

# Facing the Challenge

The Impact of Recession and Unemployment on Men's Health in Ireland



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June 2011**

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# 1 Methodology and Approach

## 1.1 Aim of the Research Process

This report is the result of a research and consultation process carried out, in Northern Ireland and the Republic of Ireland, by Nexus Research Co-operative on behalf of the Institute of Public Health in Ireland (IPH).

The research aimed to increase understanding of health related issues and challenges experienced by men in relation to unemployment, and worsening economic circumstances with particular focus on mental health.

The report contains a summary of research findings and recommendations on how needs should be addressed.

## 1.2 Approach and Research Elements

The research consisted of:

- 1 A review of evidence exploring
  - Causal and consequential links between recession, unemployment and men's health
  - The potential for effective responses to the challenges created by these links.
- 2 A review of front-line organisation experience

A short web-based questionnaire was used to collect feedback from organisations with direct contact with unemployed men, on what they see as key challenges, threats and opportunities in relation to the health / unemployment interface.
- 3 Direct interviews and focus groups with men

Meetings were arranged with a sample of respondents to:

  - Reach a deeper understanding of the impact of unemployment
  - Explore possibilities of how longer-term and short-term needs could be addressed by: locally-based organisations, mainstream service providers, or both working together.
- 4 Action-focused seminars

Meetings were held in Belfast and Dublin bringing together representatives of agencies and organisations to:

  - Consider findings, recommendations and an 'agenda' for action
  - Reach consensus on where and how the most pressing needs might be addressed North and South, but also on a cross-border basis where relevant.
5. Interviews with service providers and policy-makers

Interviewees were targeted for follow-up discussion focusing on possibilities for intervention.

## 2 Review of Evidence, Relevant Policy and Programme Context

The review of literature and documentation focused on:

- Evidence based research from Ireland and elsewhere
- The link between men's health and the economy in Ireland, North and South
- Areas of policy, programme and service development within which effective responses to challenges might be framed.

### 2.1 Establishing a Link – International Evidence

The review revealed that causal relationships between unemployment, health and well-being have been convincingly established over a considerable time period.

- A literature review by the World Health Organization established the 'probability' that unemployment damages physical health; and the 'almost certain' conclusion that unemployment damages mental health (Watkin 1985)
- Comparison of mortality rates in unemployed men (England and Wales) in 1971 and 1981 showed employment being linked to lower than average mortality rates. Those unemployed who had a pre-existing illness or disability had three times higher than average mortality rates. Those who were unemployed but not ill showed a 37% excess mortality over the following 10 years (Jackson et al, 1987)
- A Danish study using census-generated data found a 40%-50% excess death rate among the unemployed, with suicides and accidents being prominent contributors to this. Excess mortality was higher for unemployed men (Iversen et al, 1987)
- Longitudinal studies in Australia found deteriorations and poorer psychological health for unemployed compared with employed people. This was particularly evidenced in the case of young unemployed people (Morrell et al, 1994)
- American research showed that men aged 35-60 years who became unemployed had higher levels of depression and anxiety than those who remained employed (Linn et al, 1985)
- A study of unemployed German men over the age of 45 found higher levels of psychological distress compared with those who were re-employed or retired (Frese et al, 1987)
- Unemployment was correlated with an increased risk of both successful suicide and attempted suicide (Platt 1984 and 1986)

- An international literature review of research undertaken in the 1980s/1990s found associations between unemployment and death due to heart disease. Contributing factors included:
  - The disruption of community and personal social relationships
  - Greater risk behaviour (such as alcohol consumption or poor diet)
  - Higher stress levels, and
  - The precipitation of a bereavement reaction (Jin et al, 1995)
- An Australian literature review states that factory closures were associated with increased levels of cardiovascular disease and associated risk factors. Redundancy was identified as a particularly significant contributor to ill health amongst older adult men. (Mathers et al, 1998)
- Particularly stark is the Danish evidence by Browning and Heinesen (2011) that job loss increases the risk of overall mortality and mortality caused by circulatory disease; of suicide and suicide attempts; and of death and hospitalisation due to traffic accidents, alcohol-related disease and mental illness.
- Both the threat and the reality of unemployment increase the likelihood of men developing hypertension and unemployment more than doubled the risk of developing high blood pressure for men. (Levenstein et al, 2001)
- Mortality rates doubled for men in the five years after redundancy in a study conducted in several European countries. (Stuckler et al, 2009)
- Research by the British Psychological Society established that prolonged unemployment is 'linked to worsening mental and physical health, including an increased risk of suicide and premature death'. (Kinderman et al, 2008)
- Recent research for the Social Exclusion Task Force in Britain showed that people who become unemployed are more likely to experience mental ill-health. People who lost their job were twice as likely to have short-term depression as those who remained in work. Linked to this is the propensity for unemployment to trigger other problems that have negative health impacts: unemployment increases the risk of marital dissolution by 70%; and losing one's job can trigger problem drinking for 1 in 5 men. (Barnes et al, 2009)
- A study of changes in mortality and employment in 26 EU countries between 1970 and 2007 found a direct correlation between increases in unemployment and increases in suicides. It established a direct link between resources spent on active labour market policies and a reduction in the effect of unemployment on suicides. (Stuckler et al, 2009)

- However, there have been counter-cyclical patterns noticed in international studies, for example in Nordic countries, whereby mortality rates decline during recessions. This may be because people may eat less and be healthier due to lack of money and more time to exercise, however this refers to overall health and not necessarily mental health. Therefore, there may be a case to be made (see Bezruchka 2009) for a greater complexity to this issue; the distribution of wealth and the social supports available may be greater contributors towards good health than economic cycles.

## 2.2 Establishing a Link – The Irish Situation

A Health Research Board report (2008) identified employment status as the most important predictor of psychological distress, with 30.4% of those unemployed reporting mental health problems; and more than four times more likely to exhibit psychological distress than those employed. Walsh and Walsh (2011) examined Irish suicide rates over the period 1968-2009 and found that levels of alcohol consumption as well as the unemployment rate are the principal explanatory variable. They concluded that the recent rise in suicide rates may be attributable to the sharp rise in unemployment especially by males but this may be moderated by the continuing fall in alcohol consumption.

The National Suicide Research Foundation (based on research 1996 - 2006) draws attention to the fact that unemployment was associated with a two to three-fold increased risk of suicide amongst men. The highest suicide rate was in 15-34 year olds, but unemployment was a stronger risk factor for suicide in men aged 35-54. (NSRF 2008)

Statistics for Northern Ireland link high levels of suicidal behaviour with more disadvantaged areas. In North and West Belfast, which contain some of the most socially and economically disadvantaged wards in Northern Ireland, the suicide rate for the area was 19 per 100,000 compared to 10 per 100,000 for the rest of Northern Ireland. In 2010 the suicide rates in these same areas were more than two-thirds higher than the average for the rest of Northern Ireland.

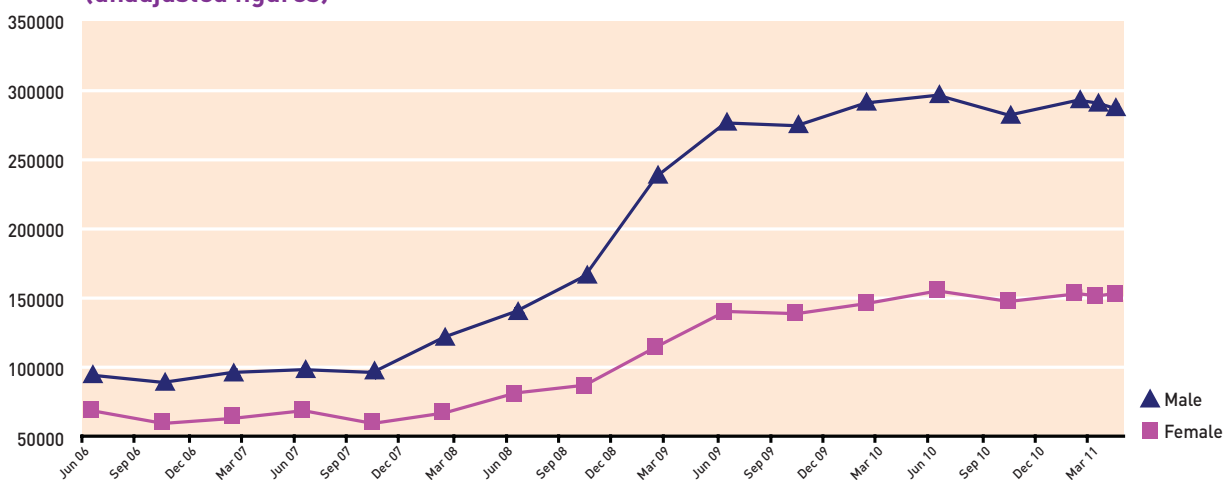
Considerable media and public attention has focused on the most recent increase in suicide rates (26% in the year to June 2010 for the Republic of Ireland). Internationally collected evidence would justify a strong expectation of further increases given the growth in unemployment and the very strong correlation between unemployment and male mental ill health.

The most recent live register figures for the Republic of Ireland demonstrate the scale of change involved.



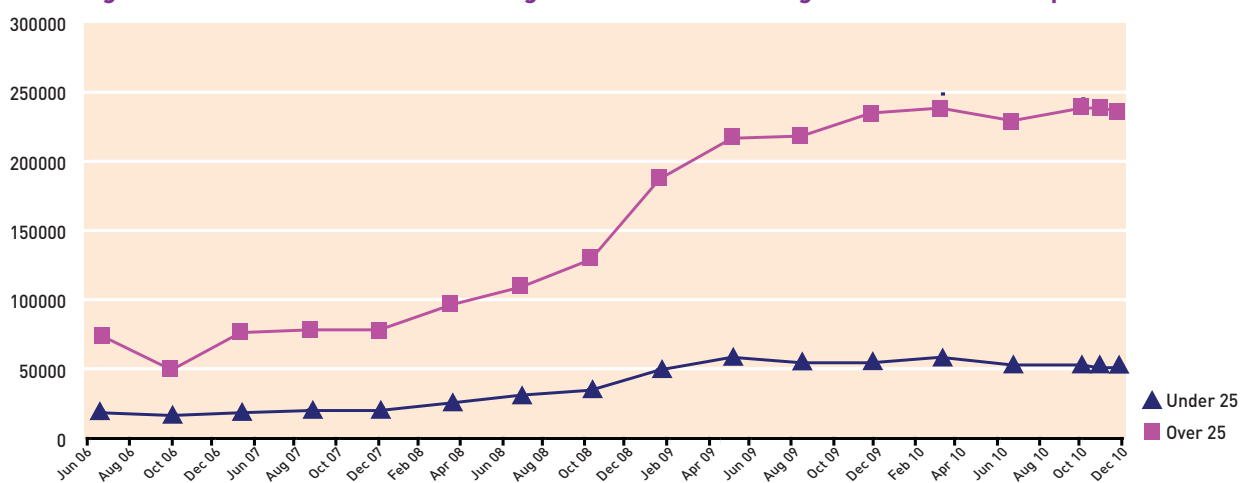
Live register Figure <sup>1</sup> (below) indicates the overall increase in unemployment. This is most pronounced from 2008 onwards. It shows a much steeper rise in the number of men entering live register figures compared to women. There were a total of 286,700 men as of April 2011 on the live register.

**Figure 1: Numbers of Men and Women on Live Register: June 2006 – March 2011 (unadjusted figures)**



Men over the age of 25 years make up the greatest proportion of all males currently on the live register. The period June 2009 - March 2011 has seen a continued increase in numbers of older men in this respect, as compared to the rate of increase for men 25 years old and younger, albeit there have been slight dips in both these unadjusted figures for April 2011. (Figure 2)

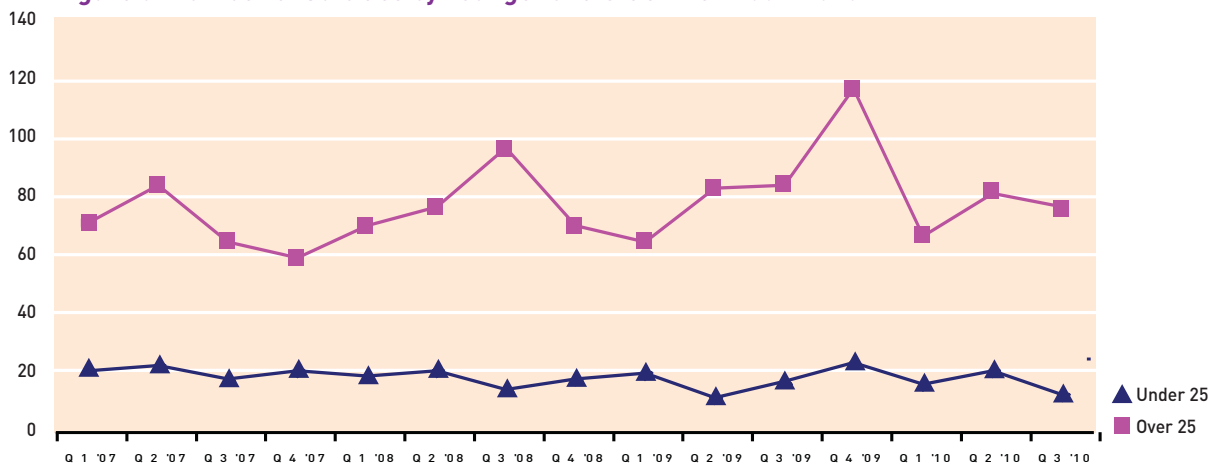
**Figure 2: Numbers of Older and Younger Men on the Live Register: June 2006 – April 2011**



<sup>1</sup> The Live Register is not designed to measure unemployment per se. It includes part-time (those who work up to three days a week), seasonal and casual workers entitled to Jobseekers Allowance or Jobseekers Benefit.

A comparison of this to rates of male suicide (Figure 3 below<sup>2</sup>) shows a sharp increase in suicide rates for over 25s towards the end of 2009: at the same time as numbers of men in this age group joining the live register increased. Suicide was three times more common amongst men (17 per 100,000 population over 14 years of age) than women (5 per 100,000 population over 14 years of age).

**Figure 3: Number of Suicides by Younger and Older Men 2007-2010**



In 2010, 313 deaths in Northern Ireland were registered as suicides, (240 males: 73 females) this is the highest on record.

Samaritans Ireland has drawn attention to the ‘extremely high number’ of calls directly related to the recession.<sup>3</sup> Approximately 50,000 calls received in July 2010 were recession-linked (up from an average of 35,000 in other months). Twenty per cent of callers were suicidal, and 80% sought advice and support:

*“The recession-related calls were around difficulties caused by unemployment, financial problems and anxieties about the future as well as the huge strain these were putting on personal relationships.” (Samaritans Ireland 2010)*

The National Suicide Research Foundation (NRSF 2009) in Ireland reports an overall increase (5%) in the rate of hospital-treated self-harm between 2008 and 2009. Some 11,966 presentations of deliberate self-harm were made to hospital emergency departments in 2009. The NRSF attributes the very significant increases in deliberate self-harm over the period 2006-2009 among Irish men to the economic recession.

Statistics relating to hospital admissions for self-harm in Northern Ireland indicate that the number of admissions has increased by 9% between 2000 and 2006.

<sup>2</sup> Figures kindly provided by the CSO. 2007 and 2008 are final figures for month of occurrence of death. 2009 and 2010 are not final – these figures relate to the month of death registration rather than month of occurrence.

<sup>3</sup> <http://www.irishtimes.com/newspaper/ireland/2010/0701/1224273706606.html> The Irish Times, 1 July 2010

Particularly striking has been the negative effects for men in situations where ongoing local economic activity has been intertwined with community. Men's definition and understanding of self, as well as opportunities for social participation, are in these cases undermined when local industries collapse. This has been demonstrated in relation to health and well-being of older single men living on the Dingle peninsula, where the collapse of dairy farming had negative social consequences; as well as in parts of Belfast, where the demise of the ship-building industry impacted negatively on workers and their communities. (Nexus 2002)

### 2.3 Men Accessing Health Services

Government policy in relation to mental health service provision is outlined in *A Vision for Change* in the Republic of Ireland, and the *Bamford Action Plan 2009-2011* in Northern Ireland. However, in both jurisdictions there is criticism relating to implementation of these policies and challenges in addressing the range of issues at the interface of men's health and economic recession are made more difficult by:

- The tendency of men to take fewer health preventative measures, and to be less likely to seek medical help
- Significant gaps in service provision on both parts of the island of Ireland.

The 'European Study of the Epidemiology of Mental Disorders Project' across six countries established that women were twice as likely to consult as men for mental health difficulties in the previous 12 months. (Alonso et al, 2004)

In the Republic of Ireland, a South Eastern Health Board study concludes:

*"The evidence from this study strongly suggests that health has largely been excluded from the culture and context of Irish men's lives. As a result, it appears that many Irish men can pass through their 20s, 30s and perhaps 40s without ever really being conscious or proactive about their health."* (Richardson 2004)

More recent research in the North-West region confirmed a similar pattern, with:

- Less than 26% of men interviewed reporting that they made regular GP appointments
- 26% never having had a full medical check up
- 32% not knowing 'what their blood pressure (BP) was'
- Only 45% having had their BP checked in the past three years; with 16% never having had their BP checked
- 55% not taking part in regular physical activity
- Only 26% having ever been screened.

Results from the 2006/7 Continuous Household Survey in Northern Ireland show that 12% of male respondents had visited a doctor in the last 14 days compared to 18% of women.

Other research highlights barriers to accessing mental health services for particular groups of men. A study by the Gay and Lesbian Equality Network describes how the experience of marginalisation can impact on the general and emotional health of gay men, and their use of health and social services. Low levels of trust amongst gay men in accessing mental health services were especially highlighted. (Dillon and Collins, 2003)

## 2.4 Evidence of Effective and Successful Responses

In addition to highlighting the range of formidable and urgent challenges, and the inadequacy of mainstream service responses in general, it is also important to draw attention to those instances where needs have been effectively addressed.

In reviewing what could be called 'good practice', in the context of responding to health needs of men, most of the more concrete examples are those that combine a grounded understanding of the core challenges (associated with men's relationship to their own health) with imaginative ways of communicating and building awareness.

For example:

- A German based project aimed at increasing public awareness about depression (with a male focus) contributed to a fall in the rates of suicide and attempted suicide of 24% over a two-year period.
- Successful Australian initiatives where the old model of men's working clubs was adopted to what were called 'men's sheds'. Key here was the facility developed whereby older men could communicate with younger men about health issues. An organisation has been recently established in Ireland to promote the men's shed concept. (Helmets 2011)
- Development of educational resources by the Health Promotion Agency in Northern Ireland (2005) aimed at promoting positive mental and emotional wellbeing amongst adolescent males aged 11-16 years. These provided advice and information on how to achieve and maintain positive mental health. Success was attributed to the fact that the language and content of the resources reflected male culture and was accessible locally. (Harland 2008)
- The Mind project in the UK encouraged 'male-friendly' approaches to mental health treatment. Central elements of the strategy have been the advertisement of health services in places men frequent; assisting GP surgeries to become more 'gender neutral'; and the promotion of training for health care professionals that stresses the relationship between gender, sexuality and mental well-being. (Mind 2009)

- A community and workplace-based project to promote positive cardiovascular health amongst farmers in County Roscommon. Success of the initiative was attributed to a reliance on 'peer encouragement'; a reduction in formality with regard to form-filling and to establishing collaborative working relationships between non-health and health service providers.
- A focus on building 'social capital among vulnerable men in the Carlow Men's Health Project to support them to empower themselves and have control over their own health and lives. Key to progress in this direction was the capacity of the project to create non-threatening environments; to make services and programmes easily accessible; and to use language that is 'positive and solution focused'. (Carroll 2010)
- The Traveller Men's Health Project set out to involve Traveller men in four midland counties in understanding and improving health. In working with a historically disengaged group of men, the project again established the importance of trust and 'ownership'-building as a prerequisite to success. Positive results were attributed to the efforts made in building relationships based on trust: among Traveller men, and between Traveller men and service providers. (Holleran 2010)
- Higher levels of success in response terms have also been established where networking, peer support and community-based 'non-threatening' space is created for men in particular circumstances. For example: a paper on male mental health in Ireland notes the significance of the emergence of men's groups throughout the country; appearing to signal the 'need for some men to find more meaningful sources of support in their lives' (McKeown and Clarke, 2004)
- Evidence that effective interventions such as the JOBs programme in the UK, based on local mutual support for unemployed men, can promote positive mental health and prevent the onset of depression for those at highest risk. The approach was also shown to be cost effective in terms of increased economic benefit for participants and society.

A review for the UK Department of Health into evidence-based mental health promotion concluded that community initiatives aimed at building social capital and increasing participation by excluded groups have the potential to make an important contribution in promoting community mental health and wellbeing.

Further research results establish the importance of an increased understanding and awareness of men's health issues on the part of the most relevant front-line service providers. Presenting practices and services that are informed by an understanding of male behaviour and orientation, is a key challenge:

*"Men learn to conceal vulnerability, to be stoic and independent, and may turn to unhealthy behaviours and indeed risk behaviours that are culturally defined as masculine to 'prove' their masculinity to themselves and others. Self-care practices on the other hand have become culturally defined as 'feminine'." (Richardson 2003)*

## 2.5 Relevant Policy and Programme Opportunities for Developing Effective Responses: North and South

### Republic of Ireland

The National Men's Health Policy provides an important vehicle through which appropriate and effective approaches can be promoted. Ireland is the first country to have developed and adopted such a policy initiative at national level.

The Men's Health Policy (January 2009) was developed by the Department of Health and Children, in conjunction with the Health Service Executive and a wide group of stakeholders. The aim is to 'promote optimum health and wellbeing for all men in Ireland while integrating a health promotion and preventative approach in the delivery of services'.

It is important to note that many of the responses and initiatives required are outside the formally defined remit of health providers, services and policy-makers. These are likely to include initiatives to support employment creation and access; local and community development; and social welfare provision.

Significant within this broader policy remit are:

- The Government strategy for reducing suicide, Reach Out: National Strategy for Action on Suicide Prevention 2005-2014 (2005), which builds on the work of the National Task Force on Suicide and prioritises four levels of action:
  - The general population level: to 'promote positive mental health and wellbeing and to bring about a positive change in attitude towards mental health, problem solving and coping in the general population'
  - A targeted approach: specifying issues and target groups for a particular action focus. Unemployed people, young men and prisoners are named as target groups

- Responses to suicide: setting and naming objectives to improve supports and coroner services following suicide
- Information and research.
- The newly restructured Local and Community Development Programme.<sup>4</sup> The Programme has four stated goals:
  - To promote awareness, knowledge and uptake of a wide range of statutory, voluntary and community services; with specific objectives aimed at improving access to and coordination of, services
  - To increase access to formal and informal educational, recreational and cultural activities and resources
  - To increase people's work readiness and employment prospects
  - To promote engagement with policy, practice, and decision-making processes on matters affecting local communities: promoting dialogue between funders and local interests; as well as developing opportunities for communities of place and interest to 'identify issues and voice concerns'.
- Development in the social justice policy area in the field of policing and mental health. A Working Group, led by representatives of the Mental Health Commission and the Garda Síochána, has examined best practice internationally in efforts to identify ways of improving cooperation and promoting integrated service delivery. Recommendations from the working group are addressed at health, policing and other service providers. (MHC and Garda Síochána, 2009)

### Northern Ireland

Significant in the Northern Ireland context has been the development of the Public Health Agency (PHA) Corporate Plan. Following through the need for action on men's health related to unemployment will be the Agency's stated commitment to:

- Establishing a mental health task force
- Updating and implementing local suicide action plans, working through multi-agency action with key partners
- Identifying better baselines and information on the causes and characteristics of health and wellbeing inequalities across local communities, together with what is being done to address these and the effectiveness of this
- Establishing a programme of public health initiatives to address health inequalities in the most vulnerable communities.

<sup>4</sup> <http://www.pobail.ie/en/LocalCommunityDevelopmentProgramme/> Department of Community, Equality and Gaeltacht Affairs

A stated priority for the PHA is to 'actively engage with people, in particular with those in disadvantaged communities and groups, in setting priorities'.

Also of key importance is the Gender Equality Strategy (2006-2016), which, under one of its strategic objectives, aims to:

*"Improve the health of women and men, including their reproductive health, using gender sensitive decision-making and priority setting, including in relation to research, access to services and delivery of health and social care services." (Gender Equality Strategy Northern Ireland 2006-2016)*

The strategy is underpinned by and complements the statutory duties set out in section 75 of the Northern Ireland Act 1998 which places a duty on public authorities in carrying out their functions to have 'due regard to the need to promote equality of opportunity between people within nine different categories'.

The men's action plan, framed within the overall strategy, is aimed at encouraging and facilitating government departments to consider how their policies, practices, systems and structures 'impact on all men' – whether they be old, young, disabled, in poverty, have dependants, or are gay/bisexual.

The DHSSPS in Northern Ireland (2010) within this context, is committed to:

- Considering proposals to develop an all Ireland Men's Mental Health Forum
- Deliver community based health programmes within 10% of the most disadvantaged areas.

In response the Gender Equality Unit has established a Gender Advisory Panel to advise and assist in finalising the Gender Equality Strategy and aid departments in developing their action plans for women and men. Provision is made here for the involvement of representatives of men's organisations.

A review of plans in 2011 represents an important milestone in terms of measuring progress and influencing future developments in relation to men's health.



## 2.6 Summary of Evidence Base and Broader Policy Context

It is clear from the review that:

- Strong causal links exist between unemployment, recession and deteriorating economic circumstances; and the health and wellbeing of men
- Evidence, from Ireland and internationally, points to the mental health of men being most adversely affected in these circumstances
- Current economic trends indicate an increase in scale of challenges faced
- Responses to the challenges identified on both sides of the border have been inadequate; especially in relation to addressing the mental health needs of more vulnerable men
- Efforts to rectify this situation should be informed by lessons from effective approaches already adopted taking into account the need for appropriate communication, local access and integrated service provision.

### 3 Survey of Frontline Organisations

A short web-based questionnaire was circulated to a range of organisations both North and South who are in direct contact with unemployed men – whose activity base would enable them to have some experience in health issues arising for their members or clients. They included:

- Community Development Projects
- Family Resource Centres
- Local Employment Services
- Money Advice and Budgeting Services
- Citizens Information Centres
- Local St. Vincent de Paul projects
- Community-based Mental Health projects
- Community-based Men's Groups.

Details of organisations responding are provided in Annex 1.

The questionnaire collected feedback on what they see as key challenges, threats and opportunities in relation to the health/unemployment interface for men, and whether or not they had noted any increase in men communicating issues or challenges in relation to their health. Replies were received by 72 organisations or projects (11 North and 61 South).

All but one organisation surveyed reported their service or activity base brought them into regular working contact with unemployed men, with three-quarters also in contact with men at risk of, or threatened with, unemployment.

#### 3.1 Health Issues for Men Linked to the Recession or Unemployment

All organisations in contact with unemployed men noted adverse health challenges for men they work with:

- 93% of respondents linked these health challenges directly to unemployment or to the recession generally
- The reported link between health challenges and recession was higher for unemployed men but also very high for men who saw themselves as being threatened with unemployment
- Mental health problems were much more prominent than physical health problems. The majority of respondents drew attention to physical health implications for men linked to unemployment or the recession, all noted mental health implications
- Responses were also fairly uniform in a regional sense. A slightly higher proportion of respondents in Northern Ireland, as well as respondents based in rural Ireland, reported physical health challenges for men linked to unemployment.

Organisations were asked to rate, in terms of prevalence, particular health-related challenges for men they worked with which were linked directly to recession or unemployment. These included:

- High levels of stress or anxiety
- Dependency on or over-use of alcohol/other drugs
- Deterioration in physical health
- Development of conflict in family or close personal relationships
- Isolation (including the difficulty in sharing or communicating problems)
- A reluctance to approach services or seek help.

**Figure 4: Organisations Rating of Relative Importance of Issues for Men where Unemployment or Recession Impacted upon their Health**

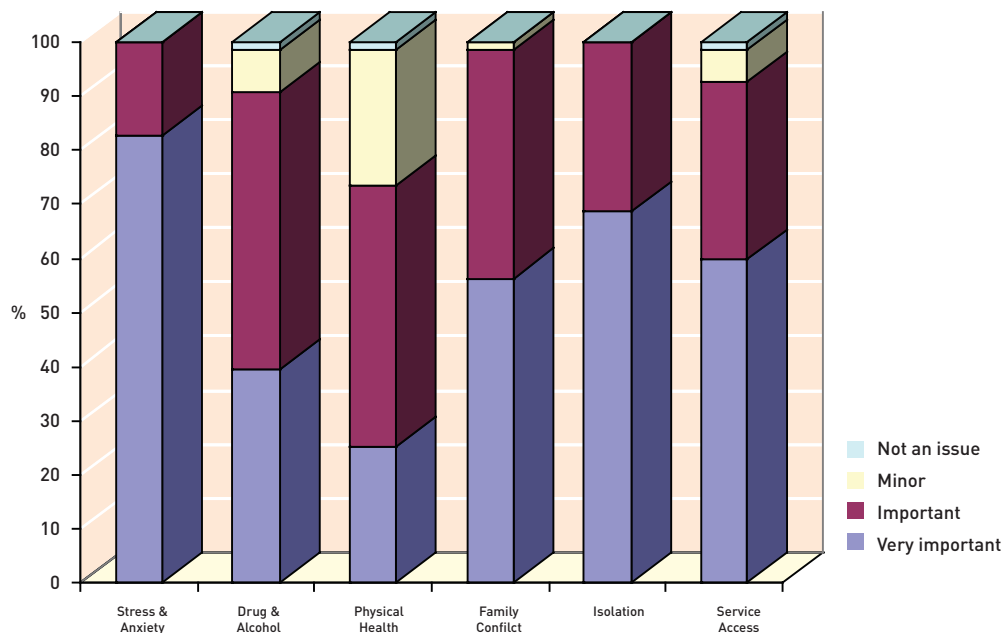


Figure 4 shows that organisations rated stress and anxiety as the most significant challenge for men. All saw this as an important implication of the link between unemployment and the health of the men they work with (80% rating it as very important). Problems associated with isolation, difficulties in sharing or communicating problems, reluctance in accessing services and conflict in family or close personal relationships also ranked high.

Problems associated with alcohol and drugs dependency were ranked lower in relative terms, but most respondents did rate these as 'important' issues for men with health problems linked to unemployment. Responses again confirm that mental health challenges are more significant for men in this situation than challenges related to physical health.

There were some important regional variations in responses as well as differences related to the type of organisation responding. Most notably:

- Northern Ireland based organisations placed a higher emphasis on the development of conflict in personal or family relationships; and in relation to isolation, or difficulties in communicating problems. They ranked both these as ‘very important’ health-related challenges for men they work with.
- Local Employment Services and Citizens’ Information Centres (based in the Republic of Ireland) attached a higher importance to problems related to the reluctance of men to approach relevant services for help and support.
- The highest importance accorded to the incidence of stress and anxiety (linked to unemployment) was in the case of both Money Advice and Budgeting Advice Centres in the Republic of Ireland.
- The highest importance accorded to the problem of men being reluctant to seek help from services was in the case of the three St. Vincent de Paul projects.
- Projects and services located in rural areas (in both jurisdictions) placed a higher importance on isolation, and difficulties in communicating problems, as challenges for men they work with.

Despite these variations, there was consistency across the responses of all organisations in their identification of stress, anxiety and difficulties in communicating problems as the most significant problems faced by men they worked with. This was the case both for unemployed men and for men threatened with unemployment.

## 3.2 Reported Increases in Incidence of Health-Related Challenges

Organisations were also asked for feedback on:

- Whether or not they were experiencing an increase in demand for their own services, as a result of health related issues for men
- Which specific issues or challenges were prominent where there was an increase in demand
- Whether health related issues for men had led to an increase in demand for other mainstream services.

64 of the 72 organisations responding (89%) reported that health related issues or challenges for men had led to an increase in demand for their own services and activities:

- The highest increases in demand were reported by Citizens’ Information Centres, Money Advice and Budgeting Services and St. Vincent de Paul projects. These organisations said demand for their services was increasing due to issues related to men’s health.

Levels of stress and anxiety were the principal health-related reasons given by organisations for increased service provision requests by men.

Isolation, difficulties in communication and personal conflict situations for men were also rated highly as contributory factors to increase in demand for services. Despite drug/alcohol abuse and physical health problems being ranked comparatively low in overall importance:

- 37% of organisations rated drug and alcohol dependency as a 'very important' issue for men they work with and 56% of organisations reported an increase in demand for their services as a result of this.
- 23% of organisations rated physical health problems as a 'very important' issue for men they work with and 46% of organisations reported an increase in demand for their services as a result of this.

There were some important regional variations in reported demand for services, as well as differences related to the type of organisation responding. Most notably:

- Organisations in Northern Ireland reported the highest overall increases in demand for their services from men in relation to stress/anxiety, personal conflict situations and communication or isolation problems.
- The highest increases in service demand related to family and personal conflict were reported in the case of Family Resource Centres in the Republic of Ireland.
- Local Employment Centres in the Republic of Ireland reported an increase in demand for their services as a result of alcohol/drug dependency amongst men linked to unemployment (69% reporting an increased demand in this respect).
- Rural based projects and organisations reported higher increases in service demand related to stress and anxiety, as well as to communication and isolation for men, than did urban based projects and organisations.

### Additional Information Provided By Respondents

Detailed information on priority development issues and commitments from Family Resource Centres across Ireland (collated through the SPEAK system<sup>5</sup>) provides further confirmation of the level of increase in local challenges for men affected by unemployment. The most recent national database (for 2009) shows that:

- Unemployment has, for the first time, been identified as the top priority for Family Resource Centres (with a 15% increase on the priority ascribed in 2008).

<sup>5</sup> Family Resource Centres (FRCs) use the SPEAK system to evaluate their work, but also to identify trends and changes in development challenges locally; as well as their own commitment to particular issues and target groups. The latest complete SPEAK database contains inputs from 104 FRCs detailing their work for 2009, and allowing for comparisons to be made with previous years.

- The percentage of time spent by Family Resource Centre staff and volunteers working directly or indirectly with the unemployed has increased from 17.3% in 2008 to 23.4% in 2009; and time spent working with men has increased from 11.9% to 14.5% over the same year.
- There has also been an increase in the priority ascribed to mental health issues locally (8% increase from 2008 to 2009); while the priority ascribed to physical health challenges has remained fairly constant.
- There has been a commensurate increase in the time and energy invested by Centre staff in addressing mental health issues. The 104 Centres provided counselling to 6,866 people in 2009, a 9% increase on 2008 numbers receiving counselling.

In explaining these changes, accompanying comments made by many Centres underline the links between unemployment, recession and mental health:

*“Unemployment increased dramatically, resulting in an influx of service users who were experiencing mental health problems, stress, job loss and financial management difficulties. We had a particularly high number of young men using our Centre for Back to Education support, personal development, health and safety courses, as well as information and resources to assist them.”*

(Cobh Family Resource Centre)

*“There has been a rapid increase in unemployment, particularly amongst male construction workers. They face a continuing lack of services in the areas of health, services to the unemployed, training and education.”* (Downstrands Family Resource Centre, North West)

*“We have had to respond to the increase in unemployment locally due to the economic downturn. The collapse of the building trade and the massive lay-offs in Dell, in particular, have affected the local community.”* (Killaloe/Ballina Family Resource Centre)

*“The uncertainties and fears around job cuts, unemployment and debt are becoming palpable.”*  
(South West Kerry Family Resource Centre)

*“Some of the main implications posed for us were the rising demands and needs of the community due to rising unemployment and underemployment. Most critical was the rise in mental health issues for the newly unemployed.”* (Clann Family Resource Centre, West)

*“The rising number of unemployed has implications for mental health services, as people are coming under increased stress to manage their day-to-day living expenses.”*  
(Tacu Family Resource Centre, North East)

### 3.3 Summary of Frontline Organisation Responses

Responses from organisations to the survey concur with some of the key findings from the literature review. Most importantly:

- Health issues represented an important issue for men in the majority of organisations responding.
- The almost universal experience of respondent frontline projects saw these issues for men as being directly related to the recession, to unemployment or to the threat of unemployment. This was true for organisations in both jurisdictions; for projects working mainly with men, and for projects dealing directly with unemployment. It was also true for more general projects and services such as Family Resource Centres, Citizen's Information Centres and Community Development Projects.
- Mental health issues were rated as more significant than physical health issues by almost all respondents: with this trend applying in the case of men threatened with unemployment as well as men currently unemployed.
- Incidences of stress and anxiety, and difficulties in communicating were the most commonly identified related issues noted by respondents generally (but there are important differences, depending on respondent location and nature of service).
- The demand for help and support for men – due to health problems directly related to unemployment or to recession – appears to be increasing.

## 4 Direct Interviews and Focus Groups with Men

Meetings were arranged in nine community-based settings (three in Northern Ireland and six in the Republic of Ireland). As well as consultation with project staff and volunteers in each case, focus groups in these locations allowed for in-depth input from fifty men. All agreed to their comments being used in this report on a confidential basis. Details of venues and numbers are included in Annex 1.

The fifty men contributing represented a fairly even spread in terms of age groupings:

### Age of Men Participating in Focus Groups

	25 & Under	26 - 40	41 - 55	56 - 65	Over 65
Number of Respondents	10	10	16	10	4

All but five participants were unemployed. Three were in receipt of long-term disability benefit. Employment history covers a wide range of trades and professions.

Issues and challenges to emerge were consistent across all age groups and occupational histories.

### 4.1 The Personal Impact of Unemployment

The most common reaction to becoming unemployed was expressed by men interviewed as a dramatic decrease in self-confidence. This is consistent with results of research from elsewhere, through which men were shown to attribute high value to employed status and role as earner or 'breadwinner'. Removal of this role and status is accompanied by a questioning of their own self-value:

*"As a bloke, we still have that thing in the male psyche that we are the breadwinners, that we should be the breadwinners, so when that is taken away, it really damages you."*

*"Without a job, I don't feel the same person: I don't have the same power."*

*"Redundancy is a serious blow to the ego."*

Stress and anxiety was, in most cases, associated with the removal of a sense of purpose:

*"The mental distress has been appalling. Work used to keep me fit and this was important to me. The strain of doing nothing has worn me down."*

*"It took a while to be able to accept the monotony and boredom of not having a reason to get up in the morning."*



*"You are always asking yourself, what will I get up for today? Where do I have to go today?"*

Many were conscious of how they were seen, as unemployed men, by people around them. Some felt they were being stigmatised or being 'judged' because of their status:

*"There's a stigma about being a man and unemployed."*

*"I felt people around me were saying: Look at the state of you: who wants to talk to you?"*

Stress and anxiety is associated with feelings of frustration or powerlessness to change the situation they find themselves in. Options are limited in the current economic climate:

*"In the 80s recession, I couldn't get work and had to go England, this time around, there is nowhere to go."*

*"The more people become unemployed, the bigger the market for the few jobs that are out there. It's impossible."*

Failure in efforts to make progress can further reinforce feelings of low self-worth:

*"Sending off CV after CV has been degrading."*

*"With no work and not a sniff of any work any time soon, and with little money, I felt very low."*

*"This morning I dropped into the only working site in the area and asked if there was any work going. I was told to come back next year when things have picked up. This was like another slap in the face."*

*"It's depressing to be going to the job centre everyday. Some of the databases, the jobs are not updated."*

*"Inequities become bigger when you're out of work and you're down on the ground looking up. There is more and more frustration to be felt. You try so hard, then you give up and then you're smacked in the head."*

*"You can only do so much to try and get a job. If I'm not being constructive, I feel crazy, and lose the plot."*

*"There can be months of frustration when you are waiting for a reply, from them or from an employer. During the dark months, it can be especially tough. It can be like you're cocooned in a dark frustrating place. You just want to hide."*

*"There is the danger of feeling depressed, apathetic and suspicious."*

For some there has been an increased use of alcohol as way of coping:

*“There is a huge impact on my self confidence and my health. The easiest route out is to take to drink. This is uncontrolled in the house. Who’s watching?”*

*“I found that I was spending more and more time in the pub, any excuse would do to go for a pint – until the money started running out.”*

Some project workers related an increase in alcohol dependency to the breakdown of traditional employment structures, which had also fulfilled a social function for men. Social clubs in Northern Ireland were more likely to provide focal points in this respect: *“They used to be on every corner in the community.”* Economic downturn has meant, in many cases, that *“Men’s lived experiences have become largely individualised”*, with drinking taking place in more isolated circumstances (usually at home).

A number focused on problems associated with financial pressures and worries about indebtedness:

*“I can’t do all the things that I used to be able to do, take my daughter to the cinema, to McDonalds. All those ordinary parts of life are taken away from you.”*

*Problems with debt have left me retreating into myself. My physical health has been suffering due to the strain and the stress.”*

*“With no wage and dealing with bills, it breaks you.”*

*“When you start having to deal with having no money, you are stripped bit by bit, levies catch you. The mortgage hasn’t changed and the cost of living doesn’t go down.”*

*“There is no peace - you are being followed by debtors every step of the day. Opening letters and always finding threatening words.”*

*“You end up in a borrowing merry-go-round: dependency on the benefit, you owe all the money out as soon as you get it. This makes for a vicious circle all through a normal week. In debt and in constant danger of overspending if you pay off the wrong debt. I don’t know how to get out of this trap.”*

## 4.2 Looking for 'Help': The Response of Mainstream Services

The experiences of dealing with the mainstream services were related as being overwhelmingly negative for men in all nine settings. Not only was there a difficulty in finding any kind of effective support, but there was the feeling that the service response actually made the situation worse in many cases. This was especially in relation to social welfare services, where the sense of low self-esteem already felt could be re-enforced rather than alleviated:

*"I feel a darkness appear every time I have to deal with the social welfare office. The darkness leaves when I leave the building and I get back to normality."*

*"The support system for unemployed people is non-existent."*

*"Everything is a hassle. There is no information about where you queue when you go there first. You could be in the wrong queue for an hour and no one will bother to help."*

*"There is nowhere to talk. You are made feel degraded everywhere that you turn."*

This was, in most cases, associated with men feeling that their intentions or motives were being questioned; that they were being treated with suspicion:

*"In the Social Welfare office, you are automatically treated like you are trying to rip them off, like you're a fraudster. There is no type of respect on offer, no basic humanity, no hellos and goodbyes."*

*"There is a lack of politeness: everyone has their own stories of being lashed out of it for no reason, being treated as if you are five. They start from the position that everyone is trying to pull the wool over their eyes."*

Apart from the damaging physiological effects, there were real consequences in terms of barriers to accessing entitlements:

*"My rent allowance was just stopped, I was never told. It was as if they were just trying to make life more difficult for me. It was misinformation all the way."*

*"I got stuck with the wrong information as well and they held back my money. I was going to have no money for the week and she was sitting there patronising. I'd filled in the wrong form, so it was all my fault."*

Almost as much frustration, even despair, was expressed in relation to support with job seeking and jobs training. While there was an acknowledgement that the general employment situation contributed significantly to this:

*"Once you start noticing that these databases are dated, you can start seeing the process of job-seeking as a waste of time."*

There was also the difficulty in accessing training, especially any kind of training that could increase employment prospects:

*“Trying to get access to training has been very difficult. You have to be in a job to get training.”  
“You can end up always waiting for the next course with never a job in sight.”*

*“The training was very useful, but the danger is that it is preparing you for nothing, you are getting ready for nothing.”*

And the problem for some was the lack of appropriate personalised support or follow-up where courses were completed:

*“After completing any FAS course, there is no follow up, no contact. You get the certificate in the post, if you are lucky. Then that is the end of it. No one is interested in how you got on with the course or whether you feel more job ready.”*

*“After the training you’re back on your own again”.*

*“I recently went to see a FAS careers advisor and was looking forward to working through next steps in planning. I was with him for less than five minutes and I was told that my CV was fine.”*

Experience of other services was also negative in the main, for some men regarding even basic information on which services to access or ‘where to turn’:

*“Where do you get information on such things as the medical card? I just don’t know what I’m supposed to do. My wife does some work, how can I get qualified? I’m back on the fags as a result of all this crap.”*

*“I’d love it if there was somewhere to go to get information, someone to talk to.”*

*“It can be a vicious cycle - you need to get a medical card, go see a GP, no money to pay the GP, go see the CWO.”*

The more general feeling was one of questioning whether or not any of the service providers are actually aware of, or even care about, the challenges men face in these situations:

*“The question that I ask is who cares about me? I’m a sick person and I’m unemployed. Who cares about me?”*

*“I wonder at what point the extent of the physical suffering will become apparent. Who knows? I don’t know yet.”*

*“There is no support out there for men. The counselling was useful in helping me get through a dark time, but beyond that there is no sign of any help.”*

### 4.3 'Where to Start?': The Need for a Response

All of the men had contact with community-based organisations. This raises questions about the real extent of the problem – given that the majority of unemployed men are not in regular contact with such groups.

The research process served to highlight the difficulties of the groups in terms of sustainability. One group depended on the goodwill of other organisations to access meeting space. Another did not have the resources to personally follow up with all the men that participated in the research meeting (a bigger number than they had anticipated).

The focus groups did serve to underline the importance of these groups as a first step in acknowledging and dealing with problems. There was universal agreement that provision of this kind of 'local and safe space' is extremely beneficial:

*"Being able to reach out to other men and have some support within the community has ensured that there is a reason to be getting up and getting involved."*

*"The group allows me realise that it's not just me who feels like this."*

*"It's a source of company and purpose."*

There was an acknowledgement that some mainstream services, and some service providers, were beneficial: invariably where a more personalised approach was taken, and where time was taken to understand the personal challenges being faced. The Money Advice and Budgeting Service in the Republic of Ireland was highlighted in this respect:

*"MABS have been extremely helpful in charting a way through the financial mess that I have been facing."<sup>6</sup>*

It was this very critical need for personalised responses and positive support from services that was the most recurring theme where men focused on future needs:

*"The system should be set up to provide encouragement to you. When you are genuinely and actively seeking work, the system should be designed to help. It has to be about encouragement, rather than persecution."*

*It should be all about getting good people who know what they're doing. When you get that bit of help from the right people, it makes all the difference. It means that you can persevere."*

*"They really need to have some proper customer training in how to deal with people as humans."*

Very often it appears to be about a feeling of making progress, as much as it is about any specific service response:

*"You feel healthier once you are moving, hopefully in the right direction."*

<sup>6</sup> One respondent did draw attention to the problem that a long waiting list has developed for new people needing to access MABS (three to four weeks in his case locally).

## 5 Conclusions: Addressing the Need

This research identified:

- Causal relationships between being unemployed and suffering ill health – particularly mental ill health
- Increasing demand for supports and services
- There are social, cultural and psychological dimensions to the challenges involved, as well as economic and health-related challenges. Adequate responses need to be multi-faceted and will require commitments from a wide range of stakeholders acting in an integrated way.

Recommendations under each priority heading are presented in more detail below.

### 5.1 Communicating and Building Awareness about Issues and Challenges

Results from this and other research should be used as part of a targeted information and awareness campaign. As a precondition to influencing policy, it is of vital importance that the nature and extent of the challenges identified are understood at a broader societal level; and the urgent need for comprehensive action is equally understood.

#### Communicating the ‘Challenge’

Public awareness needs to be built through conveying key messages about the scale and nature of the problem. For example:

- Clear links with economic trends, and unemployment particularly, mean that there are already extremely adverse effects for the health and wellbeing of a large proportion of Irish men.
- The combination of inadequate services responses and the reluctance of many men to communicate means that a large proportion of more critical effects are undoubtedly hidden.
- Not just unemployment, but also insecurity around employment and income, are contributory factors to poor mental and physical health for men. These health outcomes are not only influenced by employment status, but the impacts of debt burden must also be taken into account.
- Improvements in employment prospects at national level will not ‘solve’ the problem. The adverse effects already experienced by significant numbers of men will endure; as will insecurity as a central contributory factor.

### Communicating the Need for Response

Understanding the scale of the problem in societal terms needs to be matched with an understanding of scale in terms of response. Demonstrating that there are social and economic costs, as well as devastating individual costs is an essential starting point.

Richardson (2009) makes an argument for 'defining men's health as a productivity issue' and to 'applying a cost-benefit analysis to achieve a more upstream focus on men's health'. Strong justification for this can be made within the context of government spending on mental health. O'Shea and Kennelly draw attention to the economic rationale for positive investment:

*"For the first time, we have an estimate of the overall cost of mental health problems for the Irish economy, which at 2 per cent of GNP should leave no one in any doubt about the national significance of the overall economic burden.... All of the economic evidence suggests that the individual and social returns from judicious investment in mental health in Ireland are likely to be high and sustained."* (O'Shea and Kennelly 2008)

The Northern Ireland Association of Mental Health (Niamh) uses economic analysis to develop the case for greater investment in both the prevention of mental illness and the promotion of positive mental health: demonstrating the potential economic benefits of preventing mental illness:

*"We are all too aware that government and society are facing financial constraints at the moment, however, given that mental illness currently costs our local economy nearly £3 billion per year, the recommendations in Niamh's report emphasise the huge economic benefits to promoting mental wellbeing through robust, strategic and multi-agency approaches."* (Niamh 2009)

The need to respond positively to the mental health needs of men within this economic rationale should be highlighted: arguing for and promoting a central focus on positive mental health and preventative strategies. This should inform efforts to progress the strategic aim of 'marketing men's health' (in the National Men's Health Policy); in Primary Care Strategy developments in the Republic of Ireland; and as a contextual setting for the development of men's action plans within the Gender Equality Strategy in Northern Ireland. It could also inform a targeted approach to equipping both local and national politicians with an increased understanding of issues and the need for responses.

Of overarching importance is the need to promote a longer-term acknowledgement and awareness of the economic and social costs of failure to respond. Current public service planning, dominated in both Northern Ireland and the Republic of Ireland by the need to make savings, should be challenged to incorporate an understanding of the significant added public expenditure needed to redress the consequences of a physical and mental health crisis for men.

## 5.2 Improving the Response of Mainstream Service Providers

One lesson to emerge from this and other relevant research is the need for men to be able to access services that are responsive, understanding of their needs, and 'secure' (in the sense that interactions can take place in an environment of confidence and trust). The direct experience of men (and organisations working with them) reported here indicate that there are deficiencies in the extent to which many services are providing this.

Organisations have pointed to the need for a range of elements to be in place to ensure positive outcomes. MAN in Derry, for example, underlines the importance of:

- Ensuring the physical environment in which the interaction takes place is welcoming, comfortable and male-friendly
- The worker having an adequate grounding in awareness of how men think/act/are, and the life/health/societal issues that they face
- The requirement for self-awareness of how work with men makes the worker feel, any gendered perceptions as a worker working with men, or attitudes towards men in general. There should be no conflict between the needs of the men and the worker's own agenda(s)
- The ability to offer confidentiality, empathy, trust, a non-judgemental approach and, often, lots of time to assist men to find an emotional language which will help to support them. (Lynch 2009)

These principles, and others closely associated with them, were consistently put forward by representatives of organisations and validated by the men interviewed.

This knowledge should be used to strengthen mainstream services approach to dealing with men in this context. Particular training resources and initiatives should be developed, in a structured way that allows involvement of men's groups' representatives in their design, delivery and review. There is already good practice in operation in Ireland, for example, the Headstrong initiatives.

A collaborative approach involving men's organisations and service providers will also serve to strengthen links and mutual understanding between community-based initiatives and mainstream services. A structured programme should allow for joint design and content planning; joint implementation, and joint review and evaluation. Sharing of approaches, results and lessons between agencies and services will contribute to realisation of increased services integration (a stated objective at higher policy level in both in Northern Ireland and the Republic of Ireland).



### 5.3 Building and Supporting the Local Development 'Infrastructure'

The research indicated the vital role played by organisations and projects operating within the community – where a first point of access can be provided for men in a secure and trusting environment. Priority should be accorded to:

- Building a consistent and longer term commitment to supporting these initiatives
- Linking these initiatives with mainstream service provision and policy
- Actively support and encourage the establishment of new men's groups.

The latter objective can also benefit from a sharing of experience and good practice accumulated through the lifespan of existing groups. Very focused and targeted 'local resource packs' should be prepared to provide advice and information (with follow-up support where necessary to help organisations establish effective men's initiatives in their own communities).

### 5.4 An All Ireland Men's Health Platform for Action

DHSSPS in Northern Ireland, within the context of the Men's Action Plan, is committed to considering proposals to develop an All Ireland Men's Mental Health Forum. Research confirms the need for this kind of initiative and the similarity in challenges faced in both jurisdictions.

The DHSSPS Plan specifically proposed that any efforts invested in cross-border structures should be action focused. The practical measures proposed under the three headings above should form the strategic base for action on a cross-border basis.

Ensuring the initiative remains action oriented, schedules and objectives should be set out around particular actions (for example: design and delivery of training courses, production of resource packs, publicity campaigns). Indicators in terms of outcomes should be established with ongoing review and flexibility for re-planning, built into the process.

Success will be determined to a large extent by effectiveness and strength of partnership arrangements established between community-based groups and mainstream service providers.

## Annex 1: Organisations Responding to Web-Based Questionnaire

S.T.E.E.R. Ireland  
Home-Start  
Aspen Counselling Services, Mullingar  
Men Alone In No Man's Land (MAIN)  
Shankill Surestart - Dads Matter  
Aware Defeat Depression  
Cavan/Monaghan Mental Health Services  
Northern Ireland Community Addiction Service  
FPA  
Family Court Support  
Da-Young Father's Project

### **Society of St. Vincent de Paul:**

Society St Vincent De Paul  
Saint Vincent De Paul, Knocknaheeny  
Sacred Hearth Conference

### **Family Resource Centre Respondents:**

Quarryvale Community and Family Resource Centre  
Gort Family Resource Centre  
Shanakill FRC  
Newpark Close FRC  
Mohill Family Support Centre  
Southend Family Resource Centre, Wexford  
Shannon Family Resource Centre  
South West Kerry Family Resource Centre  
CROOM FRC  
The Forge Family Resource Centre  
Kilmovee FRC  
St Johnston & Carrigans FRC, Donegal  
Bagenalstown FRC  
St Brigids Family and Community Centre Waterford  
Castlemaine Family Resource Centre  
School St FRC, Dublin  
Claremorris Family Resource Centre  
Dunmanway FRC  
Mevagh Family Resource Centre  
Teach Oscail FRC Project  
Middleton Community Forum (FRC) Ltd  
Hill Street Family Resource Centre  
Moville and District Family Resource Centre

Cara House FRC Letterkenny  
Ballymote Family Resource Centre, Sligo  
Mountview Family Resource Centre  
Tacú Family Resource Centre Ballinrobe  
Ballyhaunis Family Resource Centre  
Dunfanaghy Family Resource Centre  
Shannow Family Resource Centre

**Local Employment Service Respondents:**

South West Inner City Local Employment Centre  
Northside Partnership Local Employment Service  
Northside Partnership Local Employment Service (Darndale)  
Northside Partnership LES  
Local Employment Service  
Tralee LES  
Local Employment Service  
Northside Partnership, Greendale Jobs Club  
Waterford LES  
Northside Partnership  
Baldoyle Forum LES  
Northside Partnership LES  
Ballymun Job Centre  
Inner City Renewal Group  
Galway City LESN  
Inner City LES - SARC  
Southside Local Employment Service  
LES  
Canal Local Employment Service Network  
Local Employment Service

**Citizen's Information Centre Respondents:**

Waterford Citizens Information service  
Nenagh Citizens Information Centre  
Citizens Information Service, Galway  
Caherciveen Citizens Information Centre  
Naas CIC

**Community Development Project:**

Le Cheile CDP

**Money Advice and Budgeting Services:**

Sligo MABS  
Kilkenny MABS

## Annex 2: Locations of Focus Groups with Men and Project Seminars

### Men's Focus Groups:

Location	Number of Men Participating
Da-Young Father's Project, Derry	3
SIPS Project, Belfast	3
Tar Anal, Belfast	4
Mountview FRC Men's Group	6
Civic Centre, Coolock	3
Madigans, Kilbarrack Shopping Centre	2
Greendale Jobs Club	3
Ballymun Job Centre	6
Men Alone in No Man's Land, Hill St. FRC	20
Total Participants	50

### Participants, Belfast Men's Project Working Group: NICVA:

Alan Houston	East Belfast Community Development Agency
Gary Smyth	Man Matters Project, WEA, Belfast
Dawn Lord	Man Matters Project, WEA, Belfast
Michael Lynch	Men's Action Network, Derry
Hannah Eynon	Shankill Surestart, Belfast

### Participants, Dublin Men's Project Working Group: St. Andrew's FRC

Tony Owens	Mountview FRC, Dublin 15
Joe Murdoff	Men Alone In No Man's Land (MAIN), Dublin
Christy Main	Men Alone In No Man's Land (MAIN), Dublin
Pat Gavin	Aspen Counselling Services, Mullingar

## References

- Alonso, J., Angermeyer, M. C., Bernert, S., Bruffaerts, R., Brugha, T. S., Bryson, H. et al. (June 2004). "Use of mental health services in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project" in *Acta Psychiatrica Scandinavica*, Vol 109, No s420 pp47–54.
- Barnes M., Mansour A., Tomaszewski W., and Oroyemi P. (2009). *Social Impacts of Recession: The Impact of Job Loss and Job Insecurity on Social Disadvantage*. The Social Exclusion Task Force: Cabinet Office UK.
- Bezruchka, S. (2009). "The effect of economic recession on population health" in *Canadian Medical Association Journal*, Vol 181, No 5, pp281-285.
- Browning, M., and Heinesen, E. (2011). *Effect of Job Loss due to Plant Closure on Mortality and Hospitalisation*. AKF Working Paper
- Carroll P. (2010). "The Carlow Men's Health Project." Paper: Annual Summer Conference on Men's Health, NUIG.
- Department of Health and Children (2009). *National Men's Health Policy 2008-2013*. Dublin.
- Department of Health, Social Services and Public Safety (Oct 2009). *The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability Action Plan 2009-2011*. Belfast.
- Department of Health, Social Services and Public Safety (July 2010). *First Sub-regional Bulletin of the Health and Social Care Inequalities Monitoring System*.
- Dillon B. and Collins E. (2003). *Mental Health Lesbians and Gay Men: Developing strategies to counter the impact of social exclusion and stigmatisation*. Report prepared for Gay HIV Strategies and The Northern Area Health Board.
- Equality Commission for Northern Ireland (February 2005). *Section 75 of the Northern Ireland Act 1998: Practical Guidance on Equality Impact Assessment* [Available from: <http://www.equalityni.org/archive/pdf/PracticalGuidanceEQIA0205.pdf>].
- Frese, M., and Mohr, G. (1987). "Prolonged Unemployment and Depression in Older Workers: a Longitudinal Study of Intervening Variables" in *Social Science and Medicine*, Vol 25, No 2, pp173-178.
- Mental Health Commission and An Garda Síochána (2009). *Report on Joint Working Group on Mental Health Services and the Police*. Dublin.

Harland, K. (2008) "Acting Tough: Young Men, Masculinity and the Development of Practice in Northern Ireland." Presentation: Nowhere Man Seminar, Stormont.

Health Service Executive, National Suicide Review Group and the Department of Health and Children (2005). *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014*. Health Service Executive. Dublin.

Helmets, D. (Jan 2011). "Australian Men's Shed Association." Address to Irish Men's Sheds Forum.

Holleran, L. (2010). "Midland Traveller Men's Health Project." Paper: Annual Summer Conference on Men's Health, NUIG.

Iversen, L., Andersen, O., Andersen, P.K., Christoffersen, K., and Keiding, N. (1987) "Unemployment and Mortality in Denmark 1970-80" in *British Medical Journal*, Vol 295, pp879-883.

Jackson, P.R. and Warr, P. (1987). "Mental Health of Unemployed Men in Different Parts of England and Wales" in *British Medical Journal*, Vol 295, p525.

Jin, R.L., Shah, C.P., and Svoboda, T.J., (1995). "The Impact of Unemployment on Health: A Review of the Evidence" in *Canadian Medical Association Journal*, Vol 153, No 5, pp529-540.

Kinderman, P, and Tai, S.(eds) (2008). *Psychological Health and Well-being: A New Ethos and a New Service Structure for Mental Health*. Working Group on Psychological Health and Well-Being, British Psychological Society.

Levenstein, S., Smith, M.W., and Kaplan, G.A. (2001). "Psychosocial Predictors of Hypertension in Men and Women" in *Archives of Internal Medicine*, Vol 161, pp1341-1346.

Linn, M.W., Sandifer, R., and Stein, S. (1985). "Effects of Unemployment on Mental and Physical Health" in *American Journal of Public Health*, Vol 75, No 5, pp502-506.

Lynch, M. (2009). *The Real Life Experiences of Men and their Holistic Health*. Nowhere Man Press Northern Ireland.

Mathers, C.D., and Schofield, D.J. (1998). "The Health Consequences of Unemployment: the Evidence" in *The Medical Journal of Australia*, Vol 168, pp178-182.

McKeown, K., and Clarke, M. (2004). *Male Mental Health in Ireland*. Dublin: One Foundation.

MIND Mental Health Charity. (2009). *Men and Mental Health: Get it Off Your Chest*. London.

- Morrell, S., Taylor, R., Quine, S., Kerr, C., Western, J. (1994). "A Cohort Study of Unemployment as a Cause of Psychological Disturbance in Australian Youth" in *Social Science and Medicine*, Vol 38, No 11, pp1553-1564.
- National Suicide Research Foundation. (2008). *National Registry of Deliberate Self Harm Ireland Annual Report 2006-2007* Dublin.
- National Suicide Research Foundation. (2010) *National Registry of Deliberate Self Harm Ireland Annual Report 2009* Dublin.
- Nexus Research Cooperative. (2002). *Needs Assessment of Single Men Living on the Dingle Peninsula*. Men's Action Group, The Dingle Peninsula, Kerry.
- The Office of the First Minister and Deputy First Minister. (2006). *Northern Ireland Assembly Gender Equality Strategy: A strategic framework for action to promote gender equality for women and men 2006-2016*, Belfast.
- O'Shea, E., and Kennelly B. (2008). *The Economics of Mental Health Care in Ireland*. Mental Health Commission: Dublin.
- Platt, S.(1984). "Unemployment and Suicidal Behaviour" in *Social Science Medicine* Vol 19, pp93-115.
- Platt, S. (1986). "Parasuicide and Unemployment" in *British Journal of Psychiatry*, Vol 149, pp401-405.
- Public Health Agency. *Corporate Plan 2009-2010* Available from [http://www.publichealth.hscni.net/sites/default/files/Public%20Health%20Agency%20Corporate%20Plan%202009-2010\\_0.pdf](http://www.publichealth.hscni.net/sites/default/files/Public%20Health%20Agency%20Corporate%20Plan%202009-2010_0.pdf).
- Report of the Expert Group on Mental Health Policy. (2006). *A Vision for Change* Government of Ireland. Dublin.
- Richardson, N. (Unpublished paper, 2004 citation). "What is Men's Health?" in *Men's Health Forum*, Health Promotion Department, South Eastern Health Board. Kilkenny.
- Richardson, N. (2004). *Getting Inside Men's Health*. Health Promotion Department, South Eastern Health Board. Kilkenny.
- Stuckler, D., Basu, S., Suhrcke, M., Coutts, A., and McKee, M. (2009). "The Public Health Effect of Economic Crises and Alternative Policy Responses in Europe: an Empirical Analysis" in *Lancet*, Vol 374, pp315-323.

Tedstone-Doherty, D., Moran, R. and Kartalova-O'Doherty, Y. (2008). *Psychological distress, mental health problems and use of health services in Ireland.*, Health Research Board Research Series 5: Dublin.

Walsh, B., and Walsh D. (2011). "Suicide in Ireland: The influence of alcohol and unemployment" in *The Economic and Social Review*, Vol 42, No 1, pp27-47.

Watkin, S. (1985). " Recession and Health - a Literature Review" in *Health Policy Implications of Unemployment*, World Health Organization Regional Office for Europe, Copenhagen.









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