DEVELOPING AN UNDERSTANDING OF MENTAL HEALTH PERCEPTIONS AMONGST OLDER MEN AND THEIR PERCEIVED BARRIERS TO THERAPEUTIC UPTAKE

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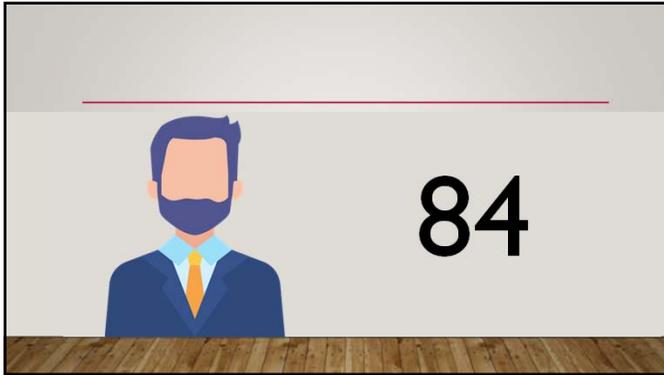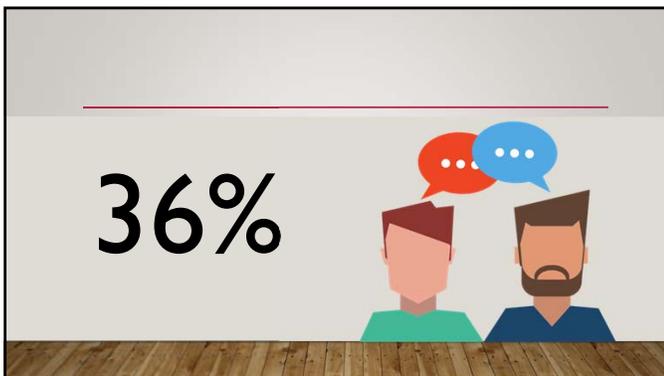FIRST PSYCHOLOGY

GETPSYCHED (@_GETPSYCHED_)

BACKGROUND

- Men's mental health = serious public health concern
- 2019 > 17.7 suicides per 100,000
- 2018 > 15.7 suicides per 100,000   *(Office of National Statistics, 2019)*
- Most common cause of death of men under 50 > suicide

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4 in 5

84

36%

THE ISSUE & NEED FOR THIS RESEARCH

- Although research increasing in men's mental health
  - Subgroup of older men left neglected (Barry, 2019)
    - Most at risk group out mental illness and suicide (Mahalik, 2007; Rose, 2012; Spendelow, 2015)
- Lack of qualitative insight
  - Appropriate for counselling psychology to fill the gap > humanism
  - Mostly quantitative (Gough, 2016)
    - Comparing women and men (Hoy, 2012)

RESEARCH INTENTIONS

Grasp an understanding of the perceptions of mental health and therapy amongst older men

HYPOTHESES & INITIAL CONSIDERATIONS

- Older men feel disconnected from mental health and therapy
- Older men feel that they do not need therapy and that they should not engage with mental health considerations
- The research currently sees men as a homogenous group. However older men will understand mental health and have perceptions of therapy that differ to other sub groups of men

METHODOLOGY

- Design
  - 5 audio recorded one to one semi structured interviews in person
- Participants
  - Men over the age of 60 years
  - Social media and word of mouth
- Materials
  - Semi structured interview schedule
  - Information sheet, consent form, debrief sheet

METHODOLOGY

- Data analysis process
  - Thematic Analysis (Braun & Clarke, 2006; 2012)
  - Allowed for subjective appreciation
    - In keeping with philosophical considerations of counselling psychology (Douglas, 2016; Woolfe, 2003)
  - Inductive as opposed to theoretical
    - Allowed me to remove individual perception & influence
  - Interviews transcribed > Data coded > Superordinate themes established

RESULTS - MAIN THEMES & SUB THEMES

TEMPORAL SHIFTS	SOCIETAL REPRESENTATIONS
• *Generational differences*	• *Demonisation of mental health*
• *Decades of historical learning & perspectives*	• *Therapy perceptions*
• *Overly interconnected world*	• *Uncertain perceptions*
• *Male societal expectations*	• *Stigmatisation barriers*
• *Work & retirement impact*	• *Mental health care and treatment complexities*
	• *Sex differences – men vs women*

TEMPORAL SHIFTS

- Logistical, historical, societal and generational changes older men have experienced
- How this impacts mental health and therapy perceptions
- Disconnection older men feel from the mental health and therapy conversation.

TEMPORAL SHIFTS – *GENERATIONAL DIFFERENCES*

"Well I think, men and this is the bit that's changing, in the past men didn't talk about their feelings and its only now that folk, men are prepared to talk about their feelings and I know your story's kind of age based and I think the younger you are, the more likely you are to talk about your feelings"

TEMPORAL SHIFTS – *DECADES OF HISTORICAL LEARNING & PERSPECTIVES*

"Yep. Och you just have to get on with it basically. They were probably told you just have to get on with it. So it might have something to do with it as well as with the people you were around when you were younger would say to you 'you just have to get on with it, there's nothing really you can do.'"

TEMPORAL SHIFTS – *OVERLY INTERCONNECTED WORLD*

"Is it social media? I don't do any social media myself so I can't speak from that side of it. I understand what it's all about, I just look at other people and read a lot in the press, you hear about it on TV. So. Is it a social, is it a modern social pressure?"

SOCITAL REPRESENTATIONS – *DEMONISATION OF MENTAL HEALTH*

"if you talked about mental health it tended to be people who were in institutions, who were locked up, who had serious psychological or mental illnesses. Certainly not in anyone I knew"

SOCIETAL REPRESENTATIONS – *THERAPY PERSPECTIVES*

"I've got this thought in my head a counsellor, depending who it is, what do they really know? They're just gonna encourage you to talk, talk to yourself or the person you're with. So, I kind of can have a chat with you here now, whether you want to hear it or not! But, so counselling – I don't think much of it"
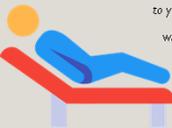
SOCIETAL REPRESENTATIONS – *UNCERTAIN PERCEPTIONS*

"Because it's not really clear what drives these disorders. I'm a mechanistic type person and I'm convinced there is some imbalance in some neurotransmitter somewhere. Now, it's more complicated than that because there is networks going on in the brain and those networks may be perturbed in one person, a small imbalance of a neurotransmitter, nothing, in another person is a huge effect."
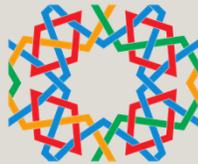
SOCIETAL REPRESENTATIONS – *STIGMATISATION BARRIERS*

"I guess because, the individual me thinks 'oh no that says a bit about getting older', a bit about I suppose potentially being less functional, whether that's sexually or embarrassing in the sense that you hear that people are wearing underwear because of their leaking, that sort of thing. That's one example"

SOCIETAL REPRESENTATIONS – *UNCERTAIN PERCEPTIONS*

"The counselling and therapy is of significant benefit to those suffering through mental health, but I have a concern that it's not available in enough weight at the right time, people are waiting too long for interventions and I'm not sure, I don't have the evidence to back it but I'm not sure there's enough funding commitment behind it to make sure that folk get, not that allocated [inaudible 05:53] therapy but actually they might be need. It doesn't go far enough and it doesn't go fast enough"

SOCIETAL REPRESENTATIONS – *STIGMATISATION BARRIERS*

"I think so, the expectations on men as opposed to women, women will go out the quiet way, men will go out with a bang, so to speak. I think so. Never thought of that before but yeah, I think men go out with a bang"

CONCLUSIONS

- Men see themselves as a lost generation regarding mental health and therapy
- Stuck in a position of being confined to historical perceptions and modern demands
- Hegemonic masculine principles feel different for older men
  - Have had decades for them to be engrained
- Unique societal expectations that create demands of older men
  - Survived up to this point
  - Previous breadwinners and cornerstones of family

CONCLUSIONS

- Older men feelings of loss of identity
  - "De-gendering" (Gleibs, 2016)
  - Work and retirement barrier
- Engrained perspectives of therapy and mental health
  - Creating challenging barriers
- Older men feel a lack of clarity regarding mental health and therapy
  - "If we don't know what it is, how do we know we have it and how can we treat it?"

PRACTITCAL & THEORETICAL IMPLICATIONS

- Counselling psychology
  - Social justice
  - Humanism
  - Philosophical underpinnings
- Older men seeking a service developed and facilitated by them
  - Mental health and therapy constructed and facilitated by younger generations
    - How would they know?
- Older men = high risk of mental illness and suicide
  - Yet are alienated

LIMITATIONS

- Research is male
- Geographical limitations
- Age range limitations
  - All participants between 60-7
  - No over 80's for example
- Generational and time specific
  - Research may be different for the next generation of older men

FUTURE RESEARCH CONSIDERATIONS

- Larger pool of older men
- Very old men
- Continual trends of mental health perceptions and therapeutic uptake barriers amongst future generations of older men
- Different geographical considerations – compare and contrast
- What would get older men into therapy?

FINAL THOUGHTS

- Older men – very at risk of mental illness and suicide
  - Yet feel a high level of disconnection and alienation
- We cannot take men as one homogenous group
- Older men has specific and unique challenges regarding mental health understandings and therapeutic uptake

More consideration is needed to understand these perceptions and barriers better to assist older men in engaging in the mental health discussion and considering accessing therapy.

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THANK YOU