

'Life? Don't talk to me about life'

Men struggle to cope

Many men and boys are struggling to cope with emotional and mental health issues, yet very little is being done to improve the situation or help men cope in times of distress.

That's the message from the Men's Health Forum in this year's National Men's Health Week, which is seeking to raise awareness about the emotional needs of men and to provide help where it is needed.

In this issue

What's Marvin the Paranoid Android doing on the front of MHF magazine? Go to page 8 for the answer.

This issue, on men's health and emotional wellbeing, coincides with National Men's Health Week which runs from 12-18 June.

We look at an innovative scheme in Manchester to reach out to men with emotional needs (page 10) and talk to the mental health tsar for his views on men's mental health (page 6).

'Very little is really known about the most effective way to help men achieve positive mental health,' says David Wilkins, the Forum's policy officer and author of a paper which forms the backbone of the charity's message for the week.

'This is despite the very significant evidence that many men are struggling with emotional distress. They are often doing so without necessarily coming to the attention of established mental health services.'

The Forum is calling for a male-specific approach to dealing with emotional distress – one which recognises that the way men cope may be different from the way women do, which acknowledges that men tend not to have as well-developed social support networks as women, and which accepts that they are less likely to 'open up' about their problems.

It calls on employers to protect men's health by tackling the culture of long hours in many workplaces. Schools could play a part in helping young boys develop coping strategies in times of stress, it suggests. And public health policies should specifically address men's mental health needs.

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News

Briefs

Congratulations to Gary Dyer, who successfully completed the London marathon in April and has raised £600 in sponsorship for the Forum for his efforts. Gary, 47, works for the fire brigade. He is married to the Forum's finance officer, Caroline Dyer. You can read Gary's blog at: www.menshealthforum.org.uk.

One of the Forum's patrons, Kamlesh Patel, has recently been made a member of the House of Lords. Lord Patel established the Centre for Ethnicity and Health at the University of Central Lancashire, was strategic director for the National Institute for Mental Health and was seconded in 2004 to the Department of Health to lead the work on the government's Black and minority ethnic mental health programme. He has also contributed to this issue of *MHF* magazine (see page 11).

The Forum has signed up to the government's charter for better health, work and wellbeing, launched in May, reflecting its belief that the workplace provides an excellent setting for improving male health. For more details visit: www.dwp.gov.uk.

The Department of Health is supporting a Forum-led conference in October on the implications of the new gender duty for health services, following the introduction of the Equality Act. Details will be announced on the Forum's website: www.menshealthforum.org.uk.

The Forum would like to acknowledge the important contribution over the years from Richard O'Neill, who is standing down as a trustee of the Forum. Richard was closely involved in setting up the first National Men's Health Week in England and Wales and supported the Forum's development in many other ways. 'We'd like to thank him and wish him well,' said Professor Alan White, chair of the trustee board.

Men struggle to cope

Continued from page 1

'As a civilised society, we must surely attempt to create the conditions in which all of its citizens – male and female – are offered the greatest opportunity to experience contentment, joy and peace of mind,' said David.

'Men and women often experience the world differently and therefore gender-sensitive approaches are needed to achieve greatest effectiveness. An individual's sense of gender is inextricably linked to his or her sense of self. This is even more the case when it comes to achieving mental wellbeing – probably more so than any other aspect of health.'

The 'big boys don't cry' attitude has, in turn, led men to channel their emotions into physical aggression and anger or to drink alcohol excessively, he suggests. 'Men may display their emotions and mental states in different ways to women. We need to recognise this fundamental difference and find ways of helping men cope with these feelings.'

A stable home environment and the presence of a father figure, even if he is not living in the family home, has been shown to have a positive effect on boys' and in turn men's mental wellbeing. Experiences in school – exclusion, bullying, or teasing for being a 'sissy' – can also have a profound effect on men's sense of worth.

For men from ethnic minorities, the

feeling of exclusion from mainstream society that may come from their ethnicity can also undermine their sense of self, impacting on their mental health.

Meanwhile, men's experience of work is also crucial to their sense of self and self worth, says the Forum.

'The very centrality of work in men's lives has the effect, for many, of making their mental health a function of their experience at work,' says the policy paper.

'For some, this is a very good thing. An important meta-analysis of the relationship between job satisfaction and mental health has established conclusively that positive job satisfaction is significantly correlated with positive mental health. The same study suggests, however, that the failure of a job to provide satisfaction may predispose the individual to anxiety and depression.'

Until now, said David, the guidance from the Department of Health and National Institute for Mental Health in England has, rightly, concentrated on the very real needs of women. 'But the time has come to acknowledge the mental health needs of men as well, and to devise ways of helping them recognise when they have a problem, and to develop novel methods for offering help – ways that men will be prepared to use.'

The Forum's report 'Mind your Head' is available free on its website, www.menshealthforum.org.uk.

Mind your head: a summary of the Forum's recommendations

- Public policy should aim to improve men's mental wellbeing.
- There must be greater recognition of male-specific indicators of emotional distress.
- Services must adapt to meet men's needs more effectively.
- Mental health promotion aimed at men and boys should take explicit account of the value of and nature of 'traditional' masculinity.
- A national initiative must be undertaken to improve understanding of how to help men achieve mental wellbeing.

Men's Health Week kicks off

Men's health is being pushed to the forefront again this year in National Men's Health Week. While football fans are facing emotions ranging from elation to the depths of despair, a series of events will be staged from 12–18 June to draw attention to men's mental and emotional health all year round.

The Forum is launching the latest edition in the Haynes manual series, this time the *Brain Manual*, written by its president, Dr Ian Banks, and drawing on the expertise of the organisations supporting the week, many of them leading authorities on mental health issues. Breaking with tradition, the format of this manual will move away from the car manual style, to look more like a computer manual.

The main target audience for the book will be men of all ages who are interested in becoming more aware of mental health issues, finding out how to reduce the risks of mental health problems and understanding more (and becoming more empowered) about how to improve mental wellbeing.

'Health professionals will also be able to use the book as a health promotion and education resource,' said Dr Banks. For further details of how to buy a copy, see the back page of the magazine.

A vast range of events are taking place countrywide during the week. More than 2000 groups and individuals registered with the Forum are planning local health initiatives.

These include a Dad's Day in Northumberland (bouncy castle for the under-fives only), phone-in on



The tantalisingly titled *Dick Dialogues* (pictured above) will be taking place at the Diorama Arts Centre, Great Portland Street, London, on Monday 12 June as part of National Men's Health Week 2006. It's going to be a male version of the infamous *Vagina Monologues*, inviting men to talk about their relationship with their penis – and anything else that comes to mind.

The discussion will follow a reading from MIND award nominees Michael Elias and Edward Seeker, authors of the book *MEN Speak the Unspeakable*, describing male taboos. For details, call 07723 396670 or visit: www.menspeak.co.uk.

men's health on Century Radio in Cleveland, a healthy food for dads day in Leamington Spa, and men's health walk in Castleton, Sheffield. North and North East Lincolnshire primary care trust is holding a conference to launch a men's health strategy for the area. Guest speakers include the

Forum's chair, Professor Alan White, and policy officer David Wilkins.

Not all events are related to men's mental health. In Wales, the Men's Health Forum Cymru is launching a booklet on prostate cancer by Newport businessman Reg Williams, who was recently diagnosed with the condition.

Looking ahead to 2007

National Men's Health Week 2007 will focus on men and long-term medical conditions.

If you'd like to be involved as a partner in the week, contact matthew.maycock@menshealthforum.org.uk for details.

Wembley here we come!

The Forum is holding its Mind your Head conference on Wednesday 14 June in Wembley, London.

Health minister Rosie Winterton is among the speakers, and the symposia will cover supporting men with mental health problems in getting back to work, issues facing young gay, bisexual and transgender

men, working with older men, working with black minority ethnic men, and suicide prevention.

It's not too late to sign up. Contact Maggie Pettifer on 01608 674410, or email: margaret.pettifer@btinternet.com. It costs £135 (£100 for Forum members). You can even turn up and pay on the day (cash or cheque only).

News

Uncertainty ends over bowel cancer screening

After months of uncertainty over implementation of the NHS bowel cancer screening programme, the Department of Health has announced that five sites will be first to offer the test. This is the first cancer screening programme in England for both men and women.

Health minister Rosie Winterton made the announcement in the Commons in March, allaying fears that funding for the programme might be in jeopardy following cuts in Department of Health funding. It has released £10m for year one of the programme.

'Five programme hubs across England will invite men and women to participate in the screening programme,' she said. 'They will send out the faecal occult blood testing kits, interpret kits, and send results out.'

Some 90–100 local screening centres will provide endoscopy services for the 2% of men and women who have a positive blood test result.

The first hub to open will be in Wolverhampton. The government hopes to establish the other four hubs by March 2007.

The Forum was among the many organisations that fought a last-minute battle to ensure the planned policy went ahead, despite resource constraints. Forum chief executive Peter Baker said: 'We're pleased this will now go ahead after all the uncertainty, although we would have preferred it to have started on a bigger scale. We are also concerned that the programme may attract fewer men than women because of a

lack of gender sensitivity in the way the tests are promoted to the public.'

All 60–69-year-olds will be offered screening. They will receive home testing kits, allowing them to provide a sample in their own homes, which they send in to the screening centre.

Hilary Whittaker, chief executive of Beating Bowel Cancer, said: 'A screening programme of this scale could reduce mortality by 15%.'

'We believe this national initiative has the potential to save hundreds of lives every year and we were devastated at earlier suggestions that the programme might have become another casualty of the current NHS funding crisis.'

Bowel cancer facts

- Bowel cancer is the second largest killer after lung cancer in the UK, claiming around 17,000 lives a year.
- Around 35,000 people a year are diagnosed with the disease, but if caught early enough, it is one of the most successfully treated cancers.
- In 2002 there were 65.2 new cases per 100,000 men, compared with 53.4 per 100,000 in women, according to Cancer Research UK.

Getting on top of weight loss



Jeff Jones

Living the high life: the Forum's training officer, Robbie Porter, (left) and Peter Baker, chief executive, (right) team up with Alan Hill, a BT staff member who won a prize for clocking up more miles than anyone else on his pedometer during the BT Work Fit programme. The awards ceremony, held in what used to be the revolving restaurant at the top of BT Tower in London, marked the culmination of Work Fit, an intranet-based company-wide lifestyle improvement initiative designed for BT by the Forum.

Want to study men's health?

Leeds Metropolitan University is running the only Dip/BSc/MSc in the UK aimed at the men's health sector. Modules include men's health, men and lifestyles, and men and mental health. If you would like to develop your knowledge and skills in this area, contact the course administrator, Leeds Metropolitan University School of Health and Community Care. Tel: 0113 283 2600 ext 1915 or email: hccenquiries@leedsmet.ac.uk.

Men reveal stress of work

Men find work, financial pressures and rushing around trying to get everything done among the most stressful factors in their lives, a major survey for the Men's Health Forum, by market research company You Gov, has found.

The survey, published to coincide with National Men's Health Week, shows that 48% cent of men in the UK find work or studying one of the most stressing factors in their lives.

By comparison, fewer women – 30% – reported it as one of the stressing factors.

Younger men, aged 18–29, were the most stressed by work, with 67% citing it, or study, as a major stress factor. This compared with 55% of men aged 30–50 and only 29% of men aged over 50.

Money worries were also high on the stress list. Some 44% of men surveyed cited it as a stress factor. However, slightly more women (47%) identified this as a stressor.

Women were also more stressed by rushing around than men. Some 34% of women, compared with 27% of men, cited it as a stress factor.

The survey was carried out for the Forum as part of a national survey of 1212 men and 1315 women, a representative sample of the UK population.

More women than men had visited a doctor for help when they felt depressed (45% of the women against 32% of the men).

Asked what would help them overcome feelings of depression, the younger group said having a relationship would help. Of the men aged 18–29-years old, 29% gave this reply, compared with 11% aged 30–50.

A better sex life was one solution favoured by all three groups of men – 22% of younger men, 19% of 30–50-year-olds, and 22% of over-50s thought this would help.

More results are available at www.menshealthforum.org.uk. See our men under pressure statistics, page 8.

Just prior to her promotion to minister of state, public health minister Caroline Flint spoke at a meeting of the All Party Group on Men's Health. She addressed some of the issues the group has been working on recently, including obesity and chlamydia screening for men.

The meeting was chaired by Sandra Gidley, one of the group's vice chairs. She saw to it that there was plenty of time for questions. Howard Stoate, who normally chairs the group and sits on the health select committee, had a committee visit to a treatment centre in his Dartford constituency. We note this was a couple of days before he ran the London marathon (congratulations, by the way) and Dartford is 17 miles from London – a nice little training run!

Baroness Masham, another of the group's vice chairs, asked the minister about the disappearance of evenings and Saturdays from GPs' opening hours. The Men's Health Forum has highlighted how this hits men particularly hard, as they are more likely to work full-time.

Caroline Flint replied that they had expanded the number of walk-in centres. Although the Forum has always been very positive about the flexibility offered by walk-in centres, they still do not offer the same local service that GPs would if they were open.

Elsewhere, we were thoroughly confused by bowel cancer screening. For a while in the spring the only things that were regular were conflicting reports on the initiative. Cancer minister Rosie Winterton told the Conservatives' John Baron, who, as one of the party's health team, also knows his stuff on cancer, that the programme would be rolled out from April. A few weeks later Dr Muir Gray, director of the National Screening Committee, told the BMA that the screening will start in three months' time. In May, Lord Warner told Baroness Hayman that the programme 'was started in April' but that the 'first invitations to take

News from Parliament



tests should be sent out in July'. So, Lord Warner said, both Rosie Winterton and Dr Gray were right. Those of you working in the NHS, talking to men about their health can only hope the screening programme does get up and running. It is the third most common cancer in men, affecting 18,500 a year.

Despite that confusion, there are things we know we don't know and know the government doesn't know. I'm thinking of the number of people diagnosed with depression who take their own lives. David Amess asked a parliamentary question about this and was told the information was not available.

In National Men's Health Week, the Forum is highlighting how men often have mental health problems that remain undiagnosed. But just how many men fall into this category remains an unanswered question – like so many others.

Colin Penning



Tackling obesity: Public Health Minister Caroline Flint, with England cricketers Andrew Flintoff (left) and Ashley Giles, promotes the 5 A DAY fruit and vegetable programme.

From the director's chair

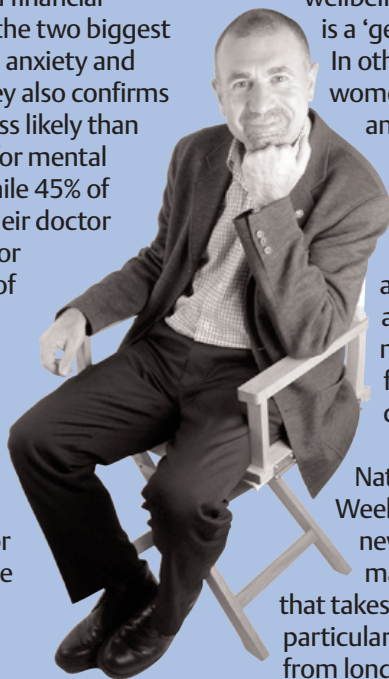
Are men happy? The unfortunate answer is too often 'no'. Our survey of over 2500 men and women across the UK, published in National Men's Health Week, finds that more than 50% of men have experienced anxiety or depression (or both) and that a similar proportion feel stressed, anxious or depressed at least once a month. One man in five actually feels this way every day or a few times a week.

Work or study and financial pressures emerge as the two biggest causes of male stress, anxiety and depression. The survey also confirms that men are much less likely than women to seek help for mental health problems – while 45% of women had visited their doctor about stress, anxiety or depression, just 32% of men had done so.

The survey shows that men are much more likely than women to consume more alcohol, use illegal drugs, have extra-marital affairs or visit prostitutes, or use pornography in an attempt to deal with emotional problems.

It is well established that men are much more likely than women to kill themselves, and some positive steps have been taken nationally and locally to tackle this terrible problem. But the broader issue of men's unhappiness remains largely neglected, despite its huge impact on relationships, families and work, as well as men themselves.

Health and public policy has not yet taken account of how mental



Steve Speller

wellbeing – and the lack of it – is a 'gendered' phenomenon. In other words, men and women have many different and specific experiences, attitudes, behaviours and needs in relation to their mental health. Unless these are taken into account, activity to improve mental wellbeing will be far less effective than it could be.

That is why, in National Men's Health Week, we are calling for a new national initiative on male mental wellbeing that takes account of the particular factors affecting men, from long working hours to the way boys are discouraged from expressing their feelings to homophobic bullying in schools.

A failure to act will leave too many men feeling unnecessarily miserable – or far worse.

Our challenge is to ensure that its replacement is just as effective.

Peter Baker
Chief Executive
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Interview

Head honcho

The time has come to address men's mental health needs, argues the government's mental health tsar Professor Louis Appleby.

It is well known that men are reluctant to seek help for their physical ailments. But, given the stigma everyone feels in seeking help for a mental health problem, what evidence is there that men are any worse than women at seeking help if they are depressed or anxious?

Plenty, according to Professor Louis Appleby, who argues that there is not just stigma to overcome, and the macho culture, but also the humiliation:

'Admitting to emotional vulnerability is against the macho element of the youth culture, or the stiff upper lip which some men pride themselves on. On top of that, when men become depressed, part of the psychological pathway is feeling a sense of humiliation.'

Understanding this is just one of the many keys to understanding depression in men and, more specifically, male suicide. Suicide is a subject close to Professor Appleby's heart. In addition to his work for the Department of Health as director of mental health, he heads the Centre for Suicide Prevention at Manchester University,

In the last five years, the overall suicide rate in the England has consistently fallen – to 8.6 deaths per 100,000 in 2001–3, from 9.2 deaths in the baseline years of 1995–7. But although the suicide rate for men aged 20–34 is at its lowest in 20 years – about 18 per 100,000 deaths – it is still alarmingly high. In 2004, within the 30–39 age group, four men took their own lives for every woman.

Levels of suicide are currently the best indicator we have of the extent of male depression. It may sound obvious, but being able to ask for help is a first

This is the last issue of MHF magazine in its paper format. It has been published quarterly since November 2003, thanks to a very generous three-year unconditional educational grant from Roche pharmaceuticals and has undoubtedly raised the profile of both the Forum and male health issues with a wide variety of professional audiences. The Forum would like to thank MHF editor Lynn Eaton for the job she has done. We hope to launch a new e-publication in the autumn and will endeavour to ensure that it is distributed as widely as possible. This is particularly important as health organisations prepare for the Equality Act.

You can register in advance for the e-letter on www.menshealthforum.org.uk.

step towards preventing such deaths. Yet research shows that few men who kill themselves take that step. It is a pretty safe bet that the same applies when they first begin to feel depressed.

'We know that men who die by suicide are less likely to have been under mental healthcare, and we have to assume that this is because they are less likely to seek help. We also know they are less likely to seek help from their GP,' says Professor Appleby.

But to seek help, men have to recognise something is wrong: 'And it may be that men find that more difficult,' he suggests. 'They have to correctly attribute their behaviour – to realise they are perhaps getting angry or are drinking because they are unhappy. They might think that their wife is behaving really badly and that is why they are feeling so lousy.'

Professor Appleby admits there is an anomaly in the government having a mental health strategy for women, when men are least likely to seek help.

'Certain groups of women had very particular matters we needed to address,' Professor Appleby explains. 'I felt that was true of men too. But we had much less evidence on what we needed to do for men.'

It has been suggested that young men struggling with their sexual identity can be at increased risk of suicide – although increasing acceptance of homosexuality may be one reason why suicide rates are down, Professor Appleby says.

But anything which makes men feel alienated from the rest of society – including their race or ethnicity – can make them vulnerable, he says. 'We have a responsibility to understand how different minority groups view mental ill health, to know when to offer help and to find out how to win their trust. That has been missing in the past.'

Three pilot projects, in Manchester, Bedfordshire and Camden, have shown how the services on offer to men – including those from minority ethnic groups – might be improved. But what works for one group won't necessarily work elsewhere, Professor Appleby says.

However, one consistent theme is emerging: the various organisations which may have contact with young men are more aware of the risk factors

for suicide than they were ten years ago. These organisations include youth clubs, drop-in centres, social services and religious groups. This multi-agency approach is one way forward. It offers support to young men without, crucially, carrying the label of mental health services. 'They want services that don't come with a mental health badge on them,' says Professor Appleby.



He also believes schools can play a part in helping young men, based on the success they have had in teaching better citizenship or on multicultural issues. They could also pay more attention to mental health, he says.

Men's changing role could be one of the factors underlying depression and suicide. Professor Appleby believes that unemployment, family breakdown, anonymity and changing workplace patterns all play their part. He's not, though, prepared to put the blame on women's improved equality.

'Some people say it is because women are taking the place of men in the workplace and the boundaries of authority in relationships have changed. It is an argument that I don't see a great deal of evidence for. It would be a shame if we were to decide male suicide was the fault of women.'

Unemployment is one trigger. Suicides tend to rise during times of economic hardship, he says – although it is not in direct correlation. The men most at risk are not redundant bankers, but those who were in unskilled jobs.

'Male suicide went up in the late 1970s and early 1980s when

unemployment was rising, but the men who were losing their jobs were those who were not very skilled or very well educated,' Professor Appleby explains.

There seems no straightforward answer to the question of why suicide rates have now fallen, merely a number of possible factors. One is the shift to the use of catalytic converters on cars, which makes it harder to kill oneself. 'That was something that was nothing to do with suicide prevention at all, but was purely economics and the environment,' he says.

The current emphasis on the need for skills today might also be a factor in the long term. 'If you've got a society that provides a lot of unskilled jobs for people, that may be a way of supporting unskilled people psychologically in a way that doesn't happen if you place greater emphasis on having skills,' he suggests.

'You've got to make sure people have got those skills so that they are not left behind. Otherwise you end up with an underclass who are not only unskilled but are demoralised.'

The rising divorce rate is another risk factor, with men more likely to feel isolated because they are separated from their family and less likely to have taken on parenting responsibilities.

'Children are stressful at times, but they provide self worth and give responsibility. Sometimes these things help people's self-esteem in times of stress,' says Professor Appleby.

So how confident is he of hitting the target set for 2009–11 of 7.4 suicide deaths per 100,000?

'In the late 1990s there was a rise in suicide which nobody anticipated, so I don't think we should ever be complacent. I don't think we can ever feel that some other factor will arise that will influence the suicide rate. We have to try to keep on top of it at all times by making sure that people get early access to services of a kind they can accept.'

'If we hit 7.5, I don't think it would be a failure. We can't get too concerned with a numerical value. The important thing is that it is consistently coming down. That's good, not just for the lives saved, but for what it says about the mental health of society.'

Lynn Eaton

Mental wellbeing

Men under pressure: the sad stats

The gloomy observations of Marvin the Paranoid Android from *The Hitchhiker's Guide to the Galaxy* seem to strike a chord with many men feeling the pressure. But just how bad is men's mental health? MHF finds out.

Depressing reading

- Some 75% of suicides in the UK are by men (source: Mind).
- Suicide is the most common cause of death in men under 35 (source: ONS).
- Three men kill themselves for every woman who does so (source: Department of Health).
- Young men's suicide rate in England is the lowest for 20 years, at 8.6 deaths per 100,000 population (source: DH).

The work paradox

Experiencing satisfaction at work is an important predisposing factor for positive mental health in men. One reason for this is the importance of breadwinning as a cultural indicator of the male role. But long hours, unrealistic workloads or bad management at work can cause or exacerbate mental ill health. (Source: *Mind your Head*, MHF policy report).

Having a Marvin moment

Marvin the Paranoid Android, from the Douglas Adams book and cult BBC series *The Hitchhiker's Guide to the Galaxy*, is depressed and bored because he has a 'brain the size of a planet' which he is seldom allowed to use.

Marvin was the unlikely role model for one of the interviewees in the research paper 'Men's accounts of depression', (*Social Science and Medicine* 62 (2006) 2246–2257), which draws on interviews from the DipEx website of patient experience (www.dipex.org).

The man said: 'I had a few Marvin the Paranoid Android routines worked out... It was the closest I had to a role model really... I was compensating for lack of social skills by being eccentric deliberately.'

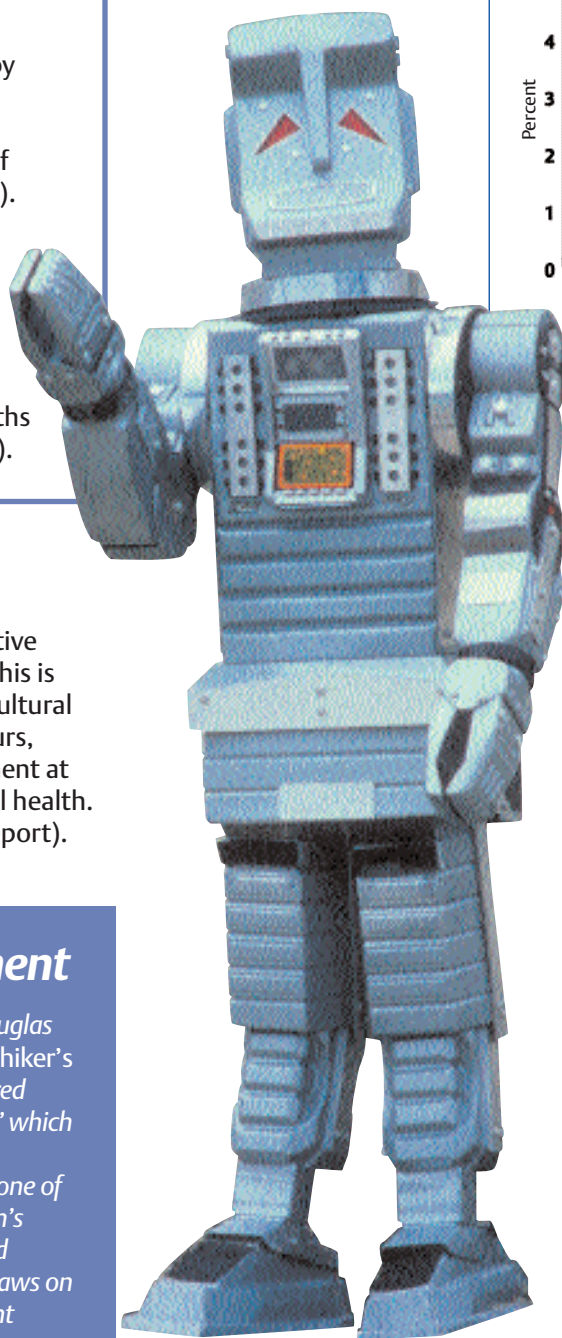
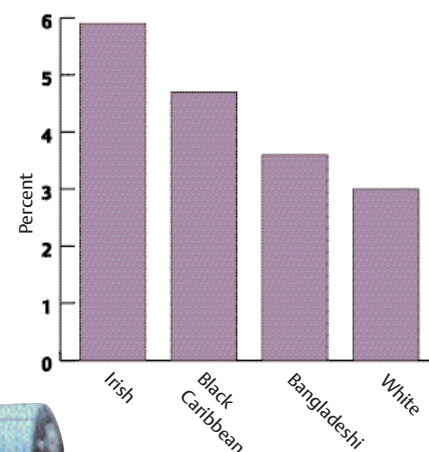


Photo: BBC

Ethnic picture

Levels of diagnosed anxiety disorder in men, by ethnicity (source: Mind)



Damning data

73% of adults who go missing are men

90% of rough sleepers are men

72% of male prisoners suffer from two or more mental disorders

84% of children excluded from school are boys

1:8 is the proportion of men dependent on alcohol

2x men are more than twice as likely to use Class A drugs

Source: *Mind your Head*, MHF policy report

Depression: *five facts*

- 1 Doctors are less likely to diagnose men with depression than women.
- 2 Depressed men are three times more likely to develop heart disease.
- 3 Gay men have higher rates of depression than heterosexual men.
- 4 One in ten men has experienced psychological problems after the birth of a child.
- 5 Black men born in Britain are 18 times more likely to be diagnosed with schizophrenia than the general population.

Source: *The Brain Manual*, Haynes/MHF; Mind

Men feeling the strain

- Work or study are the main factors causing stress in men.
- Money is the next highest worry after work.
- Men are more likely than women to turn to alcohol if they are feeling down.
- Pornography is used by 7% of men to relieve depression.

Source: MHF/YouGov survey, 2006

Need to know more? Then visit:
www.mind.org.uk; www.mentalhealth.org.uk; www.rethink.org; www.rcpsych.ac.uk; www.youngminds.org.uk.

Hot topic: Group therapy for men

Martin Seager and Uwe Thummel, of North East London Mental Health Trust, argue for single-sex group therapy.

It is not controversial to say that men still find it hard to recognise their own emotional needs and talk about these directly. Why is this and why do we still do so little about it?

We all start out in life as dependent creatures. Like girls, baby boys usually grow up primarily being nurtured by female attachment figures, but then, at quite a young age, unlike girls, they have to break this primary attachment in order to identify with a 'macho' masculine peer group. This leaves a lot of young males bereft of any real attachment to someone who knows about and values their more vulnerable feelings. This turning a blind eye to emotional needs is then internalised, and the developing male learns to suppress his feelings. But at what cost? We only have to look at suicide statistics, sex offence statistics, drug and alcohol behaviour patterns and even rock music lyrics to find out. Men hurt a lot but cannot show it, and their pain can often then be expressed in extreme ways – through action rather than talk and understanding.

While there is a feminist literature and body of knowledge about the psychology of being female, there is no male equivalent. Shame and secrecy about what it really feels like to be a man continue to be publicly and scientifically endorsed.

In the field of mental health, few if any services are targeted specifically at men, while there are many examples of women's services. It is true that forensic mental health services tend to be more used by men, but this is more by default than design.

In the field of group psychotherapy, mixed-gender therapy groups are traditionally the most common format and can be effective for less severe problems. However, in our experience of running mixed groups for men and

women with more complex mental health needs, they do not really work for either gender. Both sexes feel inhibited and find it hard to be really honest about their deepest feelings. Men in particular can feel shamed in such an environment and may shut off emotionally, perhaps even dropping out of the group altogether.

Men can be inspired by each other's emotional honesty

It might seem counterintuitive to propose a single-sex group model for addressing the complex mental health needs of men – won't such a format simply expose them to even greater shame? However, we have found the precise opposite to be the case.

We screen potential group members for our all-male groups individually. They undertake a trial period of ten sessions before committing to the full programme. In this way, men can opt in and out without feeling coerced.

We have found that men are more likely to feel empowered this way, and they can discover and express their vulnerability more easily if other men share this task with them. Men can be inspired by each other's emotional honesty and discover, with enormous relief, that their own troubled emotions (including violent and destructive ones) are not completely unique to them.

Men can feel validated by other men in their struggle to acknowledge a long-lost need for emotional intimacy. By 'jumping together' they begin to find a healthier identity and a more positive relationship to the female figures in their lives. As male therapists, our capacity to respect the vulnerability in our male clients and ourselves is crucial.

For details contact: Martin.Seager@nelmht.nhs.uk.

In practice

Head spinning? Keep CALM...

As National Men's Health Week 2006 focuses on mental wellbeing, we look at a scheme that has found a novel way of reaching out to young men with emotional needs.

If you have been anywhere near a bus stop in the last few months, you may have seen one of a series of shocking billboard adverts based on alarming statistics about male suicide rates in the UK.

One pointed out that, while 102 young British men had been killed in the Iraq war to date, no fewer than 3054 had taken their own lives back in the UK over the same period. Another stated that on average three British men kill themselves every day.

The adverts were part of the latest publicity push by the Campaign Against Living Miserably (CALM), a groundbreaking national charity whose aim is to cut male suicide rates and improve young men's mental health by driving home the message that 'being silent isn't being strong'.

Believed to be the only initiative of its kind anywhere in the world, CALM works at national and local levels to target its audience – predominantly men aged 15–35, who are a famously hard to reach group, especially where mental health issues are concerned.

National development coordinator, Jane Powell, says that what sets the campaign apart from any other body working in the field is that it deliberately takes a non-medical approach.

'There are millions of studies examining why so many young men kill themselves, and they come up with answers like 'because they were unemployed and had relationship problems', she says. 'That's fine as far as it goes, but what we're about is finding ways to help these people talk about this kind of stuff before it becomes too huge a problem to deal with. To do that we need to change society's expectations of young men, and to achieve that we must have a strong, independent and trusted voice.'

Nationally, the charity runs a confidential telephone helpline – based in Glasgow, and run by a group which also works for the Talk to Frank drugs information service – from 5pm to 3am

DJ Jo Mills (right) with the CALM slip mat, which was sent to clubs, bars and record shops across Merseyside to increase awareness of the website.

Below, award winners from local radio station 96.7 Radio City collect a trophy at an awards ceremony held by CALM last Christmas to raise its profile in the press.



daily; and an interactive website, www.thecalzone.net, through which young men can talk about their problems and find information about local sources of help and advice.

But this is no straightforward counselling initiative. CALM has an ambitious and streetwise marketing strategy, which uses the music scene as the backdrop to a blue-chip campaign 'brand' that publicises its key messages through everything from TV and billboard advertisements to pizza boxes, club flyers and urinal posters – enabling it to reach out to young men who might not otherwise access any kind of formal mental health provision.

Endorsement from music celebrities is a key element of CALM's approach. For example, talking on one of CALM's recent advertisements for MTV, Radio 1 DJ Nihal explained how he found huge solace from talking to friends after the sudden and unexpected death of his father: 'I knew I had to be strong for my

mother, but who would be strong for me? It's up to you whether you fall into the abyss or whether you let your friends hold you back.'

'This is not your typical public health campaign launch,' says Ms Powell. 'We're not going anywhere near GPs' surgeries. Our brief is to change the environment within which young men live and make it possible for them to access the services available to them. We need to get under people's skin and be a bit 'underground' about it, rather than using traditional health promotion routes. The last thing we want to do is have teachers or youth workers handing out CALM leaflets.'

The charity's team of patrons, trustees and advisors includes key figures from the music and media industries, such as Factory Records co-founder and broadcaster Anthony Wilson; Ogilvy and Mather advertising agency chief executive Paul Jackson; festival organiser Steve Smith; and independent music manager Gary McClaranan; as well as mental health experts with a special interest in youth culture, such as psychologist Dr Adrian North, who researches the social psychology of music; public health

director Professor Mark Bellis, who specialises in substance and alcohol misuse; and mental health practitioner Mark Needham, who works on personality disorder and suicide.

On a day-to-day level, Jane Powell works with advertising agencies, music venues and media organisations to build and sustain the brand nationally. She also generates corporate sponsorship and other contributions to the cause, such as pro bono advertising space and creative input.

She also strives to collaborate with NHS public health communities locally, setting up 'CALM zones' to create targeted publicity by tapping into the clubs, bars, sports and social venues.

CALM became a charity in July 2005, but has been working since December 1997, when it was launched as a Department of Health pilot by then health minister Paul Boateng – who remains involved as a charity patron despite now being the UK's high commissioner to South Africa.

In 1999 Manchester health action zone appointed the first CALM zone coordinator, to be followed by Merseyside and Cumbria health authorities the following year, and Bedfordshire in 2001. But after the Department of Health announced in 2004 that funding would stop in April 2006, the number of CALM zones fell to just one – Merseyside. One of CALM's prime aims is to establish more zones.

Simon Howes, Merseyside CALM coordinator, explains that his post, based at Liverpool Health Promotion Service, is jointly funded by the nine Merseyside PCTs, which also pool around £65,000 a year as a promotional budget for the initiative.

Persuading cash-strapped PCTs to spend money on appointing a CALM coordinator and holding such events can be a challenge, he admits, and pinning down evidence of the beneficial effects in terms of mental health outcomes is notoriously difficult.

But the hope is that once health promotion teams see the quality of the campaign they will get hooked.

Jeremy Davies

Visit: www.thecalmzone.net. Contact Jane Powell on 0870 609 4601 or email: janepowell@thecalmzone.net.

On the job

Mary Alabaster is a consultant nurse in perinatal mental health at South Essex Partnership NHS Foundation Trust.

What does your job involve?

About 50–70% of my job is clinical work. About 30% is research and development, education and training and service development.

What is the most interesting aspect of your work on men's health?

My masters thesis and research was about the transition of men into fatherhood. Following this research, the clinical development group that I chair designed and published a booklet called *Fathers Matter In Tune with Dads*. We also set up a telephone support line for fathers.

We won two awards for the Fathers Matter project: the Queens Nursing Institute Award and a gold award at the South Essex Quality Awards. The project has attracted international recognition and vast media coverage. Some of the awards money has been used to sponsor fathers to attend counselling skills courses. Developing the Fathers Matters project and carrying out research into fathers' mental health has highlighted the needs of fathers among midwives and health visitors. It has also raised awareness in society in general that fathers are just as vulnerable as mothers and that they also need help.

What single achievement are you most proud of in your work?

Highlighting the mental health needs of mothers and fathers and attempting to develop innovative services that hopefully are going some way towards addressing this neglected area.

What are the benefits of being involved with the Men's Health Forum?

The support and encouragement of the Men's Health Forum and collaborative working with the Forum, which I find exciting and challenging.

Contact Mary at: mary.alabaster@southessex-trust.nhs.uk.

Health kick

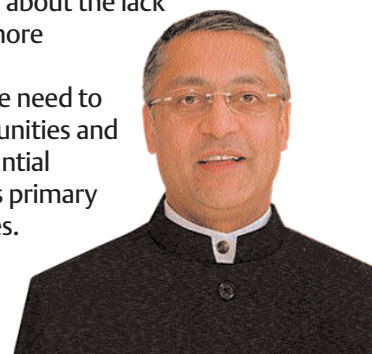
'Talk – before it's too late,' says MHF patron Lord Patel.

I would like to see more men, particularly young Black and minority ethnic (BME) men, talk to someone if they feel stressed, anxious or depressed, either a friend, their GP, local mental health support and/or community services.

Evidence suggests these young men are waiting till they become very ill and only seek help at crisis point, as they are worried about the lack of culturally appropriate services – resulting in more in-patient care.

The Department of Health has recognised the need to improve mental healthcare given to BME communities and has published a five-year action plan with substantial investment to improve mental healthcare across primary care, inpatient care and within local communities.

Professor Kamlesh Patel was recently appointed a member of the House of Lords (see page 2).



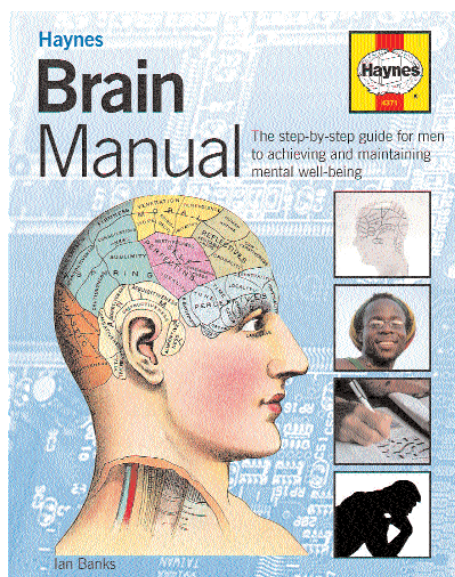
Forum goes on a training mission

Primary care trusts will be facing many new legal requirements under the new Equality Act, which comes into force in April 2007. The Men's Health Forum – as always – will be on hand to offer training courses to those who will be responsible for ensuring the legislation is properly implemented.

The bill creates a duty for public authorities to promote equality of opportunity between men and women and to ensure the specific needs of both sexes are effectively addressed. As far as health services are concerned, that could mean anything from developing novel outreach projects offering services to men outside traditional healthcare settings through to more effective monitoring of the patterns of disease and ill health in the male and female populations.

'The Forum has, in the last five years, developed enormous expertise in these areas,' said training officer Robbie Porter. 'We are able to offer courses targeted at the key people in PCTs who are going to be taking the lead on monitoring these important new developments.'

The Forum already provides many courses around gender and health, which can be adapted to suit a trust's needs. These include: an introduction to men's health; men and sexual health; working



The Brain Manual from the Men's Health Forum, published by Haynes, is the latest in a successful series of guides to men's health. Written by Forum president Dr Ian Banks, it costs £14.99. Readers of MHF magazine can buy the Brain Manual at 25% discount from Haynes by quoting 'MHF'. To order copies, phone 01963 442080 or visit www.haynes.co.uk.

with young men; planning services for men; and men, mental health and suicide.

'We can tailor courses to suit the needs of an organisation,' said Robbie.

Meanwhile, the Forum can also offer organisations a range of services to raise awareness of men's health issues and to help meet the requirements of the Equality Act. These include the highly successful 'mini-manuals' – pamphlet-size booklets based on the Haynes men's health manuals, but adapted to include information about local services for men.

Knowsley council has already used this format to launch the highly successful 'Knowsley Man' publication as part of its Pitstop campaign (featured in the October 2005 issue of MHF magazine, available on the Forum's website).

It has also launched a Knowsley-specific website portal (www.knowsley-malehealth.co.uk) with local information for men, but linked directly to the Forum's malehealth website (www.malehealth.co.uk) which gives general health information for men.

'With the Forum, almost anything is possible,' said its chief executive Peter Baker. 'We'll certainly do all we can to help those who want to tackle what has become one of the key areas of healthcare in the last decade, especially in the light of the new equality legislation.'

For information on training courses, call Robbie on 01905 21340 or email: robbie.porter@menshealthforum.org.uk.

What's the score? Happiness

There's nothing more depressing than people banging on about about happiness.

Tony Blair agrees. The nation's happiness levels are falling faster than his poll ratings. His Strategy Unit has been examining 'happiness policies', and a government advisor, economist Richard Layard, has called for 10,000 more therapists.

Not even 10,000 therapists could help the PM now.

Not for him. For us. Depression is a major cause of long-term sickness, yet, Layard points out, just 12% of the NHS budget is spent on it. According

to the BBC, only 36% of Britons say they are 'very happy' today compared with 52% in 1957 – yet average incomes have more than doubled.

So my old gran was right. Money doesn't make you happy.

Not exactly, but it helps. In a recent US survey, 49% of people with a family income of \$100,000+ a year said they were very happy compared with just 24% of those with an annual family income of less than \$30,000.

\$100,000 a year! I should be so lucky.

Exactly, it's the inequality that makes us unhappy according to Layard. The wider the income gap, the greater the unhappiness at seeing ourselves down the pecking order.

Heaven knows, I'm miserable now.

Yes, singing – including songs like that one from The Smiths – is good for depression. So is exercise. It gets the hormones going. Make sure to eat proper food with proper vitamins, particularly vitamins B – which nicotine, booze and caffeine can destroy – and C, as well as minerals such as magnesium, manganese, calcium and potassium.

St John's Wort?

Maybe, but not if you're on other medication. Moreover, St John's Wort and sunlight don't mix. And as sunshine boosts vitamin D levels, which is good for beating depression, choose the sun over the herb.

Choose the sun! What sun?

Jim Pollard