Men’s Help Seeking Behaviour
Qualitative Research

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Overview of today

1. Research objectives and design: a brief note
2. Key findings
3. Communications implications & framework
Research objectives & design: a brief note
Research aim

To explore barriers and motivators shaping men’s help seeking behaviour in relation to Depression and Anxiety disorders

Findings will be used to inform a national communications campaign to drive increased help seeking behaviour to the beyondblue Info Line and/or web-based activity
Specific objectives

To identify:

• Barriers impacting on men’s help seeking

• Factors which would facilitate men’s help seeking

• Specific enabling strategies to men seeking help

• Any other information which could help inform the design and approach of a future national campaign
In addition...

We also explored the ways in which the issues of Depression and Anxiety are framed in the public discourse, how this impacts help seeking behaviour, and how reframing the issue might encourage the desired behaviour change.
Stage 1 fieldwork

15 x face to face depth interviews with:

(1) People who are potential key influencers of men’s help seeking behaviour

(2) Men who have already sought help for depression and/or anxiety

(3) Partners / family members of a male who has sought help for depression and/or anxiety

7 x depths:
1 x GP
1 x psychiatrist (public health)
1 x counsellor (public community health)
1 x rep. men’s support network
1 x team leader / case worker from a welfare organisation
2 x beyondblue Info Line staff

4 x depths:
2 x men who had made contact with beyondblue
2 x men who had not made contact with beyondblue

4 x depths:
1 x partner of a male who had made contact with beyondblue
1 x parent of a male who had made contact with beyondblue
1 x partner of a male who had sought help via channels other than beyondblue
1 x parent of a male who had sought help via channels other than beyondblue
Stage 2 fieldwork

Stage 2 design:

- 21 x F2F group discussions
- 22 x depth interviews
- 2 x online over time ‘Ideas Lounge’ discussion boards

Younger men, fathers, older men and Indigenous men (included unemployed men and men living in urban growth areas)*

Female influencers

Respondents from CALD, GBTI, substance user and homeless audiences

Rural men, men living on the urban fringe

* Note: Men’s sample structured across life stage, geography, work status
## Stage 2 fieldwork

<table>
<thead>
<tr>
<th>Audience</th>
<th>Location 1: VIC - MELBOURNE</th>
<th>Location 2: VIC - TRARALGON</th>
<th>Location 3: NSW - DUBBO</th>
<th>Location 4: QLD - BRISBANE</th>
<th>Location 5: SA - WHYALLA</th>
<th>Location 6: NT - DARWIN</th>
<th>TOTALS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young men (18-25)</td>
<td>1 x group (urban growth)</td>
<td>1 x group</td>
<td>1 x group (unemployed)</td>
<td>1 x group (unemployed)</td>
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<td>4 x groups</td>
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<tr>
<td>Fathers (25-49) - young families</td>
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<td>1 x group (unemployed)</td>
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<td>2 x groups</td>
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<tr>
<td>Fathers (35-59) - older families</td>
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<td>1 x group</td>
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<td>2 x groups</td>
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<tr>
<td>Fathers (25-49) - separated families</td>
<td></td>
<td>1 x group</td>
<td>1 x group</td>
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<td>2 x groups</td>
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<tr>
<td>Older men (Over 60)</td>
<td></td>
<td>1 x group (not working)</td>
<td>1 x group (employed)</td>
<td>1 x group (not working)</td>
<td>1 x group</td>
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<td>4 x groups</td>
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<tr>
<td>Indigenous men</td>
<td></td>
<td>1 x group</td>
<td>1 x group</td>
<td>1 x group</td>
<td>1 x group</td>
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<td>3 x groups</td>
</tr>
<tr>
<td>Female influencers</td>
<td></td>
<td>1 x group (female family members of non help seekers, 25-49)</td>
<td>1 x group (female family members of help seekers, 25-49)</td>
<td>1 x group (female family members of help seekers, 50+)</td>
<td>1 x group (female family members of non help seekers, 50+)</td>
<td></td>
<td>4x groups</td>
</tr>
<tr>
<td>Men with CALD backgrounds</td>
<td>4 x depths</td>
<td></td>
<td>2 x depths</td>
<td>2 x depths</td>
<td>2 x depths</td>
<td></td>
<td>10 x depths</td>
</tr>
<tr>
<td>Men from the GBTI community</td>
<td>2 x depths</td>
<td></td>
<td>2 x depths</td>
<td></td>
<td></td>
<td></td>
<td>4 x depths</td>
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<tr>
<td>Men with substance use concerns</td>
<td>2 x depths</td>
<td></td>
<td>2 x depths</td>
<td></td>
<td></td>
<td></td>
<td>4 x depths</td>
</tr>
<tr>
<td>Homeless men</td>
<td>2 x depths</td>
<td></td>
<td>2 x depths</td>
<td></td>
<td></td>
<td></td>
<td>4 x depths</td>
</tr>
<tr>
<td>Rurally-based men</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>1 x online board</td>
</tr>
<tr>
<td>Men living in urban growth areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 x online board</td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21 x groups, 22 x depths, 2 x online bulletin boards</td>
</tr>
</tbody>
</table>

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Key findings
A distinction in attitude across societal and personal levels

At a societal level, depression and anxiety are talked about more openly and more often and this is broadly welcomed…

…however many men are still hesitant and have difficulty talking about depression and anxiety at a personal level – in theory or reality
Personal belief lags behind public belief

Attitude to Depression and Anxiety

Hesitation
Fear
Stigma

Comfort
Acknowledgement
Readiness to act

Societal level

Personal level
What is driving this?

- Shallow understanding of depression and anxiety – conceptual engagement not real
- Actual experience of stigma (presenting a belief and experience gap)
- Fear of stigma and self-stigma (a lag between attitude and behaviour)
- Lack of social support
- Poor linkages with health and community services
- Limited prior experience with depression and/or anxiety, either personally or by significant other
A diverse sample— but responses to Depression and Anxiety are more similar than different

• The men in our sample varied by age, life stage, location/geography, work status, marital status, cultural background, sexual identification… and we also spoke with men experiencing homelessness and drug and alcohol concerns

• In unpacking the different audiences and their experiences and attitudes to Depression and Anxiety, we found more similarity than difference

• Responses to Depression and Anxiety are universal, human responses. This is shaped by culture and our culture is largely shared. The culture of influence to individuals is what is important.

• Beyond culture, Life-stage (age and generation), emerged as the greatest differentiator of attitude and opinion
Key universal themes:

Across the sample we found consistent themes.

• A desire to maintain control (Depression / Anxiety = losing control)

• A preference for action rather than talking

• A propensity or preference to engage with physical symptoms and tangible ‘facts’

• Men are unlikely to explore nature of depression and anxiety, or paths to treatment, unless directly impacted, or at crisis point

• An expressed sense that they lack the tools to talk about, act upon Depression / Anxiety

• Men are more comfortable or more likely to look out for a mate than themselves
How men currently frame depression and anxiety

<table>
<thead>
<tr>
<th>Current frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not on my radar/ don’t want to think about it</td>
</tr>
<tr>
<td>Depression / Anxiety only happens to weak ‘flawed’ people</td>
</tr>
<tr>
<td>Depression / Anxiety is woolly and unknown. It is a black hole.</td>
</tr>
<tr>
<td>You don’t dwell on these things and you don’t talk about it – you just cope</td>
</tr>
<tr>
<td>Help seeking is a sign of weakness and failure</td>
</tr>
<tr>
<td>Help seeking/intervention takes place at crisis point</td>
</tr>
<tr>
<td>Drugs are the only treatment</td>
</tr>
</tbody>
</table>
How Depression and Anxiety are seen

- Stress
- Anger management
- Depression and Anxiety
- Schizophrenia, Bipolar Disorder

EVERYDAY HEALTH

- Blood pressure
- Cholesterol
- Skin check

PHYSICAL HEALTH

MENTAL HEALTH

UNTHINKABLE HEALTH

Cancer
Mixed views as to different support avenues

The internet:
A private place to gather information

Family & friends: A safe first step for verbalising experience

GPs: First step to accessing professional help, however lack of trust for many

Mental health professionals: Daunting, for serious conditions only

Telephone helplines: Crisis support
Where does beyondblue sit?

- Strong awareness of the beyondblue name
- Weaker understanding of role and functions
- A clear association with men

Currently perceived as advocate, with a focus on raising awareness

Potential to expand and reframe to be seen as a support / resource and part of the action-taking pathway
Implications

• Current discourse is not driving a shift in personal belief or likely to drive change in behaviour in the short term

• Attitudes are long-standing and culturally entrenched. Changing behaviour cannot be dependent on changing attitudes

• Education and information alone are also unlikely to impact behaviour as knowledge gaps are not primary barrier to seeking help.

• Need to reframe the issue through the male lens, i.e.:
  o Act not talk
  o Health management not sickness
  o Provide tools to engage
  o Use different language
  o Avoid judgment or contestable ground

• Opportunity to reframe Depression and Anxiety in-line with other serious, but common health issues
Communications implications & frameworks
Two broad communications tasks:

1. Reframe how people conceptualise and talk about Depression and Anxiety to enable and empower men to take action.

2. Clarify and enrich understanding of the scope of beyondblue so it is spontaneously identified as a go to resource for men at any stage of the mental health experience.
1. Reframe how people conceptualise and talk about Depression and Anxiety

Reframing:

• *About altering the view of the issue*

• *Also about using new language and new frames of reference that will engage men on their own terms*

• *Provides new, acceptable frameworks that can be powerful to help ‘reset’ the issue and allow meaningful change in perspective*
## Reframing current beliefs to new

<table>
<thead>
<tr>
<th>Current frame</th>
<th>New frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not on my radar/ don’t want to think about it</td>
<td>Every man should know / No one is bulletproof</td>
</tr>
<tr>
<td>Depression / Anxiety only happens to weak ‘flawed’ people</td>
<td>Depression / Anxiety is an illness / condition that can strike anyone (x% of people will experience at some point)</td>
</tr>
<tr>
<td>Depression / Anxiety is woolly and unknown. It is a black hole.</td>
<td>Depression / Anxiety are diagnosable and treatable</td>
</tr>
<tr>
<td>You don’t dwell on these things and you don’t talk about it – you just cope</td>
<td>There’s no shame in suffering anxiety or depression – they are treatable health conditions</td>
</tr>
<tr>
<td>Help seeking is a sign of weakness and failure</td>
<td>Taking action is associated with taking control, staying strong</td>
</tr>
<tr>
<td></td>
<td>Protecting self is protecting others</td>
</tr>
<tr>
<td>Help seeking/intervention takes place at crisis point</td>
<td>Early action is best</td>
</tr>
<tr>
<td>Drugs are the only treatment</td>
<td>There are a range of courses of action available, and treatment can be tailored</td>
</tr>
</tbody>
</table>
A new way of talking

- Language is incredibly important and the very term ‘help-seeking’ reinforces some of the fundamental fears that men have regarding lack of control or perception of self standing
  - (i.e. an implication of seeing Depression and Anxiety as weakness is that ‘help seeking’ can be seen as an indication of failure to ‘handle the problem’)

- Reframing the activity of help seeking in a more empowering way, such as ‘taking action’ or ‘taking control’ will likely resonate more closely with the ideals for many men of being in control, being strong, and being strong enough to be a protector of others.
A need to provide a more tangible and everyday function
Reframing ‘seeking help’ in 3 ways:

1. Reframing ‘help seeking’ to ‘taking action’

2. Reframe key barriers into new frames to empower action

3. Use physical health approach of challenging men to not ignore Depression and Anxiety – to overcome shallow / woolly understanding and to know signs, actions to take and treatments available – as with any other health issue
2. Clarify and enrich understanding of the scope of beyondblue

**Current perception:**
An organisation about advocacy and education at a community level

**Can be expanded to include:**
An organisation which has direct personal relevance and which can facilitate men (and those helping men) to move along an ‘action taking’ pathway

A few segment specific ‘watch-outs’:
- Indigenous men and issue of trust, credibility
- Homeless men and (private) access to internet and phone
- Young, disenfranchised males – unlikely to respond to conventional role models
## Communications framework

<table>
<thead>
<tr>
<th></th>
<th>Young men (18-25)</th>
<th>Fathers (25-59)</th>
<th>Older men (60+)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Defining attitude</strong></td>
<td>I got to think about what’s best for me – this is my time</td>
<td>I have to be strong for my family. I can’t let myself fail</td>
<td>It’s good that young guys today don’t have to ‘bottle everything up’, but are we getting {soft}?</td>
</tr>
<tr>
<td><strong>Prevailing frame (current)</strong></td>
<td>Not even on my radar</td>
<td>Help seeking is a sign of weakness and failure</td>
<td>You don’t dwell on these things and you don’t talk about it – you just cope</td>
</tr>
<tr>
<td><strong>Triggers for engagement</strong></td>
<td>Mates/ social life/keep fit</td>
<td>Family responsibility</td>
<td>Health management Balance of self focus &amp; family</td>
</tr>
<tr>
<td><strong>Communications task</strong></td>
<td>Look out for your mates / know the signs</td>
<td>See that taking action is taking control</td>
<td>Recognise they are not beyond help</td>
</tr>
<tr>
<td><strong>Primary message</strong></td>
<td><strong>Mental health - don’t ignore it (know the signs, actions you can take and treatments)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Segment specific message (reframe)</strong></td>
<td>Nobody is bulletproof/ don’t ignore a mate in need</td>
<td>Protecting self is protecting others</td>
<td>There’s no shame in suffering anxiety or depression – They are common but serious health conditions</td>
</tr>
<tr>
<td><strong>Considerations</strong></td>
<td>Reflect range of youth /role models</td>
<td>Sensitive representation of fatherhood to engage separated fathers as well those living in the family unit</td>
<td>Roll up the sleeves approach to life could be asset in connecting</td>
</tr>
</tbody>
</table>
Our recommendations:

✓ De-mystify the ‘woolly black dog’, challenge all men to know the signs, actions they can take and treatment paths

✓ Deliver a tangible, action-oriented approach underpinned by checklists, action path fact sheets and treatment options

✓ Expand and enrich the beyondblue brand to increase personal relevance and top of mind consideration

✓ Communications can best challenge current frames without directly referencing them – approach should seek to change behaviour by removing barriers (rather than directly seeking to change opinion)

✓ Shift the goal posts – this is what we do now

✓ Thoughtful media placement and targeted touchpoints to engage priority populations (e.g. homeless men, ATSI, CALD, GBTI) and disengaged youth
Some communications considerations

- **Tone of communications should be matter of fact (hopeful) and empowering**
- **Keep messages clear and simple**
- **Creating a personal connection and demonstrating relevance**
- **Address core life stages (as per framework)**
- **Understanding others’ experience can be powerful**
- **Be wary of overwhelming people with detail (both online and hardcopy)**
- **Avoid with the word ‘consumer’**