

FEAT FACTSHEET

Men's mental health

Some facts about men's mental health

- Three-quarters of suicides in the UK are by men.
- Men are far less likely than women to seek help with medical problems.
- Depression occurs as often in men as in women, but women are twice as likely to be diagnosed and treated.
- Men make up 94 per cent of the UK prison population, which has far higher levels of mental distress than the general population.
- One in nine adult men is dependent on alcohol; men are three times more likely than women to be alcohol dependent.
- Schizophrenia tends to have an earlier onset in men and is associated with poorer outcomes than in women.

Sexual identity (our biological status as male or female) and gender identity (our sense of ourselves as masculine or feminine) are important factors in mental health. They can affect our experience of mental distress, our use of health services, how we express our mental health problems and how our problems are perceived by others. Sexual and gender identity contribute to the personal and social contexts of mental distress, interacting with other aspects of identity such as ethnicity, sexuality and age.

For details contact Fife Employment Access Trust, Journey to work programme:
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The social context of men's mental distress

All of us live with social pressures and expectations relating to our sexual and gender identity. These pressures and expectations can have adverse effects on health and well-being for both men and women. However, men are frequently brought up not to talk about their problems or express their emotions. Emotions are often associated with femininity, which boys define themselves against. An effect of this conditioning is that men may be less able than women to express or interpret their emotions. They may be unwilling to admit to emotions they associate with weakness, such as fear, sadness and disappointment. Many men live with social expectations to be – or to appear – powerful, strong and self-reliant. This concept of masculinity can be detrimental to men's mental health and has wide-reaching personal and social effects.

The social factors in men's mental health are evident in family life, employment and education, contact with the Criminal Justice System and use of health services.

Family

Social and economic change over the past 40 years has affected the family structure and the place of men within the home. Nowadays, families are generally smaller and are located further away from extended family members. Rates of divorce, co-habitation and single-person households have all increased. This may affect the suicide rate among men, marriage being a protective factor against suicide by men.

The division of labour between men and women in terms of paid work (usually outside the home) and unpaid work (usually within the home) has also changed. There is now social pressure on men to share the unpaid work traditionally done by women. The breakdown of traditional gender roles and the concept of the 'new man' has left many men feeling uncertain as to what is expected of them. However, these changes have had positive effects on family life for men as well as women, among which is an increased willingness to discuss family problems, seek help and take positive action.

The plight of fathers living away from their children – particularly those who dispute their access rights – has had a higher profile in recent years and there are now many sources of help and support to fathers in this situation. It has also been recognised that fathers' needs in perinatal services have been neglected. Fathers are now increasingly being encouraged to participate in classes and services.

Employment

There is growing evidence that unemployment has an impact on mental health. One study has shown that approximately 1 in 7 men who become unemployed will develop a depressive illness in the following 6 months. Another study found that unemployment may be associated with a doubling of the suicide rate. Lack of job security is also a risk factor.

Education

Recent years have seen a decline in boys' attainment levels at school, a fact that has been noted in almost all industrial countries. According to the most recent UK statistics, girls still consistently outperform boys at every stage in the education system, up until university. Poor performance at school is often linked to later social exclusion (including poorer health). Educationalists have suggested that the lack of male role models in schools and the use of teaching and assessment methods that are more suited to the way girls work contribute to this disparity between boys and girls. Furthermore, academic success is often not seen as 'masculine'. One researcher found that 11–14 year olds believed they could not be masculine and be seen to be working hard at school, and that this was the same whether the boys were white, black, Asian, working class or middle class. The boys thought that 'to be properly masculine you have to be good at sport, particularly football. You need to be seen not to work. Those who are clever – swots, stiffs, or whatever you want to call them – are unpopular and seen as not male'.

Criminal Justice System

Approximately 94 per cent of the prison population in the UK are men. Levels of mental distress are far higher in the prison population than in the general population. In the most recent large-scale survey of prisons, it was found that over one-third of men serving prison sentences had a significant mental health problem (such as anxiety or depression), nearly one in ten had experienced psychosis and one in four had attempted suicide in prison. Over three-quarters of men on remand and nearly two-thirds of male inmates met the diagnosis of having a personality disorder. The suicide rate among male prisoners is six times higher than among men in the general population.

Many aspects of prison life undermine the health and well-being of those in custody, and exacerbate pre-existing mental health problems. As Juliet Lyons from the Prison Reform Trust has written, 'If you had to invent a way to deepen mental health problems and create a health crisis, an overcrowded prison, and particularly the bleak isolation of its segregation unit, would be it.'

Physical and sexual violence

Violence against men exceeds violence against women in every category apart from sexual assault and domestic violence. The risk of being involved in a violent incident caused by a stranger is three times higher for men than women. There is a common myth that all domestic violence is committed by men against women. Although this is the most common form of domestic violence, men do experience violence, from family members of both sexes. For men, as for women, the experience of domestic violence is associated with high levels of mental distress. However, the extent of male experience of domestic violence is unknown. Estimates are likely to understate the true scale of the problem, as men are less likely than women to report their experiences. Male rape and sexual abuse are also surrounded by denial, stigma and myths.

Physical factors in men's mental distress

Physical illness can be a major contributor to emotional problems. Physical illnesses, particularly long-term conditions, and hospital stays can lead to depression in men.

Health services

One of the biggest differences between men's and women's health is their respective use of health services. The following patterns have been identified:

- Men have far fewer consultations with their GP than women.
- Men are far less likely to seek help with emotional problems.
- The 'office hours' opening times of many GP surgeries disproportionately affect men.
- Far fewer men than women enter the health and social care professions. The lack of male visibility in health and social care environments has been put forward as a reason for lower levels of service use among men.

These issues have been widely reported and are now generally accepted by service providers. A great deal of work is now going through the **Gender Equality Duty**. The Duty is a legal obligation that came into force in April 2007. It was introduced by the Equality Act 2006, which in turn amended the Sex Discrimination Act 1975. The Gender Equality Duty requires public authorities to:

- promote equality between men and women
- eliminate unlawful sex discrimination.

The Men's Health Forum has identified depression as one of the top five men's health issues that the Gender Equality Duty should address. As the Forum states: 'What is required is a better understanding of male mental health, better training for clinicians, awareness-raising amongst men and more accessible services.'

Please read our other FEAT factsheets for more information on a wide range of mental health-related topics.

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