



# HEARING THE VOICES OF MEN IN THE SCOTTISH BORDERS:



# Developing Connected Communities

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# Hearing the Voices of Men in the Scottish Borders: Developing Connected Communities - Summary

## Our Rationale

**74%** of suicides in Scotland are by men



**30%** of students accessing the Wellbeing College were male in 2019-20.

**36%** of people accessing the NHS wellbeing service were male



## Our Findings



**170** survey responses

### Accessing Support

**39%** of men were unaware of services

**30%** of men told us they were worried what someone might think

**53%** of men said they would speak to a spouse/partner about their mental health

### Support Preferences

**65%** 1:1

**60%** In-person

**60%** Self-refer

**59%** Free

**First impressions are key**

**70%** of men wanted to hear about support via social media



There are Six Ways to Be Well and they are all important.



**'How bad, is bad enough?'**

# Setting the scene around men's mental health

In Scotland, around three out of four suicides (74%) are by men. Over the last five years the proportion of deaths reported as suicides was largest in the 45-49 age group (NRS Scotland, 2019). According to the Men's Health Forum (2016), 12.5% of men in the UK are suffering from one of the common mental health disorders. We know from research carried out across the world, that men tend to hold more negative views towards seeking help in relation to mental health. They are also less likely to seek help for mental health related issues than women (Sagar-Ouriaghli et al., 2019). Locally these patterns of behaviours are evident. For example, The Wellbeing College run by local charity Health in Mind offers psycho-educational learning opportunities supporting mental health and wellbeing. In 2019-20 just 30% of students accessing the Wellbeing College were male and only 6% of these were under 30. Men's access to NHS Borders' Wellbeing Service shows a similar pattern in that 36% of those who access the services are men and 64% are women.

The Out of Sight, Out of Mind report (Samaritans, 2020) highlights several factors which have been found to put middle-aged men at a higher risk of suicide and of experiencing poor mental health. Although many of the men in the report were middle-aged, many of them had experienced these problems for a number of years. The risk factors highlighted in the report are:

- Challenges in childhood making it difficult to make meaningful social connections; both in childhood and later in adulthood
- Societal pressures and 'norms' around masculinity deter some men from seeking help
- Unemployment and a lack of purpose leading to risk taking behaviours
- Substance misuse
- Relationship breakdowns
- Family struggles
- Criminal justice

The Out of Sight, Out of Mind report highlights that, for the men they spoke to, very few received mental health or wellbeing support until they had reached what was seen to be a crisis point. During this time some men became a risk either to themselves or to someone else. For some of the men, they had experienced 'reaching crisis point' on more than one occasion. By waiting for men to reach a crisis point before offering support, Samaritan's (2020), highlight the missed opportunities to provide much needed preventative support to men, which may limit the risk of suicide and poor mental health experiences.

As a result of this research and the findings around prevention and early intervention, Samaritan's (2021) produced a follow up report, Engaging Men Earlier: A Guide to Service Design. This report highlights a number of ways in which support services (statutory and non-statutory) can work to better support men and reduce the risk of men experiencing poor mental health and risk of suicide (Samaritans, 2021). The report recommended five principles for wellbeing initiatives which will be explored in the context of the local research findings here:

- Use activities to facilitate conversation
- Be welcoming and accessible
- Communicate clearly
- Foster meaningful relationships over time
- Foster a sense of achievement

In addition, the report highlighted the importance of working holistically between agencies that are in contact with men, especially during these risk factor events. This included, consideration of how a service is offered, the importance of first impressions of a service, avoiding too many labels and not expecting too much commitment. Enabling co-production and involvement – 'doing with' and 'not doing to' was key.

Improving mental health and wellbeing is not only a role for support services. Friends and family can play an instrumental role in providing support. However, help seeking patterns by men are also reflected in the evidence which suggests that men are less likely to seek support from friends and family when feeling stressed or unable to cope.

## Supporting good mental wellbeing

### Six Ways to be Well

Good Mental Health for All (NHS Health Scotland, 2016) highlights a number of protective factors for mental health:

- a close and supportive family/partnership interaction,
- good physical health and healthy living; and
- ability to manage stress and adversity.

It is possible for individuals to take action to improve their mental health and wellbeing around some of these areas.

'Six Ways to Be Well' is a self-help and signposting resource for mental wellbeing based on the New Economics Foundation (2008) framework 'Five Ways to Wellbeing'. This is a set of well evidenced action-based ideas for improving personal wellbeing. An additional theme (Nurture) was added following local consultation in the Scottish Borders. The Six Ways to Be Well are:

- Be Aware – of your mental health and what affects your wellbeing.
- Be Active – taking part in exercise is good for your mental health.
- Be Kind – to yourself and others, accept kindness.
- Belong – a sense of connection with others and belonging is important for your wellbeing.
- Enjoy and Learn – doing things we enjoy and learn is good for our mental health.
- Nurture – getting enough sleep, eating healthily, drinking enough water and cutting back on things that are bad for us such as drugs and alcohol, all these healthy choices help to support our mental health.

## **Research to explore men's mental health and wellbeing**

The ambition of this research was to understand the current needs of men in the Scottish Borders in relation to their mental health and to identify support, learning opportunities and resources which men feel would improve their mental health and wellbeing. The research has included consultation with men currently living in the Scottish Borders so that the findings are specific and appropriate to support those living in Borders communities.

### **What we did**

The research was commissioned by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group. This group considers prevention and early intervention activities to improve the mental health and wellbeing of all adults in the Scottish Borders. The research was conducted by Health in Mind and the Joint Health Improvement Team using an online questionnaire (Survey Monkey) and follow up 1:1 telephone interviews. The online questionnaire was open between 16 November and 18 December 2020. The follow up interviews were conducted during February and March 2021.

The survey questions were selected to provide further insight into activities that men undertook to improve their mental health and wellbeing, experience of mental health services and perceived barriers to access. The questions also explored men's willingness to seek informal support by talking to family, friends, colleagues or acquaintances about their mental health, or approaching others they thought may be experiencing poor mental health. The questions selected for follow up were based on initial analysis of the survey results and discussion with the steering group to determine which areas would be useful for further analysis. For more information please see [Appendix 1 and 2](#).

### **Project Steering Group**

A Men's Mental Health Project Steering Group was formed consisting of representatives from Third Sector organisations, Scottish Borders Council and NHS Borders. A lived experience representative from the Mental Health and Wellbeing Forum was invited to join but was unable to participate due to other commitments. However, a number of men who lived in the Scottish Borders were part of the group. A number of local partners were invited to support the promotion of the survey amongst their networks including local sports clubs, local businesses and construction/agricultural contacts. For further methodology information please see [Appendix 3](#).

### **Respondent profile**

Men who lived in the Scottish Borders and were over the age of 18 were eligible to take part in the survey. There were 181 responses in total, of these, 170 met our eligibility criteria, 150 had completed at least half of the survey and 120 men completed the fully survey. Therefore, our analysis for most questions is based on a base size of between 120 and 150 responses. For questions where the respondent didn't select an answer and there was a "none of the above" option we classed this as missing data. Where there was no "none of the above option" and they chose not to respond, we have assumed "none of the above/prefer not to say" as their response. We invited 32 men who had shared their contact details with us to a follow up interview. Of these, 5 men agreed to take part. The men we spoke to were distributed in three age categories (45-54, 55-64, 65+) and two locality areas, (Tweeddale and Eildon). The 5 men had experienced the following amongst them: a bereavement in 2020, a relationship breakdown, a requirement to shield due to covid-19 and becoming an unpaid carer.

## **Our Findings**

We have chosen to present our findings under two main themes, 'Six Ways to Be Well' and 'Accessing Support'. We have chosen not to present the response to every question in this report and instead only to present the findings which are informative and relate to our research aims.

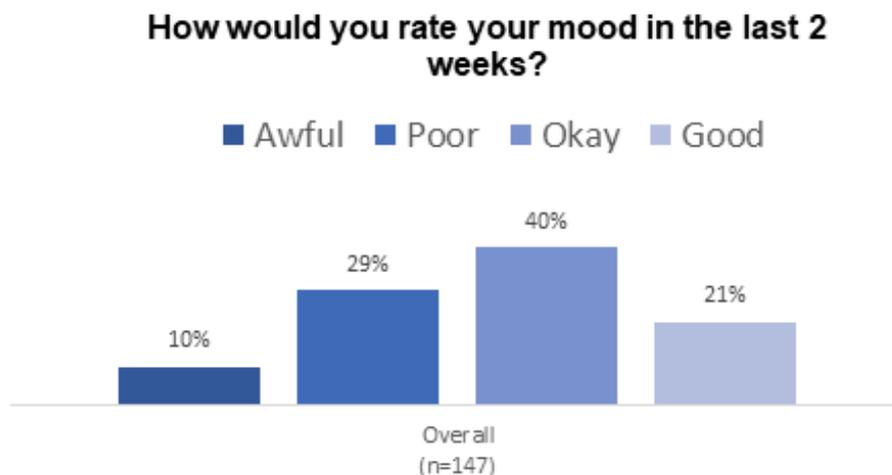
### **Six Ways to Be Well**

One of our questions centred around the Six Ways to Be Well self-help and signposting resource and a variety of activities that relate to this resource. We found that men were more likely to be engaged in activities that maintained or improved their physical and mental health e.g. sleeping between 6-9 hours, being physically active and eating a healthy balanced diet. These statements are linked to the 'Nurture' or 'Be Active' themes in the Six Ways to Be Well framework. Those who responded appeared to be less likely to be engaged with 'Be aware', 'Belong' and 'Enjoy and Learn' statements e.g. I take part in group activities and I volunteer my time to help others.

When we asked men about the activities they would like to be involved in, more than half of respondents stated that they would like the opportunity to be involved in learning and developing ways to self-manage symptoms (Be Aware). In addition, access to a variety of physical activities (Be Active) and understanding different mental health conditions (Be Aware) were also significantly more popular than the other choices selected ( $p < 0.05$ ). This could suggest an area of future work for us to find ways to work with men to feel more able to take part in these sorts of activities and add to their lifestyles and routines.

In our follow up interviews, men highlighted that they were likely to have something in their routine which they did for their overall health and wellbeing. These included: walking; running; studying; playing sports or doing crosswords. However, they noticed for themselves and those around them that only having one thing built into their routine was not always sufficient, especially if something interrupts the ability to do this, e.g. an injury, bad weather or Covid-19 restrictions. Where men had multiple things in their 'toolbox' that they could draw upon this was more likely to lead to positive outcomes than when men relied on one activity alone. There is an opportunity in this finding, to improve promotion of protective factors / activities to support men to view these as a set of 'tools'.

Overall, 61% of respondents said their mood was either good or okay in the two weeks leading up to their completion of the survey. In comparison to 39% who said their mood was poor or awful. The 40% who said their mood was okay was significantly higher ( $p < 0.05$ ) than any of the other responses in this question.



When looking at the pattern of responses across the Six Ways to Be Well indicators there appears to be a positive correlation between those who regularly engage in one or more of the Six Ways and improved mood. Amongst those who had a good mood there was a high tendency to report that they were taking time to do the things they enjoyed or trying new things at least 3 or more times per week. Although we cannot imply a causal relationship here, the New Economics Foundation (2008) suggests that building this type of activity into day-to-day life is important for wellbeing. It is possible that those who prioritise positive experiences for themselves are more likely to experience good moods.

In those that were reporting as having awful or poor mood, respondents were more likely to self-report drinking alcohol 3 or more times per week or daily compared to those who were feeling good or okay. There are a number of possible reasons this could be the case, but one suggestion may be that men who are experiencing these lower moods are using alcohol as a coping mechanism to manage their mood (Mental Health Foundation, 2008). People drink for a number of reasons, to celebrate and to socialise but sometimes people choose to use alcohol to 'self-medicate' if they are struggling. Alcohol can provide temporary feelings of relaxation. However, this is only temporary and can often lead to negative effects and feelings.

Further exploration of the responses of those who reported poor mood reveals that they were more likely to say that they engaged in self-management techniques. It is possible that these individuals recognise the potential benefits

of these activities and are hoping to see their poor mood improve rather than worsen. The Out of Sight, Out of Mind report (Samaritan's, 2020) notes that often men who are struggling may not always have the emotional resources nor the knowledge to ask for help and that help will often only be sought out or given when they have reached a crisis and become a risk to themselves or others.

## **Accessing Support**

We were interested in finding out about the support men had accessed for their health and wellbeing over the last year, including their mental health. We also wanted to find out who men were likely to speak to if they needed help.

### Accessing NHS mental health support

We asked men which health services they had been in contact with since January 2020 for their overall health and wellbeing. 73% of men had used at least one service in this period. Of those who had used a service, the average number of services used was 2. The highest percentage of people said they had contact with their GP and this was significantly higher than the other responses given ( $p < 0.05$ ).

We then asked men to tell us which services they had been in contact with for their mental health and wellbeing in the last 5 years. Overall, there were 7 distinct categories mentioned that men had sought mental health and wellbeing support from:

- None – (39 responses)
- GP – (32 responses)
- Mental Health Support (Statutory) – (18 responses)
- Mental Health Support (Charity) – (16 responses)
- Counselling/Therapists – (10 responses)
- Workplace Support – (7 responses)
- National Helplines – (4 responses)

When asked who they would contact if they were looking for support with their mental health and wellbeing in the future, opposed to previous contact, most men said they would speak to their GP or seek self-help information. When looking at this alongside the support men had accessed since January 2020, 75% of those who had seen their GP since January 2020 said they would contact their GP for support with their mental health (compared to 57% of those who said they haven't seen their GP since Jan 2020). This suggests men who are in contact with their GP more often are potentially more likely to speak to them about their mental health than those who have less contact with their GP.

This was discussed further within our follow up interviews. Men described that where they had a trusting and longstanding relationship with a specific GP they were more likely to speak about their mental health. Where men were unable to reach their own GP, they were unlikely to share their concerns with another GP, nurse or receptionist. Men said that where these trusting relationships existed there were more positive outcomes for them. Of the men we spoke with, all acknowledged that GPs are limited in their time and often can only do so much but that having someone who knew their history and understood them was important. Men also said that no matter what the mechanism (helpline, charity, GP etc) there was a desire for the support to be offered in a way that meant men didn't have to frequently retell their story to different people. Where this was the case, men felt understood and not judged. Where this wasn't the case men described themselves as feeling frustrated, anxious and reluctant to engage due to the need to explain and justify each time.

#### Accessing other forms of support

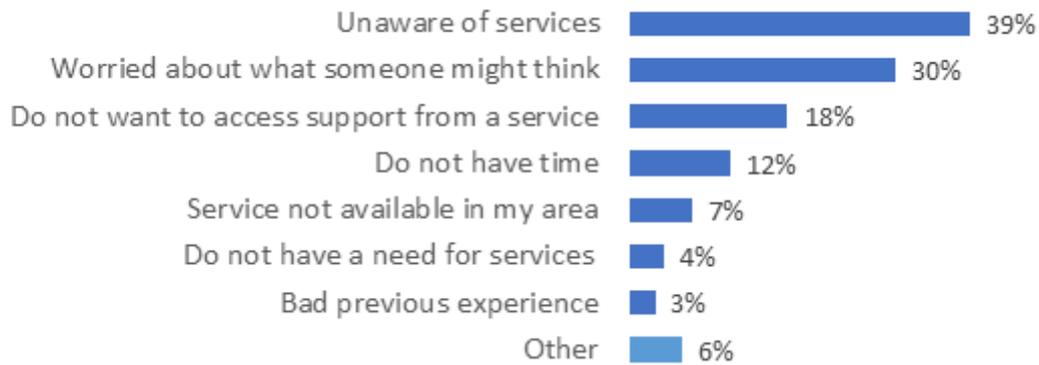
We asked men who they might speak to if they were feeling low, stressed or sad. Most men said that they would be most likely to speak to a spouse or partner, family member or a friend. They were not likely to contact a helpline, use a webchat or text helpline or speak to a work colleague if feeling this way. GPs featured much lower on men's list of people to contact in this context than in the previous question. Although we do not know the reason for this, it could be that the feelings – low, stressed and sad – did not lead men to think about seeking support for these in the same way they would as when we specifically asked about mental health and wellbeing. In our follow up interviews men highlighted that sometimes it can be hard to know the threshold of when to ask for help, e.g., 'when does feeling stressed become something you ask for help with?' Or 'how bad, is bad enough?'

In our follow-up interviews men were asked about their awareness of helpline services such as Samaritans and Breathing Space, and what these services could offer. The men we spoke with all shared a general understanding that these supports were available if you are struggling with your mental health, but they were not sure when they would call nor what it would be like if they did. The men we spoke with said they were more inclined to contact a service or a helpline if they knew the support available would be appropriate and relevant to them. They had no particular preference if it was local or national.

#### Barriers to accessing support

We asked men about what the barriers might be to them accessing support for their mental health and wellbeing. 113 respondents (83%, base size 139)

selected at least one option as a reason why they might not access support for their mental health. Of these responses, being unaware of services, worried what someone might think and not wanting to access support from a service were all significantly higher responses than the others selected ( $p < 0.05$ ). Responses given in the 'other' category included, life insurance implications, confidentiality, anxiety of speaking to someone, and not wanting to join online.



As well as the barriers to support, we asked men what the most important characteristics of a support service for mental health and wellbeing would be. The most common options selected were that it is offered 1:1 (65%), that the support is available in person (60%), that you can self-refer (60%) and that it is free to access (59%). Fewer men selected options where support could be available in the workplace (9%), part of a club/activity already attended (11%), group based (14%) and men only (15%).

### Service information

These ideas were explored further in our follow-up interviews which provided insight around making services more accessible. It was clear that information about support and services needs to be accessible, in a variety of formats and in different settings for maximum exposure. For example, some men don't engage with social media posts by liking, sharing or commenting but may still see a post and take in the information shared. However, others may be more likely to engage with a leaflet in a library or in a café. Men highlighted that this is only beneficial if the information shared is up to date and accurate. Where this was not the case men suggested having one place that all information is stored would be more beneficial if it meant this would be up to date and accurate. Men shared their experiences of finding out of date resources and feeling disheartened when they made contact and tried to access something that no longer existed.

We also wanted to explore how best to keep men informed about the support

that is on offer and available. The average respondent selected 3 options when answering this question, apart from those aged 18-24 who just selected 2 options. Every respondent aged 18-24 who completed this question selected social media (n=15). Social media proved to be the most popular option (70%, base size, 130), followed by the NHS website (33%), radio (30%) and television (28%). Although at lower levels, there were also responses citing more traditional communication methods e.g., local newsletters, papers, post but these were overall less popular.

### Providing support for others

A key strand of work locally is encouraging people to open up a conversation about mental health and suicide, and the survey also looked to explore men's confidence around having these conversations with other people. Overall, men were more confident in asking people they knew about their mental health compared with speaking to a stranger. Men were most confident speaking to a spouse/partner or friend about their mental health.

In our follow up interviews, we asked men if they would appreciate the opportunity to have conversations about their mental health and the mental health of others in everyday settings e.g. at the barbers, in the pub, in a sports club. Of those we spoke with, the overwhelming response was that, although this may seem like a good idea and a step forward, men were concerned about who would be having and instigating these conversations and the knowledge and confidence of people in these settings to respond appropriately. Men said that it can be very challenging to open up to someone and to then experience a negative response. Therefore, men felt that conversations in everyday places would be good only if those instigating the conversations want to have the conversation in the first place and are able to hear what is said and respond sensitively and appropriately. Men suggested that promotion of leaflets across a wide variety of locations would be helpful. These findings suggest that if an approach to widening out conversations around mental health into these settings is taken forward then capacity building behind the initiative is key to ensure conversations are appropriate and meaningful.

### **Demographic information and impact on mental health and wellbeing**

Our key findings in relation to the demographics of those who responded to the survey are highlighted on the next page. Further details around demographic information can be seen in [Appendix 4](#).

# DEMOGRAPHIC INFORMATION

## Our key findings

### AGE

The average age of respondent was **44**, the average age of men in Scottish Borders is 45 (Scottish Census, 2011).

### 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.

### LOCALITY

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).

### SEXUALITY

74% of respondents described themselves as heterosexual, 5% as homosexual, 4% as bisexual and 17% did not disclose.

### CHANGE IN CIRCUMSTANCES

**43%** of men had experienced none of the changes we listed. For those who had, the most common changes were; **a house move (19%)**, **starting a new job (18%)**, a **bereavement (18%)**.

### LIVING ARRANGEMENTS

Men 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 those living without children.

### ETHNICITY

The respondents who completed this survey all described themselves as either white or white European, 3 opted to not share their ethnicity.

# RECOMMENDATIONS:

## The six ways to be well

**“** *We develop interventions that support men to be more aware of their mental health, that also enable them to learn and to build more of a community.* **”**

### Key findings:

- Men tended to focus on ‘nurture’ and ‘be active’ activities when looking after their mental health.
- Men valued 1-1 support, in person and online options, and something that they can self-refer to and was free.
- Men wanted to learn more about ways to self-manage their symptoms.
- Men didn’t want to access something branded as a ‘mental health service’.
- Men with children were least likely to be making time for themselves.
- Men didn’t want to talk to someone who might react badly.
- Men said they were more likely to talk to a partner or friend.

### Recommendations:

- Exploration of peer support options for men within local Peer Support services and national ones.
- Develop/promote key source of information to men about where they can find out about sports activities and other local volunteering opportunities.
- Explore how the Six Ways to Be Well applies to men, encouraging men to take up more than one of the ways to be well.
- Framework for sports clubs that traditionally engage with men that utilises this approach.
- Identify how men can find out about support groups and informal activities locally e.g. sports groups, men’s sheds
- Explore opportunities for men with children to connect to local supports and networks.

# RECOMMENDATIONS:

## Communication about mental health support

**“Support available to men for their mental health should be clearly defined, presented and promoted. There should be clear pathways and access points for information about mental health and wellbeing support that is accessible to men of differing ages.”**

### Key findings:

- Men told us that accessing support should be easy, clear and accessible.
- Men shared that knowing the threshold of when to ask for help can be difficult so clearly defined levels of support could be explored / tested.
- In the Samaritan's (2021), language and images used were found to be important for engaging men. For example, making promotional materials clear and inviting to men.
- Men told us it was disheartening when they could not find information or when information was out of date.
- 39% of men were unaware of the support that was available to them.
- Men highlighted a number of ways they would like to find out about support and what's on offer e.g. using social media.

### Recommendations:

- Existing services and supports could review with men, how they promote their work to men; this might include the language used and the images chosen in promotional materials. Services and supports could utilise mental health research, such as the Samaritan's (2021) report when carrying out their review if they are unable to engage with men in this activity.
- Local forums like the Mental Health Provider's Forum and Mental Health Forum could support organisations and services wishing to become more engaged with men.
- A review could be carried out of the mental health pathway document with the recommendations made in the Samaritan's (2021) report considered.
- A mapping exercise with men could be carried out to review where information is currently found and determine how intuitive and accessible this is.

# Our next steps

Our recommendations set out some wider opportunities for review within support available to men in the Scottish Borders around their mental health. The following information highlights what we can begin to take forward now as a multi-agency Mental Health Improvement and Suicide Prevention Steering Group and within Health in Mind services in the Scottish Borders.

## Health in Mind

- Ensure the Wellbeing College website is up to date with clear and accessible information which is regularly reviewed and updated.
- Review titles and names of courses within the Wellbeing College to ensure they appeal to men. If needed introduce new sessions which are more appealing to men and consider the delivery of more activity-based groups following the recent success of Branching Out in Duns.
- Introduce promotional material for our Borders services which makes what is available and what can be expected clear and meaningful. Include men in this material through images.
- Invite more men to be part of service steering groups and consultation sessions.
- Encouraging the dialogue about having more than one coping mechanism across each service. E.g., within Peer Support Listening Spaces and Wellbeing College courses.

## Joint Health Improvement Team

As we look at our immediate actions as part of the Covid-19 recovery and into our longer term action plan we will look to:

- Build capacity in specific communities that men are more likely to be a part of to ensure that they are aware of the Six Ways to Be Well and how this can be embedded into activities and that they are suicide ALERT.
- Ensure that information on NHS Borders Wellbeing Point is easily accessible and is promoted through channels that men are more likely to engage.
- Share our findings with the Mental Health Improvement and Suicide Prevention Steering Group so that those involved with services can consider the best ways to promote services so that men might be more likely to engage.
- Engage men in developing our communications strategy around NHS Borders Wellbeing Point, social media messaging and in promoting key dates in the year such as Suicide Prevention Awareness Week.
- Engage men in developing the next Mental Health Improvement and Suicide Prevention Action Plan for the Scottish Borders.

# Limitations of this research

- We carried this research out during the Covid-19 global pandemic therefore we are aware that some response patterns may not reflect men's behaviour out with the current way of living. However, very few men actively chose to reflect on their experience during the pandemic in their responses.
- We were only able to speak to 5 men for follow-up interview despite inviting 32 therefore this was only a small cross section of the men who responded overall and a very small proportion of men in the Scottish Borders therefore we cannot generalise these findings to the wider population.
- Our sample size was relatively low in comparison to the total population of men over the age of 18 in the Scottish Borders. Some of our question base sizes were smaller than others as some men chose not to answer all of the questions. Where we have compared response patterns across questions this has been limited by these small base sizes.
- We were not able to promote the survey as widely as we would have hoped given that we were only able to promote it online.
- Areas of relative deprivation and links to mental health and wellbeing are not captured in the survey.
- We had a limited number of younger and older aged men responding to our survey. However, we did have higher percentage of middle-aged men completing the survey. As this age group is at a higher risk of suicide this is a not something we should be concerned about, although it is difficult to assume findings are fully representative of the age groups where response numbers are low.
- All respondents who provided information about their ethnicity stated that they were 'White' or 'White European'. This means that we are unable to find out more about men from Communities of Colour in relation to their mental health.
- Our research did not explore nationality, however there are notable findings from Feniks (2020) which found that Polish men were more at risk of suicide, with mental health stigma, loneliness, social difficulties and a lack of understanding of the Scottish health care system all contributing.

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