

# Mental Health Promotion in Male-Dominated Workplaces: Perspectives of Male Employees and Workplace Representatives

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The workplace provides an important setting to promote men's mental health, yet few studies have explored the gendered views of men and workplace representatives in male-dominated industries about workplace mental health promotion. Consultations with working men ( $N = 23$ ) and interviews with seven representatives from male-dominated industries in northern British Columbia, Canada were conducted. Findings highlight the impact of masculine workplace cultures on men's mental health and practices that limit men's disclosures about vulnerabilities, as well as discussions about promoting mental health. Within such milieus a healthy mind was viewed as vital for workplace safety. Participant recommendations focused on reducing stigma, promoting enjoyable activities, and creating sustainable efforts toward building social cohesion. Overall, efforts to promote mental health in male-dominated industries should be tailored for the unique needs of men and should include paid time to engage in wellness activities and positive strategies that facilitate group comradery. Given male-dominated workplaces in particular constitute unique contexts where adherence to masculine ideals is normed, the findings hold potential for advancing mental health promotion programs designed to reach men.

## **Public Significance Statement**

In this qualitative study, working men and workplace representatives provided insight into avenues for promoting men's mental health, including the need to reduce stigma, to capitalize on and build comradery, and to focus on enjoyable activities. These findings have implications for the development of workplace mental health promotion programs for men.

*Keywords:* mental health, men, gender, workplace health, masculinity

Mental illnesses, including anxiety, depression, and emotional distress, are primary contributors to work impairment, costing employers up to \$6,700 per year, per employee, according to one U.S. study (Collins et al., 2005). Workplace mental

health promotion programs effectively reduce this burden. For example, in Australia, an early intervention program for depression was cost-effective for employers (Callander, Lindsay, & Scuffham, 2017). However, few programs take into consider-

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ation the unique context of male-dominated industries characterized by high demand-low control work, job insecurity, and working excessive overtime hours. According to Canadian National data, high demand-low control work, job insecurity, and work/family life imbalance are all associated with depression in men (J. L. Wang, Lesage, Schmitz, & Drapeau, 2008). Further, a recent systematic review of studies in 10 countries (including Canada and the United States) indicates that men in male-dominated industries had higher levels of depression than national averages (Roche et al., 2016).

Coupled with this, men are often reluctant to seek help for psychological problems (Coen, Oliffe, Johnson, & Kelly, 2013; Moller-Leimkuhler, 2002; Smith, Braunack-Mayer, & Wittert, 2006). Across the Western world, suicide rates are higher among men than women (World Health Organization, 2014). Yet research indicates that many of the men who died by suicide in the United States, United Kingdom, Australia, and Canada in 2015 had accessed a health service within the previous week (Chock, Bombersbach, Geske, & Bostwick, 2015), suggesting health services are missing the mark and/or men do not self-disclose their emotional state to health care providers (Wide, Mok, McKenna, & Ogrodniczuk, 2011). Implicated in both scenarios are masculinities (Connell, 2005)—specifically masculine ideals and norms that promote self-reliance and stoicism—and by extension limit clinical judgments and men's help-seeking and disclosures about suicidal ideation (Pirkis, Spittal, Keogh, Mousaferiadis, & Currier, 2017). Indeed, men who conform more closely to traditional masculine ideology appear less willing to seek help for psychological problems (J. L. Berger, Addis, Green, Mackowiak, & Goldberg, 2013; J. M. Berger, Levant, McMillan, Kelleher, & Sellers, 2005). Furthermore, research suggests that masculine ideals, such as strength and toughness, are especially normed and policed in rural settings, creating barriers for men seeking help for mental illnesses including depression (Coen et al., 2013).

The disparity in health service uptake has prompted initiatives that aim to bring services to where men gather (Kerr, 2011), with community settings and the workplace being promising places for implementing such mental health initiatives (Robertson et al., 2015). A review of five studies (published between 1990 and 2002) that examined interventions for addressing anxiety and depression among men reported that interventions aimed at improving mental health literacy and education among employees and managers, increasing access to treatment, increasing social supports, and addressing workload issues were all effective strategies for supporting men's mental health in the workplace (Lee, Roche, Duraisingam, Fischer, & Cameron, 2014). Researchers have also begun to develop and evaluate novel mental health promotion interventions that are tailored for men's needs and preferences (i.e., address masculine ideals), and these approaches may be more effective in engaging men than approaches aimed at the general public (Seaton et al., 2017). Yet, research exploring the perspectives of both men and workplace representatives about workplace mental health promotion is lacking. Despite the fact that male-dominated industries such as transport, construction, mining, and agriculture provide important settings to promote men's mental health, few workplace health promotion programs are designed specifically to support men in these workplaces. Per-

haps as a result, men remain less likely than women to participate in workplace health promotion programs in general (Robroek, van Lenthe, van Empelen, & Burdorf, 2009) and in mental health interventions in particular (Crisp & Griffiths, 2014).

Paid work can be deeply embedded in men's masculine identities (Oliffe & Han, 2014; Walker & Roberts, 2017). For example, purchase on masculine ideals afforded by iconic hard-working toil, expertise, and/or publically visible successes are central to many men's identities both within and beyond the workplace (i.e., family providers); by contrast, those men who fail (or are seen as relative underperformers) at work can endure significant marginality with serious implications for their mental and physical health (Oliffe, Han, Ogrodniczuk, Phillips, & Roy, 2011; Oliffe et al., 2013). Herein masculine ideals privilege and promote the struggle or grit of men to perform at work above making any concessions that the stress invoked by working might jeopardize the labor delivered. In this regard, masculine ideals can be understood as working both for and against men in the workplace (Oliffe & Han, 2014). In male-dominated industries (such as construction and trucking) in particular, gendered expectations of health may be especially evident. For example, in recent work, lorry truck drivers saw themselves as "average men" doing a reasonable job maintaining their health given the constraints of their work environment, which made taking care of their health particularly difficult (Caddick et al., 2017).

Although more work needs to be done, a focus on men's mental health and connection to industries such as construction and mining is gaining momentum in Australia and the United Kingdom. Many countries (e.g., Canada and United Kingdom) have Mental Health First Aid Training available to assist key individuals within workplaces to recognize and respond to a mental health crisis, illness, or issue. This training is beginning to be embraced in the construction industry, where rates of suicide are high (McIntosh et al., 2016), with over 1,000 employees trained around the world at Lendlease (<https://www.lendlease.com/au/media-centre/our-view/mental-health/>). In addition to providing access to Mental Health First Aid Training, Constain, a construction firm in the United Kingdom, promotes employee health and well-being through health campaigns (<http://www.costain.com/news/news-releases/healthy-road-ahead/>). In Australia, the Mates in Construction and Mates in Mining programs are advancing suicide prevention efforts in these industries by trading on masculine norms related to "having your mates' back" providing examples for garnering widespread acceptability in reaching out to men in the workplace (Gullestrup, Lequertier, & Martin, 2011); however, more work can be done to engage men in these industries in Canada.

There is a need for innovative programs to promote men's mental health and address norms related to masculinity, work-related stress, concerns about job security, and male-specific stigmata associated with mental health issues. The objectives of this article are to (a) describe the gendered views of male employees and workplace representatives in male-dominated industries about workplace mental health promotion and (b) suggest recommendations for effective gender-sensitive workplace approaches to promote men's mental health.

## Method

### Study Design and Site

A descriptive qualitative study was conducted using consultation groups and interviews. The study took place in Prince George, which is located in northern British Columbia with a population of approximately 74,000 in 2016 (Statistics Canada, 2017). This study location was chosen in part because of convenience (Cherisse L. Seaton, Kerensa Medhurst, and Damen DeLeenher reside here) and because resource-based employment in forestry, mining, and oil/gas shapes dominant masculine cultures in northern British Columbia, and Prince George is a small community that acts as a service center for other communities. Men are employed predominantly in trades, transport, and equipment operation, and many transient workers are attracted to the work and potential for generating high incomes (Statistics Canada, 2017). The prevalence of male-dominated industries (i.e., pulp mills, sawmills, plywood manufacturing, heavy equipment operations, an oil refinery, and chemical plants) helped ensure that men from these industries could be recruited for our consultations.

Focus groups are typically conducted to gain an understanding of a specific issue from the perspective of the group participants (Kitzinger, 2006). Building on a focus group approach, we developed a "consultation group" approach guided by participatory design methods (Sanders, 2002), to share research findings with potential end users, create space for innovative thinking and design using these findings, and draw on end-user expertise to inform the development of recommendations for new interventions. We reasoned that participatory design would enable us to both directly engage men in collaborative activities and dialogue and position them as insiders and experts in ways that would garner valuable insights into their preferences and ideas to guide development of novel interventions.

### Participants and Recruitment

**Consultation groups.** Men working in a range of male-dominated industries (e.g., construction, transportation, and forestry) were recruited through media advertisements (e.g., newspaper and radio stories), posters, e-mail invitations, and online media (e.g., Kijiji, Facebook, and Listserv posts). In total, 39 men contacted the research coordinator, of which 23 participated in the consultations. Of those who did not participate, seven could not make the consultation times, three were scheduled but cancelled, five did not show, and one was ineligible (not working). Characteristics of the all-male consultation group sample are detailed in Table 1. Consultation group participants held a variety of occupations (e.g., management, trades, and driving), but all worked in male-dominated industries. Four participants had retired within the previous 2 years but responded based on their former occupations.

**Interviews.** Managers, human resources personal, and individuals with health and safety roles in male-dominated northern British Columbia industries were recruited through word of mouth/personal invitations, posters, and approaching representatives of male-dominated industries at a career fair and at a human resources managers' symposium. In total, seven individuals representing five workplaces in northern British Columbia (different from those of the consultation group men) completed interviews.

Table 1

### Description of Male Consultation Group Participants

Sociodemographic characteristics	<i>n</i> (%) / <i>M</i> ( <i>SD</i> )
Ethnicity	
Caucasian	18 (78.3%)
Asian	3 (13.0%)
Celtic and Hispanic	1 (4.3%)
European	1 (4.3%)
Marital status	
Married	8 (34.8%)
Common-law relationship/live-in partner	6 (26.1%)
Single	5 (21.7%)
Separated/divorced	3 (13.0%)
Widowed	1 (4.3%)
Employment status	
Full-time	14 (60.9%)
Part-time	1 (4.3%)
Casual employee	1 (4.3%)
Recently retired (within the last 2 years)	4 (17.4%)
Other (self-employed, consultant, or recently laid off)	3 (13.0%)
Household income	
>\$100,000	8 (34.8%)
\$80,000–99,999	6 (26.1%)
\$60,000–79,999	2 (8.7%)
\$40,000–59,999	3 (13.0%)
\$20,000–39,999	3 (13.0%)
<\$19,999	1 (4.3%)
Industry	
Forestry (e.g., pulp mill, sawmill, and logging)	7 (30.4%)
Construction	4 (17.4%)
Transportation	3 (13.0%)
Public service (e.g., corrections, waste management, and paramedic)	3 (13.0%)
Information technology or technician	2 (8.7%)
Automotive	2 (8.7%)
Industrial sales (to the forestry, energy, and mining industries)	1 (4.3%)
Building mechanical maintenance (servicing a number of industries)	1 (4.3%)
Work schedule	
Works some nights	14 (60.8%)
Works a rotational shift pattern	12 (52.1%)
Works some weekends	21 (91.3%)
Works overtime sometimes	19 (82.6%)
Age (range: 23–71 years)	46.1 (13.8)
General health perception (range: 1.0–5.0)	3.0 (1.1)
Short Warwick-Edinburgh Mental Well-Being Scale scores (range: 2.1–4.6)	3.5 (.7)
Stress scores (range: 1.0–4.5)	2.8 (.9)

These included three women and four men. Three additional individuals were interested in doing interviews, but mutually convenient times could not be arranged. Workplace representatives held a variety positions (e.g., human resource specialist, head of health and safety committee, and company president), and all played a role in occupational health and safety at their workplaces. Table 2 includes a description of the interview participant characteristics.

### Data Collection

**Consultations.** Five, 2-hr audio-recorded group consultation sessions were held between June and September 2016, with three to six men at each group. Two facilitators led each session, and a

Table 2  
Description of Interview Participants

Sociodemographic characteristics	<i>n</i> (%)/ <i>M</i> ( <i>SD</i> )
Ethnicity	
Caucasian	6 (85.7%)
Latin, South American	1 (14.3%)
Marital status	
Married	5 (71.4%)
Common-law relationship/live-in partner	1 (14.3%)
Separated/divorced	1 (14.3%)
Employment status	
Full-time	7 (100%)
Household income	
>\$100,000	7 (100%)
Industry	
Transportation	3 (42.9%)
Chemical manufacturing	2 (28.6%)
Forestry	2 (28.6%)
Length of time with current employer	
<1 year	0 (0%)
1–3 years	3 (42.9%)
4–10 years	2 (28.6%)
10+ years	2 (28.6%)
Age (range: 27–48 years)	38.3 (8.0)
Number of employees in organization (range: 45–137)	80.4 (32.9)

research assistant kept a speakers' log and recorded field notes. The aim of the consultation was to gather men's views of workplace mental health and their feedback on promising approaches for promoting mental health. Sessions began with a card-sorting activity with descriptions of situations at work and home that could increase or decrease mental health (e.g., good work–life balance, a positive workplace culture, opportunities to demonstrate skills, etc.), and men were asked to collectively sort those ideas into categories in terms of relevance to them as individuals. During this activity, the men were encouraged to talk openly about the ideas on the cards and share what they thought about the relevance of these descriptions. Prompts were used to encourage men to explain why they sorted the cards the way they did (e.g., "Can you give us any examples of positive things you've seen?"). The second activity involved three posters where men rotated through each in two smaller groups and were asked for their input on how to design a workplace program that would appeal to men. The first poster depicted the types of activities that might motivate or engage men to work on their mental well-being in a positive way (e.g., testimonials from other men, family support and encouragement, financial incentives, etc.). The second poster asked them to identify common barriers that prevent men from working on promoting their mental well-being, and the final poster asked about the types of activities that helped men "de-stress" and cultivate a positive mindset. One facilitator led a discussion in each of the smaller groups and asked men for their feedback on the ideas on the posters and also encouraged men to share their own ideas (discussion was audio-recorded in each of the smaller groups simultaneously with separate recorders). The next activity involved the use of open-ended questions to engage the entire group in a discussion on the use of technology in a mental health program (e.g., online quizzes and self-assessments, apps that provide feedback on sleep, stress, or teach relaxation techniques, etc.) and ways workplaces

can support men's mental health. In the last segment of the consultation session, the men were shown examples of resources (e.g., motivational messages) and program ideas (e.g., friendly competitions and games that encourage positive behaviors such as taking breaks, spending time with others, or expressing gratitude) and were asked for their feedback and advice for developing an acceptable mental health program for male-dominated workplaces.

All consultation group participants completed a short demographic questionnaire that included ethnicity, marital status, income, occupation, and age. In addition, they completed an overall self-rating of health used in the 12-Item Short Form Health Survey (SF-12) (Ware, Kosinski, & Keller, 1996), the Short Warwick-Edinburgh Mental Well-Being Scale (Haver, Akerjordet, Caputi, Furunes, & Magee, 2015), and questions from the Stress subscale of the Copenhagen PsychoSocial Questionnaire–Health and Well-Being Scale (Pejtersen, Kristensen, Borg, & Bjorner, 2010). All three of these measures had 5-point ratings scales, with higher numbers reflecting more positive perceptions of general health, greater mental well-being and more stress, respectively. Mean scores were calculated for the scale items (possible range: 1–5) and are provided in Table 1. Participants provided written informed consent and received a \$40 honorarium to acknowledge their time and contribution to the study.

**Individual interviews.** Individual interviews with workplace representatives were conducted by a trained research assistant using a semistructured interview guide between September 2016 and December 2016. The interviews began by gathering information about the workplace and the representatives' perception of mental health in their workplaces. The remainder of the interview focused on their experiences related to promotion of mental health in their respective workplaces and engaging and supporting men, in particular. The workplace representatives completed a demographic questionnaire that included gender, ethnicity, marital status, income, occupation and age, as well as providing information about the workplace (e.g., industry, length of time with employer, number of employees, etc.). Workplace representatives received \$50 for their workplace health and wellness fund for participating in the interview.

## Data Analysis

All consultation sessions and interviews were transcribed by a trained research assistant, and a second trained research assistant checked them for accuracy and made corrections, as necessary. The consultation group and interview data were then coded via a thematic analysis (Braun & Clarke, 2006) using NVivo 10 (QSR International, Burlington, MA, USA) to organize and allocate segments of the data to specific codes. A coding framework was developed inductively to reflect the main topics discussed in the consultations and interviews. Categories in the coding framework included workplace and northern influences, norms and masculinity, gender sensitive strategies and messaging, and mental health/stigma. One of the five consultations was coded by the lead author and a second trained coder (research assistant) to verify the adequacy of the coding framework in capturing important topics and ideas in the data and check on consistency in interpreting and using categories to code the data. Similarly, the lead author and a trained research assistant coded one of the seven individual interviews. Areas of disagreement were discussed, and the coding categories

and definitions were refined for clarity prior to coding the remaining data. Coded data were reviewed, and perspectives of male employees and workplace representatives were compared and contrasted to inductively derive themes. Emerging themes were discussed and refined with the research team. The findings were further developed utilizing a masculinities framework (Connell, 2005).

## Findings

### Work Culture/Context and Men's Mental Well-Being

Consultation group men and workplace representatives often discussed the culture of their male-dominated workplaces. In this regard, three key themes that had implications for men's mental well-being were identified and are described in the following text: (a) Mental health is valued and perceived to be connected to workplace safety, (b) hegemonic masculinities can limit efforts to promote mental health, and (c) working conditions significantly influence men's mental well-being.

**The importance of mental health.** Male employees and the workplace representatives acknowledged the importance of mental health in male-dominated workplaces. Indeed, in the consultations with men, a "healthy" mind was viewed as vital for workplace safety, as one participant suggested mental health was deeply implicated in workplace accidents: "How many of these incidents would have not happened if that individual had a clear mind?" (53-year-old construction manager). Workplace representatives also described the importance of having a "healthy state of mind" and ensuring that employees go home "happy and well" for a productive workplace. As one participant stated, "The happier your employees are, the better the work, right?" (29-year-old female environmental health and safety specialist).

**Hegemonic masculinity and workplace mental health promotion.** Nevertheless, there were unique factors in male-dominated workplaces that influenced efforts to support men's mental health. Participants frequently conflated the idea of mental or emotional well-being with mental illness and suggested that the term "mental" immediately produced negative connotations and stigma. Further, there was agreement that in work environments where toxic masculinity was present and "everybody thinks that they're macho," men were particularly reticent to talk about concerns or show "any signs of issues" that would potentially position them as "weak" in front of male peers. A 43-year-old carpenter explained,

You're not manly if you have mental illness—you're not strong. It's about being strong, and that looks, that's weak. You know what I mean? You're weak if you're mental, if you have mental issues. We're the hunters, we're the gathers, you know? There's a lot riding on our shoulders to be this strong man. And everything else is a sign of weakness, right? It's like a sick animal. The wolves go after the sick one. It's just like at work. Your coworkers, the wolves, are gonna be going after that lame deer.

Evident here, and in many participant narratives, were masculine hierarchies that served to silence men to conceal their vulnerabilities for fear of being marginalized, "othered," and/or ostracized (Connell, 2005). Within such masculine cultural milieus, the pressure to "man up" by being resilient and/or resolving independently

any and all challenges was ever present. The net effect was that neither mental health nor mental illness could be openly discussed. However, in the context of male-dominated work environments, it was viewed as acceptable to talk about stress, because, as one 53-year-old construction manager explained, "Everybody has had stress in their life." Yet here too, men described "beating stress" and "controlling stress," suggesting the acceptance of talking about stress was reliant on narratives about managing it.

**Working conditions significantly influence men's mental well-being.** Evident in consultations was the recognition that the culture and context of male-dominated work and workplaces was accompanied by significant stresses and strains. Men described how work in northern, primarily resource-driven, industries was made difficult by shift work, working long hours, and pressures to make money, leaving them feeling exhausted; "Most of it though is just the shifts. You're never home. All you see is work if you're not sleeping" (37-year-old rail car technician). "At my work it's not unusual to work, like, 14 hour days. You get home and you just crash—like, you don't have any time to do anything" (23-year-old metal fabricator). Men accepted their all-consuming work schedules as requisite to keeping their jobs and maintaining relationships at work. For example, even though working overtime was not mandatory, men experienced pressure from coworkers to stay when they were needed, as a 23-year-old metal fabricator described, "I find myself in that position a lot too, you know, like, 'What do you mean? You can't leave, we're all working here, bud, like, you know, you can't go home.'" Although not mentioning any pressure around overtime, workplace representatives also acknowledged that the men worked long hours: "Our drivers are of course out on the road from 9.5 to 13 hours a day. We are a 24 hour organization right, we run 7 days a week 24 hours a day" (43-year-old female safety administrator).

Many consultation group men talked about experiences of working out of town for days and sometimes weeks at a time, and the impact this had on their well-being and family life. Men wrestled with this impact on relationships. "Just being on the road all the time and then the wife likes the money, doesn't like you away, seems to want it both ways kind of thing, that makes for a disharmonious home life" (30-year-old instrument mechanic). The overflow of work stresses to the men's home lives was referenced consistently, reflecting the tensions around traditional provider and breadwinner roles, the contemporary versions of which seemed to include some semblance of and effort toward work-life balance. At the backdrop of this were workplace cultures pressuring many men to work overtime—and by extension potentially increasing stresses at home.

### Current Efforts to Support Mental Well-Being in Male-Dominated Workplaces

Both workplace representatives and consultation group men described a variety of efforts to support mental well-being in their workplaces, although these were not tailored specifically for men. In this regard, a theme emerged around the current efforts being implemented in diverse industries and how these efforts were viewed by men. Because the existing strategies provide examples of practices that could be adopted by other workplaces to benefit employee wellness, both consultation group men's and workplace representatives' descriptions of these are detailed in the following.

When asked, all of the workplace representatives described employee (and family) assistance programs (EAP or EFAP; i.e., confidential telephone counseling administered by a third party) that are available free to employees dealing with personal or work-related concerns. Although several consultation group participants also described these programs, they noted they were “basically for emergency crisis and management” and thought that few people took advantage of the program. On the other hand, workplace representatives thought the program got “used fairly regularly,” though concerns about stigma were recognized, along with the need for strategies to overcome such barriers to using the programs:

There’s a bit of a stigma around it [EAP program], so I mean that’s why I always share that I have used the service myself and I found it helps - to try and break down those barriers so people do utilize it. I mean it’s a service that we pay for, it’s free to our employees and we want them to use it. (48-year-old male director of safety and human resources)

Both the workplace representatives and consultation group participants viewed sick leave that could be used for mental health or emergent family issues often with “no questions asked” as positive in supporting a male workforce. Evident here was the norming of having and addressing problems or challenges. By modeling these remedy informed actions with resources (already paid for), the intent was to make it acceptable for men to take up this option if they felt unfit for work.

Participants described a variety of workplace strategies to support mental well-being that were related to building stronger social connections. Social events held at work (e.g., barbeque lunches) or outside work (e.g., Christmas parties, fishing, golf, or bowling) provided a break from work, as well as an opportunity for workers to interact. In one workplace, “team-building activities” were offered where employees were “allowed to go on a paid work day and as a team, figure out an activity.” One consultation group participant described a daily activity in his workplace that involved 5 min of group exercise that not only helped everyone “loosen up” but also engage with each other.

The workplace representatives described formal policies to prevent and police bullying and harassment in accordance with the employer duties outlined by the Workers’ Compensation Board of British Columbia (“WorkSafeBC”) in 2013 (WorkSafeBC, 2013) along with tools to help employees deal with these issues. They also acknowledged other efforts to support a positive and safe workplace culture, pointing to human resources personnel who were “sincere about supporting our guys” or committees that were in place to create “an avenue for employees to bring concerns forward and discuss them.” In playing to the needs of men in their workplace, one 43-year-old female safety administrator described her efforts to reach out to men on a regular basis:

Every Thursday I go downstairs for an hour and a half and I’m out there making sure that I’m talking to everybody because maybe they do not wanna come in early or stay late to discuss things so we are trying to make ourselves more present out in the field.

Other strategies that were linked to supporting mental well-being included safety meetings, awards, training and education, friendly competitions, and incentives, such as coffee mugs or jackets, for a job well done. “Well every month, we have a safety meeting. We

talk about the incidents that have happened and they usually recognize someone for something they have done well” (27-year-old male crew leader, forestry field operations). One workplace representative described creating “health and wellness bulletins” to cover topics such as tips on dealing with stress at work and how to sleep better.

Several other strategies were linked to physical well-being, including bringing in professionals to offer health services on-site, such as health screening (e.g., blood pressure, glucose, and cholesterol), flu vaccines, or to provide health-related information (e.g., dietician brought in to discuss nutrition). Leisure facilities (e.g., gazebo, picnic tables, and fitness centers) gym memberships, and lunch-hour yoga classes were mentioned. Finally, “wellness days” were a common strategy and viewed favorably by both workplace representatives and consultation group participants. Although typically focused on safety and physical health, wellness days also often included barbecues and paid work time to socialize and were viewed as a means to reducing stress in a manner that was acceptable to men. Here the focus on physical as opposed to mental health was appealing to men, suggesting that an approach that leverages masculine virtues around physical strength may be particularly effective with men. Indeed, within a hegemonic masculinities framework, physical strength and athleticism are acceptable scripts for masculine behavior (Connell, 2005).

### Suggestions for Strengthening Mental Well-Being That Hold Potential for Male-Dominated Workplaces

Consultation group men and workplace representatives were also asked to provide feedback on several strategies for supporting mental well-being in the workplace and provide recommendations around what more could be done. Four main themes emerged and are described in the following text: (a) reducing stigma, (b) building social cohesion, (c) promoting enjoyable activities, and (d) ongoing support to continue to foster mental well-being over time.

**Reducing stigma.** Men and workplace representatives collectively suggested that education (e.g., during regular safety meetings) held potential for reducing the stigma surrounding mental health challenges by addressing misinformation, providing information about the prevalence of illnesses like depression (thereby “normalizing” mental illness), and showing the importance of mental health for workplace safety. Nevertheless, there were reservations among consultation group participants about how well this would be received in workplaces where men traded on working hard and being strong. A 30-year-old instrument mechanic at a pulp mill explained,

It’s a little tough to overcome the—the macho with something like this, even though you might—I like—I like all the ideas on here, but a lot of guys [would say] “Well, I’ll put that with the morning safety tip,” you know, like, “I should do that but I’ve got work to do.” And then unfortunately, the most macho guy sort of sets the tone at the safety meeting and, “Well, I don’t want to seem less tough than him,” you know?

Some suggested that with support from workplace leaders, mandatory group settings could be used effectively; however, without the right presentation, even well designed programs were predicted as likely to fail:

At our mill, if there's an incident or you see somebody terribly injured or anything, you're not allowed to go home—everybody stays and talks about it for an hour . . . but there's buy-in. The guy who is saying this says: "Take this seriously," you know? And if your employer is saying: "Yeah, we gotta do this because those pussies in [city] say that we gotta do this, so is everybody going to be okay?" [sarcastically] You know? And maybe there's a guy who isn't okay, you know—He's never going to say, "Actually, that kind of shook me up, boss," like, you know? (30-year-old instrument mechanic)

There were concerns that engagement in voluntary programs would leave men who participated open to judgment and teasing by their peers, even if the program was focused on mental health as opposed to mental illness:

Saying, yeah, half an hour, tomorrow, come for this, there's going be stretching and relaxing [laughter]. All you're gonna hear the rest of the day is "Did the nurse relax you?" So it's not gonna at all achieve its objective. (43-year-old correctional officer)

Evident in these examples was the power of dominant masculine cultures to prescribe, govern, and, where necessary, police the actions of men. To break with these restrictive ideals and norms will require collective efforts of men to debunk some of the health restricting practices at work.

**Building social cohesion.** Several ideas to support well-being related to building group social cohesion were suggested. For example, consultation group men talked about the importance of "having each other's backs" and supporting a culture of helping one another in meaningful ways without being asked. A 43-year-old correctional officer explained, "Yeah it's not like we are buying each other chocolate and flowers. It's more like that person is busy doing that and someone needs to do that so okay we'll do that . . . make sure that gets done." Even in predominately solitary work, such as truck driving, men explained how they helped one another:

Well, sometimes it's just a tip, right? Like, for myself, my experience in the last year with the logging, it was just a tip, like, "Hey, you're gonna need chains in this block," or "Heads up, there's bears over there, so don't wrap up there," or sometimes it would be someone would help you throw your wrappers. (50-year-old truck driver)

The men pointed to apprenticeship programs in skilled trades where mentorship and men helping men was normed, suggesting the acceptability of this model of teamwork could potentially be capitalized on in a program designed to further build mental strength in male-dominated workplaces. In the context of masculinity, just as competitiveness can be normed and idealized among men (Connell, 2005), so too can comradery and the mutual benefits drawn by authentic networks, where men aid one another through reciprocity arrangements without indebtedness.

Finally, men highlighted how fun group activities in the workplace could be used to build social cohesion through fostering comradery as a 58-year-old financial services manager in the auto industry suggested:

So instituted by the company, you take your 30 min, once a month and you do something as a group. It has to continue because we all have to look forward to it . . . It's the management coming together, it's the laborers coming together, and we all do it.

Evident in the consultation discussions was that the key to the success of such initiatives was the men's "buy in," which was to some extent contingent on their belief that there was authentic interest in and a true focus on their well-being. Related to this, the activities needed to be understood as worthwhile and mutually helpful for everyone, rather than tokenistic or hierarchical in a top-down managerial approach to helping their subordinate workers. It was suggested that group activities could include friendly competitions, although the men indicated the activities needed to be "something positive [so] that they can achieve and feel good about [being involved]," contrasting this with weight loss challenges which they viewed as likely to result in negative experiences. Others suggested that posting pictures about how they spent their days off on a Facebook page or a bulletin board could be an effective strategy in some workplaces.

**Enjoyable activities.** Enjoyable activities that fostered a break from work and allowed men to "personalize" a program to include their "own interests" were also highlighted by men in the consultations. For example, when asked about the potential use of apps to prompt engagement in enjoyable activities, consultation group participants and workplace representatives thought apps held potential, as a 50-year-old truck driver explained, "To have an app that encourages somebody to maybe take five minutes to do something for themselves I think would be a good thing." However, men also noted that cellphones were not allowed in many of their workplaces.

Furthermore, because working long hours was so prominent, the men suggested that simply providing an app or putting up motivational messages encouraging people to "do things they enjoy" without allowing time for them to do so could be received as "pandering". A 23-year-old metal fabricator explained how supports needed to be in place to enable men to participate in enjoyable activities: "Okay, we're going to give everyone an afternoon—make sure everyone gets a half day off every month—extra no matter what," you know, 'Do this with that time,' then it's helpful." Thus, any program needs to ensure that employees are enabled/supported in participating.

The men and workplace representatives also suggested including family in fun workplace events, acknowledging the importance of families and men's responsibilities to them. An exception, however, was that because of pressures associated with being away from home for extended periods of time in many industries, consultation group participants warned that in some circumstances, wellness activities focused on family could produce adverse responses. For example, some men reacted negatively to examples of motivational messages encouraging them to "spend time with family":

You do not live with that, your child? Uh, you're separated from that, there's barriers that could stand in the way that that could trigger a . . . a negative. I cannot . . . I cannot see my child, right? And automatically, just boom. It's huge. It strikes you down. (29-year-old mechanic)

Others similarly suggested that a focus on family is "sometimes not a good thing 'cause there's a lot of people that actually don't wanna go home 'cause it kinda sucks and you're just reminding them about what they don't have, right? So you gotta be really careful" (48-year-old pulp mill manager). Yet despite these reservations, most men and workplace representatives were in favor of

including family in workplace events, when possible: “You definitely want to include family I think, whether that means renting the bowling alley for a few hours or the swimming pool or—like, something fun for everybody” (57-year-old recently retired paramedic). Doing so enables and legitimizes taking a break from work to recharge, as a 23-year-old metal fabricator explained: “Yeah, 100%. I would say, ‘take the afternoon off, everybody is going bowling,’ is a million times better than, you know, a speech once every two weeks.” Such events need to be initiated right from the top of an organization (“support from the boss”).

**Ongoing support.** Men in the consultations stressed that a consistent and ongoing focus on wellness and regular events (“something to look forward to”) was essential to supporting mental well-being. A 58-year-old financial services manager in the auto industry noted that enjoyable group events were often one-time things:

We split everybody up in our business in teams for about an hour and then had kind of a scavenger hunt and then they had to photograph, finding whatever it was and send it in and it was great. Happened once. So,—to get everybody—like, get everybody on board doing stuff [regularly].

Indeed, a 63-year-old recently retired pulp mill manager describing semiannual wellness days explained,

It’s great to have that a couple times a year but you do not change your lifestyle by doing something twice a year. It’s more the day-to-day, week-to-week thing that the company promotes than just, “Well, we’re going to have this wellness day,”—it’s still a good thing, but there’s a lot more opportunity to do more of the smaller things.

Consultation group men talked about lobbying employers to do more for employee mental wellness: “You have to get the employer on side. Employee well-being is not always their top priority, so it’s something we gotta get management on board with” (37-year-old rail car technician). Workplace representatives recognized the need for more resources, explaining that there are few personal dedicated to organize wellness activities regularly:

Because it is time consuming I know [name of director of safety and human resources] is really busy, I am really busy and everyone is just go, go, go. One of the biggest issues that you’re challenged with is this stuff gets run off somebody’s corner of their desk. (43-year old female human resources manager)

Related to this, finances and the bottom line with regard to benefits yielded by spending on prevention were understood as key to sustain and scale workplace commitments to men’s mental health promotion:

A return on investment calculation that shows the impact that it’ll have on your organization, not to say that we do not get supported but just financially, the dollars just aren’t there right, so I mean we have other priorities. (48-year-old male director of safety and human resources)

## Discussion

The purpose of this research was to explore the views of male employees and workplace representatives in male-dominated industries about workplace mental health promotion including their recommendations for future targeted efforts. The current study

findings highlight the importance of workplace cultures and masculinities in considering how best to reach men at work. The findings point to four important considerations for workplace mental health promotion programs tailored for men, including (a) the influence of masculine work cultures, (b) the necessity for authenticity with respect to managerial commitment in efforts to promote men’s mental health, (c) the importance of language in naming the opportunities and/or programs to appeal to men, and (d) the need for strength-based approaches.

## Masculine Work Cultures

Although conforming to masculine norms should not be considered to be uniformly detrimental to mental health (Wong, Ho, Wang, & Miller, 2017), prominent in our findings was the influence of toxic masculinity in work cultures. Signs of mental distress or emotional strain, talk of mental health issues, or interest in mental well-being placed men at risk of being viewed as weak and marginalized or othered by coworkers, undermining efforts to provide well-meaning programs to promote mental wellness in workplaces. That dominant ideals of masculinity can limit efforts toward prompting mental wellness poses a significant barrier in male-dominated industries. Our findings, in line with Connell’s (2005) assertions, revealed that being complicit in sustaining hegemonic masculine practices that limit men’s disclosures about injury and vulnerabilities significantly disadvantages entire workforces.

Clearly, work needs to be done to make available a plurality of masculine cultures in male-dominated workplaces (Connell, 2005). When discussing mandatory group programs, consultation group participants suggested that the context in which a program is presented would greatly influence its efficacy in terms of supporting workplace wellness. Indeed, in prior research, debriefings among male-dominated groups of firefighters failed to consistently generate positive mental health outcomes when applied in the workplace setting (Harris, Baloğlu, & Stacks, 2002). The repeated concerns regarding stigma and appearing vulnerable in front of peers suggests that further work needs to be done to normalize workplace wellness before group wellness activities can be widely and effectively implemented.

Although the workplace representatives described confidential EAP or employee and family assistance programs as a means to support men’s mental health and wellness, there was skepticism among consultation group participants regarding using these services. Mirroring the men’s concerns, other research has found that few men take advantage of such services. For example, in one study men made up only 29% of the employees seeking help for anxiety, depression, and substance use issues in a sample of government employees (Richmond, Pampel, Wood, & Nunes, 2016). Providing information about online programs and resources to support mental health offers anonymity, which is likely to be important for men who are interested in seeking help or advice but do not want to risk being viewed by peers as weak. Indeed, according to Wang et al. (2016), working men at risk for developing depression are particularly likely to view accessing health information on the Internet as being important.

Linking information related to mental health with mandatory workplace safety along with practical solution-focused strategies can also be helpful in enhancing receptivity and engagement in

highly masculinized work cultures. In the present study, both men and workplace representatives highlighted a number of activities such as safety meetings and awards, wellness days, training, and education that supported men's mental wellness. Collectively, these strategies provide insights into avenues for supporting mental health that could be incorporated into a workplace wellness program for men.

The focus given by participants to regular workplace activities that build social connections and promote enjoyable activities outside of work responsibilities suggests that these activities also hold potential for ongoing support for mental wellness in masculine work cultures. Evident across several of the consultation group men's recommendations is that the work of mental health is about doing rather than talking, and in this regard, the responses highlighted masculine ideals that health for most men is reliant on actions not words. This notion is also captured in the workplace representatives efforts to not only express their desire to support employees but also show it with actions such as walking out to the yard to check-in with the men. In line with the present findings, research indicates that Australian men prevent and manage depression by using a number of active strategies, such as humor, keeping busy, exercising, eating healthily, and helping others (Proudfoot et al., 2015).

### Authenticity

Throughout the men's recommendations was the notion of authenticity—that managerial commitment needs to be evident and the workers convinced of the genuine nature of their employer's interest in their well-being. Strategies directed at building social cohesion or promoting enjoyable activities, for example, will only get buy-in if they are seen as mutually beneficial and not tokenistic efforts. Other research confirms that buy-in from senior managers, and in particular from direct supervisors, is critical to engaging both male and female employees in workplace wellness activities (Mattke et al., 2013). The present results further suggest that sincerity in the presentation of programs directed at well-being are key to the success of efforts to create positive changes in masculine cultures. As Connell (2005) has noted, marginalized men often embody protest masculinities to contest any perceived subordination; hence authentic interest on the part of managers who hold hierarchical positional power is critical to the uptake of men's workplace programs.

### Language

Consultation group participants and workplace representatives acknowledged discomfort with the term "mental health" and the stigma associated with mental illness. This finding aligns with others who have pointed to the significance and importance of the language used in mental health programs aiming to target men and recommended the avoidance of references to "mental health" (Choi et al., 2017; Robertson et al., 2015). However, based on our findings, mental health programs framed as stress reduction are likely to be more acceptable to men, a notion also identified in a recent literature review (Seaton et al., 2017). Indeed, 81% of men in seven remote worksites in northern British Columbia reported being interested in learning about worksite wellness programs focused on managing stress (L. Dale, Hartley-Folz, Blackman,

Dobson, & Gotay, 2016). More work is needed to determine whether men will still find it acceptable to discuss stress if they are not perceived to be in control of it. Furthermore, despite the potential for reaching men with stress management strategies, to be optimally effective workplace-based programs should aim to both reduce stress and promote positive mental health (Page et al., 2014).

### Strength-Based Approaches

In addition to addressing barriers, efforts toward instilling and rewarding codes of masculine conduct that focus on the benefits derived from mutual help can more proactively mobilize much celebrated masculine virtues and values. Other research identifies strength-based approaches as essential components of effective programs for promoting men's mental health at work (OliFFE & Han, 2014). The present research suggests routes such as capitalizing on the acceptability of apprenticeship and mentorship models to strengthen social cohesion and team building within organizations in ways that support mental well-being. In essence, many opportunities are available to focus on such practices as prevention—rather than arguing for wholesale cultural changes to masculine milieus typical of male-dominated industries.

Indeed, other programs are beginning to "gender-sensitize" (i.e., recognize norms created by the social construction of gender roles; World Health Organization, 2007) content and delivery of mental health programs designed for men, making it possible to begin to consider what components are effective for reaching men. Recent Australian programs, *Mates in Construction* and *Mates in Mining*, aim to advance suicide prevention efforts in these industries, where levels of psychological distress and alcohol consumption are high (Considine et al., 2017; Gullestrup et al., 2011; Tynan et al., 2017). These programs trade on "having your mates' back" as opposed to calling for men to disclose vulnerabilities. Designed in consultation with industry representatives, this strategy is considered widely successful because of buy-in from employers, unions, and working men, coupled with the opportunity to take part in comprehensive training on paid work time (Gullestrup et al., 2011). In parallel to these efforts, it is also vital to address conditions of employment that contribute to workplace stress. It was evident that actual changes to working conditions are needed to bring about improvements in mental (and physical) health. That high demand-low control work, job insecurity, excessive working hours are all associated with depression in men (J. L. Wang et al., 2008) was also reflected in current research findings. Without tangible changes to these conditions, efforts to improve mental health can appear tokenistic.

Just as system-level changes have been applied to create physically safer working conditions, policies and organizational changes can be created to support employee mental health. That men in male-dominated and resource-based industries work significant overtime, yet simultaneously feel increasingly expected to assist with home life (household chores, child rearing, etc.), is notable. Reducing overtime hours and giving employees more control over work-life balance would be positive steps toward lowering stress among working men. Healthier working practices such as shortened work weeks could be adopted to benefit mental health. Indeed, in France, a law reducing the work week to 35 hr was adopted from 2000 to 2008, successfully improving work-life

balance in six out of 10 parents with children under six (Fagnani & Letablier, 2004). Both men and workplace representatives highlighted a need for ongoing support and paid time to engage in wellness activities, notions that would require significant investment in employee health.

The existing literature suggests that such investment pays off, as workplace wellness programs are linked to increased productivity, employee retention, and reduced absenteeism (Sun Life Financial, 2013, 2016). Yet it is also worth noting that organizational benefits (e.g., productivity) should not be the only motivation for supporting employee wellness, and in fact, positioning wellness as a means to drive productivity could even be counterproductive, particularly among men who may demonstrate stoicism and/or engage in increased productivity as a form of competition (K. Dale & Burrell, 2014; McGillivray, 2005; Till, 2018). Furthermore, tailored implementation strategies are needed to successfully promote mental health in diverse industries (Kunyk et al., 2016). The ideas and recommendations for workplace approaches presented in the current study were generated by individuals working in male-dominated industries and provide direction for acceptable and worthwhile strategies to promote men's mental health.

The Canadian National Standard on psychological health and safety provides voluntary best practices and a guide for developing and sustaining a psychologically healthy workplace (Kunyk et al., 2016). Positioning the Standard as a way to improve "psychological safety" as opposed to supporting employee mental health holds potential for shifting employers' sense of responsibility (Kunyk et al., 2016). A connection between mental well-being and workplace health and safety was also evident across both the consultations and interviews in the present research. Workplace representatives also acknowledged their employers' responsibility in reducing bullying and harassment, a topic incorporated into the Workers Compensation Act in 2013 (WorkSafeBC, 2013), suggesting that the role of the workplace in protecting employee mental health is gaining recognition. Similarly, in an Australian sample of employers (i.e., business owners, managers, and supervisors), the mental health of workers was viewed as the responsibility of the organization, second only to workers' physical safety (Pescud et al., 2015).

### Limitations and Future Research

Although the consultation group men held a wide range of occupations representing a variety of different industries, all were recruited in a northern British Columbian community with a population of approximately 74,000 in 2016 (Statistics Canada, 2017). Moreover, the workplace representatives were primarily recruited through existing connections, despite the fact that broader community recruitment efforts were made. Both groups were primarily Caucasian, and many had household incomes above \$100,000. Future research is needed to generalize results to other populations (e.g., diverse ethnic groups and income levels) and to ensure representation of other communities. Furthermore, the consultation group men and workplace representatives were from different workplaces, so additional research is needed if a direct comparison of employee versus employer perceptions of the same workplaces is desired.

Despite the fact that novel insights into the impact of masculine work cultures on men's mental health at work were gained, we did

not directly measure men's level of adherence to masculinity ideology, or the internalization of gender roles (Levant & Richmond, 2007). Other research has indicated that men who subscribe to masculinity ideology are more likely to feel social stress when working in female-dominated occupations, possibly due to gender role strain (Sobiraj et al., 2015). Future research might continue to explore the impact of men's adherence to masculinity ideology in different work contexts.

### Conclusion

The themes identified in the present study provide insight into the perceptions of both working men and workplace representatives on the promotion of mental health in the workplace. In particular, a focus on reducing stigma, building social cohesion, promoting enjoyable activities, and ensuring the ongoing support for mental health were emphasized. The findings confirm the need for tailored strategies for the promotion of mental health that consider the context and culture of the workplace. Importantly, these findings have implications for the development of workplace mental health promotion programs for men, given the useful approaches to reach men recommended by the consultation groups and interview participants.

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