

PUTTING MEN INTO MENTAL HEALTH: NEW WAYS OF WORKING WITH MEN IN SOMERSET

Report of a conference organised by
Somerset County Council's Public Health Team and
The Men's Health Forum

Haynes International Motor Museum, Sparkford

Thursday 8 October 2015

Report written by Peter Baker



INTRODUCTION

Men are generally reluctant to talk about their mental health and wellbeing to each other, their partners or health professionals. Many struggle with acknowledging their feelings even to themselves. They can reach the point of suicide without ever having articulated their despair to anyone else. Because men are supposed at all times to be physically and mentally tough, resilient and in control, a mental health problem can be experienced as a source of great shame and stigma.

Many of the common symptoms of emotional distress in men – such as excessive alcohol consumption, illegal drug use and angry or aggressive behaviour – are often not perceived as such. Health services have not yet fully recognised the mental health needs of men or how to engage effectively with them. It is now increasingly understood that a wide range of mental health problems in men are under-diagnosed and under-treated.

The consequences of this for men in Somerset and more widely are clear. Too many men lead unhappy and unfulfilled lives. Their physical health suffers too because, instead of receiving professional help, they 'self-medicate' with alcohol or drugs. And about 80% of suicides are now male.

Putting Men into MENTal Health aimed to change this for men in Somerset. It set out to:

- Raise awareness among health and other professionals about the need to address men's mental health and wellbeing effectively.
- Facilitate new ways of working with men on mental health and wellbeing with a focus on prevention and early diagnosis/treatment and based on the latest evidence.
- Provide a networking opportunity for attendees and organisations
- Begin the development of an action plan for implementation by stakeholders and to establish a men's mental health interest group to support its implementation.

The conference was funded by Somerset County Council's Public Health Team and organised with the Men's Health Forum. It was timed to coincide with World Mental Health Day on 10 October and attended by 117 people from a wide range of statutory and voluntary organisations.



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KEY FINDINGS

PROBLEMS

- Although women are more likely than men to be diagnosed with a common mental health problem such as depression, there are many indicators that men's mental health is very problematic.
- Around three quarters of suicides are male.
- Men are three times more likely than women to be alcohol dependent and more than twice as likely to use Class A drugs.
- Men generally have much smaller social networks than women.
- Men often fail to recognise or act on the warning signs of mental health problems.
- Some 'normal' male behaviours (e.g. drinking too much alcohol, being physically aggressive, 'soldering on' when under emotional stress) can be indicators of mental health problems but these can be unrecognised by both professionals and men themselves.
- Men pick up messages from childhood, often including from their fathers, about the boundaries of acceptable emotional behaviours ('big boys don't cry', etc.).
- Health services and practitioners have, in general, not yet sufficiently recognised or responded to men's mental health problems.

SOLUTIONS

- There is now good evidence about what works with men in mental health. This is summarised in the 'How To' guide for practitioners.
- It is important for interventions to be positive about men and boys, to respect their maleness to help minimise stigma, and to be 'solution focussed'.
- Peer support and a 'shoulder-to-shoulder' approach can be helpful.
- More services should be delivered where men are, including the workplace.
- Settings should be 'safe male spaces', e.g. sports venues and Men's Sheds.
- Humour can be used as a way of raising taboo subjects, including men's mental health.
- The Men's Development Network's 7 'Key Questions' for men provide a practical basis for supporting men in informal and formal settings and helping them identify their needs.
- Male-specific mental health policy could guide the development of future work in Somerset, including that of the new Men's Mental Health Interest Group.
- The improvement of men's mental health requires a multi-disciplinary and multi-sectoral approach.
- More work is needed with boys, including in schools, to improve their emotional resilience.
- Further workforce development is required.
- It is important for professionals to listen to and learn from men's personal stories about their experience of mental health and wellbeing problems and services.
- More research is needed into the performance of existing services, how they might be changed and what new services might be needed for men and boys.

OVERVIEW OF PROCEEDINGS

Dr Andrew Dayani, Medical Director, Somerset Partnership NHS Foundation Trust, chaired the conference.

Attendees were welcomed by **Trudi Grant**, Director of Public Health, Somerset County Council. She emphasised the importance of addressing gender inequalities in mental health, not least in the area of suicide, and her interest in looking at what services are in place for men, how accessible they are, and how more men can be attracted into services sooner. Trudi also commented that men need to talk to each other more about mental health issues.

KEY ISSUES IN MEN'S MENTAL HEALTH

In his presentation, **David Wilkins**, Associate, Men's Health Forum, discussed what is known about male mental health and what interventions are effective in improving male mental health. He pointed out that diagnoses of psychotic illness are roughly equally distributed between the sexes (0.4% of the total population at any one time) as are diagnoses of common mental disorders (e.g. depression and anxiety) are more common in women (20% of women and 13% of men at any one time).

But diagnoses do not provide a complete picture of the state of men's mental health. David observed that:

- Around three quarters of people who kill themselves are men.
- 73% of adults who 'go missing' from home are men.
- 90% of rough sleepers are men.
- Men are three times more likely than women to be alcohol dependent.
- Men are more than twice as likely to use Class A drugs.
- 79% of drug-related deaths occur in men.
- Men make up 94% of the prison population and 72% of male prisoners suffer from two or more mental disorders.
- Men have measurably lower access to the social support of friends, relatives and community.
- Boys are performing less well than girls at all levels of education.
- Boys are four times more likely to be diagnosed as having a behavioural, emotional or social difficulty.
- Over 80% of children permanently excluded from school are boys.

Unemployment is very damaging for the mental health of men: up to one man in seven develops depression within six months of redundancy and male suicide rates increase in parallel to unemployment rates. Gay men are more likely than heterosexual men to suffer anxiety and depression and have higher suicide rates. Eating disorders and other body dysmorphic disorders are increasing in men.

Men can experience significant tensions between 'conventional' masculine behaviour and the idea of nurturing good mental health. Some of the accepted cultural markers of masculinity – e.g. the willingness to 'soldier on' when under emotional stress, the consumption of large amounts of alcohol, the greater propensity for physical aggression, the greater tendency of boys to misbehave in school –

are also predisposing factors for, potential symptoms of, or maladaptive coping behaviours for poor mental health.

Men can have mental health needs that are particularly associated with the lived experience of being male. Many of these behaviours are so familiar in men that they can seem 'normal' even though they can actually be indicators of mental health problems. Many researchers believe that this contributes to the under-diagnosis of depression and anxiety in men. Men also often fail to recognise or act on warning signs and are less likely than women to seek professional help.

Services have been slow to respond to men's mental health problems. This can be due to fatalism (a belief that it is not possible to change men or services), a false perception of gender equality (only men are privileged and only women are disadvantaged), a political reluctance to engage with men's issues, and an absence of sympathy for and understanding of men with mental health problems, who may even be regarded with fear.

David went on to explain how effective interventions to improve male mental health can be developed, based on new research by Leeds Beckett University, Men's Health Forum and Movember. This research has been condensed into a 'How To' guide for practitioners.

The 'How To' guide contains 10 'top tips':

- Start by understanding the obstacles to men seeking help and using services, which may be specific to a particular community of men.
- Communicate with men in a way that respects their maleness to help minimise the stigma many feel because of the threat psychological distress can pose to their sense of themselves as men.
- Be positive about men and boys and view men and boys with enthusiasm.
- Ensure that the intervention has clear objectives that its users understand, e.g. men tend to like interventions that are 'solution focused' and which have personal 'goals'.
- Consider basing support interventions on shared activity
- Make sure the setting is a 'safe male space', e.g. schools (particularly for younger boys), physical activity or sports settings for young and middle-aged men, and the workplace for those in work.
- Incorporate peer support - the sense of having experiences in common may reduce the perceived threat to the masculinity of the man being supported.
- Publicise positive examples as it appears probable that positive media stories about men with mental health problems may encourage male help-seeking.
- Look beyond the intervention by seeking to engage in constructive challenge to mainstream services where necessary and by acting to challenge stigma and exclusion.
- Plan evaluation from the outset and make the results widely known to improve the evidence base and spread good practice



MEN'S PANEL

Damien Ridge, Professor of Health Studies at the University of Westminster, chaired a discussion with **Jonny Benjamin**, a mental health campaigner, writer and presenter, and **Mark Leeman**, Taunton Deane and West Somerset Councils' Strategy and Partnership Lead Officer. The Panel explored Jonny's and Mark's personal experiences of mental health problems and the lessons for the development of policy and services.

Jonny described how he had been taken to see a child psychologist at the age of four or five because of behaviour problems, aggression, not sleeping in bed and seeing things. 'I wasn't good around other people and strangers made me cry. Seeing the psychologist was a scary experience for me and I didn't want to go back. My first experience of a mental health professional put me off seeking help in the future. I used to go to football matches with my dad – there he would chat and be open but as soon as we left he'd go back to not saying anything. I learned that it felt safer to conform to the macho stereotype and also show my own feelings only at a football match. I remember falling down the stairs at school and not feeling safe to cry until I'd reached the toilets. Boys learn at a very early age that it is not OK to cry.'

In 2008, Jonny intended to take his own life by jumping off Westminster Bridge but was persuaded not to by a stranger. 'I had been diagnosed with schizoaffective disorder, a combination of schizophrenia and bipolar disorder, and I felt that was nothing worth living for. But the stranger who talked to me on the bridge was a young man like me and he told me that he thought I could get through this. In fact, he was the first person who actually said I could get better. He was not judgmental and helped me in a way that the mental health services hadn't. I found the psychiatric service very bleak and negative and all about meds, meds, meds. I was scared to talk about my real feelings there.'

Meeting the stranger on the bridge was a turning point for Jonny. He also found that mindfulness was helpful and also talking publicly about his experience, initially through self-produced YouTube videos. In 2014, Jonny launched the 'Find Mike' campaign to find the stranger. The campaign went viral, reaching over 300 million people worldwide, and it was covered in a Channel 4 documentary. Jonny eventually met the stranger, Neil Laybourn.

Jonny believes that social media is putting more pressure on young men and damaging their mental health. 'They are still supposed to "man up" and they feel stigma about being unwell, physically or mentally. Men find it hard to discuss mental health with each other. A year ago, I went back on meds. When I told my friends it went silent and no one knew what to say. They do care but there's an emotional barrier there.' Jonny also highlighted the lack of information he received. 'When my dad was diagnosed with prostate cancer, he came back from the hospital with loads of booklets. When I was diagnosed, I was given nothing, not even about the side-effects of the meds. Mental health should also be discussed more in school.'

Mark described how his mental health problems began in 2010 after his father became ill with cancer. He died in 2011 and Mark had to support his mother (who lived 160 miles away), who had until then completely relied on her husband. Mark had also taken on a new and stressful job and was working long hours as well as studying for a diploma in management. His wife was working full-time and studying to be an accountant and they had two teenage sons.

'I was normally a relaxed, easy-going guy but, by 2012, my ability to think straight went right out of the window. I felt confused and was making poor decisions. I couldn't sleep at night, I had physical symptoms in my chest, I felt stressed and anxious. I didn't understand what was going on. In February 2012, my head literally stopped working and I lost control of my thoughts and feelings. It was terrifying. Getting out of bed in the morning was an achievement and I wanted to run away. I felt suicidal for about a month.'

Eventually, Mark went to his GP for help and was diagnosed with severe stress and prescribed medication. 'I was also referred to a counsellor, which I had to pay for, and although I spent about five months with her I didn't feel it was helping. I needed something different. My wife, who had herself been through stress and depression previously, started throwing self-help books at me to read, so I became more aware of therapy options. By chance I came across an advert for a hypnotherapy centre in Taunton. It was hideously expensive but it worked. I had a male therapist, which helped, and the process helped me drill down beyond my conscious head and find the causes of my problems, as well as the solutions.' Mark also found exercise helpful and also reconnecting with his hobbies and writing.

'My father was a wonderful man and I owe much of my success in life to him. He provided me with the support and encouragement to do well in my studies and career. He had spent his working life in the army and fire service. He was a very proud and strong man. He was of that generation that didn't show weakness or talk about emotional stuff, just like his own forefathers. If I'd dropped the mask and started to talk about my problems earlier, I might not have ended up where I did. But I've learned the hard way.'

Damien commented that, after the panel discussion, he received extensive feedback from the audience as people sought him out to comment. Many said they were very moved by the personal stories from Mark and Jonny. They felt the stories brought the issues facing men to life for them, making them real, and they felt compelled to engage more deeply with the obstacles facing men in mental wellbeing, male issues around getting help, how help may or may not be there, the role of fathers, changes over the generations of men, and about what men need for their recovery.

'In old ways of thinking, Jonny's and Mark's accounts are "anecdotal" and "retrospective",' added Damien. 'But I disagree strongly with these dismissive terms. These narratives spoke to courage and truth in men's experience. Narratives are how we make meaning out of the world, and subsequently they shape how we interpret the world, and how we behave in the future. As an unmatched window into the worlds of men, I would therefore recommend prioritising the value of men telling their own stories as we take this work forward.'



MENTAL HEALTH AND SUICIDE POLICIES IN SOMERSET

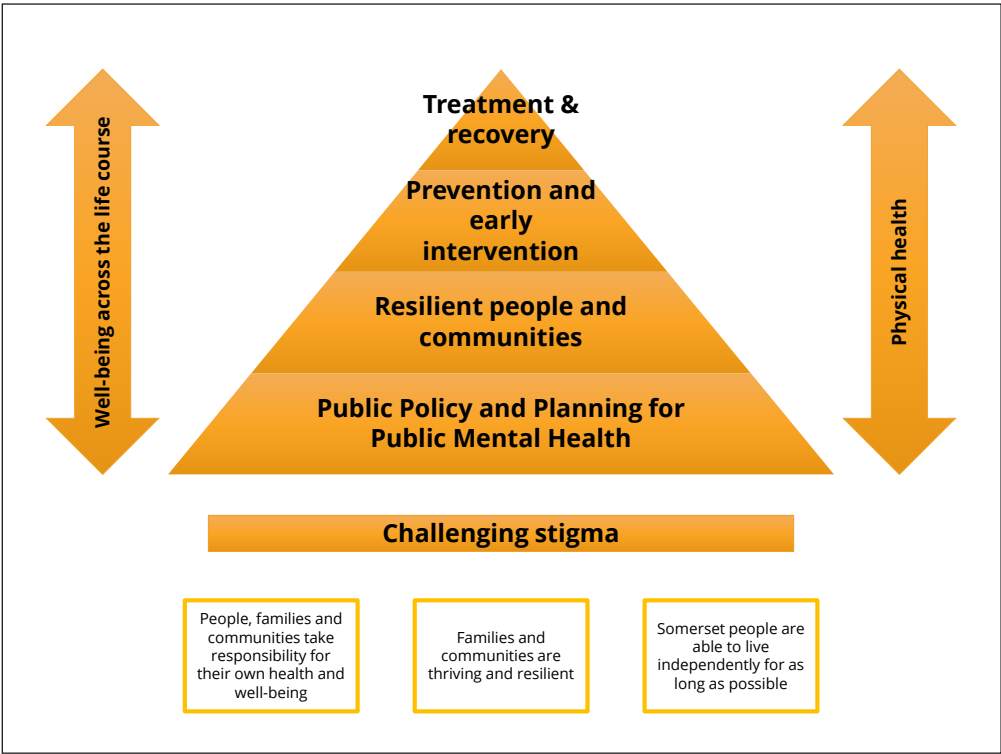
Louise Finnis, Somerset County Council’s Mental Health Promotion Manager, outlined the policy context for work on men’s mental health in Somerset.

Louise explained that there is now greater awareness of the need to focus on mental health and a real pressure from government to act. Public Health England has stated that promoting mental health and preventing mental illness is one of the most important goals of our modern public health system. Mental health problems are very common and constitute a leading cause of sickness absence with 17 million days lost each year. But 75% of people with mental health needs currently receive no treatment at all and a large proportion of these are men.

Somerset’s mental health agenda is guided by the government’s No Health Without Mental Health- (2011) policy, Closing the gap: priorities for essential change in mental health (2014) and Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing (2015). Because 75% of mental health problems in adult life start by the age of 18 years, it is particularly important to address the needs of young people.

Somerset’s approach is set out in Positive Mental Health: A joint strategy for Somerset 2014 – 2019 which is based on a ‘whole system’ approach to population mental health (see diagram below). There is also a separate but complementary Somerset Suicide Prevention Strategy 2013 – 2016 which follows the national suicide strategy. In Somerset, there are around 50 suicides a year, 75% of which are male, with the highest rates in the 35-64 age group.

In 2014 – 2015, a higher proportion of females than males were referred to Somerset Partnership’s mental health services for every speciality except forensic psychiatry. For IAPT (talking therapies), psychotherapy and child and adolescent services, for example, over 60% of the referrals were for females.



Louise suggested that the questions that need attention in relation to men are:

- How robust is our gender data?
- Should we develop different services to engage with men and women?
- Should we set targets around men and women's use of services?
- How do our gender stereotypes get in way of promoting mental health?
- Should the focus be on getting men to use existing services or changing the services?

There is a need to revisit Somerset's mental health policies to ensure that men's needs are properly addressed.

STARTING A NEW CONVERSATION WITH MEN

Alan O'Neill and **Lorcan Brennan**, respectively Chief Executive and Men's Health Coordinator of the Men's Development Network (MDN) in Ireland, presented their work on developing '7 Key Questions for Men'.

The MDN's 7 Key Questions (see diagram on page 10) can support new conversations towards better mental health. These questions for reflection, outlined in the diagram below, were developed over many years of engaging men developmentally and conversationally.

Recent commentary about male gender conditioning and its effect on men indicates a real need for men to start reflecting on what they need to do to make things better for themselves and other men. Some of the process of becoming a man can be unhelpful to men themselves and others and can act as a barrier to accessing services and better self care.

Lorcan observed that: 'Through engaging with ourselves and men conversationally and developmentally we can connect to our love, empathy and compassion, through our hearts, learning to name, express and understand feelings, both our own and other people's. The outcome of this understanding can be that our minds can develop a greater understanding of the complexities of life. We can then start thinking more clearly about how to deal with our current challenges and focus on improving our lives while strengthening our relationships.'

The MDN's 7 Key Questions can be used as a reflective resource for men supporting themselves towards better health and wellbeing and living to their full potential. These questions can also be used in a number of settings as a resource for one-to-one conversations, for training and the developmental facilitation of men's groups. The questions can act help men to address issues impacting on their lives and can support them towards mapping next steps to a better healthier life.

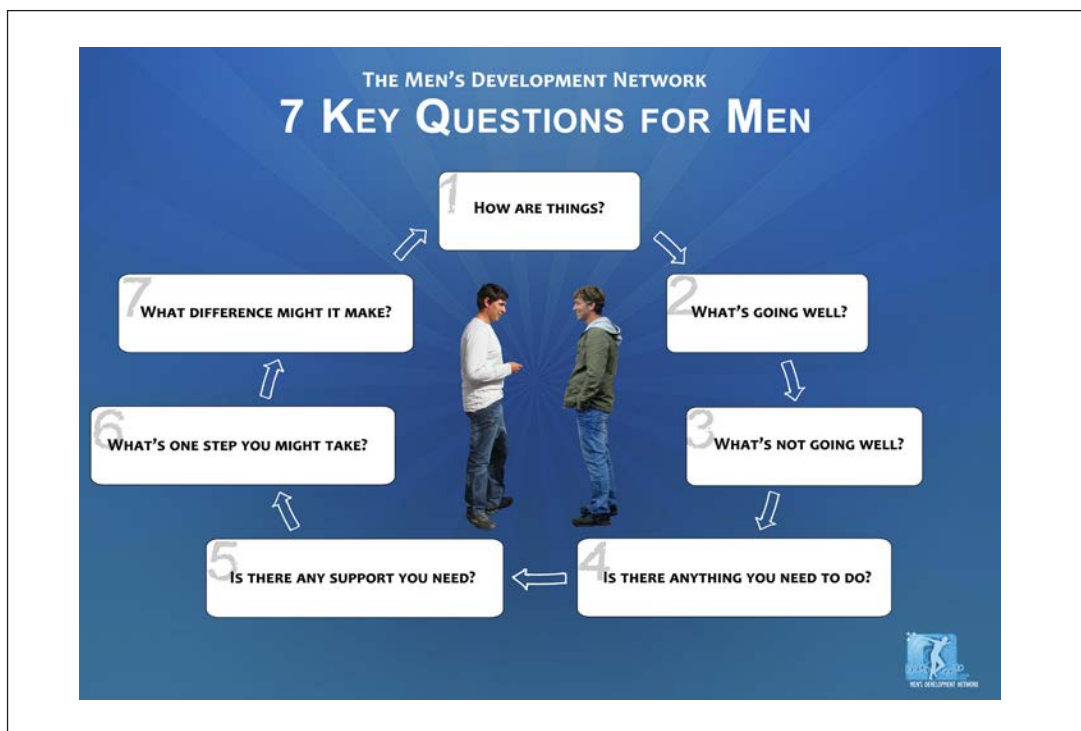
Alan and Lorcan explained that the 7 Key Questions:

- Promote a wellness model of engaging men through beginning by focusing the conversation on what's going well.
- Focus on supporting men through reflecting on personal experience,
- Help men identify their needs.
- Support men to identify resources for incremental actions for better health and wellbeing.

- Are strengths-based in their approach and direction, clearly focusing on normalising and conversationalising men's lives in both their joys and challenges.

This approach is based on the premise that 'men are good' even though they may do things that are not. Men may find the 7 Questions uncomfortable but they help to provide a safe space for men to express their feelings and end their emotional isolation.

Conference participants participated in an exercise using some of the 7 Questions. The feedback was overwhelmingly that these are a potentially very valuable tool. Some delegates commented that they quickly created a safe setting for the disclosure of personal information and feelings.



WORKING WITH MEN IN DIFFERENT SETTINGS

John Ryan, a stand-up comedian who works on men's health issues, talked about how laughter can help people feel better and how comedy can be used to bring people together and be a vehicle for raising taboo subjects, like mental health. 'If you can make people laugh, you can also make them listen,' said John.

Ivor Dixon and **Patrick Abrahams** talked about their work with the Somerset Levels and Moors Sheds (SLAAMS) and Frome Men's Shed respectively. Patrick also works for the UK Men's Sheds Association.

Patrick said that there are now around 230 Men's Sheds in the UK and that 2-3 new Sheds open each week. On average, 20 men, mostly over 60, attend each Shed each week. Their value is clear in the context of the rising number of men over 65 now living alone – it is expected to rise by 65% to 1.5 million by 2030. The Australian Men's Sheds claim each Shed has so far saved over seven men's lives by preventing suicide. 'If you put up a sign that says "Men's Health Centre", men won't come; if you call it a "Men's Shed", they will come,' said Patrick.

Ivor explained that a Shed aims to:

- Promote skills transfer – everyone has a skill
- Provide a shared environment to follow practical crafts, hobbies or projects
- Encourage social networking
- Provide a pleasurable learning experience in the company of other men
- Create volunteering roles suitable for men
- Foster a good community spirit

Promoting Sheds can be difficult, especially to the most socially isolated men who might benefit most. Men come to SLAMS via GP practices and patient groups, flood projects and village agents, churches, service providers and charities. SLAMs advertises public meetings and events by word-of-mouth, its website, local media and posters. Word of mouth, or better still, being brought along by a friend, existing member or carer, has proved to be the most productive.

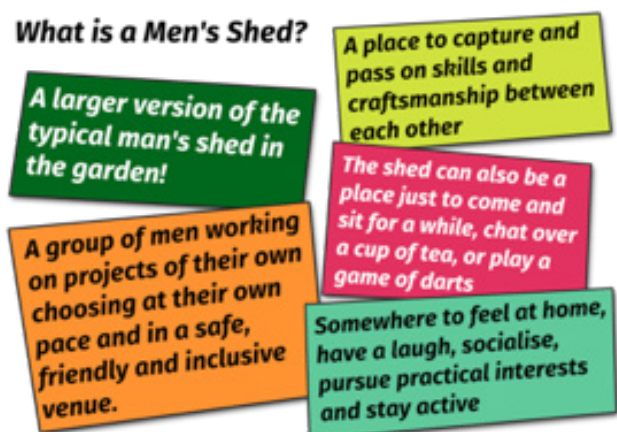
Malcolm Rae, co-founder of State of Mind Sport, talked about potential role of sport in engaging men in mental health. Playing sport can improve physical and mental health and wellbeing. Sport can also, because of its influence, help to tackle stigma and prejudice; well-known sports people speaking out about mental health can be particularly helpful.

State of Mind Sport aims to:

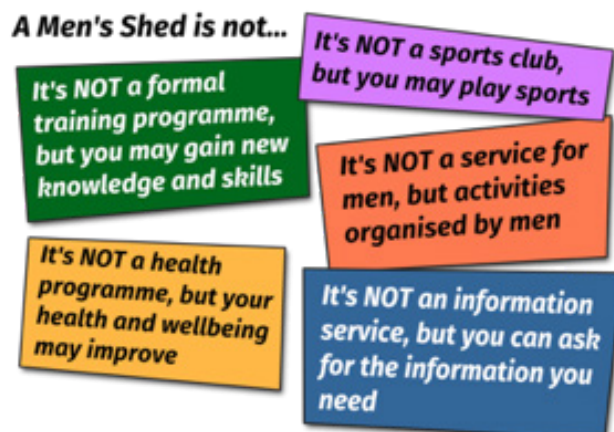
- Promote an increased awareness of mental fitness, wellbeing and resilience
- Tackle stigma, signpost to support, encourage early access and prevent suicide in rugby league players, fans and communities.

The organisation specifically targets men living in deprived areas and works in partnership with the Rugby League as well as local schools, health organisations, colleges, media and criminal justice agencies. It has already delivered education sessions on mental fitness and resilience to over 10,000 people. Malcolm explained how State of Mind Sport uses terms like 'mental fitness' and 'help a mate' to engage men. Its Boot Room project in Warrington invited people to watch films of great matches with ex-players who discussed their mental preparations and the issue of stigma. Ideas for tackling stress in the workplace are currently being developed.

What is a Men's Shed?



A Men's Shed is not...



ACTION PLANNING WORKSHOPS

Attendees met in small groups to identify:

- Key learnings from the day.
- Short-term action points to take forward the learnings.
- Longer-term strategic or policy level action points.

The main action points identified by the workshops are summarized here:

Policy and strategy development

- Acknowledge the need for different strategies for men and women on mental and physical health.
- Develop a specific men's mental health policy with clear development and reporting responsibilities.
- Develop wider male-friendly policies to engage people and drive work forward.
- Embed the 10 Top Tips into strategic work.
- Ensure strategy and policy development involves all stakeholders across organisations, including a wide range of voluntary organisations.
- Develop a 'concordat' approach with different organisations signing up to a men's health strategy.
- Share information across organisations to avoid working in silos. Take a positive approach to men (a wellness, strengths-based model).
- Encourage men to tell their personal stories to help to challenge stigma.
- Cascade the messages and information through the organisations represented at the conference.
- Highlight the wider impact of men's mental health on families, carers and colleagues.
- Adopt a long-term approach – the work can't all be done tomorrow.

Research

- Review existing services to assess how well they serve men.
- Research ways to encourage 'adults at risk' to participate in activities.
- Use and improve the statistics on male mental health.

Service delivery

- Develop male-friendly accessible services and tap into men's interests.
- Use the 10 Top Tips in work with men.
- Create the right environment and safe spaces for a conversation with men including male-only groups in clinical settings
- Recognise the value of a 'shoulder-to-shoulder' approach in engaging men (e.g. as in Men's Sheds).
- Recognise the need for positive role models and celebrating positive stories in the workplace and other organisations

- Use the 7 Questions in workplaces to develop peer-led support programmes.
- Recognise the importance of parental education for the mental health of boys.
- Introduce greater support for boys in schools.
- Educate boys and their teachers about communication.
- Address looked-after children as a specific group.
- Deliver services where men are, including the workplace.
- Encourage sporting activities in the workplace across different service areas.
- Engage men through local communities and marginalised groups.
- Create mental health champions within organisations who signpost people to services..
- Improve information, advice and diagnosis as well as challenge stigma.
- Review the way services market themselves, including the language used.
- Interpret data to get a clear picture of how services are engaging men.
- Inform employers of their responsibilities to their employees.

Workforce

- Make the mental health profession more attractive to men to improve their participation in the workforce.
- Train front line staff to recognise the signs of men's mental health problems.
- Organise training days on the 7 Questions and the role of sport.
- Incorporate the learning from the conference into professional training.
- Upskill the health workforce in men's mental health on a cross-sectoral basis.

MEN'S MENTAL HEALTH INTEREST GROUP

Louise Finnis proposed the establishment of a new Men's Mental Health Interest Group tasked to take forward this work. Almost 40 attendees indicated that they would like to be involved.



CONFERENCE EVALUATION

Some 63 attendees (about two-thirds of those present) returned evaluation forms. All the speakers scored between 4.0 and 5.0 out of 5.0, as did the event organisation, the venue and the catering. The action planning workshops and final plenary, at which the workshops reported their findings, scored slightly less highly (3.9 and 3.6 out of 5.0 respectively).

The qualitative comments about the conference were also overwhelmingly positive, e.g.

- 'Well done. I've been involved in NHS volunteering for about 18 years and I feel I learnt more today in a short time than in the rest of the time.'
- 'Fantastic conference. Well done.'
- 'Very good day. Eye opening.'
- 'Thought-provoking and creative solutions from a variety of organisations.'
- 'Superb day, great venue but very informative speakers.'
- 'Overall a much-needed excellent event. Thank you.'
- 'Well done! Superb variety. Hard work, but we want to work hard. Very high quality throughout.'
- 'Really good day. Wish it could happen in all areas of the UK.'
- 'An excellent day with ideas to take forward to raise awareness in my work place.'

The evaluation also generated some additional specific comments, including:

Most Useful

- 'The 7 questions to start new conversations with men. Effective, memorable and easy to do.'
- 'The 7 questions used by the Irish team would be really useful and practical in my work with young men. I also valued the real life stories and other practical ideas.'
- 'Practical ideas of how to work with men. The 7 questions and writing down thoughts and feelings.'

Insight Gained

- 'A lot, a much fuller understanding of the issues and some of the mechanisms that are being put in place to deal with them. A feeling of being more able to engage with the conversation going forward.'
- 'Networking with others and a diverse range of presentations with valuable information.'
- 'A far better understanding of where our own service gaps are and what we can do to improve - I'm buzzing with ideas.'
- 'Am much more aware of men's mental health and feel more prepared to help manage it as a manager.'

Suggested Improvements

- 'Would have been good to see more children's and young people services in the room.'
- 'Possibly CAHMs or some input on PSHE as lots of interest and concern about boys.'
- 'How to get users to engage more younger age groups, more health providers input (at ground level) and in education.'
- 'The feedback sessions seemed to drag on. Possibly task responders to two short. key points but collect full lists after.'

There were also several comments about the need for a further event on men's mental health in Somerset.

MEDIA COVERAGE

The conference was reported across media and social media including:

The Western Gazette

<http://www.westerngazette.co.uk/World-Mental-Health-Day-marked-men-s-mental/story-27953135-detail/story.html>

BBC Radio Somerset

- Ben McGrail with Professor Damian Ridge broadcast on Thursday 8th October
- Charlie Taylor with Jonny Benjamin broadcast on Saturday 10th October

Somerset Film

Phil Shepherd with Jonny Benjamin broadcast on 10 Radio in our Art on the Radio slot (Tuesdays 1730-1830) and distributed on the Somerset Film Twitter and Facebook accounts

Twitter

12,700 'impressions' (the number of times users saw the tweets). Jonny Benjamin, who has 28,000 followers, was the 'top tweeter' about the event.

THE MARKETPLACE

The conference also included a marketplace of largely local organisations providing information and resources to support men's health and men's mental health including Tim Martin (Art Kits Ltd), Patrick Abrahams (Frome Men's Sheds), Paul Hopkins (Mengage), Tracy Herd (Men's Health Forum), Andrew Pritchard (Mind TWS), Chris Milton (Shape MENDIP), Ivor Dixon (Somerset Levels and Moors Sheds – SLaMs), Scott Bowdrey (Somerset Partnership), Suzie Wilkinson (The Farming Community Network) and Louisa Elwes (Yeovil and Sherborne Samaritans).

POST-CONFERENCE REFLECTIONS

The conference organisers (Somerset Council's Public Health Team and the Men's Health Forum) commented that:

- Interest in the conference was very high. The original target number was 70 and, although this was increased to 100, there was still around 30 people who wanted to attend but could not. For a county event, these are very significant numbers.
- A wide range of organisations were represented, not just mental health. This was a genuinely multi-disciplinary event.
- 70% of the conference participants were men, unusually for a public health event, and this helped to create a special atmosphere.
- The Men's Panel demonstrated the value of men's personal stories as a training tool.
- Practical aids, such as the 'How To' guide and the 7 Questions, were highly valued by participants.
- The action planning workshops emphasized the importance of developing male-specific policy on mental health as well as multi-agency and cross-sectoral working.
- The value of developing a 'male-friendly' approach to engage men (e.g. using sport, comedy, Men's Sheds) was very clear.
- There was substantial support for the new Men's Mental Health Interest Group which can now begin to discuss action plans related to strategy and service delivery.
- The event achieved its objectives and many participants left the event inspired to share their learning with colleagues.
- It will be necessary to continue to develop intelligence about men's mental health, especially in the areas of prevention (including building emotional resilience in boys), access to primary care to enable early diagnosis and treatment, and service delivery in secondary care.



APPENDICES

- Delegate list
- Conference Programme
- Speaker's Biographies
- List of Resources

DELEGATE LIST

Speakers

- Alan O'Neill/Lorcan Brennan
- Damien Ridge
- David Wilkins
- Dr Andrew Dayani
- Ivor Dixon
- John Ryan
- Jonny Benjamin
- Malcolm Rae
- Mark Leeman
- Patrick Abrahams
- Trudi Grant

Delegates

Alex Chapman, Senior Operations Manager Somerset Drug and Alcohol Services
Alex Kingston-Wood, Support Worker, Somerset County Council
Andrew Bishop, Area Manager, Lighthouse Victim and Witness Care
Andrew Fisk, Learning and Development Consultant, Somerset County Council
Andrew Harris, Manager, Somerset Partnership NHS Foundation Trust
Andrew Pritchard, CEO, Mind In Taunton & West Somerset
Andrew Tresidder, GP, Patient Safety Lead Somerset Clinical Commissioning Group
Andrew Wilson, Locality Manager Public Health, Somerset County Council
Andy Heron, Chief Operating Officer, Somerset Partnership NHS Foundation Trust
Andy Pennington, Welfare Benefits Advisor, South Somerset District Council
Andy Stone, Assertive Outreach Co-ordinator, Somerset Partnership NHS Foundation Trust

Angela Bolitho, North Taunton One Team Coordinator, Avon and Somerset Constabulary
Anna Groskop, Cabinet Member for Health, Somerset County Council
Anne Parker, HIV Community Worker, The Eddystone Trust
Ben Sunderland, Customer Experience Officer, Somerset County Council
Bryan Mitchell, Manager, Somerset You Can Do Services
Bryn Youds, Senior Tutor, Bridgwater College
Carol Cooper, GP, Church View Medical Centre
Caroline Cooper, Stop Smoking Specialist Practitioner, Health Education Trainer, Cardiac Rehabilitation Exercise Instructor, SmokeFreeLife Somerset (S4H)
Carolyn Smith, Deputy Head of Division, Somerset Partnership NHS Foundation Trust
Catherine Hurd, Advice Services Manager, West Somerset Advice Bureau
Chris Milton, Lead Project Coordinator – NHS Health Checks, ToHealth
Chris Paul, Operations Manager, Somerset County Council
Dave Partlow, Clinical Development Manager, South Western Ambulance Service NHSFT
Daz Northover, Operations Manager, Taunton Association for the Homeless
Deborah Howard, Joint Head of Mental Health Services, Somerset Clinical Commissioning Group
Des Robertson, Chief Officer, Advocacy in Somerset
Fiona Abbey Equality, Diversity and Patient Engagement Lead, Somerset Clinical Commissioning Group
Gerald Taylor, Learning and Development Manager, Devon and Somerset Fire and Rescue Service
Gill Gillott, Wellbeing Coordinator, Yarlinton Housing
Graham Baker, Lay Member on Somerset, CCG Engagement Advisory Group (SEAG), Lighthouse Integrated Victim and Witness Care
Grahame Milroy, Employment Support Service, Somerset Partnership NHS Foundation Trust
Howard Batten, PSO, Probation Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company
Jack Layton, Information Specialist for Public Health, Somerset County Council
James Treadaway, Nursing Assistant, Somerset Partnership NHS Foundation Trust
Jez Eagle, Ward Manager, Somerset Partnership NHS Foundation Trust
Jim Thomas, Resettlement Manager, Catch 22 and HMP Guys Marsh
Joanna Burrigide-Clayton, Admin & Project Support and (volunteer) Counsellor, In Charley's Memory
John Paradise, Psychotherapist, Artkits
Jon England, Artist, Artkits
Jon Gray, Taunton Citizen's Advice Bureau
Jonathon Yelland, Healthwatch Development Officer, Healthwatch Somerset
Josh Williams, Housing Options Officer, Mendip District Council
Karen Bissix, Customer Experience Manager, Somerset County Council

Larry Watkins, Family Support Worker, Getset Services
Liam Kernan, Director of Operations, Mengage
Louisa Elwes, Outreach Director, Yeovil & Sherborne Samaritans
Marc Lewis, Somerset Time to Change Project Manager, Mind In Taunton & West Somerset
Mark Bernard, Head of Student Counselling, University of Bath
Mark Hunt, Inspector, Avon and Somerset Constabulary
Martin Tod, Men's Health Forum
Martyn Ball, Rehab Assistant, Somerset Partnership NHS Foundation Trust
Matt Bailey, Sergeant 4386 Mental Health Liaison Officer, Avon and Somerset Constabulary
Matthew Jackson, Business Support Officer, Southwest One/ Somerset County Council
Michael Connolly, Senior Housing Support Worker, Somerset Drug Alcohol Service
Michael Pearson, Locality Manager, Rethink Mental Illness
Michael Staunton, GP
Mike Prior, Superintendent, Avon and Somerset Constabulary
Mike Webster, Deputy Manager South Somerset Older Peoples Community Mental Health Team, Somerset Partnership NHS Foundation Trust
Nathan Quick, Support Worker and Wellbeing Champion, Somerset County Council
Neil James, Family Support Worker, Getset Services
Neil Thomas, Senior CPN, STEP Team, Somerset Partnership NHS Foundation Trust
Nick Viney, Co-ordinator, The Farming Community Network
Nik Harwood, Chief Executive, Somerset Rural Youth Project
Patricia Wilcox, Senior Sister, Yeovil District Hospital NHS Foundation Trust
Patrick Howlett, Deputy Manager Community Mental Health Team for Older Adults in Bridgwater, Somerset Partnership NHS Foundation Trust
Paul Dobson, Family Support Officer, Oakland's Childrens Centre
Paul Holtam, Trustee, Mind in Sedgemoor
Paul King, Dementia Support Worker, Alzheimer's Society
Peter Baker, Men's Health Forum associate
Peter Brandt, Assistant Chief Officer, Probation Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company
Phil Kelly, Senior Probation Officer, Probation BGSW
Philip Shepherd, Facilitator, Somerset Film
Rhian Bennett, Senior Commissioning Officer, Somerset County Council
Richard Jacobs, Deputy Director, Outreach Samaritans of Taunton & Somerset
Richard Painter, Head of Safeguarding, Somerset Partnership NHS Foundation Trust
Rob Woodger, Curriculum Area Manager, Construction, Yeovil College
Robert Hemms, Chair, Woolavington & Puriton Big Local Partnership
Rupert Sells, GP
Sarah Redington, Resettlement Worker, Developing Health & Independence
Scott Bowdrey, Cognitive Analytic Therapist, Supervisor/ Complex Case Clinical Lead Somerset Partnership

Simon Bawler, Community Safety Officer, Sedgemoor District Council
Simon See, Suicide Audit Co-ordinator, Somerset County Council
Steve Chattell, Head of HR, Yeovil College
Steve Cox, Probation Service Officer, National Probation Service, Yeovil
Steve Hart, Debt Coach in the Community - Visiting Homes, Christians Against Poverty (CAP) - Yeovil CAP Debt Centre
Steve Murphy, Programme Accountant – Finance Controls & Standards/Commercial Advisory and Client Services, Somerset County Council
Stewart Granger, Community Resilience Officer, Somerset Rivers Authority
Stuart Rosamond, Stand Organiser, Art Kits
Sue Place, CEO, The Balsam Centre
Suzie Wilkinson, Co-ordinator, The Farming Community Network
Teri Green, Work Coach for People Claiming Employment & Support Allowance, Frome Jobcentre Plus
Tim Archer, Associate Director of Strategic Planning and Joint Commissioning, Somerset Clinical Commissioning Group
Tim Martin, Artist/Curator/Producer, Artkits
Tracy Herd, Men's Health Forum





Putting men into mental health: New ways of working with men in Somerset

Thursday 8 October 2015, 09.45 – 16.35

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| <p>09.15 Registration
Tea/coffee; Marketplace</p> <p>09.45 Chair's Introduction
Dr Andrew Dayani, Medical Director,
Somerset Partnership</p> <p>Welcome
Trudi Grant, Director of Public Health,
Somerset County Council</p> <p>10.00 Key issues in men's mental health
David Wilkins, Associate, Men's Health
Forum</p> <p>10.30 Men's Panel
Chair: Prof Damien Ridge, University of
Westminster
• Jonny Benjamin, mental health
campaigner and producer The Stranger
On The Bridge;
• Sam Thomas, Founder and Director,
Men Get Eating Disorders Too;
• Mark Leeman, Strategy and
Partnership Lead Officer, Taunton
Deane and West Somerset Councils</p> <p>Plenary discussion</p> <p>11.45 Break
Marketplace</p> <p>12.05 Mental health and suicide policies in
Somerset
Louise Finnis, Mental Health Promotion
Manager, Somerset County Council</p> | <p>12.20 Starting a New Conversation with
Men
Alan O'Neill and Lorcan Brennan, Men's
Development Network, Ireland</p> <p>13.00 Lunch
Marketplace</p> <p>14.00 Using Comedy
John Ryan, comedian</p> <p>14.20 Action planning workshop, Part 1</p> <p>14.50 'Shoulder-to-shoulder' work
with men
Ivor Dixon and Patrick Abrahams,
Somerset Levels & Frome Men's Sheds</p> <p>15.10 Break
Marketplace</p> <p>15.20 Working with sport to reach men
Malcolm Rae, State of Mind Sport</p> <p>15.40 Action planning workshop, Part 2</p> <p>16.10 Plenary discussion
Formation of a men's mental health
interest group</p> <p>16.30 Chair's conclusion and farewell</p> <p>16.35 Haynes Motor Museum visit
(museum closes 5.30pm)</p> |
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Patrick Abrahams set up and runs the Frome Men's Shed. Attendees undertake projects for the community, as well as for themselves. Patrick has worked in IT for his entire career, in the UK, Eastern Europe, and China, for both small companies and large corporations. He has had extensive dealings with Parish, Town and District Councils, working in the public and private sectors. He has been a Parish Councillor, School Governor and a Charity Trustee. Patrick currently works part-time for the UK Men's Sheds Association and for other small companies and organisations.

Jonny Benjamin is a mental health campaigner, writer and presenter. At the age of 20, he was diagnosed with schizoaffective disorder, a combination of schizophrenia and depression, and during his recovery started making YouTube films about the condition that have been watched by hundreds of thousands of people across the globe. Jonny now speaks publicly about living with mental illness and has given various interviews on TV, radio and in print around the world to help educate and break stigma. He was awarded the first Janey Antoniou award from Rethink Mental Illness to recognise the achievements of his mental health campaigning and was subsequently made an ambassador for the charity. In 2013, he presented a BBC Three documentary for its mental health season, *It's A Mad World*, and recently authored a piece about male suicide for BBC Radio Four's *World At One*. Last year he setup the 'Find Mike' campaign to find the stranger who stopped him from taking his own life when he was really unwell in order to thank him and raise awareness of suicide. The campaign went viral, reaching over 300 million people worldwide. It proved to be a success, with Jonny finding the stranger just two weeks later. A documentary following this journey, *'The Stranger On The Bridge'*, was broadcast in May on Channel 4 to widespread acclaim. Jonny also has a book of poetry published entitled *Pill After Pill: Poems From A Schizophrenic Mind*. To see Jonny's films visit www.youtube.com/johnjusthuman.

Lorcan Brennan is the Men's Health Coordinator of The Men's Development Health Programme (MDHP) at the Men's Development Network (MDN) based in Waterford, Ireland. Through the MDHP's programmes, he travels nationally training and facilitating men and those working to engage and support men with their lives and health. The work informs service delivery with a view to improving men's access to and experience of those services. Through his MDHP work, he continues to focus nationally on delivering training, including the Engage National Men's Health Training Programme, the MDN's Men's Health 7 Key Questions Training, National and Inter-sectoral committee work promoting best practice and wellbeing for men. He also plays an active role in supporting the facilitation of the Men's Development Network's Annual National Men's Health Training and Development Summer School. He is involved annually in promoting Men's Health Week nationally as a member Men's Health Forum in Ireland (MHFI) and supporting Engaging Young Men through the development and facilitation of training modules with and for front-line service providers.

SPEAKERS' BIOGRAPHIES

Andrew Dayani has been an NHS doctor for 25 years and is Medical Director at Somerset Partnership NHS FT, an integrated community, physical and mental health provider. After initially training in hospital medicine, he switched to General Practice, training in Cornwall before moving to Somerset in 1994. As a GP Principal and Executive Partner, he led many of the organisational and business aspects of the practice, whilst also maintaining interests in Dermatology, Cardiology and Community Hospital medicine. In addition to clinical practice, Andrew was Locality Commissioner for Taunton Deane and West Somerset, working with primary and secondary care plus third sector bodies to improve patient care. He has also been a member of the Somerset Local Medical Committee, where he was lead negotiator for PMS practices and more recently the LMC representative to the interim Somerset Clinical Commissioning Group. Andrew maintains an interest in Occupational Medicine and General Practice.

Ivor Dixon set up NetBuddies Ltd, a not-for profit IT training provider, on retiring from the family software business in 2009, having previously worked in product development, sales and marketing, as well as spending a time working in rural development with the Church of South India. NetBuddies, with all volunteer staffing and a tiny budget, uses an administrative hub and local nodes to deliver training with minimal overheads. It has metamorphosed as occasion demands, runs Job Clubs, is involved with financial inclusion and actively campaigns for improved access to and delivery of broadband in rural areas. Setting up the Somerset Levels and Moors Sheds project is a natural progression, and it will use the same hub and node model to work in smaller communities where limited footfall would make establishing an independent Shed difficult, if not impossible.

Louise Finnis works as a Health Promotion Manager for mental health in the Somerset Public Health Department as part of Somerset County Council. She has worked in this role for seven years and leads on the Somerset Mental Health Promotion Strategy and Suicide Prevention Strategy. She is passionate about promoting mental health and wellbeing and has commissioned a number of projects that include the provision of advice and information which is key to helping people have choice over their health decisions and behaviours.

Trudi Grant is the Director of Public Health for Somerset County Council. She directs the work of the Public Health Team and also plays an important role in the Health and Wellbeing Board, which has overall responsibility for the health and wellbeing of Somerset residents. Working with a range of partners and stakeholders, she is focusing on embedding public health within all facets of the work carried out by the county council and other organisations across Somerset. She also works closely with the Lead Commissioner for adults and health. Before moving into a career in public health, Trudi was an accredited Sport and Exercise Scientist, with a special interest in physical activity and mental health.

Mark Leeman is Taunton Deane and West Somerset Councils' Strategy and Partnership Lead Officer. Mark currently supports the development/implementation of the Housing Strategy and the Health and Wellbeing Strategy. He was previously the project lead for Family Focus (Troubled Families) in Taunton Deane and West Somerset. He is a qualified town planner and has also worked on planning policy issues, community planning and corporate strategy/performance. Mark has an active social life. His various interests include Leicester City Football Club, walking, military history, working on his allotment, Air-fix models, stamp collecting and supporting his local church. He and his wife recently celebrated their 25th wedding anniversary and they have two sons. Mark developed mental health problems during 2011 and was particularly unwell during the first six months of 2012. It took him 12 months to overcome the worst affects. He still occasionally struggles, but is able to recognise the signs and has developed coping mechanisms with the aid of therapy and coaching. Mark recognises that men can have particular issues and concerns. Being honest, open

SPEAKERS' BIOGRAPHIES

and having the persistence to secure the right treatment is essential. He recognises that many men are now struggling with the 'crisis in modern masculinity'

Alan O'Neill is Chief Executive of The Men's Development Network (MDN) in Ireland. Over the last 17.5 years, Alan has established MDN as the leader on men's development in Ireland and abroad. Alan has represented MDN and its methodologies in the UK, Europe, the USA and Australia. MDN delivers men's programmes in development, health, training, violence intervention, counselling, equality and equity, and for men with particular issues. MDN is the national promoter of the White Ribbon Campaign in Ireland. Alan joined his first men's group in Dublin in 1971. He has been married for 37 years and has three adult sons. He is the author of a booklet and two books on MDN's work: *7 Key Questions for Men* (2012), *Supporting Men in Challenging Times* (2013) and *A New Conversation with Men* (forthcoming, 2015).

Malcolm Rae has extensive experience of working in a range of mental health specialties. He is a former Director of Nursing in both Wigan and Salford. From 1997-2002, he was Nurse Advisor for Mental Health and Forensic Psychiatry at the Department of Health and then became the Joint Lead for the Acute Care Programme of the National Institute for Mental Health England (NIMHE) for eight years. He was also an Independent Member of the Parole Board for seven years. Malcolm is currently largely employed as an Independent Investigator into serious untoward incidents, in particular suicide and homicides, in both inpatient and community settings. He is a Fellow of the Royal College of Nursing, an Honorary Fellow of the University of Central Lancashire and the first Fellow of the National Association of Psychiatric Intensive Care Units (NAPICU). Malcolm is the co-founder of State of Mind Sport, a Rugby League and mental health charity and was awarded the OBE in 1996.

Damien Ridge is a Professor at the University of Westminster, previously of the Health Experiences Research Group (HERG) at the University of Oxford, where he fleshed out for the first time what recovery from depression entailed for patients. In 2010, the National Institute for Health and Care Excellence (NICE) adopted this research in their guidance on the management of depression in adults in the UK, and this work was singled out for its "outstanding reach and significance" in the Research Excellence Framework 2014. In 2015, his work in establishing the Atlas Men's Wellbeing pilot programme for distressed men in primary care was shortlisted for the BMJ Award. He has published over 60 academic papers in leading journals, including in the areas of masculinity and men's wellbeing, and is currently completing a book on rethinking men and masculinity. He provides psychodynamic therapy in the community, and is passionate about translating research into patient benefit, and promoting the mental health of men in particular.

John Ryan has been described as 'Upbeat, interesting and unique' (ITV) and 'A five star performer' (LBC Radio). 'John Ryan delivers clear health messages to men in a fun and thought provoking way,' said Cllr John Fahy, Royal Borough of Greenwich; Charlie Jordan of Heart FM said 'If you can make them laugh you can make them listen, and he certainly does that.' John is the writer/performer of many award winning health-themed shows as well as being one of the UK's top stand-up comedians. John draws on an academic background mixed with some straight talking to provide a bespoke inclusive performance that is upbeat and entertaining. John has also written for most of Britain's daily newspapers. An experienced broadcaster he hosts a show on BFBS radio and is an Edinburgh Festival Highlight Award Winner. His podcasts are available on the Men's Health Forum's website, www.menshealthforum.org.uk.

David Wilkins was Head of Policy at the Men's Health Forum (MHF) from 2002 to 2014. He is now partially retired but still undertakes work in the field of male health, including some work as an Associate of the MHF. Prior to joining MHF, David worked for 11 years in the NHS and taught health promotion and community work at Bournemouth University. During his time at MHF, David led research and managed practical projects in relation to several areas of male health, including cancer

SPEAKERS' BIOGRAPHIES

prevention, weight loss and sexual health. He has had a strong, consistent commitment to the campaign for better mental health services for men for many years and has written two national policy reports on the subject, one for the National Mental Health Development Unit and the second in partnership with Mind. Earlier this year, David's How to make mental health services work for men was published by the MHF.



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NATIONAL

Suicidal or In Crisis?

Samaritans 08457909090

www.samaritans.org

Mental Health Charities

CALM

Service specifically for men

www.thecalmzone.net

Combat Stress

<http://www.combatstress.org.uk>

0800 138 1619

Mind

www.mind.org.uk

Rethink

For people with severe mental illness

www.rethink.org

Movember

<https://uk.movember.com/mens-health/mental-health>

Men's Health Forum

<https://www.menshealthforum.org.uk/>

Relationships

Relate

Relationship counselling (also help with sex/
porn addiction)

www.relate.org.uk

Domestic Violence

Men's Advice Line (for victims)

9-5 Mon-Fri 0808 801 0327

www.mensadvice.org.uk

Respect (for perpetrators)

9-5 Mon-Fri 0808 802 4040

www.respectphoneline.org.uk

Sexuality

Lesbian and Gay Foundation 0845 330 3030

www.lgf.org.uk

Eating Disorders

Men Get Eating Disorders Too

www.mengetedstoo.co.uk

SOMERSET

NHS

Community Mental Health Teams

[http://www.sompar.nhs.uk/our_services/
adult_services/
community_mental_health_teams](http://www.sompar.nhs.uk/our_services/adult_services/community_mental_health_teams)

Somerset Drug and Alcohol Service

[http://www.somerset.gov.uk/organisation/
partnerships/somerset-drug-and-alcohol-
action-team/](http://www.somerset.gov.uk/organisation/partnerships/somerset-drug-and-alcohol-action-team/)

Charities

Mind in Taunton & Somerset

<http://mindtw.s.org.uk/>

Samaritans of Taunton & Somerset

<http://www.samaritans.org/branches/samaritans-taunton-and-somerset>

Farm Community Network 0800 694 999

Somerset Gay and Lesbian Youth Group

www.2bu-somerset.co.uk

MIND groups

Mind in Sedgemoor

01278 446 935

www.mindinsedgemoor.org.uk

South Somerset Mind

01935 474875

www.southsomersetmind.co.uk

Mind in Taunton and West Somerset

01823 334906

www.mindtw.s.org.uk

Mindline Out of hours listening service

01823 276 892

Other Organisations in Somerset

Somerset Choices - information and advice on services and support groups in Somerset

www.somersetchoices.org.uk

SWEDA - Somerset Eating Disorders Association

www.swedauk.org.uk

Zing Somerset - local sports and activities website

www.zingsomerset.co.uk