



How can UOK modify its website and communications to engage more men?

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Authenticity Statement



I declare that this submission is my own work. I have not submitted it in substantially the same form towards the award of another qualification. It has not been written or composed by any other person and all sources have been appropriately referenced or acknowledged. I consent to this work being stored electronically and copied for assessment processes, including the use of plagiarism detection systems in order to check the integrity of assessed work.

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Southdown



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Executive Summary

Context

UOK is a partnership of mental health services across Brighton & Hove and most recently in East Sussex. Its mission is to be a local connection to mental health services. As UOK launches itself in East Sussex, UOK needs to ensure its engaging with individuals who face challenges with accessing mental health support (Regan, M, 2016: 17).

1 in 8 men have a mental health need (McManus S et al, 2016: 10). Although there has been rise in men accessing mental health services, nationally men have a lower rate of accessing mental health services than women (ONS, 2024: online). To increase its engagement with men, UOK needs to review how its communications and website can address barriers to reach more men.

Purpose

1. Identify key barriers that prevent men from accessing mental health support.
2. Review how UOK's website and communications can be modified to target men from different backgrounds (e.g., ages, ethnicities, and professions).
3. Explore ways to involve individuals with lived experience in shaping UOK's website and communications.

Intended Audience

- The UOK Partnership Leads for Brighton & Hove, and East Sussex.
- Southdown and UOK Communications Team.
- Charities who are looking to increase the number of men using their services in Brighton & Hove and in East Sussex.

Research Methodology

- A literature review.
- A survey, circulated to men across in Brighton & Hove and East Sussex (384 total).
- 3 Focus Groups, one with mental health professionals and two with men who completed the survey (17 total).
- Semi-structured interviews with individuals who are part of male peer support groups.

Key arguments

1. UOK's marketing materials need to address the key barriers that many men face when trying to access services:

- Fears of confidentiality being breached.
- Stigmatisation and feelings of shame.
- Perceiving their mental health needs as not "severe enough".
- Not knowing what mental health support is available.

2. Men across different cohorts do want to talk about their mental health.

However, support provision needs to focus on providing men with belonging and

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connection, whether that be talking groups or using the shoulder-to-shoulder approach: activity-based groups (Cutler, D & Lowe, L. 2024:17).

3. Advertisements that target men through their masculinity or the narrative 'men don't talk' can alienate men by reinforcing stigmatisation.
4. UOK are most likely to attract men to their services by having marketing materials that state services are confidential, with professionals who will hear and understand their experience.
5. UOK's marketing materials should be consulted on and co-designed with men who have lived experience, including local men's peer support groups.

Recommendations

Addressing barriers:

- **R1:** Conduct further research on the barriers for men with language needs and from black, racialised and minoritised communities.
- **R2:** Incorporate a weekly men's drop-in group into the UOK service provision.

UOK's Website and Communications:

- **R3:** Modify the UOK website based on the report findings.
- **R4:** Create a male-specific targeted marketing campaign for UOK across its two locations.
- **R5:** Conduct Search Engine Optimisation keywords search on the UOK website.
- **R6:** Embed an interactive function into the welcome page of the UOK website.

Working Closely with lived experience:

- **R7:** Develop working relationships with external established lived experience groups.
- **R8:** Build relationships with local men's peer groups
- **R9:** Collaborate with men's peer groups to create a male-targeted resource.

Implementation Plan

R7 & R8 will be prioritised to ensure the remaining recommendations can be implemented between January 2025- Autumn 2026. Prioritising **R7 & R8** contributes towards UOK's aim of collaborating closely with people who have lived experience of mental health needs.

| | |
|---------------------|---|
| Respondents | Survey |
| Participants | Focus Groups |
| Interviewees | Interviews |
| Men | Any individual who self-identifies as a man |

Context

Organisation

Established in 2019, UOK is a partnership of mental health services across Brighton & Hove and more recently in East Sussex. UOK provides a variety of mental health support and acts as a central point of information, with a website and phone helpline. The UOK partnership is led by Southdown, one of the largest Sussex-based housing and mental health not-for-profit organisations.

UOK's mission is to be a local connection to mental health services, helping people to "find support at "the right time" and "promote good mental wellbeing for all" (UOK Website, 2024).

Mental Health Definition

Mental health is defined as "a state of wellbeing in which the individual realises their abilities to cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organisation, 2024). Despite its definition, the term mental health in the UK carries negative connotations that prevent people from accessing support.

Men's Mental health: National and Local Statistics

As UOK launches itself as a local connection to mental health services in East Sussex, it needs to increase engagement with cohorts who face inequalities or barriers when accessing mental health support (Regan, M. 2016: 17).

Nationally, men have a lower rate of accessing mental health services in comparison to women (ONS, 2024: online). However, Men have a higher rate of committing suicide (ONS, 2024: online). In the UK 1 in 8 men have a common mental health disorder, in comparison to 1 in 5 women (McManus S et al, 2016: 10). However, the rate of suicide in men (15.4 per 100,000) is over three times higher than in women (4.9 per 100,000) (ONS, 2022, online).

UOK's EDI consensus data indicates that more men are using UOK's mental health services, but this can be increased. For example, in 2023 UOK's EDI consensus data indicated that 32% of service users across UOK's partner services were men, while 50% were women and 5% either self-identified as 'other' or 'preferred not say'.

However, the data also indicated that around 46% men in Brighton & Hove used the UOK Preston Park hub, in comparison to around 53% of women. This finding was similarly found with Southdown's EDI consensus data for the UOK Wellbeing Centres, which indicated around 45% men used their services, in comparison to around 54% of women.

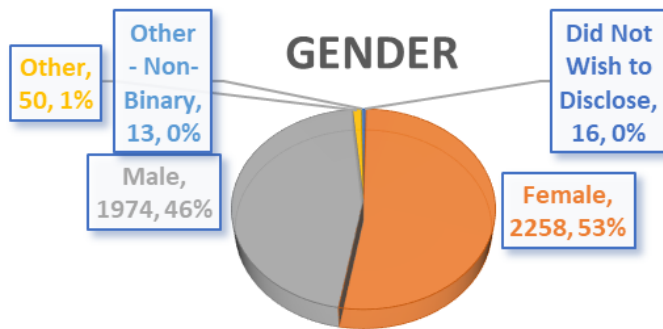


Figure 1: UOK Brighton & Hove Wellbeing hub and Staying Well Centre (for crisis support) demographics data.

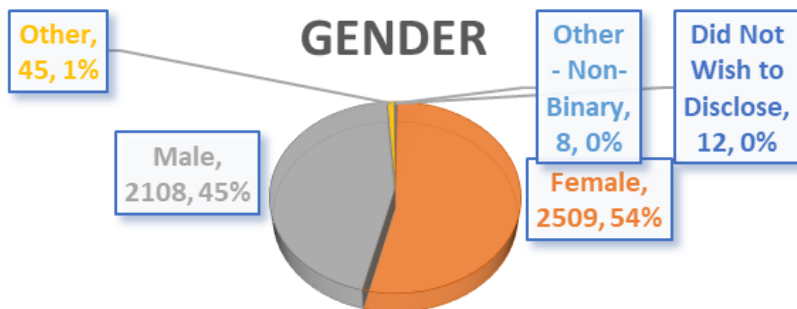


Figure 2: UOK East Sussex Wellbeing Centres and Staying Well Crisis Support Service (located across East Sussex) demographics data.

Barriers to men engaging with mental health services.

UK heteronormative views of masculinity create stigmatisation that prevent men from using mental health services at the time they need support (Stein, C. 2016: 6, Samaritans, 2020: 11). 'Services can need to be careful to ensure their support is "male-friendly" and can be tailored to men (Mind Report, 2019: 8). Otherwise, there is the risk of men only getting help once they have reached a crisis point with their mental health.

UOK can only tailor its communications to different male cohorts once it understands the full range of barriers men face in Brighton & Hove and East Sussex.

Through positive health promotion, UOK can play a role in enabling people to improve their mental health (World Health Organisation, 2024). UOK needs to review its current channels (UOK website & leaflets) to understand what can be done to further attract men, as how to "pitch" mental health services to men are crucial (Intermountain Health Website, 2016). For example, advertisements that directly market mental health for men are an ineffective way to engage men (Sharp, P, 2022: 12).

The role of lived experience in increasing engagement

Those with lived experience of mental health challenges can provide "unique insights that can challenge assumptions, motivate organisations to do things differently and pinpoint areas for change" (Fulfilling Lives, 2020: 3). To engage with more men, UOK needs to explore ways to involve men with lived experience in shaping its website and communications.

Methodology

Literature Review

Reports, academic articles, statistical data and blogs have been consulted.

Quantitative and Qualitative Survey:

384 men responded in total. 247 respondents lived in Brighton & Hove and 137 respondents lived in East Sussex. The population of Brighton & Hove is 278,000 (Brighton & Hove County Council, 2024: 4) and in East Sussex is 550,700 (East Sussex County Council, 2024: 2). This correlates to a 0.088% response rate in Brighton & Hove and 0.024% in East Sussex.

Qualitative: Focus Groups

Three focus groups were conducted with 17 participants. Personal invites for one focus group were sent to mental health professionals from organisations including, Mind Brighton & Hove, Grassroots Suicide Prevention and Brighton & Hove Switchboard.

Two focus groups involved respondents of the survey, who consented to be contacted to be asked to take part. Participants' ages ranged from 20-65+.

Qualitative: Semi-Structured Interviews

Four semi-structured interviews were undertaken with individuals who run or volunteer with men's peer groups across Brighton & Hove and East Sussex. Interviewees were sent personal invites to take part.

The findings needed to involve the perspectives of professionals, volunteers and the public in order to attain a holistic picture of how to increase UOK's engagement with men.

Ethics

Every participant signed a consent form prior to the focus group and gave verbal consent for the sessions that were recorded.

Respondents and all participants were anonymised in the research and all recordings were deleted after 8 weeks. Participants and interviewees signed consent forms approving identifiable quotes to be used in this report.

Limitations

Due to the response rate in comparison to local population figures, the findings are not reflective of the views of all men living in Brighton & Hove and East Sussex. Therefore, there will be a range of intersectional nuances and perspectives not covered in this report.

Further research needs to be undertaken by UOK to understand the views of men from black, minoritised and racialised backgrounds. Only 27% of respondents (80 total) were identified as being from non-white backgrounds. Meanwhile, only 3% identified with language support needs.

Results and Analysis

The findings from the survey, focus groups, and interviews were categorised into three key themes for discussion:

1. Barriers to engagement with UOK services

Key Barriers

90% of the total 384 respondents described one or multiple barriers to accessing mental health services. Universally participants and interviewees agreed that the below four key barriers stop men engaging with mental health services.

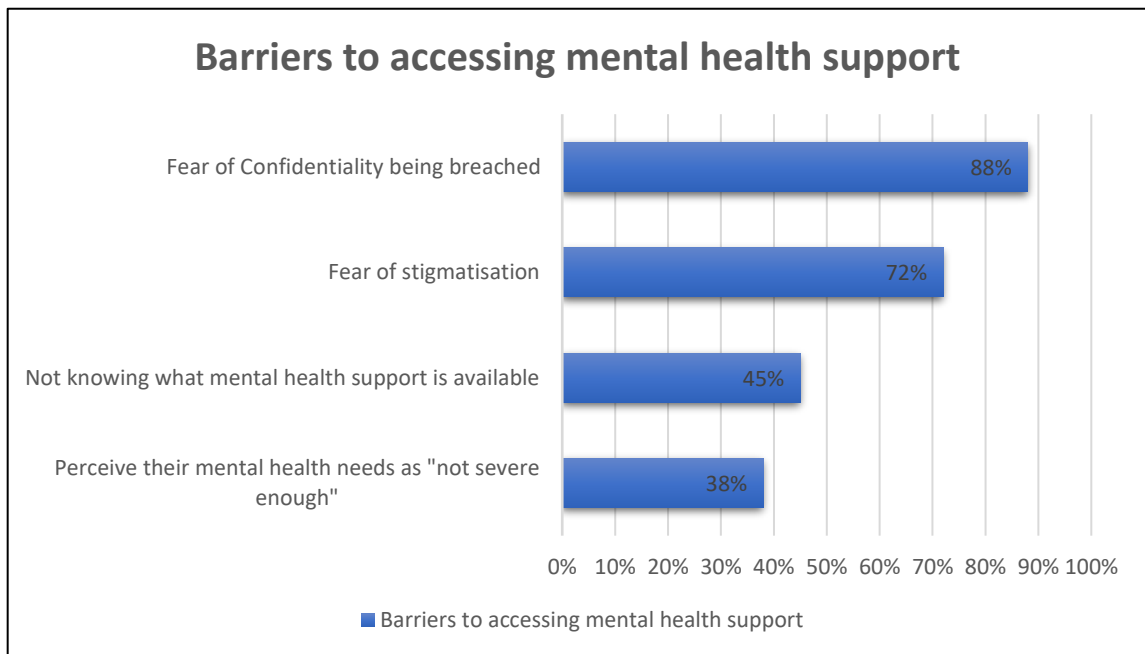


Figure 3: Survey Results- Barriers

Barrier 1: 88% out of 384 respondents' answers cited a fear of confidentiality being breached by mental health professionals.

- Participants universally agreed that services would increase male engagement with advertising that explains services are confidential and/or anonymous.

Barrier 2: 72% out of 384 respondents' answers cited concerns of stigmatisation by professionals and feelings of shame for needing mental health support.

- Respondents referenced terms 'male pride' and 'male dignity' frequently. Heteronormative cultural perceptions on traditional masculinity discourage men to speak about mental health struggles (Mind Report, 2019: 8).

- Respondents aged 45-65 most cited barrier 2 and answered most that they would 'keep their feelings to themselves' when experiencing mental health struggles.

Barrier 3: 45% out of 384 respondents cited a lack of knowledge of what services they can access.

- 76% of respondents who do not currently access mental services cited this reason.

Barrier Four: 38% out of 384 respondents' felt that their mental health needs were not "severe enough" to allow them to access support.

- One participant (a mental health professional) attributed this barrier to men feeling they need permission to use mental health services.

Universally participants agreed that younger men aged 18-30 are most likely to speak openly about their mental health.

Three participants and one interviewee explained that mental health service advertisements focus most on barrier two but can attract more men through addressing barriers 1 and 4.

"It's Interesting to look at these ads alongside the four barriers in Question 1. None of them seem to be aimed at the idea that men feel their mental health needs are not severe enough, nor fears of confidentiality being breached" (Focus Group Participant)

Barriers by demographic

- **Age:** UOK needs to promote widely its evening services. Respondents aged 30-45 most cited 'lack of time in the day' to attend appointments due to work and family commitments.
- **Rural areas:** In East Sussex, the UOK website should promote services that are located in multiple locations or are held online. Three Interviewees explained that to keep their anonymity, men in rural areas in East Sussex are more likely to use services outside of their home area.
- **GBTQIA+:** Two interviewees and one participant suggested men who identify as GBTQIA+ are less likely to feel welcome in male specific spaces and services. Three participants and one interviewee highlighted that all services available to self-identifying men need to promote they are GBTQIA+ inclusive.

Cultural and language specific barriers

Further research needs to be undertaken to identify what UOK can do to address the following barriers:

- 35% of respondents cited the fear of being discriminated for their ethnicity by mental health professionals.

- 27% of respondents cited concerns that the professional could not relate to them based on their ethnicity.
- 3% respondents cited not accessing mental health support because they could not speak to a professional who speaks their first language.

Barriers identified in focus groups & interviews:

“Getting men through the door”:

The majority of participants agreed that men privately research their options, but then disengage when required to attend a service or call to make an appointment.

Seven participants and the two interviewees recommended that UOK can overcome this barrier by:

- Promoting drop-in and peer support spaces, to allow male individuals to have the time to make multiple attempts to attend a service.
- Using visual and video formats to provide a step-by-step guide to show what to expect when arriving at UOK’s Wellbeing Centres and Wellbeing Hub.
- Promotional posters outside of services and group spaces room that encourage men to take that “step through the door.”

Digital accessibility:

- All participants agreed that lack of access to digital technologies is a key a barrier to men’s engagement with mental health services.
- One interviewee suggested UOK should advertise itself through radio stations, newspapers and on buses. Six participants suggested that leaflets should be sent to foodbanks, employers (such as construction sites and locally prominent employers), Job Centres and community spaces.

“There are a lot of mental health services available, but services’ advertising is not made as available for everyone to see.” (Interviewee)

2.UOK Website and Communications Review

Providing the right mental health support for men

Public health campaigns that focus on encouraging men 'to talk' (2021) were unpopular with participants and interviewees. The wider cultural narrative that men don't talk simplifies the issue (Chandler, 2021:16).

All participants agreed that men do want to talk about their mental health. However, it is dependent on services *creating* "the correct environment" (Focus Group Participant). When men do access support, many find non-traditional support such as peer and activity-based groups (Mr Hastings and St Leonards Project Report, 2023).

253 respondents (66%) agreed that they would speak to a family, friend, or carer if their mental health were struggling. Only 28 (7%) agreed that they would keep their feelings to themselves.

"Some men I've engaged with, trying to tell them that they have to talk creates more barriers. They often need to connect rather than talk." (Focus Group Participant)

"From my experience men absolutely want to talk without any doubt, it's just nurturing the correct environment." (Focus Group Participant)

8 participants suggested that mental health services should offer male individuals the option to speak to a male or female mental health professional. This approach overcomes the barrier around fear of stigmatisation and judgement. However, one participant highlighted that this may be a challenge as there are less men working in the mental health field due to the empathetic and caring capacity of mental health frontline roles.

All participants agreed that men are more likely to engage with support when drop-in group spaces are provided. Providing a space where the central aim is to foster social belonging is most likely to create a space in which men feel they can express themselves (Intermountain Health Website 2016; Cutler, D & Lowe, L. 2024:13).

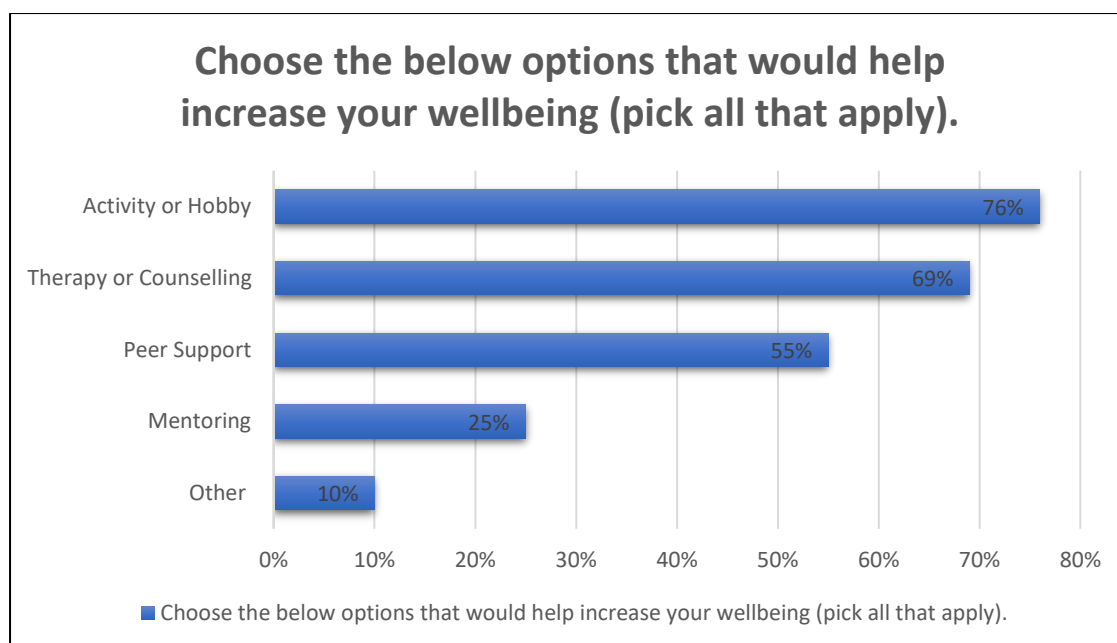


Figure 4: Types of Support to Increase Men’s Wellbeing

76% out of 384 survey respondents agreed activities and Hobbies would benefit their wellbeing.

55% out of 384 respondents agreed that peer support groups would help to improve their mental health when struggling.

All participants agreed UOK should offer activity-based support, known as the “shoulder-to-shoulder approach” (Cutler, D & Lowe, L. 2024:17). 8 participants agreed that UOK should provide a mixture of talking and activity-based peer support.

The top four types of support that respondents said would benefit their wellbeing were:

1. Peer support spaces
2. Art and music activity groups
3. Physical activity groups (including badminton and walking)
4. 1-1 mentoring programmes.

Marketing mental health services to men

In the focus group activities participants were asked to provide feedback on different national and local men's mental health advertisements. As expected, there were different perspectives, but there were key themes that emerged.

DOs

1. To overcome barriers, ensure promotional items make it clear the service is anonymous and/or confidential.
2. Advertisements that ask questions to intentionally get their audience thinking. Particularly advertisements that address the tendency men have to downplay their mental health needs.
3. Messaging that emphasises the person will be heard and can talk in their own time.
4. Advertisements that use visual storytelling.
5. Collaborative advertisements with local men's groups will build trust in UOK with men in the community.
6. Advertisements that target specific groups of men by age, ethnicity, and occupation.
7. Use the words 'mental health' and 'wellbeing', but ensure they are contextualised to avoid stigmatised narratives in messaging.

DON'Ts

1. Advertisements that target men specifically through themes of masculinity alone, this can alienate male audiences.
2. Disempowering messaging that claims what men cannot do, including statements such as 'men don't talk' and 'men don't cry'.
3. **Do not use red text.** Nationally, men are at a higher rate of being colourblind affecting their ability to see red text (Colour Blind Awareness UK Website, 2024). Multiple participants noted the colour red carried negative connotations.

UOK Website Review

All participants universally agreed that UOK’s website is a good function for encouraging men from a range of backgrounds and ages to access mental health support. This perspective was reflected in the survey. 69% of survey respondents had used the internet to find mental health advice.

The top four websites that respondents had used to search for mental health information (not including UOK) were:

1. ‘NHS website’
2. ‘Mind’
3. ‘Very Well Mind Website’
4. ‘Terrance Higgins Trust’

53% of total respondents had either heard of or visited the UOK website.

Only 37% of East Sussex respondents had heard of UOK and/or visited the website. This is not surprising as UOK was only established in East Sussex in April 2024.

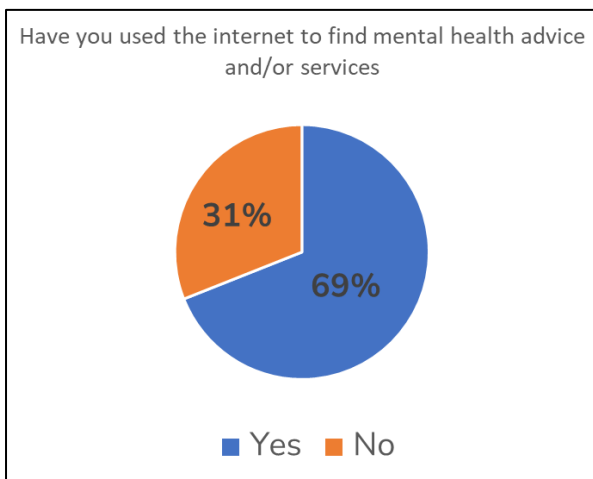


Figure 5: Survey results – Use of the internet to find mental health advice.

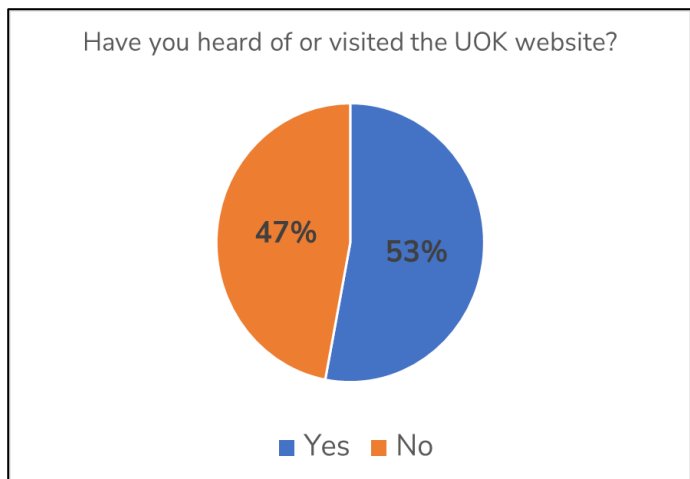


Figure 6: Survey results – UOK Website Review

When participants reviewed the UOK website, they commented that:

1. The welcome page and 'start your search' function was laid out in a clear format.
2. The majority of participants agreed that it was important for UOK to provide a phone helpline function.
3. 9 participants suggested the welcome page should have candid photographs or candid videos of men interacting with each other in peer support spaces.
4. 15 participants felt an interactive function on the welcome page would make the website more user friendly, especially for individuals who identify as neurodivergent.
5. 3 participants and 1 interviewee suggested the UOK website should include messaging to show they areGBTQIA+ inclusive (e.g., a rainbow pride flag on the welcome page).
6. All participants suggested the website should contain resources that promote groups and activities to support men's wellbeing and mental health.

Participants' feedback suggests that the UOK website does not need to be comprehensively modified, instead smaller modifications can be made that would target more men, especially for men who identify asGBTQIA+ and/or neurodivergent.

**"The speed at which you get to a list of possibly daunting services could be an issue. I'd really like to see something that asks a few questions and makes a few suggestions".
(Focus Group Participant)**

"If you can show that you are out in the community, you're instantly going to get trust from people." (Interviewee)

"I love the idea of the speech bubbles. It's a nice open-ended question leading you into it. However, I understand what they're trying to do with the UOK, but might be better to put are you OK?" (Focus Group Participant)

3. Language Review for the UOK Website

Language used in marketing materials targeting men needs to be carefully considered (Stein, C. 2018: 5). Language can be a tool or a barrier for engaging individuals to use mental health services (Stein, C.2018: 5). It is crucial for UOK to use the terms that men use to describe their mental health needs (Men's Mental Health Forum, 2018). It was crucial to explore the way men in Brighton & Hove and East Sussex understand terms commonly used by mental health professionals.

Mental Health:



The top five ways that respondents described the term mental health:

1. Challenges in life
2. Overwhelmed
3. Difficulty to manage social relationships and day-to-day life
4. Emotional stability and integrity
5. State of mind- can be positive or negative

14 participants found the term 'mental health' carries negative connotations around the stigma of mental health. 1 participant highlighted that to not use the term mental health creates a silencing effect that perpetuates stigmatising narratives.

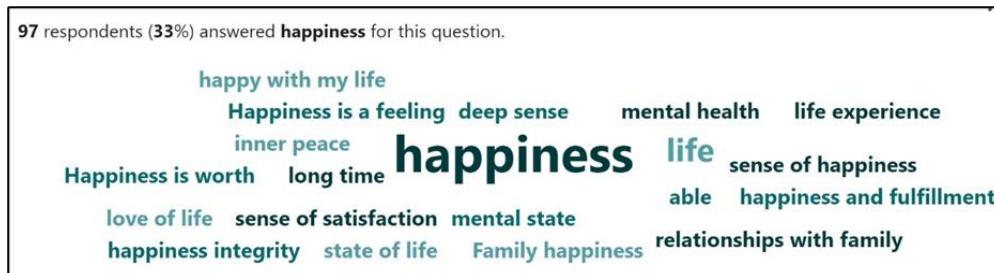
1 participant suggested that services are more likely to engage men by describing the symptoms associated with mental health conditions rather than through "labels".

The top five words respondents chose for describing poor mental health were '**Feeling low or down**', '**anxious**', '**tired**', '**not feeling myself**' and '**depressed**'.

In addition, the term '**struggling**' was popular with the majority of participants across all three focus groups.

Wellbeing

Wellbeing was identified as a positive term to use by respondents, participants, and interviewees.



The top three associations respondents with the word wellbeing were: **happiness; connections to physical wellbeing; and positive relationships with family, friends and colleagues.**

One participant (who was a professional) highlighted the feminine connotations that can be associated with the term wellbeing. In contrast the majority of lived experience participants preferred the term wellbeing to mental health.

Additional terms for consideration

Support: 16 participants identified that they preferred the term support over help, with one participant associating the term help with the idea of an individual as a victim.

Recovery: 7 participants associated the term recovery with drugs and alcohol recovery. 3 participants suggested that the word recovery implies an unrealistic expectation that an individual should completely recover from a mental health condition.

4.UOK: Shaped by Lived Experience

Representation

The majority of participants agreed that to encourage more men to access UOK's services, men need to see representation of their peers accessing mental health services.

The top six suggestions by participants and interviewees were:

1. Role models who openly discuss their mental health challenges, especially cultural leaders and well-known figures.
2. Advertisements that show representation of men from different ages, ethnic backgrounds, occupations, and men with disabilities.
3. Case studies of men who have accessed mental health support, especially case studies of men who access support before getting to a crisis point.
4. Candid videos and pictures of men interacting at mental health services and during peer groups.
5. Representation of men working in occupations of construction, the police, armed forces, and paramedics.
6. Interviews with men who work for mental health services.

Lived Experience Voice

Men are best placed to know what approaches are needed to reach other local men (Mr. Hastings and St Leonards Project, 2023:15). It was important to gain participants' and interviewees' perspectives on how and whether UOK should engage men with lived experience to input and shape UOK's communications, website, and Wellbeing Centres' and Wellbeing Hub's group provision.

All 4 interviewees and focus group participants universally agreed that UOK should collaborate with men's peer groups on targeted resources for men.

16 participants agreed that men with lived experience of mental health struggles should co-design and be consulted on the UOK website and marketing materials.

The top suggestions that participants and interviewees had for what lived experience involvement could look like, included:

- Marketing consultation and co-design
- Sessions in the library to display what UOK offers
- Local radio talks
- Activity events, such as running events

**“Men who have accessed mental health services want to help other men and get involved to shape services.”
(Focus Group Participant)**

- UOK website content development and co-design

UOK can reach more men by involving individuals with lived experience through a “meaningful and not tokenistic” approach (Fulfilling Lives Report, 2020:4). This could involve consultation, co-design, or co-production.ⁱⁱ

Overall, participants’ feedback suggests UOK needs to take the approach of consultation and co-design. However, 2 participants disagreed that UOK should reach out to men with lived experience to consult or co-design marketing materials. 2 neither agreed nor disagreed.

1 participant highlighted that UOK should pay individuals for their time and provide further incentives for the individuals involved. 5 participants made the suggestions of mentoring schemes, adding skills to CV, and recruiting individuals who can then showcase the work in their portfolio (such as those in art or design roles).

“There are web developers and graphic designers out there. There are people that are very good at creative writing.” (Focus Group Participant)

Barriers to involving lived experience

5 participants suggested two potential barriers to consulting and co-designing men who have lived experience on its communications:

1. Potential lack of men willing to take part due to fear of confidentiality being breached.
2. The time it takes to build trust with individuals and ensure “individuals feel ready” to take part (focus group participant).
3. Ensuring rigorous safeguarding, consent, and data protection procedures.

1 participant suggested that to overcome these barriers UOK should collaborate with the many established lived experience groups in the Brighton & Hove, and East Sussex area. This approach would contribute towards UOK’s purpose to work in partnership with local services.

“Even if you only have three or four people out of 100 who get involved, it’s still worth it.” (Focus Group Participant)

Recommendations and Consideration of Feasibility

These recommendations have been developed based on the findings. The recommendations have been consulted on with:

- The two UOK Partner leads
- The UOK Digital Communications lead
- Southdown Communications Team.

R1: Conduct further research on the barriers for men with language needs and from Black, Racialised and Minoritised (BRM) communities.

Aim: To explore further the barriers that stop men from BRM communities and men with language support needs from accessing mental health services.

Action: Conduct a short survey and 5-8 interviews.

COF: Feasible as the researcher can undertake the research. Small financial implication due to needing to pay interviewees for their time.

R2: Incorporate a weekly self-identifying men's drop-in group in the UOK service provision.

Aim: This can attract more men to access UOK services and provide mental health support that men are more likely to engage with.

Action:

- Southdown Redesign Team (including Southdown operational managers, UOK partner lead, Client/Tenant Involvement Lead, Wellbeing Centre managers) to reflect on which specific male cohort and activities to provide for the men's drop-in space based on the findings.
- Meet with men's peer groups based in East Sussex to learn from their approach.
- Ensure the group is GBTQIA+ inclusive and inclusive to those who identify as non-binary.

COF: A feasible recommendation. However, it does involve a staffing implication as it requires staff to run the group across all Wellbeing Centres and Wellbeing Hub, with the exception of Hailsham, where there is already an established men's group.

R3) Modify the UOK website based on the report findings.

Aim: To ensure the UOK website becomes more inclusive and attractive to male individuals based on the suggestions from the report findings.

Action:

- The researcher will write an executive summary and list of all the suggestions made during the focus group UOK website review activity.
- The report to be reviewed by the Southdown/UOK communications team and consulted on with by external lived experience group/ Southdown client/tenant voice group.
- Digital communications officer to implement changes to the UOK website.

COF: Feasible recommendation, with minimal staffing. However, there will be a minimal financial implication due to needing lived experience individuals to review suggestions.

R4: Create a male-specific targeted marketing campaign for UOK across its two locations.

Aim: UOK has targeted advertisements and resources for male individuals from different backgrounds and cohorts, to ensure UOK is promoted more widely to men who live in East Sussex and Brighton & Hove.

Action:

- The Southdown communications team, UOK Digital Communications Lead, Southdown client involvement staff to work together with established lived experience groups to co-design targeted advertisements. Co-design a range of targeted advertisements for men of different cohorts.
- Map the different services men can access in East Sussex that welcome individuals from across different areas in East Sussex
- Create a specific filter for male individuals on the 'Resources Page' with groups, services and activities informed by the report findings.
- Promote through a Sussex Wide Campaign using digital and paper formats to ensure digital inclusivity (e.g., newspapers, leaflets, radio talk shows).

COF: A feasible recommendation but will involve cost and staffing capacity implications due to group meeting semi-regularly for a period of time. R4 is reliant on **R3, R7 & R8** being achieved.

R5. Embed an interactive function into the welcome page of the UOK website.

Aim: To make the UOK website more user friendly, especially for neurodivergent audiences.

Action:

- Southdown Communications Team and UOK Communications Digital Lead to agree with their web developer the best approach to making the UOK website interactive.

COF: A feasible recommendation, with financial implications that can be minimised depending on which suggestions are agreed upon from the findings.

R6: Develop working relationships with external established lived experience groups.

Aim: To create opportunities for male individuals with lived experience to co-design and consult on UOK communications, marketing materials and services.

Action:

- Researcher to map lived experience groups in Brighton & Hove and East Sussex.
- UOK leads, Southdown Central Communications Team and UOK Communications Lead to make introductions with 1-3 external lived experience groups to make introductions to facilitate ongoing working relationships between established lived experience groups and relevant UOK and Southdown staff.
- Southdown Communications Team and UOK digital Communications Lead to work more closely with Southdown Client/Tenant Involvement Lead on UOK's development of its website and communications.

COF: Highly feasible as this recommendation has already been partially achieved. Needs to be prioritised to undertake **R2, R3 & R4**.

R7: Build relationships with local men's peer groups.

Aim: For UOK to undertake its role as a central point of information by promoting men's services and peer groups available in East Sussex and Brighton & Hove. This recommendation would also ensure that **R8** can be achieved.

Action:

- Researcher to map out the range local men's groups in Brighton & Hove and East Sussex.
- The two UOK Partnership leads to visit local men's support groups.
- Southdown Wellbeing Centre (WBC) Redesign team to invite local men's groups to input on the development of a men's peer group provision at the WBCs.

COF: Highly feasible with minimal staffing implication and no cost implication. This recommendation will benefit UOK's aim to become recognised as a central point of information. Needs to be prioritised to achieve **R3 R4 & R8**. **R7 to be prioritised.**

R8: Collaborate with men's support groups to create a male-targeted resource.

Aim: To create marketing materials that support in building trust in the UOK brand with men in East Sussex and Brighton & Hove communities.

Action:

- Researcher to recommend 1-2 men's peer groups to collaborate with.
- Southdown and UOK Communications Team to co-design with men's peer groups on specific resource (e.g., leaflet or flyer).
- Circulate through digital and in-person channels (e.g., social media, website, foodbanks, mental health services and employers).

COF: Feasible but will have staffing implications for communications team. There is a higher cost implication, with printing of the resource materials and payment for time collaborating with men's peer groups.

Implementation Plan

R6 & R7 are to be prioritised. R6 & R7 contribute towards UOK's aim to collaborate closely with people with lived experience.

The remaining recommendations can be implemented in a phased approach between January 2025 to Autumn 2026. This approach accounts for capacity and resource implications, as well as the sector-wide funding efficiencies taking place until March 2025.

| | |
|-----------------------|--|
| What | <ul style="list-style-type: none"> • Develop further working relationships with local men's peer groups. • Map out established lived experience groups in Sussex. • Liaise further with Southdown communications and operational teams. |
| When | January 2025 - December 2025 |
| Who | <ul style="list-style-type: none"> • Researcher • Southdown Communications Team representative • Representative from 1-2 men's peer groups • UOK Partner leads |
| Resource Implications | <ul style="list-style-type: none"> • Minimal staffing implications. • Financial implications: will need to pay individuals with lived experience a fee for their time. |
| Overcoming Barriers | There may be challenges to attaining perspective from individuals with lived experience. However, this can be overcome by inviting individuals from a wide range of lived experience groups and participants who took part in the focus groups. |

Concluding Thoughts

This research highlights that UOK can make modifications to website and marketing materials to make its communications male-friendly. However, to do achieve this, UOK needs to: 1) ensure its communications address key barriers men face when wanting mental health support and 2) have its website promotes local support services that men are most likely to access.

The findings highlight that there is not 'size-fits all' approach when attempting to encourage men to access mental health support. However, having men with lived experience consult and co-design UOK's communications, will enable UOK to build trust with men in communities. This will further contribute towards UOK's purpose to promote wellbeing to all communities in the Brighton & Hove and East Sussex area.

Reference List

1. Brighton & Hove County Council. 'Brighton & Hove JSNA summary March 2024 Population'. *Brighton & Hove County Council Joint Needs Assessment*. (online). Available at: <https://www.brighton-hove.gov.uk/joint-strategic-needs-assessment-jsna> [Accessed 30.04.2024]
2. Chandler, A. (2021). 'Masculinities and suicide: unsettling 'talk' as a response to suicide in men.' (online). *Critical Public Health*. Available at: <https://www.tandfonline.com/doi/abs/10.1080/09581596.2021.1908959> [Accessed 30.04.2024]
3. Colour Blind Awareness UK. (2024). 'About Colour Blindness.' *Colour Blind Awareness UK Website*. (online). Available at: <https://www.colourblindawareness.org/colour-blindness/> [Accessed 30.04.2024]
4. Cutler, D & Lowe, L. (2024). 'Creatively Minded Men: Exploring men's participation in arts and mental health activities.' *The Baring Foundation*. (online). Available at: https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creatively-Minded-and-Men_final-low-res.pdf [Accessed 30.04.2024]
5. East Sussex County Council. 'East Sussex Population Estimates.. In Brief.' *East Sussex County Council Joint Needs Assessment*. (online). Available at: [file:///C:/Users/Rosie.Hayward/Downloads/population-estimates-in-brief-february-2024%20\(1\).pdf](file:///C:/Users/Rosie.Hayward/Downloads/population-estimates-in-brief-february-2024%20(1).pdf) [Accessed 30.04.2024]
6. Fulfilling Lives. (2020). 'The role of lived experience in creating systems change.' *Fulfilling Lives Programme and CFE Research*. (online). Available at: <https://www.bht.org.uk/wp-content/uploads/2021/03/The-role-of-lived-experience-in-creating-systems-change-2020-1.pdf> [Accessed 30.04.2024]
7. Intermountain Health. (2016). 'Talk Like a Man: The Language of Male Mental Health'. *Intermountain Health* (online). <https://intermountainhealthcare.org/blogs/talk-like-a-man-the-language-of-male-mental-health> [Accessed 30.04.2024]
8. McManus S et al. (2016). 'Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014.' *Leeds: NHS Digital*. (online). Available at: <http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf>
9. Mind (2019): 'Get it off your chest: Men's mental health 10 years on'. *Mind UK*. (online). Available at: https://www.mind.org.uk/media/6771/get-it-off-your-chest_a4_final.pdf [Accessed 30.04.2024]

10. Mind. (2024). 'The Influence and Participation Toolkit.' *Mind UK Website*. (online). Available at: <https://www.mind.org.uk/workplace/influence-and-participation-toolkit/> [Accessed 30.04.2024]
11. Office of National Statistics. (2020). 'Suicides in England and Wales: 2019 registrations'. *Office of National Statistics* (online). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations> [Accessed 30.04.2024]
12. Mr Hastings and St Leonards-On-Sea. (2023). 'Mr Hastings and St Leonards Learning Report.' *Hastings Voluntary Action*. (online). Available at: <https://hastingsvoluntaryaction.org.uk/project/mr-hastings-and-st-leonards> [Accessed 30.04.2024]
13. Regan, M. (2016). 'Better Mental Health for All: A Public Health Approach to Mental Health Improvement.' *Faculty of Public Health and Mental Health Foundation*. (online). Available at: <https://www.mentalhealth.org.uk/sites/default/files/2022-09/MHF-better-mental-health-for-all.pdf> [Accessed 30.04.2024]
14. Samaritans. (2020). 'Out of sight, out of mind: Why less-well off, middle-aged men don't get the support they need.' *Samaritans UK*. (online). Available at: <https://www.samaritans.org/about-samaritans/research-policy/middle-aged-men-suicide/supporting-middle-aged-men/> [Accessed 30.04.2024]
15. Sharp, P. (2022). 'People say men don't talk, well that's bullshit: A focus group study exploring challenges and opportunities for men's mental health promotion.' (online). *Plos One Journal*. Available at: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261997#references> [Accessed 30.04.2024]
16. Southdown EDI Consensus Data 2023-2024. *Southdown*. [Accessed 30.04.2024]
17. Stein, C. (2018). 'Mind Your Language: How Men Talk About Mental Health.' *Men's Mental Health Forum*. (online). Available at: [Mind Your Language: How Men Talk About Mental Health | Men's Health Forum \(menshealthforum.org.uk\)](https://www.menshealthforum.org.uk/mind-your-language-how-men-talk-about-mental-health/) [Accessed 30.04.2024]
18. UOK Website. (2024). 'About Us'. UOK Website. Available at: <https://www.uok.org.uk/about-us/> [Accessed 30.04.2024]
19. Vargas C et al (2022). 'Co-creation, co-design, and co-production for public health: a perspective on definitions and distinctions'. *Public Health Research*

Practice. (online). 32(2). Available at: <https://pubmed.ncbi.nlm.nih.gov/35702744/> [Accessed 30.04.2024]

20. World Health Organisation (2024). 'Mental health' World Health Organisation Website. (online). Available at: https://www.who.int/health-topics/mentalhealth#tab=tab_1 [Accessed 30.04.2024]

Appendices

Appendix 1- Survey sent out widely across Brighton & Hove and East Sussex

Q1. Where do you live?

- Brighton & Hove
- East Sussex

Q2. Postcode (optional)

Q3. Age

- 18-30
- 30-45
- 45-65
- 65+

Q4. Sexuality

- Heterosexual
- Gay
- Bisexual
- Other
- Prefer Not Say

Q5. Ethnicity (open question)

Q6. Are you currently or have you in the past been supported by mental health services?

- Yes
- No

Q6.5. What has stopped you from contacting a mental health service when you have needed to speak to someone? (open question)

Q7. What do you do when life feels challenging? (Pick all options that apply)

- Search online for websites for information
- Tell a family member/friend/carer
- Call a service, professional or helpline
- Book a GP appointment
- Not applicable: I keep my feelings to myself

Q8. Have you used the internet to find mental health advice and/or services?

- Yes
- No

Q8.5. If you answered 'yes' to the previous question, what websites have you used? (open question)

Q9. How do you describe when your mental health is struggling? (Pick three of the words below):

- Anxious
- Tired
- Feeling low/down
- Angry
- 'Not feeling myself'
- Sad/miserable
- Stressed out
- Depressed
- 'I've had enough'
- Overwhelmed

Q10. What does 'well-being' mean to you? (open question)

Q11. Choose which options below would help increase your wellbeing (pick all that apply):

- Therapy or counselling
- Group or peer support
- Mentoring
- Activity of hobby
- Other (open text)

Q12. What does 'mental health' mean to you? (open question)

Q11. Can we contact you to ask take part in a workshop in June? The workshop will ask individuals to share their views and take part in activities that will provide insight on how to improve UOK's health services for men.

- Yes (open text option)
- No

Appendix 2- Focus Group Guide Questions

Q1. What are your thoughts on these campaigns? Which ones stand out to you and why?

Q2. What are your thoughts on the perception that 'Men don't talk'?

Q3. In the survey the highest number of respondents described the following barriers to accessing mental health services:

- Stigma and shame
- Fear of confidentiality not being kept by professionals
- The individual feels their mental health needs are not "severe enough" and "not wanting to bother people"
- Cultural backgrounds where attitudes towards mental health result in male individuals feeling they cannot ask for mental health support

What do you think of these four points, do you agree? Are there any missing barriers from this list?

Q4. What are your initial thoughts of the UOK welcome page? To what extent do you think the UOK website welcome page using the terms mental health and wellbeing attracts a male audience?

Q4.1. The three most popular words that survey respondents chose for describing when their mental health is struggling were 'low/down', 'anxious' and 'stressed out'. To what extent do you agree that these words resonate with men?

Q5. To what extent do you agree that wider representation of men accessing mental health services who are of different ages, ethnicities, and backgrounds, can encourage more men to access support themselves?

Q6. What are your thoughts on the UOK partnership working together with male members of the public to design UOK's communications?

Q7. What are your thoughts on the UOK partnership working together with male members of the public?

Q8. Final comments or questions?

Appendix 3- Semi-structured interview questions

Q1. In the survey the highest number of respondents described the following barriers to accessing mental health services:

- Stigma and shame
- Fear of their confidentiality being breached
- Not thinking that their mental health needs are “severe enough” and not wanting to bother people
- Cultural backgrounds where attitudes towards mental health can influence men to not seek out mental health support.

What do you think of these four points, do you agree? Are there any missing barriers from this list that prevent male individuals from accessing support?

Q2. To what extent do you agree that the stage of getting men “through the door” is a barrier for men accessing mental health support. What role can digital communications play in addressing this barrier?

Q3. The most popular option for what would improve respondents’ wellbeing was activities and hobbies. To what extent do you agree that the UOK’s website resource page having activities, groups and specific resources would encourage men to find a range of direct or indirect mental health support?

Q4. Do you think there is a divide between the way older men and younger men view accessing mental health support?

Q5. What are your thoughts on UOK collaborating with well-known Sussex based men’s groups on targeted advertisements?

Q6. Do you agree that your male clients would have interest in having input on UOK resources, social media posts and community stories? Such as co-designing and consultation.

Q7. Any final comments or gaps that need addressing?

End Notes

ⁱ UOK B&H Partner services had an equal split in the numbers of men and women using their services (UOK 23/24 EDI Consensus report, 2024). One participant suggested that some men who identify asGBTQIA+ may feel less constrained by heteronormative cultural views of men that lead to stigmatisation around speaking up about emotions and mental health.

ⁱⁱ The key difference between co-design and co-production:

- **Co-design** is “people with the relevant skills and experience coming together to create a product.” Those with lived experience may not have equal influence as they are not involved in seeing the project through from its conception to end point. (Mind co-production toolkit 2024, Vargas, C. 2022: 1)
- **Co-production** is “an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.” (Mind Co-production Toolkit, 2024, Vargas, C. 2022: 1)