



Boys and Men: Making mental health accessible for all



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Introduction

This guidance is for any individual, team or organisation with a role involving the promotion of mental health, or the engagement of people in mental health services.

A number of recent national reports have focussed on the important topic of how to better engage boys and men in the conversation about mental health.

In Hertfordshire, mental health of boys and men is recognised as a priority. The recently launched 'Just Talk' campaign focusses on raising awareness of and normalising mental health in teenage boys, and a multi-agency Suicide Prevention Plan is in place with an action group focussed on suicide prevention in boys and men. This guidance document has been developed as part of this work.

We all have mental health, and mental illness can affect anyone; Hertfordshire therefore takes a whole systems approach to mental health, involving a wide range of organisations including County and District Councils, the voluntary sector, schools, colleges, workplaces, Clinical Commissioning Groups and Health Services.

This document is designed to provide insight and consistency across the whole system, ensuring that information, communications, services and projects are developed and delivered in such a way so as to maximise engagement from boys and men. It is important that we acknowledge that boys and men who find help seeking difficult are not likely to change in the short term, but our communication methods and the ways in which mental health services operate can change.

This document does not provide guidance on different treatment approaches and methodologies, although there is existing literature on this elsewhereⁱ

The guidance comprises the following sections:

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"... men often have mental health needs that are distinct from those of women and which are particularly associated with the lived experience of being male. Some of these needs are not being met as effectively as they might."

Untold Problems: published by the Men's Health Forum, 2010

Summary

Due to cultural expectations and norms, boys and men can be less likely to engage with mental health information and support. Given that men are at a significantly increased risk of going missing or taking their own life, there is a clear need to put in place measures to encourage boys and men to seek help, and to seek help earlier.

In Hertfordshire, there is a whole systems approach to promoting mental health and preventing mental ill health, and a number of work strands are now focussed on promoting the mental health of boys and men. However, more can be achieved, and this guidance sets out some key recommendations.

Key barriers to engagement include a fear of judgment, a fear of appearing weak, and a sense of embarrassment. There is also clear evidence to show that boys and men are more likely to engage with information or support if they are explicitly told that the information or support is for them.

Evidence also tells us that the language used in mental health communications is key to successful engagement, with words such as 'stress', 'mood' and 'anger', and phrases such as 'feeling down' and 'feeling low' appearing to be useful in engaging boys and men in verbal conversations about their mental health. However, more clinical terminology such as 'mental health' and 'depression' appears to be appropriate in online communications where boys and men are seeking support, pointing to the fact that context is key to language use.

In addition to making support services and information more accessible to boys and men, it is also important to prevent mental ill health developing through the building of effective coping strategies. Hertfordshire intelligence provides us with information on the ways in which boys and men tend to cope with difficult situations or emotions, giving insight into how to tailor and focus advice. Sport and physical activity is the primary coping strategy identified. The second most commonly identified coping strategy for adult men is drugs or alcohol, and for boys is gaming and technology.

For both boys and men, a significant number are unable to identify any coping strategies at all.

There are 10 recommendations for engaging boys and men in mental health information and support:

1. Speak to the people you want to target/engage
2. When promoting services for men, tell them explicitly that it is for them
3. Be aware of context/ where promotional materials are going to be seen
4. Build faith in the value of seeking support and emphasise that seeking help early can prevent things from getting worse
5. Be transparent and clear about confidentiality
6. Normalise mental health
7. Provide more education in schools, colleges and in the workplace
8. Support/educate parents, partners, work colleagues, and friends
9. Assess the impact and evaluate
10. Look beyond the immediate

Background:

Mental health service data clearly shows that men engage less with services than women do. For example, men account for just 35% of all referrals to Improving Access to Psychological Therapies (IAPT), the programme sponsored by the National Health Service to increase access to talking therapiesⁱⁱ.

The national Time to Change campaign aims to influence public knowledge of and attitudes to people with mental health problems. While men's attitudes and behaviours have changed since the campaign was introduced, stigma amongst men appears to continue to be a barrier to improving men's mental health, with men reporting they were more likely to confide in women about their challenges with their mental health than in other menⁱⁱⁱ.

Men are also still substantially more likely to take time off work to get medical help for physical symptoms than symptoms such as anxiety or feeling low^{iv}. 34% would be embarrassed or ashamed to take time off work for mental health concerns such as anxiety or depression compared to 13% for a physical injury, with over a third being concerned that their employer would think badly of them.

We all have mental health and anyone can develop a mental illness. However, the picture of men's mental health as being more stigmatised and characterised by a greater degree of internalisation of feelings and less likelihood of seeking help, looks profound and requiring prioritisation, when you consider the following:

73% of adults who 'go missing' are men^v

Men are three times more likely to take their own lives than women^{vi}

Men are significantly less likely to seek medical help for mental health problems, or to disclose problems to a friend or loved one^{vii}

Another layer of complexity is suggested by those that posit that potentially part of the issue for under-diagnosis of male depression lies with the language used in the diagnostic tools^{viii}. Examples have been cited where phrases such as 'feeling unloved' or 'butterflies in the stomach' are used and hypothesise that such language may better represent female depression than male. Some studies do indeed indicate that when alternative symptoms are considered, sex disparities in depression rates disappear.

There is significant potential for programmes aiming to improve the mental health of men and boys. There is increasing evidence from physical health research that male-specific marketing approaches can help close the gap between the sexes in the appetite for advice and information^{ix}.

Existing mental health promotion campaigns often focus on the importance of recognising the signs of emotional distress and on the value of seeking support. Such campaigns may assume a level of self-awareness and a willingness to seek help that many men may not currently possess. It is therefore important to use evidence and research to develop relevant and meaningful programmes and communications that are in line with the needs and expectations of boys and men

How boys and men conceptualise/talk about mental health

“Language is how we codify things. If we shift language then we shift perceptions”
James Leadbitter^x

In January 2018, the Men’s Health Forum published ‘Mind your language: How men talk about mental health’. This section draws largely from this report, alongside Hertfordshire intelligence, and other relevant data sources as cited.

A 2017 Hertfordshire survey completed by 641 teenage boys found that TV, internet and media based stories and information about mental health are not resonating with boys as much as girls, and that boys have slightly less awareness in relation to mental health and the support on offer. This points to a need to develop information that is specifically designed with boys and men in mind.

Time to Change, through their campaign work to challenge stigma, have also found that boys and men will not engage with campaigns or messages that target females; But girls and women will engage with campaigns or messages that target males. Therefore, a targeted approach to men, does not exclude females.

In compiling the report, ‘Mind your language: How men talk about mental health’, authors ran a series of focus groups with 13 – 75 year old boys and men. There was wide agreement that we need to be mindful of the language that we use in order to engage people, particularly in the digital setting.

Language can be a barrier to engaging men in social projects, and it is therefore recommended that organisations consider tailoring marketing to target men specifically, taking into consideration language and graphics. In an article for the Huffington Post on mental health masculinity, Professor Steve Robertson observed that in order to create ‘an environment in which men feel more comfortable exploring their problems’, the initial marketing of a service has to ‘include discussing the unique symptoms of masculine depression, and use of language more compatible with traditional masculine gender roles’^{xi}.

The following key themes on language have emerged:

‘Stress’:

There was a consensus that stress is a word that can be used effectively for engaging men to talk about their mental health. As a concept, stress represented a state that ‘sits on top of you’ but could be ‘pushed back’. It was defined as ‘being out of control’ at a high level. Stress manifests itself through a series of apparently opposing symptoms: too much sleep/not enough sleep; eating too much/ loss of appetite. Other manifestations included excessive drinking, smoking and substance misuse. It could be seen through bouts of anger and isolation.

While stress as a word was validated, different groups emphasised different causes of stress. Where the group was generally older, they spoke more about financial stress and not being ready for retirement, as well as stress emanating from teenage children. There was also a sensitivity to the challenges faced by young people today

as a result of the 24-hour lifestyle foisted upon them by technology. The negative impact of technology on the mental health of young people was mentioned widely, with social media bringing a lot of responsibility and many children and young people not being able to manage that responsibility in the right way.

It was acknowledged that 'different people have different tolerance levels for stress' and therefore 'stress' is a term that could not be used accurately to indicate mental health problems, 'though it could be used as a term for opening a discussion.'

Various groups made the point that stress was not necessarily a wholly bad thing and could lead to productive cycles. Interestingly, there was also a consensus that negative stress impacts the body as well as the mind, with senses being impacted in different ways for different people. This perhaps indicates that broadly speaking there is a good level of awareness of what stress is and how it manifests.

Synonyms of stress used by the groups included 'overloaded' and 'overwhelmed'. These terms were used to describe a state where a person was 'out of control', 'having more to do than they could cope with'.

'Stressed Out'

Over the course of the focus groups a differentiation between 'stress' and 'stressed out' began to emerge. Some reflected that the word 'out' is 'like a tipping point'. In other words, there was a sense that 'stressed out' indicated a different, more substantial level of concern and a sense of not being able to cope.

Not everyone shared this opinion, however. One participant stated he used the term almost frivolously in saying things such as 'the kids are stressing me out' and 'work is stressing me out'.

'Mental Health'

The term 'mental health', a popular blanket term used by the media, professionals and academics, was, by the majority, seen as a negative word, indicating a failure to cope. Young people in Hertfordshire have reported that when they hear the term 'mental health', they immediately think of 'mental illness', and this is corroborated by professionals who deliver mental health sessions and training. A minority are able to reflect that we all have mental health and that it represents a spectrum of existence, positive and negative. This debate clearly illustrates the disjunction between more 'medical' terms and how they are understood colloquially.

There was widespread feeling that the term is steeped in stigma, partly due to how mental health is portrayed in the media. The media talks about mental health as a medical thing, a problem. Mental health is often seen as dangerous.

Across the groups, there was however a sense that while mental health was a term shrouded in stigma, changes had been made that make it more acceptable for men and wider society to talk about mental health than in previous years.

'Anger'

'Anger' was widely seen as a word that is acceptable for men to respond to and speak about further. This was particularly the case among young people. It was the emotion that was deemed easiest to express because it was easy to identify and was linked to being a man. When asked why it was an easier emotion to express,

one participant stated 'because you can be physical', i.e. pace around, shout, or potentially punch something. There was a feeling that these expressions of emotion were more closely aligned to their own and society's sense of being male. There was discussion about cultural tolerance levels for expressions of anger, with behaviours being seen as acceptable in one culture but unacceptable in another.

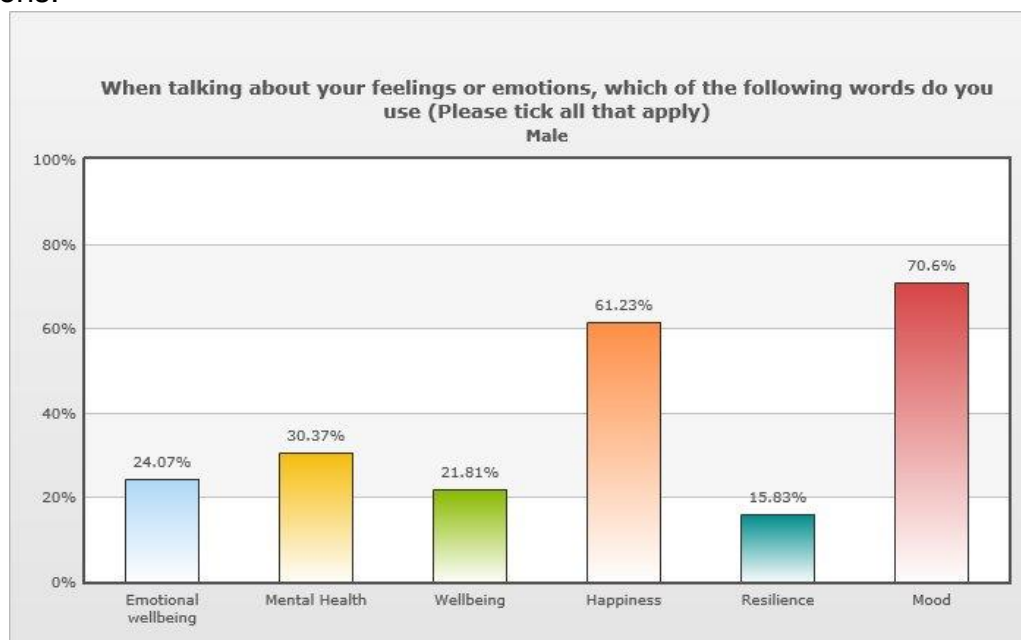
'Feeling Down'

'Feeling down' was seen as a preferable term to 'depressed', with people feeling more comfortable using it to describe how they or others are feeling. Using 'feeling down' in this way could also remove the difficult differentiation between people talking about 'feeling depressed', and people suffering from clinical depression. This was reflected in the Hertfordshire survey undertaken with teenage boys in July 2017, with a number of respondents also commenting that they were most comfortable using terms such as 'feeling down' or 'feeling low'.

There was some indication in the research conducted by the Men's Health Forum that 'feeling emotional' is also a term that is used by young people, while not being a phrase that is likely to be used by adult men.

'Wellbeing'

There was a wide variance in how this term is perceived. 'Well-being' as a term was often thought of as being over-used and over-applied, without being clearly defined. Some said the term was 'woolly' 'doesn't really mean anything' and is 'overused'. This again was reflected in the Hertfordshire survey, with only one in five boys using the term 'wellbeing', and one in four boys using the term 'emotional wellbeing' despite these terms being commonly used in schools. The table below summarises some of the words boys are most likely to use when talking about their feelings or emotions.



Interestingly there was very little difference between boys and girls use of language, with 'happiness' and 'mood' being the most commonly used terms to talk about feelings or emotions.

Other words used included sad or sadness, down, depressed, tough, balance, feeling, aggression, healthy lifestyles, attitude, low, stressed, struggling, coping, anxiety or anxious, lack of confidence, tiredness, loneliness, frustration, emotions, empathy, feeling up or down, mood swings, vulnerable, upset, not feeling good, swear words, insanity (jokingly), responsiveness, and worrying.

A number of boys also commented that they don't use any words as they don't talk about it.

This provides us with some insight into mental health language used by boys and men, but it should be noted that in terms of engagement, context and delivery is key as well. The Men's Health Forum report summarised some useful feedback from a Listening Volunteer from the Samaritans: "Neil spoke about the need to be aware of tone, pace and volume in terms of addressing a caller. He said that one aim was to support callers to understand why they called. To this end, a volunteer could not 'sound authoritative, must be kind and inviting, and must allow the caller to feel in control of the conversation'. While these principles might not relate directly to language, they do reflect what some men were saying during the focus groups about the importance of delivery. In the focus groups, some people were reporting that even at times where the actual words being used might be considered challenging - for example when a person said to a friend experiencing distress that he looked stressed out - if the right approach is taken, a positive challenge can yield results.

2.1. Language use Online

There is evidence to indicate that the language lessons we have learnt in order to engage with boys and men on the topic of mental health, may not be applicable to their private online behaviours. In other words, terminology that boys and men may not be comfortable using in spoken conversation may in fact be the terminology they draw on when looking for something online, such as information or support.

One way to establish what language men are using to look for support, is to use Google analytics and analyse Google AdWords content for search queries

The Men's Health forum used google analytics to establish the following:

Those searching on more clinical terms such as 'suicidal thoughts', 'anxiety and depression help' and 'controlling stress and anger' were more likely to go through to the endpoint of the service (e.g. a webchat with a staff member.)

Similarly, the keywords in the advertisements that were most likely to lead to people engaging with a webchat were 'Mental health depression', 'suicide help' and 'anxiety stress'.

The use of clinical terms suggests more certainty over what is being searched for so it is perhaps no surprise that such searches are more likely to convert into people accessing support. It doesn't mean that these terms will resonate with those who don't know exactly what they're searching for.

Further analytics found that clearly identifying a mental health service as being for men, produced increased rates of engagement and conversions, and that use of professional terms such as counsellor, psychologist, mental health expert, etc. made men more likely to engage with them.

While further research would need to be conducted to better understand the above contrasts, it could be suggested that there is a significant difference between the private and the public person. In private and online people are searching for specific forms of support and the validation that they will receive support from a professional, while in public people are stating they want to reduce a sense of stigma associated to certain terminology. Equally it is possible that these are two stages of the same process and that removal of stigma using colloquial terms makes possible subsequent informed help-seeking using more clinical ones.

2.2 Seeking support for suicidal feelings online

In July 2018, 36 Hertfordshire men completed a survey to establish what search terms they may use if they found themselves experiencing thoughts of taking their own life. The word-cloud below summarises the most common search terms identified, with the larger words being those most frequently identified:

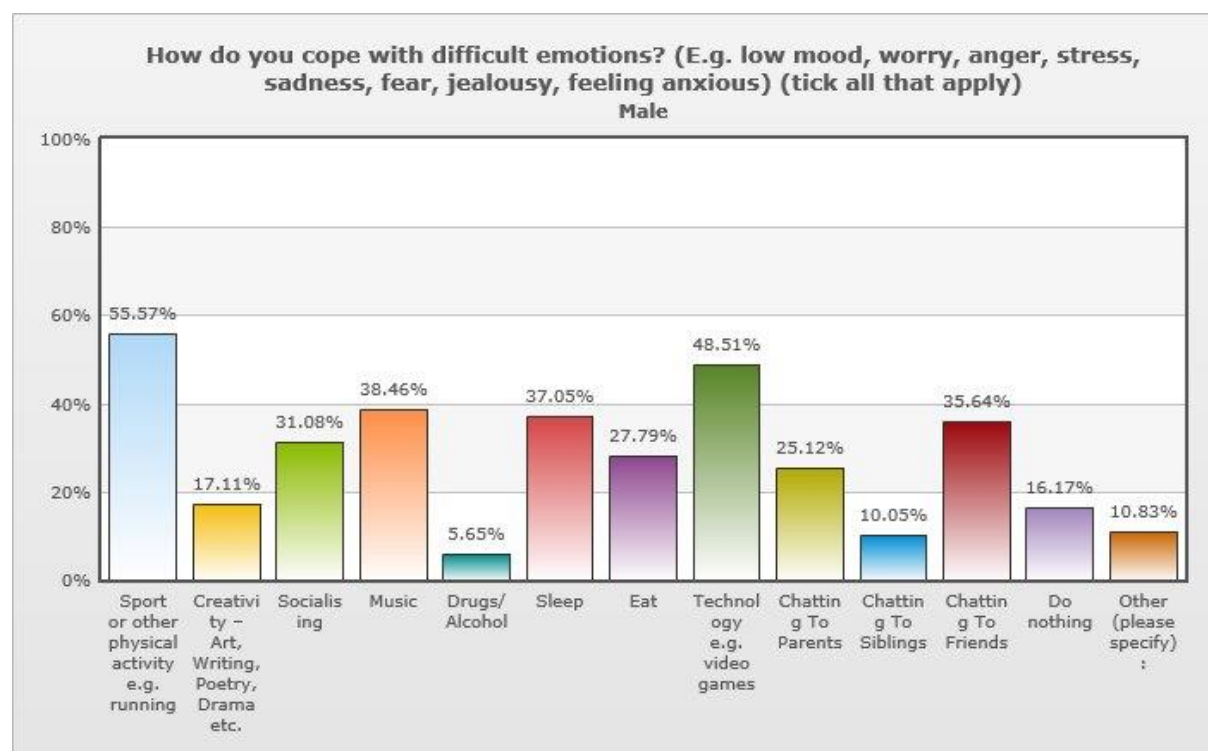


The survey showed that while some boys/men are more likely to use clinical language such as depression and anxiety, and refer to specific local or national mental health services, others are more likely to ask direct questions such as 'how to end the hurt' or 'what's the point'. The latter don't feature as heavily in the word cloud as the wording will all be slightly different, but approximately a third of those completing the survey, listed questions or statements of this nature. When someone searches for a specific organisation such as Samaritans, or for a key word such as 'suicide', the appropriate support services appear relatively easy to access. However, when someone is searching with slightly less obvious terms, or asking questions such as 'how to end the hurt', more obscure or irrelevant websites are listed and they therefore may find it more difficult to access the best information.

How boys and men cope with low wellbeing or mental ill health

Coping strategies are something that we employ in order to manage difficult circumstances, events or feelings that we face. Coping strategies can be seen as positive or negative, with negative strategies including self-harm, excessive drinking, or drug use, for example. Despite having potential negative consequences, such negative strategies serve a purpose for an individual, and therefore it is important to help people to build realistic and sustainable positive coping strategies, alongside the management of any negative ones. Positive coping strategies can help a person to manoeuvre through life's challenges, and are closely linked with the idea of 'resilience', a person's ability to bounce back.

In Hertfordshire we have some useful intelligence on the coping strategies used by school aged boys. The Hertfordshire July 2017 mental health survey found that there are significant differences in the coping strategies used by boys and girls. The most common coping strategy for boys is 'sport and physical activity' followed by 'technology'. For girls 'music' and 'chatting to friends' were the most common strategies. Boys are more likely to comment that they 'do nothing'. The table below summarises the key findings.



Interestingly, in a survey run with adult males in July 2018, half of respondents indicated that they use drugs and alcohol to cope with difficult emotions. Drug and alcohol use in Hertfordshire is low in school aged children so this backs up the low number reporting that they use drugs and alcohol in order to cope.

The only coping strategy adult men used more than drugs and alcohol was physical activity and sport (58%). Physical activity and sport is primarily a positive coping

strategy, although people can be at risk should they find themselves injured or unable to participate for other reasons. It is therefore important to encourage people to develop a range of coping strategies to draw upon.

Adult men were also less likely than school age boys to use technology e.g. video games (14%), but a similar proportion would use music (44%) and socialising (36%), and a similar proportion would worryingly do nothing at all (17%).

Help seeking behaviour of boys and men

Hertfordshire service and survey data and information is in line with the national picture that shows boys and men are less likely to access mental health support services, and more likely to access support only once reaching crisis point.

We can utilise local intelligence though to ensure we recognise the barriers faced by boys and men in accessing services, and take steps to reduce these barriers.

The July 2018 survey with adult men found that 40% would prefer to access mental health support face to face, and 31% would prefer online support. The next most common selection was telephone support (14%).

If struggling to cope, men are most likely to seek support from a friend (53%), a parent (17%), another family member or partner (42%), or a work colleague (17%). Only 13% indicated that they would see a health professional or GP. Almost 1 in 4 would speak to no-one (22%).

If a man was having feelings about taking his own life however, this picture changes quite dramatically, with a greater proportion now indicating they would speak to no-one (33%), and fewer indicating they would speak to a friend (33%). Slightly more men would speak to a GP if having thoughts of suicide than if just struggling to cope (19% vs. 11%), and more men were likely to use a helpline or online chat service if having thoughts of suicide (19 vs 6%).

It should be noted though that this survey was smaller numbers (36) than the school age children survey (641) and therefore it is difficult to draw reliable conclusions.

The school aged children survey key findings are:

- Fear and embarrassment are significant barriers to seeking support
- For boys, fear of judgment, bullying and being laughed at are significant barriers to asking for support. Also, they report feeling very uneasy about talking to someone they don't know and would prefer to seek support from someone they already know. They are also afraid of being perceived as weak.
- For both girls and boys, parents and friends are the first people they go to for support, with boys in particular being more likely to go to their parents.
- For professional support, GPs and school support are the first ports of call.
- Like the adult males, boys would prefer to receive mental health support face to face, followed by online. 18% also indicated that they would find drop in sessions useful.

For school-aged children, they identified the significant barriers to seeking support as being fear and embarrassment, as well as a fear of judgment or bullying, and being laughed at. They report being afraid of being perceived as weak. Boys also report that they feel very uneasy about talking to someone they don't know and would prefer to seek support from someone they already know.

The barriers for adult men appear similar, with fear of judgment, embarrassment and fear of being seen as weak, also being identified by them. Other themes that emerged from the adult men's responses included not knowing how to start a conversation (both online and in person), a fear of being a burden on others or changing their perceptions towards you, and a belief that no one can help.

A lot of the perceived barriers to seeking support stem from cultural expectation of men, particularly the belief that men and boys should not express vulnerability and should 'man up'. This sort of view is believed to prevent many men from giving priority to their personal mental health and wellbeing, and if we want to break down barriers we need to acknowledge how ingrained this cultural background may be. One solution may be to focus on the early development of boys, where health, education and community service providers all have a role to play. Additionally, greater emphasis may be needed on the role of the father and providing them with support and relevant information

These findings, alongside suggestions provided by school aged boys in their survey have been used to shape the recommendations in the final section of this guidance document.



Current programmes and actions in Hertfordshire

In Hertfordshire there is an extensive work programme in relation to promoting population mental health, with a particular focus on school and workplace health. An extensive transformation programme is also in place focussed on Child and Adolescent Mental Health Services, to ensure that interventions are available to support those that need it. These programmes incorporate mental health promotion and mental illness prevention and intervention that will impact upon boys, but are not specifically targeted in this way.

The Hertfordshire programmes listed below are specifically targeted at promoting mental health in boys and men.

Just Talk Programme

A Public Health led multi-agency work programme is in place to raise mental health awareness and engage with secondary school aged boys, and primary school aged boys in year 5 and 6.

The Just Talk campaign was developed in partnership with teenage boys to ensure that the logo/ resource design and key messages resonated with them, and has received widespread support from local role models, including Watford Football Club players.



Key campaign messages are:

Talking shows strength not weakness

We all have mental health

It's OK to not be OK

You're more likely to get better if you seek help early

There are simple ways to improve your own mental health (and that of those around you)

There is support and information available, and it can really help

Areas of work include:

- Social media - Communication of campaign key messages using a positive 'role model' and 'story' approach
- Campaign week – Although the campaign is continual, there will be a campaign week each year in February to generate activities in schools and community settings, and substantial social media activity
- Training – Just Talk messages and learning are incorporated into existing mental health training and engagement packages such as those delivered by the council, the CCGs, and voluntary agencies.
- Resources for schools – Just Talk resources for use in schools are available including lessons plans (PE and classroom based), presentations for use in assemblies, structured activities for form time, posters, and leaflets. A 6-week mental health programme being run in Watford and Hemel schools by Watford FC between 2018 and 2021 also draws on and incorporates Just Talk messages, and works with pupils in single gender groups.
- Resources for agencies outside of schools
- Support/education for parents – ensuring that key messages are communicated to parents, with a particular focus on dads, including a 'Top tips for parents' leaflet providing advice on how to speak to boys about mental health and recognise potential issues
- Education of sports coaches in mental health and resilience, and identification of emerging mental health issues, led by Watford FC and Public Health

The campaign was developed to be relevant and engaging for boys, but the messages and resources are appropriate for all genders and backgrounds. Work is also being undertaken with special schools to ensure resources and messaging are inclusive.

More details on Just Talk can be found here:

<https://www.healthyyoungmindsinherts.org.uk/justtalk>

Suicide Prevention Plan

A Public Health led multi-agency Suicide Prevention plan is in place, with a number of action groups ensuring that recommendations are put into practice. One action group is focussed on suicide prevention in boys and men in recognition that boys and men are three times more likely to take their own lives than girls and women.

Key areas of work include:

- Research and insight into barriers and facilitators to help seeking behaviour for men experiencing thoughts of suicide and/or experiencing crisis.

- Work with boys and men to review and refine key websites and support information available
- Social media campaign to 'normalise' conversations about mental health and to use role models to showcase healthy coping strategies and help seeking behaviours
- Provide boys and men mental health guidance to relevant professionals and services

#ManUpMenDoCry campaign

East Herts Council have been working with Mind in Mid Herts and Screaminggoatmedia over the last few months to create a film aimed at helping men to share their experiences of what it means to feel down and have changing moods. The film encourages men to talk and share and promote positive mental health and take action to get help. The five minute film looks at how to "man up" in the sense of being real men who can express their feelings and experiences. Hence the #ManUpMenDoCry which focuses on that fact that it is ok for men to cry and talk, as well as women.

Further details can be found here:

<https://www.eastherts.gov.uk/article/35585/Emotional-Health--Wellbeing>



Recommendations:

These recommendations are for service providers, commissioners, schools, colleges, employers, or any professional that works with boys and men and has a role in promoting mental health.

The recommendations can be used when planning and developing new engagement activities, or as a checklist for auditing existing activities, provision and resources. A separate editable checklist is also available

1. Speak to the people you want to target/engage

Speaking to people or drawing from relevant research or evidence if it has already been completed, is the only way to ensure that resources and services will engage with a target audience.

There is no 'one size fits all' word or phrase for engaging boys and men to talk about mental health – but 'feeling down' and 'stress' seem to be commonly used by boys and men when they are struggling. Our Herts research also tells us that the terms 'mood' and 'happiness' may be useful terms to use when communicating about positive mental health with teenage boys.

The Men's Health Forum found that broadly speaking, 'stress', 'stressed out', 'overwhelmed' and 'overloaded' were endorsed by older men while 'emotional', 'depressed' and 'anxious' were endorsed by boys and young men

Suggested activities:

- Check whether there is existing research or evidence for your target group
- Conduct focus groups with the target audience
- Carry out surveys with the target audience

2. When promoting services for men, tell them explicitly that it is for them

There would appear to be a positive impact in telling a group who are unsure whether traditional services are for them that your service definitely is. It is important not to make assumptions that anyone will know a service is for them just because it states it is open to all, as the evidence is telling us that we need to be more explicit.

Suggested activities:

- Look at your existing communications and methods of engagement. Is it made explicit and clear that the service is open to boys or men?
- If you publish case studies etc., make sure some of these include boys/men
- Are there social media accounts, groups, or venues where boys and men are more likely to attend? If so, consider using these to promote your services.

3. Be aware of where promotional materials are going to be seen.

The location may impact the level of perceived stigma in engaging with the materials and this may impact the language used in them - the words that someone may click on in private online may be very different from those on the cover of a leaflet they're prepared to pick up in public.

Suggested activities:

- Collect information from service users on how they heard about your service
- Consult with boys and men about where they have seen promotional materials, and what they think of them
- Consider whether your existing promotional/information resources are tailored to the environment they are being used in

4. Build faith in the value of seeking support and emphasise that seeking help early can prevent things from getting worse

There's evidence that seeking support and getting help can help people to get better, and sharing this evidence will help to engage people.

There is also clear evidence to show that recovery is more likely if people seek help at the earlier stages of illness. At the same time, one of the barriers for boys/men accessing support is that they may not be convinced that the services will help them.

Suggested activities:

- Develop and share case studies of people that have found your service helpful
- Share outcome data (in an accessible and easy to understand format) to build public confidence in your service
- Use appropriately targeted social media to share local and national evidence of 'what works'

5. Be transparent and clear about confidentiality

As noted throughout this guidance document, a key barrier to engagement is the fear of being judged by others, or perceived differently, and therefore there is a particularly strong desire for confidentiality in relation to mental health services. This is particularly the case for children and young people where confidentiality can be more complex, but adult men also exhibit concern about others finding out they are experiencing mental health issues

Suggested activities:

- Make no assumptions – be clear about confidentiality at all stages of engagement, including in what circumstances (and to whom) information may be shared.
- Promote anonymous support services e.g. Samaritans, so that those to whom fears over confidentiality represent a significant barrier, will still be able to access some form of support

6. Normalise mental health

It's something we all have, and sometimes any of us can get ill and need support. It is useful to share everyday examples of positive ways in which people utilise healthy coping strategies, and model positive behaviours such as talking to others and seeking help when it is needed.

People often don't disclose their problems as they are afraid of being judged. But we know that most people have a positive view of mental health and communicating this message more widely may lessen the fear of judgment, whilst also shifting the

attitudes of those who still retain stigmatising views - 72% of girls and 70% of boys in Hertfordshire think it's OK to talk about their mental health.

Suggested activities:

- Use relevant role models and celebrities in your communications and social media to engage boys and men in mental health conversations
- Also use peers and relatable stories in your communications.
- Focus on every day examples of mental health rather than sensationalist stories which may pique interest but will be less relatable
- Focus on positive stories of recovery and hope
- Be consistent with the messages you share with the public
- Work with partners to ensure consistency across the whole system by signing up to the mental health joint social media agreement for Hertfordshire (see Appendix 1)

7. Provide more education

Awareness of key mental health information can be increased widely through programmes of education in schools, in the workplace, and in other relevant settings. Education should be focussed on positive messages and building coping strategies (e.g. the five ways to wellbeing), recognising and responding to early signs of problems developing, and knowledge of the key support services available. Consistent messages are key in promoting mental health and wellbeing so linking in with Hertfordshire-wide schemes and initiatives is vital here. For example, for schools there is guidance available for adopting a whole school approach to mental health, and pastoral leads networks in place in all districts.

For organisations, there are tools available for promoting mental health in staff. Workplaces need to take a top down approach to mental health awareness and support by creating an environment where employees feel comfortable to express their emotional health and wellbeing issues. This can be provided through the organisation's culture and through staff training.

MH training for managers is important so they can;

- Understand how to minimise the risk of staff becoming mentally unwell
- Be able to identify staff at risk of experiencing mental ill-health
- Be confident about talking to staff about their mental health in an appropriate, sensitive way
- Understand how to support staff who are absent from work, or are returning to work after an absence, due to mental illness

If workplace health champions are in place, then specific mental health training should be provided for this role. Mental ill health is the biggest cause of staff absenteeism, so this area needs real consideration for employer's productivity. Within this training there should be an acknowledgment that men's mental health is different to women's and there may be additional barriers to men disclosing any mental health concerns.

The **MINDFUL EMPLOYER** initiative has been recommended as good practice by the UK government. It supports employers to support mental wellbeing at work by encouraging an open and support environment through training and various resources.

<http://www.mindfulemployer.net/>

The **Workplace Wellbeing Charter** is an accreditation standard that is built on best practice, the latest research and business sense. Originally devised by PHE, this initiative supports workplaces through a self-assessment, standards, workplace health consultant advice and training.

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

For young people and adults, it can also be useful to provide opportunities to learn from others and to see other boys and men modelling that it is OK to not be OK, and that seeking help is valuable. For example, it could be useful to provide pupils or your workforce with opportunities to hear from those who have experienced mental illness, but have recovered and have a positive story to tell. This will reinforce recommendations 2, 4, and 6.

Suggested activities:

- Take a whole school approach to mental health. This can be achieved through using the various Hertfordshire mental health resources and tools, including the Hertfordshire whole school approach to mental health – these can be found on www.healthyyoungmindsinherts.org.uk
- Use evidence based resources and tools to promote mental health in the workplace

8. Support/educate parents, partners, work colleagues, and friends

Information, education and support needs to be provided to parents, partners, work colleagues and friends (as well as relevant professionals) to ensure that people are clear on the things that they can do to help someone that is struggling, and ideally to enable them to signpost someone to support or further information if needed. Such activities should also be widely promoted in order to build the confidence in boys and men that if they go to someone for support, that person will know how to help them.

Suggested activities:

- Consider what support and information you are offering to the family and friends of those that are already accessing services
- Promote existing resources that offer guidance for parents e.g. Hertfordshire Just Talk top tips for parents, Hertfordshire anxiety toolkit tips for parents, and the national Young Minds website <https://youngminds.org.uk/find-help/for-parents/>
- Where possible, offer or signpost to mental health training sessions that provide guidance on how to support someone who may be struggling e.g. Mental Health First Aid
- Provide specific training within your workplace so that staff know how best to support each other and how to signpost to support

- Consider implementing peer support programmes - do ensure peers are offered supervision and appropriate training

9. Assess the impact and evaluate

When putting in place steps to engage boys and men, be clear on what it is that you want to achieve, why you want to achieve it, and how you will measure success. These insights will allow for an iterative approach to the design of engagement materials and processes, and ultimately produce increased appropriate uptake of services.

Suggested activities:

- If your aim is to engage boys/men more in your service, use your service data to measure success - establish a baseline and monitor whether access increases
- Gain feedback on any changes you make
- As part of performance monitoring processes, ensure feedback from boys and men is collected, and that services are challenged as to what they have in place to make their services more equitable.

10. Look beyond the immediate

If a boy or man is presenting with a physical health issue, consider whether there may also be mental health needs. Also, if a boy or man is exhibiting aggression, anger, behaving in a way that is unexpected or difficult to manage, or consuming alcohol excessively, consider whether this may also be a sign of mental ill health.

Suggested activities:

- During physical health checks, as a matter of course, health professionals should also look for any signs of mental ill health
- Health professionals should ask boys and men explicitly whether there is anything that is currently affecting them e.g. feelings of stress or feeling down
- Allow sufficient time in meetings or consultations for boys/men to ask questions
- Ensure all staff are aware of the barriers faced by boys/men that may prevent them from immediately sharing how they are feeling.

Appendix A

DRAFT: 2018/19 Joint Social Media Agreement for promoting mental health

Aim:

To take a positive approach to mental health, using case studies and real stories to normalise conversations about mental health. This will reduce the stigma and fear associated with help seeking behaviours (including talking), and raise awareness of healthy coping strategies, and the support available.

Target audience:

We all have mental health, and therefore we take a population approach to promoting mental health and wellbeing, attempting to engage all areas of society who have access to social media. Different groups however will require different approaches in line with their social media usage and the interests that they have. Particular target groups include:

- Hertfordshire teenage boys (13 -19)
- Hertfordshire adult men, including new dads

Shared principles:

- We will share consistent, positive mental health stories across all campaigns – a focus on health and wellbeing, not illness
- We will carefully plan which organisations we signpost to and work with those organisations and commissioners to manage expectations
- We will be reflective, keep learning through implementation, and share our learning
- When sharing stories of illness or challenging times, the focus is on recovery and hope
- When sharing messages and stories, we will consider the impact on bereaved families
- We will support prevention through healthy coping strategies, resilience and help-seeking
- We will promote clear pathways to early help, through to crisis support
- We will work together to support and promote each other's work and priorities – enabling a wider reach/greater impact
- We will provide clear & achievable ways for people to 'take action'
- We will use principles of behaviour change to underpin our social media activity
- We will avoid sensationalising mental health crises, particularly suicide. E.g. we will avoid communicating about a new website or suicide game and will seek guidance first
- We will follow Samaritans' guidance on talking or sharing about suicide in the media
- We will follow all GDPR principles including all photos and videos

Key messages:

We all have mental health (just like physical health)

Talking shows strength not weakness

You're more likely to get better if you seek help early

There are simple and relevant ways to improve your own mental health (or to support others to improve their mental health)

There is support and information available, and it can really help

Small things can make a big difference

A shared approach:

- **Just Talk** will be used as umbrella branding for social media activity relating to positive mental health and wellbeing, aimed at normalising every day conversations about mental health – this effectively brings together social media activity using a multi-agency brand
- **Spot the Signs** will be used as umbrella branding for social media activity relating to suicide prevention

The partnership aims, shared principles, and an initial action plan for social media activity were agreed by members of the following action groups at a joint planning event on 10th July 2018:

- Suicide Prevention - Communications Action Group
- Suicide Prevention - Boys and Men Action Group
- Spot the Signs Steering Group
- Just Talk – Communications Action Group

Indicative time scales:

Social media activity will be ongoing, but the following timeline indicates plans for 2018/19. The agreement will need to be reviewed prior to April 2019.

June/July 2018: PLANNING PHASE – This includes undertaking focus groups and surveys in order to identify how target groups use social media in order to inform our delivery

Aug/October 2018: PREPARING PHASE – This includes the following activities:

- Creating (or encouraging others to create) short films and real life positive stories to share on social media
- Setting up the Spot the Signs Positive Action pledges and incorporate them into some of the above

Example: A Watford FC player talks about how anxiety before a big game (ideally giving a specific example) can feel overwhelming and affect their performance, but that deep breathing, and talking to team mates has helped them to manage their nerves and perform at their best.]

- Engaging the influencers. Using the information gained from focus groups and straw polls, influencers are approached and encouraged to engage with the campaign

Nb. Appropriately formatted tweets, videos, etc. can be sent to the influencers to adapt and send out from their own social media account, and in their own style. Photo filters could be considered displaying the Just Talk and Spot the Signs sunflower to highlight the positive action that will be taken and their involvement.

September – December 2018: SOFT LAUNCH/TESTING PHASE - Some films and stories should be available for September to enabled social media activity around suicide prevention day, and to begin to engage with target audiences.

This period can be used to obtain feedback and initial views on the campaign from the target audience, and from partner agencies in order to refine the campaign, make any necessary changes, and shape the January 2019 main launch

January 2019 onwards – SOCIAL MEDIA ROLL OUT PHASE -

More detailed plans and a greater number of videos and stories available to continue to promote the campaign.

Specific events already being planned:

- NOVEMBER 24TH and 25th: HERTS MENTAL HEALTH CONFERENCE:
Organised by YC Hertfordshire
FEBRUARY 4TH – 8TH 2019: JUST TALK WEEK (February 7th 2019 is Time to Talk Day): Around this week the focus will be on sharing positive stories that will relate to young people

Some of the key websites:

Local:

www.healthyyoungmindsinherts.org.uk (redesign is planned imminently, and currently hosts Just Talk resources and information)

<http://www.hpft.nhs.uk/>(currently hosts Spot the Signs resources and information)

<https://www.healthforteens.co.uk/>

<https://kooth.com/>

<https://www.hertshelp.net>

National:

<https://www.samaritans.org/>

<https://hubofhope.co.uk/>

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

<https://www.time-to-change.org.uk/>

For any questions about the joint social media agreement, please contact Jen Beer from the Public Health team jen.beer@hertfordshire.gov.uk

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