint Strategic Needs Assessment Findings

- 25% of the UK population are thought to suffer from some form of mental illness every year. Common Mental Illness (CMI) are treated in the community, and include anxiety, depression, neuroses and phobias.
- CMI are estimated to afflict 19.8% of Lewisham's population at any one time. This prevalence is higher than London and England with 18.2% and 16.6% respectively.
- 75% of people suffering from CMI go undiagnosed.
- Poor mental health has a big social and economic impact. This resulted in mental health being highlighted as a priority both nationally, and locally in the London Borough of Lewisham.
- People who suffer from mental ill health are at a higher risk of physical ill health. They may also experience difficulties accessing physical health care.

1   Office of National Statistics, 2017
2   https://www.thecalmzone.net/2016/11/masculinity-audit-2016-research-reveals-pressures-on-modern-men/
3   https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf
4   https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf
5   McManus et al, 2016
6   https://www.menshealthforum.org.uk/key-data-mental-health
7   https://www.samaritans.org/sites/default/files/kcfinder/files/press/Men%20Suicide%20and%20Society%20Research%20Report%20151112.pdf

Our role is to support the voices and views of the local community and to ensure their opinions are taken into account when services are commissioned. We are committed to ensure the voice of those who are seldom heard are brought to the attention of commissioners and service providers and taken into account when decisions are made. Data from our general engagement shows that only 28% of feedback accounts for the opinions of men.

We therefore embarked on a project to find out what local men do to look after their mental health and what stops them from speaking up about their issues. We also asked for feedback of men's experiences of local services and what could be done to enable easier access.

This report presents findings and recommendations based on feedback and the experiences of men in relation to their mental health issues. These findings can be used to support commissioners and providers to identify the challenges that men face in accessing mental health services.

This report will be shared with the Lewisham Health and Wellbeing Board, Healthier Communities Select Committee, the Voluntary and Community Sector, the Lewisham Clinical Commissioning Group (CCG), London Borough of Lewisham, the Care Quality Commission (CQC), Bromley, Lewisham and Greenwich Mind, South London and Maudsley NHS Foundation Trust, NHS England and Healthwatch England, and other health subgroups.

Engagement Methodology

To capture experiences of local men, Healthwatch Lewisham used a two pronged approach consisting of focus groups and a survey.

The aim of the focus groups was to enable meaningful interaction with individuals and groups and to gather feedback and personal experiences. We ensured that the locations of the groups provided a secure space to allow the men to feel confident enough to share their personal experiences. In order to reach out to men with experiences of mental health issues we created partnerships with organisations including Bromley, Lewisham and Greenwich Mind, Community Connections, the Downham Men's Group and Carers Lewisham. This enabled us to harness the existing relationships and trust those organisations have with their service users.

We facilitated two of the groups organised with Carers Lewisham, Community Connections and Downham Men's Group. To ensure the trust of the participants, the focus group organised in partnership with Bromley, Lewisham and Greenwich Mind (BLGM) was facilitated by the organisation. The feedback following the focus group was provided by BLGM.

The group in partnership with Community Connections and Downham Men's Group was open to all men in the borough to ensure that men who are not affiliated with any particular group had opportunity to have their voice heard.

Participants of the groups were asked core questions including:
• What are the issues men face in relation to mental health?

• What would encourage you to speak up?
• What keeps you well?

The participants were encouraged to have a group discussion based on those questions and share their personal experiences.

At the end of the groups, participants were provided with information to support their mental health and wellbeing including our booklet that consisted of local organisations that help residents to access mental health and wellbeing support.

The face to face engagement was supported by a survey. The survey was available online and in paper form. We have publicised the survey through our local partners, our e-bulletin and social media. The paper forms of the survey were distributed by our volunteers throughout Lewisham borough during our regular engagement, our Hub programme and at local assemblies. Furthermore, various organisations who supported our project helped distribute the survey. Some of the organisations included:

• Time Bank Lewisham
• Voluntary Services Lewisham (VSL)
• Lewisham User's Forum (LUF)
• Ladywell Arena
• Pubs including Edmund Halley in Lee, Watch House in Lewisham and The London & Rye in Catford.

A total of 108 people were engaged. Participants were asked to complete an evaluation form, including sharing their demographic information, the analysis of which can be found in the appendices of this report.

Acknowledgements

We would like to say 'thank you' to all organisations, volunteers and individuals who supported the project and committed their time in gathering feedback including Lewisham Service Users, Rushey Green Time Bank, Voluntary Services Lewisham (VSL), Lewisham User's Forum (LUF), Ladywell Arena, St John's Church, Public Houses including Edmund Halley, Watch House and The London & Rye.

We would like to say a special 'thank you' to our volunteer Dannie Payne who supported us during the entirety of the project.

We are extremely appreciative of Bromley, Lewisham and Greenwich Mind for organising and facilitating a focus group. We are also grateful to Carers Lewisham, Community Connections and Downham Men's Group for supporting us to organise the focus groups.

Summary of Findings

The focus group provided an opportunity to gather qualitative feedback from men about their mental health. We were able to find out what the common themes are for why men don't access services early. The discussions also allowed us to understand what helps men to maintain good mental health. Below is a summary of the common themes that became apparent during our engagement.

Common Themes:

- The traditional concept of masculinity was a key factor that prevented men accessing services early. This concept was often instilled by upbringing, family and the wider community.
- Men isolate themselves when experiencing mental health issues as a coping mechanism in response to societal and cultural pressures. Family breakdowns and complete loss of support networks were common themes.
- Men feared disclosing their mental health issues to employers to avoid appearing 'weak' and experiencing negative consequences.
- Community services such as counselling and support from charities were recognised as the men's preferred methods for improving their mental health and wellbeing.
- Being active and playing sport was the favoured way of maintaining mental health and emotional wellbeing according to the survey respondents.
- Having a trusted person to speak to, a friend, or a support group was recognised as a need.
- Some men reached for drugs and alcohol when mentally unwell.
- Men would value services that are shaped to suit the needs of men and recognise issues men face. Worryingly, only 10% of the survey respondents agreed men receive the right support for their mental health.
- Men said quick access to services when needed is necessary.
- Caring staff who listen to patients and clearly explain treatment options and a care pathway are key.

Focus Groups – Findings

A total of 34 men participated in the three focus groups for this project. The findings from each group are provided below.

The focus group organised in partnership with Community Connections and Downham Men's Group

Community Connections

DOWNHAM MEN'S GROUP

There were several themes that emerged through the discussion with the group. One of the main issues men identified is the stigma related to mental health. Many participants agreed that their family and community do not recognise the concept of, or talk about mental health. It is something that is dealt with behind closed doors. The lack of acknowledgment of mental health issues leads to people, especially men, to not be aware of the symptoms when they experience them. It also means that those who deal with mental health issues themselves, or have a family member going through it, do not share it with other people. This leads to isolation and the escalation of problems. Participants said that in some communities, such as the Caribbean community, mental health is perceived as weakness. A sense of pride is also another reason for why people do not discuss their or their family member's mental health issues openly.

Many men agreed that having authoritarian parents did not allow them to discover things for themselves or have their own opinions. This resulted in stunted

emotional development which prevents them from forming healthy relationships in their adult life, in some instances leading to 'emotional pain'.

Other members said that a lack of positive male role models can also have an impact on their emotional and mental wellbeing.

- *"My father doesn't think mental health exists. (Family influences how you think about your own mental health)."*
- *"As a young person you are influenced by your family perceptions and if they don't understand mental health then you take on their beliefs. It takes time for you to realise and come to your own conclusions."*
- *"There is denial in some communities, for example, the Caribbean community, about mental health. So, in turn, you don't know you have it."*
- *"When you are young, parents are gods. They tell you how to believe. Not allowing you to discover things for yourself. You can't think independently."*
- *"This can result in difficulties in forming relationships. It is emotionally painful."*
- *"You have to raise up to their expectations. Beyond the family."*
- *"There is an issue of pride in the Caribbean community. Some people feel that talking about it and even being supportive towards someone may be perceived as nosy and intrusive. You're supposed to be strong".*
- *"What happens in the family stays in the family"*
- *"Another problem is that the society is moving fast. It used to be very clear what their roles*

were. For younger men it is difficult to know I'm doing OK. There is a lack of role models." (Discussion focused on lack of role models and the fact that young men now do not have anyone to look up to and this can cause mental health issues).

Another issue raised by participants of the group was masculinity. Many men described being brought up to be strong and told that 'men don't cry'. Showing and sharing emotions was being perceived as being weak. Family and community had a strong part in instilling this concept. Many men agreed that it is easier for women to share their emotions and speak up if they are facing any mental health issues.

Participants of the group believed that the instilled 'masculine' behaviours meant they build a barrier that prevents them from opening up. They feel they are obliged to look strong so they hide their issues and keep them inside. This often leads to a build-up of tension and stress. Some men admitted it has led them to 'bad behaviour' in the past.

- *"Women are more expressive and come forward."*
- *"Men are brought up to get on with it."*
- *"I was brought up with the culture of 'men don't cry'. You are then less likely to have anyone to turn to. You tend to bolt it up. You are carrying a tough face. Putting on an exterior. Whereas on the inside you're on knife's edge."*
- *"If you share or talk about mental health you are classed as a wuss."*

Men who participated in the focus group discussed how their mental health affected their employment.

Mental health stigma in the workplace is a big factor and prevented men in opening up to their employers and seeking help. Men felt that it was not safe for them to speak up about their mental health issues even to the employers who were formally supportive towards issues of mental health. Participants felt that in reality stigma was still there. Many men felt they will lose their jobs if they mentioned they are going through mental health issues. The fear of losing their job added additional stress factors and increased their mental health issues. Participants felt that there needs to be more work done to ensure employers are supportive and understanding towards mental health issues.

- *"If you lose your job due to mental health – what next? Some employers are not supportive, even though on paper they may say they are. The reality is different."*
- *"When you are unemployed you don't have support with mental health."*
- *"If they (employers) catch a sniff of it, they try to get rid of you."*
- *"There needs to be tolerance, support and understanding."*
- *"This should be confidential."*
- *"Mental health is perceived as weakness."*

Difficulties in creating healthy relationships and the break up of a relationship were other issues that men mentioned as having a detrimental effect on their mental health. In their eyes, a break up created a void and men had difficulties in establishing their new identity.

- *"Divorced men – don't know anyone. Where do you belong?"*

Isolation was another issue that men are affected by when experiencing mental health issues. This is closely linked with stigma and issues of masculinity. Participants said that when they are not well, they often self-isolate by avoiding their friends. The reason for this is that they do not want to appear negative and feel their mood and problems would not fit with typical conversations and behavior of the rest of their friends. It was felt that it was okay to talk about an issue once or twice but if it persisted men would stop talking about it and avoid their friends if they still felt unwell. The group agreed that it was important to find a 'safe' group of friends that they could feel free to confide in and share their problems.

- *"If you are unwell then you can tell your friends once, twice, and then your story becomes "same old" and they lose interest and get bored with you. It is therefore very easy to quickly isolate yourself. It's not easy to have people whom you can talk about your mental health issues. It's not always possible with your friends."*

Participants also shared their experiences of dealing with their mental health and the process of recovery. It was recognised that the important step in recovery was the acknowledgement and acceptance of their condition. One man said that it was important to him to have the support of his family. His family played a key role in helping him to realise that he wasn't "himself" and encouraged him to seek treatment.

- *"It's a hard journey to acknowledge your mental health illness. It's to do with stigma."*

The final part of the discussion saw the men share their thoughts on what helps them to stay well. Many said that knowing how to maintain positive mental health and emotional wellbeing comes from many years of experience dealing with their mental health issues. Some of the methods men use included:

- Treating yourself such as eating the food that they enjoy
- Knowing when to rest
- Going to church and praying

- Some like to be on their own and others felt comforted by knowing they are not alone.

- *"When you are not well you may not know it yourself. In your own eyes, you are feeling the same. Only people from outside can tell you that something is not right and that your perception of reality is not the actual reality. Your family can help in noticing when you are not feeling so well."*

The group shared several comments about the services that they have accessed. Some men felt that services especially IAPT are often staffed by women. A few participants felt that for them, this created a barrier in accessing the service. They felt they are not being fully understood by female Counsellors. However, others felt that having female Counsellors had a positive impact on their treatment. Some men felt that men who have misused or abused substances experience mental health issues, however they do not qualify for support from IAPT. Providing the support would ensure their issues could be dealt with more efficiently.

- *"IAPT Counsellors are mostly women. They don't understand my issues."*
- *"I gave up one of my Counsellors because she reminded me of my mother. Looking back this was probably the best counsellor I had."*

The focus group organised in partnership with Carers Lewisham

The group raised many issues in relation to their mental health. An important factor was that they were carers or in receipt of social care. They felt overwhelmed with caring responsibilities and didn't feel adequately supported. Being a carer meant that they were left with no time to review their own physical or mental health.

> • *"Carers are stressed. You are so busy constantly doing little things. No time for yourself or think of your own health."*

Some men said that when they are unwell they experience a build-up of negative emotions. They often blame themselves for the way they feel, not realising that they may be experiencing depression or other mental health issues. A few men admitted using alcohol to help them deal with their problem. The group also raised the issue of isolation as a major problem. Participants said that they often detach themselves from friends and family to hide their feelings or condition. Men felt that keeping the problems to themselves was a form of self-protection. The traditional concept of masculinity played a key role. Men did not share their problems in fear of being labelled as weak and from fear of losing their jobs.

One man said that his isolation was the result of

bad experiences when sharing his issues with other people. He felt that he heard a lot of unhelpful advice such as 'snap out of it' which he particularly disliked.

> • *"When you have a mental health problem you can isolate yourself further. Your friends can think of you: you're the biggest loser."*
> • *"Friends..., they lose interest."*
> • *"When you are unwell you blame yourself for the sorrow you feel and what is wrong around you. It is often not the reality. You may not realise you're going through depression."*
> • *"When you are unwell/ depressed you lose friends. I couldn't go out. Isolated myself. You lose your self-worth."*
> • *"I felt completely isolated. I was wobbly. I didn't want to go and meet my mates. I was the negative person."*

All men confirmed that being part of the support group at Carers Lewisham was beneficial to them. It is a space where they meet with others of comparable age, sharing similar experiences of being a carer and are able to get together and talk freely without judgement. There was a sense of solidarity within the group as each man told their own individual story about their struggles. An important aspect of the success of this group was the fact that participants acknowledged each other's vulnerabilities and are willing to talk about their emotions and share their troubles with one another. Which, as research shows, has positive mental health benefits.

Some men who had negative experiences of other services said that they couldn't access support for their mental health. One men said that his GP did not take his mental health issues seriously. Another said that he was shocked by the six months waiting list for IAPT services..

Participants shared tips on what keeps them well.

Some of the ideas mentioned were:
- Places that men can talk to one another.
- Keeping busy doing something for yourself.
- Following a passion. Doing something fulfilling.
- Being religious.
- Being part of a group/community that values you. A place that doesn't judge you.
- Following a routine
- Being outside, making a trip
- Having more money
- Having a close friend. Someone to confide in and connect to.

What helps me to stay well – Case study

One participant admitted suffering from severe depression, anxiety and insomnia. He has been receiving help for around 15 years through medication, professional therapists, charities and community based organisations etc. In his opinion community-based approaches had the most impact on his recovery.

Examples of those services were: volunteer peer support he was receiving a few years ago from the charity Mind and a holistic-based approach that he is currently receiving from the not-for-profit cooperative called Maintaining Health Partners.

Two of the services he accesses there are Yoga and Pilates. He also mentioned that in the past he had suffered from agoraphobia and said a friend helped him to overcome it. This person would take the time little by little to get him through it and help build the confidence to step outside his comfort zone.

The focus group held by Bromley Lewisham and Greenwich Mind 'MEN talk Health'

Bromley, Lewisham & Greenwich | mind for better mental health

The group had a wide-ranging discussion and the participants expressed an interest in attending a similar group in the future.

Participants of this group flagged the issue of masculinity as a contributing factor in the deterioration of their health and/or delay in seeking help. Men in this group felt that the image of a 'macho man' who is emotionally strong and proud and can deal with his own problems, is a concept that they were brought up with by their families and reinforced by a wider concept of culture and history. Men in this group felt a pressure to live up to this image and talked about feelings such as humiliation if they didn't. One men said: 'You're brought up that way. Another one added: 'You have to fight your own battles.' Society doesn't teach you to go here or there to get help if you are a man, it teaches you to fix it yourself.' This perception referred to both physical and mental health. Participants agreed that men in general delay seeking help and taking medication. This proves that the perceptions of masculinity felt by men prevents them from asking for help in fear of appearing weak. It was felt that (young) men from BAME were particularly disadvantaged by societal and cultural expectations of how they should behave as a man, and some of the above traits may be more exaggerated in some ethnic communities, or those with more "traditional" values.

- *"It's the macho image."*
- *"If you can... then you'll be a man my son"*
- *"Women's friends are much more likely to say to them "you have to go to see the doctor" with men it's a macho thing."*
- *"If you talked to your mates down the pub, he'd be straight out the door, he doesn't want to know, and the last person you would speak to would be your workmates. Even more now, the culture in our pubs with the TV and football on isn't for talking about personal things."*
- *"When I first became unwell the doctor diagnosed depression. He prescribed me antidepressants and I thought he was wrong. I was still working. I thought 'I'm a man... I don't take them'."*

Participants of this group felt they need to be listened to and understood. They wanted professionals to understand that they have their limitations around communication on mental health and wanted this to be acknowledged, appreciated and accounted for.

Participants of this group who experienced mental health issues whilst being at work felt they needed to hide it from their employers. The reason behind it was to maintain their position and avoid showing weakness. This suggests that men fear they will experience negative repercussions if they disclose mental health problems to their employers.

- *"Mental health illness can be hidden. I hid my condition from everyone at work for 25 years."*
- *"I wouldn't talk about it at work... its showing weakness."*

Most men in this group felt isolated when experiencing mental health issues. The main cause of the isolation for men was the feeling of low self–worth. This often resulted in family breakdowns and complete loss of support networks.

- *"I used to have a high level management job but when I got ill I isolated myself. I had a financial cushion from working which lasted me about two years. I gradually cut myself off from everyone even the family, and I have a big family with lots of mental health issues in it. I used to order takeaway food over the internet. I didn't want them to see me in the state I was in, and I still haven't seen anyone who I used to work with."*
- *"I felt like I was a "waste of space" too. You even tell yourself it."*
- *"I felt like I was just a black hole in the family, so I didn't want to talk to them about it."*
- *"I spent 9 months not being with anyone other than medical professionals. I cut myself off and then when I needed to see people again I couldn't."*
- *"I forgot how to be with people, it was confusing and I used to panic."*

- *"I lost my marriage, my friendship group, my kids, my house, my job with the ambulance service, and I've got the on-going fall-out from all of that and I relocated back to Lewisham where I knew no-one. I'm not confident to take on new things or a new relationship."*

Some men admitted that they are likely to reach out for alcohol as a coping mechanism. One man admitted he was close to committing suicide but was lucky his plan was interrupted. "I had all the pills lined up which I'd taken from other places, and the alcohol, and I was in the process of doing it and what saved me was a phone call from my nephew. I don't even know what made me answer it."

- *"I could become addicted. Men are more likely to self-medicate with alcohol."*

The group was aware they could seek help via a GP, but would be reluctant to seek help specifically for mental health issues. They felt the nature of GP appointments including short appointment time were not conducive to opening up about their mental health issues. Participants also feared being sectioned if they disclosed their mental health issues to professionals. This meant men were prolonging seeking help and were dealing with their issues in isolation.

- *"GPs are hard pushed and they don't have the time for you. I spent 10 minutes explaining three problems I had and then the Dr asked me to say which one was the one we can look at."*
- *"I tried to sort myself out. I basically had no help from the GP who hasn't got time to listen to all my problems."*
- *"I didn't want to tell them everything, because I don't know about the mental health system and I was scared they were going to lock me up."*

This group also felt there is a need for other avenues to be available to them to talk about their mental health. Participants felt they would benefit from being able to have a trusted person, a friend or a group of like-minded people they could speak to when they experience problems. The majority agreed there is a need for groups and/or 'safe spaces' where they would feel comfortable to talk and open up.

- *"Just talking to someone face to face when you need to really helps but there isn't a service that can just do that. I just needed someone human to listen to me, one to one, with a sympathetic ear. Doctors just don't have the time."*
- *"You never get to see the same person at the doctors. Its about trust... the best thing about Mind is that you get to see the same person twice and you feel like you've got the name of someone if you do need to speak to them on the phone."*
- *"What worked for me was peer support groups because you can talk to someone who understands and has had problems themselves."*

Participants spoke about feeling reluctant to take medicines that are used to treat mental health conditions due to the negative side effects. The group raised an issue of clinicians overprescribing medication and using it as a quick and easy solution to problems.

- *"My brother took antidepressants and he felt like a zombie."*
- *"I've got a bit of a thing about not wanting medication. My mum was on anti-depressants most of my childhood and I saw how they made her, so I really didn't want to take them. It was only in the end that I couldn't cope and I finally had to take them."*
- *"They just want to give you tablets and I take too many already. One tablet picks you up and another takes you down."*

Those who experienced more serious mental health issues and homelessness felt they did not always receive adequate care and support.

- *"The system isn't set up for people like me. I feel like it doesn't want me... It was about the fear of homelessness. I was sitting there in tears in front of some stranger saying "the computer says no.""*

Patient's story:

'I tried to sort myself out. I basically had no help from the GP who hasn't got time to listen to all my problems. I came out of prison; I'd had anti-depressants inside so I knew what they were like, and I didn't want to take them on the outside. I became a carer for 10 years for a disabled friend who had diabetes and cancer, but when he went into hospital his family kicked me out and I was homeless. I felt like I was running into brick walls; it was so stressful trying to get help. The Council shoved me into Lewisham. I didn't know anyone and I couldn't get any help. One day I just walked right across the road without looking; I thought if I got hit it didn't matter, but I didn't cos I'm still alive.

I have epilepsy and when I went to my doctor in Lewisham about it and explained what was going on, they referred me to Mind. I went because I thought F**k it, if talking to them doesn't do me any good its not going to do me any harm, not like a tablet. I went down from 12 stone to 10 and ½ with the threat of homelessness, but now its alright.

The group also felt that the current clinical and non-clinical mental health services were more geared to women's needs. Their view was that men felt the need to build up or establish relationships before being able to trust someone enough to open up due to negative experiences. The majority believed that to improve access for men, services should acknowledge the differences between men and women, and shape the services accordingly.

Survey Findings

74 men filled in either a survey online or in paper form. Below is a a summary of the findings. The demographic data will be provided in the appendices.
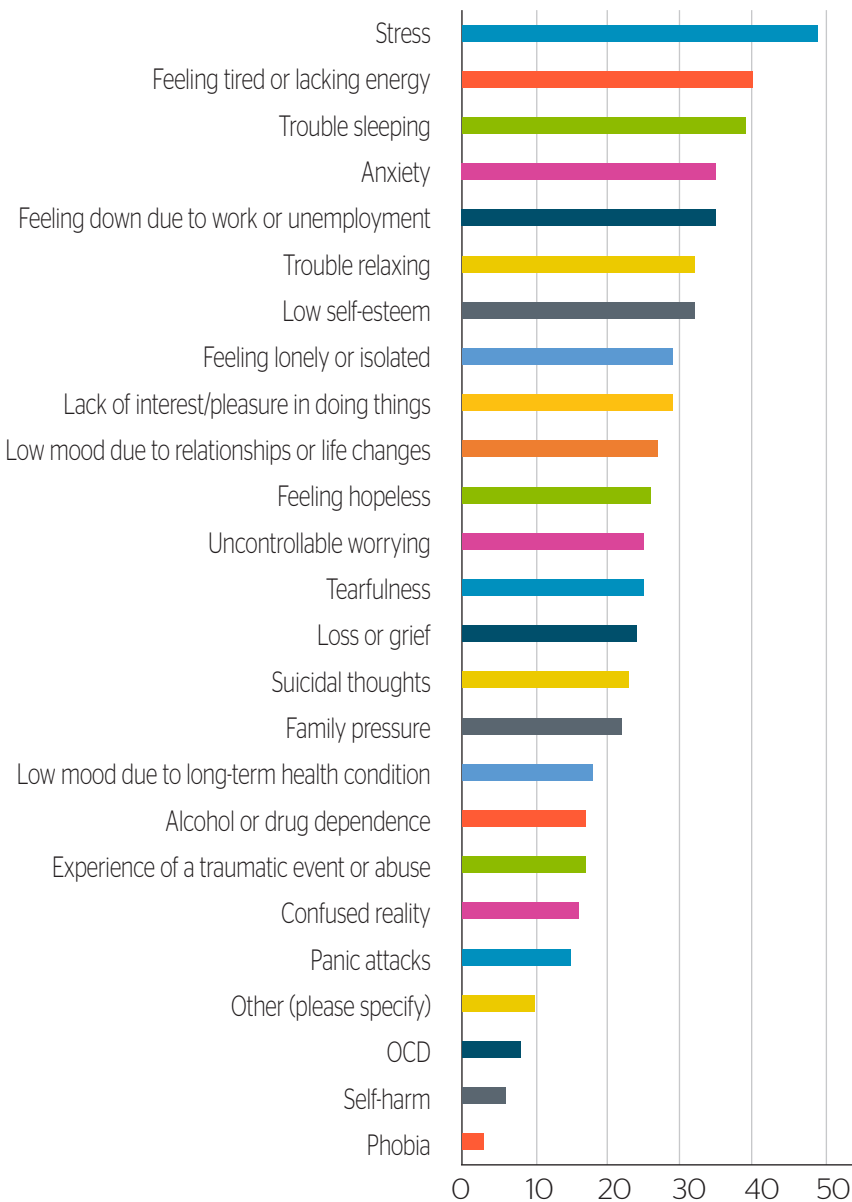
Have you experienced poor mental health?

30%
YES, and I have a diagnosis

28%
YES, but I do not have a diagnosis

10%
Don't know

32%
NO
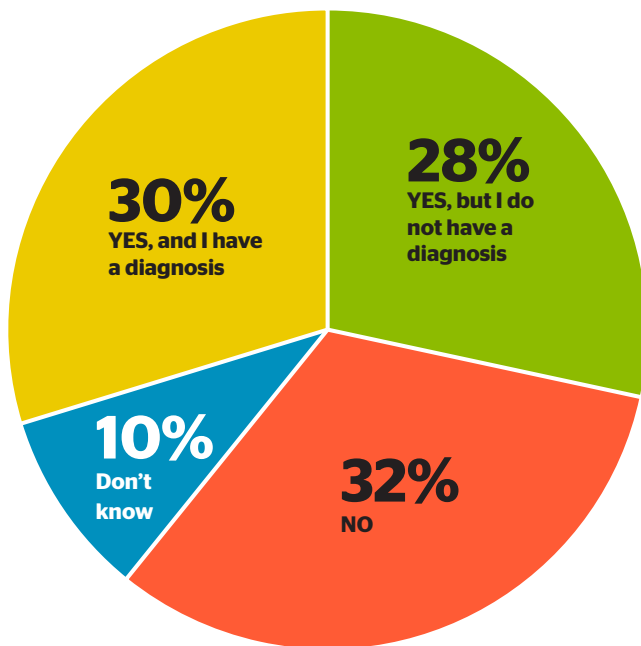
58% of the respondents admitted they experienced mental health problems of which 28% confirmed they had received a diagnosis.
The most common diagnosis was depression followed by bipolar and anxiety.

Have you experienced any of the following?

All of the respondents experienced one or more symptoms of poor mental health. More than half of the respondents experienced stress, lack of energy and trouble sleeping. Just over 47% of men experienced feelings of anxiety and were affected by work or unemployment. This suggests that being unemployed or experiencing issues at work has a large impact on men's mental health. 43% of men experienced low self-esteem and difficulty relaxing. Over 30% of men said they experience tearfulness and suicidal thoughts.

The above findings combined with the fact that 32% of respondents said they did not experience poor mental health suggests a need for further education around issues of mental health including symptoms, awareness and stigma.

Many may still feel stigmatised when sharing or admitting to experiencing poorer mental health. This could also suggest that men associate having poor mental health with being seriously ill. They do not realise that symptoms such as stress and anxiety also are recognised as signs of poor mental health.
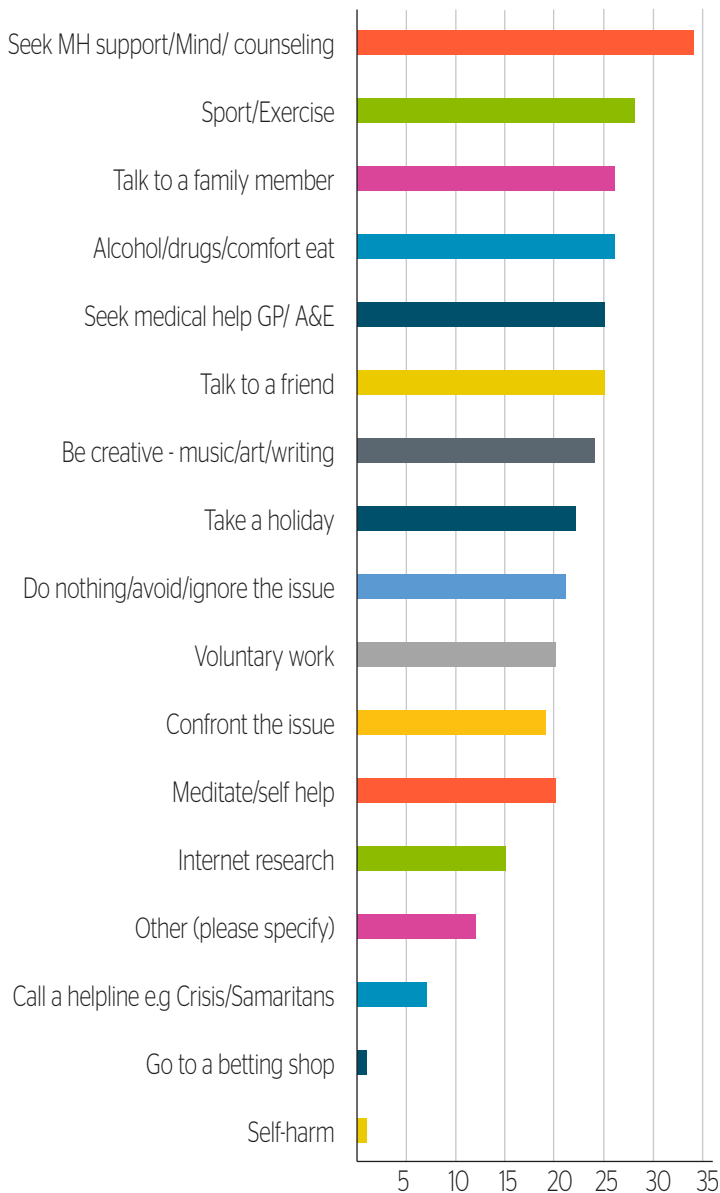
What do men do to look after their mental health?

The findings suggest that men's preferred method of accessing help with their mental health issues are through services in the community including talking therapies and support from organisations such as Mind. Reassuringly 45% of the respondents said they would seek help through those channels. Being active and playing sport was the preferred way of maintaining mental health and emotional wellbeing according to the survey respondents. Family support is key in helping men when they are experiencing poor mental health with 35% choosing to speak to one or more of their relatives. Unfortunately, the same amount of men (35%) would reach for alcohol drugs or would comfort eat. Equally, 21 men said they would avoid confronting their mental health issues and wouldn't do anything about it.

If you are yet to access support, please briefly explain what stopped you seeking support.

Findings suggest that men did not access help for their mental health issues because they were unsure about what was the best method to seek help. There was also a fear of being sectioned if they admitted their mental health symptoms. Some men who accessed services in the past felt that they were not listened to or supported by services. Others said that the services are time limited and they were left without support beyond the time limit.

13%
YES

41%
NO

46%
NOT SURE

■ Yes ■ No ■ Not sure
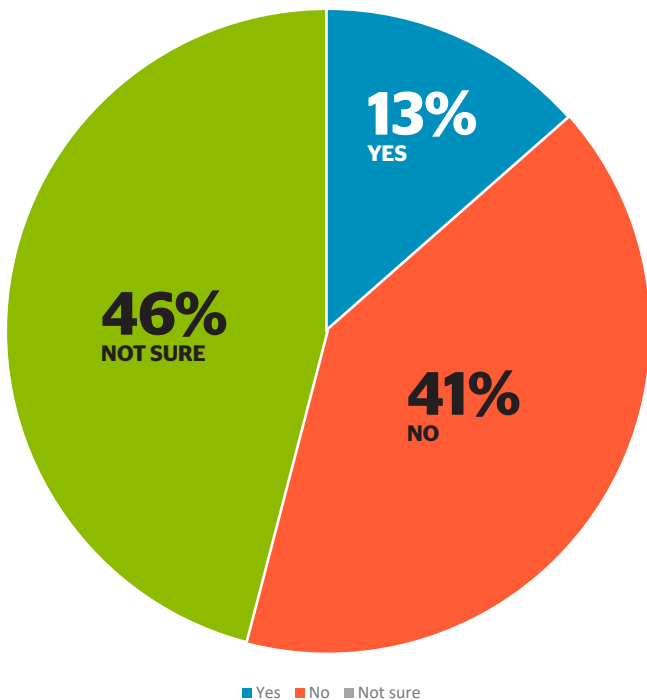
Do you feel men get the right sort of support for their mental health?

Worryingly only 13% of respondents agreed men receive the right support for their mental health issues. 41% said men do not receive the right support for their mental health with 46% not sure. This suggested that there is a strong need for services to looking into shaping services to improve patient experience for male patients.

If you have used any of these mental health services in Lewisham, how would you rate them?
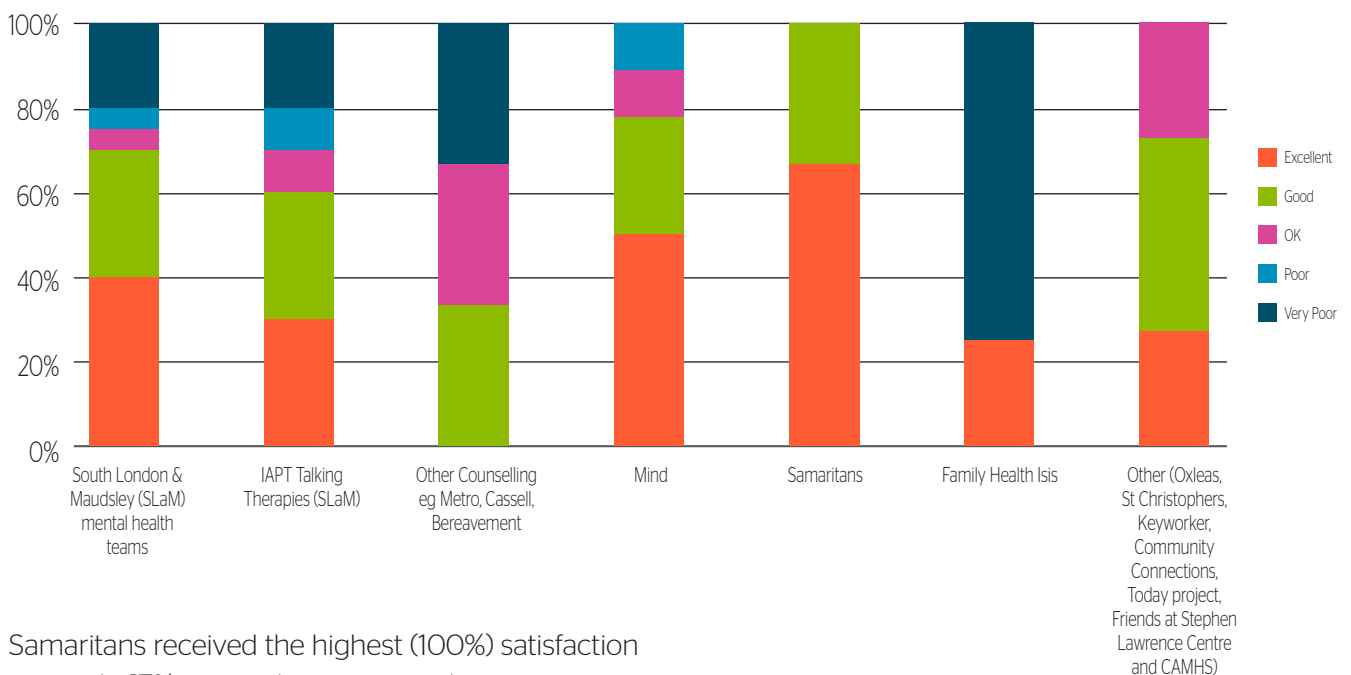
Samaritans received the highest (100%) satisfaction rate with 67% respondents scoring the services as excellent and 33% as good. Local Mind services also received high satisfaction levels with 50% of respondents saying the service is excellent and a further 28% rating it as good. South London & Maudsley (SLaM) mental health teams also received a high rating with 40% scoring the service as excellent and 30% as good. 60% of the IAPT (Talking Therapies) service users scored it as good or excellent. Other services received mixed reviews, however there was a low amount of respondents providing their feedback to achieve a balanced view.

What was good or bad about the support that you received?

Respondents told us that when they received support they felt like that there were being listened to and that staff were helpful, committed and caring. Respondents valued support from charities such as Mind, Samaritans, Lewisham Refugee Network and Carers Lewisham. Counselling was another service that was highly valued.

Respondents expressed difficulties in accessing services and long waiting times for access as negative aspects of the support they received. They also cited the lack of continuity of staff as an issue. Time-limited community services and lack of support for people who are isolated were other negative experiences that were mentioned. Respondents felt that they would benefit from improved communication. They wanted to be provided with a better explanation of their pathway and the services involved in their care and treatment options.

What would be one thing that might help improve your mental health?

Many respondents valued support networks in helping them maintain their mental health and emotional well-being, for others having one friend or a trusted person they can talk to was key.

People would also value support with the issues that contributed to their poor mental health as opposed to using current services such as counseling. Having empathetic and caring medical professionals that listen to the patient as well as explain the treatment plan and pathway is necessary. Having quick access to services was another factor that respondents felt would improve their mental health.

Conclusion

Men would value services that are shaped to suit the needs of men and recognise issues they face. Worryingly only 10% of the survey respondents agreed men receive right support for their mental health. Based on the findings from this enquiry and supported by national and local statistics we collated a list of ideas that would help men experience better mental health.

Commissioners and providers

- We have been working with children and young people to raise awareness of mental health and to teach the five ways to wellbeing. We would welcome other providers to offer similar training to reach a wide range of communities in the borough as we feel that providing ongoing training geared towards local communities including children and young people with aims to reduce stigma around mental health and negative impact of the concept of masculinity would be beneficial.
- A campaign to raise issues of men's mental health targeting local communities and employers would help men to maintain their mental health and seek help when needed.

Commissioners

- Provision of free or affordable activities to those at risk of poor mental health would be key. Some of the activities that local men mentioned as beneficial were sport activities, yoga, training on how to deal/manage symptoms, meditation, and peer support groups. As there are many activities that are held for females only, it could be an advantage to offer the same for men.
- Use of social prescribing would help men who access support through their GP and other clinicians
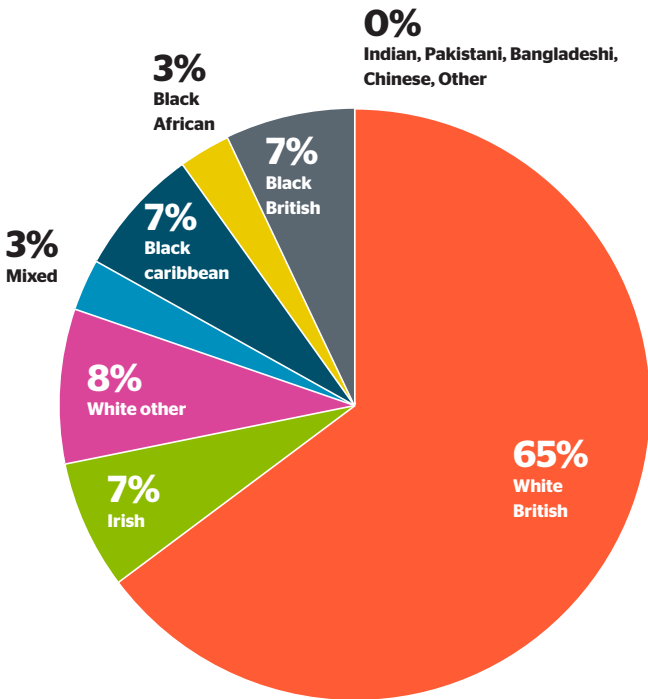
Providers

- Building on the existing programme of activities that local services and organisations offer would improve access for local men. This could be done by identifying activities that men enjoy and/or would like to access that are out of the borough and developing them locally.
- Many men value social and peer support groups, however some said that they would be interested in having a trusted person that they could speak to when not feeling mentally well. It would be helpful to develop a local helpline, or create a pool of designated people that men could contact when they needed to speak to someone.
- Quick access to services when needed with caring staff who listen to patients and clearly explain treatment options and a care pathway are key in improving men's experience of services.
- It would be helpful to provide meaningful ways for men to provide their feedback and be actively involved in shaping the mental health services they use.
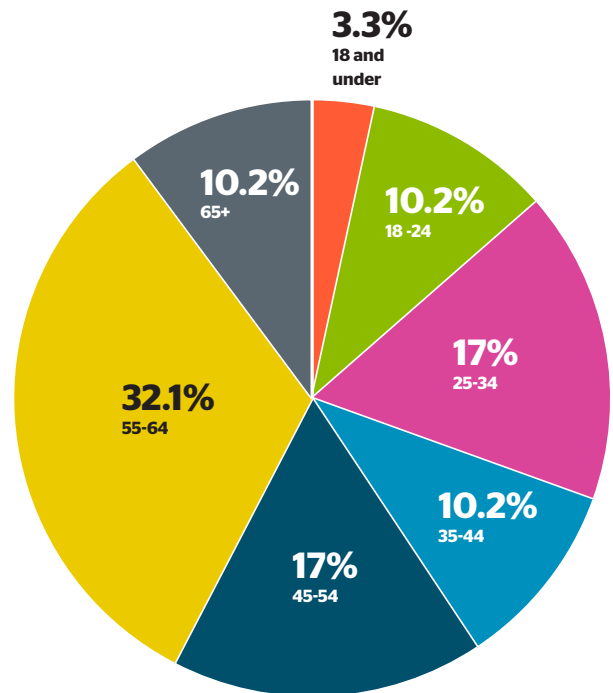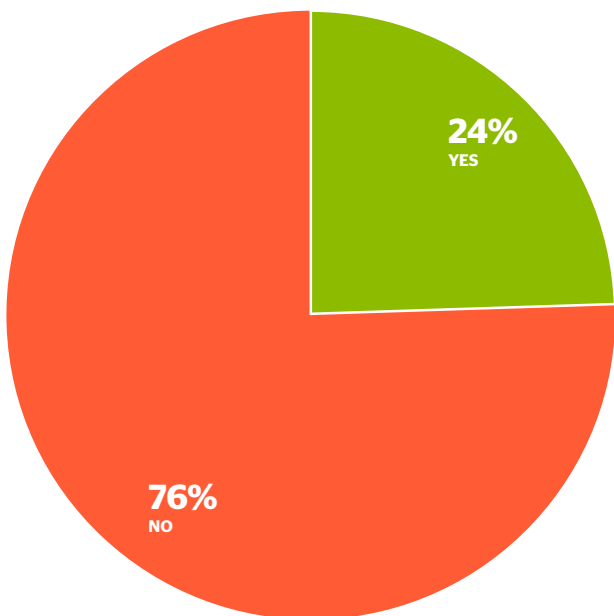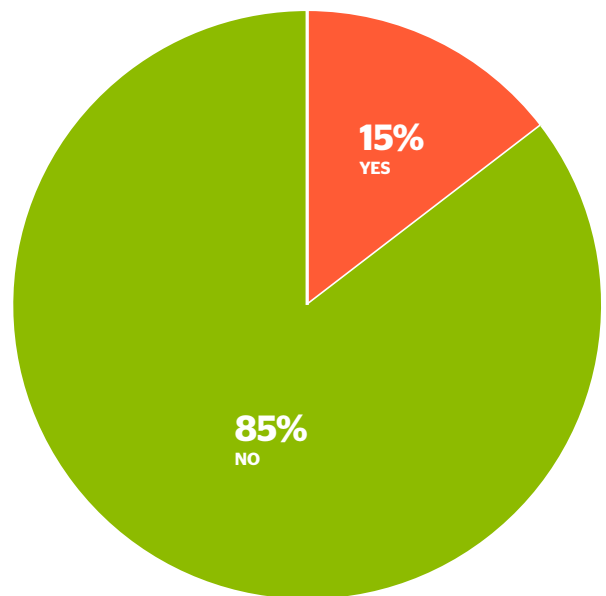
Appendix 1 - Demographic data

Ethnicity

- **65%** White British
- **7%** Irish
- **8%** White other
- **3%** Mixed
- **7%** Black caribbean
- **3%** Black African
- **7%** Black British
- **0%** Indian, Pakistani, Bangladeshi, Chinese, Other

Age

- **3.3%** 18 and under
- **10.2%** 18 -24
- **17%** 25-34
- **10.2%** 35-44
- **17%** 45-54
- **32.1%** 55-64
- **10.2%** 65+

Do you consider yourself to have a disability?

- **24%** YES
- **76%** NO

Are you a carer for someone with a long term illness or disability?

- **15%** YES
- **85%** NO

What is your relationship status?

46%
Not in a Relationship

54%
In a Relationship
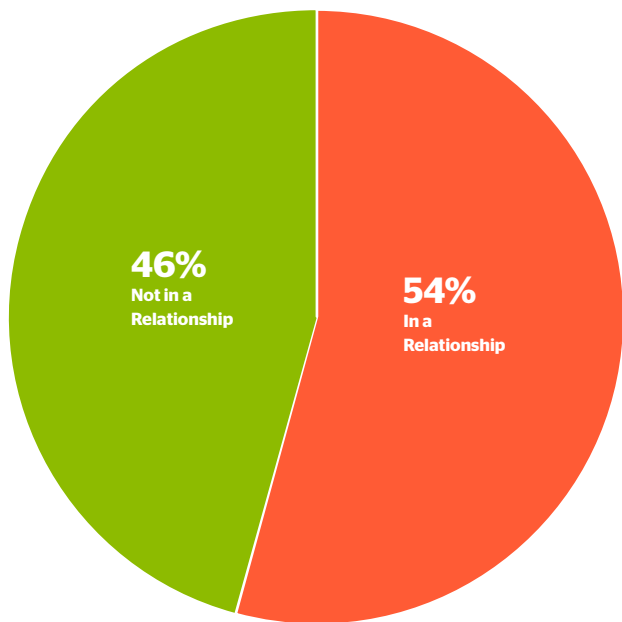
What is your sexual orientation?

5%
Bisexual

3%
Other

7%
Gay

84%
Heterosexual
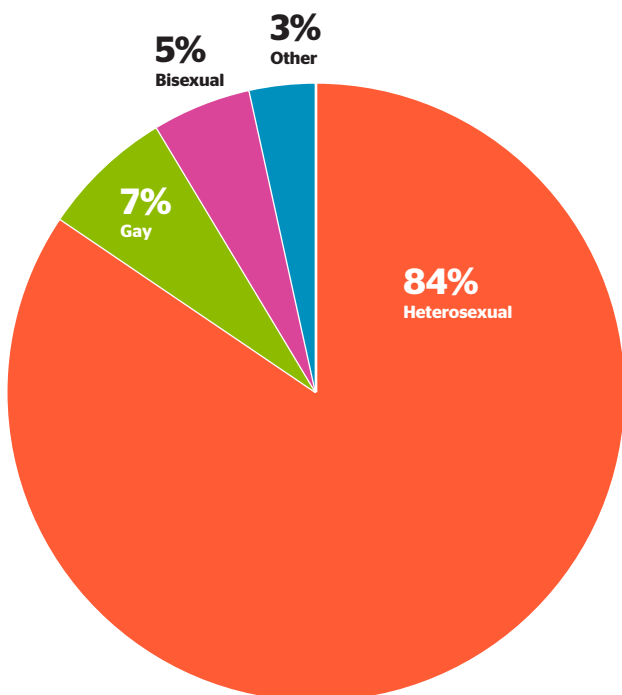
Appendix 2 - Questionnaire

This survey is anonymous. Please fill out this survey by circling all answers which apply, and provide further information where appropriate.

Have you experienced poor mental health?

☐ Yes, I have a diagnosis of:

☐ Yes, but I do not have a diagnosis
☐ No
☐ I don't know

Have you ever experienced any of the following?

☐ Stress
☐ Tearfulness
☐ Trouble relaxing
☐ Trouble sleeping
☐ Experience of a traumatic event or abuse
☐ Low mood due to a long term health condition
☐ Feeling down due to work or unemployment
☐ Low mood due to relationships or life changes
☐ Feeling hopeless
☐ Panic attacks
☐ Suicidal thoughts
☐ Self-harm
☐ Phobia
☐ OCD
☐ Confused reality
☐ Anxiety
☐ Uncontrollable worrying
☐ Feeling lonely or isolated
☐ Lack of interest / pleasure in things
☐ Feeling tired or lacking energy
☐ Loss or grief
☐ Low self-esteem
☐ Family pressure
☐ Alcohol or drug dependence
☐ Other (Please State)

What might you do, or have you done, to help look after your mental health?

☐ Seek MH support/Mind/ counselling
☐ Talk to a family member
☐ Meditate / self help
☐ Call a helpline eg Crisis/Samaritans
☐ Be creative - music/art/writing
☐ Confront the issue
☐ Alcohol/ drugs / comfort eat
☐ Seek medical help GP / A&E
☐ Voluntary work
☐ Take a holiday
☐ Sport / Exercise
☐ Talk to a friend
☐ Internet research
☐ Go to a betting shop
☐ Self-harm
☐ Do nothing/avoid /ignore the issue
☐ Other(Please state)

If you are yet to access support, please briefly explain what stopped you seeking support:

Do you feel men get the right sort of support for their mental health?

☐ Yes
☐ No
☐ Not Sure
☐ Please comment:

If you have used any of these mental health services in Lewisham, how would you rate them?

	Excellent	Good	OK	Poor	Very Poor
South London & Maudsley (SLaM) mental health teams					
IAPT Talking Therapies (SLaM)					
Other Counselling eg Metro, Cassell, Bereavement					
Mind					
Samaritans					
Family Health Isis					
Other (please state)					

What was good or bad about the support that you received?

What would be one thing that might help improve your mental health?

Do you have any further comments about your experience?

I would describe my ethnic origin as:

WHITE	☐ White British	☐ Irish	☐ White other	☐ MIXED
BLACK OR BLACK BRITISH	☐ Black Caribbean	☐ Black African	☐ Black British	
ASIAN	☐ Indian	☐ Pakistani	☐ Bangladeshi	☐ Chinese
OTHER	(Please state)			

Do you consider yourself to have a disability?

☐ YES

☐ NO

AGE:

GENDER:

☐ Female   ☐ Male   ☐ Other

SEXUAL ORIENTATION:

☐ Heterosexual   ☐ Gay   ☐ Bisexual   ☐ Other

Are you a carer for someone with a long term illness or disability?

☐ YES

☐ NO

Are you? -

☐ Currently not in a relationship   ☐ In a relationship

Many Thanks for completing this survey!

MEN talk Health

Lewisham
July 2018