



HEARING THE VOICES OF MEN IN THE SCOTTISH BORDERS: DEVELOPING CONNECTED COMMUNITIES APPENDICES



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Appendix 1

Survey Questions

Question 1. What is your age?

Under 18 (Sorry you need to be 18 or over to complete this survey.)

18-24

25-34

35-44

45-54

55-64

65+

Question 2. Thinking about your lifestyle, on an average week, how often do the following statements apply to you:

I eat a healthy, balanced diet

I sleep between 6-9 hours

I am physically active

I drink alcohol

I smoke or vape

I use self-management techniques

(e.g. mindfulness, breathing exercises)

I volunteer my time to help others

I take part in group activities

I make time to do things that I enjoy or to try new things

Question 3. Since January 2020, have you used any of the following health services:

GP/Doctor

Practice Nurse

A&E

Scheduled hospital appointment

Community pharmacy

NHS 24

Question 4. How would you rate your mood in the last 2 weeks?

Good

Okay

Poor

Awful

Prefer not to say

Question 5. On a scale of 1-5. If you are feeling sad, low or stressed how likely are you to:

Speak to a family member

Speak to a friend

Speak to a spouse/partner

Speak to a work colleague

Speak to a GP or other health care professional

Call a helpline

Text or use a webchat helpline function

Seek self-help information (e.g. online, from a library, podcast or app)

Question 6. If you needed support in relation to your mental health and wellbeing, which of these services would you consider using?

Self-help information

GP/Doctor

Community mental health team

The wellbeing service

Local area coordinating team

Gala resource centre

Helpline services

Local mental health charities

Other support agencies

Workplace support

Question 7. Please specify any services that you have been in contact with in relation to your mental health and wellbeing in the last 5 years?

Question 8. Are any of the following, reasons why you might not access support for your mental health and wellbeing?

- Unaware of services
- Do not have time
- Do not want to access support from a service
- Worried what someone might think
- Service not available in my area

Question 9. Which of the following are important to you when thinking about services to support your mental health?

- Can self-refer
- Available in person
- Available online/ over the telephone
- One-to-one support
- Group-based support
- Men only
- Drop in
- One off sessions
- Based in hometown
- Based in workplace
- Delivered as part of a group or activity you already attend
- Free to use

Question 10. Which of the following, if any, would you like the opportunity to be involved in?

- Understanding different mental health conditions
- Learning and developing ways to self-manage symptoms
- Accessing peer to peer support where you meet with someone else who has experienced similar things and can share their experiences with you
- Practical support to manage any problems impacting on your mental health e.g. financial advice, housing advice, employment advice
- Learning opportunities to enable you to talk to other people who need help with their mental health
- Access to a variety of written and online resources about mental health
- Access to a variety of physical activities
- None of the above.

Question 11. How confident do you feel talking to the following people about their mental health?

- Acquaintance
- Children
- Colleague or course mate
- Friend
- Parent/grandparent/carer
- Family member
- Spouse/partner
- Stranger

Question 12. What would be the best way to keep you informed about mental health improvement resources and services?

- Radio
- Television
- NHS website
- Local paper
- Information in local bars, restaurants and supermarkets
- Information in health care settings
- Local newsletters
- Social media
- Via post
- Via local groups

Question 13. Please use the space below to share anything else with us about your experience of mental health and wellbeing within the Scottish Borders

Question 14. How do you define your gender?

- Male
- Female
- Transgender
- Prefer not to say
- Prefer to self-describe (please specify)

Question 15. What is your ethnic group?

- Asian or Asian British
- Black, black African, black British or Caribbean
- Mixed or multiple ethnic backgrounds, White
- Another group
- Prefer not to say
- Other (please specify)

Question 16. What is your sexuality?

- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Heterosexual/straight
- Prefer not to say
- Prefer to self-describe (please specify)

Question 17. Where do you live?

- Cardrona, Innerleithen, Peebles, Walkerburn, West Linton
- Chrinside, Coldstream, Duns, Eyemouth
- Earlston, Galshiels, Lauder, Melrose, Newtown St Boswells, Stow, Tweedbank, selkirk
- Hawick, Denholm, Newcastleton
- St Boswells, Kelso, Jedburgh

Question 18. How many adults (18+ yrs) live with you?

- 1
- 2
- 3
- 4
- 5+
- None

Question 19. How many children (0-17 yrs) live with you?

- 1
- 2
- 3
- 4
- 5+
- None

Question 20. What is your current employment status?

- Employed full time
- Employed part time
- Unemployed
- Self-employed
- Student
- Volunteering
- Retired
- Unable to work unpaid carer
- Looking for work

Question 21. Which of these, best describes the field you work in?

- Accounting and finance
- Armed forces/military
- Charity and voluntary work
- Business management
- Engineering and manufacturing
- Ex-military
- Health and social care
- Hospitality and events
- Information technology
- Law
- Law enforcement and security
- Leisure sport and tourism
- Media and internet
- Property and construction
- Retail
- Sales
- Teacher training and education
- Transport and logistics
- Prefer not to say
- Other

Question 22. Have you experienced any of these changes in your circumstances since January 2020?

- Moved house
- Homelessness
- A change in welfare benefits
- Redundancy
- Started a new job
- Started at college or university
- Completed studies
- Retirement
- Birth of a child
- A bereavement
- Relationship breakdown
- Started new relationship
- Became and unpaid carers
- Shielding
- None of the above
- Other

Appendix 2

Follow Up Interview Questions

Across health improvement we often promote helpline services like Samaritans and Breathing Space for mental health support, how do you feel about this approach?

- Have you been aware of this approach?
- What do you know about the different helpline services which are on offer?
- Would you contact them/suggest someone that else does? Tell us why.
- Would you be more or less likely to access a helpline if it was local to you? What are your reasons for this?
- Possibly tie in webchat discussion here if appropriate.

Tell us about your relationship with your GP or GP practice.

- When you think about attending your GP practice, would you consider speaking to them about your mental health? Tell us why.
- What, if any, are the reasons/barriers as to why you might not contact your GP about your mental health?

If you were to consider accessing some support for your mental health, how important is it to you that the service that you go to is one which you are familiar with and know what you can expect?

- What sorts of things might you like to know about before you attend or make contact?
- How important would it be to you that there was an option for you to involve your family and/or friends in this support?
- Many men in our survey told us that social media and the NHS website are the main places they would go to find out about services they can access – what sort of information would you look for? How might you engage with these?

How would you feel if someone was to ask you about your mental health and wellbeing within these types of setting: in your workplace, in a sports team or club, at a medical appointment, at the dentist, in the barbers, at the gym, in the pub?

- Are there other settings that you could see these conversations happening? Tell us why you think this.
- For these to feel like safe spaces to have these conversations, what would need to be in place?

One of the first sets of questions was based around the 6 way to be well areas; Be Aware, Be Active, Be Kind, Belong, Enjoy and Learn, Nurture. In the survey we found that men were more likely to be engaged with things relating to being active and nurturing themselves by eating well, exercising, limiting alcohol intake. We found men were less likely to be engaged with things that meant belonging to groups, engaging in learning opportunities, having an awareness of mental health and wellbeing.

- Tell us why you think this might be – does this relate to your own experiences?
- Tell us what you do to look after your mental health and wellbeing.

Helpful resources and contacts if required:

- NHS 24 Mental Health Hub – call 111
- Samaritans - Call 116 123 or email jo@samaritans.org
- Breathing Space - 0800 83 85 87
- SHOUT text service - 85258
- Stay Alive app – for help with suicidal thoughts or supporting someone who is thinking about suicide
- Survivors of Bereavement by Suicide - 0300 111 5065
- <http://www.nhsborders.scot.nhs.uk/media/733068/mental-wellbeing-support-summary-leaflet-reading-version.pdf>

Appendix 3

Methodology

Our considerations

In order to consult with a wide range of men in the Scottish Borders about their experiences there were a number of particular challenges we considered in the design phase and whilst conducting this research:

- Ensuring a wide age range of men took part.
- Ensuring the men that took part were from varied locations across the Scottish Borders.
- Identifying the most appropriate questions to ask the men who took part.
- Engaging with men who had not previously accessed mental health services or were less familiar with mental health improvement and suicide prevention activity.
- Ensuring consistency in delivery of consultation questions.
- Ensuring that men with protected characteristics and/or experiencing health inequalities are represented in the consultation.
- Ensuring that there are practical outcomes that can be taken forward as a result of the consultation.
- Conducting this consultation whilst Covid-19 restrictions are in place.

Our rationale

As a result of Covid-19 we had to adapt our methodology to enable us to carry out the research in a non-face-to-face setting. We therefore chose for our delivery to be based online and over the phone to ensure no direct contact was made with participants to ensure the safety of all. Online surveys are useful in that they allow for the collection of a large number of responses which can then be related to the overall population which is helpful in our desire to understand men's mental health experiences across the Scottish Borders. Another benefit of this method is that there is limited administration time required once released in comparison to paper-based surveys which need to be manually uploaded to analyse the findings. However, online surveys do not represent the total population as a number of people who would have been eligible to complete the survey would not have had the means or ability to complete it online.

We chose to carry out our interviews over the phone opposed to over video or in person for similar reasons as outlined above.

Appendix 4

Demographics

Demographic Information and impact on mental health and wellbeing

Age

The base size for responses filtered by age was 150. The average age of respondent was 44, the average age of men in Scottish Borders is 45 (Scottish Census, 2011). We had a significantly higher number ($p < 0.05$) of responses in the 25-34 age group and a significantly low ($p < 0.05$) response rate in the 65+ age group. This could be attributable to the nature of the survey in that it was advertised and promoted online opposed to other promotion routes. Although we did not see an even distribution of responses per age group, we did see a higher number of responses for middle-aged groups. Given the known links between middle aged men and suicide risk this distribution is helpful in supporting our aims to support this age group (Samaritan's, 2012).

Employment Status

Of men who completed this survey and shared their employment status, 76% (95 men) described themselves as employed. Some men identified as multiple e.g. retired and a volunteer, or employed part-time and a student. We have omitted the response pattern received via employment sector/field as the base sizes for each sector were too small to draw any conclusions from the responses given. However, we did see a wide variety of fields of work represented within the responses we received.

A significant ($p < 0.5$) percentage of men who responded as unemployed also reported that their mood had been awful in the past two weeks. When combining this with the responses of students, it highlights that those who self-reported as 'not currently working' or 'volunteering' were more likely to have lower mood than those who were working. We know from the Samaritan's (2012, 2020) report that unemployment is a significant risk factor for men in relation to their mental health as many can see a loss or lack of employment as a failure to provide and to fulfil their role as 'breadwinner'. Men who are unemployed are 2-3 times more likely to die by suicide than those who are in work (Samaritan's, 2012). However, this did not seem to be the case when looking at the men's moods in relation to recent changes in their circumstances. There could be a number of reasons for this, but one possibility is that men who have recently become unemployed may not report a negative impact on their wellbeing as they view the change as temporary but those who have been

unemployed for longer may be more likely to experience the negative effects of unemployment. Those who were retired were most likely to report as having good mood which may reflect a stable and secure living and financial situation as a result of retirement.

Sexuality

74% of men who completed the survey described themselves as heterosexual, 5% as homosexual, 4% as bisexual and 17% did not disclose. This is compared to the Scottish Surveys Core Questions (2015) which reports that 96% of the population in Scotland identified as heterosexual, 2% identify as LGBO and 3% identified as don't know or did not disclose. There were no significant response patterns found within survey responses that related to the sexuality of the men we spoke to.

Change in circumstance

We know that a change in circumstances such as losing income or home, relationship breakdown and bereavement by suicide can sometimes be a risk factor for suicide and this is something we explored in the survey. Most people who responded to this question had experienced none of the changes listed (43%, base size 119). In those who had experienced a change, the most common responses were; a house move (19%), starting a new job (18%), suffering a bereavement (18%). No one who completed the survey reported as experiencing homelessness since January 2020.

Living arrangements

The highest response rate was in the Eildon area which is to be expected as this locality has the largest population size in the Scottish Borders (Scottish Borders Council, 2021). When looking at mood responses compared with household configuration, we saw that those living in larger households with both adults and children were more likely to have said they had poor or awful mood in the last two weeks compared with both those just living with other adults. This finding correlates to national research by Public Health Scotland (2020, 2021) which shows that parents of young children were more likely to report lower wellbeing during the restrictions, in comparison to pre-lockdown levels. People aged 55-64, 35-44 and 18-24 were more likely to report living alone. Those living on their own were more likely to experience awful mood than those living with others.

Those living with other adults were most likely to say they had a good mood compared with the other living situations. This was especially the case for those living with 2 or more other adults. It is worth noting that the survey was carried out during the covid-19 pandemic whereby restrictions on movement and activities were significantly restricted. Therefore, there is a high likelihood people will have been living together or on their own for significant periods of time and possibly working from home, home schooling children or unable to follow usual social routines. We can see from our results that men living alone were more likely to experience awful mood than those living with others.

There is limited evidence to suggest living alone is solely responsible for poor mental health, however, given the restrictions in place during the pandemic it is possible that living alone was compounded by restrictions which limited other social interactions which would normally counteract the potential social isolation and/or loneliness of living alone (Campaign to End Loneliness, 2021).

This finding relates to research conducted during the pandemic which shows that loneliness has become much more common, increasing from 11 per cent of those surveyed in March 2020 to 29 per cent in February 2021. Feelings of loneliness have not returned to their pre-lockdown levels at any point over the past year, including when most restrictions were lifted over the summer (Mental Health Foundation, 2021). As highlighted in the Six Ways to Be Well, connection with other adults is one way to maintain wellbeing, absence of that connection within the household appears to have had a negative impact on our respondents' wellbeing.

Ethnicity

The respondents who completed this survey all described themselves as either white or white European, 3 opted to not share their ethnicity. This response rate highlights that our results are not generalisable to a wider population as other ethnic communities are not represented in these results.

The Scotland Census (2011) has the most up to date demographic information relating to ethnicity shows 1% of the Borders population defines as Asian, Asian Scottish or Asian British, with the categories of Mixed or multiple ethnic groups; African, Carribean or Black; and Other ethnic groups all showing as 0%. These are lower than the overall Scottish population average.



For more information on this research you can contact

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