How Men's Mental Health Charities Support Men's Mental Health.

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Executive Summary

Introduction

Mental health conditions affect one in eight people and are closely linked to an increased risk of suicide, which is a significant cause of death globally. Statistics show that men significantly outnumber women in suicide statistics, a phenomenon observed globally and in England and Wales since the 1990s. Risk factors influencing suicide are complicated, including external, societal and psychological factors. Barriers to help-seeking include societal, gender expectations and practical barriers.

Research has identified the need for a gender-based approach and male-specific support groups in supporting men's mental health. This would include tailored advertising, an action-oriented approach and creating a community which highlights and promotes healthy and positive masculinities. Mental health charities offer vital support to communities and individuals in need of mental health care. There is a dearth of literature focusing on how men's mental health charities in general support men, as opposed to the work done by an individual charity. This research aims to bridge that gap and demonstrate how men's mental health charities support men's mental health.

Method

The current study aimed to examine how men's mental health charities support men's mental health. The inclusion criteria for participation were male-specific mental health charities.

For this research, 11 men's mental health charities were interviewed, ranging from local community groups to internationally recognised organisations. Participants were knowledgeable employees. The sample included peer-to-peer support, domestic abuse

charities supporting male victims, a therapist-led, intervention-based and an online charity. Eight charities were based in England, the other countries represented include Wales, Australia and Canada, and interviews were conducted via Microsoft Teams following ethical approval. Informed consent was obtained, participants were reminded of their right to withdraw, and all transcripts were anonymised.

The initial aim of this research was a comparison of therapist-led and peer-to-peer support. However, the scope of the research developed naturally due to the range and number of men's mental health charities, further influenced by availability. This change in scope is a strength of this research, as it allowed for a wider range of insights. This research utilised inductive thematic analysis, meaning the results of this data were not influenced by external factors or theories. Data analysis did not begin until the final interview had been completed, after which common themes and patterns were identified in each interview and throughout the data set.

Results

The results of this research yielded four main themes identified: Midlife and Transitional Periods, Women and Families' Role in Men's Mental Health, Preventative Care and Providing a Dedicated Space for Men's Mental Health.

The first theme, Midlife and Transitional Periods, highlighted the most commonly seen age groups and points in life when men are using men's mental health charities, midlife and retirement. The subtheme which emerged was Men and Isolation and Levels of Stress, which demonstrated that men are typically experiencing higher levels of stress when contacting the charities.

The second theme, Women and Families' Role in Men's Mental Health, clearly indicated that men are encouraged to engage with the charities through their loved ones, who have become aware of the charities through social media.

Preventative Mental Health, the third theme, focuses on work that can be done to prevent a crisis. The subtheme: Lack of preventative mental health care, identified the internal (mindset) and external barriers, which include the corporate or government attitude of prioritising crisis care. Further subthemes identified were Effects of Lack of Connection, Community, which can be defined by 'Camaraderie' and Physical Health. This theme outlines the negative effects of a lack of preventative care and the impact on mental and physical health.

Finally, Providing a Dedicated Space for Men's Mental Health identified the lack of opportunity in everyday life for men to have honest conversations discussing their mental health. The subthemes included Providing a Space for Men and Advertising Space Specifically for Men.

Discussion

Midlife and Transitional Periods

Statistical evidence shows the age ranges most affected by suicide in men in recent years are 45 to 49, 50 to 54 and 90 and over (Office for National Statistics, 2022, 2023, 2024). This mirrors the responses from men's mental health charities, that middle-aged and retired men are the most frequently seen age ranges.

Women and Families' Role in Men's Mental Health

This research found that men are encouraged to engage with mental health support by their loved ones. Research supports these findings (Cusack et al., 2004; Rooney et al., 2020). Other potential factors influencing this include help-seeking being viewed as a gendered activity (Shepherd et al., 2023).

Preventive Mental Health Care

A key aspect of this theme is the subtheme Community, where participants discussed how preventative mental health care is created within men's mental health charities, and previous literature has supported the use of community groups in improving mental wellbeing (Broughton et al., 2016).

Providing a Dedicated Space for Men

Men's mental health charities offer men a dedicated place to discuss their mental health, which is not frequently available in a man's everyday life. The utilisation of a gender-based approach by a charity is supported by previous literature (Pirkis et al., 2018; Rice et al., 2017; Sagar-ouriaghli et al., 2020).

Limitations

Limitations of this research include the lack of scope in the interview questions due to the expansion of the focus of this research. A further limitation was the bias in the data set towards a Western perspective.

Future recommendations

Further research should focus on supporting middle-aged and retired men, with particular focus on understanding why the suicide statistics are so high in these age ranges.

Men are utilising men's mental health charities after being prompted to by the women in their lives. Research should explore target advertising aimed at women and families; furthermore, targeted advertising aimed at men to promote male engagement.

Finally, longitudinal research should endeavour to expand from the individual using men's mental health charities, examining their wider impact on the younger male generations, their attitudes to mental health in general and male mental health in particular. This would provide measurable data on the impact of preventative mental health care.

Conclusion

This research found that men's mental health charities are predominantly supporting middle-aged and retired men. The charities are mainly reaching men through their loved ones. The interviews highlighted that men are reaching out for help while experiencing significant levels of stress or crisis. Men's mental health charities offer dedicated space where a community can be created to foster social connections and encourage preventative care to potentially replace negative coping strategies, improve poor mental health and prevent crises.

Abstract

Statistical evidence reveals the alarming rate at which men die by suicide. The need for further research to support men's mental health is vital, however, although there have been studies focusing on individual charities, there is a lack of literature addressing men's mental health charities overall. The current study aims to bridge that gap and highlight how men's mental health charities support men. 11 semi-structured interviews were conducted with representatives of peer-to-peer, therapist-led and intervention-based charities, as well as domestic abuse charities which support male victims. Inductive thematic analysis revealed four main themes: *Midlife and Transitional Periods, Women and Families' Role in Men's Mental Health, Preventative Mental Health Care* and P*roviding a Dedicated Space for Men's Mental Health*. These charities support men by offering them a dedicated space in which preventative mental health care is fostered. The findings from this research examine how men's mental health charities support men, in addition to suggesting areas for further research.

Contents

Introduction

Mental health is a universal experience; psychological challenges and diagnoses are an inherent aspect of being human and one person out of every eight has a mental health condition (Organization et al., 2022). There is a significant relationship between having a mental health condition and an increased risk of suicide (Too et al., 2019), a significant cause of death globally as it made up just over 1% of deaths in 2019 (Organization et al., 2021). The number of men who die by suicide significantly outnumbers women, almost globally (Bennett et al., 2023). Men making up a significant majority of suicides in England and Wales is a statistical trend that has been seen since the 1990s (Office for National Statistics, 2019). In 2021, there were approximately 5,500 suicides: the total number of men who died was just over 4,100 – those aged 50 to 54 were the most affected age range (Office for National Statistics, 2022). In 2022, there were just over 5,600 suicides; the total number of men in that statistic is just over 4,100, with men aged 90 and over and 45 to 49 being the most affected (Office of National Statistics, 2023). While in 2023, of approximately 6,000 suicides, 4,500 were men – those aged 45 and 49 were the most affected (Office of National Statistics, 2024). Suicide is a significant cause of early death, which results in devastation for those affected, but it is preventable (Bailey et al., 2011). Statistical evidence shows the need for further awareness and research into suicide generally and suicide in men, in particular.

The risk factors involved in suicide are complicated; they can include external, societal and psychological factors (Turecki et al., 2019).

External factors, including poor educational achievement and unemployment, contribute to the risk factors of suicide, in fact, unemployed men are at significantly higher risk of suicide than their employed peers (Fu et al., 2002; Kposowa, 2001). During the COVID-19 pandemic, working from home resulted in isolation, which had a negative impact on men's mental health, while being single was a further risk factor, as men in a relationship suffered

less (Hao et al., 2022). The overall negative effect of the pandemic was observed in the use of maladaptive coping strategies, as well as its impact on mental well-being, and sleep (Park & Yu, 2022).

Societal risk factors for male suicide are apparent in social and cultural attitudes of bullying and ostracising individuals with mental health issues, leading to internalisation of these attitudes and isolation (Chatmon, 2020). Further societal risk factors include the misunderstanding of the expression of mental health difficulties in men; women's expressions of distress are more recognised, whereas men are more likely to engage in risk-taking and violent behaviours, resulting in mental illness in men not being recognised (Brownhill et al., 2005). Men are exposed to cultural attitudes around mental health which discourage help-seeking, resulting in the expression of poor mental health through dangerous behaviours.

The psychological factors which leave men vulnerable to suicide start in childhood; boys learn that the expression of various emotions, such as anxiety and stress, undermine a traditional expression of masculinity, whereas an expression of violence could enhance their standing, leading to violent emotional expressions (River & Flood, 2021). Relationship turbulence or breakup is another factor; the loss of the intimacy a partner provides is replaced with maladaptive coping strategies, such as substance abuse, to deal with negative emotions and suicide ideation (Oliffe et al., 2022). Relationship problems are a major source of pain: not wanting to be perceived as weak, internalisation of negative ideas toward help-seeking, negative reactions from peers and substance misuse being an accepted coping strategy are psychological risk factors young men face (Knizek & Hjelmeland, 2018; Lynch et al., 2016). Consequently, middle-aged men frequently have maladaptive coping strategies, which, when paired with the underutilisation of psychological services, results in alcohol and substance abuse and leads to a mental health crisis (Bilsker et al., 2018). Men are conditioned adopt

maladaptive coping strategies and not engage with mental health services, as they are associated with 'weak' emotions, whereas violent emotional expressions are acceptable.

As identified by Tureck et al., (2019), the risk factors informing male suicide are complicated. When male suicide statistics are considered, the need for further research in male mental health expression and how to best support men is demonstrated.

External, societal and psychological risk factors directly inform the barriers to men accessing mental health support. Men frequently show reluctance to access and engage with therapy (Gilbert & Bailey, 2014). In a study of 37 male participants, over 90% stated that their engagement with therapy was due to the people in their lives, most frequently doctors and romantic partners (Cusack et al., 2004). Furthermore, female romantic partners believed that they had a significant influence on their male partner's physical wellbeing and engagement with a mental health professional (Rooney et al., 2020). Other barriers men navigate when accessing mental health care and therapy include: practicalities in finding a suitable therapist, financial considerations, attitude towards mental health treatment and scepticism about treatment effectiveness (Seidler et al., 2019). Finally, help-seeking is described as a gendered activity, acceptable for women but not for men (Shepherd et al., 2023). This is exacerbated by the reluctance men show to refer peers to mental health support (Vogel et al., 2014) demonstrating how risk factors and barriers combine to prevent men from accessing mental health support of their own accord.

Protective factors against male suicide include a connection to male role models or fathers (Lombardi et al., 2019). Other protective factors are mental fortitude and coping mechanisms; men view their distress as if it was a challenge to overcome, while coping mechanisms include spending time and connecting with others and distracting themselves (Seidler et al., 2023). Resilience and social support are significant protective factors against suicidal

thoughts in men (Otten et al., 2022; Robinson et al., 2015; Sharp et al., 2023). Furthermore, social support can be provided by anyone if they are sufficiently knowledgeable (Hou et al., 2021), however, there are gaps in the understanding of male social networks and how to best apply them (McKenzie et al., 2018).

Thus far, the need for further research to prevent crisis has been highlighted. Men without experience of mental health support hold doubts toward treatment, while those with positive experiences show an increased likelihood of future engagement (Roy et al., 2014; Seidler et al., 2020). Research has identified differences in male and female help-seeking and coping strategies: a gender-based approach is suggested to engage men with mental health support (Liddon et al., 2017), with findings suggesting practitioners should be aware of the impact of gender from their training and incorporate it in their everyday practices (Stiawa et al., 2020). The practicalities of a gender-based approach to men's mental health would include tailored advertising, supportive initial engagement, and encouraging the presence of male professionals (Rice et al., 2017). Another suggested application is easier access to resources, framed within a masculinised narrative to promote engagement in help-seeking behaviours (Sagar-Ouriaghli et al., 2020). Literature suggests targeted messaging should include evidence-backed information with real-life stories addressing mental health and the pressure men face (Pirkis et al., 2018). Finally, research demonstrates that trust is a key element; having trust in the location where the intervention takes place has been shown to have a positive effect (Cooper et al., 2017).

Targeted mental health interventions for men have been shown to reduce negative life events such as violent episodes, in addition to improving social outcomes and mental health (Rice et al., 2018). Interventions should promote a positive outlook on men and their value, the use of an action-oriented approach is suggested, which facilitates the development of an individual's self-worth, building coping strategies and personal accountability (Robertson et al., 2015).

Developing trust through social engagement and creating open communication results in emotional expressions and a male-positive community (Robertson et al., 2018). Interventions need to address stigmas and negative cultural attitudes and promote healthy and positive masculinities (Seidler et al., 2017). Previous literature supports targeted mental health interventions for engaging men and reveals high attendance, with positive and encouraging feedback from individuals and organisations involved. Activity-based sport interventions were well received, with participants noting their mental and physical needs had been addressed, showing that community interventions in an informal setting are effective at engaging men and promoting mental wellbeing (Abotsie et al., 2020). Despite positive short-term results, the long-term impact of mental health interventions needs further study (Drew et al., 2020).

Research supports the use of gender-based, male-specific support groups. Support groups offer a dedicated safe place to men where they can discuss their emotional wellbeing, with the group becoming a source of social connection, fellowship and having a sense of personal significance (Broughton et al., 2016). They also offer men a safe community space through shared experience and empathy, resulting in positive outcomes for mental wellbeing and social connectivity (Vickery, 2022). Findings show that men are willing to seek mental health support however, the service needs to account for barriers to men's mental health and consider those with whom men want to discuss their mental health (Lynch et al., 2016). There is a need for male-only spaces where men can discuss their physical and mental well-being with peers - conversations men are generally not comfortable having with romantic partners or with others (Mackenzie et al., 2016). The amount of literature addressing men's mental health charities is limited, which restricts the understanding of how these charities support men's mental health (Wilson & Cordier, 2013). Research into men's mental health is limited

due to insufficient research replications; research in this field would inform professionals in supporting men (Gwyther et al., 2019).

Mental health charities offer vital services and support to those in the community requiring mental health care (Newbigging et al., 2017); research suggests the need for a multiagency approach, using traditional services, relevant authorities and charities to support mental health of the individual and the community (Newbigging et al., 2020). There is a dearth of literature which focuses on how men's mental health charities in general support men as opposed to the work done by an individual charity. This research aims to bridge that gap and demonstrate how men's mental health charities support men's mental health.

Method

Design

The present study aimed to examine how men's mental health charities support men's mental health. This study utilised a qualitative research design with semi-structured interviews to conduct an inductive thematic analysis. The data was not considered based on predetermined ideas or theories regarding its outcomes.

Participants

As this research focuses on men's mental health charities, the researcher contacted a charity via email if they met the inclusion criteria of being a mental health charity focusing exclusively on men's mental health. The charities were identified using search engines, social media and by word of mouth. In total, 46 charities were contacted. The inclusion criteria outlined participants' roles in the charities as employees or volunteers with detailed

knowledge of the services offered and experience of day-to-day operations. Four declined to take part in this research due to time and staffing constraints, while 29 charities did not respond to the request for an interview. In total, 13 interviews were arranged; however, 2 did not take place due to unforeseen circumstances, which resulted in a final sample of 11 one-to-one interviews from 11 different charities.

All participants in this research were employees of men's mental health charities. The charities spoken to ranged from individual groups to organisations with national and international reputations. The sample comprised 5 peer-to-peer support charities, 1 peer-to-peer and therapist-led charity, 2 domestic abuse charities that support male victims, 2 intervention-based charities and 1 charity classed as online. Participants' roles in their charities included founder, CEO, chairman, project manager, head of service, national development lead, regional lead, and area lead. All individuals were able to speak at length about various aspects of the day-to-day work of the charity. The sample comprised 10 men and 1 woman. 8 of the 11 charities were based in England, while the other countries represented were Australia, Canada and Wales.

The initial aim was to compare therapist-led and peer-to-peer support by men's mental health charities hence the scope was quite narrow. This changed when the array of charities which fit the inclusion criteria became apparent. The other reason for this is due to the charities' willingness to take part in the interviews. This change in scope is a strength of this research, as the charities spoken to provided highly insightful answers, which the narrower research question would not have covered.

Procedure

The participants were recruited through email: each charity was sent an introductory email, which gave a brief overview of the research and the researchers (see Appendix A). The charities were contacted at the beginning of the academic year in 2024 to gauge interest and willingness to take part in the research project. Five charities responded positively with a willingness to take part by December of 2024. The charities were thanked; however, the interviews could not take place until ethical approval had been granted (see Appendix B). After the ethical application had been approved, the charities were again contacted by email, and the process of arranging an interview began (see Appendix C). When a date and time were agreed upon, the Consent Form (see Appendix D), Participant Information Sheet (see Appendix E), and Debrief Form (see Appendix F) were sent, with instructions to return a signed Consent Form to the researcher before the interview began. The Debrief Form was sent to participants before the interviews to avoid overburdening participants' emails. It was deemed suitable to do so as there was no deception involved in this research, and the Debrief Form would not influence the participant's responses. Informed consent was given, and the Consent Form was returned to the researcher before the interview took place. Consent to record the interview for transcription was also obtained. There was no incentive or compensation offered to the participants.

The Interview Schedule (see Appendix G) was designed with the initial research question in mind; therefore, it had a heavy focus on peer-to-peer support and therapist-led support. These questions were still relevant to this work; however, with the change of the focus of the research question it was, at times, limiting. For example, there were multiple questions on the training of the leaders of the group or the experts: "In a peer-to-peer setting, how is the leader of the group trained?" and "What qualifications do therapists working for your charity

need?". These questions are still very relevant to the research but not as insightful as questions such as "What age groups, in your charity's experience, have been most affected?" and "In general, what levels of stress are the men in when they reach out to your charity - are they in great distress or feeling low?". These questions revealed particularly rich data for the analysis.

Data collection

Data collection took place between February and March 2025. The interviews took place after ethical approval had been granted by the University of Chichester's Research Ethics processes. Interviews were conducted on Microsoft Teams, and a Dictaphone was also used during the interview as a backup option, in case of technology failure. The interviews were transcribed using the Microsoft Teams AI software. After the interview took place, all material regarding the interview, including the Consent Form, interview recording, interview transcript and Dictaphone recording, was transferred to a password-protected file on the university's secure OneDrive network. The interviews took one hour and eight minutes on average.

Ethical considerations

The ethical considerations for participants were addressed when an interview was scheduled. The Participant Information Sheet, Consent Form and Debrief Form were sent to participants before the interview took place, in a timely fashion for participants to review them before the interview. The signed Consent Form was returned to the researcher before the interview. Before recording began, the participants were asked if they consented to being recorded, and the reasons for recording were fully explained. Participants gave informed consent before the

interview began; they were reminded of their right to withdraw from the interview at any time and informed of their right to withdraw their data from the dataset within a reasonable timeframe. At the end of the interview, the participants were debriefed on the reasons behind this research and given support links in case they felt they required additional support. The interview transcripts were anonymised, with names and identifying details removed.

Data analysis

This research aims to look at how men's mental health charities support men's mental health. To do this it was deemed appropriate to use a qualitative approach. Qualitative research seeks to comprehensively understand authentic world issues (Moser & Korstjens, 2017). Thematic analysis is a method used throughout qualitative research, and is appropriate due to its inherent flexibility in identifying patterns or meaning in data (Braun & Clarke, 2006). In thematic analysis analysing the data does not occur until data collection is complete, when several stages occur, including identification of initial codes, commonalities or patterns which emerge. These codes inform the themes and subthemes (Jason & Glenwick, 2016). Inductive thematic analysis was utilised in this research, which means the data is analysed without any preconceived theoretical perspectives or external influences on the data; the results of analysis are a reflection of the data collected (Braun & Clarke, 2006).

This research's data analysis began only after the final interview had been completed and after the transcripts were anonymised, with patterns emerging through the interviews, creating the initial codes. This was repeated for all interviews and patterns and themes were noted. The codes identified throughout the interviews informed the main themes and subthemes. As inductive thematic analysis was used, the themes emerged in response to the data from the interviews and were not influenced by external theories.

<div align="center">**Results**</div>

Inductive thematic analysis was used to analyse this data (Braun & Clarke, 2006). Four overarching themes emerged regarding how men's mental health charities support men's mental health; (1) *Midlife and Transitional Periods*; (2) *Women and Families' Role in Men's Mental Health*; (3) *Preventative Care*; and (4) *Providing a Dedicated Space for Men's Mental Health*.

Midlife and Transitional Periods

Midlife and retirement were highlighted as times when extra support and increased social connection were needed, moving from early life to midlife and midlife to retirement, and this was the most common demographic accessing men's mental health charities. Middle-aged men appear to be dealing with a time of existential questioning focused on their lives, careers and the concept of a midlife crisis, with questions typically centred around their purpose and the future. Midlife crisis in men was compared to menopause in women, as they are both key times of transition when various social and societal pressures are experienced.

Table 1

Transitional periods and Midlife Crisis

Theme and subtheme	Example Quotes
Societal pressure during transitional periods	"We get a lot of men who especially you've just had kids and are a bit like we're overwhelmed and what's going on. And so yeah, I would say 30 up

definitely is 35 to 55. Seem the demographic for me." (Interview 2)

"Because you do get those moments where someone says, like, I'm such an age and I should be doing this, that and that. And here's me feeling rubbish. I've got nothing and and and so on.
So there is that kind of image where they should have this XY and Z by the time that they're a certain age." (Interview 4)

"You get young guys, but it it it is normally.
You guys, you're Thirties, 40s and 50s, are probably the bulk of it. I'd say they are, yeah, 60%." (Interview 5)

Midlife and midlife crisis compared to menopause	"It's the opposite. You like of menopause. You know, women of that age of menopause is very much. In the press, it's talked about, if you mention mid life to anyone, they're all pretty much laugh and go… Oh, they do buy a sports car and sleep with your secretary and all those stigma that goes with it that ... It's very negative bias towards midlife." (Interview 2)
	"they're the middle-aged men, but they've they've I think they've very much got to the midpoint in their

life and they're wondering what the hell's going

on." (Interview 11)

Retirement is the other common life stage where men are accessing men's mental health
charities. During retirement, there is a substantial shift in lifestyle, place in society, and often
physical health. Another salient aspect that was raised was the attitude that men who are at
retirement age now were brought up with attitudes and societal norms around stoic
masculinity.

Table 2

Retired men's attitudes

Theme and subtheme	Example Quotes
Retired men dealing with shifts in their identity and stoic masculinity	"And then I think when people hit retirement as well, that retirement age as well, because a lot of men have been in maybe just one profession all their life and they hit retirement is like. What? What do I do now? I've got nothing to do." (Interview 4)
	"they don't know what to do with themselves after they stop working. Likewise, if their partner dies after such a long time, it's like if you've been in a relationship for so long. Then once their partner

dies, it's that's it's like, that's their life ended."

(Interview 4)

"Sweepingly, we are very much from the man up. We don't talk about this sort of stuff." (Interview 5)

The overarching theme of midlife and transitional periods has two subthemes: (a) *Men and Isolation* and (b) *Levels of Stress*.

Men and Isolation

This subtheme shows that men feel isolated or are isolated. This might be due to a particular mindset, the idea that they were the only individual who is affected by what they are experiencing. This mental block prohibits them from going out and forming more social connections. Physical isolation, a side effect of the COVID-19 pandemic, is working from home and not going out into social settings each day, which reinforces social isolation. One feeds the other: being physically isolated from one's peers results in social isolation.

Table 3

Men Feeling Isolated and Men Being Isolated

Theme and subtheme	Example Quotes
Men feeling isolated	"A there's a degree of isolation and loneliness because they think they're the only guy. That's ever happened to." (Interview 3)

"What no one else ever lost a parent because take your head out your ass." (Interview 5)

"Not wanting to socialise because, well, no one's going to understand them." (Interview 7)

"they may be feeling lonely, isolated, especially after the lockdown and everything. Yeah. And it's just to talk about your struggles and to make those connections and breakdown the barriers, because we find that until someone else, until someone hears another person's story, they think they are the only person. Who feels the way they're feeling, And. And and seeing that connection and recognition that I'm not alone." (Interview 4)

Men Being Isolated

"the whole working from home thing doesn't help… I've seen, you know, you're not talking to people about don't have a family. Talking about somebody who is self-employed, has a wife and children and is lonely. Which is not something you would typically expect you would, you would. Stereotypically, a lonely person is. A 70 or 80 year old person who who has a house on their own and doesn't doesn't do anything really. You know

they're retired and they don't have a big network, whereas that's not the case at all. It's it's 35, 40, 50 year olds. " (Interview 11)

Levels of stress

Levels of Stress demonstrates men are reaching out at differing levels of stress. However, there is a skew towards men reaching out to these charities, especially the charities with a bigger, usually national reputation, while experiencing high levels of stress. What was not apparent was that men were using the charities as a way of continuing a sense of well-being. Consequently, while there was a range of responses, generally, men were in higher states of stress when they reached out.

Table 4

Men's Levels of Stress

Theme and subtheme	Example Quotes
Men reaching significant levels of stress before seeking help	"Kind of the issues that we're trying to trying to address trying to get guys to reach out earlier rather than like … a lot of the stories that we share is that guys will wait to hit like rock bottom basically before they reach out." (Interview 1)

"I think it's a lot to do with the way perhaps men's brains process. Information. But men generally have to be at a crisis point." (Interview 7)

"So it's it's at the point of absolute crisis that they have to finally, because it's an emasculating process as well. It's something they associate with womanhood, you know, which is horrific, right? You know, women are supposed to get support. Men aren't a man isn't supposed to speak." (Interview 7)

"Some are feeling very low or depressed or or, you know, maybe a bit more serious than that. Some are having family issues and they've got no one else to turn to." (Interview 11)

This theme and subthemes show that those using men's mental health charities are generally in a period of life transition - middle age or retirement. They are either emotionally or physically isolated, and those factors feed into each other and exacerbate the isolation a man feels, leading to men reaching out to men's mental health charities with significant levels of stress.

Women and Families' Role in Men's Mental Health.

This theme addresses the role of family, particularly women's role, in men's mental health. Generally, women became aware of the charities on social media and then pushed or strongly encouraged the men in their lives to attend, becoming a significant driving force behind why these men utilise the charities.

Table 5

Women and Families' Role in Men's Mental Health

Theme and subtheme	Example Quotes
Women and families' role in engaging men with mental health support	"Partners of men who are searching around… Your husband or partner or boyfriend, manage suicidal thoughts." (Interview 1)
	"Whether it's a wife, a sister, a mother, partner, whatever. They've seen something. In a in a pub or whatever, a poster Instagram, someone's seen something on Instagram that we've shared on socials." (Interview 2)
	"Lots of times we have people come to and said, oh yeah, my wife saw it on Instagram or a friend of work was talking about it." (Interview 2)
	"Contacts from women as well like mums, partners, Grandma's, aunties, also work mates, all

	sorts like just saying like this man. I've got my son or whoever it is.
	He really needs help.
	A lot of women do contact us." (Interview 4)

Men seem to lack the willingness to open up to the women they are closest to, spouse or relative, resulting in women looking for ways to support the men in their lives. There is a lack of communication: either men actively hide what they are feeling and avoid discussing it with those closest to them, making women search for alternatives so they can be reassured that the man has a place to go to talk, or men are unable to identify the struggles within themselves, while women see them struggling and want to help.

Table 6

Women's Role in Men's Mental Health

Theme and subtheme	Example Quotes
Women seeing men struggle with their mental health, but they are unwilling to open up	"It is the big driving force. It is that people, women in their lives be at their partners, their family, their friends. I've just said because guys stereotypically don't like to drop the mask, especially to the ladies.
	And your women always say, like, look. All right, you don't have to talk to me about your problems. I get that might not be easy for you. You can go to a

place like, at least if I know you're talking to someone." (Interview 5)

"Your job is to crack on with it and get the job done and to a certain extent, that's still very true. And there is definitely a place for that, because sometimes you do have to just crack on and get the job done and then you deal with it afterwards. But that's the missing component where they will crack on and get the job done and then not deal with it afterwards." (Interview 5)

"And then you you don't think afterwards like, oh, hold on a second. I've got a I've got some stuff here. Now that's just bottled up.
And then you put more stuff on top of it and more stuff on top of it and more stuff on top of it before you know, it's just like there's a lot in there." (Interview 5)

| Women seeing the struggle men face but are unable to identify | "I suppose there's that there's the vocabulary because the people don't know how to get express it or people don't actually recognise what they're feeling." (Interview 4) |

"Those feelings of sadness, like anger and shame and guilt and all that that. Once that starts coming out, it's it's like, Oh yeah, that's that's what I feel as well. Yeah. People can put names to them." (Interview 4)

"I wonder if it's it's women see.
The struggle that men are going through, they don't see themselves. They see it in their partners or or their relatives or friends" (Interview 11)

This suggests a lack of self-awareness in men about mental health due to a lack of education around the topic, leading to improper management after stressful situations, which then leaves the women supporting the men in their lives. Overall, women and families play a very important role in getting men to engage with men's mental health charities.

Preventative Mental Health Care

In this instance, preventative care refers to work which can be done to prevent a crisis. The consequence of a lack of preventive care and the effect of lack of connection for men is explored. The alternative is then discussed, showcasing the effect of community, not only for the betterment of the individual's mental health and society, but for men's physical health.

Lack of preventative mental health care

The barriers to preventative mental health care can be classified as internal and external. The first barrier is the mindset around mental health.

> *"I was saying about men needing to fix things. Well, let's look at it. It's like when something is broken, right? It. That's when they'll want to try and fix it rather than than that earlier maintenance. So when it's actually needs to be fixed, then they'll come to us." (Interview 4)*

This conveys the idea that men only see the need to address their mental health when they are at a point of major crisis, demonstrating that 'earlier maintenance', or preventative care, is not part of men's thought process or attitude to mental health and crisis.

The external barriers to preventative care in mental health are larger than the individual and identified as being due to the corporate or government mindset, a lack of awareness and a lack of investment in preventative care.

Table 7

External Barriers to Preventative Care

Theme and subtheme	Example Quotes
The corporate or government mindset to preventative care	"I think what we see predominantly from funding circles is there's so much funding for crisis, but the reasoning behind that, … because funders, government, they want to see return on investment,

> right, they want to see X number of women in domestic housing shelters, whereas you can't measure prevention. You can't say definitively by investing your dollar in us we prevent 15 suicides." (Interview 8)
>
> "So I'd say the the remark that I have is around the underfunding of prevention and the lack of awareness in how crucial prevention is in changing the outcome of all of our society." (Interview 8)
>
> "From for a charity landscape, the only thing I'd probably suggest is.
> There, there's definitely not enough awareness for the men's mental health side of things, particularly at a preventative level." (Interview 8)

Help seeking was described as 'emasculating' and is associated with 'womanhood' (Interview 7). The reasoning behind the lack of preventative help-seeking in men is complex, as there is a fear of emasculation, as well as negative mindsets around crisis. Generally, men admit to the problem 'when something is broken' rather than 'earlier maintenance' (Interview 4).

Effects of Lack of Connection on Men

The first barrier faced when seeking to create a connection might be the courage to do so. A gender difference is highlighted: do men find it harder to engage with others compared to women?

> *"stepping over that thresholds into a new space in a new group is one of the hardest thing for many. And I think it is, you know, it is not to say it's not difficult for women as well. Women seem to find it easier to.*
> *Join groups and take part in these communal community type settings.*
> *For many men, it's really difficult." (Interview 9)*

While gender difference might be one barrier to creating those initial connections, a further difficulty is negative past experiences.

Researcher: *"Yeah, that's really interesting that they've been looking for someone to trust and haven't had that at all." (Interview 10)*

PP10 *" and not only have they not had it, they've been almost specifically told to not. You know and and not to to open up and not to show anything that might be considered a weakness." (Interview 10)*

Negative past experiences impact future willingness to try to make new connections, but what has been discussed is the conditioning of negative stereotype that trusting someone equates to 'weakness'. Consequently, men seek connections elsewhere.

"If they don't have connection, if they don't, you know can't get a girlfriend or fit with society ..., what they tend to do is go to their I'm not good enough. I'm not worthy. I'm all alone. No one loves me. Kind of route, ... They lean into those that make them feel heard, which are your incells. You know the manosphere. They're really dangerous point of view. It all comes back to that lack of connection." (Interview 8)

This shows the alternative options that are taken when men are isolated and desperately looking to forge a connection.

Community

A potential reason for the current divide in the community leading to a lack of connection could be a consequence of the COVID-19 pandemic, which also refers to the subtheme of Men and Isolation through lockdowns and working from home.

"It's everyone. And whether it's off the back of the pandemic years that more evidence than ever before that the community doesn't exist and and what does exist is polarising." (Interview 8)

It is suggested that lockdowns and forced isolation, shut down means of connecting with other people and that in this regard, the community has still not recovered.

"The key is to get ... them involved in community the moment they're in community. The moment they stop filling that void with things that are not healthy." (Interview 8)

Despite the COVID-19 pandemic, there are still opportunities to engage with the community and create connections, which has the positive effect of replacing negative coping strategies. The word to describe the effect of community and connection used in the interviews is 'camaraderie'. What is suggested is the mutual aspect of a connection, and helping others is highly valued and creates a sustainable environment for these charities. The consequence of building this 'camaraderie' is the preventative care it creates.

Table 8

Camaraderie Creating Preventative Care

Theme and subtheme	Example Quotes
Connection, community and camaraderie	"where there's a level of camaraderie between them, togetherness and sense of belonging and sense of community, which is really important for men. And they get that they get that as well. You know, they feed off of each other, they're supporting each other. And so that so it's kind of mutually. Constructive for all of those men. " (Interview 3)
	"I suppose there's that there's the vocabulary because the people don't know how to get express it or people don't actually recognise what they're feeling, but once they they come into that group… those feelings of sadness, like anger and shame and

guilt and all that. Once that starts coming out, it's it's like, Oh yeah, that's that's what I feel as well. Yeah. People can put names to them" (Interview 3)

"There's there's a lot of men that will. Come back come week on week, not only to. Because it's a camaraderie there, but they like to pay it forward as well. So once they know that this has helped them, they'll want to be there to help another person. And yeah, it's magic." (Interview 4)

"Just just the community, really. Just just kind of bringing everything together and.
Yeah, every everybody coming together"
(Interview 11)

Camaraderie and preventative care	"we almost hope that (Charity name) is a proactive approach to mental health and mental well-being and. If you've got, if you're, you know, you might just be. You might have just retired, or you might be bereaved. You might still feel like you're OK, but if you can just engage with something positive, then you're already one step ahead of what might come later. And of course, yeah, we do sort of

emphasise it is it's a positive social strategy."
(Interview 6)

"You know by by definition, by being a member, they've got 10 more, at least 10 more. Social connections every week, and that might just be that tipping point which puts people in a better position to deal with stuff as and when it comes up. It's not. It's not perfect and it will, you know, you can never take away people's trauma and people's experience, but all we can do is give them a sort of almost like a better readiness to to, to tackle things and to feel." (Interview 6)

"But I think like we're all aiming towards, you know, improving people, you know, improve improving people's lives essentially and increasing that. Increasing that social connection and. The mental well-being of. Of society" (Interview 6)

"your having those preemptive strikes, you're you're preemptively. Supporting people with mental health and again, whether they acknowledge that it's what, that's what it's for or not. It's it's it's going to pay back long term I think." (Interview 6)

Men's mental health charities offer a community to their members, a community which might replace ones lost during the COVID-19 pandemic or replace negative alternatives to connections forged in response to negative self-beliefs. Preventative care is created when social connections are increased and a positive and supportive environment, which can help members when they need it, has been established.

Physical Health

The final subtheme is the effect on physical health.

> *"It gives them permission. ... very rarely see two men in a room sat at the side of the table talking about mental health, physical health and, you know, and the other places where men gather, you know, sports grounds, pubs, you know, that kind of thing. There's banter and there's joking, but you don't really talk about the the serious things." (Interview 9)*

It seems important to have a space where men can talk, leading to honest conversations about physical health, which would not occur in the usual places where men spend time together. Indeed, having a level of trust in their community can lead to positive outcomes for physical health.

> *"we had. The aortic screening, nurses there and and there are actually men who actually went to them because they've been avoiding their appointments and out of*

the. The screenings that were done there, there was three of them that were found

with heart problems." (Interview 4)

"But now it's getting me down. And then John will say, oh, you should go to the doctor

and then and then Dave will say, ah, but it's a female doctor. And I don't want to do

this in front of a female doctor. And then John will say, oh, Bill had that problem. You

know, Bill had that worry as well. And this is what he did. And when he phoned, he

asked if he could have a male doctor. And then it was really easy. " (Interview 9)

This shows what can be achieved in these spaces and communities where there has been an investment in preventative mental health care, the overall outcomes for individuals' mental wellbeing and physical health are positively impacted.

Providing a Dedicated Space for Men's Mental Health

It seems clear from the interviews that men benefit hugely from accessing men's mental health charities. The charities provide a space for men to be honest in a community of their peers, providing an opportunity to improve their mental wellbeing. However, it has been shown that there are barriers stopping men from talking to their loved ones. Consequently, the lack of connection and community results in men reaching out to men's mental health charities in crisis, showing that there is a need for men to talk about their mental health, and men's mental health charities provide that space.

Providing a Space for Men

In everyday life, where men spend time together, there is not much room for opportunity for honest and open conversations.

> *"Where do men actually go when they need to talk about stuff? And it's like. You've got the pubs, you've got gyms. But no one's going to be pouring a heart out or discussing any kind of personal or painful problems right in those kind of social settings. And there's just no where. And historically, in society, men have been. Conditioned taught not to talk about the feelings. Just suck it up and get on with it. And it's seen as a weakness." (Interview 4)*

Here, the lack of opportunity to have honest and open conversations has been highlighted; a further aspect of the conditioning of not sharing their feelings that has been instilled in men has also been discussed. Men's mental health charities address both these issues.

Advertising Spaces Specifically for Men

Men's mental health charities create spaces dedicated to men's mental health. Tailoring messaging towards men allows men to show interest. It also gives them an alternative to the more traditional services available.

 Table 9

Dedicated places for men and alternatives to traditional mental health support

Theme and subtheme	Example Quotes
Tailoring messaging towards men allows men to engage	"it's just that word it's just that word. It's just the word men. I mean, if you if you, I know if you put up a you know if you called an organisation I know feel better group. They're they're just gonna completely ignore it." (Interview 9)
	"And I think having that word, men…. also gives men permission to get involved." (Interview 9)
Men's mental health charities offer an alternative to traditional mental health support	"But we hope that we're positively contributing to that because by giving that positive social outlet for free in community spaces. These guys, who had originally been waiting for counselling and maybe, you know, they just feel that actually a bit of support and the needs not as not, not as not as desperate as it was before." (Interview 6)

The traditional services for mental health support are struggling to meet demand. Men's mental health charities allow for opportunities to combat isolation and increase their connection with their community.

"What I've then noticed, though, so we've so a group has started as a (charity name) for men, has become a mixed community group. And now what I'm seeing is that same ..., realising that they need a men only day of the week." (Interview 9)

This shows that men will engage with others in the wider community, but it shows that there is a need for men-only spaces to allow for the conversations that don't happen with other members of society.

"We need peer-to-peer talking groups forever in in society. I think a lot more men one would feel comfortable talking to their peers and I think they they they like the connection it brings is a commonality there" (Interview 2)

Discussion

The present research aimed to assess how men's mental health charities support men's mental health. Inductive thematic analysis (Braun & Clarke, 2006) revealed four major themes: *Midlife and Transitional Periods, Women and Families' Role in Men's Mental Health, Preventative Care and Providing a Dedicated Space for Men's Mental Health.*

Midlife and Transitional Periods

This theme demonstrates those using men's mental health charities are middle-aged and retired men. This was strongly indicated during the interviews: six charities stated their most

frequently seen demographic was middle-aged men, and the other three stated retired men. The other two charities were intervention-based charities, which target younger men. National statistics from England and Wales highlight that the age ranges most affected by suicide in the past three years were 90 and over, 45 to 49 years old and 50 to 54 years old (Office for National Statistics, 2022, 2023, 2024). Furthermore, the interviews from this research can suggest a reason as to why these sections of society need support at this time in their lives. A pattern from the interviews suggests a commonality is the transition men face at these times in their lives. The transitions consist of changes in the way society views the person and how the individual sees themselves. Midlife was associated with the 'midlife crisis' (Interview 2), whereas retirement was an overall shift in a person's place in society, stopping work and changes in lifestyle (Interview 4).

This research demonstrates that men are reaching out for support when they experience significant stress levels. Previous literature discusses the conditioning men face throughout their lives, the internalisation of negative ideas towards mental illness (Chatmon, 2020), and violent expressions of emotions being accepted as an expression of masculinity (River & Flood, 2021), resulting in middle-aged men having maladaptive coping strategies to deal with their mental health (Bilsker et al., 2018). This is borne out in the responses from the interviews that help-seeking, such as accessing the charities to prevent a crisis, is a gendered activity (Interviews 1 and 7). The sub-theme *Men and Isolation* further supports this*:* feeling isolated refers to a mindset where men experience isolation in their poor mental health, perceiving themselves as being the only individual affected, which was discussed in multiple interviews, including 3, 4, 5 and 7. Being isolated refers to physical isolation, exacerbated by the COVID-19 pandemic, when enforced isolation harmed mental health (Hao et al., 2022). However, a direct result of the pandemic was an increase in working from home, which led to

further isolation; "the whole working from home thing doesn't help... Talking about somebody who is self-employed, has a wife and children and is lonely" (Interview 11).

Previous literature and this research suggest that middle-aged and retired men are most frequently seen by the charities, potentially due to negative conditioning experienced through a man's lifetime until they have no way of healthily coping, resulting in a mental health crisis.

Women and Families' Role in Men's Mental Health

This research identified a lack of education and recognition in men concerning their mental health; previous research shows help-seeking is seen as a gendered activity, acceptable for women but not for men (Shepherd et al., 2023). This can account for male reluctance to engage with therapy (Gilbert & Bailey, 2014). Cusack et al., (2004) and Rooney et al., (2020) emphasised how influential women were in men's mental health. This is strongly reflected in eight of the 11 interviews; interviews 1, 2 and 4 revealed that women and families were discovering the men's mental health charities by word of mouth or via social media. This shows that men's mental health charities are reaching those in need of support through their loved ones.

Preventative Care

The third theme identified was *Preventative Mental Health Care,* defined as work which can prevent men from reaching a mental health crisis. Preventative care creates a sense of resilience and increased use of mental health services (Otten et al., 2022; Robinson et al.,

2015; Roy et al., 2014; Seidler et al., 2020; Sharp et al., 2023). Its impact can be seen in the reduction of negative life events, including violence (Rice et al., 2018). Four subthemes emerged: *Lack of Preventative Mental Health Care, The Effect of Lack of Connection, Community* and *Physical Health.*

There is a lack of education and recognition in men concerning their mental health, resulting in the mindset discussed in Interview 4, "It's like when something is broken, right? That's when they'll want to try and fix it rather than than that earlier maintenance"; relevant literature discussing this mentality in men has been discussed previously in *Levels of Stress*. Lack of preventative care was attributed to a lack of funding, exacerbated by corporations and governments investing in crisis care only, rather than including preventative care, "You can't say definitively by investing your dollar in us we prevent 15 suicides" (Interview 8). Men have been taught not to prioritise preventative mental health care, and the charities offer them the opportunity to learn about their mental health, be proactive in their mental health care, and exercise positive social strategies (Interview 6).

In addition, a *Lack of Preventative Mental Health Care* could be due to a failure to recognise the presentation of mental illness in men, as there are gaps in the understanding of male social networks and men's expression of distress through dangerous and risk-taking behaviours (Brownhill et al., 2005; McKenzie et al., 2018). The interviews from this research did not highlight these different expressions of mental illness in men, potentially due to charities not recognising these behaviours, or it is a limitation of this research. This demonstrates the need for further research into the understanding of men's mental health expressions.

Charities support men who struggle to make connections because of previous negative experiences or negative conditioning (Interview 10). The *Effect of Lack of Connection* was identified; if men struggle to make connections with those around them, they search for connection online, resulting in them finding groups such as Incels or the manosphere (Interview 8). Contrary to the data collected in this research, literature suggests that men replace a lack of connection, not online, but through substance or alcohol abuse (Bilsker et al., 2018; Oliffe et al., 2022). While these findings differ, they are both negative coping strategies utilised when a man struggles with a lack of connection. *Preventative Mental Health Care,* encouraged by the charities, may enable men to disengage with or not develop negative coping strategies. The contradiction between the literature and the results of this research could be a limitation of the Interview Schedule due to its narrow scope.

The subtheme *Community* demonstrated how preventative mental health care can be created within men's mental health charities. Community groups allowed men to have open discussions, promoting the development of social connections and emotional well-being (Broughton et al., 2016), as reflected in Interview 3, resulting in trust and respect between members, in which negative emotions can be redefined (Robertson et al., 2018; Seidler et al., 2017; Vickery, 2022), "people don't actually recognise what they're feeling, but once they they come into that group… those feelings of sadness, like anger and shame and guilt an all that. Once that starts coming out, it's it's like, Oh yeah, that's that's what I feel as well." (Interview 3). The result from this research emphasised the ability of charities to assume the role of community in replacing negative alternatives and provide their members with new social connections. This subtheme is defined by 'camaraderie', which was used to describe the mutually uplifting environment created in charities, where there is a trusted community space creating *Community* and *Preventative Care,* "at least 10 more. Social connections every

week, and that might just be that tipping point which puts people in a better position to deal with stuff as and when it comes up." (Interview 6). The charities interviewed, support men by providing a community and offering alternatives to the negative effects of a lack of connection.

Physical Health was the final subtheme; interviews 4 and 9 demonstrate how men's mental health charities also support their physical health. Charities which invest in preventative mental health care can support men with physical health screenings: informal community interventions focusing on men's mental and physical well-being were positively received (Abotsie et al., 2020), (Interview 4).

Providing a Dedicated Space for Men

Providing a Dedicated Space for Men addressed the issue of the lack of opportunity for men to talk about their mental health in their everyday lives. Men's mental health charities address the need for a dedicated place for men to discuss their mental well-being. The interviews identified that the traditional places where men spend time are not conducive to emotional discussions, which is furthered by the conditioning of discouraging openness about emotions, which men have faced throughout their lifetimes (Interview 4). They offer men support without the traditional barriers to help-seeking, as they are easily accessible (Interview 6). Male-only spaces allow men the freedom to discuss potentially embarrassing topics with their peers (Mackenzie et al., 2016), (Interview 9).

By utilising a gender-based approach, interest is encouraged through the use of messaging tailored towards men, "I think having that word, men… also gives men permission to get

involved." (Interview 9). Research supports a gender-based approach, which includes the use of evidence-backed information and using real-life stories while tailoring advertisements and terminology to make accessing resources easier (Pirkis et al., 2018; Rice et al., 2017; Sagar-Ouriaghli et al., 2020). *Advertising Spaces Specifically for Men* allows men to engage with their own mental health in a positive environment, which in turn will encourage future engagement (Liddon et al., 2017; Roy et al., 2014; Seidler et al., 2020). Men's mental health charities fill a need and provide a dedicated space to discuss mental health in a community where they are comfortable and confident (Interview 2).

Limitations

Limitations of this research include the lack of scope in the interview schedule. Initially, the aim of this research was narrower; however, through the data collection process and the willingness of the charities that participated in this research, the aim became broader. Semi-structured interviews were conducted with an interview schedule referring to the initial research questions. When the scope of the research changed, although the interview schedule was relevant, various aspects were limiting, particularly regarding *Lack of Preventative Mental Health Care* and *The Effect of Lack of Connection.*

A further limitation is researcher bias and subjectivity. Due to the nature of this research, there was limited time and capacity, this means the researcher who conducted the interviews also coded the data, however, the themes were verified by a second researcher.

Finally, the charities spoken to were predominantly based in England; the international charities spoken to were also based in Western parts of the world. The results of this research might not reflect the experiences of men or men's mental health charities in other parts of the world.

Future Recommendations

Future research should endeavour to support middle-aged and older men and attempt to understand why the suicide statistics are so high for this demographic and investigate how to help younger men before they reach this point.

The interviews revealed that women were discovering men's mental health charities via social media or by word of mouth. The effectiveness of targeted advertisements towards women and families should be further explored. Future research should also focus on targeted advertising directly to men, as there is an apparent lack of male engagement of their own accord.

Furthermore, male coping strategies should be further investigated, as this research identified seeking connections online, whereas previous literature discussed substance abuse.

Longitudinal future research should endeavour to expand from the individual using men's mental health charities, examining their wider impact on the younger male generations, their attitudes to mental health in general and male mental health in particular. This would provide measurable data on the impact of preventative mental health care.

Conclusion

This research found that men's mental health charities are predominantly supporting middle-aged and retired men, in periods of transition in their lives. The charities are reaching men in need of support through their loved ones, particularly the women in their lives. The interviews highlighted that men are reaching out for help while experiencing significant levels of stress or crisis. Men's mental health charities offer dedicated space where a

community can be created to foster social connections and encourage preventative care to potentially replace negative coping strategies, improve poor mental health and prevent crises.

Future research informed by the findings of this work should focus on furthering understanding of how best to connect with men, either through advertising aimed at men or targeting their loved ones. Finally, measuring the impact of the charities through longitudinal research focused on younger male generations, would provide a valuable insight into men's mental health charities and their role in preventative mental health care.

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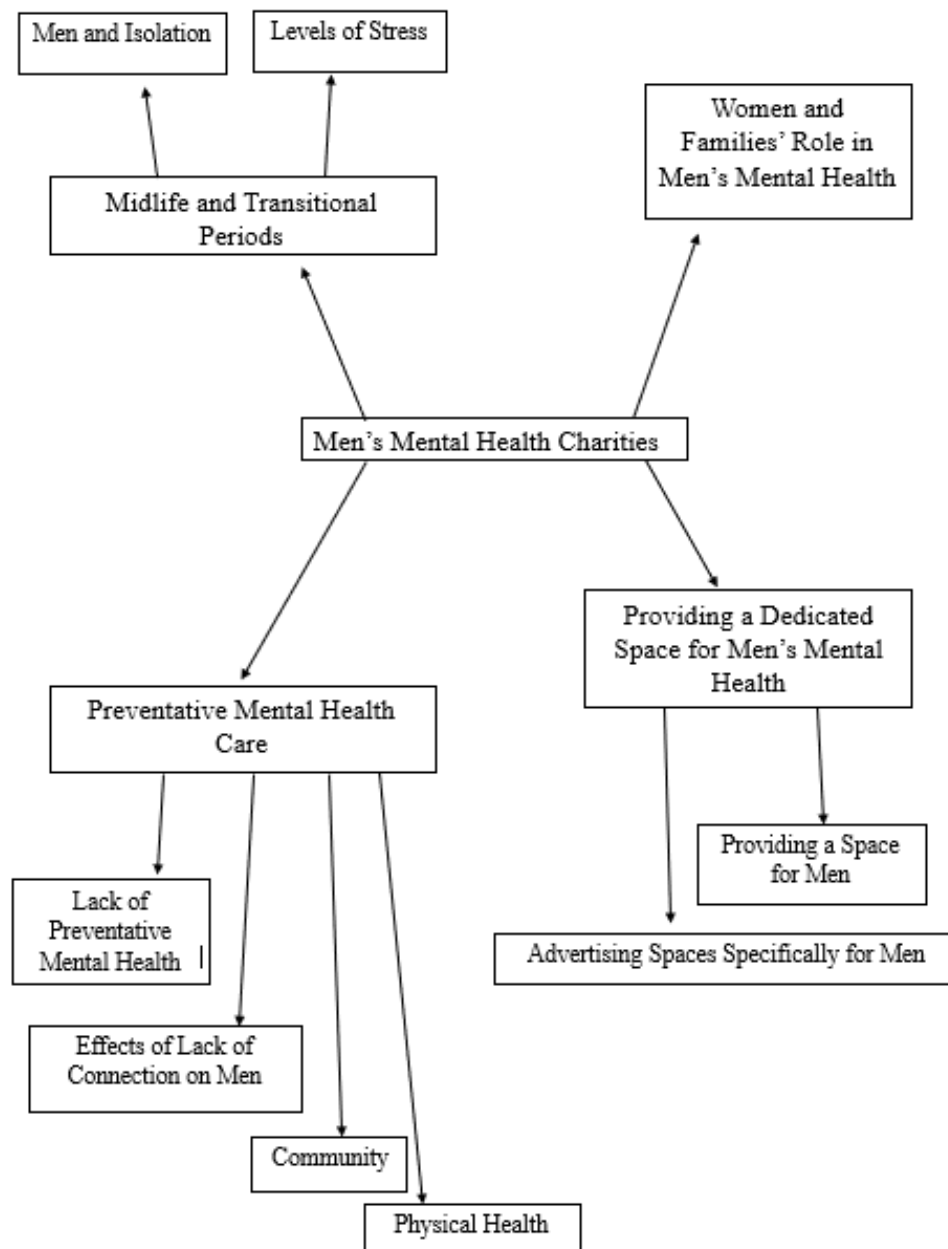
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Abstract

Figure 1

Thematic map demonstrating themes and subthemes

Appendix A

Example of the initial Codes which emerged from Interviews 4, 6 and 11

Interview	Codes
Interview 4	- Women
	- The need for community and connection
	- Men feeling isolated
	- Dedicated space for men
	- Men being fixers
	- Age and transition periods
	- Men and physical health
Interview 6	- Community and connection
	- Health by stealth
	- Dedicated space for men's mental health
	- Family
	- The benefits of an activity
	- Pre-emptive mental health care
Interview 11	- Women
	- Community
	- Isolation in men
	- Loneliness
	- Masculinity
	- Midlife
	- Modern distractions

Appendix B

Example of how the Codes became themes using a sample from Interviews 4, 6 and 11.

Colour coding has been utilized to demonstrate how the initial codes informed the themes

Themes	Codes
Midlife and Transitional Periods	- Men feeling isolated (Interview 4) - Age and transition periods (Interview 4) - Isolation in men (Interview 11) - Loneliness (Interview 11) - Midlife (Interview 11)
Women and Families' Role in Men's Mental Health	- Women (Interview 4) - Family (Interview 6) - Women (Interview 11)
Preventative care	- The need for community and connection (Interview 4) - Men and physical health (Interview 4) - Community and connection (Interview 6) - Health by stealth (Interview 6) - Community (Interview 11)
Dedicated space	- Dedicated space for men (Interview 4) - Dedicated space for men's mental health (Interview 6)