



A place for men to deal with manly issues in a manly way

The rationale behind Man Therapy

Research into men's help-seeking behaviour

In May 2012, *beyondblue* commissioned Hall & Partners | Open Mind to conduct a market research project into men's help-seeking behaviour.¹ The research aimed to build upon what is already known about the barriers and motivators shaping men's help-seeking behaviours, to explore if and how public discourse reinforces the barriers to help-seeking, and how communications can be reframed to encourage behaviour change.

The first stage of the qualitative study included in-depth interviews with health professionals, men who had sought help and partners/family members of men who had sought help.

The second stage comprised a combination of 21 discussion groups, 22 in-depth interviews and two online bulletin boards across six states and territories (including metropolitan, regional and rural locations).

The outcomes of this research, supported by other studies into men's help-seeking behaviour, and an international collaboration with the Colorado Office for Suicide Prevention has led *beyondblue* to launch Man Therapy – mantherapy.org.au – to coincide with Men's Health Week 2013.

Reframing communications

The Hall & Partners | Open Mind research identified an opportunity to reframe communications to men around depression and anxiety. Recommendations included:

- Communications need to be logical, factual and directional; they need to focus on tangible, actionable elements.
- Provide easy-to-navigate information pathways that uses video, checklists, and tools, preferably online.
- Provide exposure to real life examples of other men who have experienced anxiety and depression, not necessarily celebrities.
- Recognise that the language of 'help-seeking' for men is passive and emasculating, and that 'taking action' on health issues is empowering for many men.

To enable men to shift beyond a simple awareness of anxiety and depression, towards greater understanding of the conditions, *beyondblue* needed to focus on developing an online resource that provided men with three key learnings:

- Know the signs
- Know the range of treatment options
- Develop an action plan.

It was also recognised that for many groups of men within Australian society, specific strategies and interventions over and above these methods would be required. Some of those groups include:

- Aboriginal and Torres Strait Islander men
- men from some culturally and linguistically diverse backgrounds
- gay and bisexual men, and those from the trans and intersex communities identifying as male
- men experiencing, or at high risk of, homelessness.

Depression and anxiety in men²

In Australia, one in eight men are likely to experience depression in their lifetime, and one in five men are likely to experience anxiety. In a 12-month period, 12.5 per cent of men aged 16 to 54 are likely to have anxiety and 6.6 per cent of men in this age bracket are likely to have depression. The highest rates of depression and anxiety occur in men aged 35 to 44.

Age	Depression [12-month % of men]	Anxiety [12-month % of men]
16-24	4.3%	9.3%
25-34	7.0%	11.5%
35-44	8.4%	14.9%
45-54	6.3%	13.9%

Men and suicide

33 men die by suicide every week in Australia.³

Suicide is the number one killer of men aged 15 to 44. In 2011, the highest suicide rates for males was for those over 80 and those aged 30 to 49.

The rate of suicide for young Australian men (i.e. aged 15 to 24) is half that of men in their middle years.

Suicide ranks second to coronary heart disease in its contribution to potential years of life lost by Australian men.⁴ In 2011, there were 1,727 male suicides in Australia, compared to 893 males who died on Australian roads³, a ratio of almost 2:1.

For every person who dies by suicide, at least six additional people are profoundly impacted for the rest of their lives.

Research investigating suicide suggests that mental illness is present in a high proportion of cases, and many of these are untreated at the time of death.

The social norms of masculinity play an important role in the gender differences of suicide. Men have a greater tendency not to recognise or respond to their own negative emotions or distress, partly due to the stigma associated with 'mental health', which in turn may result in clinical depression.⁵

Through tackling the rate of depression and anxiety in men, reducing stigma, facilitating a change in men's help-seeking behaviour and challenging perceptions of masculinity, it is believed that a reduction in the male suicide rate can be achieved.

Avenues for support

For those who had sought help, or in anticipating where one might seek help, a limited number of key sources emerged from the research.

The **internet** is the go-to resource in all aspects of life and is especially relevant in offering anonymous means of gathering information. However, information gathering is based on search engine exploration, not a specific site or destination.

Family and friends are seen by many as a safe first step, however not all feel comfortable about making their vulnerabilities known to their loved ones.

Seeing a **General Practitioner** is regarded as the first step in accessing professional help, though for many there are concerns about medications and trust/privacy, particularly in rural areas.

A **psychologist** or **psychiatrist** is associated with a 'serious condition' and 'advanced cases' and is unimaginable to many men. Also, many men question the value of sitting and talking.

Telephone support services are seen as a last resort by many men, and would only be used in a crisis situation.

Summary of main findings

Understanding depression and anxiety

In the Australian community, attitudes to mental health and specifically men's mental health have shifted significantly in the last 10 to 15 years.

"My old man would never have talked about this stuff. You kept your problems to yourself and just got on with it."

— *Father, 25-49, regional centre VIC*

Although society is talking more openly, there is a lag observed between community and personal attitudes to mental health and help-seeking – which suggests communications need to move beyond awareness.

Many men are still hesitant and have difficulty in talking about anxiety and depression, in part driven by a lack of understanding about the conditions. They are often grouped together in a 'vast unknown' and lack clear parameters and easily comprehensible components – the boundary between 'feeling depressed', 'being depressed' and 'clinical depression' is unclear.

Perceived and/or actual stigma

For many men, having to 'admit' to anxiety or depression (to family, partner, friends, workmates), means having to let go of the image one has of oneself.

Anxiety and depression were seen to retain the sense of not being good enough, strong enough, capable enough to get through daily life.

"You are the head of the family or the boss in the office and you have to show you are in control all of the time and nothing gets you down... and always have a joke or a smile on your face, even though it is killing you inside."

— *Father, 25-49, regional centre NSW*

Many spoke of being worried about what other people would think, particularly in the workplace, which often plays an important role in a man's sense of identity.

"There was no way he'd ever tell work about what he was going through, he was so fearful of the repercussions, whether he'd lose his job."

— *Female partner of male with depression, metropolitan VIC*

Need for control

There is a strong need among many men to control their world. This stems from their perceived role as provider and family head – even among those who share the earning and child-rearing responsibilities with their partner.

The need for control extended through to engagement with health professionals. Many men expected that visiting a General Practitioner would end in a prescription for medication and that this is the only treatment option available. There are concerns, even fears, that medication would result in a loss of control. As a result, some men avoid going to their GP.

Many men also shy away from the idea of psychological therapy, which can be viewed as a feminine form of treatment and as “all talk, no action”.

Partners of men with depression often spoke of their experience of “speaking to a brick wall”.

“There just isn’t anything I can do. What can you do if they absolutely don’t want to talk about it?”

— Female partner of male with depression, metropolitan VIC

Lack of tools

The research found that men often spoke of being ill-equipped or not having the tools to enable them to discuss their experiences. Although excessive drinking is often seen as a sign of ‘something not right’ – and where for men drinking is a form of coping with emotional distress – the only way many men feel comfortable to ask a friend if everything is OK is by going out for a few drinks.

Most men felt uncomfortable to broach the subject with a mate until it was at crisis point.

“I’d step in if I thought he was at risk of self-harm.”

— Father, 25-49, regional centre VIC

Partners of those with depression and anxiety acknowledge that men tend to have more difficulty articulating their emotional experience.

“I think it’s interesting if you think about the words you could use for depression... Men just don’t have the words, they have no vocabulary whatsoever to even begin to describe what they are going through.”

— Female partner of male with depression, metropolitan QLD

Knowledge of the range of treatment options available, and the relative benefits of each, was also found to be lacking.

Lack of social support and community connections

Seeking help and support can be daunting for someone who hasn’t taken action before, especially when there is uncertainty as to what help-seeking looks like and what kind of supports are available. Having the support and encouragement of loved ones can be important in assisting a person to take the first step.

Therefore, the absence of support, for example for those in broken relationships or the socially isolated, is a barrier to taking action early.

“Isolation is a big thing for men when they are separated. Not having someone to talk to. It’s too easy to crack a beer and all of a sudden you realise you’re knocking back a carton. Men don’t tend to get out or go on trips or have the social circles like women do.”

— Father (separated), metropolitan QLD

Where social support does exist, it is important for men to learn about anxiety and depression so they can support their mates, and other loved ones. Men do look to their mates for support.

“I take great pride in knowing that when the chips are down my mates will be there to help out the same as I would do for them.”

— Older male, rural township, online forum

Point of action

For many men, depression and anxiety continue to be associated with weakness, and that is synonymous with failure. The implication of seeing anxiety and depression as a weakness is that help-seeking can be seen as a failure to ‘handle the problem’.

“Men in particular are deemed ‘weak’ if suffering and need to ‘suck it up’.”

— Father, 25-49, regional centre SA

“[Men seek help] only once they have to, only once it is inescapable that they are actually suffering from an illness. Even when diagnosed, denial seems to be the order of the day.”

— Male, rural township, online forum

Without understanding the signs and symptoms of depression and anxiety, many men are unlikely to know when crisis point is reached.

Collaboration with Colorado Office for Suicide Prevention

In 2007, the Colorado Office for Suicide Prevention, Carson J Spencer Foundation, and Cactus Marketing Communications forged a partnership and set out to uncover a new approach to preventing suicide among working age men.⁶

The partnership identified eight approaches to reaching men, which closely align with the findings of *beyondblue*’s own research, and the research more broadly around perceptions of masculinity and help-seeking behaviours.

Eight approaches to reaching men

- Take the mental health language out of the communication, at least initially; meaning the removal of the “if you are depressed seek help” message.
- Show role models of hope and recovery.
- Connect the dots: physical symptoms (changes in energy, sleep patterns, appetite) with emotional issues.
- Meet men where they are instead of trying to turn them into something they are not. This is achieved through the use of humour to start conversations; targeted media; use of the internet as the primary vehicle.
- Target men who have a range of risk factors, who are also the least likely to seek support.
- Recognise opportunities to give back (e.g. via family and community connection) are important factors in suicide prevention.
- Coach the people around men, including men themselves, on what to look for and what to do.
- Provide men with at least the opportunity to assess and ‘fix’ themselves through the provision of simple self-help strategies.

The Colorado partnership and *beyondblue* have been closely collaborating since the launch of the US version of Man Therapy (**mantherapy.org**) in July 2012 to bring Man Therapy to Australia.

Man Therapy for Australia

Hall & Partners | Open Mind were commissioned to undertake additional research into whether Man Therapy would work in an Australian context.

It was identified that an ‘Australianised’ Man Therapy had strong potential to reach a large audience aged under 55.

“Mental health professionals certainly have their place, but I think it can be daunting going to see a psychiatrist or psychologist and ‘Man Therapy’ could be used to ease guys into thinking that it isn’t always a bad thing to go and talk to someone about your issues if need be.”

— Male, 25-39, online forum

Man Therapy fits within the frame of the latest research on combating stigma, through increasing contact between the community and people who have experienced, and effectively managed, depression and anxiety. This contact needs to be targeted, localised, credible and continuous to have a chance in attitudinal and behaviour change.

Marmalade Melbourne helped *beyondblue* adapt Man Therapy for Australia. The target audience is the 5.5 million men aged 18 to 54 in Australia, in particular: young men aged 18 to 24, fathers aged 25 to 54, men living and working in urban growth areas, men living and working in regional and remote areas, men who are unemployed and men misusing alcohol and drugs as coping mechanisms.

beyondblue’s existing project, The Shed Online (**www.theshedonline.org.au**) has been externally evaluated

and found to be an effective online resource for reaching men aged over 55, and *beyondblue* will continue to provide this platform for older men to explore the issues of anxiety and depression.

Project partners

beyondblue

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression and anxiety in Australia. *beyondblue*’s vision is an Australian community that understands depression and anxiety, empowers people to seek help, and supports recovery, management and resilience.

Colorado Office for Suicide Prevention, Cactus Communications and the Carson J Spencer Foundation

Part of a multi-agency effort, including the Colorado Office of Suicide Prevention, Carson J Spencer Foundation and Cactus, Man Therapy is giving men a resource they desperately need. A resource to help them with any problem that life sends their way. Something to set them straight on the realities of suicide and mental health, and in the end, a tool to help put a stop to the suicide deaths of so many of our men.

Hall & Partners | Open Mind

Hall & Partners | Open Mind is a specialist communications research agency with a wealth of experience in social policy and government communications research. The agency’s team, led by Dr Vicki Arbes, conducted both the qualitative research into men’s help-seeking behaviours and concept testing of Man Therapy.

The ‘Men’s Help Seeking Behaviour’ report is available on the *beyondblue* website at **www.beyondblue.org.au/mantherapy**

Marmalade Melbourne

Marmalade Melbourne is team of creative and digital advertising specialists determined to offer clients fresh and effective communications. Marmalade comprehensively recreated Man Therapy for the Australian market.

¹ Hall & Partners | Open Mind, *Men’s Help-Seeking Behaviour Report of Research Findings*, September 2012

² Australian Bureau of Statistics, *National Survey of Mental Health and Wellbeing*, 2007, Catalogue Number 4326.0, 2008

³ Australian Bureau of Statistics, *Causes of Death Australia 2011, preliminary data*, Catalogue Number 3303.0, 2013

⁴ Australian Institute of Health and Welfare, *Australia’s health 2010*, Canberra, 2010, cited in Beaton, S. and Forster, P., 2012, ‘Insights into men’s suicide’, *Australian Psychological Society*, www.psychology.org.au/insych/2012/august/beaton

⁵ Beaton, S. and Forster, P., 2012, ‘Insights into men’s suicide’, *Australian Psychological Society*, www.psychology.org.au/insych/2012/august/beaton

⁶ Colorado Office for Suicide Prevention, *Man Therapy: an innovative approach to suicide prevention; White Paper*, July 2012