

Written evidence submitted by Dr Paul Gorczynski and Dr Fabio Fasoli (IMH0019)

Understanding the mental health literacy and service needs of men

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Fabio Fasoli (he/him) is a Senior Lecturer in Social Psychology at the University of Surrey. His research concerns the understanding of stigma and discrimination that minority groups, and specifically gender and sexual minorities, face in everyday life. His work focuses on how discrimination and stigma occur, what effects they have on individuals, and what strategies can be implemented to reduce biases. More recently, he has started working on issues such as loneliness and body image concerns and strategies to promote individuals' wellbeing. Fabio is a member of the School of Psychology EDI committee and a member of the Rainbow Network and the University's LGBTQIA+ Equality Group at the University of Surrey.

This evidence is submitted to raise awareness of the mental health literacy and service needs of men to improve evidence-based policy to help men find, understand, and use information to seek mental health professionals and services.

Mental health literacy collectively represents the knowledge individuals have about mental health symptoms and disorders and various treatment options, the attitudes individuals have about their own mental health and the mental health of others, and the intentions individuals have to seek support from mental health professionals and services, which can include self-care such as the use of mobile apps, physical activity engagement, or improvement in sleeping behaviours (Jorm et al., 1997). Mental health literacy is an important factor that helps determine whether individuals: 1) are self-aware of their own mental health needs; 2) will seek out and understand information about mental health symptoms and disorders and their risk factors; and 3) will seek out and use various treatment options (Gorczynski, Edmunds, & Lowry, 2020). Ultimately, individuals who demonstrate higher levels of mental health knowledge and more positive attitudes toward mental health will be more likely to access mental health professionals and services (Gorczynski, Sims-Schouten, Wilson, & Hill, 2017; Gorczynski, Sims-Schouten, & Wilson, 2020; Gorczynski & Sims-Schouten, 2022). Seeking treatment is essential when dealing with mental health symptoms and disorders, including the prevention of suicide.

We have conducted several studies examining mental health literacy in undergraduate and post-graduate university students, in work settings, and amongst various individuals in sport contexts in Canada, the United Kingdom, and the United States. Overall, our research has consistently shown that men score significantly lower than women with respect to mental health literacy.

Amongst undergraduate and post-graduate students in the United Kingdom (Gorczyński, Sims-Schouten, Wilson, & Hill, 2017; Gorczyński, Sims-Schouten, & Wilson, 2020), men significantly scored lower than women on mental health literacy. This meant that men were able to identify fewer mental health symptoms and disorders, understand fewer treatment options including self-care strategies, and had more negative attitudes towards themselves and others living with mental health symptoms and disorders. Overall, individuals were less likely to seek support for mental health symptoms and disorders from mental health professionals and services; however, were more likely to seek support from an intimate partner (e.g., girlfriend, boyfriend, wife, husband) or a friend. These same trends were seen within a study conducted within undergraduate and post-graduate students in the United States (Gorczyński & Sims-Schouten, 2022).

When looking at mental health literacy, we also need to consider the individual characteristics of men and adopt an intersectional approach to information and service design. For instance, the minority stress model indicates that sexual minority men have poorer mental health than heterosexual men (Gorczyński, Reardon, & Miller Aron, 2022; Meyer & Frost, 2013) and sexual and racial minorities, including migrants, are more likely to engage in unhealthy behaviours (e.g., problematic drinking, Moino et al., 2023). In our research we found that individuals who identified as bisexual were least likely to seek support for mental health symptoms and disorders (Gorczyński, Sims-Schouten, Wilson, & Hill, 2017). Our work that focused solely on post-graduate students in the United Kingdom has shown that Black and Asian individuals demonstrated lower levels of mental health literacy than White individuals and that older individuals were less likely to seek support from mental health professionals and services (Moss et al., 2021).

In occupational contexts, men who work in driving occupations (e.g., lorry drivers, delivery drivers), have a poor understanding of their mental health, factors that influence their mental health, and strategies to improve their mental health. Overall, men prefer to disclose less information to their doctors for fear of receiving a diagnosis of mental health symptoms and disorders that may affect their ability to continue to work and earn an income (Gorczyński, Edmunds, & Lowry, 2020).

In sporting contexts, amongst athletes (Coyle, Gorczyński, & Gibson, 2017), coaches (Gorczyński, Gibson, Clarke, Mensah, & Summers, 2020; Hill et al., 2021) and referees (Gorczyński & Thelwell, 2022; Webb et al., 2021) in the United Kingdom, men scored significantly less than women with respect to mental health literacy. As demonstrated in other contexts, men showed less willingness to seek support from mental health professionals and services and were less willing to disclose any information about their mental health so as to not affect their ability to continue to work and earn money (Gorczyński, Reardon, & Miller Aron, 2022).

Below, evidence is provided for specific questions that form the terms of reference for this call for evidence.

Question 4. What factors contribute to men using health services, like general practice, less often than women and what impact does this have on men's health outcomes, for example from cardiovascular disease?

Overall, men are less likely to seek support for mental health symptoms and disorders than women. Compared to women, men demonstrate less knowledge of mental health symptoms and disorders, less knowledge of causes of mental health symptoms and disorders, less knowledge of mental health professionals and services, more negative attitudes toward their own mental health symptoms and disorders, more negative attitudes toward other individuals living with mental health symptoms and disorders, more negative attitudes of mental health professionals and services, and fewer intentions to seek support from mental health professionals and services.

A more wholistic approach is required to convey mental health information to men. In the short-term, culturally sensitive information for mental health should be designed, structured, and be available for men. This means that mental health information should consider age, sexuality, (dis)ability, and race and ethnicity. Information should be easy to locate online or through GP surgeries and should be written at a grade 6 reading level by the NHS to ensure credibility of information. Information should also be created for individuals in languages other than English. For example, after English or Welsh in Wales, Polish, Romanian, Panjabi, and Urdu are some of the most common spoken languages in England and Wales (Office of National Statistics, 2022). Instructions for accessing mental health professionals and services should be clear, stepwise, and easy to follow. Information should accurately convey current wait times and mental health improvement strategies to engage in while waiting for treatment (e.g., mobile apps, online resources, physical activity engagement, improvement in sleeping behaviour, reduction in work, stress coping exercises). Confidentiality of service use should be emphasized and made clear to individuals. Cultural training should be provided to mental health professionals and staff working in mental health services to avoid biases or stereotype-based assumptions (Fasoli et al., 2018) that may influence how some men may be treated when accessing such services (Gorczyński, Reardon, & Miller Aron, 2022).

In the long-term, mental health literacy programmes should be designed, structured, and delivered in an age-appropriate and pedagogically appropriate manner. This means, that mental health literacy information for boys should be delivered throughout their curriculum in school and continue into higher education. Age-appropriate materials should be designed by the NHS for men once they reach adulthood. A cultural shift is required where information about mental health is made and delivered specifically for boys and men.

Question 5. What role do community and sport-based projects play in reaching men at high risk of isolation or poor mental health, and how can it be ensured that this support is spread equitably across the country?

Overall, sport can provide an excellent manner to help address mental health symptoms and disorders amongst men (Gorczyński, Gibson, Thelwell, Harwood, Papathomas, & Kinnafick, 2019; Gorczyński et al., 2021). Physical activity, exercise, and sport offer many opportunities to improve one's physical, social, and mental health. Community groups, sporting organizations, leagues, clubs, and various other formal and informal groups provide excellent opportunities to bring men together, get men to get to know other men, and provide space for men to start talking with each other. Our research has shown that men are lonely and require bonds with other individuals to improve their mental health (Gorczyński & Fasoli, 2021). Men will often form life-long bonds with others through sport. Consistently our research has shown that men are less likely to seek support from mental health professionals and services and more likely to seek support from an intimate partner or a friend. Ensuring that evidence-based mental health information is available through community groups, sporting organizations, leagues, clubs, and various other formal and informal groups is essential. Organizations have a responsibility to ensure that information remains current and accurate (Smith, Gorczyński, & Thomas, 2022). Again, careful attention must be paid to cultural contexts, and consideration must be given to age, sexuality, (dis)ability, and race and ethnicity to provide information and services in an equitable manner (Gorczyński, Rathod, & Gibson, 2019).

In conclusion, strategies are needed to convey information about mental health to men as well as strategies to shift negative attitudes about mental health. Further targeted information, along with shifting attitudes about mental health, can help men set intentions to seek mental health professionals and services. Clear and easy to follow evidence-based information written and

distributed by credible sources that clearly outline confidentiality of service use can help improve uptake in mental health professionals and services amongst men.

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