

‘Men in the Middle’

- engaging middle-aged men in mental health and wellbeing



engage  NATIONAL MEN'S
HEALTH TRAINING

**UNIT 7 WORKSHOP
FACILITATORS' RESOURCE PACK**

Acknowledgements

Authors: Colin Fowler, Men's Health Forum in Ireland
Noel Richardson, National Centre for Men's Health, ITC
Lorcan Brennan, Men's Development Network
Finian Murray, HSE Health Promotion and Improvement

Funder: HSE National Office for Suicide Prevention (NOSP)

Advisory Group: Lorcan Brennan, Men's Development Network
Edel Byrne, Irish Men's Sheds Association
Brid Casey, National Office for Suicide Prevention
Anne Flannery, The Larkin Centre, Dublin
Colin Fowler, Men's Health Forum in Ireland
Karen Galway, School of Nursing, Queen's University Belfast
Derek McDonnell, Mojo Men
Michael McKeon, School of Nursing, Dublin City University
Finian Murray, HSE Health Promotion and Improvement
Shane O'Donnell, Marie-Curie Early Stage Researcher, QUB
Andy O'Hara, Traveller Health Unit
Noel Richardson, National Centre for Men's Health, ITC

Video Resources: **Production -**
Dónal O'Connor, Totem Video Productions

Actors -
Kieran Tyrell and Lorcan Brennan

Interviewees -
Lorcan Brennan, Men's Development Network
Edel Byrne, Irish Men's Sheds Association
Anne Flannery, The Larkin Centre, Dublin
Derek McDonnell, Mojo Men
Niall Maguire, GP Training Unit, Navan
Finian Murray, HSE Health Promotion and Improvement
Andy O'Hara, Traveller Health Unit

Audio Case Study
Narrators: Lorcan Brennan, Men's Development Network
John Paul Collins, Pavee Point
Paul Gillen, HSE Health Promotion and Improvement
Michael McKeon, School of Nursing, Dublin City University
Finian Murray, HSE Health Promotion and Improvement
Andy O'Hara, Traveller Health Unit
Noel Richardson, National Centre for Men's Health, ITC

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These materials cannot be edited in anyway by anyone other than the authors. Sessions can, however, be included in different training programmes if agreed with the authors.

Men in the Middle should be referenced as per the citation detailed earlier when being used or mentioned in any context.

While every effort has been made to ensure that the information contained in this Unit is accurate, no legal responsibility is accepted by the authors for any errors or omissions.

For further information on Men in the Middle, email: training@mhfi.org

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7.1 Overview of Men in the Middle

7.1.1 Background to Engage

The Republic of Ireland was the first country in the world to adopt a National Men's Health Policy (www.mhfi.org/menshealthpolicy.pdf). This policy highlighted the broad range of health and wellbeing issues facing men, and outlined frameworks and strategies to address these needs. In 2017, this Policy was succeeded by the 'Healthy Ireland - Men' Action Plan (www.mhfi.org/HI-M.pdf).

The Policy recognised the important role played by service providers and local practitioners in improving the health of men and boys, and acknowledged that these stakeholders also have training and support needs. The 'Engage' training programme was developed to address the deficit in gender sensitive service provision for men, and to assist people on the ground to effectively build relationships with / meet the health and wellbeing needs of males of all ages.

Engage was created via a partnership between the National Centre for Men's Health in the Institute of Technology Carlow, the Men's Development Network, Waterford Institute of Technology, Health Promotion and Improvement within the Health Service Executive and the Men's Health Forum in Ireland (MHFI).

The content is based upon the partners' experience, evidence from academic and evaluation literature, an initial 24 month pilot phase, and extensive evaluation of the materials developed.

Initially, five 'Units' were developed. These focus upon:

1. What is men's health, how does gender affect it, and what impact does social determinants have on health?
2. Practitioner values and support.
3. Guiding health consultations with men.
4. The rules of engagement.
5. Establishing a men's group and sustaining engagement.

Later, in 2015, Unit 6 was added to the programme. This specifically looks at 'Connecting with Young Men' - especially in relation to their mental health.

During 2019, a new Unit 7 ('Men in the Middle') was developed. This focuses upon how to engage middle-aged men in order to improve their mental health and wellbeing.

7.1.2 Middle-Aged Men and Mental Health Project

Over the past ten years, the suicide rate among middle-aged men in Ireland has been the highest of all age cohorts. The self-harm rate among these men has also increased. In 2017, the Men's Health Forum in Ireland (MHFI) received funding from the HSE National Office for Suicide Prevention to undertake a three year initiative ('Middle-Aged Men and Mental Health Project') to support service providers to address the needs of these men.

MHFI is a voluntary network of individuals and organisations, men and women, which seeks to promote all aspects of the health and wellbeing of men and boys on the island of Ireland through research, training, networking, practical health initiatives and awareness raising.

This new project focused upon the mental health and wellbeing needs of men aged 40-59 years across Ireland and, specifically, targeted the most at risk and vulnerable people within this grouping. The initial research element of it was the first in-depth study within the Republic of Ireland to explore the possible links between middle-aged men at risk of marginalisation and increased suicide risk; a focus which has also been largely absent in international literature.

The overall aim of this initiative was to establish the evidence base, develop effective and relevant resources, establish a training programme for service providers / practitioners, and create a sustainable delivery mechanism that can help to improve the mental health and wellbeing of at risk and vulnerable middle-aged men in Ireland.

Over the three years, ten key objectives were pursued:

1. Research the specific mental health and wellbeing needs of middle-aged men in Ireland, and the extent of the difficulties that they are facing.
2. Consult with local service providers and men, themselves, to explore their perceived needs, issues, barriers / challenges to engagement, and sense of what would be useful to them.
3. Collate examples and models of what has worked elsewhere, and how these have been / could be delivered.
4. Report on the findings from Objectives 1-3, and disseminate these widely.
5. Develop a programme - based upon the findings from the research phase - which can be cascaded nationwide [*i.e. Engage Unit 7: Men in the Middle*].
6. Create appropriate and relevant resources / mechanisms to help middle-aged men to access support and information - based upon the findings from the research phase.
7. Field-test all the resources and training materials produced.
8. Recruit, train and support a network of 'Men's Health Champions' to deliver Unit 7 workshops.
9. Roll-out Engage Unit 7 workshops in communities nationwide.
10. Evaluate the impact and outcomes of the process, and report on the findings.

In early 2018, the research conducted during Year 1 was refined and collated into a comprehensive report titled '*Middle-Aged Men and Suicide in Ireland*' (see: www.mhfi.org/MAMRMreport.pdf). This report was written by Shane O'Donnell and Dr Noel Richardson from the National Centre for Men's Health in the Institute of Technology Carlow. It was launched as part of the high profile '*Men in the Middle*' Health Symposium held in Dr Steeven's Hospital, Dublin, on Thursday 15th March 2018 - an event organised as part of the HSE's Healthy Ireland - Men (HI-M) Action Plan.

The report highlighted that:

- Over the past ten years, the suicide rate among middle-aged men in the Republic of Ireland has been the highest of all age cohorts.
- Suicide and suicidal behaviour is more prevalent among certain 'at risk' groups'.

- A range of mid-life transitions are associated with challenges for these men.
- Reaching a crisis point is the most common trigger to seeking help for many men.
- There is a diverse range of barriers and enablers which influence the dynamics of engaging with middle-aged men in relation to their mental health.

To meet the need from practitioners to develop meaningful relationships with this target group, the Engage National Men's Health Training Programme developed a new workshop titled '*Men in the Middle*' - which used these key findings to inform, shape and steer the development of both the content of the Engage Unit 7 training programme and the accompanying group work resources.

7.1.3 Aim of Men in the Middle

The overarching goal of the Men in the Middle initiative is to create a knowledgeable, confident and experienced team of facilitators who are willing and able to cascade their learning throughout the Republic of Ireland via the delivery of one day workshops.

The aim of these workshops is to assist a broad range of practitioners and service providers to develop practical strategies for effectively engaging with middle-aged men around mental health and wellbeing issues.

The workshops primarily focus on the engagement process (i.e. WHY and HOW to build relationships with middle-aged men), rather than offering a new or revised mental health programme (i.e. WHAT to offer them).

7.1.4 Objectives of Men in the Middle

The key objectives for this Unit are to:

- Explore how to create a 'safe space' for working with middle-aged men.
- Demonstrate why we need to work with middle-aged men to improve their mental health.
- Empathise with the world of middle-aged men, the key issues that they face, and some of the specific pressures upon / difficulties facing them.
- Help participants to reflect on how their own value base, experience, attitudes towards and expectations of men, generally, and middle-aged men specifically, might, potentially, impact upon their interactions with men.
- Examine the protective factors for good mental health and wellbeing in middle-age.
- Explore examples of what works in practice / what a male-friendly service looks like.
- Signpost participants to further sources of help, advice, guidance and support.

7.1.5 Underpinning Principles

The underpinning principles for this Unit are:

- Middle-aged men are people of worth who deserve our support.
- Not all middle-aged men are the same - there is a lot of diversity within this group, and some are more at risk of mental health difficulties than others.

- We need to create positive energy around mental health and working with middle-aged men.
- This work must have a salutogenic focus, which acknowledges middle-aged men's / practitioners' strengths and what these men / practitioners are doing well.
- Everyone works best in a safe and relaxed learning community which offers a reflective space for sharing experience and the critical examination of practice.
- There are limits to how effective our work with middle-aged men on mental health issues can be. Therefore, we need to be realistic about what we can do and what we can achieve.

7.1.6 Calls to Action

During the delivery of workshops, the following calls to action should be emphasised:

- Current stereotypes and stigmas in relation to mental health need to be challenged.
- We need both a bottom-up and top-down focus on middle-aged men's mental health.
- Progress will require a 'whole community' response rather than small scale isolated action(s).
- Individual middle-aged men can make personal changes to improve their own mental health, but they also need encouragement, opportunities and support to do so.
- Service providers need to listen to and respond appropriately to the experience of middle-aged men.
- Structures and systems need to recognise, and adapt to, the needs of middle-aged men.
- Many support services already exist, but the 'dots' need to be joined-up and connections made.
- Future work should be evidence-based, consistent and planned for the longer-term.
- Improving men's mental health is possible - if we put the effort in!

7.1.7 Content Development

To meet the aims and objectives of Men in the Middle, a core group of existing Engage trainers, plus other experienced facilitators, was recruited in Autumn 2019. These people undertook a two-day residential Training for Trainers course in October (see Appendix 1), and a Practice Delivery Day in November, as preparation for facilitating workshops to a broad range of practitioners and service providers throughout Ireland. The final content of the Men in the Middle workshop was influenced by feedback from the trainees as part of the co-production development process.

The Unit 7 programme and mode of delivery reflects a broad range of learning methods and styles e.g. interactive, experiential, personal reflection, group discussion, creative pursuits, mentoring, etc.

Modelling these diverse approaches is relevant to engaging effectively with middle-aged men - as they are not a homogenous group with identical learning needs.

7.1.8 Stand-Alone Nature of this Unit

Unlike most other Units within the Engage National Men's Health Training programme (except Unit 6), Unit 7 is designed to be a stand-alone one day workshop. It can, therefore, be used independently from the rest of the Engage materials if / when required.

All of the sessions within the Men in the Middle programme can also be used on a stand-alone and / or mix-and-match basis if needed. In this way, they can be specifically tailored to the requirements of particular interest groups. However, the programme is most effective when it is delivered as a complete one day workshop.

The core template for a one day workshop is offered in Section 7.2. This framework touches upon all of the main themes covered in the Training for Trainers residential.

7.1.9 Definition of Key Terms

MIDDLE-AGED MAN: Although there is no definitive understanding of what constitutes a 'middle-aged man', in this workshop we are referring to a male aged 40-59 years.

MENTAL HEALTH: In this training, we understand the term 'mental health' to mean:

'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' [World Health Organization]

WELLBEING: The World Health Organization's understanding of health also affirms the importance of wellbeing:

'Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'.

However, there is no single, conclusive definition for what constitutes 'wellbeing'. For the purpose of this training, we use the term in the context of the Healthy Ireland understanding. This states that wellbeing is an integral part of determining our health and that:

'It reflects the quality of life and the various factors which can influence it over the course of a person's life'.

SEX: Sex differences refer to biological or physiological characteristics that distinguish 'males' from 'females'.

GENDER: Gender differences distinguish men and women as social groupings, and reflect culturally defined masculine or feminine traits that are deemed to be socially appropriate to the sexes.

MASCULINITY: Refers to qualities or attributes regarded as characteristic of men.

SOCIAL DETERMINANTS: The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

MARGINALISATION: *'Marginalisation is both a condition and a process that prevents individuals and groups from full participation in social, economic, and political life enjoyed by the wider society'.*

[Elliott School of International Affairs and the World Fair Trade Organization]

7.1.10 Resource Materials

It would be impossible for this training to cover every aspect of the complex process of engaging with middle-aged men. Consequently, this Unit also provides links to other useful reading and resources (see Appendix 2). It is hoped that these materials will help trainers, and workshop participants, to expand their knowledge and insights even further.

7.1.11 Make It Your Own

During the co-production development process for this Facilitators' Resource Pack, it became obvious that there is not a one-size-fits-all model for exploring how to engage with middle-aged men in relation to their mental health. In any workshop, the participants will bring their own interests, levels of energy, knowledge, experience, expectations, biases, cultural conditioning, hopes, fears etc. to the day. This will, inevitably, mean that some of the proposed sessions need to be shortened / expanded / re-focused / re-ordered /

amended to meet the specific needs and interests of participants. This, however, is a valuable insight - as the same is true of working with any group of middle-aged men.

The session plan outlined in this pack is, therefore, a generic template and the accompanying PowerPoints are a baseline resource. Workshop facilitators should try to:

- Pre-empt the needs of the group of people who will be attending their workshop in advance of the day.
- Tailor the sessions to the perceived requirements of the group.
- Adapt / amend the programme as the day progresses - in response to emerging circumstances.
- Only use materials that they understand well, are comfortable with, and are confident at delivering.

In the Facilitators' Pack, some suggestions are made for alternative ways to present sessions, but it is always prudent to have a 'Plan B' or 'C' or 'D' on standby!

7.2 Template for One Day Workshop

Aim of Workshop:

To assist a broad range of practitioners and service providers to develop practical strategies for effectively engaging with middle-aged men around mental health and wellbeing issues.

Objectives:

1. Explore how to create a 'safe space' for working with middle-aged men.
2. Demonstrate why we need to work with middle-aged men as a specific group to improve their mental health.
3. Empathise with the world of middle-aged men, the key issues that they face, and the specific pressures upon / difficulties facing them.
4. Help participants to reflect on their own value base, experience, attitudes towards and expectations of men, generally, and middle-aged men specifically, and how this impacts upon their interactions.
5. Examine the protective factors for good mental health and wellbeing in middle-age men.
6. Explore examples of what works in practice / what a male-friendly service looks like.
7. Signpost participants to further sources of help, advice, guidance and support.

Time	Session	Focus
9.00am	Arrival / settling in	<ul style="list-style-type: none"> ▪ Registration ▪ Tea / coffee ▪ Pre-training evaluation forms
9.30am	Welcome, scene setting, and creating a safe space	<ul style="list-style-type: none"> ▪ Welcome and thanks for coming ▪ Housekeeping announcements ▪ Background to 'Men in the Middle' ▪ What is a 'middle-aged man'? ▪ Model of working together ▪ Introductions: 'Magic Circle' and 'Name Graffiti' ▪ Developing a group contract / ground rules
10.00am	Why focus upon middle-aged men and mental health?	<ul style="list-style-type: none"> ▪ What does mental health mean to me? ▪ Defining 'mental health' ▪ The evidence of need ▪ Explanation of key terms
10.40am	Mapping the journey into middle-age	<ul style="list-style-type: none"> ▪ Key milestones for men on the journey into middle-age ▪ What does a 'successful' middle-aged man look like? ▪ Narratives about middle-age masculinity ▪ 'Middle-Aged Men and Suicide in Ireland' report
11.20am	Break	
11.40am	Me, myself, I	Personal strengths and weaknesses in relation to working with middle-aged men around mental health
12.10pm	We're on the road to nowhere	<ul style="list-style-type: none"> ▪ 'Jack's Story' - Part 1: The road to meltdown ▪ Empathising with at risk groups of middle-aged men ▪ Factors that can push a middle-aged man towards / over the edge
1.00pm	Lunch	
1.50pm	Good (protective) walls make good neighbours	<ul style="list-style-type: none"> ▪ 'Jack's Story' - Part 2: Re-building his life ▪ Key turning points and triggers for positive action in middle-aged men's lives. ▪ Creating a safe and protective environment for middle-aged men

2.40pm	Break	
3.00pm	I wouldn't start from here	<ul style="list-style-type: none"> ▪ Ireland as a world leader in men's health ▪ What does a 'male-friendly' environment look like to middle-aged men? ▪ Top tips for do's and don'ts when engaging this age group ▪ Best practice evidence
4.00pm	Pulling it all together	<ul style="list-style-type: none"> ▪ Synopsis of the issues covered ▪ Evaluation forms ▪ Signposting to sources of information, help and support ▪ Final round of feedback ▪ Acknowledgements and thanks
4.30pm	Finish	

7.3 Resources used in this Unit

Resource	Session	Title
PowerPoints	7.5	Why Focus upon Middle-Aged Men and Mental Health?
	7.6	Mapping the Journey into Middle-Age
	7.8	We're on the Road to Nowhere
	7.10	I wouldn't start from here
Video	7.5	Service Provider 1
	7.8	Jack's Story: Part 1
	7.10	Service Provider 5
Audio	7.8	Case Study Audio Tracks
Handouts	7.6	Handout 1: Mapping the Journey into Middle-Age
	7.7.	Handout 2: 'Where do you Stand?'
	7.7	Handout 3: Value Base Underpinning Men's Health Week on the Island of Ireland
	7.8	Handout 4: Tuning-in to Middle-Aged Men
	7.8	Handout 5: Jack's Story - Part 1
	7.8	Handout 6: 'At Risk' Groups of Men
	7.10	Handout 7: The Top 10 'Dos' and 'Don'ts' of Engaging with Middle-Aged Men
	7.11	Handout 8: Engaging Middle-Aged Men in Suicide Prevention Model
Miscellaneous	7.1.7	Appendix 1: Residential Training for Trainers Programme
	7.1.10 and 7.11	Appendix 2: Other Useful Resources
	7.5	Appendix 3: Middle-Aged Men and Suicide in Ireland: Executive Summary Report
	7.6	Appendix 4: Working with Middle-Aged Men
	7.7	Positivity Cards
	7.8	Appendix 5: Case Studies

7.4 Welcome, Scene Setting, and Creating a Safe Space

Aim:

To highlight the importance of a welcoming, inclusive and safe working environment when engaging with middle-aged men.

Objectives:

1. Outline the nature of the workshop.
2. Introduce a practical tool for effectively learning the names of group members.
3. Begin the process of thinking about the positive traits of middle-aged men.
4. Provide an opportunity for group members to create and control a 'safe space' for themselves.
5. Gain insights into practical actions which may help to minimise potential conflict, fear or feelings of discomfort among men in group situations.

Introduction

5 Minutes 

To begin, a number of scene setting tasks need to be covered ...

- Welcome everyone - especially those who have had to travel quite a distance - and thank them for their participation.
- Provide a brief overview of why and how this workshop was developed (see Section 7.1).
- Highlight that for the purpose of this workshop, 'middle-aged' means 40-59 years of age.
- Remind everyone that this workshop focuses upon the WHY and HOW of engaging middle-aged men, not the WHAT.
- Thank everyone for taking part in the evaluation process, and explain that this is important to improve both the content and delivery of future workshops.
- Explain that the workshop will, as far as possible, model effective practice; adopt a reflective approach (learning from our own experience); and build upon the knowledge, expertise and strengths that already exist in the room (salutogenesis).

The first task when engaging with any group is to create a safe, welcoming and comfortable working space. Just because a group facilitator is at ease in a particular setting, it doesn't necessarily follow that this will be true for everyone else.

In the early stages of any encounter, it is important to:

- Hear the voices of all participants - as the longer they remain silent, the less likely they are to contribute later on.
- Get to know the names of, and bit about, the people around you.
- Allow everyone to name and acknowledge their hopes and fears for the programme.
- Try to understand the diverse experiences and expectations that participants have.

It is, therefore, important to create an environment that helps to do this at the earliest possible stage.

The Magic Circle

5 Minutes 

Let us imagine, that you are a group of middle-aged men who have just arrived for the first session in a new mental health programme that is being offered. What would this first encounter be like / feel like for you? [Accept ShoutOut responses] ...

Many of us are probably very experienced at both being part of groups and at running groups ourselves. At the start of most group work sessions, it's likely that we'll ask everyone to sit in a circle. For many men, this can be an unfamiliar and/or unnerving experience. Therefore, a good place to start is by reminding ourselves about why we do it. Here's one possible theory ...

- In early societies (during the Paleolithic and Mesolithic periods), human beings lived in very small groups and were nomadic hunter-gatherers.
- There were only four basic things that these people needed as they moved around the country: food, water, shelter and sex.
- If, during their travels, they met another tribe - looking for the same things as themselves - there were only three options available to them:
 - a) Fight (and risk losing everything).
 - b) Flight (and be seen as an easy touch for future bullying).
 - c) Find a solution.
- It's likely, therefore, that - at least sometimes - option (c) was the preferred choice.

There is archaeological and anthropological evidence to suggest that meeting in circles to discuss important issues has been a common practice throughout our history. Thus, it is one of the most ancient rituals known to humankind.

But sitting in a circle is not a random occurrence, it is a smart move. It offers:

- SAFETY - from backstabbing; as everyone can see what everyone else is up to.
- INCLUSION - as everyone is inside the circle and there are no outsiders.
- EQUALITY - everyone sits at the same level / height, which reduces the visible status differences within a group.
- UNDERSTANDING - everyone is given the best possible opportunity to see, hear and understand the speaker; especially as communication is not just about what we say, but how we say it and the body language that we adopt.
- STRUCTURE - participants know what to expect and 'the rules' of how to act.

Importantly, all of these features are crucial to the process of engaging effectively with men of any age.

In ancient societies, it's likely this was a man's ritual. Ironically, when we think about group work today, we tend to imagine it as being something which only women do. Thus, by sitting in the 'Magic Circle', we are actually connecting men with their past rather than introducing them to an alien world!

Name Graffiti

10 Minutes 

One of the most fundamental requirements at the outset of any group experience is to get to know the names of the other people present, let them hear their own voice in the room, and find out a bit of information about them. 'Name Graffiti' is an activity which helps to do this is a way which increases the chances of remembering some of the key details ...

- Ask everyone to sit in a circle.
- A flip chart page is placed on the floor in the middle of the group (it can be put on a low table in the centre of the group if anyone has mobility problems).
- A marker is placed on the flip chart page.
- Participants are asked to:
 - Individually come to the centre of the circle.
 - Tell everyone their name and, if applicable, what they prefer to be called.
 - Sign their first name on the flip chart page.
 - Finish the sentence: *'The man who inspires me is ??? because ??? ...'* (if possible, ask them to name a middle-aged man).
 - Continue to match the names on the flip chart page to the faces in the group as the activity progresses. This aide-mémoire will help the names to stick.

Alternatives ...

- The page could be mounted on the flip chart stand at the front of the room.
- Use a range of coloured markers to sign the sheet - this will give a fuller 'graffiti' effect - and say your name and what you like to be called.
- Participants could be asked to think about an important man in their life; to say who this is; and to finish the sentence: *'I love it when [this person] ...'* However, if necessary, this could also be done without naming the person.
- Ask everyone to mention where they are from and what their interest in men's work is.

To ensure that control of proceedings is given back to the group members, they should be given the opportunity to determine the system for speaking. Options could include, for example:

- i. Someone agrees to start and then everyone goes round in a circle: This offers a quick introduction session, but the people towards the end might be anxious about their turn until it arrives, so they don't necessarily listen carefully to what is being said.
- ii. Everyone speaks in their own time when they feel ready to do so: This often gets the most meaningful feedback. However, it can take a very long time to complete.
- iii. Randomly throw the marker around the group and whoever catches it speaks next: This is fast, a bit of fun, and reduces some of the anxieties of counting down your place in the queue ...

Agreeing the Ground Rules

10 Minutes 

When working with any group of people, the participants need to know what the rules are and that their safety won't be compromised. The most common way to do this is by devising a Group Contract - although some men prefer the term 'Ground Rules'.

If time permits, begin by asking everyone to share the thing that they are most looking forward to about the workshop and what (if anything) they are most worried about. However, if this is not possible, move to the next stage.

Brainstorm on all the things that would need to be in the Ground Rules for members to feel that their interests are protected, and that they can contribute fully to the discussion. Negotiate an agreed form of words.

There are a number of possible methods for developing this agreement (e.g. start with a blank sheet, or offer a pre-prepared template with non-negotiable items which members can add to, or present each ground rule as a graphic ...), and there are benefits / drawbacks to each model. Choose an approach which you feel comfortable with, and which you can complete within the allocated time.

Useful themes to explore when devising this agreement may include:

Time-keeping	Contributing to the best of your ability
Ownership of opinions	Listening without prejudice
Respect for the opinions of others	Participation in all aspects of the programme
Sharing roles and responsibilities	Not interrupting speakers
Speaking one at a time	Confidentiality / information stays in group
Looking out for each other	Being non-judgemental
Each person having the right to be heard	Staying focused
Leaving time for others to speak	Keeping it interesting / fun / enjoyable
Switching off phones	All voices are equal
Freedom to say nothing if you wish	Using 'I' statements
There are no 'stupid questions'	Consequences of breaking the contract ...

For middle-aged men, agreeing a common set of ground rules can help to:

- Demonstrate your desire to share ownership and power.
- Ensure that you hear their opinions from the outset.
- Make them feel that they are not being 'railroaded' down a track they don't want to be on.
- Establish boundaries that they would like to see in place.
- Build trust.
- Create a sense of safety.

Before you move on, it is important to be sure that everyone fully understands the agreements that have been made and that they give their full consent to them. You might wish to consider asking everyone to sign their name to the written version of the ground rules - as this can be a powerful tangible symbol of their 'buy-in'.

NB: Be sure to prominently display the Grounds Rules agreement in the room after this session has ended.

7.5 Why Focus upon Middle-Aged Men and Mental Health?

Aim:

To establish a clear rationale for targeting the mental health needs of middle-aged men.

Objectives:

1. Consider the question: 'what does mental health mean to me?'
2. Present the WHO definition of mental health and the Healthy Ireland definition of wellbeing.
3. Discuss why we should focus upon the mental health needs of middle-aged men.
4. Learn about the evidence base / statistics highlighted in the 'Middle-Aged Men and Suicide in Ireland' report.
5. Define the key terms commonly used in this area of work.

Introduction

1 Minute 

Middle-aged men are often portrayed as a difficult group to engage with and as being absent from services. Conversely, though, it can also be argued that many services may not always be in tune with middle-aged men's needs. Thus, as service providers, it is crucially important to ask the question '*why should we focus upon middle-aged men and mental health?*' and to be clear about the case for having a specific focus on this body of men.

However, before we can start to explore the evidence of need, it is vital to gain a shared understanding of what we're actually talking about. Perhaps the most appropriate departure point is to look at what individual group members think 'mental health' is.

What Does 'Mental Health Mean to Me?'

15 Minutes 

Ask group members to individually consider the question: '*what does mental health mean to me?*' They can write personal notes if necessary. Solicit feedback afterwards, record key points on the flip chart, and try to process this material - reflecting on their answers and seeking clarification when necessary.

Explore issues such as ...

- The labels or stereotypes that we associate with mental health.
- Whether it is seen as being about 'health' or 'illness'.
- Is it perceived as something that affects everyone or a clinical condition which only impacts a small number of people?
- Is it something to be frightened of?
- How can we re-claim the use of this term if it is being associated / confounded with mental illness? ...

What is 'Mental Health' and 'Wellbeing'?

2 Minutes 

As mentioned earlier, it is important - early on in this workshop - to make sure that everyone has a common understanding of some of the key terms. Via PowerPoint, present the World Health Organization (WHO) definition of 'mental health' and the Healthy Ireland definition of 'wellbeing'.

Some people may feedback that these definitions are too narrow, rigid or limiting. View this is an opportunity to expand this conversation rather than as a threat.

Why should we Focus upon Middle-Aged Men?

15 Minutes 

In pairs, discuss why we should focus upon the mental health of middle-aged men. Ask each pair to come up with at least three reasons to do this. Feedback to the whole group afterwards, record the key points on the flip chart, and display this material throughout the day.

If time is available, you could pull things together by showing the Service Provider 1 video - which focuses on why we need to address the mental health needs of middle-aged men.

Alternative Activity ...

- Write the name of media outlets on slips of paper - one outlet per slip. Chose the outlets on the basis that each one is likely to have a different slant on the same news story. Examples could include: Irish Times, Irish Independent, The Herald, Irish Sun, Farmers' Journal, Changing Ireland, The Gloss, The Journal etc.
- Break into smaller groups of 4-5 people, and each group is asked to randomly choose the title of a news outlet.
- Each group is asked to assume that they are the Co-Editors of the news outlet that they have chosen, and they have to come up with a headline / caption as well as the first line of an article on the mental health challenges facing middle-aged men in Ireland.
- This activity introduces an element of fun and competition. However, it is important to remind participants to be thoughtful about the words / terminology that they use - in case these offend or upset other group members.
- Each small group feeds back to the whole gathering, and a small prize is awarded to the winning 'editorial team'. The winners could be decided by group consensus.
- If possible, display the 'newspaper articles' in the room.
- NOTE: This activity might take longer than 15 minutes so, if used, will require a re-think of the other elements in this session.

Middle-Aged Men and Suicide in Ireland

5 Minutes 

Give a PowerPoint overview of the evidence base / statistics within the 'Middle-Aged Men and Suicide in Ireland' report. Highlight things such as:

- Over the past ten years, the suicide rate among middle-aged men in the Republic of Ireland has been the highest of all age cohorts.
- Suicide and suicidal behaviour is more prevalent among certain 'at risk' groups'.
- A range of mid-life transitions are associated with challenges for these men.
- Reaching a crisis point is the most common trigger to seeking help for many men.
- There is a diverse range of barriers and enablers which influence the dynamics of engaging with middle-aged men in relation to their mental health ...

... but be careful to only use content that you fully understand.

Section 2.1 of the Middle-Aged Men and Suicide in Ireland report (www.mhfi.org/MAMRMreport.pdf) gives a comprehensive overview of suicide and self-harm statistics.

To some extent, this PowerPoint highlights the 'dark' side of middle-aged men's lives and the range of issues which they face. Acknowledge that although this is not the sum total of their existence, it does provide critical evidence that they require additional help and support, and need to be seen as a priority group.

Using PowerPoint at this stage in the session, makes it a tool to highlight and illustrate key issues that have been touched upon, rather than something which gives the answers and stunts further discussion at the outset. This group development 'flow' is useful to remember.

The Key Terms

2 Minutes 

Round-up this session by using PowerPoint slides to define / explain some of key common terms (such as 'sex', 'gender', 'masculinity' and 'social determinants') that are likely to crop up in later discussions.

Appendix 3 is a copy of the Executive Summary of the 'Middle-Aged Men and Suicide in Ireland' report which was launched in March 2018. This provides a brief overview of the comprehensive research that was conducted as part of the 'Middle-Aged Men and Mental Health Project' coordinated by the Men's Health Forum in Ireland.

7.6 Mapping the Journey into Middle-Age

Aim:

To provide an insight into the highs and lows that men experience as they approach / enter / live during middle-age.

Objectives:

1. Identify key milestones for men on the journey into middle-age.
2. Explore what a 'successful' middle-aged man looks like.
3. Look at the narratives about middle-age masculinity.
4. Highlight some of the key relevant findings in the 'Middle-Aged Men and Suicide in Ireland' report.

Introduction

2 Minutes 

Middle-aged men live in a complex world of contradictions. Their behaviours are influenced by both biological / evolutionary imperatives and by the expectations of the culture / environment within which they live. There is a need to acknowledge this nature - nurture tension, and that they are often a product of the time in which they live.

Most of today's 'men in the middle' believe that their role in society has changed very quickly and dramatically during their lifetime. Many feel they receive mixed messages and are under pressure from rapidly fluctuating norms. Quite a few feel confused and lost. Some don't know who / what to be or how to act.

All of these men need encouragement, new opportunities, support and signposting to be able to cope in this difficult environment. To do this effectively, we need to increase our understanding of their circumstances and how they 'arrived' at where they are now.

This session seeks to:

- Map men's (often bumpy) journey into middle-age.
- Increase understanding of and insight into their world.
- Reflect on some of the things which have shaped the person that they now are.

The Journey

28 Minutes 

Break into groups of three or four people. Give each group a flip chart page and some markers (and/or artwork materials such as newspapers, magazines, scissors, glue, crayons etc.), and ask them to begin by introducing themselves to each other and then:

- Identify key milestones / events / moments / transition points / occasions for males in the journey from birth into middle-age.
- Represent these events in a linear way e.g. draw a road map or do a timeline or make a flow chart or list the progression of landmark moments etc.

- Brainstorm on what a 'successful' middle-aged man looks like (i.e. the key perceived characteristics / markers of success e.g. job status, responsibility, married, children, own house, money, community standing, networks, friends, contentment, fulfilled, in leadership roles etc.) and record these around the edge of the flip chart paper.
- Ask each group to nominate a spokesperson to feedback the findings.
- Feedback the findings to the whole group and discuss these. Explore the common themes, as well as what are the dominant narratives about middle-age masculinity and if there are any alternative narratives. Display the flip chart pages afterwards.

Alternative Activity ...

- Break into groups of three or four people, and ask everyone to introduce themselves to each other.
- Give each group a pre-drawn template (on a sheet of flip chart paper) which could look, for example, like Handout 1.
- Write the key events / moments / transition points / occasions ... for males in the journey from birth to middle-age at the appropriate place on the timeline. Put the things that you perceive as 'positive' above the line and the 'negative' things below it.
- Brainstorm on what a 'successful' middle-aged man looks like (i.e. the key characteristics / markers of success e.g. job status, responsibility, married, children, own house, money, community standing, networks, friends, contentment, fulfilled, in leadership roles etc.) and record these around the edge of the flip chart paper.
- Ask each group to nominate a spokesperson to feedback the findings.
- Feedback the findings to the whole group and discuss these. Explore the common themes as well as what are the dominant narratives about middle-age masculinity and if there are any alternative narratives. Display the flip chart pages afterwards.

[Section 4.1.1 of the Middle-Aged Men and Suicide in Ireland report (www.mhfi.org/MAMRMreport.pdf) gives an overview of mid-life transitions which might be useful background reading]

'Middle-Aged Men and Suicide in Ireland' Report 10 Minutes

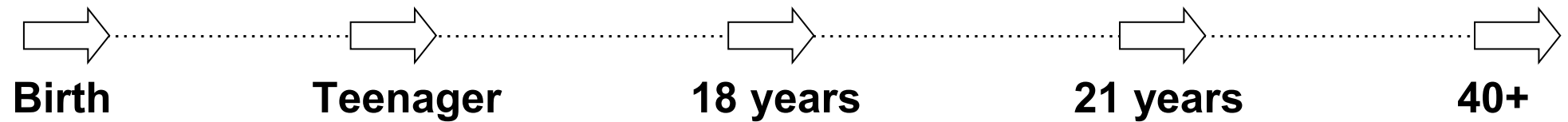
Tie-up this session by using a PowerPoint presentation to illustrate how the 'Middle-Aged Men and Suicide in Ireland' report:

- Undermines the dominant narrative about middle-aged masculinity i.e. that all men of this age are the most privileged, powerful and successful group in society.
- Highlights the diversity of experience among middle-aged men.
- Shows how masculinity intersects (often negatively) with middle-age.
- Confirms the impact of social determinants on these men.
- Illustrates how this age group are often trapped between generations with a range of unfulfilled hopes and expectations.

Appendix 4 will help you to contextualise work with middle-aged men specifically.

Handout 1: Mapping the Journey into Middle-Age

HIGH POINTS AND POSITIVE / SUPPORTIVE EXPERIENCES



LOW POINTS AND NEGATIVE / DAMAGING EXPERIENCES

7.7 Me, Myself, I

Aim:

To offer participants the opportunity to reflect upon their own personal talents and shortcomings in relation to working with middle-aged men around mental health issues.

Objectives:

1. Explore participants' personal strengths in relation to working with middle-aged men.
2. Identify potential weaknesses which need to be addressed in order to work most effectively with middle-aged men.
3. Encourage participants to reflect on how their own strengths and weaknesses in their practice can colour, affect and influence their interactions with middle-aged men.

Introduction

1 Minute 

Practitioners need to be self-aware, reflective and realistic about their personal strengths and weaknesses in relation to working with middle-aged men. At the very least, they need to be aware of all the positive things that they can bring to this work (which are going to be useful), as well as the less positive things (which might weigh them down or hold them back).

This session will explore how our experiences, talents, circumstances and shortcomings colour, affect and influence our interactions with middle-aged men.

As this session takes place after the morning break, the following exercises can help to re-energise the group by encouraging movement within the room.

My Positive Gifts

12 Minutes 

- Scatter the pack of 'Positivity Cards' (available on your memory stick and online at: www.mhfi.org/PositivityCards.pdf) around the floor in the centre of the group. Place them with the key words / phrases facing upwards. Depending upon the number of people in the group, you might need to print duplicate copies of each of the cards. You might also like to make-up other cards with different key words / phrases on them e.g. Mentor, Supporter, Encourager, Patient, Empathetic, Authentic, Non-Judgemental, Tenacious, Quiet, Determined, Contemplative, Humble, Independent, Objective, Quick Learner, Congruent, Egalitarian, Common Touch, Enabler etc.).
- Make sure that you also lay out some blank cards / markers on the floor to allow people to write their own word / phrase - if they can't find it on one of these cards.

- Ask everyone to move around the room, examine the cards, and choose one which represents a positive attribute that they have which might be useful to working with middle-aged men. Invite them to chat to a person(s) nearby about why they chose this card. They should begin this conversation by introducing themselves.
- After one minute (or so), ask everyone to place their card on the floor, choose a new card, and repeat the process - this time talking to a different person(s).
- Repeat this cycle 4-5 more times (if time allows).

What Might Hold Me Back

12 Minutes 

- Ask everyone to reflect for a few moments upon how ready they are to engage with middle-aged men.
- Each person is then asked to make a list of anything (e.g. fears, personal traits, values, expectations, lack of experience, biases, limited knowledge, low skill-set, 'blind-spots', tendency to want to 'fix' men etc.) which might weigh them down, hold them back or interfere with their engagement with middle-aged men.
- Form two circles - one inside the other - with each person facing only one other person. If there's an odd number of people in the group, the facilitator will need to join the circle.
- Participants are then invited to introduce themselves to the person currently facing them, and to share one piece of information about something that they feel might hold them back in the engagement process with middle-aged men.
- After one minute (or so), the inner and outer circles move around one step - to each person's right - so that everyone is now facing a new partner. The sharing process begins again as before; this time sharing a different piece of information.
- Repeat this cycle 4-5 more times (if time allows).

This exercise requires movement and interaction to maintain everyone's interest and active involvement. This dimension to the group work process is also very important when working with middle-aged men. 'Chalk-and-Talk' is rarely a good strategy!

Alternative Activity (to both 'My Positive Gifts' and 'What Might Hold Me Back') ...

Hold a 'Where do you Stand? - Walking Debate' wherein:

- A 'line' is demarked on the floor which runs between three words (i.e. 'AGREE' - 'NOT SURE' - 'DISAGREE') written on flip chart paper lying on the ground. This can be a physical line (e.g. toilet paper) or an imaginary line which participants are asked to visualise. If the room is not large enough for this, nominate three corners to place the 'AGREE', 'NOT SURE' and 'DISAGREE' papers.

- The facilitator then reads out a prepared statement (see Handout 2 for examples), and everyone has to position themselves along the line (or towards one of the corners), in relation to how much they agree or disagree with that statement.
- When in position, the facilitator asks some members of the group to explain why they chose that position. Comments from other people are welcomed, so that a discussion ensues.
- After the discussion wanes, everyone is asked if they would like to stay in their original position or to move to somewhere else - based upon what they have heard / learned.
- Repeat this process with other statements - according to the time available and the level of interest from group members.

Closing Circle

5 Minutes 

Invite members to reflect on some of the key strengths and weaknesses that we need to be particularly aware of when seeking to engage with middle-aged men. These could be recorded on a flip chart pad and displayed later.

During the development of Men's Health Week activity in Ireland, the All-Island Planning Group reached consensus on what the common value base underpinning this week should be. This is outlined in Handout 3, and may provide some useful insights.

Handout 2

‘Where do you Stand?’

- Possible Walking Debate Questions

Number	Statement
1	I ‘get’ where middle-aged men are coming from.
2	Most middle-aged men need to change their attitude if their lives are to improve.
3	Compared to women, middle-aged men have it easy.
4	Middle-aged men prefer to cope with problems on their own rather than seek help.
5	If middle-aged men self-harm, they’re just looking for attention.
6	Middle-aged men who take, or try to take, their own life are mentally ill.
7	The most privileged group in our society is middle-aged men.
8	There are a lot of great programmes, but middle-aged men aren’t interested in them.
9	Middle-aged men are old enough to cope well with life’s problems.
10	It’s important for a middle-aged man to have a job.
11	Many middle-aged men spend more time with their mates than their family.
12	It’s dangerous to allow middle-aged men to have unregulated access to children.
13	Most middle-aged men don’t know where to find help when they need it.
14	You have to be able to have a laugh to get on well with middle-aged men.
15	Depression in middle-aged men is far greater than what is officially diagnosed.
16	Middle-aged men all fear ‘touchy-feely’ stuff and would run a mile from it.
17	Men in their middle years are not suited to jobs which involve caring for others.
18	You need to be a natural leader to get middle-aged men on-board.
19	Middle-aged men tend to hide their emotions.
20	Depression in middle-aged men is mostly caused by their personal circumstances.
21	Middle-aged men suffer far more mental health problems than we hear about.
22	You need to be a middle-aged man to understand them.
23	Middle-aged men are the least likely group to seek help for mental health problems.
24	I understand what it must feel like to be a middle-aged man in Ireland.
25	A middle-aged man is most likely to turn to another man for emotional support.

Handout 3

Value Base Underpinning Men's Health Week on the Island of Ireland

During the planning process for previous Men's Health Weeks (MHW), considerable discussion took place as to what the value base underpinning the week should include. After considerable discussion, the members of the all-island Planning Group made the following agreements ...

- Health and wellbeing is about much more than physical health problems and/or treating illness. It is a holistic vision-led concept.
- It is important to focus on the positive aspects of men's lives, and to avoid the usual caricatures of unresponsive men who don't care about their health. Such deficit-based approaches often portray men as a problem to be solved, rather than an asset to themselves and everyone around them.
- Men can - to a degree - take responsibility for and influence some aspects of their health. However, their health and wellbeing is not only about what they do or how they act as individuals. It is also often affected by the environment in which they live, the jobs that they carry out, the pressures that they face in a world which emphasises gendered roles, the way that services engage with them ... These social determinants are very powerful influencers of men's health and wellbeing.
- We need to be careful not to blame men for their own poor health or to focus solely upon their personal shortcomings. The key messages for MHW must also recognise the responsibilities of everyone who can have an impact on the health of men and boys, and highlight the breadth of organisational, political, structural, environmental, cultural, service provision, individual choice ... factors that can be influential.
- Where possible, we should use positive terms / phrases such as: *'listening to men', 'hearing men's voices', 'responding to need', 'creating opportunities', 'offering support', 'providing encouragement', 'seeking change', 'promoting positive action', 'respecting men's lives', 'self / organisational reflection and introspection', 'planning for the future', 'learning from men's experience', 'overcoming barriers', 'expanding options', 'promoting equality', 'offering choices', 'making the connections', 'working together', 'having new conversations', 'diverse needs', 'challenging the myths', 'partnership and cooperation' ...*
- While it is often easier to get media and public attention for a specific illness or negative issue (e.g. aggressive cancers or suicide or domestic violence) rather than a 'good news' story, MHW should seek to promote men's needs and issues in a positive light. This will, probably, mean that we will miss the high profile shock-horror media coverage that is generated by 'Men in Crisis' or 'Men Behaving Badly' headlines.
- In Ireland, we tend to think of a 'real man' as being one single model, and his characteristics are often perceived as: white, heterosexual, able-bodied, physically fit, muscular / large body frame, fairly young, into sport, can handle himself ... Whenever possible, MHW imagery and text needs to challenge this stereotype and to reflect the diversity of men's lives and personal traits.
- Hearing about / exposure to the real life experiences of local men can help to bring MHW to life.

For more information on MHW, visit: www.mhfi.org/mhw/about-mhw.html

7.8 We're on the Road to Nowhere

Aim:

To increase participants' understanding of, and empathy towards, middle-aged men who might be experiencing mental health difficulties.

Objectives:

1. Identify key events and circumstances which can impact upon middle-aged men's mental health.
2. Reflect upon a real-life case study presented in the 'Middle-Aged Men and Suicide in Ireland' report.
3. Explore the experiences of middle-aged men in 'at risk' groups.

Introduction

2 Minutes 

Up to this point, we have looked briefly at:

- Creating a safe space for middle-aged men.
- Definitions of key terms that are used in this area of work.
- Why we need to focus upon middle-aged men and mental health.
- The key milestones for men in the journey into middle-age.
- The impact of masculinity on men's lives.
- What we, personally, bring to this work.

Now it's time to focus upon how middle-aged men might acquire and experience mental health difficulties. A useful resource in this session might be Handout 4: 'Tuning-In to Middle-Aged Men'.

During the fieldwork for the 'Middle-Aged Men and Suicide in Ireland' report, the researcher (Shane O'Donnell) met with a range of middle-aged men from specific groups deemed to be most at risk for mental health difficulties. Out of this experience, Shane collated ten case studies (see Appendix 5) - based upon the direct feedback from each of these groups of men. All of these case studies have been turned into audio tracks. A composite story was created and made into a short video (called 'Jack's Story') that we're now going to watch the first part of.

Jack's Story: Part 1

20 Minutes 

- Divide into groups of four, and ask participants to reflect upon three questions (see Handout 5) while they watch the video:
 1. What were the key moments / events which impacted upon Jack's mental health?
 2. How did these affect his confidence / self-image / self-esteem / ability to cope?
 3. In one word, how would Jack define his situation?

- Show the first part of the case study video ('Jack's Story') - up to the point where Jack goes to the counsellor for help.
- Receive feedback from the small groups, probe the findings, and record them on a flip chart page.

Alternative Activity ...

This video case study focuses upon the story of a generic middle-aged man. If the group you are working with is one of the specific 'at risk' groups documented in the audio file versions of the case studies, you may prefer to use one of these resources instead.

Through the Eyes of Middle-Aged Men

23 Minutes 

- Form groups of three.
- Each group is asked to randomly select the name of an 'at risk' group of men (see Handout 6).
- Participants are then asked to empathise with the life circumstances of that man, and to think about how this experience might impact upon his mental health.
- Ask the groups to write a 30 second monologue on what it means to be that man (similar to the case studies). Each monologue should begin with: *'My name is ? and I am a ?'* ... Each group should nominate a person to read the monologue to the whole group.
- NB: It would be useful to remind everyone to be respectful about how they represent their subject.
- Each small group shares their monologue with the wider audience.
- When everyone has finished, ask for any initial thoughts / gut reactions / feelings about what everyone has heard.

What Middle-Aged Men Say

5 Minutes 

Play the PowerPoint presentation on key quotes from the case studies of 'at risk' men in the report. These highlight the diversity of factors which can push a middle-aged man towards / over the edge.

Section 2.2 of the Middle-Aged Men and Suicide in Ireland report (www.mhfi.org/MAMRMreport.pdf) gives an overview of risk and protective factors for suicidal behaviour, and may provide useful context for this session.

Handout 4

Tuning-in to Middle-Aged Men

When middle-aged men hear the words 'mental health' they often associate it with mental illness. Thus, even at the earliest stage of engagement with them, there is often a substantial barrier to overcome. This is one reason why many practitioners seek to re-focus the discussion with middle-aged men onto 'mental fitness': an action-oriented and knowledge-based concept which focuses upon ...

- The skills and competencies necessary to recognise and understand the source of feelings of sadness or despair.
- Knowing how to deal with challenges and crises in their lives.
- Building and developing positive life skills.
- Gaining the knowledge and confidence to seek support.
- Knowing how to access appropriate services when necessary.

Such an approach may help middle-aged men to move away from being seen as having a problem, and towards solution-focused activities which can help to build their emotional wellbeing, resilience and problem-solving skills. It is, therefore, something they can 'fix'.

Middle-aged men need to have a sense that mental fitness is about the ordinary day-to-day things - which impact upon them realising their own potential, coping with the normal stresses of life, working productively and fruitfully, and contributing to their community (as in the World Health Organization definition of mental health).

Mental health problems rarely appear out-of-the-blue. For the most part, those closest to the person affected (e.g. family, friends, work colleagues, neighbours, team mates etc.) often 'see it coming' and feel that 'there's something up'. However, the early warning signs and symptoms of mental health issues can vary greatly. Indeed, they may manifest themselves in changes in emotions, thoughts and behaviours, as well as in physical problems such as unexplained aches and pains. Examples can include:

Difficulty sleeping	Feeling sad or 'down'
Low self-esteem	Sensitivity to criticism
Guilt	Anxiety
Being quiet or withdrawn	Mood swings
Headaches	Feeling worthless
Weight loss / gain	Panic attacks
Feeling stressed	Concentration and memory problems
Destructive behaviours	Changes in sleep patterns
Tiredness and fatigue	Loss of sex drive
Substance misuse	Social withdrawal
Loss of interest in favourite things	Apathy
Suspiciousness and feeling fearful	Confusion
Deterioration in personal hygiene	Anger, hostility and violence
Self-harm	Suicidal thoughts ...

However, many of these symptoms are also characteristic of what are sometimes seen as 'grumpy old men'. Therefore, we need to be careful to focus upon the ones which are uncharacteristic, persistent, excessive, sudden and unpredictable.

Handout 5

Jack's Story: Part 1

1. What were the key moments / events which impacted upon Jack's mental health?

2. How did these affect his confidence / self-image / self-esteem / ability to cope?

3. In one word, how would Jack define his situation?

Handout 6

'At Risk' Groups of Men

My name is Séan and I'm a divorced father ...

My name is Niall and I'm a farmer ...

My name is Conor and I'm a gay man ...

My name is Kwame and I'm a non-Irish national ...

My name is Johnny and I'm a rural isolated man ...

My name is Kevin and I'm a transgender man ...

My name is Cathal and I'm a Traveller man ...

My name is Jack and I'm an unemployed man ...

My name is Ian and I'm a victim of domestic abuse ...

7.9 Good (Protective) Walls make Good Neighbours

Aim:

To identify some of the protective factors which can help to improve and sustain middle-aged men's mental health.

Objectives:

1. Identify key turning points and triggers for positive action in men's lives.
2. Explore factors which might help to create a safe and protective environment when working with middle-aged men on mental health.
3. Name some of the main 'building blocks' which promote and support positive mental health for middle-aged men.

Energiser

6 Minutes 

As this is the first session after lunch - and the final morning session was quite 'heavy' in nature - it might be useful to do an 'energiser' activity with the group to kick-start the afternoon. If possible, this should include movement and be fun.

Loads of ideas can be found online by searching for '*group work energiser activities*' or similar. Just be careful to avoid anything which might exclude some people or put others into an uncomfortable / compromised position.

Introduction

2 Minutes 

It is often said that '*good walls make good neighbours*'. This is because they serve (at least) three key purposes:

1. They provide structure, boundaries and limits - and you don't have to continuously worry about the whole world, just your part of it.
2. They help to keep what you have - on your side of the wall - safe, and protect you from the dangers and pressures of the outside world.
3. They stop dogs / sheep / kids / footballs ... on your side from bothering your neighbours (and vice versa) - so, they can also help to maintain strong relationships and networks.

All of these help to minimise stress and conflict, and to promote a sense of security.

Of course, sometimes walls can be used to exclude people or even imprison them. However, for the purpose of this session, let's focus upon the positive benefits of the wall analogy.

Jack's Story: Part 2

12 Minutes 

- Form small groups with 4-5 people in each.
- Tell group members that you are going to play the remainder of the 'Jack's Story' video - as this is an uplifting piece which focuses upon Jack's pathway to recovery.
- Ask everyone to identify the key turning points and triggers for positive action in the clip while they watch it.
- Give the small groups a few minutes to collate their 'turning points'.
- Invite feedback from each group. Record this on a flip chart pad and display it afterwards.

Bob the Builder

30 Minutes 

This last part of 'Jack's Story' highlights a number of things which helped him to build a mental health coping strategy and resilience. However, for middle-aged men, in general, what things would help to create a safe and protected environment? ...

Everyone is invited to explore this via the '*Bob the Builder*' exercise:

- In the small groups, participants are asked to consider what things would help to promote, improve, sustain and enhance the mental health of middle-aged men (e.g. closer relationships, a fulfilling job, less stress, reduced alcohol intake, acceptance of self, decrease in competitiveness, change in societal attitudes, good housing, contact with children, opportunities to volunteer / contribute to community, someone to talk to, a men's group, less discrimination, more dedicated support services, reduction in stigma around mental health, having a laugh, feeling valued and useful, physical activity, better diet etc.).
- Each group is given a number of rectangular paper 'bricks' (either A4 or A5 size), and they write one of their ideas on each brick.
- The bricks are then brought to the middle of the room - where everyone will be able to clearly see them - and laid out on the floor using a traditional 'Stretcher Bond' pattern (i.e. with the joints on each course centred above and below by half a brick).
- Everyone is invited to view the finished product (i.e. what looks like a 'protective wall' for middle-aged men).
- The facilitator might wish to ask is there's anything missing from this collective wall.
- Comments are sought on the nature of the content, as well as on any new insights or learning.

If time permits, this exercise could be further developed by identifying which of the items in the 'wall' are:

- The core 'foundation' of good mental health.
- The main 'building blocks' to achieve positive mental health / protect against adversity.
- The 'mortar' which glues the whole thing together.

... group members could be asked to make the case for why a brick should be in each of these categories, and then the 'bricks' could be re-positioned to reflect their suggestions.

NOTE: The 'wall' that is produced in this exercise can give a powerful and comprehensive insight into how to promote positive mental health with middle-aged men. It's worth keeping a record of it - and it makes a good photo opportunity with the whole group!

Section 4.2 of the Middle-Aged Men and Suicide in Ireland report (www.mhfi.org/MAMRMreport.pdf) gives an overview of support seeking by, and coping mechanisms in, middle-aged men. This could help to inform this session.

7.10 I wouldn't start from here

Aim:

To explore what a middle-aged 'male friendly' environment looks like.

Objectives:

1. Explore the learning from key milestones, to date, in the field of men's health in Ireland.
2. Examine what a 'male-friendly' environment looks like to middle-aged men.
3. Develop a 'Top Tips' list of things to do which will actively engage middle-aged men around mental health issues.
4. Share best practice advice on working with men.

Introduction

2 Minutes 

Do middle-aged men not want to engage with services or is it, simply, that we don't offer them the right things in the right ways? Is it that they don't want to talk, or that they don't think that they are being listened to? What are the key characteristics of a '*middle-aged man friendly service*'? ...

There is no one-size-fits-all when seeking to engage effectively with middle-aged men. This is, of course, because they are not a homogenous group with identical needs, experiences, hopes, fears, expectations or aspirations. Thus, there is no single, fail-safe, blueprint for success.

However, we know from practice experience and action research that some things do seem to have a positive bearing upon these encounters, while other things are likely to act as barriers and blockages to engagement. Sometimes these actions seem to be plain old common sense. However, as the saying goes: '*common sense is often not that common!*'

This session seeks to identify some of the 'Top Tips' that can help us to link to middle-aged men in a more meaningful way.

Men's Health is not a 'Green Field Site'

5 Minutes 

It is important to remember that Ireland is a world leader in men's health and was the first country to adopt a National Men's Health Policy. This policy highlighted the broad range of health and wellbeing issues facing men, and outlined strategies to address these needs. In 2017, this Policy was succeeded by the 'Healthy Ireland - Men' Action Plan.

Across the island, a wide range of innovative and pioneering research studies, training programmes, support services and practical initiatives have already been developed / undertaken to support the health needs of men and boys. Thus, this is not a 'green field site' and a lot of learning already exists. It is useful to highlight some of these developments via a short PowerPoint presentation.

How NOT to Engage Middle-Aged Men

20 Minutes 

So, what does a 'male-friendly' environment look like to middle-aged men and, especially, to men in this age band who might be facing mental health difficulties? ...

- Divide into small groups of 3-4 people.
- Ask participants to design a poster for a middle-aged men and mental health event that definitely **WOULDN'T** attract men to it (i.e. it would clearly put them off attending). The groups can use artwork if they like. Giving an example of such a poster will help to focus everyone's minds on what you're looking for.
- Invite the small groups to consider things such as the:
 - Name of the group / programme
 - Strapline / call to action
 - Date
 - Time
 - Venue
 - How to get there
 - Who'll be leading the programme
 - Amount and nature of information provided
 - How mental health is described
 - Method of application etc.
- Having fun is to be encouraged!
- When all of the groups have completed this task, ask each one to share their poster with everyone else, and stick them up on the wall afterwards if possible.
- When everyone has finished, encourage the whole group to think about how to invert and change the content on these posters into things which might actually appeal to middle-aged men. Tease out a couple of examples in this larger forum.

Top Tips

25 Minutes 

Using the information generated in the earlier activity, it is now time to build upon it and create a '*Top Tips for Engaging Middle-Aged Men*' list i.e. a list of things to do / not do in order to effectively engage middle-aged men with mental health issues.

In the same small groups as before, ask everyone to imagine - for the next few minutes - that they, themselves, are middle-aged men, and are looking at the world through the eyes of these men. In this empathy role, brainstorm on all the things that are likely to:

1. Act as positive forces / incentives / attractions ... to encourage middle-aged men to join a programme and engage comfortably with it.
2. Block / put off / discourage middle-aged men from getting involved.

You might want to consider giving each small working group a copy of the template in Handout 7 ('The Top 10 'Dos' and 'Don'ts' of Engaging with Middle-Aged Men') to record the outcomes of this brainstorm session.

While doing this exercise, encourage participants to think very broadly.

At the end, accept feedback from each small group. However, as the groups will (most likely) have generated a mass of information, it might be best to only ask for a few suggestions from each group - which have not already been said by anyone else. After a full round of feedback has been completed, you can then go around again (and again) if needed until all the ideas have been recorded.

Explore things such as ...

Organisational preparedness	How the invitation is issued
The appropriateness of the venue	The physical layout of the space
Composition of the facilitation team	Attitudes / preconceptions of the convenor
Explaining the reason for the intervention	The focus, content and delivery mode
How the session is described	When the programme will take place
Communication mechanisms	How men will be made to feel welcome / safe
Has it a relaxed and comfortable feel	Does it feel like a 'normal thing to do'

... while taking feedback, in order to provide some context and detail to the lists produced.

Invite participants to share any knowledge of examples / models of effective practice that they know about.

Refer everyone to the Movember-funded international research on '*Promoting Mental Health and Wellbeing with Men and Boys: What Works?*' (2015). An electronic copy of this report can be accessed online at: www.mhfi.org/PromotingMentalHealth.pdf

You may also wish to refer participants to '*Men's Health: The Engagement Jigsaw - a 12 Point Plan for Effectively Engaging with Men*' available online at: www.mhfi.org/EngagementJigsaw.pdf

Best Practice

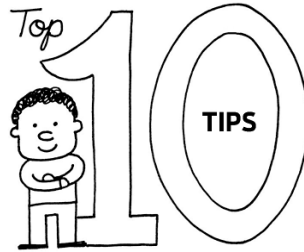
8 Minutes 

Round-off this session by either:

- showing the Service Provider 5 video (on practical advice / tips from experienced men's health practitioners); or
- giving an overview of best practice evidence via a PowerPoint presentation.

Section 2.3 of the Middle-Aged Men and Suicide in Ireland report (www.mhfi.org/MAMRreport.pdf) gives an overview of the key principles for engaging middle-aged men, as well as examples of effective practice.

Handout 7: The Top 10 'Dos' and 'Don'ts' of Engaging with Middle-Aged Men



DO	DON'T
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

7.11 Pulling it all Together

Aim:

To recap on the key elements of the programme and receive feedback from participants.

Objectives:

1. Provide a synopsis of the issues covered.
2. Complete evaluation sheets.
3. Offer signposting to sources of information, help and support.
4. Hear final reflections from participants.

Introduction

2 Minutes 

Engaging middle-aged men generally, and around mental health issues specifically, is a complex undertaking. If it was easy, there wouldn't be a need for this workshop!

Today, we have tried to shine some light into a number of key areas which can impact upon the engagement process. These included:

- The need to get the setting right and create a safe space for middle-aged men.
- Being clear about what it is that we are talking about.
- The evidence for why we need to focus upon middle-aged men and mental health.
- The importance of using a strengths-based approach.
- Understanding the complex world that middle-aged men inhabit - from their own perspective.
- The key milestones for men in the journey into middle-age.
- The impact of masculinity on men's lives.
- Personal strengths and weaknesses that we bring to this work.
- Factors that might contribute to mental health difficulties in middle-aged men.
- Protective factors for mental health in middle-age.
- What a 'male-friendly service' for middle-aged men looks like.
- Top tips for effective engagement ...

By way of pulling all of this information together, you might wish to show group members a copy of the 'Engaging Middle-Aged Men in Suicide Prevention Model' on Handout 8.

Evaluation Forms

10 Minutes 

Before everyone leaves, invite them to give some feedback on their experience of the workshop. This will be used to inform the content and delivery of future training events.

Remind everyone that when completing these forms they should base their answers on the fact that the focus of this workshop was upon the **WHY** and **HOW** of engaging middle-aged men around mental health issues using a health promotion model. It was not about **WHAT** (i.e. programmes) you can offer men or suicide prevention interventions.

Distribute the post-workshop questionnaires. Ask each person to complete it quietly on their own, and to return it to the facilitators' folder at the front of the room when they are finished.

PLEASE NOTE: This method of giving formal written feedback might change over time to an online-based system.

Signposting

8 Minutes 

Ask the group if there is anything else that they would need to know / like to find out that would help them to engage more effectively with middle-aged men around mental health issues.

Use the list of resources outlined in Appendix 2 as a signposting tool. Also, draw upon the knowledge, experience and contacts within the group itself.

Final Round

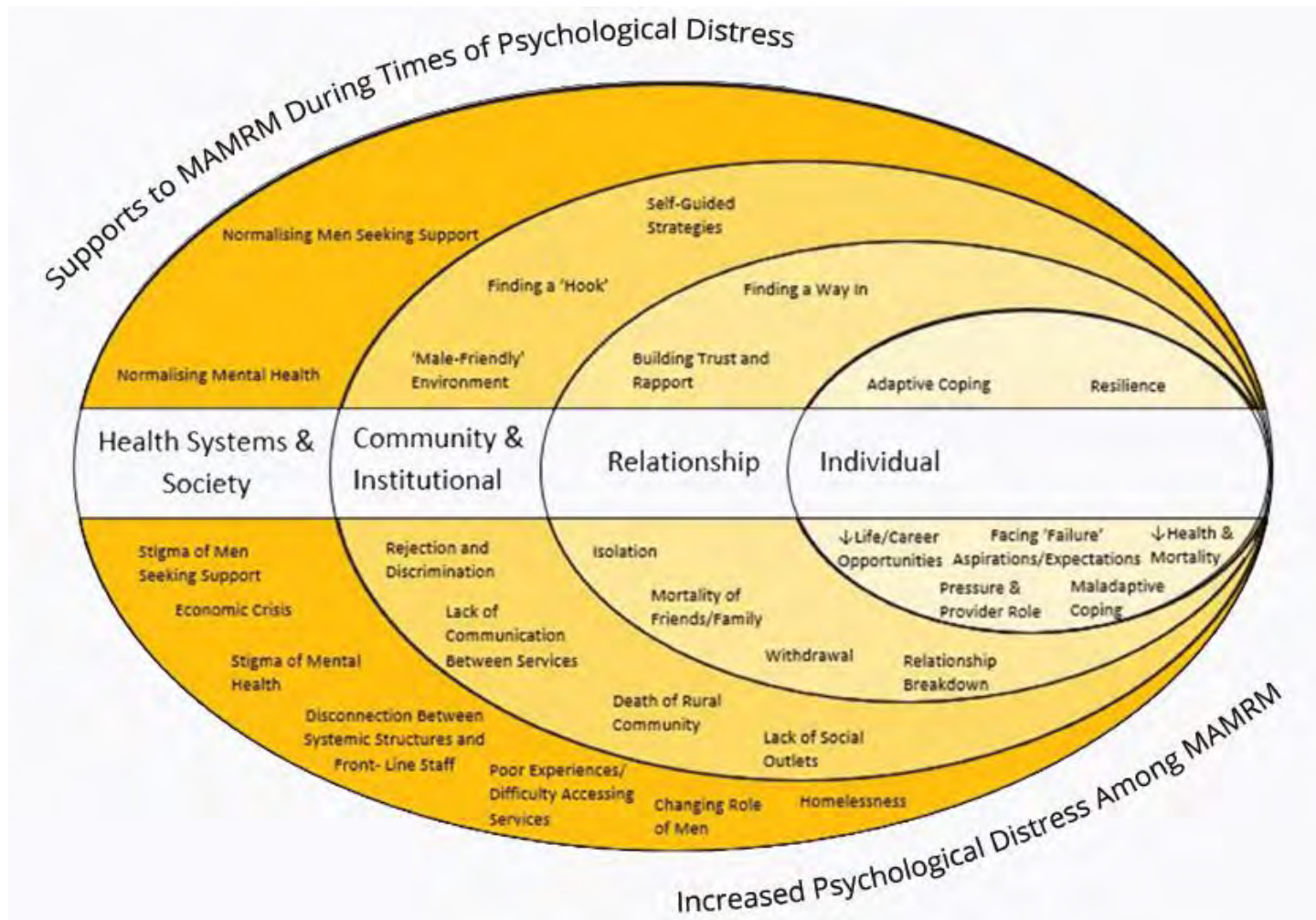
10 Minutes 

Ask each person to tell the group about the most significant personal and professional learning that they will take away from the workshop today.

Make any acknowledgements needed, and offer a final thanks to everyone for taking the time to come along and participate.

Consider if it might be nice to finish with a group photograph - which could be sent to everyone afterwards for use on their social media feeds or organisation's newsletter or personal records.

Handout 8: Engaging Middle-Aged Men in Suicide Prevention Model



Appendix 1:

Residential Training for Trainers Programme

Day 1:

Time	Session	Focus
9.00am	Arrival / Settling-in	<ul style="list-style-type: none"> ▪ Group arrives ▪ Registration / room allocation / name badges ▪ Tea / coffee
9.30am	Welcome, Scene Setting and Creating a Safe Space	<ul style="list-style-type: none"> ▪ Welcome and thanks for coming ▪ Housekeeping arrangements ▪ Overview of why and how this programme was developed ▪ Definition of 'middle-aged' ▪ Clarify: the purpose of the training; who the workshops are for; that this is not a suicide prevention course ▪ Co-production nature of this training ▪ Model of working together ▪ The 'Magic Circle' ▪ 'Name Graffiti' ▪ Develop and agree the Ground Rules
10.30am	Why Focus upon Middle-Aged Men and Mental Health?	<ul style="list-style-type: none"> ▪ What does the term 'mental health' mean to you? ▪ Definitions of mental health and wellbeing ▪ Why do we need to address the mental health needs of middle-aged men? ▪ Key evidence of need ▪ Agreeing a common understanding of key terms
11.30am	Coffee Break	
11.50am	Mapping the Journey into Middle-Age	<ul style="list-style-type: none"> ▪ Key milestones for men in the journey into middle-age ▪ What does a 'successful' middle-aged man look like? ▪ The dominant narrative(s) about middle-age masculinity ▪ How masculinity intersects with middle-age
1.00pm	Lunch	
2.00pm	We're on the Road to Nowhere	<ul style="list-style-type: none"> ▪ Energiser: Bollywood Dancing ▪ 'Jack's Story' Part 1: Key things / events which impact upon middle-aged men's mental health ▪ Who are the 'at risk' groups of middle-aged men? ▪ Empathising with the situation of at risk 'Men in the Middle'
3.15pm	Coffee Break	
3.35pm	Good (Protective) Walls Make Good Neighbours	<ul style="list-style-type: none"> ▪ 'Jack's Story' Part 2: Key turning points and triggers for positive action ▪ Things which help to create a safe and protective environment for middle-aged men - 'Bricks' exercise
4.40pm	Round-Up	<ul style="list-style-type: none"> ▪ Overview of what was covered ▪ Preview of Day 2 ▪ Space for any questions or issues ▪ Closing Circle ▪ Housekeeping announcements
5.00pm	Finish	
6.30pm	Dinner	

Day 2:

Time	Session	Focus
7.45am	Breakfast	
9.00am	Check-in and Orientation	<ul style="list-style-type: none"> Welcome back Opening round: name; what you work at; where you come from; how you are feeling Outline of today's programme Are the signs and symptoms of mental health difficulties in men different to women?
10.00am	Me, Myself, I	'Positivity Cards': How our personal life experiences, talents and shortcomings colour, affect and influence our interactions with middle-aged men in relation to their mental health
10.45am	I Wouldn't Start From Here (Part 1)	<ul style="list-style-type: none"> The context of men's health work in Ireland Seeing the world 'Through the Eyes of Men' (video)
11.15am	Coffee Break	
11.35am	I Wouldn't Start From Here (Part 2)	<ul style="list-style-type: none"> What does a 'male-friendly' environment look like? How NOT to engage men 'Top Tips' for practical things to do to engage middle-aged men around mental health issues Service Provider 5 video International best practice evidence
12.55pm	Lunch	
1.40pm	Pulling it all Together	<ul style="list-style-type: none"> Recap on the key areas of the Men in the Middle Workshop programme Randomly choose workshop sessions to review in pre-determined groups Solicit detailed feedback on each session in the programme, with a view to improving it in the Trainers' Resource Pack Signpost to useful research, resources, services, models of effective practice and sources of help and support Collate ideas for other relevant resources / activities which can be added to the Facilitators' Resource Pack
2.50pm	Coffee Break	
3.10pm	Operationalising the Programme	<ul style="list-style-type: none"> Explain what the Practice Delivery Day will entail Provide guidance on how to prepare for the delivery of sessions (in the same groups that reviewed the Training for Trainers sessions earlier) Question-and-answer session about practicalities Time to complete a feedback sheet on the experience of this residential
3.35pm	Tying Things Up	<ul style="list-style-type: none"> Acknowledgements and thanks Final round of feedback from each participant - focusing upon their most significant personal and professional learning on the residential
3.45pm	Close	End of programme, group photograph and leave Teach Bhríde

Appendix 2: Other Useful Resources

Other resources which might help to inform your work with middle-aged men around mental health issues, as well as act as signposting tools, include ...

WEBSITES:

Your Mental Health - www.yourmentalhealth.ie

- A Lust for Life: www.alustforlife.com
- Aware: www.aware.ie
- Five Steps to Mental Wellbeing: www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing
- Grow: www.grow.ie
- Irish Association of Suicidology: www.ias.ie
- LGBT Ireland Mental Health: <https://lgbt.ie/get-information/mental-health>
- Men's Development Network: www.mens-network.net
- Men's Health Forum in Ireland: www.mhfi.org/resources/mental-health
- Mental Health Ireland: www.mentalhealthireland.ie
- Minding Your Head: www.mindingyourhead.info
- National Office for Suicide Prevention: www.nosp.ie
- National Suicide Research Foundation: www.nsrff.ie
- NHS Mental Health and Wellbeing: www.nhs.uk/conditions/stress-anxiety-depression
- Pieta House: www.pieta.ie
- Samaritans: www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-ireland
- See Change: www.seechange.ie
- Shine: www.shine.ie
- Spanner in the Works?: www.malehealth.ie
- Turn2Me: www.turn2me.org
- YourMentalHealth Information Line: www2.hse.ie/wellbeing/mental-health/yourmentalhealth-information-line.html
- 3Ts: www.3ts.ie

ONLINE INTERACTIVE MENTAL HEALTH PROGRAMMES:

NHS Mental Health Apps Library - www.nhs.uk/apps-library/category/mental-health

- Apps for Wellbeing and Mental Health: www.mindcharity.co.uk/advice-information/how-to-look-after-your-mental-health/apps-for-wellbeing-and-mental-health
- How are you Feeling?: www.yourmentalhealth.ie/continuum
- Mood Self-Assessment: www.nhs.uk/conditions/stress-anxiety-depression/mood-self-assessment
- Wellness Workshop: www.wellnessworkshop.ie
- Your Mind Plan: www.nhs.uk/oneyou/every-mind-matters/your-mind-plan-quiz

REPORTS / BOOKLETS:

'Middle-Aged Men and Suicide in Ireland' - Shane O'Donnell and Dr Noel Richardson. Men's Health Forum in Ireland, March 2018. Available online at: www.mhfi.org/MAMRMreport.pdf

- A 'Situational Approach' to Suicide Prevention - Western Sydney University, 2017. Available online at: www.mhfi.org/SituationalApproach.pdf
- Facing the Challenge: The Impact of Recession and Unemployment on Men's Health in Ireland - Institute of Public Health in Ireland, 2011. Available online at: www.mhfi.org/IPHreport2011.pdf
- Healthy Ireland Men Action Plan, 2017-2021 - Health Service Executive, 2016. Available online at: www.mhfi.org/HI-M.pdf
- How to Make Mental Health Services Work for Men - Men's Health Forum in England and Wales, 2015. Available online at: www.mhfi.org/MentalHealth-HowToGuide.pdf
- Male Mental Health in Ireland - The One Foundation, 2004. Available online at: www.mhfi.org/MaleMentalHealthinIreland.pdf
- Men's Health: The Engagement Jigsaw - a 12 Point Plan for Effectively Engaging with Men. Available online at: www.mhfi.org/EngagementJigsaw.pdf

- Men, Suicide and Society - The Samaritans, 2012. Available online at: www.mhfi.org/samaritansreport2013.pdf
- National Men's Health Policy, 2008-2013 - Department of Health and Children, 2008. Available online at: www.mhfi.org/menshealthpolicy.pdf
- Promoting Mental Health and Wellbeing with Men and Boys: What Works? - Leeds Beckett University, 2015. Available online at: www.mhfi.org/PromotingMentalHealth.pdf

VIDEOS / AUDIO:

'Men in the Middle' Symposium held in Dublin in March 2018:
www.mhfi.org/resources/men-s-health-symposium-2018.html

Male Mental Health - The Good, The Bad, and The Ugly:
www.youtube.com/watch?v=WZ_TNQQfPOE

Male Mental Health - Tonight Documentary: www.youtube.com/watch?v=9Eezvn9vWRg

Men's Health Forum in Ireland YouTube Channel:
www.youtube.com/channel/UCukqjWhGpp1SlnJklo-0VvA

Mental Wellbeing Audio Guides: www.nhs.uk/conditions/stress-anxiety-depression/moodzone-mental-wellbeing-audio-guides/

The Mask You Live In (Trailer): www.youtube.com/watch?v=hc45-ptHMxo&index=1&list=FLDPVRzM4UJ38pXwwSFRCHzw

MISCELLANEOUS:

KEEP UP TO DATE ...

'E-Male Matters' is the free electronic newsletter of the Men's Health Forum in Ireland (MHFI). It is distributed by email regularly throughout the year and seeks to provide updates on research, events, training, resources and news in the field of work with men and boys. To see past editions or join the mailing list, visit:
www.mhfi.org/newsletters/about-e-male-matters.html

Appendix 3:

Middle-Aged Men and Suicide in Ireland: Executive Summary Report

Middle-Aged Men and Suicide

Over the past ten years, the suicide rate among middle-aged men (40-59 years old) in the Republic of Ireland has been the highest of all age cohorts. Self-Harm rates amongst middle-aged men have also increased in recent years, reaching a high of 207 per 100,000 in 2012. This is of particular concern, considering the higher lethality of suicide acts among males as well as the greater risk of suicide following self-harm amongst males.

Despite these trends, there has been little attention on middle-aged men in public, policy or research discourse. Numerous studies have reported that economic recession and increased rates of unemployment are associated with a decline in mental health and increased rates of suicide and self-harm within a global, European and Irish context. These statistics indicate a clear and urgent need for a specific suicide prevention focus targeting middle-aged men.

Suicide prevention is often understood in terms of risk and protective factors. This approach is necessary in order to determine and develop effective suicide prevention strategies and interventions. Gender encompasses socially constructed roles or normative behaviours for males and females. The key factors that are associated with gender and suicide among men are:

- Men's use of more lethal methods.
- A reticence to seek help.
- Higher rates of alcohol and substance misuse.
- Factors specific to 'high risk' groups.

Individual factors that increase the risk of suicide include a previous suicide attempt, family history of suicide, chronic pain, mental disorders, alcohol and substance misuse, hopelessness and job or financial loss. The disruption of relationships, social bonds and support networks can compound suicide risk by undermining one's sense of purpose and belonging. Community factors such as disaster, conflict, acculturation, discrimination and trauma or abuse also increase the risk of suicidal behaviour. Finally, community and health system, and societal factors relating to access to means of suicide, inappropriate media reporting, and stigma associated with help-seeking can increase the risk of suicidal behaviour. Conversely, strong personal relationships, religious and spiritual beliefs, and lifestyle practices of positive coping strategies and wellbeing can protect against suicidal behaviour. However, limited evidence exists in the literature in relation to the specific factors underpinning the high suicide risk of middle-aged men at risk of marginalisation which is the key focus of this study.

Suicide and suicidal behaviour is more prevalent among certain 'priority groups' in Ireland that have been identified as being more vulnerable to suicide. Indeed, the primary focus of this study is on middle-aged men who are 'at risk' of suicide based on being middle-aged and on having at least one other identity characteristic. Thus, a spotlight was placed on middle-aged men who are gay, transgender, Travellers, victims of domestic abuse,

non-Irish nationals, farmers, unemployed, rurally isolated, ex-prisoners, and separated/divorced fathers.

Being marginalised is associated with a greater risk of suicide. The evidence gathered in this report indicates that middle-aged men, more broadly, are increasingly at risk of marginalisation. Therefore, whilst the research focus is justifiably on 'at risk' groups, this study's findings are applicable to all middle-aged men, including and beyond the groups identified as being at risk of marginalisation.

There has been a breadth of evidence supporting and informing key principles and approaches to effectively engaging men with their mental health. Building trust and rapport is of paramount importance and transcends many of the guiding principles in engaging men. These include:

- Working in an informal environment and creating a safe space.
- Adopting a strengths-based approach.
- Using positive non-stigmatising language.
- Finding the 'hook'.
- Consulting with men.
- Adopting a partnership approach.

A review of existing evidence points to five broad categories as potential sites for future suicide prevention work with middle-aged men. These are:

- Awareness raising campaigns.
- Activity based programmes and support groups.
- Educational and training interventions.
- Psychological support.
- Use of technology.

Policy and Research Context

From a policy and research perspective, there is a strong case for a specific and more targeted approach to mental health promotion and suicide prevention work with middle-aged men.

Connecting for Life identifies 'at risk' demographic cohorts, and explicitly lists middle-aged men as being among the *"groups for whom there is evidence of vulnerability to and increased risk of suicidal behaviour"* (pages xii / 32). It also calls for *"...targeted campaigns to improve awareness of appropriate support services to priority groups"* (Action 1.2.2); providing *"...community-based organisations with guidelines, protocols and training on effective suicide prevention"* (Action 2.2.1); and the development and delivery of *"...training and awareness programmes"*.

Theme 2 of the National Men's Health Action Plan (Health Service Executive, 2016, p12) states the need to *"contribute to the implementation of the priority programmes for Healthy Ireland... with a particular emphasis on reducing health inequalities between different sub-populations of men"*. Central to this theme is to *"support the implementation of the 'Connecting For Life' Implementation Plan by developing and implementing new initiatives (e.g. middle-aged men) that promote positive mental health and resilience among at risk groups of men"* (Action 2.4).

Governance

The Men's Health Forum in Ireland (MHFI) commissioned this study in response to the pattern of increasing suicide behaviour among middle-aged men in the Republic of Ireland, with a view to informing policy and practice in this area. This study explores the perspectives of both service providers and 'at-risk' groups of middle-aged men to establish the key issues that are impacting 'at risk' groups of middle-aged men's mental health, as well as barriers and opportunities for engagement.

This study was funded by the HSE's National Office for Suicide Prevention (NOSP) and was conducted by the National Centre for Men's Health (NCMH) at the Institute of Technology Carlow. The Irish Research Council (IRC) provided a scholarship for an MSc student as part of the Employment Based Postgraduate Scheme and the Men's Development Network (MDN) acted as the host organisation. This research was further supported by an inter-agency Advisory Group established and convened by MHFI. This group comprised representatives from statutory and non-governmental organisations (NGOs) with an interest in men's health and suicide prevention.

Aim

The aim of this study was to explore the factors underpinning the high suicide rates among middle-aged men at risk of marginalisation in the Republic of Ireland, with a view to providing more effective and gender specific programmes, services, and resources to support their mental health and wellbeing.

Research Questions Explored

- What are the key issues that impact the mental health and wellbeing of middle-aged men at risk of marginalisation?
- What are the challenges, barriers and opportunities for engaging middle-aged men at risk of marginalisation in relation to mental health?
- How can existing services / programmes be adapted to engage more effectively with middle-aged men at risk of marginalisation in relation to mental health?
- How can middle-aged men at risk of marginalisation be supported to care for their mental health and to access support services promptly during times of difficulty or crisis?
- What are the key principles that will inform follow-up measures (e.g. bespoke training, programme / resource development) that address the aim of this study?

Methodology

This study adopted a qualitative research approach using the principles of Grounded Theory to inform data collection and data analysis. Focus groups and phone interviews were used with 'at risk' groups of men (n=9; representing diversity in terms of social class, ethnicity, race, sexual orientation) and with a broad range of service providers (n=7). Ethical approval was sought from, and granted by, the Institute of Technology Carlow's Ethics Committee.

This study gives a voice to, in particular, more marginalised or 'at risk' populations of middle-aged men. It gives them an opportunity to have their say about the issues that impact on their lives - their fears, anxieties and challenges in relation to mental health and

what is needed to support their mental health. It does so by exploring how gender intersects with multiple layers of risk factors and with due regard to the wider socio-cultural context of men's lives. Crucially, the study also solicits insights from service providers about the issues underpinning the high suicide rates among middle-aged men and their own perceived challenges and barriers to engaging these men.

This is the first in-depth study in Ireland to explore the possible links between middle-aged men at risk of marginalisation and increased suicide risk; a focus which has also been absent in the international literature. Thus, this study fills a gap in the existing literature on mental health promotion and suicide prevention strategies targeted, in particular, at middle-aged men at risk of marginalisation in the Republic of Ireland. Furthermore, the literature to date has gravitated towards a now familiar binary argument - middle-aged men are largely 'the problem' (emotionally withdrawn, reluctant to seek help) and service providers do not know how to engage middle-aged men. This study seeks to embrace the complexity that lies in between and to improve our understanding of the issues involved.

Results

The findings from this study emerged in three broad themes:

1. Marginalised Masculinities.
2. Support Seeking and Coping Mechanisms.
3. Negotiating the Dynamics of Engaging Middle-Aged Men.

Marginalised Masculinities captures a broad range of issues and challenges that were identified as sources of psychological distress and which, potentially, predisposed middle-aged men to increased suicide risk. This theme explores mid-life transitions which are associated with a recurring set of challenges, including: declining health status and acknowledging mortality; diminishing life or career opportunities; increasing pressures at middle-age associated with the provider role; facing-up to the 'failure' of unfulfilled aspirations and expectations at middle-age; and the cumulative and multiplicative effects of psychological distress.

These issues were compounded by what were seen as significant new societal challenges (zero hour contracts, multiple career paths, changing role of men) and an unravelling of the more traditional pillars of society (church, politics). This resulted in more vulnerable groups of middle-aged men, in particular, feeling that they had been cast adrift between two vastly different generations.

Against this backdrop of grappling with the unique transitions of middle-age, and at a time of significant wider societal challenges, many groups of middle-aged men also reflected upon feeling rejected, discriminated against and stigmatised on the basis of different aspects of their identity. Not surprisingly, some actively sought to withdraw and retreat 'into themselves'. For many groups of middle-aged men, isolation and loneliness had a crippling effect on their lives. Indeed, the harsh reality for many of these men was that rejection, withdrawal and isolation interfaced in multiplicative ways and were closely aligned to significant psychological distress in their lives - including, in some cases, suicidal behaviour.

Support Seeking and Coping Mechanisms explores how men navigate and access support (or not) during times of psychological distress. The continued stigma associated with mental health, and with men accessing support for mental health issues, was a significant undercurrent to middle-aged men's approach to seeking help and coping during times of psychological distress. It was a cause of considerable concern that the most commonly reported trigger to seeking support for many men was having reached a crisis point - a reality that was influenced by prevailing gender norms and men's past negative experience of services (which were generally seen as inadequate, over-stretched and over-medicalised).

It was also felt that this age cohort of men had been reared on more traditional masculine values such as being responsible, invulnerable, stoic and self-reliant. This conflicted with being seen as 'weak' or becoming a 'burden' by seeking support. Whilst being in a stable environment, connection to others and self-awareness were identified as key supports that helped to keep middle-aged men well, the opposite was also true for some men; with alcohol use being highlighted as a particularly problematic 'coping' strategy for many men in psychological distress.

An important backdrop to this theme is how men provide support to other men during times of psychological distress. Whilst all were open to this - and wanted to do *'the right thing'* - there were several concerns about saying or doing *'the wrong thing'* or *'driving someone over the edge'*.

Negotiating the Dynamics of Engaging Middle-Aged Men relates to the dynamics between men, service providers, support services, societal structures, and society more generally, which influence men's engagement with services and social groups.

A range of factors had a bearing on the dynamics of engaging middle-aged men:

- At an interpersonal level, it was reported that the forging of strong relationships hinged upon establishing trust, being relatable, finding common ground, and gaining credibility. Conversely, factors that inhibited effective relationships included age and class differences, and the use of complex or stigmatised language.
- At a service level, a number of factors were identified, including the importance of having a 'male-friendly' environment, utilising self-guided strategies to facilitate recovery, finding a 'hook' or incentive to engage men, and the advantages of pragmatic, partnership and community-based approaches to engaging men.
- At a systemic or organisational level, stigma was also a recurring theme, as well as: pressures to deliver best practice approaches against a pre-determined set of outputs; the undervaluing of what were described as 'soft outcomes' (such as connection, self-worth, and self-efficacy); and inconsistent funding streams.

Conclusion

Despite the disturbing increases in suicidal behaviours among middle-aged men in the Republic of Ireland in recent years, and at a time of unprecedented socio-economic change, there has been an equally disturbing inertia and ambivalence at a policy and service delivery level in terms of addressing this issue. To compound the problem, middle-aged men's voices have largely not been heard in terms of advocating for their own mental health needs. Historically, this age cohort of men have simply 'got on with it' and 'sorted

out their own problems'. Sadly, this is having increasingly tragic consequences in terms of rising rates of suicide and self-harm among middle-aged men.

This study's findings make the issue of suicide in middle-aged men visible, and give a voice to those more vulnerable and 'at risk' groups to have their say about the issues and challenges that impact on their lives. By drawing on the experience of service providers - who are at the coalface in working with middle-aged men - the findings also signpost both the challenges and opportunities in terms of engaging more effectively and reaching out to middle-aged men.

Much of the existing focus of health policy, in Ireland and elsewhere, is on behaviour modification and increasing personal capacity to effect change. However, it is imperative that policy also accounts for the wider social determinants of health that, in the context of this study, result in circumstances that push more vulnerable and marginalised groups of middle-aged men into isolation and increased risk of suicide.

There is a need for both bottom up and top down approaches to create sustainable change, both in terms of:

- **Culture change** - to ensure society is more open to and accepting of middle-aged men at risk of marginalisation (MAMRM) expressing their concerns.
- **Structural change** - to ensure that when men do seek help it is available and accessible.

The hope or expectation for finding a single magic formula that will be the panacea for addressing the high suicide rates among middle-aged men is not realistic - nor could it be in the context of the complexity and interplay of the causes and risk factors for suicide. Identifying recommendations and a roadmap to address the issues and challenges that have been raised is not the main challenge; mobilising the will and necessary commitment to translate these into tangible outcomes is.

Recommendations

The following overarching recommendations are presented in this report, and cover six key areas: **A**dvocacy, **C**onnection, **C**ommunication, **E**ducation and Training, **S**tigma Reduction and Awareness, and **S**upport (ACCESS) ...

R1: Advocacy

Identify and facilitate key advocates to drive the agenda on middle-aged men and suicide prevention.

R2: Connection

Support middle-age men at risk of marginalisation to build and strengthen relationships with friends, family and service providers.

R3: Communication

Increase lines of communication between services to better support middle-aged men's mental health and wellbeing.

R4: Education and Training

Develop specific education and training programmes for both middle-aged men and service providers to support middle-aged men's mental health and wellbeing.

R5: Stigma Reduction and Awareness

Reduce stigma relating to mental health and to men seeking support for mental health issues, and raise awareness across society of the issue of middle-aged male suicide.

R6: Support

Extend the availability of statutory mental health services nationwide and increase the accessibility to services for marginalised groups of middle-aged men.

To view the full version of the 'Middle-Aged Men and Suicide in Ireland' report, visit: www.mhfi.org/MAMRMreport.pdf

Appendix 4: Working with Middle-Aged Men

Salutogenesis

In reflecting upon engaging and supporting middle-aged men, it is important to draw upon the evidence-based research available.

It is also crucially important to acknowledge the fact that these men often get bad press across a range of issues and behaviours in the world and that, against these strong narratives, many positive attributes and qualities don't get any recognition or space.

In developing a gender sensitive approach to engaging middle-aged men, a good starting point can be to experientially connect with our positive experience (if any) of them - as opposed to the negative cultural or media narratives (i.e. middle-aged men behaving badly or misusing their power). From this starting point, we can begin to explore the issues of gender in relation to engaging and supporting males and those who work with them. This approach is known as 'Salutogenesis'. It's from this positive place that we want to begin this work using a strengths-based approach.

Gender Sensitive Approach

It is also crucially important to adopt a gendered approach when engaging middle-aged men, and to consider men and women as more than simply biological categories - constituted solely by biological differences. Such an approach enables us to recognise how different patterns of socialisation and gender conditioning impact upon the value that middle-aged men place upon their lives and health.

Gender should be considered as something we do, rather than who we are and, for example, men's health practices can be seen as mechanisms for 'doing gender'. How males behave in relation to their health is frequently in keeping with learned masculine behaviours that typically reflect societal expectations of particular masculine roles, and are grounded in wider cultural and institutional masculine ideologies. For example, it has also been shown that middle-aged men who engage in health damaging or risk-taking behaviours often do so to prove their masculinity to others. There are, therefore, relations and hierarchies between different masculinities.

Hegemonic Masculinity

Hegemonic masculinity refers to the culturally exalted position afforded at any given time to one form of masculinity over the others. This accentuates many of the masculine traits associated with more traditional constructions of masculinity (e.g. 'big boys don't cry', 'no sissy stuff' or 'man up').

Hegemonic masculinity is defined against a range of subordinated, or marginalised, masculinities (e.g. straight versus gay masculinity). The extent to which men endorse 'traditional' or 'dominant' definitions of masculinity has been shown to be related to unhealthy behaviours such as poor diet, excessive alcohol consumption, and non-use of health services.

Relational Approach

There is also value in adopting a relational approach to gender, and in recognising that masculinity is defined in contradistinction to femininity. For example, numerous studies have highlighted how men tend to avoid seeking help when they are unwell because of fear of being labelled 'feminine' or 'effeminate'. This, particularly, can be an issue in relation to mental health, where the fear of being seen as weak or unable to cope can prevent men from seeking support.

Social and Educational Influences

However, the same data shows that there are strong links between the socio-economic and educational backgrounds of men and their available health choices. There is, therefore, a need to acknowledge how gender interacts with other social hierarchies (e.g. class, age, race, ethnicity etc.), and to consider the 'inter-sectionality' of the wider social determinants of health. In other words, we need to question, for example, why poorer men make poorer health choices, such as smoking more, drinking more, eating less healthily, and exercising less.

Conclusion

Gender describes something we do, rather than who we are. As Kimmel and Messner note, men are not born, they are made:

"... men make themselves, actively constructing their masculinities within a social and historical context... our identity as men is developed through a complex process of interaction with the culture in which we both learn the gender scripts appropriate to our culture and attempt to modify those scripts to make them more palatable".

Men's health practices can, therefore, be mechanisms for 'doing gender'. Such practices typically reflect wider cultural and institutional masculine ideologies. But there is a multiplicity of masculinities - reflecting different relations of power between men over women, and between different groups of men over other men.

It is important to adopt a relational approach to gender, and to recognise that masculinity is defined in contradistinction to femininity. Gender should not be considered in isolation from other social hierarchies such as class or age, and we need to situate and understand men's health practices within the specific socio-cultural context of men's lives.

Source:

This handout was adapted from Handout 1.2.2 in the Trainers' Resource Pack for Engage Units 1-5, launched in 2013.

Appendix 5: Case Studies

Biography 1

Tim, a Middle-Aged Man:

“The only constant in life is change and you have to keep adapting”

Mental health is everything that you do; it can be both positive and negative. But it is also something that many of us don't fully understand. If you don't know about something, then it's hard to know how or where to look for ways of addressing it when things go wrong. So, we slip into mental health difficulties without realising it and, by the time you realise it, you are on this rollercoaster and it is very hard to stop.

When I became unemployed at middle-age, I felt like I had no chance of getting another job. They wanted somebody younger, faster, stronger, cheaper. I felt like I was being eaten away. With some of the jobs on the **** (names Employment Agency), you end up with less money than if you weren't working. Even though the job they are offering might be good for you, to get you out and have a purpose, you still need money to keep your place going and pay the bills. So, you end up in a 'Catch 22'.

Death comes more into the equation too at middle-age, and you miss loved ones that have passed. You are sitting there thinking of that conversation that you never had a chance to finish - that can be soul destroying. I feel like I should be wiser, I should cope, I should be better able to deal with my emotions, but the fact is, change is hard.

We are the last generation before the huge big change out there. We did what our fathers did, but now our children live in a different world and everything has changed. Sometimes, I think to myself, am I part of that world or this one? We grew up thinking that we had to be the breadwinner; that all the responsibility was on us in the household. I think, because of that, I lost my way a little bit when I became unemployed and I started to feel that I am not needed as much anymore. But I think the only constant in life is change and you have to keep adapting.

Mental health is something I became proactive about. I realised that I had to identify how I really felt, rather than thinking about how I should be feeling. There are so many expectations of how you should feel and behave, and to do otherwise is a weakness. I battered myself black and blue for things I thought were weaknesses. I became more aware of triggers that made me feel unwell, and I began to normalise and accept my emotions. I realised I couldn't be angry at myself for feeling angry. I used to close off and say nothing to nobody. I think I now understand that it is very important to speak out. Just to say something to somebody instead of closing yourself off.

I don't think you can generalise it and say men don't talk about mental health. Given the right environment, men certainly do talk. Education is huge, and it is about making men aware. Just challenging those stereotypes and letting men know that it is alright and safe to talk about these things.

Biography 2

Séan, a Divorced Father:

“You feel like a lone wolf pushed out of the pack”

I was no longer the breadwinner of the house when there was no bread to be won. In my case, my marriage broke up over it. I lost my job, my house and my family. There are massive pressures all the time when you are not working, sending the kids to school, college, bills, everything just keeps piling on. When you are down like that, you feel like every little thing is putting you down even further - another nail in the coffin. You just become so isolated when your relationship breaks down. You feel like a lone wolf pushed out of the pack.

All my children went to her side. I didn't get to see them. Even some of my own brothers and sisters chose one side or the other, and some of them didn't want to get caught up in it - so they didn't talk to me at all. Without that social interaction, I started to think *“what is the point of being here?”* I started to feel like nobody would notice if I was gone.

When you get to middle-age you think things should be settling down and levelling out. You should be thinking about retirement with your family, but then everything turns upside down. You are out on your own, back where you started. I remember crying, and looking up at a Sacred Heart, and saying *“why me?”* I tried to provide, I tried to work, I tried to do everything, and I still ended up on my own.

I found it very hard to seek out help the first time. It took me three years. I sort of knew I was getting worse and worse. My blood pressure was going crazy and I felt like I was having a meltdown. I just didn't want to admit that I had a problem and I was afraid of what people would think. I got so bad, I signed myself into psychiatric care. I was just going to see the psychiatrist and she would give me the prescription and off I went. I was telling her what I thought she wanted to hear.

It wasn't until I found myself lying in bed for two or three days that I started to tell myself: *“I'm not going to go like this. I have come a long way and I have to do something about this”*. I went back to the psychiatrist and started to do what they were asking me to do. That is something men need to learn - don't go through the motions. When you start doing what they ask, you sort of realise that this stuff works. I started to take care of myself physically and mentally, whilst occupying myself during the day. I went back to education and I began volunteering with the rugby, which gave me a purpose and something to look forward to at the weekend.

Mindfulness was great for me. It worked because it was sort of like the start of a rugby game. There was always the focus before the match started - just imagining what you are going to do, slowing your thinking down to the pace of play.

Looking after your mental health is an ongoing thing, keeping on top of it like. It's never too late to get help.

Biography 3

Niall, a Farmer:

“You have to make a conscious effort to stay connected”

As you approach middle-age you start to feel that you haven't succeeded or achieved enough - you are thinking, shit, my time is nearly over and I haven't done half of what I wanted. Your health starts to deteriorate and you are not able to do as much as you used to - which affects men because we wrap most of our identity and self-worth around our work. I spent years building up my farm; often not spending much time with my family. Only lately did I realise that my sons and daughters had no interest in taking on the farm which was hard to take. As men, we are good at internalising it all. We would see that as a failure - we haven't made it attractive enough for the next person - but that is not the way it is.

Isolation is a major problem for us farmers. You can become isolated quite quickly in our environment. There is a lot of work to be done on the farm, so there is always an excuse not to go anywhere. The phone stops ringing very quickly though, and people stop asking for you.

There is the whole death of the rural community as well. It's not just the pubs; it's shops, schools, sports clubs. It's less and less people which means if you are left, there are less social interactions. But you have to make a conscious effort to stay connected through family, friends, men's groups or even farmers' groups to have the bit of banter. The camaraderie of that, you feel a sense of belonging, that you are involved and wanted. You need to keep a good work-life balance as well, and realise that work is only so much of the week.

The mindfulness course our farmers' group did was huge for me. You don't necessarily have to practice it, but you are aware of it - the breathing and relaxing. It is there in the back of your mind during busy or stressful times, which sets your mind at ease. It gives me the confidence and contentment to run my business during stressful times.

I also did 'SafeTalk' - a suicide prevention training - with my farmers' group, which has made me feel a lot more comfortable offering help to lads who might be a bit down. I am now a bit better at noticing the signs, having a chat with them, and moving them on in the right direction. I was talking to a man yesterday who went through a bad separation. About nine months ago, I sat down with him one day for about five minutes and, from that, he decided he was going to get help and he is in a lot better place now.

My perception of mental health changed completely since I did those couple of mental health training days. The more you learn about mental health, the more you realise you need to look after it - it's not something you can take for granted.

Biography 4

Conor, a Gay Man:

“We have marriage equality, but we don’t have equality”

When you get to middle-age there is a sense you should be growing up. When I was younger, I thought my possibilities were endless - hope for the family, the car, the house, but now I’m realising that might not happen. You had plans for the future, but things didn’t unfold the way you expected.

I had very negative experiences growing up as a gay man. Being gay wasn’t legal until 1994 so, when I was thinking of who I was, it was illegal, wrong and bad, and you could be arrested for it. I remember feeling that I would die with this secret; never able to talk about it. Everything just becomes kind of split which, I think, doesn’t really leave you. There is always this side to you where you are going: okay, don’t say that or mention this.

When you hit middle-aged then it all becomes a bit jaded. You have spent many years dealing with people being uncomfortable around you - ‘*oh you are gay, I have friends who are gay*’ - those little shitty things.

We have marriage equality, but we don’t have equality. There is a sense of shame coming from society; a negative feedback around being gay. As you are growing up and starting to question your sexuality, you have already internalised all this negativity - this kind of internalised homophobia. So, by the time you are middle-aged, you could have been carrying around this negative perception of yourself for twenty-five years. We are named ‘the gay community’ and it is bullshit - because it assumes that gay men are a homogenous group, and we are not.

I find that staying connected to friends and family is really supportive for my mental health. Joining a social group, having a job and hobbies you enjoy, all of these things give you a sense of belonging and a sense of being needed. You need to build these supports when you are well, because you won’t know how to access them when you are not. You can’t drag men to things either. Just having it there and knowing it can be used is important.

We need to let men know, step-by-step, that they are worth something more; that they have a right to set a goal, a right to love their life and themselves. Then men will start to look for more and ask for more.

We, as men in general, have this super odd notion that a hyper-masculine man is the ideal man in Ireland. Most men don’t fit into that, never mind gay men. So, it is about figuring out how all men can have the permission to be the man they are, without having to be the man that others expect them to be.

I think we need to encourage more talking and vulnerability in men and build on that. Most men wait until they are in crisis to get help. We have to start off really gently. It is okay to be vulnerable. It is okay to ask for help.

Biography 5

Kwame, a Non-Irish National Man: “It is one big culture shock”

In today's society, it's all pressure, pressure - we really don't have any time for fellowship, or to just sit and chat. With the middle-aged man, there are all these expectations associated with work, family and the social group you belong to. We set ourselves these expectations we think we need to fulfil or other people expect us to fulfil. If you do not reach these by a certain time, then you are nobody.

As **** [non-Irish National] men living in Ireland, it is one big culture shock. I am not saying that the women should be put down but, in our culture, the man is the authority of the household, to give advice, guidance and be the provider. But it seems like the narrative is skewed against the man here and we are no longer relevant. This affects the family and is a problem for many men in our community.

A lot of people from my community work in health care support. If a woman is the caregiver, she can attend to both sexes, but a man cannot attend the female sex. Even with child benefits, only the mother should fill out the form. Why? ...

Men of our community feel disenfranchised. When it comes to applying for a job, even though you are qualified, because of where you come from you are not going to get it. You are kind of rendered useless. The carpet has been pulled from under our feet. We want to contribute, but feel that we can't. Our community has also been forgotten about. They don't even know we are here. It is business as usual. When policies are being formulated, it is business as usual. It should not be business as usual. Ireland has changed. It happens at state level and local institutions. We are present, but not seen.

Faith is the resolute cushion for people of our community. Without it, the levels of suicide would be a lot higher in our community because that is our only release. Faith is the bedrock. What people of faith have is hope. Hope is that there is something bigger and greater than the self. That is so important in the culture that we live in now; a culture in which we are consumed by ourselves.

When you have faith, it is a lot easier for you to withstand suffering, because you know suffering does not have the last word. I am not talking whether scientifically this is right, but it helps with the way a man carries himself in life. When you pray, it creates a space for you to reflect - what is happening to you, what is happening around you - and in the creation of that space you are being mindful of yourself. Some people call this mindfulness. Finally, faith gives you a community and all of you together form a supportive network which gives you strength for the week ahead.

Biography 6

Johnny, a Rural Isolated Man:

“It feels like you are forgotten about sometimes”

I lost my job during the recession. I was in the building trade and I never found a way back into it. I kept trying to look for a job, asking around, sending out CVs, but all that constant rejection makes you feel a bit worthless.

At my age, I feel like I should have accomplished things in life - have my track made. But instead of getting comfortable in life, I feel like things are going the opposite way. It's hard to tell people this kind of stuff though. It's a male thing. Be strong, man up, don't let on that you might need help.

It feels like the west of Ireland keeps falling further and further behind. There are vacant units everywhere, and that affects the mind, you know. There needs to be something to instil a bit of life into the small villages, to bring a bit of hope and sustainability. It feels like you are forgotten about sometimes.

A lot of men around here live on their own. I think they know no other way of life. The pub was the only social outlet for loads of men but now, with the drink driving laws, that has stopped. I am not saying that you should drink and drive, but that was the only social outlet for a lot of men. Social isolation is a huge problem around here. It affects the mind, but I think it can be daunting for them to join a group.

I think a lot of the lads around here would never have been involved in any groups or even been in a room together as a group of men outside of sports or the pub. It can all make you depressed, and you don't want to meet people. You don't want to go out. You wouldn't even go for a walk down the road in case you would run into a neighbour. You go into your shell. I find it hard to know where to go when I am feeling like that and no matter what way I look at it, there is a bit of shame and it hurts my pride when I get into trouble like that.

But then **** [Men's Group] started up in our community, it made me a little bit more involved and brought me out of my shell. I think men can associate with a [Men's Group]. It's kind of a safe place. It's a new way to develop yourself - learn new skills. I am making new friends all the time without realising it. It's a place where I can do things and leave things. That is the general idea of it; to get men to socialise and talk to each other.

We do lots of activities: cooking classes, basket weaving, suicide prevention training. It is all suggested by us which gives us that bit of ownership over it. We have connected in with Tidy Towns, ETBs, the HSE and the County Council. That's what we are about; building ourselves up and building the community up as well.

Change is hard but you have to keep knocking on that door, keep trying and adapting. That's what groups like this are for, so men can come together and support each other to make that change. It might not work all the time, but at least you are trying.

Biography 7

Kevin, a Transgender Man:

“It felt like this inner conflict of who I really am”

When somebody goes into hospital with a broken leg they are never labelled an ex-orthopaedic patient, but when I went to a mental health hospital I was labelled for the rest of my life.

I still think I have that hangover effect of not feeling comfortable getting into a formal mental health process, but sometimes you reach a point where there is no other option. It's not like a stitch in time saves nine - you wait till the whole thing is ripped up to shreds before you ask for help. Why? Because you don't see too many men around you talking about these problems. Big boys don't cry. Man up. These are things you hear all of your life.

I have experienced real suicidal thoughts. I felt that as I was getting older I needed to allow the real me to be - which felt selfish - but not having the courage to disclose who I really am made it worse. It felt like this inner conflict of who I really am, and I was always on my guard in case I would let the mask slip.

I remember thinking: *“I can't tell my GP, he sees my parents”*. There were no leaflets or flyers in the surgery, and I didn't even know what the name of this was. How do you describe that you feel like a boy? I lived in a heightened state of fear - will my family accept the true me? Will they reject me? Will I lose my job if I change my identity? How would I be accepted and seen by other men? You hear people make remarks about it your whole life, and you get a sense of how people might react if you broach the subject. That drives you even further into not wanting to speak about it or deal with it, which had a devastating impact on my mental health.

I found the support of a great therapist, where I had time to build rapport and who understood what I was going through. I think sometimes there are some well-meaning professionals that don't really understand the identity issues and, at times, I felt like I was almost leading them.

I find great support attending **** [Transgender Support Group]. I know most of my friends will have experienced what I feel, and I can rely on them to be there for me. I think it would be easier for us transgender men to transition and become, not invisible in the sense that we disappear, but in terms of just being accepted as men.

I think mental health professionals have a tendency to say *“oh, you are transgender and that explains everything”*, but often it doesn't. We need to make sure that they realise we are whole people; we are not defined medically because we are transgender - we are middle-aged men.

All transgender people want to be accepted for who we really are and to be involved in the community exactly the same as everyone else.

Biography 8

Cathal, a Traveller Man:

“The daily discrimination I face puts me in this dark place”

Alcohol is my main problem; a substitute to make you feel good when you have nothing else to do. I'm forty-nine and I've never really had a full-time job, because there are no jobs for Travellers. I'm just so ashamed and embarrassed to go for jobs, because I know I don't have a hope.

I don't feel like getting out of bed sometimes. What are you getting out for, to walk out to the gate and walk back in? A part of me feels like I am in an open prison. You're lying in bed, you go out and talk to the other lads, after an hour you're back in your cell again. I spent a bit of time in prison a few weeks ago. I handled stolen property - which I know was wrong - but it was something I did to provide for my family. What would you do? I have a wife that is sick and four kids. For the four years I was working on the CE scheme, I never committed one crime. I looked forward to it every morning. Out cutting the grass, fixing locks on the doors, it kept me occupied and I wasn't getting in trouble. I don't know why it only runs for two years and then it stops.

The daily discrimination I face puts me in this dark place. I get refused from my local pub and it makes me feel so small - like scum. Sometimes I feel like I am better off on my own. I've no real confidence in life. There's no one really turning around saying: *“he's human, he's Irish”*.

I want to work. I want to get on with everyone. I want to be able to get my daughter married, go into the local, go down to the football field, look at Man United in the pub. You just never get the chance in life you feel that you deserve. Unemployment, poverty, discrimination - it all builds up inside. I feel embarrassed and ashamed. I just feel like I am no addition to life. This is what's putting middle-aged Travellers into depression - not being able to do what you want to do in life, go where you want, socialise, provide for your family. You can't do it.

I have depression, but I got the help I needed through **** [Traveller Support Agency] and they referred me on to a psychiatrist. I go to see him every six months and I am on medication for my depression. There is help out there for Travellers, but we need to get them into a room to talk about these issues.

There needs to be some sort of doctor that could talk to us, who would have dealt with Travellers before, and get us to open up that little bit more. It will take them a while and some of the men might break down and cry but that is normal. Sure that is the first step to recovery, isn't it? Because you're talking about it? There's no point in hiding it.

Middle-aged men think that there's shame; there's a stigma around mental health, but there shouldn't be. Open up lads. It's time to talk.

Biography 9

Jack, an Unemployed Man: “On the scrapheap before my time”

My whole life revolved around horse racing - I was a jockey. I used to go a million miles an hour and that all came to a sudden stop with my last fall.

When I stopped working, I started drinking. I used to sit up in the pub looking out at the rain thinking of the lads. First it was a few pints, then I was bringing a bottle of whiskey home. Things started to happen in my head that I couldn't understand.

I became a recluse, and it felt like the inside of the door grew horns. I didn't want to go out. I tried to go back to work, but they told me that I was too old. It made me feel like I was on the scrapheap before my time. I ended up sleeping on a concrete floor and I burned everything - racing videos and photographs, everything - just to keep myself warm. I just didn't care about myself. I felt like I was abandoned by the world and left to die. I was sitting staring down the barrel of a gun - I was seriously ready to pull the trigger - my phone rang. It was my friend. I got the gun and I threw it as far away as I could.

I got help from a doctor initially. He referred me on to a counselling service and my friend helped me attend. That was going well until one day I had a complete meltdown. The next thing I knew I was in the back of an ambulance on the way to A&E. I wasn't brought into a private room - no humanity or sensitivity in it at all. The doctor was saying “*this chap tried to commit suicide*” - everyone could hear him. I just kept telling myself that someone was coming to get me, but then I just got up and ran out. I went back to counselling and they referred me on to **** [Men's Health Programme]. I haven't looked back since.

When you are sitting there chatting to lads with similar issues it makes you feel so normal. The first day after the programme I thought to myself: “*Jesus, I haven't heard myself laugh in a very long time*”. For a group of men, the love and strength in the room was so intense. The wellness tools that we learned, the achievement thing, the cookery classes, the gratitude piece.

The template was fashioned to each specific group, so there was a flexibility and ownership to it. Can you imagine being part of a programme that is extremely structured and thinking: sure we ran this ourselves? We thought we were great lads. There was just a non-judgemental sense of peace from the lads, and even from the facilitator and the lady out the front making the tea. That was special.

To help men you have to listen to them, but really hear what they are saying. Now I look back on my career with pride and not sadness. I feel well, and that is a huge achievement for me. I can go to the pub, watch the horse racing, have a cup of coffee and go home.

Biography 10

Ian, a Victim of Domestic Abuse:

“I couldn’t tell anyone about it though because I was so ashamed”

All people think men are big and strong, but my God my wife was lethal and vicious. She would hit me and the kids and say it never happened. I walked in the back door one day and she had a knife in her hand. I thought it was a joke until she tried to stab me. I couldn’t tell anyone about it though, because I was so ashamed.

The emotional abuse was nearly worse. One day I came home and she said to me: *“I could tell people you abused the children and they would believe me”*. I said *“I never touched the kids”*, and she said *“I know you didn’t, but I could make life very awkward for you if I did”*.

It was a threat and that hit me like a sledge hammer. I could not live with someone saying I was abusing my children. I went into a severe depression. If I told somebody my wife accused me of abusing my children they would think there was something to it. I turned into a recluse after that. I didn’t give up on my children. I always went to see them, but I wouldn’t be with them on my own. During all of this, my mother died of cancer and I had lost my job - restructuring in the company. It was a combination of all of these things happening at once. You don’t know how to stop the slide.

Domestic violence - we think this doesn’t happen to men, but men don’t report it. If there was a domestic situation in the house, and I called the Guards, I’d be the one asked to leave. The family court is one area which hugely favours women. It is the injustice. When a man comes in with a divorce case it is a damage limitation exercise. When a woman comes in, it is how much can we maximise for her. If a man puts evidence forward it is not believed. The man loses everything; the house, access to the kids, paying maintenance to her - and she could be living with another guy. You are at your wits end, even though you have done nothing wrong. It is devastating.

I went to **** [support group] on the advice of my doctor. It was the sort of a place where you could openly talk about things like this. That saved my life. I learned so much there, and it was an outlet for me to go to every week - which I did without fail. An awful lot of men will not go to mental health services because they think there is a stigma attached to it, but they can be so helpful. There are other supports out there too, besides statutory services like the support group I attend.

I try to keep physically active and keep my brain active too. I like writing and learning a language - just to keep my brain ticking over. A good support network too, talking to friends is so critical. There are lots of other middle-aged men like me who have suffered domestic abuse. We need to be given a voice, but us men also need to start talking and listening to other men around us.