

Men's Mental Health - summary of evidence

Men's mental health: summary

Men's mental health is a topic concerned with the prevalence of men's mental health problems, factors found to contribute positively or negatively to men's mental health, and how mental health is expressed in men. There are many reasons to address men's mental health in relation to work. Men spend more time in the workplace than women (Office for National Statistics, 2020c) and are more likely to say that their mental health problem was *caused* by work (Mind, 2017). At the same time, men are less likely than women to seek support for mental health problems, either in a professional context or socially (Seidler et al., 2019).

High levels of stress are prevalent among men, and alcohol dependency is also relatively common. While neither issue is itself a mental health disorder, both chronic stress and alcohol misuse (Department of Health, 2016) are risk factors for physical and mental illness. Men are also much more likely than women to die by suicide, with men representing around 75% of UK suicides in 2019 (Office for National Statistics, 2020b). Rates of common mental health problems relative to women, including depression and anxiety, are considered difficult to establish due to gendered differences in help-seeking behaviours (Mental Health Foundation, 2018) and may contribute to under-diagnosis of such illnesses in men (House et al., 2018). Traditional societal expectations of masculinity, including an emphasis on stoicism and control, may also discourage men from seeking support (House, et al. 2018).

Long work hours and heavy workloads are frequently reported by men as causes of stress. Research has found a greater prevalence of mental distress and higher suicide rates in certain male-dominated work areas, notably in construction work (Lingard & Turner, 2017). More broadly, male-dominated occupations with a macho, risk-taking workplace culture may compromise wellbeing (Stergiou-Kita et al., 2015).

The literature on workplace interventions for men's mental health has found promising results for a range of stress interventions: including the introduction of a yoga program (Rocha et al., 2012) and interventions supporting men to identify and cope with stressors (Barrech et al., 2017; Limm et al., 2011). Mixed results for organisation-level approaches such as job redesign have been found. To date, systematic literature reviews have focused on workplace wellbeing interventions in male-dominated industries, rather than with men specifically, with Lee et al. (2014) finding evidence for approaches including manager mental health education and targeted support of individuals at high risk of absenteeism. Seaton et al. (2017) recommend that mental health initiatives in male-dominated

industries are designed to meet the specific requirements of men, with men able to participate in wellbeing initiatives during working hours and strategies implemented to assist in building group comradery.

What is Men's Mental Health and what are the most common mental health problems?

Men's health is a topic concerned with the prevalence of men's mental health problems, factors found to contribute positively or negatively to men's mental health, and how mental health is expressed in men. Statistics on the prevalence of poor mental health in men highlight the importance of the topic.

In England, around 1 in 8 men (or 12.5%) have a common mental health problem at any given time (Mental Health Foundation, 2020). A factor which appears to be greatly contributing to this is stress. Research conducted by the Mental Health Foundation (2018) found that overall, two in three men (67%) in the UK said that they had felt so stressed at some point over the previous year that they had felt overwhelmed or unable to cope, with approximately one in three men experiencing suicidal thoughts as a result of feeling stressed.

This finding is of great concern since suicide is a leading cause of death for men under 50 (Office for National Statistics, 2020a). Statistics on suicide in Great Britain from 2019 reveal that of 5,691 recorded suicides, 75% were males (Office for National Statistics, 2020b). Suicide is not however the only expression of mental ill-health where males are overrepresented. Men are nearly three times as likely than women to become alcohol dependent - around 9% of men are alcohol dependent compared to around 3% of women (Drink Aware, 2020).

What are the general barriers to men's mental health?

Several barriers to men's mental health have been identified, ranging from societal norms and expectations to misdiagnoses. Societal expectations, that is, the ways in which men and women have been traditionally expected to behave, are believed to play a major role in mental health.

For men, social expectations about how men should behave and the nature of masculinity may include an expectation that men should be the family breadwinners and should display traits traditionally perceived as masculine, such as strength, stoicism, dominance and control.

Wanting to feel strong or to be in control is not inherently negative; however, research finds that relying on this mindset may have a negative impact on mental health, since it can engender unrealistic expectations of what one is able to endure, and may prevent help-seeking behaviours (House et al., 2018; Mental Health Foundation, 2020).

Research has consistently found men to be less likely to reach out for support, whether social or professional. Moreover, conforming to traditional masculine norms has been found to be a barrier to overcoming self-stigma, discomfort and negative beliefs about seeking help before treatment (Seidler et al., 2019). One survey found that less than 24% of men who have experienced high levels of stress discussed this with a friend or family member (Mental Health Foundation, 2018) and over a third of men (35%) either waited more than two years or never disclosed a mental health problem to a friend or family member, compared to a quarter of women (25%) (Men's Health Forum, 2017).

With regards to accessing professional services, 28% of men had not sought medical help for the last mental health problem they experienced, compared to 19% of women (Men's Health Forum, 2017). Although fear and stigma may play a big role in these behaviours, there is also evidence to suggest that men have generally more negative attitudes towards the mental health profession than women (Prins et al., 2008). Less confidence in treatment efficacy, being more likely to think antidepressants are addictive and greater apparent concern with the cost and side effects of treatment are additional reasons why men may be reluctant to seek help (Prins et al., 2008).

There has been debate as to whether the statistics of common mental health disorders reflect true population prevalence, or whether there are confounding variables at play. Women are more likely to be diagnosed with common mental disorders than men, but this may partly relate to underdiagnosis in men (Men's Health Forum, 2017).

Some research has suggested that men may be less able to recognise the symptoms of mental health problems in themselves, due to being socially conditioned to not engage in emotion-based communication (Seidler et al. 2016).

Other scholars have suggested that men may be misdiagnosed upon seeking professional help. It has been noted that men do not always show the signs commonly associated with depression, such as sadness and hopelessness. Instead, men may act out, appear angry or aggressive, or engage in greater risk-taking and substance misuse. As a result, men can miss out on the treatment they need to feel better (House et al. 2018).

Prevalence and impact of men's mental health problems in the workplace

The workplace appears to have a major impact on men's mental health. According to the 2020 HSE Labour Force Survey, 191,000 men a year report stress, depression or anxiety caused or made worse by work – an average of 1.2% of men in work over a 12-month period. The peak age group for these conditions is 45-54 years old, at which point a significantly higher prevalence is found than in all other age groups.

A survey conducted by Opinion Leader for Men's Health Forum (Men's Health Forum, 2017) found around 1 in 10 of the male workforce to be severely or extremely stressed, while 34% agreed or strongly agreed that they were constantly feeling stressed or under pressure at work.

In addition, 12% of men said that the last time they were prompted to take time off work to see a GP was because they were constantly feeling stressed, under pressure or prolonged feelings of sadness. Stress is not a mental illness but a state: however, over time, chronic stress greatly increases the risk for mental and physical illness.

Research has found work to be identified as a common cause of stress among men. In a survey of 15,000 employees across the UK carried out by the mental health charity Mind, one in three men (32%) reported that their work was to blame for causing mental health problems, compared to one in five women (19%). The survey also found that men were twice as likely to report having mental health problems due to their job and to report that their mental health problems arose from a situation outside of work.

What are the work-specific barriers to men's mental health?

A range of work-specific barriers have been identified, which may impair mental health in men. These range from poor work design to unfavourable organisational cultures, notably a macho culture.

The most frequently cited causes of stress are long work hours and heavy workloads. Despite changing demographic patterns in recent years, men spend far more of their lives in the workplace than women. Overall, there are greater rates of men than women in paid employment – 79.1% of men compared to 72.1% of women (Office for National Statistics, 2020d), and a working woman is three times more likely to be in part-time employment than a working man (Office for National Statistics, 2020c).

Surveys have also found that men are also more likely to work overtime, with 25% of men working 48 hours or more. Longer working hours are problematic for wellbeing since they result in less time for family, friends, social life and exercise (Men's Health Forum, 2020).

Some researchers have turned their attention to male-dominated industry sectors and job types which may inherently be negative for mental health. Much literature has focused on the construction industry, with research indicating that the incidence of mental distress among construction workers is twice the level of the general male population and that burnout is prevalent and often contributes to early

retirement in manual non-managerial construction workers (Lingar & Turner, 2017). Construction workers are also at increased risk of suicide (Lingar & Turner, 2017).

Different factors have been reported to play a role in these trends. In construction, the workforce is transient, often work away from home and on relatively short-term contracts. These aspects all pose their different challenges to mental health, as workers may work in temporary accommodations such as caravans on-site, have absent social support networks, family and home comforts (including cooking); and experience financial insecurities due to temporary work (Men's Health Forum, 2017).

Construction work is not the only male-dominated sector which has seen a high prevalence of mental health issues. Men working in the broad category of "elementary occupations" (unskilled or semi-skilled work) have a significant risk of suicide – 44% higher than the national average – and account for 19% of male suicides (Office for National Statistics, 2017).

Many male-dominated industries have a pervasive macho culture which has been seen as a potential barrier to improving health and wellbeing. In such industries, employees often do not feel supported to voice concerns regarding mental health (Mind, 2017). In a survey conducted by Opinion Leader for the Men's Health Forum (2017), 34% of respondents reported that they would feel embarrassed or ashamed to take time off work for mental health concerns such as anxiety or depression, while only 13% would feel this way about a physical injury.

Furthermore, 38% would be concerned that their employer would think badly of them if they took time off work for a mental health concern – compared to 26% for a physical injury. A macho male environment also appears to create stress due to the social climate and how people interact. Construction is one such macho working environment, with reports that being screamed or shouted at are not uncommon for the sector (Mind, 2017).

Literature reviews of men's mental health programs

The body of literature exploring the efficacy of mental health programs geared specifically towards men in the workplace has to date been limited. However, some literature on antecedents of poor workplace mental health, as well as relevant organisational and individual interventions, has been published.

So far, the few existing literature reviews within this area have focused on factors and strategies to address mental health in male-dominated industries, rather than considering male-only populations. Although restricted in scope, such reviews have provided interesting insights. Stergiou-Kita et al.'s (2015) review focused on the intersection between masculinities and men's workplace wellbeing in high risk, male-dominated industries. The authors found that the celebration of heroism and toughness, acceptance and normalisation of risk, acceptance and normalisation of work injuries and pain and

resistance to assistance or compliance with health and safety procedures all contributed to poorer wellbeing. A second, systematic, literature review (Lee et al., 2014) identified the following effective strategies to address common mental health problems in male-dominated industries; educating managers and distributing information to workers about mental health; offering access to treatment and advice for workers; addressing heavy workloads and providing social support; and specifically targeting interventions at groups at high risk for absenteeism.

Individual interventions

Most individual interventions geared towards men's mental health in the workplace have focused on stress-management. Research produced so far has yielded promising findings. One study (Rocha et al., 2012) found that six months of yoga practice in a Brazilian military sample reduced parameters relating to stress, depression and anxiety and improved performance in a recognition memory task. A second study, of law enforcement personnel (Weltman et al., 2014) utilised technology (a game-based app and heart rate variability measurement) as part of an innovative self-regulation and resilience building program, finding emotional vitality was significantly increased from pre-to-post intervention, and physical stress was significantly decreased. Open-ended feedback revealed that participants were transferring the skills learned in the app to real life. Other interventions (Barrech et al. 2017; Limm et al 2011) have focused on the Effort-Reward Imbalance (ERI) model, educating employees to identify and cope with typical stressors in their working environment and to seek and build resources in their surroundings. Stress, anxiety and depression were found to have decreased at follow-up in these reviews.

Organisational interventions

Two organisation-level based interventions aimed at improving job design in male populations found mixed results. One study (Nagae et al., 2017) which sampled Japanese manufacturing employees, investigated whether a decrease in job demands and increase in job control would improve mental health. No significant change in depressive symptoms was detected over a 6-month period. Further analysis found that low levels of social support predicted depressive symptoms at follow-up. A second Japanese intervention study (Kobayashi et al., 2008) aimed at improving job design (e.g. skill variety, support etc.) found a significant improvement in outcome variables (e.g. psychological distress and job satisfaction) in women, but no such effect was seen in males.

One paper (Seaton et al., 2018) explored the different components which feed into effective mental health promotion in male-dominated workplaces. Key recommendations focused on reducing stigma, promoting enjoyable activities, and creating sustainable efforts toward building social cohesion. Furthermore, the authors recognised that 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.

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