

# Men's Health and Wellbeing

## Introduction to the Research

July-October 2016



Principal Researcher: Gail Gregory

Report: Alice Tligui

# WHO WE SPOKE TO

106 men

- 73 semi-structured interviews
- 1 group discussion (25 people)
- 8 online survey returns

417 comments  
recorded

Date	Place Number of people	Number of People
14/6/16	Walking Football – Bolton Wanderers Community Trust	12
29/6/16 & 27/7/16	Bolton Royal Hospital main corridor	14
15/7/16	Bolton Service User Forum (BSURF)	25
21/7/16	Men in Sheds Project, Farnworth	10
1/9/16	The Spinning Mule, Nelson Square, Bolton	9
Throughout	Online survey and individual interviews with HW members	36

# METHOD

- Researchers visited various sites where men attend on a social basis and conducted semi-structured interviews with individuals who agreed to participate.
- Researcher conducted semi-structured interviews with individual Healthwatch members and volunteers who fit the criteria.
- An open online survey was circulated to the wider HWB membership.

Data items are grouped into sets.

# ANALYSIS

'I statements' have been created to summarise the content of each set.

The 'I statement' groups are presented in graph format (number of comments against each 'I statement') to illustrate the weight of sentiment among the respondents.

'I statement' groups are also presented as individual comment groups with each comment presented in a speech bubble against the 'I statement' to which it has been posted'. These speech bubbles deserve close examination as they represent in depth real life views.

Conclusions and recommendations flow naturally from the 'I statements'.

# AREAS OF ENQUIRY

Questions revolved around five topics and the report that follows reflects this.

- **General views on service delivery**
- **Prevention and healthy lifestyles**
- **Mental health**
- **Health information**
- **Suggestions**

Two additional ‘Snap Shot’ reports have been published as a result of this work this is;

**‘Experiences of GP support from people with histories of addiction’ – July 2016**

**‘Experiences of Podiatry Services’ – November 2016**

# WHAT WE ASKED

## **General views on service delivery**

Do services meet your needs?  
How do you rate health and social care services? Do you feel you get satisfactory treatment from health professionals? Is there anything local health and care services could do to help improve your health and wellbeing?

## **Prevention and healthy lifestyles**

What helps you to feel healthy and happy? What makes it difficult for you to feel healthy and happy? Are

there any other issues that affect your health and wellbeing?

## **Mental health**

Who do you talk to about your mental health? Do you think there is anything that stops men talking about their mental health? Do you think stigma is an issue?

## **Health information**

Where do you get your information about health and care services?

**Although some participants felt they had few needs and some people should take responsibility for their own health and treatment, the clear majority cited some problems with the services they receive.**

**There is sympathy for the plight of the NHS and social services, which are seen to be cash strapped. Though this is also a cause of anxiety for some.**

**Staying active, having positive relationships and participating in physical exercise were most frequently cited as supportive of health and wellbeing.**

**Problems associated with pre-existing health problems or disabilities (e.g. pain, medication, communication difficulties, problems with the benefits agency) can be a barrier to people leading healthier lives.**

**Work places and the Benefits Agency are seen as lacking in understanding of health problems which causes both anxiety and hardship for people.**

**There appears to be a willingness among men to talk about mental health issues but a wariness of talking about their OWN problems in this regard.**

**Positive relationships appear to form a strong plank of health and well being and many men report being able to talk to friends and family about mental health issues.**

**Nobody mentioned work colleagues as someone they would discuss their mental health with.**

**Men get their health information from a variety of sources , with a slight preference for written information (paper and or digital)**



## Areas of concern

- Timely access to GPs, dentists and specialists is problematic to many.
- Lack of time available with practitioners in appointments and in care visits is cited as a problem.
- There is a feeling that people feel that GPs are not always up to speed with particular types of illness or up to date with information.
- People are being treated in a piecemeal and fragmented way.
- There is a feeling that the NHS does 'not have time to listen'.
- People feel their illnesses/disabilities are not understood by work places and the Benefits Agency and therefore feel threatened rather than by supported by them.
- Of the 68 comments made in regard to '**who men talk to about mental health**' 44 (65%) said they either personally, or they though thought men generally, had difficulty talking about their mental health.
- For many men the main plank of support and motivation in mental health matters is family. This is not currently recognised in the way services work with families.
- In-retractable issues such as addictions, stigma, money problems and wider personal, social and political issues have a clear impact on men's health and wellbeing – this needs to be recognised in a whole person approach to health.
- Men seem to prefer structured, written information about health problems and treatment – this is not what mo  
of the system currently provides.

## Areas of opportunity

- Men feel motivated to take responsibility for their own health and confident to do so if they are supported with clear information about their condition/s and their support.
- Interventions around sport/physical activity and healthier food would be welcome.
- A 'Bolton Eats Better' campaign to raise awareness, skills and access to better food might be a welcome idea.
- Preventative health checks are seen as useful.
- There is a demand for interventions that concentrate on quality of life, especially for people with long term conditions.
- Health practitioners need to harness the support of family and friends by taking a more inclusive 'family' friendly approach.
- People find volunteering and individual activity health giving and should be supported to maintain participation in spite of ill health or disability.
- Healthy lifestyles initiatives need to understand how pre-existing health conditions impact on people.
- Training and practical support for employers to understand and manage employees with long term conditions could ease some of the problems caused by worklessness.
- Employment organisations that take an asset based approach could mitigate against some of the problems associated with anxieties about work and benefits.
- In spite of their stated personal reservations, men **are** willing to talk about mental health. This eaves open an opportunity for appropriately pitched training/awareness raising interventions.
- An app-based library of approved health information resources (as discussed in 'Five year Forward') would seem to suit men's health information needs.

# Men's Health and Wellbeing

## ARE MEN'S HEALTH NEEDS BEING MET?

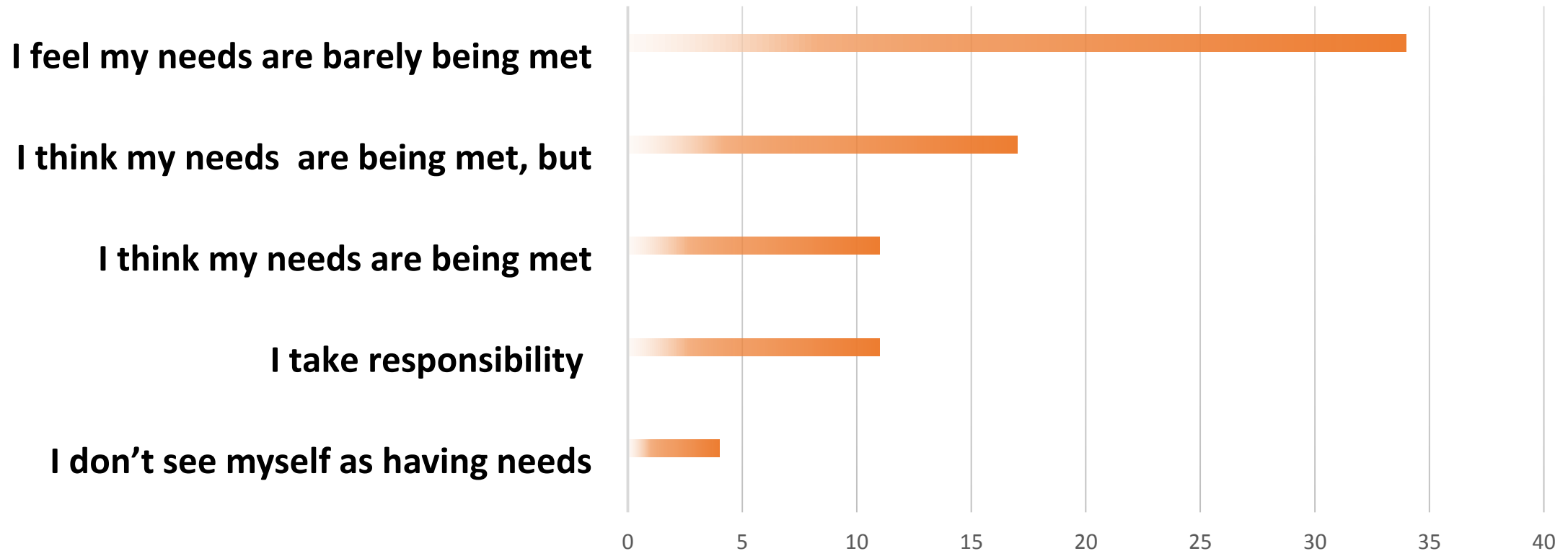
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# ARE MEN'S NEEDS BEING MET?



Fortunately I don't have many needs.

I don't have any needs.

I don't tend to go the doctors - if I needed them I know they are there.

I haven't seen a GP for a while – I was worried that I would be struck off.

**I don't have needs / I don't use services**

I think my needs are being met by services.

Services I use do.

They do (meet my needs).

I don't have a problem getting into see my GP. If it's an emergency I can get in the same day. If it's not an emergency I'm asked if I need an appointment this week or next even.

Personally they do but what I hear from people I know they would say not. In my practice I've noticed a marked improvement in my GP in terms of getting an appointment to review my medication and I can usually get one the same day. I have to see the GP for my repeat prescriptions .

I have had help before in the past from the Crisis Support Team after bereavement. It was after losing my other, Father, Son and Nephew. I've been in the forces and had difficult times but that really affected me. The Crisis Team got me going again.

I have never had a problem with any of the services.

Yes I know what's wrong with me and my GP treats me – I get everything I need.

Personally services meet my needs but people I know would say not.

I was ill last year. My GP was good and the Hospital were brilliant.

I was ill last Thursday – been here (hospital) today and they've sorted me out. Really good service.

**I think  
services meet  
my needs**

Depends if you have initiative to get what you want. You need to take some responsibility for yourself.

I like to be active and keep well so will ask for help and support rather than suffer.

I access health if I feel poorly. I have a Mum and Dad who are very supportive and would use their phone to find out things for me. I know myself and just get on with it.

I am a knowledgeable patient and in the main know how to look after myself.

You know yourself if something is wrong and needs treating. If you have ongoing issues you know how to manage your health. Sometimes it would be good to know you don't need to wait for a follow up appointment if your condition flares up as you can often be better by then.

Take responsibility and ask for what you need.

No (suggestions for improvement) it's up to yourself.

I'm very self-sufficient – it's up to me to improve my health.

I am keeping well and looking after myself. I see that as my responsibility

(I don't want to change anything) I volunteer 3 days a week..... I walk a lot

**I take  
responsibility**

My GP understands my particular needs – occasionally he will ask how I'm feeling and managing my illness.

Sometimes I think I need a double appointment and it usually works out. The receptionist has never not been able to facilitate that for me.

Need a referral from GP first.

Yes but not got a dentist.

Outpatients at the hospital (is a problem).

Concerned about new wheelchair criteria and whether many will not qualify in the future.

I worry that within the next 5 years there will be so many people needing care or help during the time of public cut backs that there will not be sufficient services when I really need it.

Yes when you ask. Expectation that you take care of yourself.

**I feel my needs are  
being met, BUT**



I feel my CPN understands my situation - perhaps not my psychiatrist who seems a bit aloof. I still want that input as it's interesting to see their decision making processes. How can I divulge more than a snapshot about myself in a 15 minute appointment once every 6 months? It can be different clinicians too. Younger GPs seem to have more understanding about mental health.

Each (service) on their own do (meet my needs) but as I have several autoimmune diseases that affect one another no one sees me as a whole person or thinks how their treatment will affect my other conditions. I see a physio at Wrightington who takes does an interest in my general wellbeing including my mental health. Apart from her all the clinicians I see are very specific to their speciality. Even my GP only wants to treat one thing at once.

I have care for my diabetes at the Diabetes Centre which is excellent care which is having good effect! I don't get my foot care as a routine and I'm going to see if I meet the criteria set by the Podiatry Service.

Trying to keep people independent and in their own homes seems to be the most cost effective way of dealing with changing age patterns but it is not well administered.

There are some difficulties when I collect repeat prescriptions at the chemist.

**I feel my needs are being met, BUT**

(appointments) not for long enough with mental health people.

If I have a dental abscess my GP wont prescribe antibiotics.

I am aware that within Greater Manchester peoples appointments can be can problematic cancelling whilst patients are on their way to their appointment which is too late.

A patient had been removed from an NHS dentist's list because of carers responsibilities and missing appointments.


GPs vary in their knowledge of HIV and some dentists are refusing to treat patients with HIV.

Some receptionists attitudes can be difficult and I have spoken to the Practice Manager about it.

I don't have a doctor or dentist. I was struck off the register for not seeing him for two years.

I want to see "parity of esteem" between mental health and physical illnesses.

I'm not treated as a whole person just a collection of separate illnesses.



**I feel my needs are  
barely being met**

Only just.

They don't really meet my needs. As senility approaches health issues become more complex and nobody in the NHS has time to listen.

**I feel my needs are barely being met**

I took my Mother to the psychiatrist at the Royal Bolton Hospital and she was sectioned. I was told it was better for her to be sectioned as her care would be paid for and at the time it helped my financial situation. What I didn't realise, and I wasn't told, was that I lost all my control over my Mother's care. I wanted to move her to a care home in XXXX but people in charge of her care costs wouldn't agree. I wasn't happy with the care she received in the care home. She got a UTI which she'd never had before. I also wanted her to be able to go out as she had been a lady that had been busy socially and liked to travel.

I have multiple things wrong with me so see a few different services, Gastroenterology, Rheumatology, Physiotherapy, the Eye Unit, and Podiatry. I would say that ENT is really brilliant in their care. The others, well, some meet my needs some don't.

Its 'poor' regarding social care. It's the 15 minute visits and central government funding that's problematic for elderly care. Bolton seems disadvantaged in comparison to other areas I know about due to the actual number of people paying council tax.

I don't feel my GP listens.

We are at Dr xx. It's really difficult to get an appointment.

They're only human - some have been helpful - I suppose it's the outcome that counts.

When you ring the District Nursing Service I've found it difficult to get through and then to get an appointment. There are issues for the people of Little Lever and other outlying areas in getting to Waters Meeting Health Centre for 'Out of Hours' and to the Royal Bolton Hospital. Not everyone can afford transport costs.

Nobody has the time to listen The GP needs me out within ten minutes, SCNs are overworked and access to other health care professionals is limited. I found the incontinence service useless and cannot get prescriptions for daily use products as they are designated OTC.

I'm sceptical about dentists - their business model seems to be determining my care. In 48 years I've managed to get just one filling but now suddenly I'm told I need to see the hygienist as I've got gum disease.

It can be up to a week till I can get an appointment to see my GP. If I woke up tomorrow and didn't feel well I would hope to be seen that day if you were lucky. It can take up to a week to see my GP.

**I feel my needs are  
barely being met**

(my needs are) not always (being met). It's if you can get into see your GP.

**I feel my needs are  
barely being met**

I wonder if GPs have enough time to update themselves with research findings.

Often things hit the media which say to discuss with your GP. I wonder who you can really trust.

My GP doesn't listen. I was having a few problems at work and went to see my GP. He didn't really give me the time to explain and told me I had depression. He prescribed tablets but I didn't take them. I didn't feel I wanted to as my GP hadn't really got a proper picture of what was wrong.

I don't think services are fit for purpose. I don't think clinicians can always deal with you. It depends on the luck of the draw. In the care of my Mum a consultant happened to spot the symptoms and was able to save her. Other consultants have had the same training but didn't spot what was wrong. I don't think that's down to their NHS training its just luck which patients they come across and what their knowledge has been.

Time is an issue and also the continuity of GP care. Sometimes prescriptions are given to alleviate those time constraints.

Nobody has the time to listen. The GP needs me out within 10 minutes. Nurses are overworked and access to other health care professionals is limited. I found the incontinence service useless and cannot get prescriptions for daily use products as they are designated 'over the counter' (from the pharmacy at cost)

**I am confident in services when..**

I know there is help and support to help my addictions.

I know that I am a taxpayer so I am entitled.

I understand my condition.

It is a good service.

I have access to my GP.

I know how the system works.

I have information and know my rights.

If you have an ongoing condition and if you are happy with that care and know it is helping.

If I'm not being passed from one to another and having clear information from confident professionals.

I am an active service user I have a great deal of local knowledge thro' Build A New Direction (BAND), Healthwatch, Local Authority and Clinical Commissioning Group. I feel very fortunate and empowered being able to instruct meaningful conversations and relationships with providers.

I know that in the past if I've been unwell I've been able to access my GP.

**I am not confident in services**

I am not confident we can afford to maintain services we have now as money is tighter.

CQC is a 'chocolate teapot'.

(I feel that) they are ruled by their budgets.

# Men's Health and Wellbeing

## WHAT HELPS MEN TO STAY HEALTHY AND HAPPY?

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# I CAN FIND IT DIFFICULT TO STAY HAPPY AND HEALTHY BECAUSE...

- of loneliness or isolation
- of addictions
- I have difficulties accessing health care
- access to good food is a problem
- I have anxieties about work and benefits
- I struggle for money
- there is too much bad news and suffering
- I have health or disability issues



# I STAY HAPPY AND HEALTHY BECAUSE...

- I have therapy
- I have a good diet
- the weather is good
- I have pets
- I feel in control
- I have positive relationships
- I do physical exercise
- I am active





**I stay happy  
and healthy  
because ....**

**.....I am active**

- Volunteering - I enjoy working outdoors.
- Meeting people - there's no point talking to yourself. I like my 'Arts and Crafts' group. My volunteering keeps me active and there's plenty to do in the garden here.
- Being active. I was a joiner and enjoy working with wood and sharing my skills.
- Coming here to 'Men in Sheds'. I look forward to Tuesday and Thursday and coming here when I wake up.
- Voluntary work including the church choir.
- I think employment is really important otherwise things fill that gap like drinking
- I like a structure to my day – art helps me express myself.
- Hobbies, friends and games.
- Its things like going every day for a newspaper that helps you stay in touch with people and you can't put a price on that. I would miss the chat if I subscribed to a newspaper. Long term relationships are of tremendous value whether that be work or personal.
- Through football and other male activities.

**I stay happy  
and healthy  
because ....**

**..... I have  
positive  
relationships**

- Spending time with family, my interests in sport – I'm interested in football and rugby with a passing interest in other sport.
- My wife, family and current support from the NHS though right now I have concerns for the future.
- Having a stable marriage and a supportive wife to whom I can confide.
- It's the great stable relationship and friendship I have with my wife. It's not been easy at times and we've had our difficulties but younger people appear not have that ability to work at their relationships. Financial management, social values and relationship management should be taught in schools. Its societies values too, that young people need to find out about.
- It's my wife. Its companionship. I think the way you fit in to society, which you learn at school and in your early life, that helps you maintain good relationships. People I meet in the justice system - their lives are often difficult because they're under-privileged due to poor parenting or background.
- It's my family that are important – that is what we are here for.

..... I do  
physical  
exercise

I stay happy  
and healthy  
because ....

..... I feel in  
control

- Walking and Yoga exercise.
- I do a lot of walking – I can walk up to 20 miles a week.
- Being busy and taking out regular times for leisure activities.
- Keeping physically and socially active.
- Walking. My bus pass is great and I can set off and visit places like Halifax or Wigan and find out what's going on.
- It's mixing with people that's important. I would like to see more local grass-roots physical participation groups for disabled people and since the interest in the Paralympic games I would have thought that would happen.

- It's being active physically and mentally, having a variety and not getting bored. I have some self-employed work so I have some control. I also use a technique where I think about what I enjoy and make sure I build it in to my day before I do the other things I have to do. It's about what works for each individual.
- Knowing I've got my addiction under control.
- Control and choice over my life. If I know over the next 5 years what life is going to be I can control it and plan for it.

.. I have a good diet

- Its eating and drinking well that's important.

..when the weather is good

- Sunshine.
- Decent weather.

**I stay happy and healthy because ..**

..I have pets

- Pets –I have two cats.
- My dog.

..of therapy

I had very good counselling at XXXX - the differing input of counsellors and therapists are invaluable.

**I sometimes struggle to stay happy and healthy because ..**

**I have health problems or a disability**

- My medication means I end up feeling a bit flat although on a level. Difficulties in living in a relationship come about by being honest and showing your vulnerabilities. Over a period of time you learn to cope with the ups and downs of a good relationship but it does come at a cost.
- Due to my disability I find I struggle fitting in with my own age group but I seem to fit in with other perhaps older people. People of that age group seem to have more time for you. It might be a confidence thing for me I think.
- Its work related aches and pains in my job – it's my knees I worry about. My job means you get in some strange positions – I'm a plumber.
- Pain can be difficult - it drags everything down. My conditions flare up and dealing with multi symptoms and pain can be very difficult.
- Being tired as breathlessness affects me when I'm walking; it does deter me from walking more. I feel tired a lot of the time as the breathlessness needs a lot of energy to cope with.
- It's difficult to keep moving and active when the benefits agency don't understand.
- My medication means I end up feeling a bit flat although on a level. Difficulties in living in a relationship come about by being honest and showing your vulnerabilities. Over a period of time you learn to cope with the ups and downs of a good relationship but it does come at a cost.

**I sometimes struggle to stay happy and healthy because ..**

**I have anxieties about work or benefits**

- Financial constraints and planning pressures put pressure on our long term future and gives us cause for concern. I would like to earn a little money but with my physical and mental issues opportunities haven't arisen. Although I don't work now the pressure to maintain employment with a health issue is immense. There were days when I don't know how I walked to work; I don't know how I coped; I pushed myself to get there. Work didn't understand any of the difficulties or made any allowances and when it came to it I was made redundant because of the number of days I had had to take off to attend appointments. I ended up taking holidays when I needed to go.
- It's important for people to have work. In my working life there has been no investment in apprenticeships so employers are poaching the workforce from each other. I'm encouraging my grandson to do engineering as for the first time my employer is offering an apprenticeship. Life is better if you have secure and long term career opportunities.
- I feel I'm being watched all the time by the benefits agency so it makes volunteering difficult. I'm active but they don't understand my disability.
- Its insecurity - I don't mean personality type insecurity its job or personal circumstances I mean. A lack of security brings financial problems. People don't plan for the future they live for the moment. If you were taught in school how to have a financial reserve. It's the source of a lot of mental health anxiety and pressure – money causes a lot of it.
- There's pressure from the benefits agency.

**I sometimes struggle to stay happy and healthy because ..**

- Being alone. Sometimes you can over think and can't control your thoughts.
- I am lucky in where I now live I have friends but loneliness is an issue exacerbated by the bedroom tax which precludes friends and relatives from coming to stay
- Living on my own and having no family support
- At my age (29) there seems to be a lack of social opportunities for disabled individuals

**of addictions**

- Its drinking – men resort to alcohol
- Access to gambling is a problem – the addiction is as bad as heroin. Adverts on TV whilst sport is on encourage that.
- Sometimes I miss my addiction.

**of loneliness**

**I struggle for money**

- Money
- Lack of money as I am unable to access keep fit activities due to cost
- Affording the level of care I need. Also changes to current policies.
- It's the discrepancies in wealth. There is underfunding in some parts of Bolton.
- I could do with more cash.

**I sometimes struggle to stay happy and healthy because ..**

**of difficulties accessing health services**

- Waiting time for a GP.
- It's getting in to see my regular GP. I've given up going as it's a different one each time or they're trainees.
- Lack of professional advice.
- I have a fear of dentistry.

**Access to good food is a problem**

- It's access to food. Thankfully I don't have a sweet tooth. I don't take any notice of the campaigns in the newspaper and the TV.
- It's access to good food. The government needs a good food strategy. We've just been on Bolton Market and the price of fish is terrible – it's twice the price of meat! I grew up eating a lot of fish but now it's exorbitant. If people can't afford to buy good fresh food for their families they are going to go to Iceland or Tesco and buy ready-made meals and other rubbish and their income is limited.
- Obesity is an issue for youngsters. They can access so easily the fast food places and put that with a lack of exercise...



**I sometimes struggle to stay happy and healthy because ..**

**...there is too much bad news and suffering**

- Depressing news on the telly.
  - Being amongst people whose 'pot is half empty'.
- Seeing suffering among friends caused by family issues, work issues or neighbour disputes.
  - Allowing myself to be drawn into negativity. It's the prevailing culture in this country. I don't watch the news or buy a newspaper. I prefer to read about events on the internet where views are more balanced and not the lies and drama that you get elsewhere.
- I have a daughter with MS and a grandson with special needs and I worry that he doesn't get the help he needs because his Mum doesn't push enough.

# Men's Health and Wellbeing

## MENTAL HEALTH

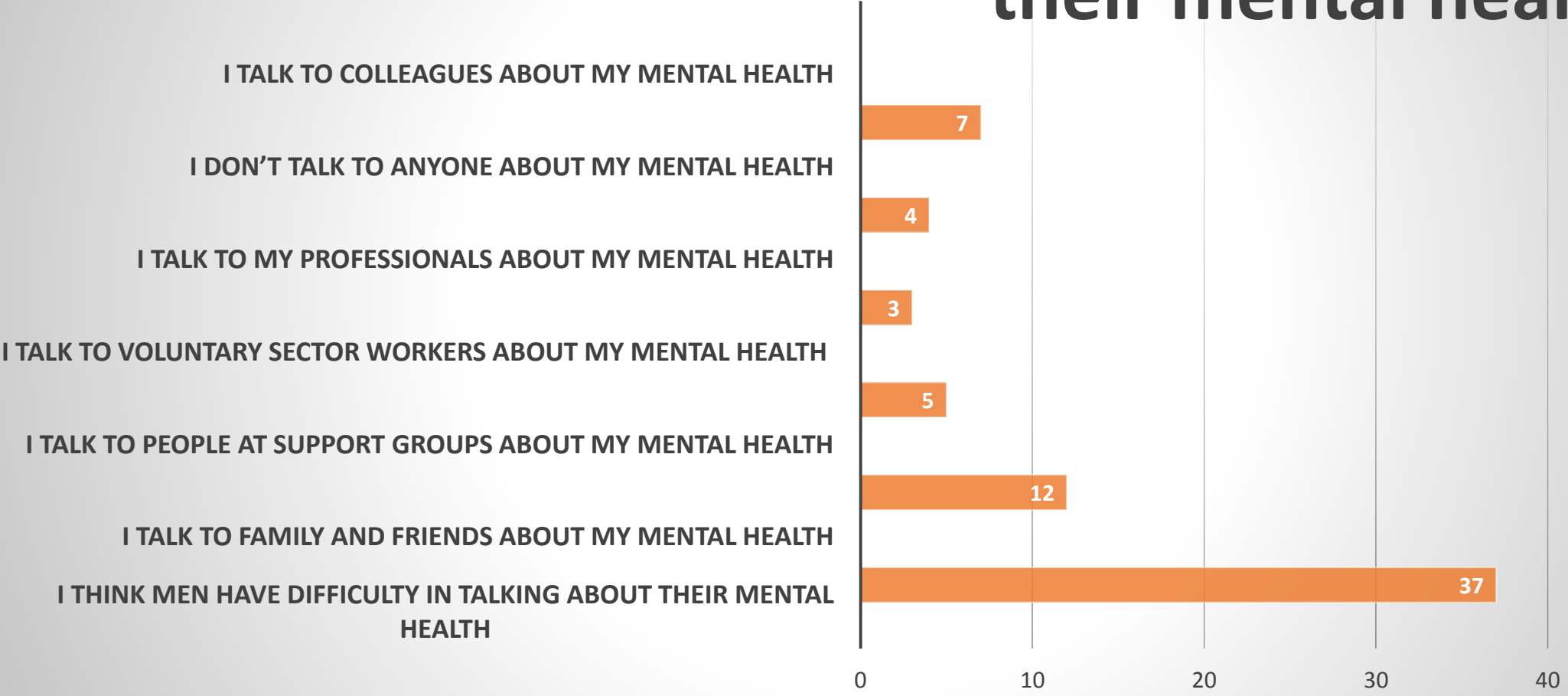
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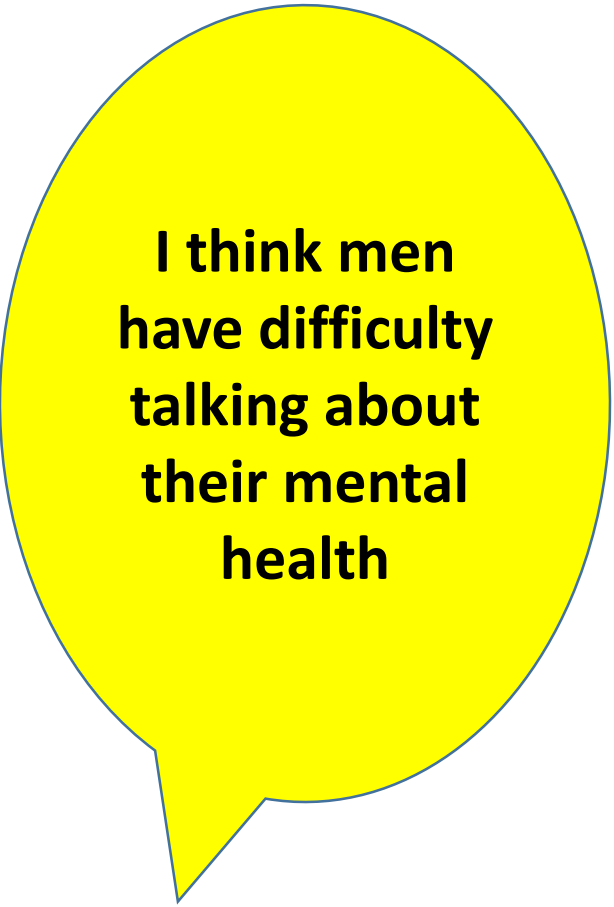
# Who men talk to about their mental health



- **37 (55%) of the comments made under this heading concurred that men might have difficulty talking about their mental health.**
- **A great plethora of reasons for this were put forward for this view**
- **However the sheer amount of comment on this subject (more comments than for any other category across the research) suggests not only that there is no taboo on this subject but that, given the opportunity men are very happy to talk about mental health (although perhaps not about their own).**

**I think men  
have difficulty  
talking about  
their mental  
health**

- It comes down to personal issues and fear of a lack of understanding. Men sometimes don't have the ability to 'open up'. Men can be more accepting of taking tablets as they find 'one to one' situations intimidating.
- It's those personal things really.
- There are feelings of low self-esteem, depression and problems in relationships.
- Shame.
- Age.
- It can be like stepping off a diving board in that you are admitting and letting someone else know you have a mental health issue and finding out how bad it is. You worry too who else is going to know.
- Men will say they're ok so they don't appear weak.
- Men tend to be relied upon by their partner.
- Men don't like to open up.
- It's hard to open up to a GP – I get that they don't have time to listen and it makes them too quick to prescribe. I don't want medication.
- I think there is a problem with men talking about their mental health. There's a lot of pressure on men to work, be good providers and generally cope.
- I lost my wife 7 years ago – I was offered bereavement counselling at the time but felt I had to stay strong for my daughters. They needed that really and they needed me to stay strong.
- Men are criticised about their mental health, abuse both emotional and physical. Men are expected to cope with a lot and be strong. Some would talk about their mental health to let steam off.



**I think men  
have difficulty  
talking about  
their mental  
health**

- I think there may be a degree of "male reticence" in talking about mental health, although these do not affect me.
- Men are often reluctant to discuss issues that may affect their libido or their ability to socialise. Talking therapy is helpful but limited to twelve sessions.
- The typical male attitude that insists that he knows best.
- Only if they can't talk.
- Men are not predisposed by Nature or Nurture to talk about their health. Whereas most women are mothers and carers of their family and it is considered normal for them to have check -ups and to discuss difficult social/ medical problems. Most men need to be dragged, kicking and screaming to have a check up whereas women have no difficulty in attending "Well women clinics", that is why women live , on average, 5 years longer than men.
- Stubbornness – there's always people willing to listen if you're not too stubborn to talk
- Men don't want to seem weak. Men feel they are supposed to be the stronger. Male pride.
- I try and keep busy myself an just get on day to day.
- Societal pressures
- Some men think its "their problem"

**I think men  
have difficulty  
talking about  
their mental  
health**

- People turn to drugs, alcohol and smoking all because they are under pressure to cope on unemployment pay. £60 a week isn't enough to pay your bills or to live on. There are no jobs and those that are there don't have a long contract or many hours. We've had good long working lives. I was a miner and he was an HGV Driver so we manage ok with our pensions but for my grandson he could only get 6 months' work; when that had finished he went to claim unemployment benefit and they told him to go back to college! There are employment issues especially for the young and something should be done. My son is on minimum wage and the family just cope as his wife works too. I worry what would happen if their circumstances change.
- Drugs are an issue here in Bolton. I walk through Bolton Town Centre - it's the smell of cannabis it's very evident. We should legalise it like alcohol and manage it. Access to gambling is a problem too. I've heard the addiction is worse than heroin. There are lots of adverts on TV satellite channels whilst you watch football which encourage it.
- They tend to get on with it. Men generally can't be bothered talking. I've heard plenty of women say about their partners "get to the doctors". It often seems to be their responsibility to look after the man's health.

**I have experienced or expect to experience stigma**

**I have found a space in which I am comfortable**

- I can let my hair down here (Men in Sheds). If you give banter here they'll give banter back. Before I came to 'Men in Sheds' I spent Monday to Friday on my games machine.
- I have no problem talking about my long term conditions so that people can understand better.
- I haven't noticed but I am in touch with organisations.

- Not personally but some men, particularly young men do – its pride.  
I think men themselves can overlook their own mental health. Doctors can sometimes overlook it too if they are treating other issues.
- Sometimes my past history of alcohol affects how my GP treats my symptoms even though it was some years ago.
- In the beginning I did but not anymore. There was shame and embarrassment.
- Yes (and I have a) poorer quality of life (because of it) .
- I have felt stigma as I've felt different since school where I was physically different. In a way feeling different then has helped me cope with the 'difference' that comes with being a mental health patient. What I want is 'Parity of Esteem'.
- I've not experienced anything directly but I go prepared to receive stigma or a level of "no patience or disapproval" as a patient with a history of depression and I'm gay. Sometimes I'm left with the feeling "what do you expect? You've only got yourself to blame."
- I don't feel stigma but when you have multiple issues you can feel like you are moaning a lot of the time – I keep a lot to myself.



- Friends
- Family, friends and support group
- I talk to my family
- Mum or Dad
- Family, close friends
- Daughter,
- Partner

- I don't usually speak about those things. I don't avoid those discussions, I just don't find myself talking about personal issues.
- Family check on me which can vary depending on their lives and if they have issues themselves.
- I talk in the main to my partner. I don't feel I can talk to my children. I don't feel I can because of their lives and I don't think they would want to hear it.
- I talk to my sisters – we all try to keep each other up really
- I've always had my Mum & Dad there for me. I would rely on them probably. Due to my disability I would probably find it a little more difficult to know or decide what to do so would need to discuss it with them.

**I talk to friends and family about my mental health**

**I talk to people at support my mental health**

- Well I can come here (Men in Sheds) and people are here to chat to and you can be busy
- I feel I have learnt to talk to anyone now. It's not how I used to be, I've been educated through attending self-help groups and reading. It's about finding what works for you and recognising you have choice.
- If I was here, (Men in Sheds), I would chat to someone here who had been through something similar.
- We have a good team of men that we all feel comfortable with and feel we can chat amongst ourselves. We are there for each other and support each other.
- Through my volunteering at mental health charities and organisations I can really understand and share what my condition is and I feel I'm not alone. It's about moving on and not concentrating on bad things.

**I talk to health professionals about my mental health**

- Doctor.
- GP.
- GP.
- GP or CPN.

**I talk to voluntary sector workers about my mental health**

- MHiST professionals.
- MHiST worker.
- BIDAS or BSURF.

- Myself.
- I don't like to talk about my mental health.
- I keep it to myself.
- I'm alright - I keep a lot to myself.
- I don't really need to talk to anyone.
- I find it hard explaining myself.

**I don't talk to anyone about my mental health**

# Men's Health and Wellbeing

## WHERE DO MEN GET THEIR HEALTH INFORMATION?

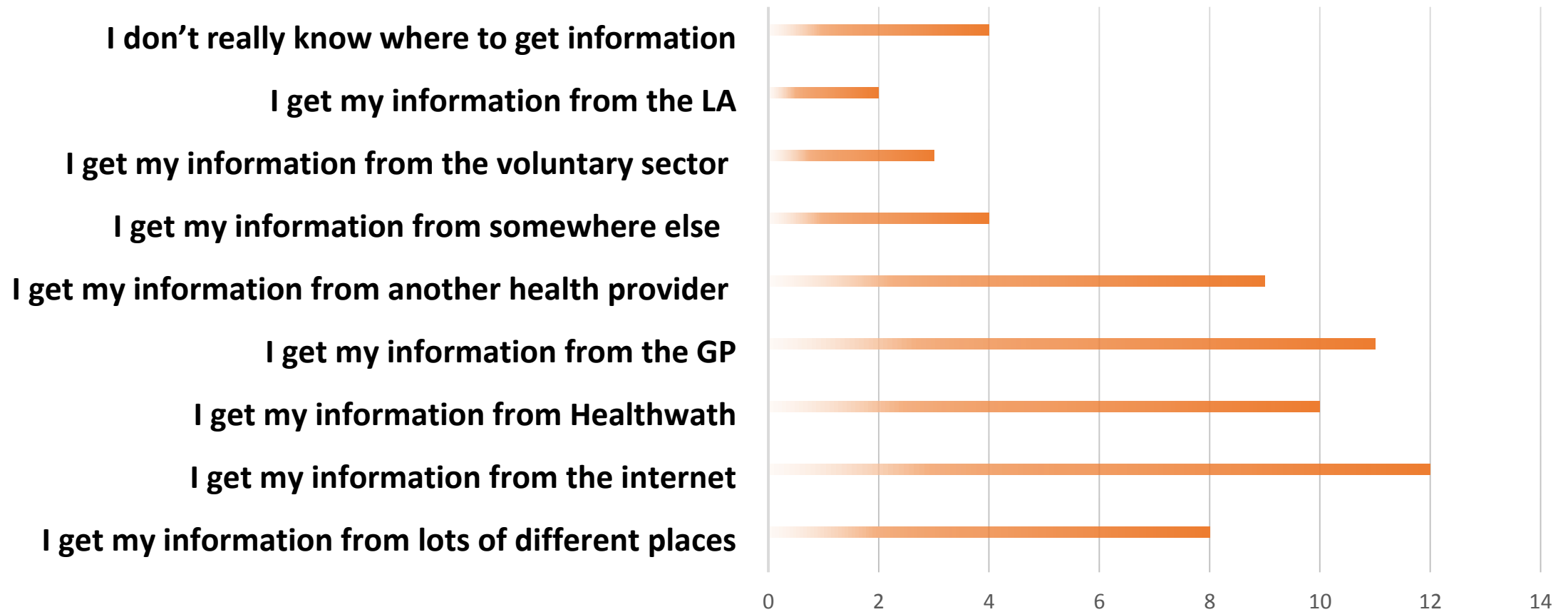
July-October 2016



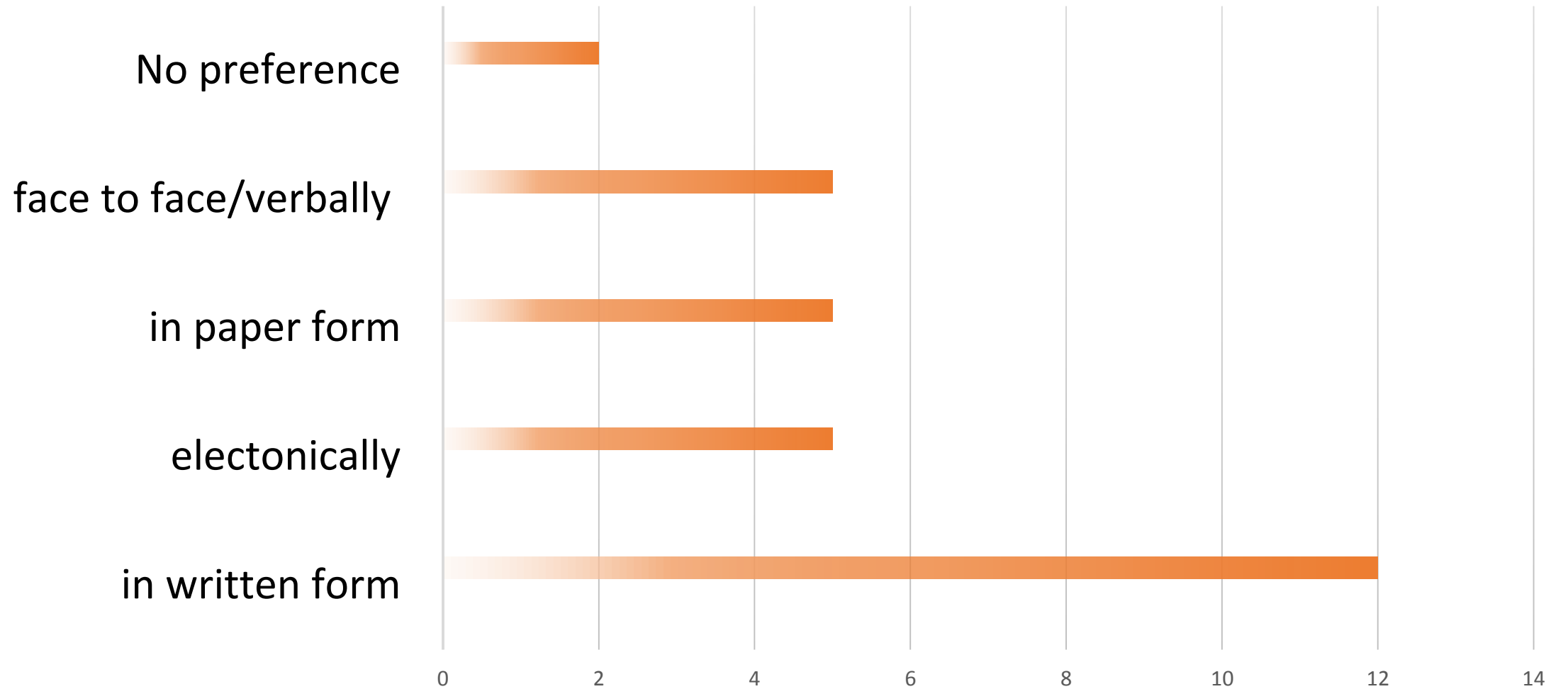
Principal Researcher: Gail Gregory

Report: Alice Tligui

# WHERE DO MEN GET THEIR HEALTH INFORMATION?



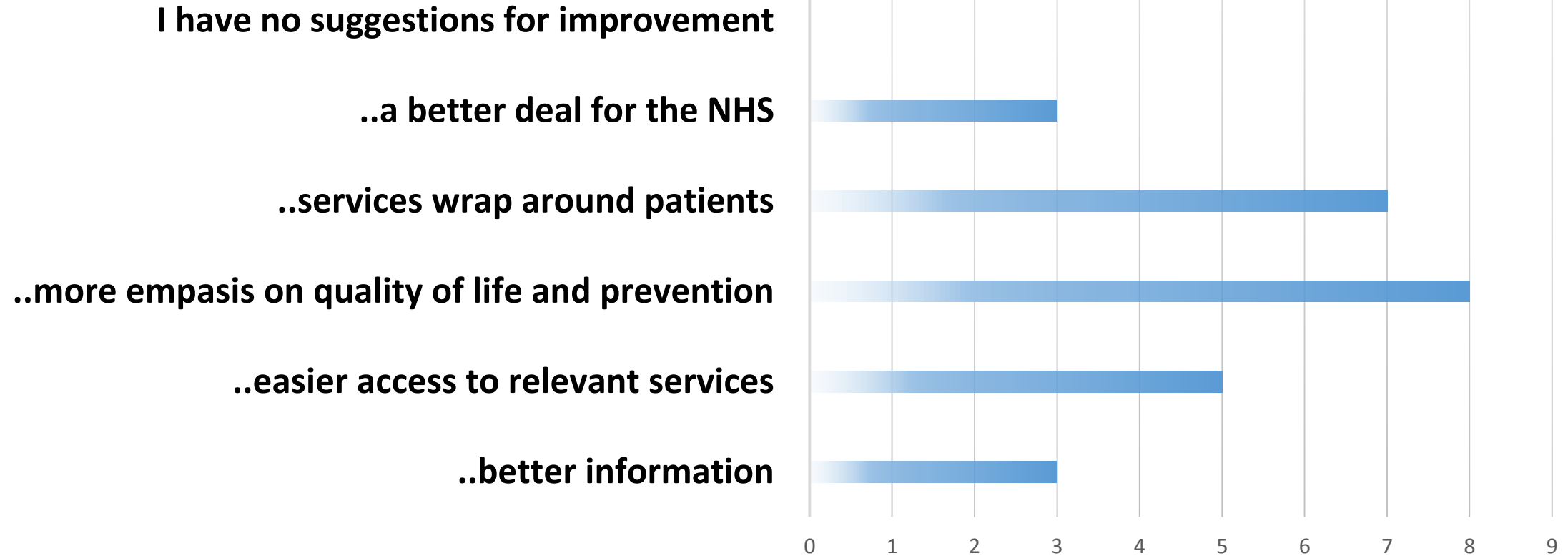
# MEN'S INFORMATION PREFERENCES



# **Men's Health and Wellbeing**

## **SUGGESTIONS FROM MEN ABOUT IMPROVING HEALTH AND CARE**

# I SUGGEST ....



**I suggest  
more  
emphasis on  
'quality of  
life'  
and  
'prevention'**

- Advice on what my options are for better quality of life and on lifestyle – diet and exercise.
- I'm really into football. I can play if I could join a gym.
- Access to a bicycle and advice on housing and student finances.

I don't like this time of year as there is no football to watch. There's not enough opportunity for sport – that's why Bolton is so obese.

Fast food places are not healthy and there is a lack of free sport facilities.

- There is lots of talk about loneliness in men. Men don't pay as much attention as women to health - when you have people known to the health services who are senior and lonely and possibly vulnerable could it be that we can arrange these patients on a GP list so their welfare can be checked on periodically.
- Preventative health checks is the way to go. It needs to happen before you become ill so that no one ends up living or paying for something that could be prevented. It's especially important for clients here who are 'in recovery'.
- We need to provide an MOT (Health) for all the people of Bolton instead of being bombarded with private provision.



**I suggest services treat the 'whole person'**

- It's my physical health which is affected by the medication I take for my mental health – paying or contributing to gym membership would help. The medication has the side effect of increasing my appetite.
- No one seems to see or treat me as an overall person. They are only interested in their own specialty.
- Really work together and be joined up.

I think a lot more services could be offered by the GPs at Little Lever. It would make sense if nurses at the practice could deal with minor ailments and injuries instead of referring you to the District Nursing Service.

- I see a physio at Wrightington who takes does an interest in my general wellbeing including my mental health. Apart from her all the clinicians I see are very specific to their speciality. Even my GP only wants to treat one thing at once.
- Stop taking away essential services for disabled people.
- Medication doesn't always help with the underlying issues about your life and may lead to other problems like addiction to sleeping tablets and painkillers which I experienced. I have learnt that getting down to the root of some of the problems is better and can be done without tablets. GPs should refer you to other professionals such as psychiatrists or talking therapies early rather than prescribe medication.