



**How're
you
doing,
Man?**

EXPLORING MEN'S MENTAL HEALTH IN DONEGAL

RESEARCH INTO MEN'S MENTAL HEALTH IN DONEGAL
Insight Inishowen Garvey-Williams & McLafferty 2023



How're you doing, Man?

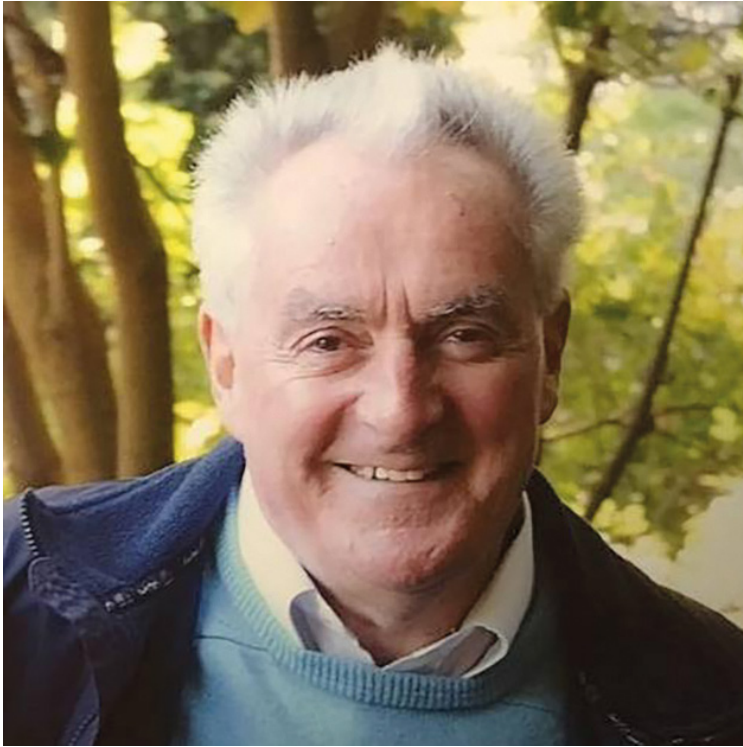
Exploring men's mental
health in Donegal

With thanks to support from the HSE and NOSP
through Connecting for Life Donegal.



How're you doing, Man?

Exploring men's mental health in Donegal



In memory of Noel Bradley
1944 - 2023



Research Report

Our aim for this research was to listen to men in Donegal to find out their views, experiences and opinions about mental health and the services and supports that are available. By conducting both quantitative and qualitative research, we were able to build up a picture of some of the key themes that are emerging across the county. We also listened to women's concerns about their male loved ones and these responses underlined the overall themes of the research. Our hope is that this report can help to shape mental health and suicide prevention strategy across Donegal both through statutory services and also the community voluntary sector. Research is useless unless the findings and recommendations can shape what happens on the ground and for our own part, Insight Inishowen will implement the recommendations of our study over the next two years. Our entire team was heartbroken at the death of Noel Bradley – one of our founding members and a trustee since Insight Inishowen became a charity in 2016. Noel was a passionate advocate for on-the-ground services to support men's mental health and we have dedicated this research report to honour his memory.

By Ruth Garvey-Williams with Margaret McLafferty
July 2023

INSIGHT INISHOWEN

Insight Inishowen is a registered charity working in Inishowen, County Donegal to build resilient communities by promoting mental health and emotional wellbeing and preventing suicide. We do this by:

- 1) Providing of support services including listening ear, counselling services, group work and a range of additional holistic services for those who require support and for those bereaved through suicide.
- 2) Providing education and training for adults and young people in Inishowen to increase the support and safety net of trained volunteers in the area and to equip people to be resilient and to take care of their own wellbeing.
- 3) Organising information and awareness campaigns encouraging positive mental health and improved well-being, ensuring that those at risk of self-harm and those who are vulnerable to suicidal thoughts find the support and help they need in a timely manner.
- 4) Running wellbeing events and programmes for the whole community to promote resiliency and a holistic approach to wellbeing such as our annual award-winning Feel Good Fortnight festival.

Insight Inishowen is an entirely voluntary-run not-for-profit organisation, which is a registered Irish Charity (RCN 20107956 CHY 21814).

Insight Inishowen

The Exchange, Castle Avenue, Buncrana, Co Donegal, F93 FE09

Tel: 074 9362572

Email: insightinishowen@gmail.com

Website: www.insightinishowen.ie





Men can feel very isolated. Sometimes you feel very alone, and some people are embarrassed to reach out. It is lovely [in Donegal] during the summer but people's spirits go down a bit in the winter (winter blues).

- Interviewee #1





Foreword

"Nothing about us without us!" is an important guiding principle that can be difficult to implement when the target audience are either unwilling or unable to engage. The goal of improving men's health has often provided just such an audience.

In this research, Insight Inishowen have taken a massive step toward addressing this challenge in our society. By taking the time to listen to and document the issues that men are facing today, this research project provides some of the answers to this conundrum and also some of the potential solutions to solve it.

The reader has been gifted the opportunity to hear the voice of the men of Donegal in a very personal way. While there are relatively unique factors facing the men of Donegal there are also many elements in the findings that are universally applicable to all men in western society in the 21st century. I believe everyone who takes the time to read this research and reflect upon the contents will find a nugget of knowledge that will assist with the challenge of addressing the mental health of men in their life, perhaps even your own.

All men and their loved ones will be better prepared to understand that the men of Donegal have a high level of anxiety and depression and also understand the reasons why they do not seek help. They will also hear that there is more help available than they are aware of. The challenge of this communication gap is not new and has been well documented. However, having heard what the men and their loved ones have to say, the recommendations of this research project aim to improve the messaging.

Men's mental health is everyone's' business but requires very particular strategies to connect men with the solutions. The beauty of this work is that the researchers are also the gatekeepers of the solutions and have a vested interest in implementing the recommendations. In the community, by the community, for the community is the essence of Connecting for Life and has the potential to be a force with significant influence. I would fervently hope that the statutory bodies in Donegal can meet the community halfway in the pursuit of this important endeavor.

Finally, I would like to thank everyone, especially the authors, who contributed a piece of their life to this work in the hope of improving the mental health of men in Donegal and beyond.

John McCardle
Chair of Connecting for Life Donegal

September 2023

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Executive Summary



This is such an important topic. I still think with a lot of men it is that macho image. "Men don't talk. Men don't cry." It is very ingrained and unhealthy. [We need to] buck that trend by asking each other for help.

Interviewee #5



In this research, we gathered quantitative and qualitative data to explore men's mental health across Donegal. An online survey formed the basis for the research, gathering anonymous contributions from 252 people from across the county. 70% of respondents were men providing rich quantitative and qualitative data. Women responded to specific questions about their own concerns relating to male friends and loved ones. In addition, five in-depth interviews were conducted with men in their 40s and 50s and 21 interviews were conducted by the Donegal Intercultural Platform exploring the opinions and experiences of migrant/ BME men. These interviews provided powerful insights into the experiences of men as well as their views and suggestions for promoting and

improving positive mental health among men.

The findings highlight challenges experienced by men in Donegal indicating a prevalence of generalised anxiety disorder and depression among men of all ages and the hinderances to help seeking in the county. The rich data also provides a wide range of helpful suggestions about how best to target mental health supports and services to men. Our hope is that this report will provide direction both to the statutory and community/ voluntary sectors and to Connecting for Life Donegal as we seek to implement national strategies for promoting mental health and preventing suicide.

Key Findings

One of the recurring themes was a perception that there are insufficient mental health services for men in Donegal. This was reflected in 20% of the comments both in our online survey and in interviews. In addition, 21% highlighted a lack of awareness about mental health provision and this was supported by a range of suggestions around the importance of targeting communication so that more men are aware of what is on offer.

Almost 85% of women surveyed were concerned about male friends, family members or loved ones.

Almost three quarters of Donegal men consider themselves to be physically healthy with only 6% rating their physical health as poor. However, one of the standout findings is that 19% (almost one in five) of Donegal men rate their mental health as poor. This was backed up by the findings of the GAD-7 assessment in which 20% of respondents who answered this question were experiencing "severe" anxiety symptoms in the two weeks prior to the research and almost 25% of respondents were experiencing "moderate" anxiety symptoms, this equates to 44.8% of participants in this study, which is much higher than the national rate (22.3%). Similarly using the PHQ-8 assessment tool, it was notable that 48% of men in Donegal who responded to this question were assessed as demonstrating moderate or moderately severe or severe depressive symptoms, indicating that they may have the disorder – once again higher than the national rate (29.8%).

While we recognise the likelihood that people answering the online survey were more likely to have an interest in or concerns about mental health the data strongly suggests that higher-than-average numbers of Donegal men are suffering from anxiety or depression.

Barriers to Help Seeking

Both men and women answered questions relating to help seeking behaviours and common themes emerged as to why men are less likely to seek help when struggling with their mental health. These included:

- Lack of awareness
- Negative experiences and perceptions
- Stigma and negative stereotypes
- Cost
- Language Barrier (specific to migrant and BME respondents)

Coping Strategies

Exercise is the most common coping strategy for men in Donegal when they are feeling stressed anxious or down. One in three distract themselves by watching TV or playing games with a further 24% burying themselves in work or other activities to take their mind off things. Over 31% simply "get on with things and learn to live with it" and over one in four prefer not to think about the issues that cause stress, anxiety or negative feelings. One in five Donegal men use negative coping strategies such as substance abuse or self-blame. One in ten men seek help and support by reaching out to someone else but between 8 and 18% choose positive activities in order to cope (e.g. prayer and meditation, looking for the positives or taking steps to actively dealing with stressful or negative experiences.)

Men identified "talking" as the most helpful way of dealing with mental health challenges particularly when combined with support and connection with family and friends. For one in four men, exercise (including walking, running and swimming) helps the most, while 15% cited distractions (work, TV, games, etc.) or "getting on with things" as the most helpful. Mindfulness or meditation proved helpful for 12% with another 6% pointing to prayer or faith as a source of help.

Risk Factors in Donegal

In terms of severity, participants identified financial stress as the biggest issue with one in five (over 20%) experiencing severe or very severe financial stress. This finding matches with the participants' evaluation of their current financial situation. Interviewees and survey respondents pointed to three major issues affecting men's mental health that they felt were specific to or particularly acute within Donegal:

- Mica Crisis
- Rural Isolation
- Cost of Living Crisis

Ideas and Suggestions

Participants in the online survey and interviewees were eager to provide ideas and suggestions for improving mental health supports for men. While there was a range of creative ideas and suggestions, one major theme emerged – the need for “men only” support. These included:

- Men's Sheds
- Men's Groups / Men Only Activities
- Men Helping Men
- Male Ambassadors
- And targeted information / communication to men

Other suggestions included:

- Information evenings and talks
- Support groups
- Education
- Training
- Advocacy
- De-mystifying supports

Recommendations

It is clear that messages about positive mental health and available supports are still not getting through to men in Donegal. For this reason, our recommendations focused specifically on addressing the gaps in communication and the lack of awareness of helps and supports for men that are available across Donegal. Recommendations for targeted communication include using male ambassadors and spokespeople, ensuring communication assets are appropriately designed and distributed to “men only” spaces (such as men's rooms, sports facilities, etc.), making the most of popular men's events to deliver mental health messages and addressing misconceptions and stigma.

In addition our recommendations take into consideration the common themes that emerged in comments sections and throughout our interviews to focus on five areas.

- Men Only Events and Programmes
- Increased emphasis on Men's Sheds
- Addressing the Negative Experiences
- Training in Suicide Prevention
- Addressing Donegal-specific Risk Factors

1.0 Introduction

1.1 FOCUS OF THIS STUDY

This report documents the perspectives of men and gathers input from a wide cross section of the community into men's mental health. Our aims were to:

- Identify the experiences and challenges facing men in Donegal in relation to mental health with special emphasis on at-risk age groups and ethnic minorities.
- Identify the reasons why more men are not availing of the supports that are available as well as their attitudes around help seeking.
- Gather ideas and suggestions for improving support and what needs to happen to ensure more men avail of the services provided.
- Discover the concerns and perspectives of women in relation to the mental health of male loved ones.

1.2 WHY DO WE NEED THIS RESEARCH?

According to the "Irish Probable Suicide Deaths study " (2015 – 2018) men are three to four times more likely to die by suicide than women. The highest number of male suicides were between the ages of 35 and 54. In a Donegal-specific study conducted in 2016 ("A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service") Men were overrepresented among those who had died by suicide or sudden unexpected death (67.8%).

Research by Samaritans (Out of Sight, Out of Mind 2020) reported that over the past two decades, middle-aged men (aged 45–54) in Ireland have experienced the highest average suicide rate of any age

group. Middle-aged men have consistently faced higher suicide rates than other sex and age groups. While rates have been reducing since 2011, the gap between middle-aged men and other age groups remains considerably larger than it was in the 1990s.

As part of the Implementation group for Connecting for Life Donegal, Insight Inishowen has engaged with discussions and projects looking at the challenges and risks facing men in accessing mental health supports. In particular, the Donegal Traveller's Project and Donegal Intercultural Platform have highlighted the significant barriers facing ethnic minorities in accessing mental health supports.

In our own work in Inishowen, we noted that wellbeing events, mental health talks, workshops and suicide prevention training (such as safeTALK and ASIST) consistently attract far more women than men and female volunteers with the charity, outnumber male volunteers by 3 -1.

Supported by Connecting for Life, Insight Inishowen launched "How're you doing, man?" a piece of research seeking to discover more detailed insight into the reasons why men are not accessing help. In addition, the research sought (with the help of men themselves) to gather suggestions for improving support for men by ensuring men are aware of, and feel able to access, the wide range of supports and services that are currently available.

1.3 METHODOLOGY

An online survey formed the basis for the research, gathering anonymous contributions from 252 people from



across the county. 70% of respondents were men providing rich quantitative and qualitative data.

Five in-depth interviews with Irish men in the most at-risk age group (40 – 55) explored the men's experiences and opinions with verbatim transcripts taken by the author. In addition, Donegal Intercultural Platform conducted 21 interviews with men from a wide range of ethnic backgrounds, ages and cultural perspectives.

1.4 ETHICS STATEMENT

Two volunteer researchers conducted this study on behalf of Insight Inishowen. All efforts were made to ensure the highest ethical standards for both the gathering, analysis and reporting of data. All participants did so voluntarily. The online survey was conducted anonymously, and responses analysed using summary data to ensure qualitative comments were not linked to any individual respondent.

At the end of the survey, we provided a list of helpline numbers for anyone affected by the issues raised in our questionnaire (see Appendix One).

Interview participants did so on a voluntary basis with consent confirmed in advance and also at the time of the interview. They were also given a trigger warning and provided with helpline numbers. The participants were briefed as to the purpose of the study and the way in which findings would be used. They were all assured of anonymity.

The authors are aware that the issue of anonymity is particularly sensitive because of the small percentage of people from minority ethnic communities. In this report, quotes from interviewees are identified by interview number to protect the identity of individual respondents.

All raw data is stored on a password-protected computer and is only accessed by the researchers. Graphic designers involved in visualising the findings were

only given summary data reports to work from.

1.5 DATA ANALYSIS

When considering the qualitative data, if more than 10% of respondents added comments to any question, the comment data was analysed in detail using the following protocol.

- Comments were extracted and listed in a spreadsheet.
- Each comment was reviewed individually to extract all descriptive terms and keywords
- These then reviewed to create summary categories for recurring comment themes.
- This process resulted in a list of recurring thematic categories for the comments sections, and how frequently those categories were represented in the comments.

Similarly, the interviews were analysed to identify recurring words and themes, which were then compared with the summary categories from the comment data thus strengthening existing categories or adding additional categories.

The quantitative data was cleaned and coded by a trained researcher and analysed using SPSS software.

1.6 LIMITATIONS OF THIS STUDY

While all possible efforts were made to reach out to a wide cross section of people across Donegal by distributing the online survey links through a range of networks and by promoted posts on social media, we recognise that an online study will inevitably exclude those who are not digitally literate.

By targeting the highest risk age group for in-depth interviews, we gained rich data but ran the risk of not representing other

demographics. Partnering with Donegal Intercultural Platform helped to overcome some of the barriers in gaining responses from ethnic minorities (e.g., language barriers, fear, etc.) but the responses from migrant /BME men do not reflect the full spectrum of minority ethnic groups in Donegal.

As a small, localised study this gives important insights but by no means claims to be a comprehensive exploration of the issues concerned. Despite its limitations, however, we believe the research provides a significant contribution to our understanding and can guide strategy as we move forward.

1.7 DEMOGRAPHICS

A total of 278 people took part in the research with 252 responding to the online survey, five taking part in one-to-one interviews and 21 interviews conducted by the Intercultural Platform.

In total there were 203 male respondents (177 online and 26 male interviewees) and 65 women. A broad cross section of ages was represented, ranging from 17 to over 70. Of 10 respondents who described themselves as non-binary or answered the gender questions with "prefer not to say" four abandoned the survey after the first question and another one stopped after the introductory questions.

Female respondents were directed to specific questions related to the mental health of male friends, family members and loved ones.

The majority of online survey respondents were married (50%), 23% were single and 15% were living with a long-term partner. One in ten were separated or divorced. When asked about sexuality, 90% described themselves as heterosexual, 5% as gay, 2% as bi-sexual and 2% answered "prefer not to say".

58% were employed full time or part time with 17.5% self-employed and 13% unemployed. 5% were retired. 1% described themselves as students and another 1% as full-time carers.

The overwhelming majority of responses in the online survey were from white Irish (91%) with 6.5% from "any other white background", 1.2% white Irish Travellers and 1.2% from mixed ethnic backgrounds.

Of the five interviews conducted by an Insight Inishowen volunteer and 21 by the Donegal Intercultural Platform, the respondents included eight who were white Irish, one Irish Traveller, one Eastern European, eight black (African) men and one Arab.

2.0 Key Findings

2.1 MEN'S HEALTH AND WELLBEING

Quantitative data explored men's overall health and wellbeing according to their own self-evaluation and using widely recognised assessment tools GAD-7 for anxiety and PHQ-8 for depression.

2.1.2 Physical Health

How would you rate your overall physical health?

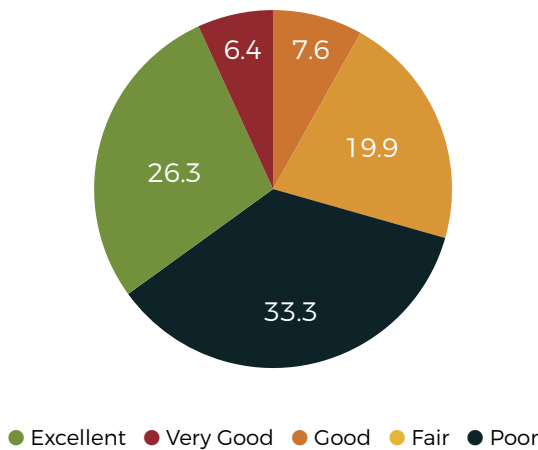
The majority of men in Donegal who responded to the survey consider themselves to be physically healthy with over a quarter 27.5% of respondents describing their physical health as excellent or very good, one in three -33.3% describing their physical health as good and a further one in four 26.3% describing their physical health as fair. Only 6.4%

reported being in poor physical health. Three quarters of men in Donegal who responded to the survey engage in light exercise such as walking (for 30 minutes or longer) at least once a week with over half saying they exercise three to four days a week or nearly every day. Just under 8% (one in 12) have no regular exercise. Over a quarter regularly engage in moderate to vigorous exercise with another 17% doing moderate to vigorous exercise at least once a week. However over one half (56%) rarely or never engage in moderate or vigorous exercise.

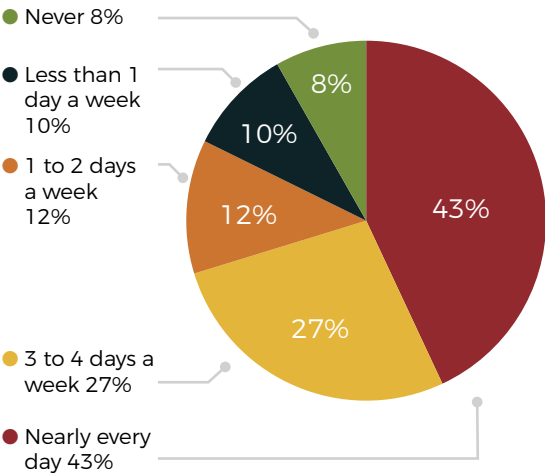
2.1.3 Healthy Eating

Almost three quarters of men in Donegal who responded to the survey regularly eat a balanced meal three times a day but around 18% never or rarely eating balanced meals. Almost half of men in Donegal (47%) do not regularly eat their "five-a-day" (fruit and vegetables).

HOW WOULD YOU RATE YOUR OVERALL PHYSICAL HEALTH



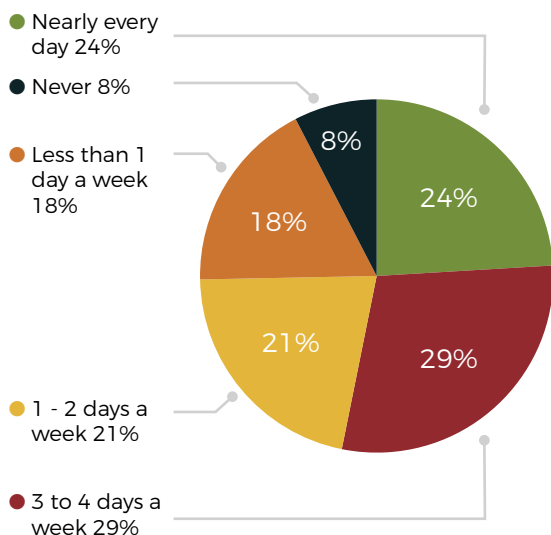
EATING 3 BALANCED MEALS A DAY



How're you doing, Man?

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EATING 3 BALANCED MEALS A DAY



Sleep Patterns

According to Mental Health Ireland:

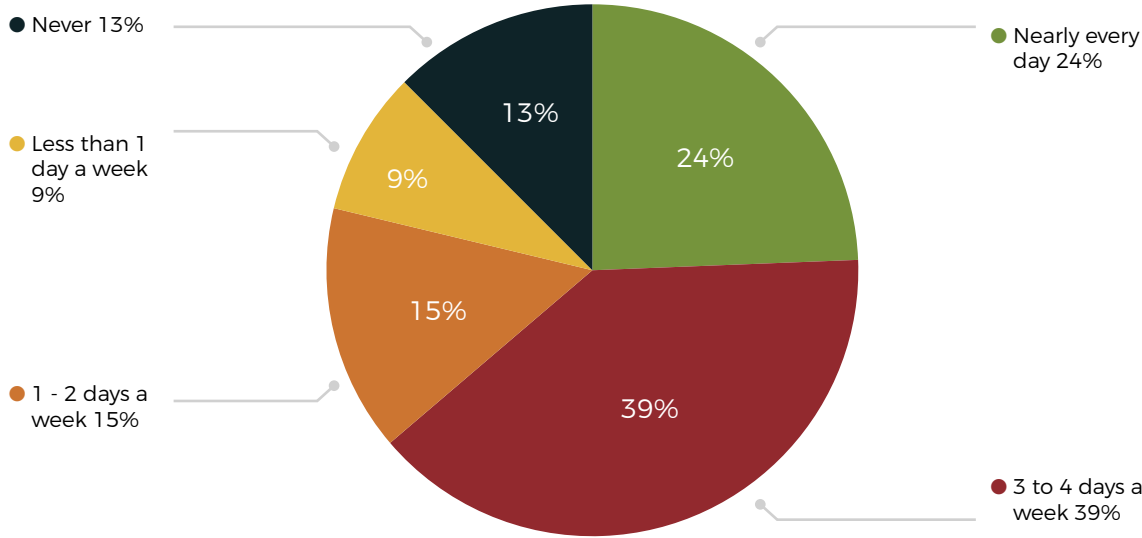


“Sleep is very important to our physical health, and a good night's sleep will give a great boost to our immune system. In fact, getting between 7 – 9 hours helps us to: mind our mental and physical health, cope better and regulate our emotions and concentrate and motivate ourselves.”



While the majority of men in Donegal who responded to the survey are regularly sleeping for 8 hours every night, it is still concerning that 22 % never or rarely get a good night's sleep with a further 15% only sleeping 8 hours 1 or 2 days every week.

SLEEPING 8 HOURS EVERY NIGHT

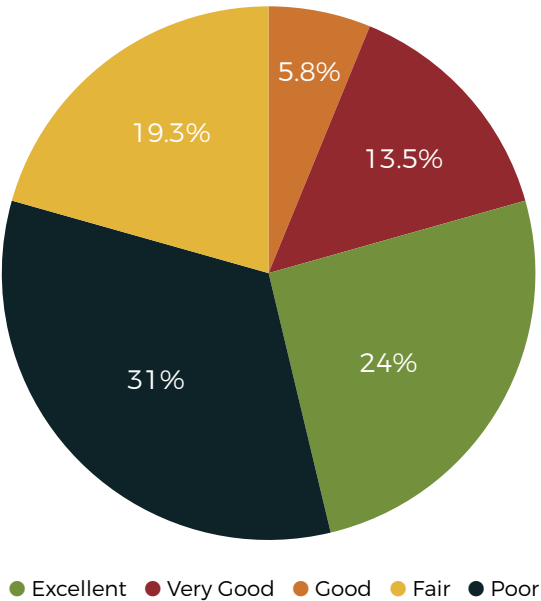


2.1.5 Mental Health

How would you rate your overall mental health?

One of the standout findings of our research is that almost 19.3%, or one in five men in Donegal who responded to the survey, rate their mental health as “poor”. This is the same percentage as those who rate their mental health as excellent or very good combined. 24% describe their mental health as “good” with another 31% saying their mental health is “fair”.

HOW WOULD YOU RATE YOUR OVERALL MENTAL HEALTH



How're you doing, Man?

Exploring men's mental health in Donegal

All the men aged 40 – 55 who took part in interviews described their mental health as good or very good. 60% of those from Migrant / BME backgrounds describe their mental health as good or very good with 35% experiencing a mix of good and bad days and 5% saying they have poor mental health. Concern over bad news from home was one of the factors negatively affecting the mental health of migrants, refugees and asylum seekers in Donegal.

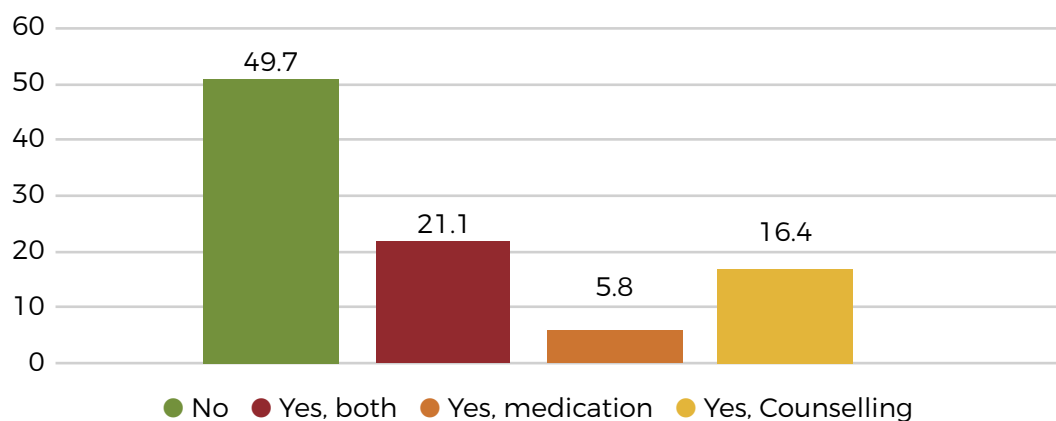
A high percentage of men responding to our survey said they had experienced mental and emotional problems such

as depression, anxiety and panic attacks. Note these percentages are extremely high and there is no way of knowing whether these were clinical diagnoses. It is notable however that this is how respondents perceive their own experiences and could reflect the lack of help seeking reflected later in the survey. A more accurate picture may be reflected in the question about medication / counselling (below) as well as the GAD-7 scores for anxiety and PHQ-8 scores for depression.

- 62% depression
- 36.6% panic attacks
- 73.7% anxiety.

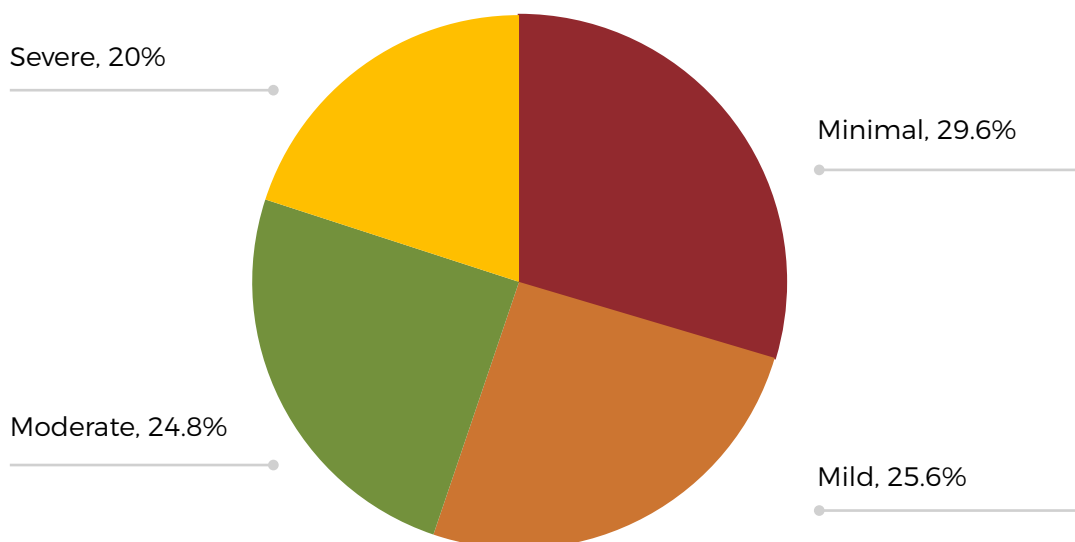
Did you ever receive psychological counselling or medication for an emotional or substance use problem?

DID YOU EVER RECEIVE PSYCHOLOGICAL COUNSELLING OR MEDICATION FOR AN EMOTIONAL OR SUBSTANCE USE PROBLEM?



Note: 19.3% of respondents were still receiving treatment at the time of the survey.

SYMPTOMS OF GENERALISED ANXIETY DISORDER



2.2 GENERALISED ANXIETY DISORDER

One of the most common anxiety disorders seen in the general population is generalised anxiety disorder (GAD). The Generalised Anxiety Disorder Assessment (GAD-7) was used to screen for generalized anxiety disorder in the current study. This validated measure, developed by Koenke & Spitzer (2002), consists of seven items scored on a 0 to 3 scale. The questions relate to symptoms experienced during the previous two weeks. Response options include "not at all" (0), "several days" (1), "more than half the days" (2) and "nearly every day" (3). Higher scores indicate the presence of more severe generalized anxiety. The category threshold scores are as follows: 0-4, minimal anxiety, 5-9, mild, 10-14, moderate and 15-21 indicates severe anxiety. The GAD-7 is a valid and efficient tool for screening for GAD and assessing its severity in research.

Individuals with scores of greater than or equal to 10 are determined to have the disorder (moderate/severe). A study which utilised nationally representative data from the general adult population of the Republic of Ireland, collected in 2019, reported that 22.3% of participants screened positive for GAD, with a total score of 10 or greater (Hyland et al, 2021).

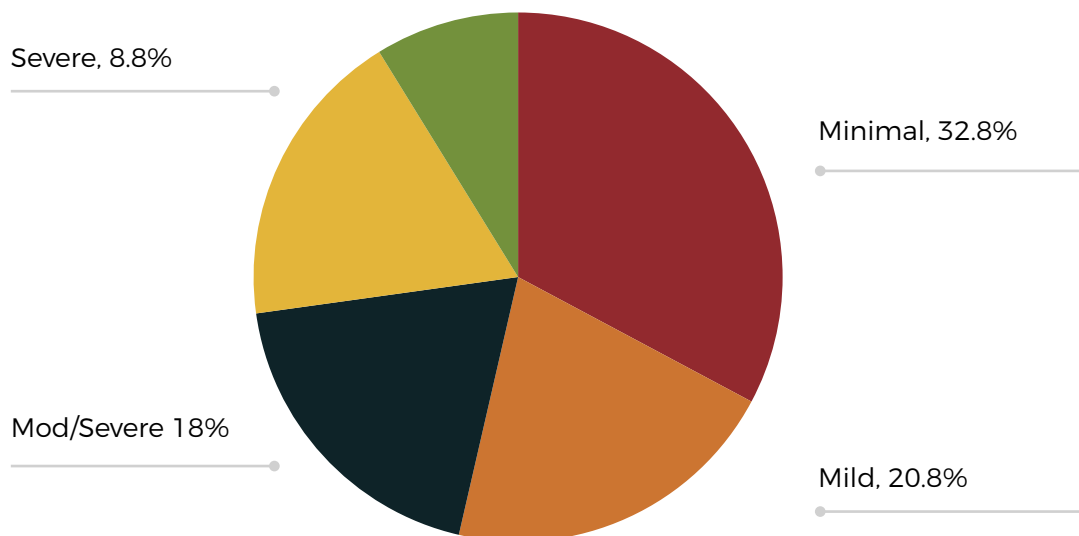
125 of the 171 male respondents completed this section of the current survey. It is notable that 20% of respondents who answered this question were experiencing "severe" anxiety symptoms in the two weeks prior to the research and almost 25% of respondents were experiencing "moderate" anxiety symptoms, this equates to 44.8% of participants in this study screening positive for GAD, which is much higher than the rate reported in the study by Hyland and colleagues (2021), mentioned above.

2.3 DEPRESSION

The eight-item Patient Health Questionnaire depression scale (PHQ-8) is established as a valid diagnostic and severity measure for depressive disorders in large clinical studies (Spitzer et al., 2006). Responses to the eight questions are scored on a 0 to 3 scale. The questions relate to symptoms experienced during the previous two weeks. Higher scores indicate the presence of more severe depressive symptoms. Individuals with scores of greater than or equal to 10 are determined to have the disorder (moderate/moderate to severe/severe). Hyland et al, (2021) examining nationally representative data reported a prevalence rate of 29.8% for depression.

125 of the 171 male respondents completed this section of the survey. According to PHQ-8 assessment tools these responses were rated and divided each of five categories, based on their scores (minimal, mild, moderate, moderate/severe and severe). Notably, 48% of men in Donegal who responded to this question were assessed as demonstrating moderate or moderately severe or severe depressive symptoms, indicating that they may have the disorder. This is significantly higher than the national baseline (Hyland et al., 2021).

SYMPTOMS OF DEPRESSION



2.4 HELP SEEKING BEHAVIOUR

If you were finding things tough, would you seek help from any of the following?

Overall, 124 out of 171 male survey respondents answered the questions about where they would go to seek help. Men are most likely to seek help

from a family member with 32% of those surveyed saying they would consult a family member regularly, sometimes or occasionally. Men are least likely to seek help from a work colleague (48%). Over one third would never seek help from a counsellor 34.5% and 28% would never seek help from their GP.

	Never	Maybe	Yes, Occasionally	Yes, Sometimes	Yes, Regularly
Family Member	20.5%	19.9%	12.9%	9.9%	9.4%
Friend	29.2%	16.4%	8.8%	10.5%	7.0%
Work Colleague	48.0%	14.0%	5.3%	1.8%	2.9%
GP / Mental Health Advisor	28.1%	21.1%	11.1%	8.8%	2.9%
Counsellor	34.5%	17.0%	8.8%	7.6%	4.1%

Comments

Should be seeing a counsellor but haven't seen one in almost two and a half years... Stupid phone call every 6 to 8 months... Now how can anyone see how you really are DOING? - Survey comment.

Don't have many people
- Survey comment

I think it is a macho thing [not to seek help]. In the past, I would have been embarrassed. What is this person going to think of me?
- Interview #3

I did go to a counsellor at the time when I was struggling. It was quite good/ helpful.
- Interview #1

At the doctors, I've had great help with my GP. I've had a good experience. I could always phone and get seen quickly.
- Interview #4

Comments and interviews affirmed that a spouse or partner was often the 'go to' for men in committed relationships when they are finding things tough. This also indicates a significant vulnerability and risk among single men or those who have experienced a recent relationship break up.

I personally think, it is a massive help to have relationship. It is a protective factor.
- Interview #3

I talk to [my] wife
- Migrant/ BME participant

I have great support from my wife. I'm am very grateful. We can chat about anything.
- Interview #4

2.5 BARRIERS TO HELP SEEKING

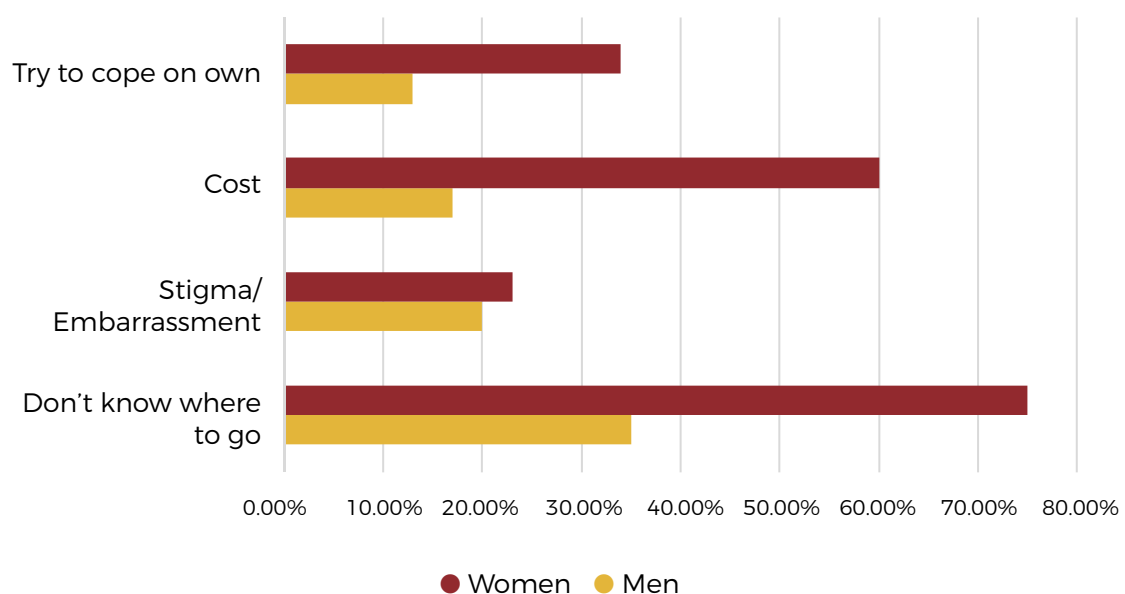
2.5.1 What stops men from seeking help?

We asked all our survey respondents (both men and women) why men do not seek help. Men identified the following reasons (many ticking more than one option).

	No of People	Percent
Try to cope on own	59	34.5
It costs too much money	34	20
I would be concerned people would treat me differently if they knew	19	11
I would be too embarrassed	30	17
Afraid it might harm my career	11	6
I am not sure if treatments would be very effective	24	14
Unsure where to get help	22	13
I would talk to friends or relatives instead	17	10
Problems with time, transportation, scheduling	14	8

We then compared these responses with the most common suggestions that women respondents made as to why men do not seek help and the top four were the same in each case (although percentages differed).

WHAT STOPS MEN FROM SEEKING HELP?



Women also pointed to previous negative experiences and unhelpful coping mechanisms (drugs alcohol) as reasons why they think men do not seek help. It is noticeable that in describing their own coping mechanisms, only 19% say that they use drugs or alcohol, compared to 41.5% of women describing their loved ones.

- 13.2% previous negative experiences
- 41.5% unhelpful coping mechanisms (alcohol/drugs)

Unpacking Barriers to Help Seeking

In the survey, 94 men made detailed comments about the provision of mental health supports in Donegal. We analysed these comments for common themes and many of these mirrored the reasons given for why men do not seek help.

2.5.2 Lack of awareness of available supports

In total, 20 out of 94 comments (21%) highlighted the lack of awareness about available supports and raised concern that men simply do not know where to go when difficulties arise.

It is not something I am aware of to any great extent. This is most likely because I haven't sought it out, but nonetheless it might be helpful to be more aware of the available services so that I might seek them out if an issue arises.

– survey comment

The help is there; it's continually getting the word out.

– survey comment

2.5.3 Negative perceptions of mental health supports for men.

A fifth of all respondents (19 out of 94) described mental health services in Donegal as poor, non-existent or "terrible." While this perception may or may not be the reality, the fact that so many men perceive the service as poor or non-

existent is a significant barrier to help seeking behaviours.

It's not fit for purpose, not relatable and does not meet men (or anyone) where they are at

– survey comment

The provision of mental health supports for men in Donegal is minimal and can be difficult to access with long waiting lists.

– survey comment

What support???

– survey comment

A further 12% of comments (11/94) highlighted the need for improvements to the supports in Donegal with some pointing to waiting lists and gaps in the service (especially at weekends). It is noticeable that many do not seem aware of or considering the community voluntary services that are available 24/7. The comments about the lack of weekend services are significant as weekends are the time when many use unhelpful coping mechanisms such as alcohol and drugs.

I truly believe that we need a lot more mental health services in Donegal. People need help and support.

– survey comment

Its only tokenism and not how it should be run. Not enough trained staff to cope. People are far too long on waiting lists to get help and even its just 1 or 2 visits in front of someone who has far too much on their own plate to help properly

– survey comment.

More male counsellors would help.

– survey comment

I'm not very knowledgeable about services specific to men. Also, there are no weekend service available at all other than A&E.

– survey comment.

How're you doing, Man?

Exploring men's mental health in Donegal

These concerns were echoed by interviewees:

I do not think there are enough mental health facilities to men. Men can feel very isolated. Sometimes you feel very alone, and some people are embarrassed to reach out.

- Interviewee #1

I'm not sure that there is enough support especially at weekends. I know they are doing their best but there are a lot of people falling through the net.

- Interviewee #3

2.5.4 Stigma and stereotyped ideas of masculinity

Overall, 12% of respondents (11/94) and all of the interviewees (5/5) referred to ongoing stigma, embarrassment and stereotypical ideas about masculinity as barriers to help seeking behaviour. Men are reluctant to seek help because of stigma and stereotyped ideas of masculinity. Notably, the same reasons were also given by men from migrant and BME backgrounds in interviews with the Donegal Intercultural Platform.

Men don't go for help until they are on the verge. They think they have this tuff exterior to uphold. It needs to start with the youth at school and be second nature to everyone to talk to each other to off load.

- survey comment

I work as a Counsellor both for services and private. The simple fact is young men are reluctant to step forward and when they do, they have no idea where you go.

- survey comment

I think a lot of it is to do with people's attitude as well as socio-economic point of views. To be a man and have mental health problems usually gets put into the category - "not well in the head", to "he's mental" or "he's not all

there".

- survey comment

I just think that sharing emotional and or mental health issue isn't something most men find easy to do, for many reasons, from it reflecting negatively on their perceived strength and masculinity, to not having a safe space to be vulnerable in.

- survey comment.

In Inishowen there is a culture of men being the strong one and it's difficult to find other males to empathise with your problems.

All five interviewees shared similar stories and concerns about stigma, embarrassment, and the stereotype that men should not show weakness.

I struggled with depression [from a young age]. Back in the day at secondary school people would say, "Why would a young boy like you be depressed?" People didn't want to talk about. For men, it was a sign of weakness.

- Interviewee #4

A lot of men have a problem talking about their feelings. It is uncomfortable. Looking back at my childhood, we never talked about our feelings or emotions at home. If you cried, you got "something to cry for". I think with men, it is a lot to do with their ego. They do not want to show weakness. I was like that until I broke. Men are afraid to look inside themselves, to show weakness.

- Interviewee #2

I think it is a macho thing. In the past, I would have been embarrassed. What is this person going to think of me? People thought there was something wrong with you if you were depressed. You were in denial because you felt you would be judged. There is shame and stigma...

- Interviewee #3

I would say it is the concern about it being seen as "a weakness" especially among older men. They think if you do seek help that it is a weakness. People would say, "What would a boy like you be depressed about?"

- Interviewee #4

I still think with a lot of men it is that macho image. "Men don't talk. Men don't cry." It is very ingrained and unhealthy. [We need to] buck that trend by asking each other for help. This is such an important topic.

- Interviewee #5

Men are embarrassed and there is a stigma attached.

- Interviewee #1

Men from migrant and BME backgrounds echoed these same themes with seven respondents sharing similar concerns that help seeking is not considered "manly" and that men are too embarrassed or proud to show weakness by admitting they are struggling.

[Men are] always told to be strong and not to look weak.

- Migrant/ BME participant

2.5.5 The language barrier

While not mentioned in the online survey, for migrant and BME interviewees the language barrier is seen as a significant barrier to finding help and a deterrent to help seeking with a number of comments highlighting the issue. The significant increase in the minority ethnic communities in Donegal over the last five years including Syrian refugees, Ukrainian refugees and asylum seekers living in direct provision / IPAS centres, means is an important consideration for the provision of mental health supports in the future.

My English very bad.

- migrant/ BME participant

Need words in Arabic.

- migrant/ BME participant

Help in my language.

- migrant/ BME participant

It is notable that 50% of the migrant / BME men who participated in the research had little or no knowledge of mental health supports that were available.

We have no information really of what is here

- Migrant / BME participant.

Do not know of service

- Migrant / BME participant.

2.5.6 The cost of counselling

In the survey, one in five men pointed to cost as a reason for not seeking help and this was echoed in comments with 6% of respondents highlighting the cost of private counselling.

Make more available at less cost as money is the biggest worry in men

- survey comment

It costs too much. It costs way too much. The only way to get seen anymore is to go private and it's €60 a session. That's €240 a month if going weekly.

The price of counselling sessions is so expensive. I know first-hand having to pay €60 every week to my counsellor. But I wouldn't be here if I didn't have her! Some people just can't afford it.

- survey comment

2.6 COPING STRATEGIES

2.6.1 What do you do when you are feeling stressed, anxious or down?

Exercise is the most common coping strategy for men in Donegal who responded to the survey with 34% saying they choose to go for a walk or exercise when they are feeling stressed anxious or down. 33% distract themselves by watching TV or playing games (etc.) with a further 24% burying themselves in work or other activities to take their mind off things. Almost one in three say they simply "get on with things and learn to live with it" (31.6%) and over one in four

prefer not to think about the issues that cause stress, anxiety or negative feelings (26%).

Self-medication (using drugs or alcohol) or self-blame were common for about one in five of men who responded to the survey (19% and 23% respectively).

One in ten men seek help and support by reaching out to someone else but others choose positive activities in order to cope (e.g. prayer and meditation, looking for the positives or taking steps to actively dealing with stressful or negative experiences.)

	No. of Respondents	Percentage
Distraction		
Using work or other activities to take my mind off things	41	24
Distracting myself with TV, games, sleep etc.	56	32.7
Making jokes about it	28	16.4
Avoidance		
Trying not to think about it	45	26.3
Just giving up even trying to cope	12	7.0
Refusing to believe it's happening	8	4.7
Positive Supports		
Talking about what I am going through	23	13.5
Getting advice from others	22	12.9
Finding comfort in someone else	16	9.4
Finding support from close friend or family member	20	11.7
Negative Activities		
Using alcohol or drugs to feel better	45	26.3
Blaming or criticising myself	12	7.0
Positive Activities or Engagement		
Exercising or going for a walk	58	33.9
Praying or meditating	25	14.6
Getting on with things and learning to live with it	54	31.6
Finding comfort in my religion or spiritual beliefs	14	8.2
Looking for positives	31	18.1
Taking steps to deal with the situation	28	16.4

Interviewees shared how they manage their mental health, commenting on the positive and negative strategies they have used and currently use.

When an emotion comes up... when you talk about it, you are taking the sting out of it. You take the power out of it. You start to accept it just by having the conversation.

- Interviewee #2

The big one for me is 'a problem shared is a problem halved'. Therapeutic support or talking to a friend... makes a massive difference.

- Interviewee #3

I was using alcohol to try to cope. From a young age, I was trying to fit in. Had a speech problem and I hated myself and lacked confidence. I was bullied... Through Alcoholics Anonymous, I finally got help. You can talk to somebody, and they are not judging. They are very understanding. With the AA, I have somewhere to go and talk about my feelings on good days and on bad days. I can go to a meeting and share. I'm one of the lucky ones. I have somewhere I can go to get help seven days a week. There are other people who have never drunk. They have bad days too. Where do they go?

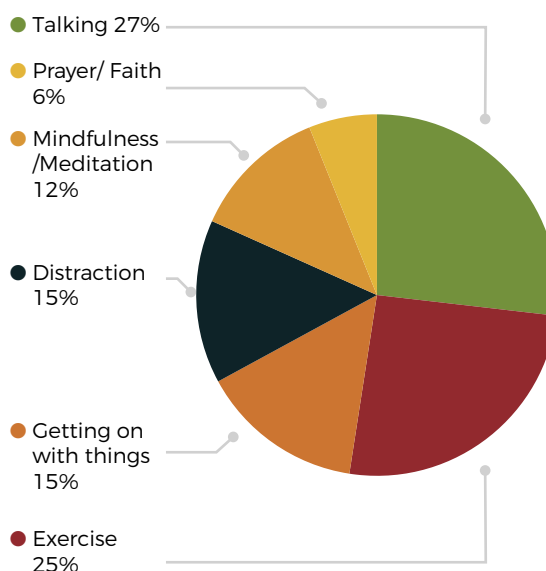
- Interviewee #2

I know how to protect my own mental health. I'm aware of the importance of that... I have a piano I sit down and play for hours.

- Interviewee #5

2.6.2 What Helps Most?

WHAT HELPS MOST



Men identified "talking" as the most helpful way of dealing with mental health challenges particularly when combined with support and connection with family and friends. For one in four men, exercise (including walking, running and swimming) helps the most, while 15% cited distractions (work, TV, games, etc.) or "getting on with things" as the most helpful. Mindfulness or meditation proved helpful for 12% with another 6% pointing to prayer or faith as a source of help.

Talking and someone actually listening to me and who actually cares about what I may be going through... Instead of getting you out the door before you've even sat down.

- survey comment

Of the things I do, distracting myself is probably most helpful

- survey comment

Prayer surprisingly

- survey comment.

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When I have time to chill and walk with my dogs

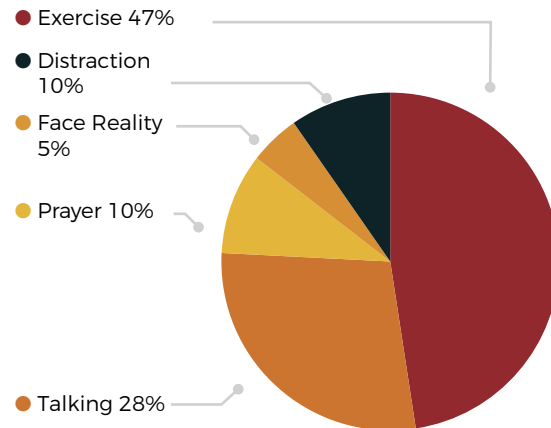
– survey comment

Similarly, the three out of the five interviewees (60%) pointed to exercise and/ or talking as their primary means of coping with difficulties. Prayer, hobbies and seeking help from a GP also featured as ways that they cope.

2.6.3 Coping mechanisms of Migrant/ BME respondents

Although a much smaller sample, it is notable that four of the most popular coping mechanism for Migrant / BME men who took part in the research were identical to those identified by respondents in the online survey.

WHAT HELPS MOST? (MIGRANT BME)



Go walking – it clears the head.

– Migrant/ BME Participant

Drink, smoke, watch TV.

– Migrant/ BME Participant

Prayers and always maintain good communication with family.

– Migrant/ BME Participant

Swim in the sea.

– Migrant/ BME Participant

2.7 STRESS FACTORS, RISK FACTORS AND TRIGGERS

2.7.1 How much stress do you currently have in each of the following areas of your life?

	None	Mild	Moderate	Severe	None
Finances	12.9%	14.6%	31.0%	14.0%	6.4%
Health	14.6%	22.2%	34.5%	4.7%	2.3%
Love life	32.7%	15.8%	15.8%	8.2%	6.4%
Family relationships	19.3%	22.8%	22.8%	9.9%	3.5%
Work relationships	34.5%	15.8%	17.5%	4.7%	4.7%
Health of a loved one	19.9%	20.5%	20.5%	11.7%	5.3%
Problems of a loved one	18.1%	23.4%	21.6%	11.1%	4.1%
Life overall	7.6%	17.0%	38.0%	9.9%	5.8%

2.7.2 Stressful experiences in past 12 months

Significant numbers of participants had gone through extremely stressful experiences in the last 12 months – the most common being the death of someone close. It is notable that 23 men (13%) had experienced two of these stressful experiences, 14 (8%) had experienced three and three men had experienced four or more. Other stressful experiences included assault, bullying, problems at work and the mica crisis

	No. of People	Percentage
Life-threatening illness/ Injury someone close	26	15.2
Death of someone close	42	24.6
Romantic breakup	21	21.3
Relationship breakdown (family/friend)	18	10.5
Lost job/redundancy	21	12.3
Moved house	16	9.4
Life-threatening accident	1	0.6
Serious medical diagnosis	6	3.5
Experienced sexual assault	1	0.6

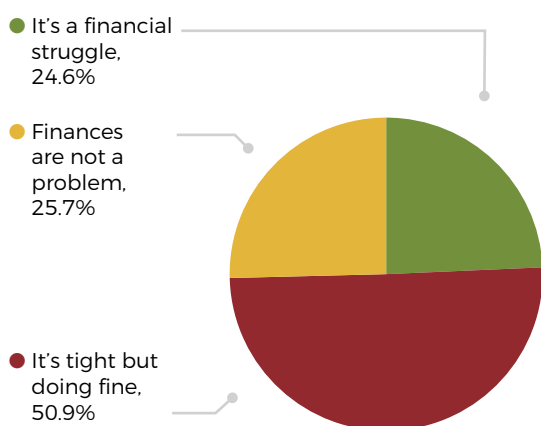
How're you doing, Man?

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2.7.3 Financial Stress

In terms of severity, participants in the survey identified financial stress as the biggest issue with one in five (over 20%) experiencing severe or very severe financial stress. This finding matches with the participants' evaluation of their current financial situation.

CURRENT FINANCIAL SITUATION



2.7.4 High Risk Groups

One focus of the interviews was exploring why men in their 40s-50s are at a higher risk of suicide in Ireland. It was notable that one out of the five interviewees had seriously contemplated suicide, several had experienced suicidal thoughts and the majority were aware of men their own age who had died by suicide.

Just over two years ago, suicide seemed really attractive. I was at rock bottom. I had made a plan but something changed in me and I reached out to a friend. The pain that I was in brought me to my knees. I broke down and cried. I talked to someone. It took away the sting. I felt relieved.

I don't know [why men my age are at risk of suicide] but I would love to know ... -Interview #2

[I think it is that] mid-life crisis. A lot of men are looking to see what they have done or what they haven't done. Maybe they feel worthless and not needed.

Interview #1

It is a whole lot of factors. If you had not sought help all your life your mental health can deteriorate. Relationships are a big factor. If you are single. If you are not working. Maybe aging.

Interview #3

I think there is a general assumption that you should have "made it" by the time you are in your 40s and 50s. You should be married with a house and children. If you believe that and it that has not happened then you are in trouble. The expectation is that men should be the bread winner. Certain men may feel that they have not pulled things together

Interview #5

Connecting for Life also identifies minorities as "vulnerable groups" and this was reflected in comments both in our survey and from Migrant/BME participants.

Men from my own community have one of the highest suicide rates in Ireland I think Traveller men should be able to speak about their mental health a lot more open in today's society but sometimes it makes us feel less of a man opening up about feelings.

- survey comment

Racism, discrimination and lack of support services [stops us from seeking help]

- Migrant / BME participant

Try not to be so racist and accept others as this is a serious problem.

- survey comment

2.8 PROBLEMS IN DONEGAL

Comments in our survey and comments made in the interviews highlighted issues that respondents believed to be the greatest areas of stress for men in Donegal.

2.8.1 The mica crisis

Mica is a massive issue that is underestimated. We feel as men we have to be the strong one and assure others that everything will be alright. I am surprised that you have not asked straight out in your survey - "how often have you thought about suicide?" I could have answered "more than occasionally" but manage to stay on the right side of the line mainly for the benefit of my family.

- survey comment

I think the issue of MICA/Defective Blocks is not taken into consideration about how devastating this can be for people's mental health.

- survey comment

Mica crisis... we have it. Ours is not too bad [at the moment] but there are people out there with young kids whose houses are falling down. We are alright but there are people who have it way worse - a marriage is tight enough without having that to cope with.

- Interviewee #4

Mica confirmed in family home. - survey comment

Living in a Mica home while being a campaigner dealing with Govt, affected homeowners and my own home/family mica consequences.

- survey comment

2.8.2 Rural Isolation

Not good enough for anyone. Reliant on them going to GP or day service but rural people with no transport and poor motivation get left behind.

- survey comment

Men can feel very isolated. Sometimes you feel very alone, and some people are embarrassed to reach out. It is lovely [in Donegal] during the summer but people's spirits go down in a bit in the winter (winter blues).

- Interviewee #1

I think a lot of it is to do with peoples attitude as well as socio-economic point of views. To be a man and have mental health problems usually gets put into the category - "not well in the head", to "he's mental" or "he's not all there". As for the cause of it is I find Donegal to be desolate, it can't attract young ambitious people because there's very little opportunities here to progress your career.

- survey comment

2.8.3 Cost of living crisis

Men feel very pressured about their home and their bills. Cost of living crisis. You have less money. It is really affecting what people buy. People are eating rubbish. The quality of the food they can buy. Not being able to visit family because they don't have the money. Not being able to buy clothes. You think twice because you are keeping yourself above water. It can be embarrassing that you can't go out for a bite to eat. It affects people's dignity. The oil prices have dropped but supermarket prices are not going down in fact everything is still going up. I try to be healthy, and I eat two bananas a day... but a pack of bananas used to be €1.29 and now is €2.09.

- Interviewee #1

Interest rates and cost of living are big issues. Many have money worries. Thinking of what is coming down the road, affects your mental health whether you have money or not. You can see why people see no way out of it, young or old.

- Interviewee #4

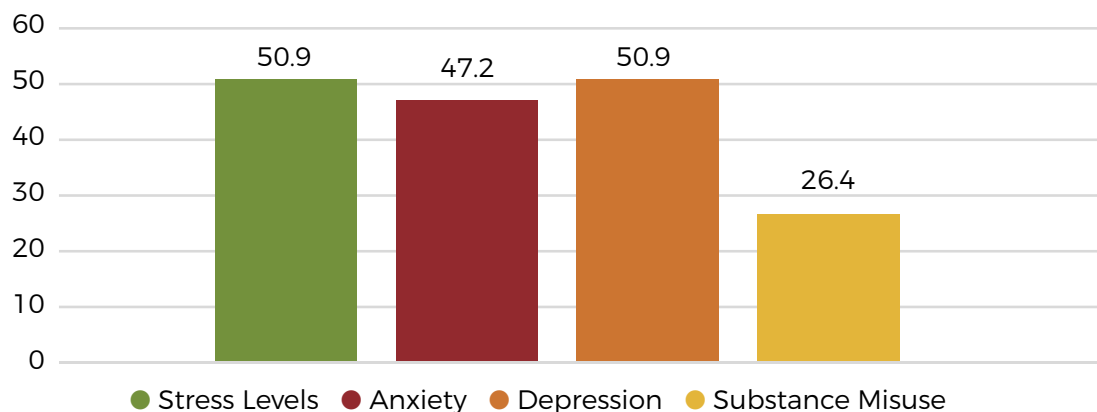
2.9 CONCERNS OF WOMEN ABOUT MEN

ALMOST 85% OF WOMEN SURVEYED WERE CONCERNED ABOUT MALE FRIENDS, FAMILY MEMBERS OR LOVED ONES.

Of the 53 women who took part in the online survey, 45 (84.9%) said that they had reason to be concerned about the mental wellbeing of their male friends, family members and loved ones. Stress, depression and anxiety experienced by male friends, family and loved ones were of greatest concern with one in four women were concerned about substance abuse.

Financial worries, anger issues, dementia, loss and mika were all mentioned by women (1 person for each) as areas of concern.

DID YOU EVER RECEIVE PSYCHOLOGICAL COUNSELLING OR MEDICATION FOR AN EMOTIONAL OR SUBSTANCE USE PROBLEM?



More than half of the female participants engaged with the comment section, sharing their concerns about what needs to change and expressing frustration at the challenges they face in finding help for their loved ones.

I am not aware of any [mental health] supports in Donegal
– survey comment

2.9.1 The need for more services and supports.

Ten comments expressed concern at the need for more mental health services and especially supports that are targeted to men. Community supports were seen as being able to meet men "where they are at" and provide a more relatable, less threatening, peer-to-peer approach to mental health.

Lack of appropriate support in the region

- survey comment

More trained clinicians, more adequate services and financially subsidised services. Early intervention

- survey comment

More community or home supports that will reach out to people. Meet them where they are at within their limits

- survey comment

More ways, methods, options and places for men to get together "shoulder to shoulder" to do something together that might stimulate conversation.

- survey comment

2.9.2 Obstacles to care

Comments and examples from ten women highlighted the difficulty men have in accessing mental health services. Motivation, transport, timing, cost and the quality of care were all cited as hinderances for men who are struggling with their mental health.

Not good enough for anyone. Reliant on them going to GP or day service but rural people with no transport and poor motivation get left behind.

- survey comment

Not mentally well enough to be motivated to seek support and the system of support is based on the

individual seeking support through GP

- survey comment

My own boyfriend struggled. At some stage he went to a therapist. On the first session, he struggled to open up and didn't express how much he was struggling so the therapist said he seemed to be fine and said there was no need to come back... men need time to open up.

- survey comment.

What I see as part of my job is a lot of the appointments are for office hours 9 to 5. If men are working shift work or late hours, it means they have to take time off to attend appointments. Also, there are no weekend service available at all other than A&E in an emergency.

- survey comment.

Most men I talk to ... associate seeing a doctor with money. Outside of the doctor they don't know where to turn.

- survey comment

My brother has been let down by the current system for 10 years now, numerous suicide attempts and in the 10 years only one nurse has been following up and making sure he is on the right medication (still not right).

- survey comment.

2.9.3 Stigma

Five comments identified the need to address the stigma that stops men from seeking help.

Stigma, it's ok for men to feel down, most are laughed at when they are known to have depression or anxiety and in this day n age it's not on

- survey comment.

How're you doing, Man?

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2.9.4 Perceptions around masculinity

Five women echoed the male responses which identified stereotypes that hinder men from asking for or receiving the help they need.

Stereotypical norms on what a "Man" is perceived to have look like/behave/not behave etc. masculinity

- survey comment

Men don't go for help until they are on the verge. They think they have this tuff exterior to uphold.

- survey comment

Decades of men being expected to suppress their feelings is the cause.

- survey comment

2.9.5 The need for education and early intervention

Five comments highlighted the need for educating boys and young men around mental health in order to prevent problems arising at a later stage.

There needs to be more openness for boys and men from a young age to be able to talk about how they feel to be listened to by parents, friends, teachers and workmates etc.

- survey comment

It needs to start with the youth at school and be second nature to everyone to talk to each other to off load.

- survey comment

2.9.6 Concern over substance abuse

Three comments express concern of the issue of substance abuse and the impact on men's mental health.

The availability of recreational drugs in Inishowen. There are huge problems of drugs being brought into the area every weekend.

- survey comment

“

Mental health services in Donegal are awful. My husband gets called in for a “check-up” every three or four months. Never gets to see the same Doctor and has to repeat his issues each and every time... the doctors there never ever help him. If it wasn't for Parkview I really think he would have died by suicide long ago.

- survey comment

”

3.0 Ideas and Suggestions



We need people professionals to actually listen and not be judging or discriminating. Anyone can suffer from this life-threatening illness at any time.

- survey comment



Participants in the online survey and interviewees were eager to provide ideas and suggestions for improving mental health supports for men. While there was a range of creative ideas and suggestions, one major theme emerged – the need for “men only” support.

3.1 MEN ONLY

On the online survey, 34% of respondents including both men and women (28/82) pointed to the need for services and supports that are specifically tailored to men. Within this category, there were a wide range of specific suggestions as well as examples of best practice that is already taking place in Donegal.

3.1.1 Men's Sheds

Men's sheds were cited as examples of successful “men only” spaces that are providing help and support for men's mental health across Donegal.

We need more Men's Sheds type of organisations or charities that focus on the type of work that men

might be more comfortable with. A lot of charity work is done by and perceived to be the work of women. More practical efforts that men could engage in might help get them together in positive environments.

- survey comment

3.1.2 Men's Groups / Men Only Activities

Survey comments (14/82) and several interviewees referred to the need for men's groups providing space to meet and talk or to engage in “men only” activities such as walking, exercise or healthy eating.

Get together, group meetings just for talks, walks and a chance for men to get together and talk about what's going on in their day-to-day life.

- survey comment

Men only courses, for example another local centre is running a healthy eating course for men only. You need courses, groups, opportunities for men to meet together to develop friendships and safety so they might turn to their friends in the future.

- survey comment

How're you doing, Man?

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Set up a group for men who have moved into the area as they are often isolated.

– survey comment.

Have men's groups. There are a lot of single men who are lonely. There are very little things to do around here. Maybe if there was some sort of a facility for people to meet up. It is lovely during the summer but people's spirits go down in a bit in the winter (winter blues). But a chance to meet new friends, have a cup of tea or enjoy a fun day out.

– Interview #1

It seems men become less inclined to participate in unfamiliar activities as we get older. Finding welcoming ways to encourage men to try out new things would seem to be key. Perhaps creating a taster community group in the spirit of encouraging people to undertake as a group (rather than an individual signing up) sequential four-week blocks with new activities e.g., four weeks of yoga, four weeks of tennis, then fishing, then walking, DIY, art, a music group, volunteering, creative writing, cooking, etc. It could both be a way to sample the range of activities on offer in a give-it-a-go spirit, but also bring men together socially and steer them toward activities they mightn't have otherwise tried.

– survey comment

3.1.3 Men Helping Men

The importance of peer support was emphasised in a number of comments.

Men who are willing to help other men positively, come forward & help promote positive mental health services.

– survey comment

Need more 'men only' activities, men find it easier to share with other men, than share in front of mixed groups.

– survey comment

Have educated, down to earth and relatable people deliver workshops on men's mental health. Look at all aspects of happiness, contentment and fulfilment. Show them that with small daily steps forward, they can improve their lives.

– survey comment

It occurs to me that men could be encouraged to share their skills with each other in this way. I know off the top of my head of men in the community who are woodworkers, visual artists, musicians, golfers, who fish etc. Perhaps groups could be formed of people with a range of skillsets and interests who might wish to share and lead on an area of interest for a few weeks and then on to the next person. It's not easy to figure out how to overcome the resistance to taking part.

– survey comment

3.1.4 Male Ambassadors

Several of the interviewees and survey comments emphasised the importance of male ambassadors for positive mental health, both celebrities but also ordinary people that others can relate to helping to normalise mental health challenges and share what helps.

I was thinking that myself about doing more in the media on Highland radio or something. You need confidence to know that other men have had the same problem. People who can tell you what worked. If men out there... ordinary people [began] speaking out... people from different backgrounds from the managing director down to a boy sweeping the streets, that would help others realise that everybody is in the same boat when it comes to mental health.

– Interview #4

Perhaps more male ambassadors... more men talking about they have suffered, that is massive. Me listening to that - if he can do it then it is okay for me.

- Interview #3

Maybe an online campaign featuring local men who have Mental health issues and are willing to support others in the same situation?

- survey comment

3.1.5 Targeted Information in "Men Only" spaces

Combined with helps and supports that are targeted to men, another suggestion was to target communication to ensure men receive messages to challenge stigma and to get the information they need about where to get help. This needs to take into account the right spaces (e.g. men's rooms, sports clubs, pubs, marts, etc.) and also the appropriate formats for different demographics. One suggestion was that men are put off by too much emphasis on "mental health" and might respond to more generalised language.

I think [we need] more awareness. It needs to be talked about more on the radio, TV and billboards, in shops. [We need] posters in places where men go like sports clubs.

- Interview #2

Men gather at sporting events, and in pubs. Maybe an awareness campaign could be facilitated by sporting organisations or the pubs even with a few posters with advice and info on where to get help. [Using] the sports sections of newspapers or websites.

- survey comment

Advice is too "one-size-fits-all".

- survey comment.

I think it needs to be worded in the right way. Not too much emphasis on "mental health" - that can be a bit daunting for people.

- Interview #1

3.2 INFORMATION EVENINGS AND TALKS

A number of comments suggested information evenings and talks (10/82) to raise awareness of mental health issues and reduce stigma. While many of these types of events are already taking place across Donegal, the question remains (linked to targeting - see above) whether these messages are reaching the men who need them and whether the events are attractive to men.

Give talks at local community centres on depression and all other mental health issues.

Have more information nights with guest speakers. Addiction counsellors, bereavement counsellors or social work staff who can outline what services are available and also have people who have used services speak out about how it helped them.

Have more information evenings to help reduce the stigma surrounding mental health

3.3 SUPPORT GROUPS

Throughout the survey and in multiple interviews, support groups were mentioned as a vital part of supporting men's mental health. In particular, Grow and AA were given as excellent examples of support groups where men can find on-going help with their mental health. Raising awareness that these groups exist in Donegal and how people can join was a recurring suggestion.

Grow Mental Health Ireland is the answer. I have had no reason to seek advice or help in the last 15 years [since getting help with GROW].

- survey comment

The best supports are support groups. Grow etc.

- survey comment

With the AA, I have somewhere to go, and I can talk about my feelings on a good day and on a bad day. I can go to a meeting, and I can share. I'm one of the lucky ones. I have somewhere I can go to get help seven days a week.

- Interview #2

The more men talk about mental health and the support groups will remove stigma.

- survey comment.

Support groups should be activity based, not just talk based. In my experience men open up more when working side by side with someone on a project and need to feel useful.

- survey comment

3.4 EDUCATION

Repeatedly both in the survey and the interviews, respondents highlighted the need to educate children and young people – a pro-active “early intervention” approach to change the culture for boys and young men. For a number of the interviewees, there was a desire to change things for future generations because of their negative experience as young boys.

It is important to get to the younger ones... in the school and the classroom, getting them to talk. Getting them to talk in a group. Getting them to talk one on one or in general making them feel comfortable [to open up].

- Interview 2

Educate from an early age.

- survey comment

I would like to see more talking about mental health in schools and colleges

- survey comment

The main one for me is national schools need to be exposed to stuff there. When I was growing up nobody talked about it [mental health] and it was hush hush.. Knowledge is powerful if they are exposed to it at a young age.

- Interview #3

I believe through sports, messages should be passed in clubs to young boys and teenagers.

- survey comment.

More awareness needed from young age

- survey comment

3.5 TRAINING

Respondents mentioned various examples positive training opportunities and suggested a pro-active approach to help men learn the necessary skills both to help themselves and to help others. Locating training in workplaces, sports clubs or community groups where men gather also makes these more easily accessible.

I recently did the suicide First Aid course (ASIST) which is extremely beneficial for other people that are having mental health issues. It would be good if more and more people could do it.

- survey comment

Run mental health workshops in workplaces

- survey comment

Men need to learn the skills. At RNLI, before we went on an exercise, we used to talk about what were we going to do. And then when we came back in, we asked how it went? We had a debrief. Then when you go out on a shout and it is traumatic, you have learned how to talk about things.

- Interview #2

3.6 ADVOCACY

A one-off comment provided an important insight into one of the challenges facing people suffering from depression and poor mental health – the lack of motivation or inability to seek or find the help needed. This suggestion looks at the potential of employing or identifying advocates who can support people both to seek help, to navigate to find the best service or to challenge inadequate service.

Perhaps employing mental health access advocacy workers to aid people in accessing services. I feel many people with depression feels too weak mentally to challenge the system or to insist on their rights to access services
– survey comment

3.7 DE-MYSTIFYING SUPPORTS

Another one-off comment provided enlightenment on one issue that might hinder help seeking – the mystery of what happens in the process of counselling or other therapies that are available.

I think there is great emphasis on the need to reach out. But there is nothing to explain what actually happens during the process of counselling.
– survey comment

3.8 CHANGING THE EMPHASIS

A number of survey respondents and interviewees wrestled with the challenge of those who are not able or willing to seek help. One insightful suggestion focused on changing the emphasis from expecting the person to seek help to empowering people to reach out in appropriate ways to those who are struggling. This echoes the learning of courses such as safeTALK and ASIST. Note: These comments also highlight the importance of providing support for carers / family members is also

I have a family member with severe mental health problems but doesn't see it. He has left services years ago and we are at a loss how to get him back with them. He is non-compliant.
– survey comment

I have thought how can I get my dad to talk to somebody. He is man of the 1950s who is very concerned about what people think. For people who need help, it would be need to be made easier.
– Interview #5

Some people might not be able to name it. Everybody's circumstances is different. It is probably worse if you are living alone. If I'm sitting in the house, somebody is going to ask what's wrong (because my wife is there). In general, we need to be able to ask people, "How are you getting on today?" or ring them and they might come out with something. If you build up a trust, there is more chance that they will talk.
– Interview #4

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The more men talk about
mental health and the support
groups will remove stigma.

– survey comment.

A large, stylized white closing quotation mark on a yellow background.

4.0 Recommendations



We need more Men's Sheds type of organisations or charities that focus on the type of work that men might be more comfortable with. A lot of charity work is done by and perceived to be the work of women. More practical efforts that men could engage in might help get them together in positive environment.

- survey comment



Considering the quantitative and qualitative findings of our research and taking into account the suggestions put forward by respondents, we would like to recommend the following as ways to target communication and services to address the challenges of men's mental health and suicide prevention.

4.1 TARGETED COMMUNICATION

It is clear that messages about positive mental health and available supports are still not getting through to men in Donegal. Moving forward, thought needs to be given to targeting messages and information to a male audience and specifically within the following three areas:

4.1.1 Male ambassadors

It is important to use male spokespeople and male ambassadors to share mental health messaging. While celebrity messages can be helpful, the majority of men would prefer to see "men like me" speaking out about these issues, challenging stigma and normalising help seeking behaviours.

4.1.2 Men's spaces

Giving careful thought to the display of information in men's spaces (men's rooms, changing rooms, sports clubs, pubs, the mart, etc.) is important in getting the message to those least likely to seek out this information. At the same time, the design and content of these messages need to be tailored to the venue and the type of men who frequent those spaces.

4.1.3 Making the most of Men's events

Many respondents felt men would not willingly attend events where "Mental Health" is the stated focus. Instead, we recommend creating events that will attract men or connecting with existing events for men (e.g., Tractor Runs, etc.) and adding value by taking the opportunity to provide effective communication about helps and supports that are available. E.g. sporting events, talks by celebrities, men's breakfasts, etc. Finding the right means of communicating simply and briefly is vital for this type of event so short videos, well-spoken ambassadors (see above) or image-heavy printed materials are ideal.

4.1.4 De-mystifying helps and supports

This excellent suggestion ties into our communication and highlights the disconnect between mental health professionals and our target audiences. People do not know what takes place in counselling, art therapy, support groups, mindfulness, etc. By creating communications that explain these types of therapies in straightforward language, we will be able to encourage more people to avail of the services on offer. In particular, using male spokespeople will help more men engage with therapies that might not appeal to traditional perceptions.

4.1.5 Addressing Perceptions and Misconceptions

It is clear that whether or not services are available in any given area of Donegal, many men and women believe nothing is available. This perception significantly hinders help seeking behaviours. Ensuring targeted communication is critical and this ties into the Connecting for Life objective to develop a communications plan. Our recommendation would be a well-publicised "one stop shop" for information relating to mental health across Donegal that is easily and regularly updated with all services, supports, training and programmes that are available.

4.1.6 Addressing Stigma and Stereotypes

This will be an on-going challenge but our recommendation is for all those communicating about mental health and especially men's mental health to take note of the feedback about stigma and stereotypes. While changes have taken place, the prevailing trend remains one of "men don't cry" or "helping seeking is a sign of weakness". Working with ambassadors to combat these negative messages is essential in ensuring that men receive help when they need it most.

4.1.7 Addressing specific barriers to communication within minority groups

The significant rise in the numbers of Migrant / BME communities within Donegal means we need to be conscious of the additional challenges and barriers to reaching these communities with mental health messaging. Cultural, ethnic and language barriers are a vital issue. We recommend that in partnership with groups such as Donegal Travellers Project and Donegal Intercultural Platform (as well as on-the-ground community centres and resource centres) we ensure appropriate messaging is targeted towards these communities.



4.2 MEN ONLY EVENTS AND PROGRAMMES

The message has come loud and clear from our respondents that they would like to address issues of mental health and wellbeing in "men only" spaces where they can feel comfortable to talk and share honestly. We recommend taking time to look at best practice around the country and adopting / promoting events and programmes that are focused on men's needs and interests. These do not necessarily need to be major events but grass roots projects that can develop and build.

4.3 INCREASED EMPHASIS ON MEN'S SHEDS

The research confirmed the positive impact that men's sheds are making across the county. We recommend a strategic approach to identify places where men's sheds do not exist and targeted supports to help new men's sheds to get off the ground.

4.4 ADDRESSING THE NEGATIVE EXPERIENCES

While a more challenging finding of the research, there is clear evidence that service users have had negative experiences within the HSE mental health services and within clinics and hospitals. We recommend that Connecting for Life and the HSE teams look honestly at this feedback and consider how some of these negative experiences can be prevented or minimised. An increased emphasis on staff training and addressing organisational culture is essential in this regard.

4.5 TRAINING IN SUICIDE PREVENTION

Targeting Suicide Prevention Training within Sports Clubs and other traditionally male domains is essential in order to address the on-going challenges. Training will help to address stigma and stereotypes and equip more men to be spokespeople or ambassadors for change.

4.6 ADDRESSING DONEGAL-SPECIFIC RISK FACTORS

Understanding the unique challenges and risk factors experienced by men in Donegal as a result of rural isolation, economic deprivation and the widespread impact of the mica (defective blocks) crisis is vital in targeting groups that are most at risk. Our mental health and suicide prevention strategies need specific actions to counteract these issues that are more specific to Donegal.

4.7 PROVIDING SUPPORTS FOR FAMILY MEMBERS

It is clear from the comments by women that many family members / carers are experiencing extreme stress as they seek to support relatives facing mental health challenges. Providing support and care for the carers is essential in responding to this need.

APPENDIX 1

Thank you so much for taking part in our survey. We know talking about these things can be difficult. If you are finding things difficult right now (or if you are concerned for someone you love). Talk to your GP or use any of these helplines / text services to find support.

Samaritan's Ireland

Free 24-hour listening service for anyone in distress.

FreePhone: 116 123

Email – jo@samaritans.org.

Pieta House

24-hour freephone crisis helpline

1800 247 227 or Text HELP to 51444

Text about It

Text HELLO to 50808 for a free, anonymous, 24/7 messaging service providing everything from a calming chat to immediate support.

Insight Inishowen

24-hour listening ear or text service plus access to a local counselling service (donation based).

087 170 8743 or check out our website for details of local resources

www.insightinishowen.ie



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Ruth Garvey-Williams and Margaret McLafferty
Authors

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How're you doing, Man?

Exploring men's mental health in Donegal





Insight Inishowen

The Exchange, Castle Avenue,
Buncrana, Co. Donegal, F93 FE09

Tel: 074 9362572

Email: insightinishowen@gmail.com

Website: www.insightinishowen.ie

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