

Howzitgawn' For Men Report

1 Background

1.1 Pilton Community Health Project (PCHP) received small grant funding from NHS Lothian & the City of Edinburgh Council to do work with local men on their emotional and mental health. As part of this work it was decided to do a small scale needs assessment survey of local men's emotional health. This would then provide a useful guide for future work with local men.

1.2 As a first step PCHP attempted to review any previous reports and surveys on local men's mental and emotional health. Unfortunately very little local information exists. Some work was carried out by the PROP Stress Centre but that concentrated on the needs of men who were users of mental health services.

1.3 A major source of information was the consultative work that produced the local health plan "Our Health Matters". The plan identifies bereavement and male violence as significant causes of stress amongst local people. However the great majority of those participating in the consultation were local women. Though there are indications that they attempted to take men's needs into account nevertheless it would be understandable if their viewpoint on these needs was somewhat different from that of local men themselves.

1.4 Other sources of information were local, national and global health statistics. These show that stress & depression occur twice as frequently in deprived areas as compared to affluent ones. This is confirmed by local figures which show that stress & depression are the largest single reason for local people (men and women) visiting their GP (40% of all consultations). Globally, as opposed to locally, major depression is the number one cause of disability and 1 in 4 people will suffer from a mental health problem at some point in their lives.

1.5 At the most serious end of emotional health issues is the problem of suicide. Whereas women carry out the great majority of attempted suicides it is men who carry out the majority of "successful" ones.

1.6 The death rate from suicide amongst young men (aged 15-24) has more than doubled since 1971 and it is now the most common cause of death for men aged under 35. The suicide rate amongst men is also twice as high in Scotland as England. This translates to an even greater problem in areas like Pilton because suicides amongst unemployed young men from deprived areas run at up to three times the rate for those from affluent areas.

2 Needs Survey methods

2.1 The most difficult task of any research is to get people to participate. That problem increases geometrically when the task is to get men to answer questions about their emotions. Between mild stress and suicide are the whole gamut of emotional health issues - from bouts of depression to the long, slow suicide of alcoholism and drugs dependency. Men tend not to confide in these issues to others and are much less likely than women to seek help from their GP or other health professionals.

2.2 After some consultation it was decided to use two survey methods - (i) a questionnaire distributed to local men through community groups and agencies and (ii) focus groups of local men where issues could be explored in greater depth.

2.3 Though questionnaires tend to have a low response rate they do have the benefit of being the most confidential form of research. Given the known literacy issues in the area the language used in the questionnaire was kept simple; questions were limited in number and largely in a "tick box" format to encourage completion.

2.4 The survey was also targeted rather than completely random. The men completing it were either active in local groups or service users of local projects. Thus they were not necessarily typical of all local men. However it was thought that these men would be more likely to respond than men contacted via a random mail-shot to local households.

2.5 Though the information collected via the questionnaire was limited in scope it was hoped that the more in-depth information divulged in the focus groups would balance this. Initially four focus groups were envisaged -

- PROP Stress Centre's Men's Group.
- A group of male carers.
- A group of minority ethnic men.
- A group of male adult learners.

2.6 None of these groups was intended to be typical of local men. Instead it was hoped that some of the specific needs of more marginalised and excluded groups could be identified through the focus groups. This was particularly necessary, as the short questionnaires simply did not allow the space for this type of needs analysis.

2.7 However in the event only two focus groups actually occurred. This was because none of the male adult learners responded to the invitation to participate. It also proved impossible, in the time available, to make the arrangements necessary to bring together a group of local minority ethnic men. The failure to convene a group of minority ethnic men is to be regretted as neither are they represented amongst questionnaire respondees.

2.8 Quotes from individual men participating in the focus groups have been used to illustrate men's emotional needs throughout this report.

3 Needs Survey Results

3.1 Approximately 300 "Howzitgawn" questionnaires were sent to local groups and agencies. All local and city wide-groups, which might be working with local men, were sent copies. Thirty-three completed questionnaires were returned (an 11% response rate).

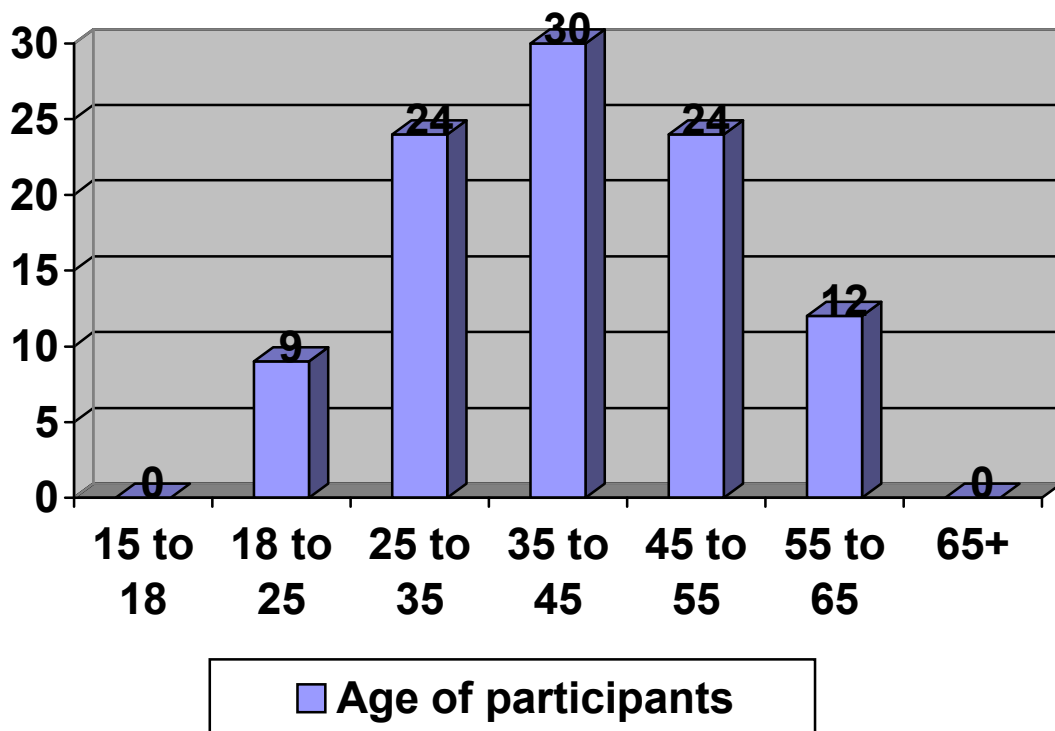
3.2 The response rate was quite good for a questionnaire survey carried out in this area and thanks are due to the local projects that encouraged users to respond. However the response rate is too low for the figures to be statistically robust. None the less the results are a useful indication of the major concerns and worries of local men. But it should be remembered throughout that small variations in the numbers reporting particular worries can translate to seemingly large statistical differences.

4 Backgrounds of those responding

4.1 The first four questions on the questionnaire were designed to provide us with some background information on those who had completed the questionnaire. The four questions were on Age, Employment Status, Household Income and Relationships.

4.2 This information was gathered in order to allow us to compare men participating in the survey with the general local male adult population and to try to determine to what extent different concerns affected different groups within the population.

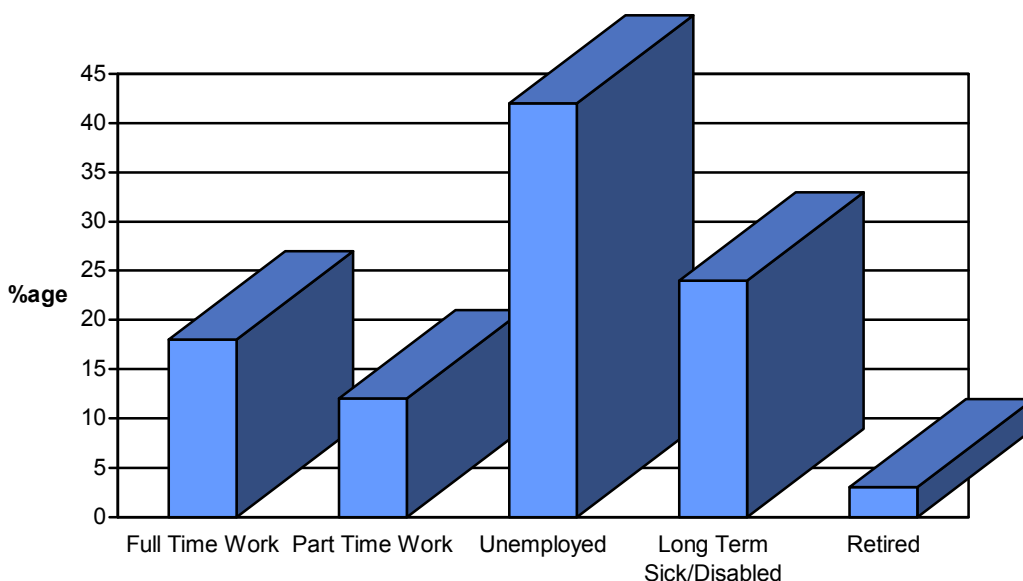
4.3 **Age:** Responses were obtained from across most of the age range though no very young men (aged 15-18) and only one pensioner (aged 65) responded.



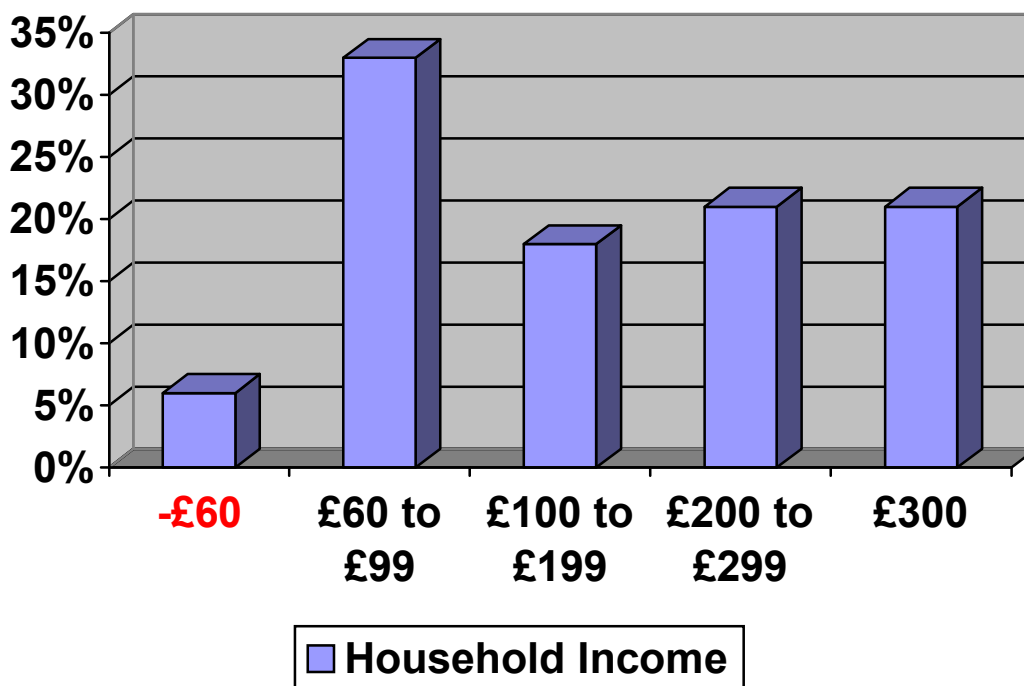
9% of those responding were aged between 18-25
24% of those responding were aged between 25-35
30% of those responding were aged between 35-45
24% of those responding were aged between 45-55
12% of those responding were aged between 55-65
0% of those responding were aged +65

4.4 **Employment Status:** All types of employment status were represented amongst those responding though there more unemployed and long term sick/disabled than in the general population (and less men in work or retired). This is probably due to the bias created by sampling through local groups and agencies where men without work are more likely to be service users and/or activists.

Employment Status



4.5 Household Income: Some limited information was obtained on the household income of those responding. This information was insufficient to determine the proportion of men living in poverty. However it is indicative that 4 in 10 of the men (39%) who responded were living in households with total weekly incomes, including benefits, of **under** £100 pw (below the poverty line for a single person) and over half (58%) were in households with incomes below £200pw.



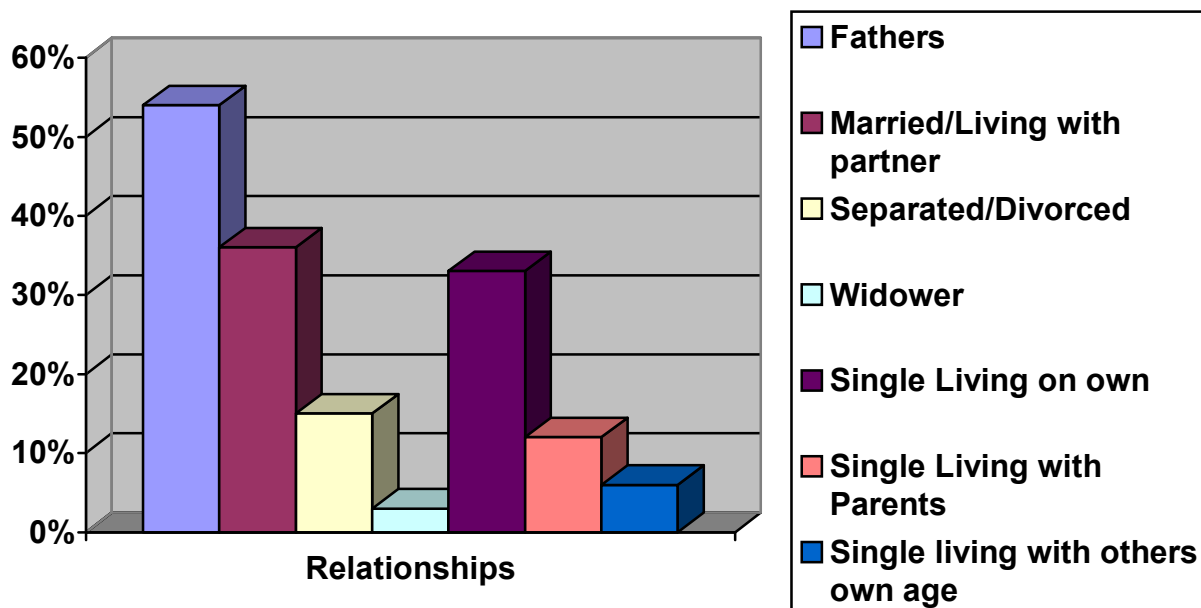
6% of households had total weekly incomes of under £60
 33% of households had total weekly incomes of between £60 - £99
 18% of households had total weekly incomes of between £100 - £199
 21% of households had total weekly incomes of between £200 - £299
 21% of households had total weekly incomes of over £300

4.6 Relationships

4.6.1 Men were asked about their relationship with others. The potential relationships listed were far from exhaustive but were intended to give us some information on the status of the men participating in the survey.

4.6.2 The majority of the men were fathers (58%) of which 36% were either married to or living with a partner whilst 15% were separated or divorced. There was also one widower (3%).

4.6.3 Single men living on their own made up a third of those participating (33%) whilst a further 12% of single men were living with their parents and 6% with people of their own age. In total 54% of those participating were not currently in a close relationship with a partner.



5 Men's Worries

5.1 Men were provided with a list of issues and asked to state which had ever made them feel down or worried. The fact that a worry is listed may not mean that it is a current concern but will tend to indicate what problems men have encountered in their lives that have had a lasting impact on their consciousness.

5.2 The list of potential worries was far from exhaustive and, although men were asked to write in any other causes of worry, this rarely elicited a response. Obvious sources of worry which could have been included were relationship issues; personal health; loneliness and physical or sexual abuse. These were omitted due to a variety of reasons - space considerations, the complexity involved in framing a question, privacy issues and oversight.

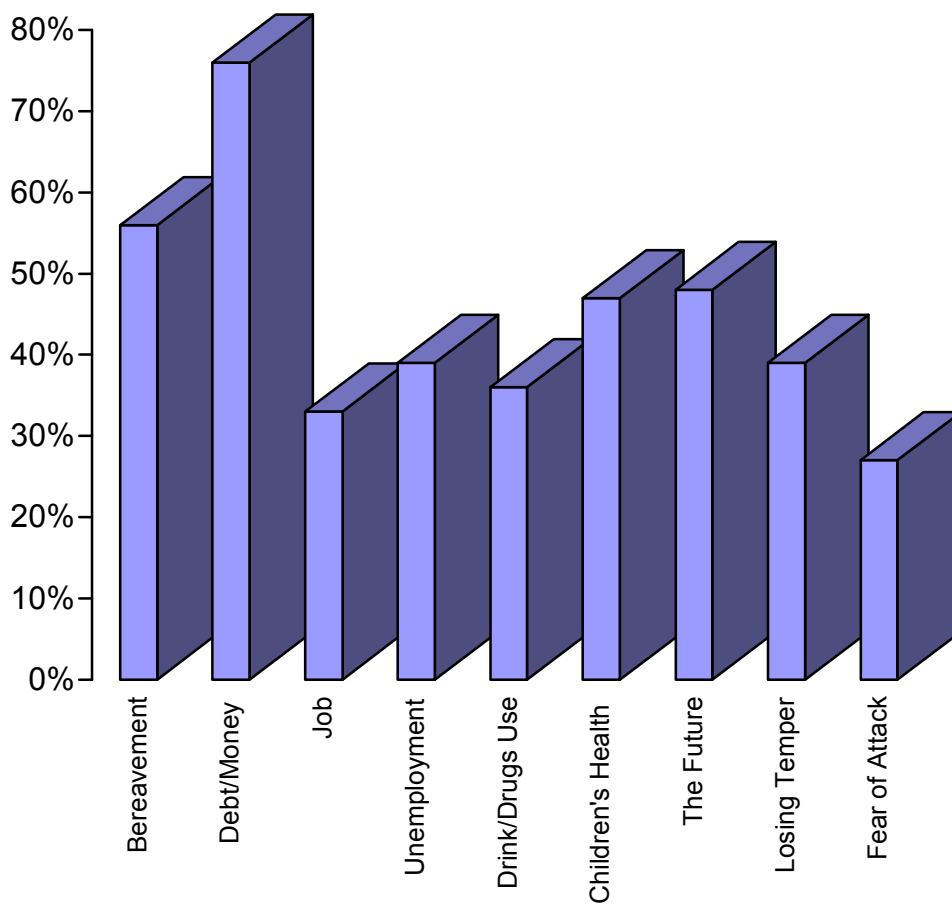
5.3 Most men listed more than one area of worry and some listed quite a few. In fact the range extended from one man with, quote "No worries!" to one man who ticked all nine of the issues listed. The average number of significant worries for local men was four.

5.4 Debt/Money Worries

5.4.1 The highest single cause of worry were debt/money problems. Three out of four men (76%) reported it as something that had caused them to feel worried or down. Perhaps unsurprisingly unemployed men on the lowest incomes were most prone to worry about this (85%) whilst men in full time employment from households with incomes of over £200 pw were slightly less prone to this worry (64%). However a high proportion of men in all income groups had worried about this.

5.4.2 This suggests that lack of sufficient income is, or has been, a significant worry for a large proportion of local men. It also confirms that the alleviation of poverty would be likely to have a significant and positive impact on local men's mental health.

Men's Worries



Response to focus group question: *How big a problem do you think lack of money is?* -
"The biggest - no doubt"

Focus group response: *What do you think are the biggest causes of worry for men in Pilton?*
- "Debt."

5.5 Bereavement

5.5.1 The next most reported worry, listed by over half of local men (52%) was feeling down over the death of a relation or friend. This is in line with earlier consultations which indicated that this was a significant factor in stress and depression amongst local people. Men aged between 55 to 65 seemed particularly affected by this worry (75% of this age group reported it) but that may simply be a by-product of the very small sample size.

5.6 Worries about the future

5.6.1 Almost half (48%) of those who responded, had worries about the future. The proportion reporting this as a worry remained fairly consistent across the age range and regardless of employment status (though it was a slightly higher (64%) concern amongst unemployed men). This suggests a high level of non-specific anxiety amongst local men. Such anxiety is often associated with stress and depression.

5.7 Their Children's Health

5.7.1 A concern specific to fathers were worries about their children's health (& safety). Almost half (47%) of fathers who responded reported this as something that had caused them to feel worried or down. Fathers in stable relationships seemed just as likely to worry about their children's health as those that had separated/divorced.

5.7.2 The proportion reporting this as a worry may be nothing more than the general concern that any parent has for their children (though obviously not all fathers mentioned it). However it may also be significant that half of those reporting this as a worry were themselves suffering from a long term sickness or disability.

5.8 Men's Anger

5.8.1 39% of men reported having worried about losing their temper. This was reported by men from across the age range and by those with different employment status. It also affected single men as well as those in stable relationships. Male aggression and violence is frequently identified in community consultations as a problem that has to be tackled.

5.9 Employment/Unemployment

5.9.1 39% of men reported that they had experienced worries about not having a job whilst 1 in 3 men (33%) reported having worries caused by their job. Unsurprisingly unemployed men worried most about not having work but some also reported worries caused when in work whilst several of those in work had (at some point) worried about being unemployed. This may reflect the ongoing insecurity experienced even by men who have been able to find work in the relatively buoyant local employment market.

5.10 Drinks and Drugs Use

5.10.1 36% of men had worried about the use of drink and drugs. It should be noted that this was not necessarily about the use of these substances by themselves. Instead it might also relate to the use of drugs/alcohol by other members of their family or within the wider local community. However, whether or not it relates to personal use, use of drugs & alcohol is seen as a significant cause of worry and depression by many local men.

5.11 Fear of Verbal Abuse/Physical Attack

5.11.1 More than 1 in 4 men (27%) reported having been worried by fear of verbal harassment or physical attack. This suggests that a significant proportion of local men suffer this fear on an on-going basis. It may be that this is an even more significant local worry than was reported as some men may not have wished to admit to this fear.

Quote: *"I'm paranoid about all the young people down there who would stab you for fun".*

5.12 Other Worries

5.12.1 Other worries, which were written in by those responding, were -

- Worry over children's safety when with ex-partner.
- Family stresses.
- Fear of future loneliness.
- Worry over supporting wife and child.

5.12.2 All of these are obviously of great concern to those individuals affected by them because they chose to mention them without having been prompted to do so. They may well have been mentioned more often by other participants if they had been included in the list of potential worries respondents had to choose from. There is considerable room for further research on relationship difficulties.

6 Support for Men

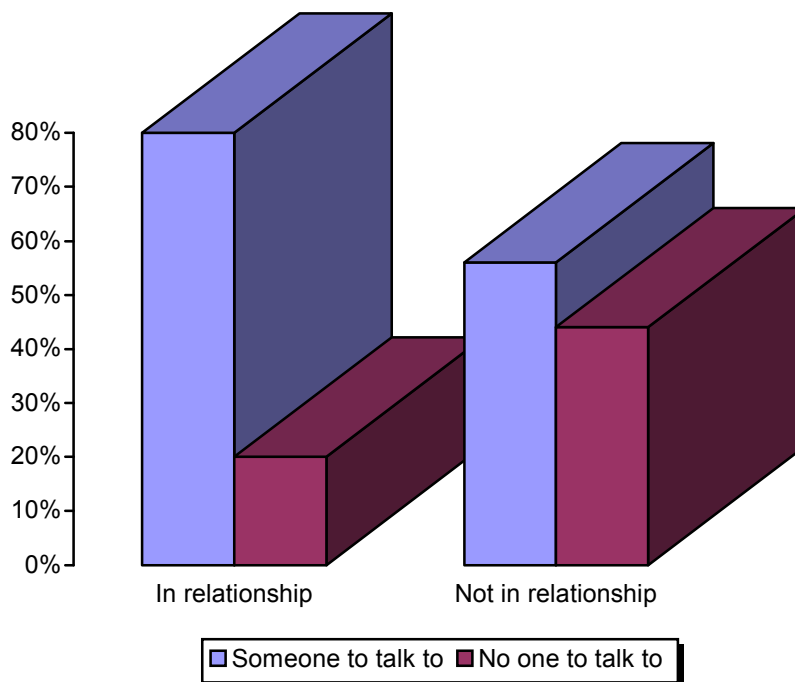
6.1 The next group of questions were designed to find out what forms of support men could access when they felt down and needed to talk or have someone listen.

6.2 **Question: "Have you ever felt that you needed someone to talk to and get support from?"** Nearly three out of four men (73%) stated that they had and just over a quarter (27%) that they had not.

6.3 **Question: "Did you have anyone to go to for help?"** This question generated some confusion. Some of those who stated that they had not needed someone to talk to nevertheless then said that they either had someone they could go to for help (4 men) or that they did not have someone they could go to (2 men).

6.3.1 Both answers imply that these men had at some point in the past either accessed help or wanted to but couldn't. If these men were counted as having needed help at some point in their lives they would bring the proportion who had needed someone to talk to up to nine out of ten (**91%**) of those surveyed.

6.3.2 Off the men responding **66%** stated that they had someone to go to for help and **33%** stated that they did not. The proportion of single/separated/divorced men who had no one to turn to was higher than the average (**44%**) whilst the proportion of men currently in a relationship who had no one to go to for help was much lower (**20%**). This tends to indicate that, for some problems at least, men's partners were a source of sympathy and support (**see below also**).

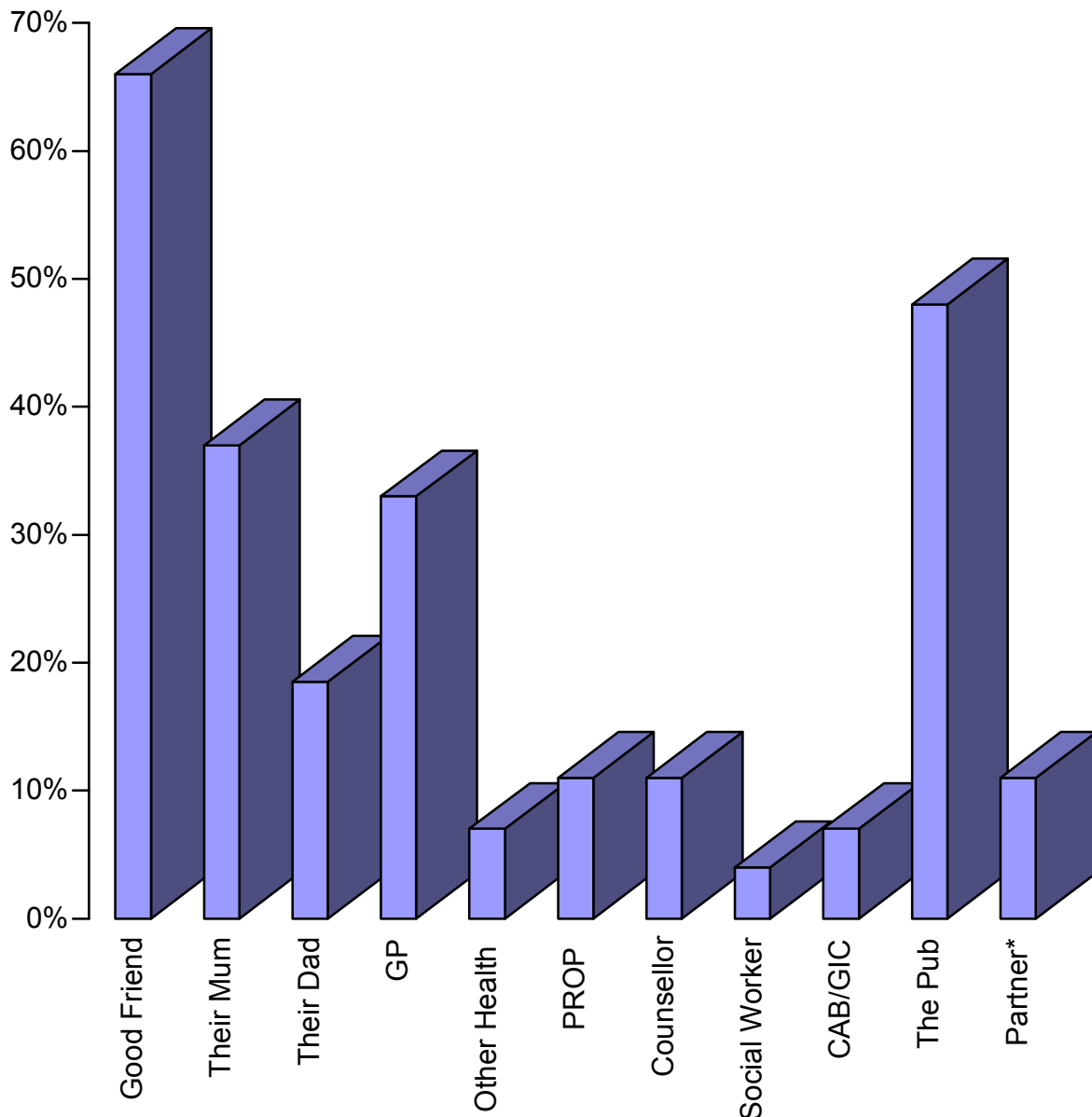


6.3.3 It is worrying that a third of those responding felt that they had nowhere to turn to when they most needed it. It tends to confirm previous notions that men have particular problems in finding someone that they feel they can confide in.

6.3.4 If the survey is reflective of local need then local men's inability to find a listening ear is likely to exacerbate and intensify problems such as stress, depression and other forms of mental illness. This is because they will have no outlet where they can express their feelings and/or get advice and, in addition to their underlying problems, they may well feel isolated and alone after failing to find the help they sought.

6.4 **Question: "Who and where do you think men go to for help when they feel down?"**. The question was intentionally oblique in that we hoped for greater honesty in replies that dealt with men in general rather than on an individual level. A list of possible sources of help was given. Men were asked to list all the people and places where they thought local men might go to for help. The results are given below -

Sources of Support



6.4.1 Two options had “NIL” responses. These were “BCDP” (Pilton Black Community Development Project) and the Police (not quite Nil - it did prompt the response “Ha! Ha!”). There were probably no responses to BCDP because no men from the black/minority took part in the survey.

6.4.2 As can be seen two-thirds (66%) of those responding thought that “a good friend” was the person men would go to for help. Given that a third of those responding had no one to approach when they needed help this suggests that the sort of close friendships envisaged may in practice be in short supply.

6.4.3 Taken together mums and dads are the next major source of help with 55.5% of men listing them as amongst those they thought local men would seek help from. This was not an unexpectedly popular source of help.

6.4.4 However, remembering that Pilton suffers from a high premature mortality rate and low life expectancy, it is very likely that a majority of local men will have lost either or both parents by late middle age thus depriving them of one of their prime sources of sympathy and support.

6.4.5 Worryingly nearly half (48%) of respondents thought that men would seek help from the pub when they felt down. The pub is an obvious source of companionship but many men assume that alcohol will make them feel better when they are stressed/depressed. Not only is this wrong - alcohol being a depressant - but, in a country where 40% of young men (aged 16-25) consume over 30 units of alcohol a week, the move from over-indulgence to outright dependence is not a large one.

6.4.6 More positively this suggests that services, which have tried to reach men through outreach work in pubs, have correctly identified, not only a place that men congregate, but one where they might be open to learning about services which could assist them with the problems in their lives.

6.4.7 Quite a few men at least seemed aware of the variety of local services that might be sources of support. However though services such as CAB & Granton Information Centre, PROP, the Health Project's counselling service, social work and other health workers at least got a mention the main source of professional help identified by respondents were men's GPs (33%).

6.4.8 Given that GP consultation times are very short (under 10 minutes) it is seldom that they will have the time to give the support, advice and counselling that men will seek from them. This makes it essential that local GPs are aware of, and make referrals to, other specialist local services where men can receive a listening ear and/or on-going support.

6.4.9 Two other sources of help were given in response to the question "*Someone else?*". These were Family 7% and Partner 11%. These are obviously important sources of help when men feel down. It is undoubtedly the case that if both families and wives/partners had been included on the list the proportion citing them as sources of help would have been far higher.

6.4.10 Though there were grounds for not including partners/wives on the list (difficulties in framing a question involving sexuality being amongst them) they were actually omitted from the questionnaire distributed to groups because of a simple word processing error. In retrospect it is obvious that both families and partners should have been included. Their omission means that further needs assessment work will be needed on the importance of family and partners' support.

6.5 Male Violence

6.5.1 The next two questions returned to the subject of how men felt about their lives and whether this might contribute to male aggression. Men were first asked - "**Does the way you feel about your life ever make you angry?**"

6.5.2 Of those responding **50%** stated that it did and **50%** that it did not. This suggests that a substantial proportion of local men are deeply affected by the frustrations & stresses of their lives.

6.5.3 It is also worth noting that all of those who had earlier reported worrying about losing their temper also stated that the way that they felt about their lives had made them feel angry. Men were then asked, "**Does it ever make you feel like hitting someone?**".

6.5.4 Although **81%** stated that it had not a small, but substantial, minority (**19%**) stated that it had. (Respondents were not asked about who would be the subject of their aggression but one person did identify who he would vent his anger on - "Politicians"!).

6.5.5 Of course violent thoughts are not necessarily followed by violent action. Men taking part in the survey were not asked if they had ever acted on their violent thoughts and it is unlikely that anything other than a tiny minority had. Nevertheless if there is no outlet for expressing how men feel about their lives their anger could potentially boil over into violence. Because the source of local men's problems is often impersonal (e.g. lack of work or money worries) that will mean that there is frequently no identifiable person to take those aggressive feelings to.

6.5.6 Violent feelings may then become internalised - perhaps resulting in depression or suicidal thoughts - or be taken out in violence, not on those responsible for the problems, but on those near at hand (i.e. partners, children, neighbours). Given local concern over levels of domestic violence this finding strengthens arguments for services which assist men to manage their anger.

6.6 Question 11: "Do you think a service to help men in Pilton cope with things that worry and upset them could be useful?" and Question 12 "Could you see yourself using such a service?"

6.6.1 Four out of five men (**81%**) thought that such a service would be useful whilst **60%** thought that they would (**48%**) or might (**12%**) use the new service. Even on the limited numbers responding it would be fairly safe to conclude that there is a stated need and likely demand for a service to assist men with their emotional needs.

6.7 Question 13: "How would you describe your ethnicity?" **90%** of those answering the question defined themselves as Scottish and **10%** defined themselves as British. It is disappointing that no one completing the survey belonged to a minority ethnic community (Chinese, Scots/Pakistani etc.). The result is that we have no way of assessing needs which might arise directly from men's ethnicity (e.g. the possibility of being affected by higher levels of verbal abuse or threat of physical assault).

7 Focus Groups

7.1 As stated earlier two focus groups were conducted. These were arranged so that we might tease out some of the issues, which arose from the responses to the survey, and to obtain greater insight into the problems that men might face.

7.2 There was no attempt to make the focus groups representative of all local men. Instead we sought to include men who may suffer exclusion because of their mental health status; caring responsibilities or ethnicity and who may therefore might have particular unmet needs.

7.3 Outlines of the discussions held in both groups are included as Appendices 1 and 2. The discussion involving the PROP Men's Group was of greater duration than that at the Carers Resource group and this partially explains the fuller responses from the PROP group.

7.4 Both focus groups agreed that lack of money and subsequent debt problems were the single greatest cause of worry amongst local men. Lack of job security and poverty were also cited by both focus groups as major causes of worry and depression. Bereavement and fear of violence were also confirmed as significant causes of worry/depression.

Focus group response to question: How *big a problem do you think lack of money is?* -
“The biggest. No doubt”.

7.5 Other issues that were cited as major causes of worry by the focus groups but not in questionnaire responses were fears surrounding impotency; stereotyping of men into particular roles; alcohol misuse; life expectancy; noise from neighbours; poor/damp housing; pollution; caring responsibilities and feeling trapped indoors due to community safety issues and poor policing.

7.6 Men in both focus groups had been in need of support and advice but felt they had no one to talk to. A variety of reasons were given as to why this happened including -

- stereotyping of males by themselves and others (family, the community, society) as strong, unemotional types who did not need help in coping.
- no one else who understands
- isolation caused by caring responsibilities

Quote: **Advice from own mum was, “Get on with it”**

7.7 Echoing the survey’s results both groups felt that a new service dedicated to men’s needs where men could discuss their problems in a safe environment and which could provide a “listening ear” was desirable. However there was also strong support for better publicising existing services such as PROP and its Men’s Group.

7.8 Male carers wanted to see a group established which would bring together men with caring responsibilities. They thought that as some of their issues were particular to their role as carers that would need specific support.

7.9 Re-inforcing the survey’s findings both groups agreed that local men have real problems with anger leading to frustration; internalisation of the anger; verbal and sometimes physical violence. Both groups agreed that something had to be done and suggested that anger management “classes” or groups might be helpful.

8 Conclusions

8.1 Whilst some of the Howzitgawn survey’s findings may seem obvious it is welcome that some long-held assumptions about the inter-relationship between poverty and emotional health have been confirmed. In particular the fact that three quarters of local men have worried about money or debt indicates how deeply poverty impacts on local people’s emotional health.

8.2 Unfortunately whilst increased local resources in the areas of welfare rights, debt advice and money management might be helpful they cannot by themselves solve the problem of inadequate household income. Only national policy initiatives can truly resolve the issues of inadequate benefit and pay levels.

8.3 There should be no under-estimation of the strong links between economic hardship and men's emotional health. The increased incidence of suicide has already been mentioned and the Deputy Chief Medical Officer recently stated that what needs to be done to combat suicides was to ***“give them (men) a decent education, decent job prospects, quality in employment building up their self-esteem and ensuring they have a decent level of disposable income”***.

8.4 The men participating in both the survey and focus groups also confirmed earlier consultations' findings by citing local men's anger management as problematic and an issue that has to be tackled.

8.5 Notions that local men have difficulties in acknowledging emotional problems and, even when they do so, then accessing appropriate support also found strong support from the survey responses and focus group participants.

8.6 This makes it unsurprising that local men would value the development of a dedicated service which deals with men's particular needs. Additional resources will have to be urgently sought to meet this and the other unmet needs that men participating in the survey identified.

Appendix 1

Notes of Focus Group 1 - PROP Men's Group

Question 1: "What do YOU think are the BIGGEST causes of worry for men in Pilton" -

- **Financial worries:** Debt; stereotyping of males' role as provider leading to guilt about being unable to provide properly for family & kids; stress caused by unemployment; trying to make do on benefits or low pay; loss of skills
- **Health Issues:** Impotency; Alcohol misuse; general health and life expectancy; bereavement.
- **Environment:** Neighbour disputes; Noise; Poor Housing/Damp; threatening atmosphere. People stuck inside due to fear and poor policing.

Question 2: How big a problem do you think lack of money is?

- "A big one"; "The biggest - no doubt" ; "Huge" ;
- "Not for myself. I've given up worrying about it. I used to but what's the point worrying".

Question 2(a) What kinds of problems does it (lack of money) cause?

- Lack of choice
- Unable to afford things - food, electricity bills etc.
- Unable to afford Xmas presents for the kids, wife etc. - guilt or put yourself further into debt causing even more stress and worry.
- Debt worries
- Unable to get away from poor/stressful environment/housing.

Question 3: Are there times when you have a problem but no one to share it with? Why?

- Stereotyping - men must be strong
- "Big boys don't cry"
- "Solve your own problems"
- Advice from own mum - "Get on with it"
- Don't whinge
- "The family relies on you - "the rock" - if the man falls apart, everything falls apart"

Question 3 (a) What might help?

- First admitting to yourself that there is a problem.
- More & better support services - Not enough support when people look for help - example quoted of failure to support someone going through re-hab. Another who needed counselling support was told the waiting list at PCHP was closed. So he didn't get support he wanted.
- More men knowing about services which do exist - like PROP Men's Group.

Question 4: Do you think many local men have problems with anger/violence? Why?

- Yes - if you're weak you get picked on.
- A lot of pent-up rage/anger/hostility due to poverty.
- Alcohol trigger
- No adequate or effective response by authorities/police to complaints about very serious things like child abuse.

Question 4 (a) What could help?

- Anger management work needed for whole area - not just group at PROP.
- Help men to deal with anger differently because when it comes out as violence just causes even more problems.

Appendix 2

Focus Group 2 - Men using Carers Resource Centre's Services

Question 1: "What do YOU think are the BIGGEST causes of worry for men in Pilton" -

- **Economic Worries:** Unemployment, lack of job security, poverty.
- **Carers' Issues:** Worries as a carer about those we look after; unable to obtain respite because unable to relax.
- **Environment:** Fear of criminals; vandalism; pollution; worries about children growing up here.

Question 2: How big a problem do you think Lack of Money is?

- "The main one".
- 'Money worries for a lot of people due to ease of getting credit'.

Question 2(a) What kinds of problems does it (lack of money) cause?

- Mental health.
- Suicide.
- Family breakdown due to pressure.

Question 3: Are there times when you have a problem but no one to share it with? Why?

- No one else that understands.
- Unable to keep up friendships because of caring responsibilities.
- Don't want to worry person they're caring for.
- Worry and guilt about person they're caring for - even other family member, however supportive they are can't fully understand or share in that.

Question 3 (a) What might help?

- Service which allows carers to get out and meet other people but would still have worry and guilt about leaving person receiving care at home.
- Service for men where they could talk about things might help.

Question 4: Do you think many local men have problems with anger/violence? Why?

- "Yes - can't control it, bottle it up".
- 'Inability to control anger makes their problems worse'.
- Anger leads to violence.

Question 4 (a) What could help?

- Someone to speak to.
- Someone to take you out of yourself and help you forget, give temporary respite.

Executive Summary

- (i) Experience of stress, depression and suicide levels are associated with poverty and are significantly higher in areas of deprivation such as Pilton.
- (ii) Other than the consultative work which was done in drawing up the local Health Plan little research has been carried out on the mental and emotional health needs of local men living in the Greater Pilton area. Pilton Community Health Project has now carried out research on the emotional health needs of local men via a questionnaire distributed to local agencies and through conducting focus group discussions with local men.
- (iii) Thirty-three local men completed and returned questionnaires and two focus groups were conducted in partnership with the PROP Stress Centre's Men's Group and the Greater Pilton Carers Resource.
- (iv) Questionnaires were completed by a broad cross-section of local men ranging in age from 18 to 65.
- (v) Compared to the local population a disproportionate number of those completing the questionnaire were unemployed or long term sick/disabled. A high proportion (40%) were drawn from households with low or very low incomes (under £100 per week).
- (vi) A majority of those participating (58%) were fathers. A similar proportion of the local men who completed the questionnaire (54%) were not currently living with a partner.
- (vii) The single greatest cause of worry amongst local men was debt/money worries which affected three out of four local men (76%).
- (viii) Other significant causes of worry were, in descending order, bereavement; the future; their children's health (for fathers); losing their temper; unemployment; drink/drugs use; their job and fear of attack.
- (ix) Three out of four men (73%) stated that they had felt the need to talk to someone about their worries.
- (x) One in three men (33%) felt they had no one to go to for help when they needed it. Single men were least likely to be able to access support with 44% feeling they had no one to approach for help.
- (xi) Two thirds of those responding believed the most likely source of help for local men, who felt worried or down, was "a good friend". However nearly half (48%) of the participants believed that local men would seek support in the pub. Men's parents & families are the other potential source of support that most men would turn to (collectively 73%).
- (xii) The stress of every day living caused half of local men to be angry about their lives whilst a substantial minority (19%) have harboured violent thoughts because of their anger.
- (xiii) There is overwhelming support (81%) from those consulted for a dedicated local service to assist men in coping with the things that worry and upset them. A majority of the survey respondees (60%) state that they would use such a service.
- (xiv) **Recommendations:** Additional research is needed to establish the type of service that local men need. Securing resources to establish such a service for local men should be seen as a priority by local agencies

