

| Project Details |  |
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| Project Code    | MRCNMH25Ba Lambert   |
| Title           | Man up? Examining attitudes and experiences around mental health and help-seeking  |
| Research Theme  | Neuroscience & Mental Health   |
| Summary         | <p>“Women seek help – men die”. Comparatively lower rates of mental illness among men than women are not explained by better health among men. Men face unique challenges in maintaining and improving mental health and yet these challenges are poorly understood. This project will join the GW4 Men's Mental Health Research Network. Using a mixture of qualitative and quantitative methods the project will shed light on what these challenges are, how they affect men's mental health and men's engagement with mental health services, and how we can overcome them.</p>  |
| Description     | <p>Adherence to masculine norms regarding restrictive or externalised emotional processing, fear of stigmatization and a lack of male-friendly support options or informal support networks among friends, have all been suggested to influence men's mental health and help seeking behaviours. Although our understanding of these factors and their contribution to mental health has improved over the years, this has done nothing to address the inequalities in mental health problems and help seeking that exist between men and women or between subgroups of men.</p> <p>This project will ask: What are the challenges facing men that contribute towards their poor mental health and discourage them from seeking help? In addition, unlike many other studies in this area, we will also take a strength-based approach and explore what aspects of masculinity can have beneficial impact on mental health and help seeking?</p> <p>Study 1 will be a qualitative examination of men's experiences and attitudes with regards to mental health and help seeking. We will ask: how are men being engaged about mental health? How can we better engage men about mental health? How should we study men's mental health? This study will therefore not only help us to understand the facilitators and barriers that exist to encourage or discourage men's engagement with discussions about or services for mental health but will also inform how we as researchers can engage men with men about mental health research and get a diverse and inclusive sample of men to participate in our research.</p> <p>Study 2 will be a network analysis of how different aspects of masculinity are related to one another and to mental health and help seeking.</p> <p>Existing studies in this area have several limitations: a) they rely on basic correlational analyses (Wong &amp; Horn, 2019); b) they consider masculinity as a monolithic construct and do not adequately account for the different aspects that comprise masculinity (Kaplan et al., 2017); and, even when this is the case; c) they neglect to account for the aspects of masculinity that might be considered as strengths or beneficial to mental health (Kiselica et al., 2016). Using advance statistical techniques such as network analysis will enable us to examine unique associations between aspects of masculinity, which aspects of masculinity are more central to the concept of masculinity than others and how these different aspects of masculinity related to depression,</p> |

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|  | <p>anxiety and help seeking. In addition, we will include both deficit- and strength- based measures of masculinity and any other additional questions that arise through study 1.</p> <p>Study 3 will be an ecological momentary assessment (EMA) of changes in the felt experience and expression of masculinity across time within a two-week sampling period. As previously mentioned, studies in this area typically conceptualise the individual expression of masculinity in trait-based terms such that they imply that all men exist on a spectrum of various masculine qualities that are fixed over time. However, theories indicate that masculinity may be influenced by state-level contextual factors such that felt and expressed masculinity fluctuate daily and between different physical and social settings depending on the demands placed on men (Wong &amp; Wang, 2022). To our knowledge no study has examined masculinity in this fine-grained manner. EMA methods afford us with the unique opportunity to do this. Study 3 will sample a diverse range of men and at several times throughout the day will assess mood, stress, deficit- and strength- based aspects of masculinity, and also socio-contextual factors related to social interactions. We will examine a) whether masculine attitudes and the stress associated with them fluctuate; b) the effect of this on mood; and c) the moderating impact of socio-contextual factors. We will also adapt our method based on the insights shared by men during study 1.</p> <p>Study 4 will extend our analyses to examinations of how these factors influence referral, admission and retention to psychotherapy. Studies indicate that men respond less well to traditional psychotherapy (e.g., cognitive behavioural therapy) than do women (Knox et al., 2023) and this has led to additional training for practitioners in how to accommodate masculinity and take more strength-based approach when working with male clients (Seidler et al, 2022). Despite this promising work, studies have rarely examined whether there are also gender differences that precede these outcome-oriented analyses. For example, are men less likely than women to even refer to treatment or to be admitted to treatment following referral? Are men more likely to dropout of treatment early? Study 4 will utilise existing service user data from Improving Access to PsychoTherapy services (IAPT) services in the London area which we already have access to. We will examine the aforementioned questions and other related questions utilising advanced statistical techniques such as survival analysis. Our analysis will also explore potential moderators within the data that align with insights raised in Study 1.</p> |
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