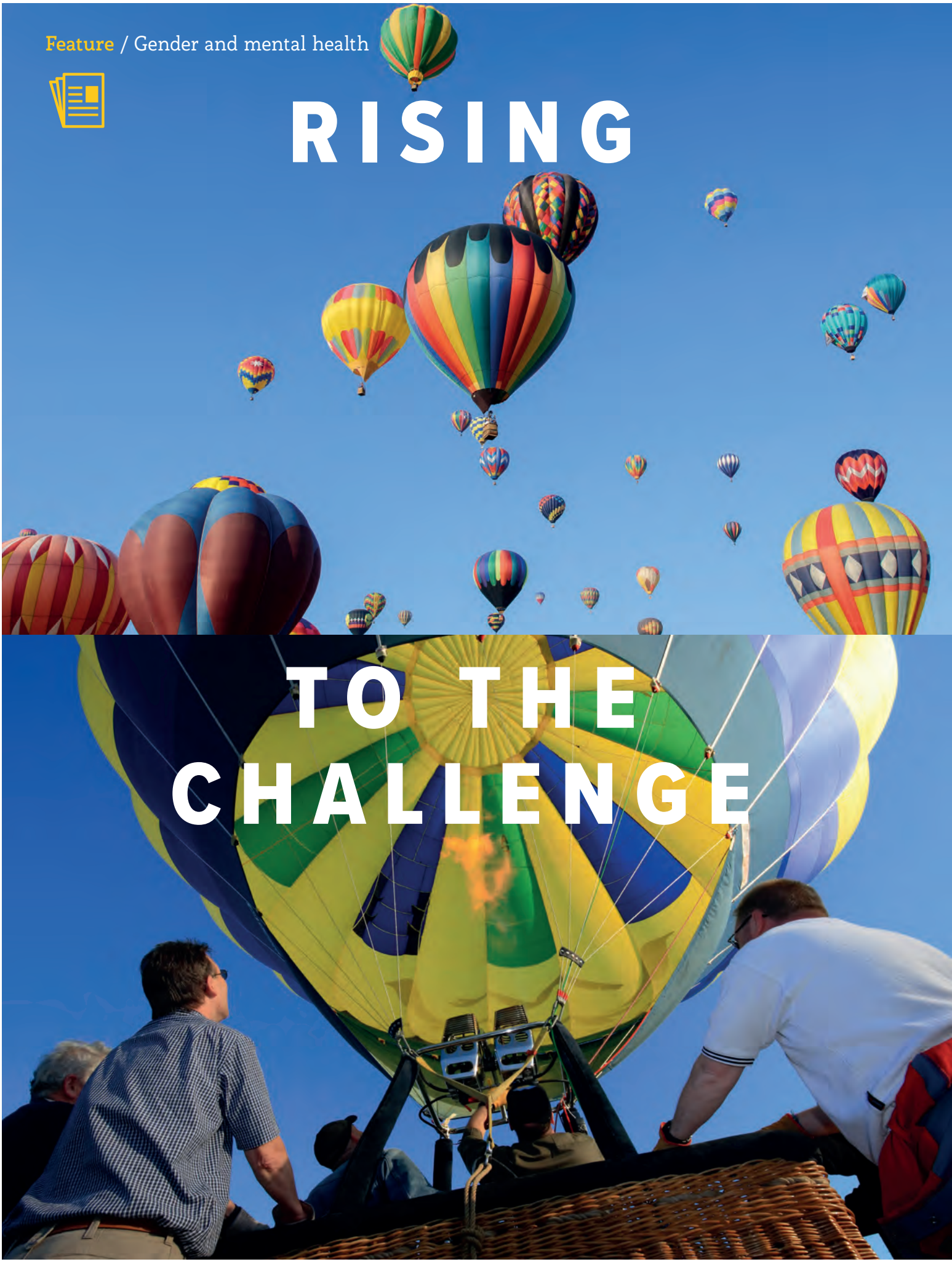
RISING TO THE CHALLENGE



WHY DO MORE MEN THAN WOMEN DIE BY SUICIDE? WHY ARE THEY LESS LIKELY TO GET HELP FOR ISSUES WITH THEIR MENTAL HEALTH? **HAZEL DAVIS** EXAMINES THE ROLE OF GENDERED EXPERIENCE IN MENTAL HEALTH

Suicide is the biggest cause of death of men aged between 20 and 49, according to the Mental Health Foundation, and in the UK, men are three times more likely to die by suicide than women[1]. In England alone, men are less likely to access psychological therapies than women, with men making up 36% of referrals to the NHS' IAPT programme[2].

Why is there such difficulty in reaching men who are struggling with serious mental ill health? Societal expectations about how men should behave and perceived masculine traits such as strength, stoicism and control, are not only associated with poorer mental health[3], but if men feel unable to speak openly about their emotions they may be less able to recognise their own symptoms of poor mental health and therefore less likely to reach out for support[4].

Back in June 2019, UKCP chief executive Sarah Niblock told the Women and Equalities Select Committee that there is a stigma and shame that some men feel about admitting they need help. She said that socialised 'masculine' values can have a powerful impact on men's values, the way in which they relate to others, their behavioural traits and the way in which they respond to mental distress.

There's nothing inherently negative about wanting to feel strong and in control, according to the Mental Health Foundation, but, equally, gender is just one element of an individual's identity, Niblock says.

While it's clear that services need to be reformed to become more accessible to under-represented groups of service users, including men, it is essential that this work is carried out by a workforce that is both sensitive to people's gendered experience of services and unwilling to reinforce problematic gender norms.

'Critiques of masculine norms relating to mental health should be made carefully, clearly framed as structural concerns rather than focused on the behaviour of individuals and avoiding any sense of "victim-blaming",' Sarah Niblock told the Select Committee.

UKCP's Policy and Public Affairs Manager Adam Jones adds: 'We think it's vital to draw attention to the massive disparity between completed suicides in men and women. Each case of someone taking their own life is an individual tragedy and should be treated as such. But we shouldn't ignore the gendered trends.' Jones points out that considerably more women (8%) than men (5.4%) report having attempted to take their own lives. This, he says, 'adds another layer of complexity to the discussion of suicide by gender. Men are more likely to use more violent means, hence the much higher rate of completed suicides.'

What is clear from the evidence, says Jones, 'is that society's expectations of what it means to be a man or woman is having an impact on many individuals' experience of mental health problems and, ultimately, the awful situation where they feel they cannot continue.'

UKCP is prioritising raising the nuances of gender differences in mental health outcomes in its policy and influencing work. 'It's really important that policymakers are better educated and equipped to tackle the underlying structural causes of these differences,' says Jones. 'We also have a role to play in ensuring that the training programmes we accredit are cultivating cultural competence and gender awareness.'

'SOMEONE LIKE ME'

As well as being less likely to seek help in the first place, many men still face barriers within the healthcare system, says Jones: 'The psychological professions are disproportionately white and female. Evidence suggests many people prefer receiving care from people who they feel can empathise with them. This can create barriers, particularly for men, and women and men from non-white backgrounds.'

But there are psychotherapists addressing these issues. Psychodynamic psychotherapist Andy Cottom works for Westminster Therapy Associates, with a fairly male clientele, comprising mostly ex-military people. 'We always ask whether people want to see a male

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or a female and sometimes they say, "I want to speak to someone like me." My colleague, Tyrone, is black and has a slightly different clientele to me. This is important.'

Cottom has worked for years in war zones and with people who have experienced violent crime and this, he says, is something some of his male, ex-military clients appreciate: 'I don't overtly say I've been in a war zone, but they very quickly pick it up through my use of language and the things I understand – for example if they say ANA, I'll know it's the Afghan National Army. If clients talk about visual flashbacks I am able to say, "You can smell it too, can't you?", and know that they understand what I mean.'

A lot of it comes down to the right language, says Cottom, whatever the client: 'You won't get a soldier saying they're suffering from anxiety, for example. Often the only feeling they'll identify is anger.' And the nuances of language is an area in which psychotherapists specialise.

One issue Cottom finds is that many of the men he sees come from a boarding school and military background so the culture for coming forward isn't in place. However, he says, this is changing in places like the Metropolitan Police Service. Indeed, the National Police Wellbeing Service[5] was launched to reduce stigma around seeking support and help improve the knowledge and understanding of help and support available. Still, says Cottom, 'things are nothing like as good as they could be'.

'There's a lot to be said for making suicide a less scary topic than it is. It's about understanding that when someone's distressed they can feel suicidal'

Another issue is that psychotherapy is seen as a female skill – an estimated 75% of UKCP members are women and so a man is more likely to see a female therapist unless they specify otherwise. 'You'd be surprised at the number of men I speak to who still call women "girls",' says Cottom. And, though it's a sweeping generalisation, he adds: 'Men are just not very good at getting together with their mates and saying, "Actually I am devastated about something".'

DIRECTING SERVICES

Leeds-based integrative psychotherapist Erene Hadjiioannou also sees the problems associated with gender norms. 'There is much more emphasis on men to keep going and stay strong,' she says, 'and fewer ways to open up a conversation about feeling suicidal. Men being strong is an age-old social construct so I think sometimes there's a greater emphasis on how well they're doing at work, how much money they're earning. Men are often much more confident talking about that side of who they are rather than their emotions.'

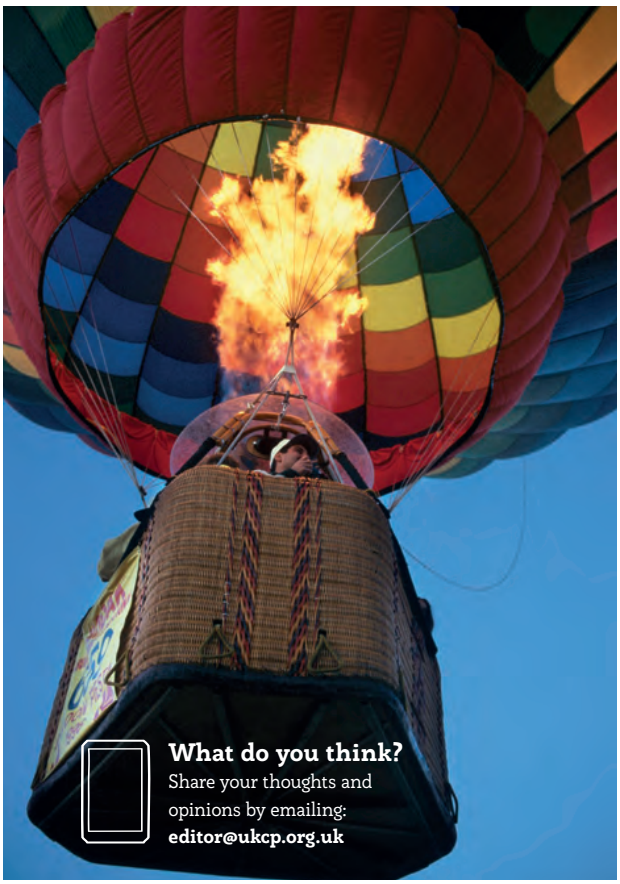
However, she believes psychotherapists can do more to avoid these gendered assumptions, and should be taking advantage of her view that gender isn't binary and instead working to meet the needs of the individual. 'Putting people into categories isn't always helpful,' she adds.

And taking away the stigma is essential: 'There's a lot to be said for making suicide a less scary topic than it is. It's about understanding that when someone's distressed they can feel suicidal. Feeling suicidal is one of the more intense human emotions and often people can be scared by having the thoughts and this is the internalisation of how everyone else reacts when they hear the word "suicide", but it's often a lot easier to have the conversation than they think.'

Directing services appropriately is crucial: 'I went to see my GP last week and they asked me if I was experiencing domestic violence,' she says. 'I understood that when a woman is by herself in a private appointment some services are being more directed. I asked whether they were doing this for men as well and they said, "no". Women are more socialised to be more proactive in this area, but we need to be providing the same opportunities for men and women.'

PORTRAYAL OF THERAPY

Another issue is how therapy is portrayed on our screens, and whether this helps



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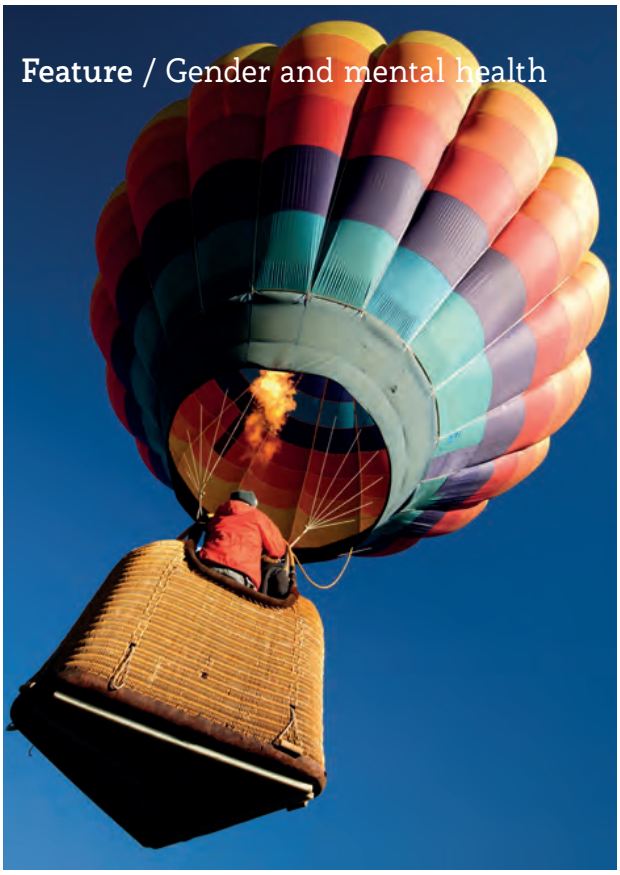
‘The UKCP argues that a trauma-informed approach to tackling problematic behaviours of adult men should take precedence over a punitive one’



men struggling with mental health issues. ‘Therapy is generally terribly represented in the media and I worry about how that puts people off,’ says Hadjiioannou.

If people are ‘only seeing a therapist with a slight head tilt on television it’s a really narrow representation of what we offer and for someone not in touch with their feelings can be really offputting’, she says.

The Instagram trend for digestible therapist quotes could also be harmful, Hadjiioannou adds, ‘and can really miss the wide range of what people want. It’s not always about being given a mantra to live by. The language I use is a bit more straightforward, particularly with men entering therapy for the first time.’

What therapists actually do, she says, is ‘pitch what you’re saying differently with every person. Some need different words and some more structured advice’.

However, the way therapy is portrayed in the media is changing, slowly, according to Cottom. ‘People like Barack Obama and Daniel Craig crying, Tyson Fury and Prince Harry speaking up. They are listening.’

PSYCHOTHERAPY’S ROLE

At the end of 2018, NHS England announced that new fathers will be offered mental health checks as part of a broader expansion of perinatal mental health services[6]. This was a landmark, given that more than 10% of new fathers experience postpartum depression. However, the UKCP points out, it is vital that men who are successfully identified as requiring support are offered an appropriate choice of evidence-based talking therapies.

The UKCP argues that a trauma-informed approach to tackling problematic behaviours of adult men should take precedence over a punitive one. This necessitates changing gendered presentations of mental health problems among frontline health staff. If not, a gendered understanding of behaviour can lead professionals to pathologise men who may be acting out on account of adverse experiences in their past.

‘I spend a lot of time in the early process talking about the neurobiology of trauma,’ says Hadjiioannou, ‘Sometimes they’re hearing this for the first time and it can create a good foundation and allow them to have faith in the process.’

Ultimately, says Jones, a lot of the disparities in mental health outcomes owe to structural inequalities. ‘So, the problem goes far beyond mental health services and professionals. Addressing this requires a proactive government willing to take major policy measures that go to the cause of the problem rather than its symptoms. That means tightening anti-discrimination legislation, enhancing sex and relationship education, and equalising parental leave in law. That’s how we could begin to meaningfully address the many gendered manifestations of mental health difficulty.’

And by showcasing the nature of their own work – how they understand the nuance of language, how they recognise the gendered expectations and experiences of individuals, and how they understand humans as different from one another – psychotherapists can play a crucial role in educating other groups in society to increase access to mental health services for men.

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