



WHO Health Evidence Network
synthesis report 70

Mental health, men and culture

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How do sociocultural constructions of masculinities relate to men's mental health help-seeking behaviour in the WHO European Region?

Across the WHO European Region, fewer men than women are diagnosed with depression and treated for depression and other common mental health conditions. However, men are at least three times more likely to die by suicide compared to women. Men from disadvantaged communities may be especially at risk of experiencing mental health problems, including gay and bisexual men, ethnic minority men, and men living in poverty.

Researchers have suggested that traditional masculinities – the cultural expectations for male behaviour – discourage men from recognizing and seeking help for mental health problems. As a result, mental health issues may remain hidden in men or manifest in damaging ways (such as alcohol misuse or family violence), and can lead to crisis situations such as suicide attempts – often without warning signs and unanticipated by friends, family or health professionals.

The Health Evidence Network (HEN) synthesis report on mental health, men and culture maps the global academic literature on how sociocultural constructions of masculinities relate to men's mental health help-seeking behaviour in the Region. The report, which reviewed 41 out of 3052 publications in both English and Russian, provides the most updated analysis on the topic currently available.

Policy considerations

Following the evidence review and building on recommendations from the Strategy on the Health and Well-being of Men in the WHO European Region, the report makes several policy considerations aimed at the health and social-care sectors, community organizations and relevant government departments.

- Support the mental health needs of the most vulnerable or at-risk subpopulations of men by tackling the root causes of disconnection and isolation. For men of sexual or ethnic minorities, for example, this would require addressing homophobia and racism.
- As an upstream prevention strategy, provide resources for agents and institutions working with boys and young men (schools, youth centres, parents) to engage them in critical discussion and reflection regarding gender norms, identities and relations, and links between gender, inequality, health and well-being.
- Promote collaboration and partnerships between the health sector and community organizations working with diverse male constituencies on a range of projects (for example, cultivating responsible fatherhood, preventing violence, addressing substance abuse).
- Foster the development of male-friendly initiatives that are tailored to the values, customs and priorities of the subpopulations of men most in need, and actively engage with these target groups in developing such initiatives. Such community programmes should avoid mental health terminology, recruit appropriate ambassadors and provide a meaningful focus (for example, sport, construction, creative practice). Activities are by no means essential, since some all-male support groups involve sharing experiences and discussion.
- Promote appropriate online support forums. Engaging with online information and support can be a valuable way for men to find out more about their difficulties from experts and peers, share their stories and receive support.
- Promote strengths-based approaches to men's mental health that normalize mental health issues such as depression within diverse communities.



The findings

Our analysis highlighted key themes pertaining to the role of culturally constructed masculinities (and wider community and societal factors) in inhibiting – and facilitating – men’s help-seeking for mental health problems.

Sociocultural impacts on help-seeking and male mental health

- Although stigma around mental health problems is beginning to decrease in some countries, the persistence of traditional masculinity norms (for example, self-reliance, restrictive emotionality, independence, being in control) means that many men are unlikely to disclose problems to others or seek help.
- Such gender norms are more pronounced in some male-dominated environments (for example, the military, the fire service, construction), making it difficult for men to display vulnerability and address mental health issues.
- Help-seeking may be more challenging for men in specific disadvantaged groups, including immigrant men, ethnic minority men, indigenous men, gay and bisexual men, and men living in rural areas, because of local masculinity norms as well as patterns of prejudice, discrimination and social exclusion. Limited or culturally inappropriate service provision for diverse male populations may also deter many men from accessing or engaging with mental health services.
- Boys and men may be especially vulnerable to mental health problems when experiencing challenges or adversity in different stages of the life course, including bullying, unemployment, illness and bereavement.

Improving help-seeking and male mental health

- Some successful interventions have reframed help-seeking as a strength rather than a weakness (for example, requiring courage, action and independence), or as a means of regaining valuable attributes (for example, moving from dependence to independence).
- Therapeutic services which go beyond talking to incorporate practical exercises, goal setting and collaboration have been found to be particularly appealing to some men.
- Online and community interventions show promise when men feel safe and trust their peers and mentors, and when the approach is informal, collegial, and social rather than medical. It is important that such approaches are tailored to particular communities, with culturally appropriate representation, language and activities incorporated.
- Interventions that address more societal and structural issues, including poverty, social exclusion and discrimination, are also needed, since gender is only one factor shaping mental health. Recognition that issues such as homophobia, racism, job insecurity, unemployment, parenting policies and ineffective service provision intersect with masculinity norms to undermine help-seeking and service use for many groups of men is important for men themselves as well as service providers and policy-makers.



Men's Sheds

The Men's Sheds movement started in Australia in the 1990s and has moved to Europe in the last few years. Men's Sheds bring older, isolated men together to improve their well-being. Broadly, they are a form of community-based mental health provision (although not presented as such) that taps into masculinity norms concerning pragmatism, work, male social interactions and humour. Such initiatives characterize a shoulder-to-shoulder rather than a face-to-face approach, where men share their emotions indirectly in the context of performing an activity (for example, carpentry). There are national associations representing Men's Sheds in Ireland and the United Kingdom, and new Sheds are being established in other European Member States including Finland, the Netherlands, Spain and Sweden.

As the United Kingdom Men's Shed website explains, "Men's Sheds can provide a place to meet like-minded people and have someone to share your worries with; have fun, share skills and knowledge; and gain a renewed sense of purpose and of belonging. As a by-product, they reduce isolation and feelings of loneliness, allow men to deal more easily with mental health challenges and remain independent; rebuild communities; and, in many cases, they save men's lives."

“Men in trouble are often
in trouble precisely because
they are trying to *Get a Grip*
and *Act Like a Man*.”

— Robert Webb, *How Not To Be a Boy*



Behavioural and cultural insights at the WHO Regional Office for Europe

The Insights Unit at the WHO Regional Office for Europe investigates behavioural and cultural drivers and barriers that can support people in, or prevent them from, leading healthy lives. Many of the Region's most pressing health problems are not medical, but rather social, cultural, political, psychological or economic in nature. Building a culture of health, in which everyone is supported to make healthy choices, depends on nuanced insights into these contexts as they are experienced by people.

Research from the Insights Unit can help to improve procedures for interaction between citizens and services; support efforts to improve health literacy; and articulate patient needs to create more culturally appropriate health systems. Using a rigorous, evidence-informed approach that builds on the health humanities and social sciences, the Insights Unit works with health authorities to improve the way their services respond to their citizens' expectations for respectful, people-centred care.

For more information, please visit:

<https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health>

The mental health programme

The mental health programme of the WHO Regional Office for Europe works with more than 25 countries to develop and implement national policies and plans in line with the European Mental Health Action Plan 2013–2020. The programme pursues a health system-strengthening approach that addresses needs throughout the life course and across the full spectrum of mental health services and delivery platforms.

The gender and human rights programme

The gender and human rights programme of the WHO Regional Office for Europe works with Member States to develop rights-based and gender-responsive policies and programmes in line with the Strategy on Women's Health and Well-being in the WHO European Region and the Strategy on the Health and Well-being of Men in the WHO European Region. The overall objectives of the programme are to accelerate progress on health and well-being across the life course through gender- and rights-based approaches and to reduce gender inequities and inequalities in health.

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