

REPORT FOR THE ONE FOUNDATION

MALE MENTAL HEALTH in Ireland

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Introduction

Mental illness, according to the World Health Organisation, is the single leading cause of disability in industrialised countries, accounting for 25% of all disabilities¹. Mental illness, in this context, refers to mental disorders such as depression, unipolar and bipolar disorder, schizophrenia, etc. These mental disorders do not include conditions that are more commonly referred to as mental health problems² which are also sources of stress and distress but are generally of lesser duration and intensity than more strictly defined mental disorders³.

Suicide is a particularly dramatic symptom of mental illness and its rapid rise in recent years may signal a more general decline in well-being, particularly among men, despite the more generally positive indicators of physical well-being. Suicide is now the leading cause of pre-mature violent deaths among men in the industrialised world, outnumbering murders and war-related deaths⁴. In Ireland during 2002, more than one man committed suicide every day (371) and is now the leading cause of death among young men; in the same period, 80 women committed suicide in Ireland. It is true that most people with mental illness do not commit suicide. However the dramatic rise in suicides in recent years has highlighted the more general importance of male mental health and has helped to raise issues about the health and well-being of men in general. It is also worth noting that there were over 8,000 people attempted suicide in 2002, over half of them (58%) by women indicating that suicide is not an exclusively male phenomenon⁵.

Men and women experience broadly similar levels of mental disorders and problems but sometimes present with different symptoms and respond differently to those symptoms. For example, men are much more prone to suicide, alcohol and substance

¹ World Health Organisation, 2001, The World Health Report 2001, Mental Health: New Understanding, New Hope, Geneva: World Health Organisation; available at www.who.int. See also the US President's Commission on Mental Health, 2003; available at www.mentalhealthcommission.gov

² National Institute of Mental Health. www.nimh.nih.gov

³ The definitions of mental disorders are set down in the Diagnostic and Statistical Manual for Mental Disorders (usually referred to as DSM-III-R).

⁴ US President's Commission on Mental Health, 2003. Available at www.mentalhealthcommission.gov

⁵ National Suicide Research Foundation, 2003, National Parasuicide Registry Ireland: Annual Report 2002, Cork: National Suicide Research Foundation, p.132.

abuse while women are more prone to depression⁶. Similarly, although the prevalence of certain conditions such as schizophrenia is similar among men and women, the experience is that men tend to have more enduring and intense symptoms⁷. In addition, men tend to be more reluctant to seek help and support for their health problems, including mental health problems⁸. At the extreme, one finds groups comprised almost entirely of men – such as those who are homeless and mentally ill, those in prison, those addicted to drugs – whose mental health problems are compounded by other acute needs. For these reasons therefore, there is a strong case for considering the particular mental health needs of men and for supporting particular interventions which are targeted at men even if the overall health services are, and should remain, gender neutral.

These considerations are part of the more general context within which this document was prepared. In preparing the document we consulted a broad range of people with an expertise in this area and these are listed in Appendix One. We also reviewed some of the growing body of literature in the field of male mental health and these are annotated in footnotes throughout the document.

The document comprises four sections. Following this introduction, we set the context by outlining how the mental health needs of men are generally understood and how services have responded to them, drawing particularly on developments within Ireland (Section 2). In the light of this overview, we identify some of the key challenges in this area by identifying some of the gaps in services and some of the opportunities, which these offer (Section 3). Finally, we make some concluding comments (Section 4).

2. Context

⁶ World Health Organisation, 2001, The World Health Report 2001, Mental Health: New Understanding, New Hope, Geneva: World Health Organisation; available at www.who.int

⁷ Schizophrenia Ireland, www.sirl.ie

⁸ See The Men's Health Forum in Ireland, 2004, Men's Health in Ireland, January, Belfast: MHFI Press, p.50

It is customary to distinguish between physical and mental illness mainly because services are separated in this way but also because mental illness has a particular stigma attached to it which physical illness does not. This too may account for the fact that services addressing physical illness are vastly more resourced and developed compared to mental illness. However mental and physical illness are often linked since “research demonstrates that mental health is the key to overall physical health”⁹.

The prevalence of mental illness can be difficult to measure accurately and estimates often rely on the numbers using services, a notoriously risky method of assessment because the people who use services are often not truly reflective of the total population for whom the particular was designed. This is particularly the case with male mental illness because of the well-documented reluctance of men to use health services for either physical or mental illness. It is worth bearing this limitation in mind when statistics are cited on the numbers of men and women using different types of services.

In this section, we set out a number of issues that have received particular attention in the broad area of male mental health including: (1) suicide, particularly among young men; (2) homelessness among men who are mentally ill; (3) risk behaviours by men; and (4) health seeking behaviour by men. Beyond these specific issues, there has also been a growing interest in men’s issues, including health issues, over the past decade. This interest has come from two broad sources, which we describe in more detail in this section. The first is from the emergence of men’s groups, which have been formed to support and advocate on behalf of men. The second source of interest comes from public policy which has commissioned a number of studies on issues related to men although no specific policies on men’s health have yet been formulated.

2.1 Suicide

The rising tide of suicide among men in Ireland, mirroring trends elsewhere, led to the establishment of a National Task Force on Suicide in 1995 and its report, which was

⁹ Cited in the report of the US President's Commission on Mental Health, 2003. Available at www.mentalhealthcommission.gov

published in 1998¹⁰, forms the basis of public policy on suicide prevention. All Health Boards now have strategies in place for suicide prevention which involve raising awareness of the issue among primary care providers (such as GPs), other professionals (such as Health Board professionals, teachers, etc) as well as among the general public and among young people. Services also involve offering support to bereaved families. These activities are reported annually by the National Suicide Review Group which was established in 1998 by the CEOs of the Health Boards (now HeBE)¹¹. There is no dispute that suicide is preventable. However there is less agreement on how to do this because suicide is difficult to predict due to its infrequent nature. For example, it has been estimated that in order to correctly identify 10 people who will commit suicide out of 1,000 at risk, another 190 people would be incorrectly deemed to be at high risk¹². This high rate of false positives makes it difficult to institute preventative action and has led one review of the evidence to conclude that “there is no evidence that broadly applied suicide prevention program have a long-term effect on national suicide rates”¹³. At the same time, measures which promote mental health, even if their impact on suicide may be slight, could have other beneficial effects on health and well-being which could justify those measures.

2.2 Mentally ill and homeless

Men who are mentally ill and homeless constitute a particularly vulnerable group due to the lack of treatment services for their mental illness and the lack of appropriate accommodation¹⁴. In 2003, the Homeless Persons Unit, which offers a placement service to all homeless people in the Greater Dublin Area, received over 2,000 requests for accommodation, over 70% of them from single men¹⁵. In its annual report for 2003, the Homeless Persons Unit noted that “there is an increasing trend towards more and more single men with medical, mental health and other special needs

¹⁰ National Task Force on Suicide, 1998, Report of the National Task Force on Suicide, January, Dublin: The Stationery Office

¹¹ National Suicide Review Group, 2003, Annual Report 2002: Suicide Prevention Across the Regions.

¹² Aware, 2003, Suicide in Ireland: A Global perspective and a National Strategy. Available at www.aware.ie/suicide.html

¹³ Goldney, RD., 1996, "Suicide in Men", in Form, AF (Editor), Men and Mental Health, National Health and Medical Research Council in Australia, Canberra: Commonwealth of Australia, pp.29-35.

¹⁴ McKeown, K., 1999, Mentally Ill and Homeless in Ireland: Facing the Reality, Finding the Solutions, April, A Report for the Disability Federation of Ireland, Dublin: Disability Federation of Ireland.

¹⁵ Homeless Persons Unit, 2003, Report on Emergency Accommodation Placement Service, October, Report number 29/2003, Swords: Northern Area Health Board.

presenting for whom hostel accommodation is not suitable”¹⁶. A recent report produced by Amnesty estimated that 75% of homeless people living in Dublin have mental health problems¹⁷. It is also worth noting that Dublin, like the capital cities in other countries, is often the destination for people who are homeless even though the pressure on accommodation is greater there than elsewhere. A number of organisations offer sheltered accommodation for men who are mentally ill and homeless such as the Housing Association for Integrated Living (HAIL), Focus Ireland and Dublin City Council; the Simon Community also offers this service to men who are particularly ‘hard-to-place’ in other services due to problems associated with addiction and difficult behaviour. Similarly, the Health Board offers some medical services to homeless men who are mentally ill but, like the supply of accommodation, these fall well short of what is required.

2.3 Risk Behaviours

In the context of health, risk behaviours typically refer to those behaviours which increase the risk of harm to the person or others. Notable among the risk behaviours of men is the excessive use of alcohol, the use of illegal drugs, dangerous driving causing accidents as well as involvement in crime. In all of these cases, men are much more likely to engage in risk behaviour than women. A recent review of evidence on alcohol by the Health Promotion Unit concluded that men drink about three times as much alcohol as women do, have a much higher prevalence of binge drinking than women and experience greater adverse consequences from drinking¹⁸. Another review concluded that “30% of male and 8% of female inpatients in a general hospital have been shown to have alcohol related problems”¹⁹. In the area of drugs, the most reliable estimate indicates that “problem drug users account for less than 1% of the adult population of the EU but significant health and social problems are concentrated within this small group”²⁰. In Ireland as in the EU, drug use is heavily concentrated among men; within the EU, “the gender distribution varies from a

¹⁶ Homeless Persons Unit, 2003:8

¹⁷ Amnesty, 2003, *Mental Illness: the Neglected Quarter*, Dublin: Amnesty.

¹⁸ Ramstedt, M., and Hope, A., 2003, *The Irish Drinking Culture - Drinking and Drinking-Related harm: A European Comparison*, Dublin: Health Promotion Unit.

¹⁹ O’Connell, H., Chin, A., and Lawlor, BA., 2003, "Alcohol Use in Ireland - Can We Hold Our Drink?", *Irish Journal of Psychological Medicine*, Volume 20, Number 4, pp.109-110.

²⁰ European Monitoring Centre for Drugs and Drug Addiction, 2003, *Annual Report on the State of Drugs Problems in the European Union and Norway*, Luxembourg: Office for Official Publications of the European Communities, p.32

male:female ratio of 2:1 to 6:1”²¹. Traffic accidents are a form of risk behaviour with men being three times more likely than women to die in a car accident²². Other research suggests that “alcohol use is implicated in 30% of all road accidents and 40% of all fatal accidents”²³. In the area of crime, men have a much higher conviction rate than women and are about 40 times more likely to spend time in prison. In fact the prison population constitute a uniquely disadvantage group of men by virtue of their social class background, their poor physical and mental health, including the fact that more than a quarter of Irish prisoners have attempted suicide²⁴.

2.4 Health Seeking Behaviours

Health seeking behaviour is often measured by the frequency of contact with GPs and other health services. In terms of this indicator, the evidence across the EU indicates that men are consistently less likely to visit their GP than women and are also less likely to spend time in hospital²⁵. Ironically this may be due to the fact that men are more likely than women to perceive themselves as being in good health²⁶. However other research suggests that men are slower to notice signs of illness and up to 40% of men’s contact with health services is at the prompting of women²⁷. These patterns apply mainly to physical illness but may be even more pronounced in the case of mental illness where there is often greater stigma associated with attendance with mental health services as one action research project involving young men found: “The project revealed the scale of stigma associated with mental health difficulties and the resulting obstacles in assessing professional help”²⁸.

2.5 Emergence of Men’s Groups

²¹ European Monitoring Centre for Drugs and Drug Addition, 2002, Annual Report on the State of Drugs Problems in the European Union and Norway, Luxembourg: Office for Official Publications of the European Communities, p.18

²² The Institute of Public Health in Ireland, 2001, Inequalities in Mortality 1989-1998: A Report on All-Ireland Mortality Data, Dublin: The Institute of Public Health in Ireland, p.158.

²³ National Safety Council, 2002, Information on Alcohol-related Road Fatalities / Injuries, Dublin: National Safety Council

²⁴ O'Mahony, P., 1997, Mountjoy Prisoners: A Sociological and Criminological Profile, June, Dublin: Department of Justice.

²⁵ Eurostat, 2002, The Life of Women and Men in Europe: A Statistical Portrait, Data 1980-2000, Theme 3 Population and Social Conditions, Luxembourg: Office for Official Publications of the European Communities, p.118.

²⁶ Ibid, p.116.

²⁷ See The Men's Health Forum in Ireland, 2004, Men's Health in Ireland, January, Belfast: MHFI Press, p.50

²⁸ North Eastern Health Board, 2002, The East Cavan Project: A North Eastern Health Board / Community Initiative in Suicide prevention Among Young Men, Kells: North Eastern Health Board, p.56.

Throughout the 1990s there was a growth in groups designed to support and advocate on behalf of men, particularly those living in disadvantaged or difficult circumstances. In 1994, the Department of Social and Family Affairs provided funding to support the development of men's groups, similar to funding provided for women's groups since 1990²⁹. The previous year, in 1993, a group of fathers formed Parental Equality: The Shared Parenting and Joint Custody Support Group to address issues of custody and access to children faced by single, separated and divorced fathers. In 1997, the AMEN organisation was set up to offer support to the male victims of domestic violence. More recently, the Men's Health Forum in Ireland has formed in 2002 and has just published a report on men's health in Ireland³⁰.

2.6 Public Policy Interest

In the field of public policy there has also taken a growing interest in men's issues, much of it around the role of men in families. In 1996, for example, the Commission on the Family (1996-1998) initiated a study of fatherhood³¹ which was subsequently published as a book on fathers³² while the Department of Health commissioned a study of domestic violence as it affects men in 2001³³. In the same year, the Department of Health and Children also published a review of research on fathers and families³⁴. The Government's health strategy of 2001, makes a specific commitment that: "a policy for men's health and health promotion will be developed"³⁵ while one of the strategic aims of the National Health Promotion Strategy is "to develop a plan for men's health"³⁶. There have also been a number of developments in Health Boards related to men's health such as:

²⁹ Cousins, M., 1997, Review of Scheme of Grants to Locally-based Men's Groups, October, Dublin: Department of Social, Community and Family Affairs.

³⁰ Men's Health Forum in Ireland, 2004, Men's Health in Ireland, A Report from the Men's Health Forum in Ireland, January, Belfast: Men's Health Forum in Ireland.

³¹ Commission on the Family, 1998, "Fathers: Irish Experience in an International Context", July, Dublin: The Stationery Office, Chapter 18, pp.404-459.

³² McKeown, K., Ferguson, H., and Rooney, D., 1998, Changing Fathers? Fatherhood and Family Life in Modern Ireland, Cork: The Collins Press.

³³ McKeown, K., and Kidd, P., 2002. Men and Domestic Violence: What Research Tells Us, March, Dublin: Department of Health and Children. Available at www.doh.ie

³⁴ McKeown, K., 2001. Fathers and Families: Research and Reflection on Key Questions, December, Dublin: Stationery Office; see also McKeown, K., 2001. "Families and Single Fathers", Administration: Journal of the Institute of Public Administration, Volume 49, Number 1, Spring, pp.3-24.

³⁵ Department of Health and Children, 2001, Quality and Fairness - A Health System for You: Health Strategy, Dublin: Stationery Office, p.155.

³⁶ Department of Health and Children, 2000, The National Health Promotion Strategy 2000-2005, Dublin: Stationery Office, p.43.

- the North Western Health Board (NWHB) organised a conference on men's health in 1998³⁷ and ran a two-year cross-border project called 'Young Men and Positive Mental Health'³⁸
- the North Eastern Health Board (NEHB) carried out a study of men's health in 2000³⁹ and developed a suicide prevention initiative for young men in East Cavan⁴⁰
- the Western Health Board (WHB) published a men's health strategy in 2000⁴¹
- the Mid-Western Health Board published a study on young men's perceptions of their health in 2004⁴²

2.7 Summary

It is clear from this review that concerns about the health and well-being of men have been growing for some time. These have tended to focus on specific issues such as suicide and the needs of men who are homeless or in prison. There have also been more general concerns about the role of men in families, particularly families where fathers are not living with their children, as well as the general absence of supports for men as fathers. The emergence of men's groups throughout the country seems to signal the need for some men to find more meaningful sources of support in their lives. These developments are not unique to Ireland and reflect broader trends in the developed world about the role of men. Indeed these concerns are not confined to adult males only but extend to boys whose general decline in academic performance at schools has also raised questions about the underlying significance of these trends. None of these developments are well-understood and clearly signal that the traditional stereotype of men as strong and invulnerable are not matched by the reality of men's lives. These developments also constitute a challenge to find initiatives that might address some of the more severe mental health problems of men, while also seeking

³⁷ North Western Health Board, 1999, Report on the Men's Health Conference In Bundoran, October 1998, Manorhamilton: North Western Health Board

³⁸ Brady, N., 2000, Young Men and Positive Mental Health, Summary Report, North Western Health Board and Western Health and Social Services Board.

³⁹ North Eastern Health Board, 2000, Men Talking: A Study of Men's Health in the North Eastern Health Board, Kells: North Eastern Health Board.

⁴⁰ North Eastern Health Board, 2000, The East Cavan Project: A North Eastern Health Board / Community Initiative In Suicide Prevention Among Young Men, Kells: North Eastern Health Board.

⁴¹ Western Health Board, 2000, Us Men, Our Health, Galway: Western Health Board.

⁴² Mid-Western Health Board, 2004, The Male Perspective - Young Men's Outlook on Life Study, Limerick: Mid-Western Health Board

to prevent them through better understanding of the underlying forces which are shaping men's well-being.

3. Gaps and Opportunities for The One Foundation

It is clear from the previous section that gaps in services are considerable given the absence of a public policy on men's health, the scarcity of specific services for men and the fact that, within the health services generally, mental health is one of the more neglected areas. The neglect of mental health services was highlighted by the chairman of the Mental Health Commission in its annual report for 2002 as follows: "It is acknowledged that 20-30% of all health disability is related to mental health problems ...; yet mental health services have access to just 7% of the national health budget"⁴³. Indeed the share of the national health budget for mental health services in Ireland has fallen during the past 13 years from 11% in 1990 to 7% in 2003⁴⁴. One of the specific objectives in the current health strategy is to develop a new national policy framework of the mental health services and an expert group was set up for this purpose in August 2003⁴⁵.

Most health services in Ireland are provided by Health Boards and these have undergone considerable change in the past 20 years. Formerly, most treatments were offered in large psychiatric hospitals but increasingly services are delivered by community-based teams in day hospitals, day centres, and psychiatric units of general hospitals. More and more patients are living in hostels and community residences rather than in psychiatric hospitals. Progress towards more community-based services has been slow and is quite uneven throughout the country with best practice models developed in Cavan / Monaghan⁴⁶ and in Clondalkin / Ballyfermot. One recent

⁴³ Owens, J, 2003, "Chairman's Statement", Mental Health Commission, Annual Report 2002, Dublin: Mental Health Commission, p.5.

⁴⁴ Keogh, F., 2003, "Developments and Challenges in Mental Health Services in Ireland", Mental Health Commission, Annual Report 2002, Dublin: Mental Health Commission, p.22.

⁴⁵ Department of Health and Children, 2001, Quality and Fairness - A Health System for You: Health Strategy, Dublin: Stationery Office, p.70.

⁴⁶ North Eastern Health Board, 2001, Cavan / Monaghan Mental Health Service: A Model for a New Community Mental Health Service, 'The Cavan / Monaghan Project', Kells: North Eastern Health Board.

review of mental health services in Ireland summarised in the service gaps as follows: “lack of, or inadequate provision of day hospital, day centre, community residential places and community-based rehabilitation. There are many gaps in multidisciplinary teams.... These gaps in the range of services and professionals providing those services, has resulted in uneven and restricted availability of psychotherapy and other interventions, leaving a limited range of treatment options for service providers and resulting in limited or no choice for service users”⁴⁷.

Despite the serious gaps in mental health services, there are few direct opportunities to impact male mental health since all services are gender-neutral. In addition, unlike other areas of service provision, the voluntary sector have a modest role in the mental health sector and this typically takes the form of supports around particular forms of mental illness such as depression (e.g. Aware), schizophrenia (Schizophrenia Ireland), etc and none have a specific focus on male mental health. Despite these constraints, there are still opportunities where it could be possible to make a significant impact on the issue of male mental health. In terms of early intervention and treatment, some of the most pressing areas of need for men with mental health problems, and therefore potential funding possibilities, include the following:

- Men who are mentally ill and homeless
- Men with mental health problems in prison
- Men who are addicted to drugs and alcohol
- Developing outreach services for young men at risk of involvement in crime and drugs
- Early intervention with young homeless men at risk of developing mental health problems
- Developing a range of service responses for men with mental health and related problems

In terms of prevention, areas that could have a longer-term impact on the well-being of men are:

- Exploring innovative ways of making health services more accessible to men

⁴⁷ Keogh, F., 2003, "Developments and Challenges in Mental Health Services in Ireland", Mental Health Commission, Annual Report 2002, Dublin: Mental Health Commission, p.22.

- Enhance the skill-base of youth workers to promote mental health among young men
- Supporting men in their role as fathers through parenting programmes
- Undertaking basic research on the different factors influencing the mental health needs of men.

We now outline the rationale for selecting this range of projects.

3.1 Men who are mentally ill and homeless

The needs in this area are well documented and a number of organisations, both statutory and voluntary, are already tackling the problems but are hampered by lack of resources. The nature of the problem is well summarised in the latest Report of the Inspector of Mental Hospitals which states: “One of the most central difficulties facing the mentally ill, and those tasked with providing for them, is the fact that many are or become homeless. ... The numbers of abodeless mentally ill has almost certainly increased. It therefore becomes of vital importance that this problem is tackled on two main fronts: by providing housing and by outreach services from psychiatry working in concert with housing and other relevant agencies”⁴⁸.

Given the huge concentration of mentally ill homeless men who live in the Greater Dublin Area – but particularly around the city centre – there is a strong case for focusing support exclusively on Dublin. On the statutory side, the Health Board, Dublin City Council, the Homeless Agency as well as the Department of the Environment and Local Government have a crucial role to play. On the voluntary side, there are a number of respected organisations who are already offering sheltered accommodation for men who are mentally ill and homeless such as the Housing Association for Integrated Living (HAIL), Focus Ireland, the Simon Community, etc. A key gap in services for mentally ill homeless men was summarised during our consultations with HAIL as follows: “There is a huge need for the expansion of our housing and support service in the city centre [of Dublin]. Many single men with mental health problems are currently living long-term in emergency hostels. This

⁴⁸ Department of Health and Children, 2003, Report of the Inspector of Mental Hospitals for the year ending 31 December 2002, Dublin: The Stationery Officep.8.

accommodation is completely unsuitable for them and results in either re-admittances into hospital or sleeping rough on the streets. What HAIL believe this group needs is a home of their own, with security of tenure, integrated into the local community with some degree of care”.

A possible way forward in this area would be to invite HAIL to make a submission on how its work might be advanced through further financial support. Similarly, the Northern Area Health Board - which has responsibility for homeless services on behalf of all Health Boards in the Greater Dublin Area – might also be invited to make a submission.

3.2 Men with mental health problems in prison

The prison population represents a particularly vulnerable group of men in terms of their social backgrounds and mental health problems. Numerous reports have highlighted the poor health of prisoners, both physical and mental, and the lack of adequate services to address them⁴⁹. The most recent report observed that “there is a very high incidence of mental health problems among prisoners resulting in major morbidity. These difficulties are further exacerbated by the problems of substance misuse among prisoners”⁵⁰. Some services are available in the prison but these are far from adequate to meet the need. There is also a significant lack of supports for prisoners when they return to the community, including the lack of supported accommodation. A recent report on the re-integration of prisoners by the National Economic and Social Forum stated: “the majority of our prisoners have the most disadvantaged backgrounds in our society, leave prison lacking the skills and resources needed to find a job and accommodation. Consequently, they find it very difficult to settle back in mainstream society, with the result that we have one of the highest recidivism rates (approx. 70 per cent) in Europe”⁵¹.

⁴⁹ Committee of Inquiry into the Penal System, 1985, 'Whitaker Report', Dublin: Department of Justice; Department of Justice, 1994, The Management of Offenders - A Five Year Plan, Dublin: Department of Justice; O'Mahony, P., 1997, Mountjoy Prisoners: A Sociological and Criminological Profile, June, Dublin: Department of Justice; Annual Report on Medical and Therapeutic Facilities within Prison Establishments, 1998, Dublin: Department of Justice; National University of Ireland Galway, 2000, General Healthcare Study of the Irish Prison Population, Galway: National University of Ireland.

⁵⁰ Review Group on the Structure and Organisation of Prison Health Care Services, Report, 25 September, Dublin: Department of Justice, Equality and Law Reform. Available at www.justice.ie

⁵¹ National Economic and Social Forum, 2002, Re-Integration of Prisoners, Forum Report No. 22, January, Dublin: National Economic and Social Forum, pvii.

The precise way in which services for prisoners and ex-prisoners could be improved would require further consultation with the prison service, notably the Prison Governor, the Director of Medical Services and the Director of Corporate Affairs. In the voluntary sector, consultations could also be held with organisations such as PACE who work with ex-prisoners as well as drug addiction projects and community support projects in areas from which prisoners typically come. It is worth signalling that the Prison Service is a complex organisation and the negotiation of new projects could be challenging and time-consuming. This should be borne in mind when deciding whether the focus of intervention should be on prisoners or ex-prisoners.

3.3 Men who are addicted to drugs and alcohol

There are already a number of reputable projects addressing the issue of drug and alcohol addiction such as the Merchants' Quay Project⁵², The Rutland Centre, Coolmine Therapeutic Community, Ballymun Youth Action Project, etc. The majority of clients using these services are men although most of the services are delivered, as is appropriate, in a gender-neutral way. However it would also be appropriate to invite these projects to consider specific initiatives, either at the level of prevention or treatment, which would address the risk and protective factors associated with drug addiction among men. Funding could be made available to the most promising and innovative initiatives.

3.4 Developing outreach services for young men at risk of involvement in crime and drugs

A risk factor among some vulnerable young men, particularly those aged 16-25, is the high level of alienation which makes it difficult for them to form trusting relationships. This is typically found among young men who have left school early, have no qualifications and are unemployed. These young men are at risk of getting involved in drugs, violent behaviour and crime; they may also have mental health difficulties such as a proneness to depression or suicide. Ballymun Regional Youth Resource has created a project which tries to address the needs of this particular group of young men using a one-to-one outreach service. This service begins with a two

⁵² For an evaluation, see McKeown, K., Fitzgerald, G., and Deehan, A., 1993, *The Merchants' Quay Project: A Drugs / HIV Service in the Inner City of Dublin, 1989-1992*, Dublin: The Franciscan Friary, Merchants' Quay.

month engagement process during which the mentor builds up a trusting relationship with the young person. On the basis of this relationship, a year long mentoring programme is offered which tries to address issues and difficulties affecting the young person. This may involve arranging counselling, finding training opportunities, helping find a job, addressing dangerous or risky behaviours, restoring relations with the family, etc. The programme, called 'Outfits', is very labour-intensive but early results are extremely promising in terms of improvements in the lives of young men such as reduced involvement in crime and drugs, accessing opportunities in training or employment and improvements in trust and self-esteem. This type of approach could be worth piloting in other areas, particularly in view of its success in bringing services to vulnerable young men.

3.5 Early intervention with young homeless men at risk of developing mental health problems

There is a substantial number of young men who, as a result of family problems and other difficulties, are homeless and showing signs of mental health problems. Some young men who have left institutional care drift into homelessness and have mental health problems. Focus Ireland is in regular contact with these young men and needs support to develop a range of appropriate interventions. For example, young homeless men typically live in hostels where they lack social contact and social activities. The provision of opportunities for mixing with other people and for engaging in activities such as art, music, drama, outings, etc. could be an important first step on the road to reintegration. Another step is the provision of courses on computer literacy which can be a stepping stone to a place on a FÁS training programme. Focus Ireland recognises that some of these young men may not be capable of independent living and may need long-term supported housing as part of a therapeutic community essentially because they go through regular cycles of breakdown, particularly after leaving institutional care. A long-standing gap in services is the provision of both transitional and on-going supports for young people who leave institutional care. Focus Ireland is endeavouring to fill this gap but requires additional financial resources to do so. This could be a valuable initiative in terms of addressing the mental health needs of young homeless men.

3.6 Developing a range of service responses for men with mental health and related problems

The experience of many health professionals is that men typically seek help when their problems reach ‘crisis-proportions’. When these problems involve intimate relationships or mental health difficulties, men frequently seek one-to-one counselling and this can be beneficial. Group work can also be beneficial as well as peer support. One voluntary organisation which we consulted, Clarecare which provides social services in County Clare, is interested in developing a programme which combines the three elements of counselling, group work and peer support, as part of its response to the needs of men. Its experience is that more men are seeking help, particularly for relationship difficulties including domestic violence as well as addiction problems. Clarecare, which has been in existence for over 20 years, is in a position to develop this programme and make it available in urban and rural settings throughout County Clare.

3.7 Exploring innovative ways of making health services more accessible to men

The North Eastern Health Board is exploring innovative ways of making its mental health services more accessible and user-friendly to men⁵³. In our consultations with senior personnel in the Board, a number of ideas were put forward as possible ways of promoting the mental health of men in the community. These include:

- Educational campaigns to promote men’s positive mental health in settings where men feel comfortable such as youth and sports clubs, work places, farmer’s organisations, other social settings
- Develop a health service in second level schools focusing on prevention and early intervention
- Disseminating information on the availability of generic counselling for men at times and places that suit

⁵³ North Eastern Health Board, 2000, The East Cavan Project: A North Eastern Health Board / Community Initiative In Suicide Prevention Among Young Men, Kells: North Eastern Health Board.

- Building on a model developed by Schizophrenia Ireland which provides detailed information to families where a family member is experiencing a particular mental health condition⁵⁴.

These ideas would need to be tried and tested to see if they are capable of breaking down some of the traditional barriers that reduce the uptake of mental health services by men. They could be undertaken in a partnership arrangement between the North Eastern Health Board and a local community organisation. This type of action research could be helpful in finding more innovative ways of delivering mental health services to men and promoting mental health generally.

3.8 Enhance the skill-base of youth workers to promote mental health among young men

Youth services play an important role in the prevention and early detection of mental health problems among young people. In order to play this role effectively, youth workers need to have a basic awareness about mental health and about the type of life skills needed to promote it. In recognition of this, the National Youth Council of Ireland is developing a youth health programme for the purpose of enhancing the skill base of youth workers in the general health area. This programme could be an important part of a strategy to promote mental health among young men. Funding will be needed to make this health programme available to the 1,500 different youth services throughout the country in the form of training programmes.

3.9 Supporting men in their role as fathers through parenting programmes

Most parenting programmes are targeted at mothers. An exception to this is a programme developed in Donegal to encourage greater involvement by fathers in the lives of their children. This programme, entitled Fás Le Chéile meaning ‘Growing Together’, is supported by the North Western Health Board⁵⁵. The programme has been running for two years and approximately 200 fathers have attended, mainly from rural Ireland. Essentially this programme provides an opportunity for fathers to

⁵⁴ The Daughters of Charity Child & Family Services have already used this model at its Claidh Mór Centre in Dublin to provide information and support to children whose parents have mental health problems. Health Boards have expressed an interest in making this 8-10 week programme more widely available.

⁵⁵ O’Doherty, M., and Simpson, D., 2003, Fathers Matter: An Account of How a Parenting Programme Learnt about Working with Fathers, Donegal: North Western Health Board; see also Raising Boys For Fathers, Draft Manual, September 2003, Donegal: Fathers Matter.

discuss their parenting role including their experiences of their own father. Programmes like this are worth examining with a view to increasing the range of supports available to men and fathers and are in line with the results of research which show that fathers who are experienced by their children as supportive and encouraging have increased life satisfaction and reduced psychological disturbance, even in families where the father is not living with the child⁵⁶

3.10 Research on the mental health needs of men

Some Health Boards, as we have seen, have carried out small scale studies on the mental health needs of young men. These are useful in giving a qualitative insight into the type of issues involved but do not have the statistical power to reliably identify the weight of influence exercised by different variables. As such, they are not the most reliable basis for making interventions in this area. One recent study, albeit based on a relatively small sample, tried to estimate the relative importance of different factors in the psychological well-being of fathers and mothers and found that the two most important influences for both men and women were personality characteristics, especially negative emotionality, and relationships with partners especially ways of resolving difficulties within relationships⁵⁷. Interestingly, this study also found that objective socio-economic circumstances had relatively little influence on men's psychological well-being although feeling financially secure was quite important for mothers. This research is somewhat limited from the point of view of forming a comprehensive picture of men's mental health not only because of the small sample but also because it was confined to men and women who are parents. Nevertheless, a larger research study along these lines, but covering a broader range of variables such as health-related behaviours and including men and women who are not parents, could be useful in building a more robust picture of the factors affecting male mental health and the prevalence of those most at risk. This would provide a firmer foundation of fact on which to support actions in this area.

⁵⁶ McKeown, K., Pratschke, J., and Haase, T., 2003. Family Well-Being: What Makes a Difference?, November, Jointly published by Department of Social & Family Affairs, Family Support Agency and The Céifin Centre in Shannon, Co. Clare, p.11. Available www.welfare.ie and www.ceifin.ie. See also Katz, A. 1999, *Leading Lads*, Young Voices.

⁵⁷ McKeown, K., Pratschke, J., and Haase, T., 2003. Family Well-Being: What Makes a Difference?, November, Jointly published by Department of Social & Family Affairs, Family Support Agency and The Céifin Centre in Shannon, Co. Clare. Available www.welfare.ie and www.ceifin.ie

4. Conclusion

In this document we have mapped out some of the key dimensions of male mental health and identified some areas where project funding could make a difference. The areas identified offer a balance between prevention, early intervention and treatment and could make a significant impact on the mental health of men. These initiatives need to be seen in the broader context of a mental health service which is, quite appropriately, gender neutral but which is also vastly under-funded relative to services for physical health in Ireland. Most health services in Ireland are treatment-oriented and the initiatives proposed seek to offer a better balance in terms of the range of needs. The initiatives also strike a balance between action and research in contrast to most health services in Ireland which are rarely evaluated while research on needs and the appropriateness of services in meeting those needs is singularly lacking. The initiatives proposed therefore have a balance which is appropriate to the complex considerations involved in this type of work.

Appendix One

Persons/Organisations Consulted

Name	Position	Organisation
Orla Barry	Manager	Focus Ireland
Nicola Byrne	Mental Health Social Worker	HAIL: Housing Association for Integrated Living
Bríd Clarke	Chief Executive Officer	Mental Health Commission
Patricia Cleary	Executive Director	HAIL: Housing Association for Integrated Living
Geoff Day	Assistant Chief Executive Officer	North Eastern Health Board, Kells, Co. Meath
Alan Dunne	Regional Support Officer	Disability Federation of Ireland
Neasan Feary	Probation and Welfare Officer	Probation and Welfare Service
Fiacre Hensey	Director	Clarecare, County Clare
Donnacadh Hurley	Project Manager	Ballymun Regional Youth Resource
Brian Keenan	Homelessness Coordinator	Clondalkin Partnership
Owen Metcalfe	Associate Director	The Institute of Public Health in Ireland
Gerry Mitchell	Social Worker	North Tipperary Community Services
Noel Richardson	Men's Health Researcher and Chair of Men's Health Forum of Ireland	Men's Health Forum of Ireland
John Saunders	Chief Executive Officer	Schizophrenia Ireland
David Simpson	Men's Health Coordinator	North Western Health Board
Lynn Swinburne	Coordinator of Youth Health Programme	National Youth Council of Ireland
Maureen Windle	Chief Executive Officer	Northern Area Health Board,

		Swords, Co. Dublin	
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