

# Managing Men's Mental Health in Primary Care

---

- Addressing Challenges and promoting well-being
- Dr Ronald Kausi (MBBS, MRCGP, Dip Primary care Mental health)
- 14/09/2024



# Introduction

---

- Suicide is the **Leading** Cause of death for men under 50 in the UK.
- In 2022 men accounted for **75%** of all suicides in the UK with a male suicide rate of 15.8 per 100,000 compared to 5.5 per 100,000 for females (Approx **3x** higher than in women) .
- The Highest Suicide rates are among men ages **45-49** closely followed by young men aged **20-34**.
- More young men die in the UK by suicide than in Road Traffic accidents.
- Substance use disorders are more prevalent in men with rates of 6%of men in the UK classified as alcohol dependent compared to 2%of women & Drug use also highest among men with rates of 11.5%of men aged 16-59 reporting drug use within the past year compared to 6% in women.

# Introduction

---

Around 40% of men in UK prisons have a diagnosable mental health disorder.

---

17% of UK veterans experience mental health problems , with PTSD significantly more common in men who have seen active combat

---

Older men in the UK are also at high risk of depression with 10% of men over 65 experiencing depressive symptoms and this risk increases with age particularly among those aged 85 and older who also have the highest suicide rates among older adults.

---

Work-related stress , Depression or anxiety accounted for 51%of all work related ill health cases in 2022 with men aged 45-54 being particularly affected.

# Introduction

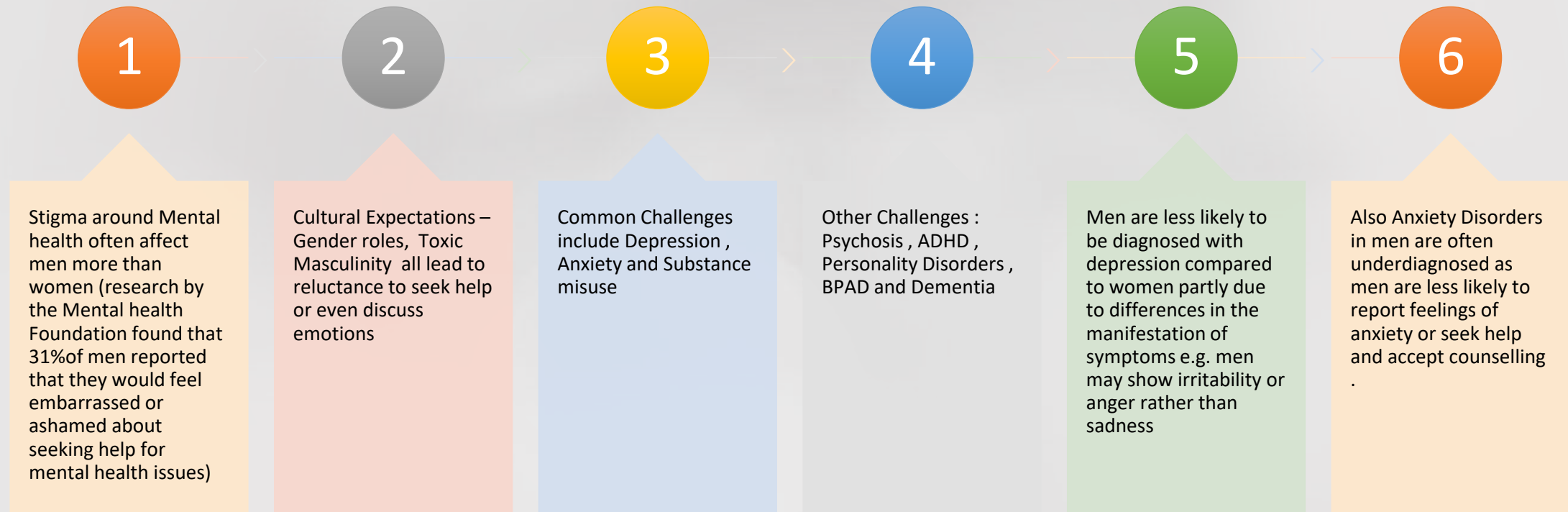
Men are far more likely than women to go missing and sleep rough.

Mental health issues are strongly linked to physical health in men for example men with mental health conditions are more likely to develop chronic illnesses such as heart disease , diabetes and hypertension (The British heart foundation reports that men are less likely to recognise symptoms of depression which can exacerbate or precipitate conditions such as coronary artery disease)

9% of Men experience Depression in any given year.

8.7% of men in the UK suffer from an anxiety disorder esp. GAD and Panic Disorder.

# Understanding Men's Mental Health



# Barriers to seeking help

---

- Internal Barriers – fear of appearing weak , denial and non-disclosure of symptoms (According to the Priory, 40%of men wont talk to anyone about their mental health)
- External Barriers – Lack of awareness, poor access to mental health services , cultural stigma.
- Implications – Risk to self and others , loss of employment , breakdown of relationships , substance misuse etc.
- Men are less likely to reports workplace related mental health issues due to stigma and concerns about career impact (However according to a recent survey by The Priory, the biggest causes of Mental health issues in men are ; Work pressure -32%, Financial issues – 31% and their health- 23%).



# Role of General Practitioner

- Early Detection - routine screening for mental health in male patients is very important.
- Building trust- Creating a Safe and non-judgemental space for male patients.
- Communication Tips – Using non-threatening language and normalising mental health discussions.
- Encouraging (Selling) Psychological therapies to the patient.
- Emphasising the **critical** role of a healthy diet dietary and lifestyle





# Role of GP -Consider Physical illness affecting Mood

---

- Hypothyroidism/Hyperthyroidism (and other endocrine conditions)
- **Low Testosterone** (Increasing importance)
- Anaemia
- Low B12/Folate
- Low Vitamin D
- Remember Gut-Brain axis e.g. (poor diets can negatively affect mental health and Vice versa)
- Skin Conditions
- Chronic illness /Chronic Pain



# BATHE Technique

---

---

B – Background (What's going on in your life ?)

---

A – Affect ( How does that make you feel ? )

---

T- Trouble ( What troubles you the most ?)

---

H- Handling ( How are you Handling That ?)

---

E – Empathy ( That must be very difficult )

# Screening Tools

- PHQ-9 , GAD -7, Audit, CAGE
- Depression screening Questions : 1) have you felt down or depressed or hopeless? and 2) have you been bothered by little interest or pleasure in doing things? - in the past month.
- ASRS
- AQ10 or AQ50
- 6 CIT

# Role of the GP



Ask Suicide-Screening Questions

**Ask the patient:**

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No  
If yes, how? \_\_\_\_\_ When? \_\_\_\_\_

**If the patient answers yes to any of the above, ask the following question:**

5. Are you having thoughts of killing yourself right now? Yes No  
If yes, please describe: \_\_\_\_\_



# Alcohol screening

Screens for excessive drinking and alcoholism.

When to Use ▾	Pearls/Pitfalls ▾	Why Use ▾
Have you ever felt you needed to Cut down on your drinking?	<b>No 0</b>	Yes +1
Have people Annoyed you by criticizing your drinking?	<b>No 0</b>	Yes +1
Have you ever felt Guilty about drinking?	<b>No 0</b>	Yes +1
Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?	<b>No 0</b>	Yes +1

**0** points

# Suicide risk factors

---

- Male
- Age Group with highest suicide rates 45-59 for men and women
- Major life Stressors e.g. Bereavement, Job loss , marital breakdown , legal issues
- FH of suicide
- Gender Dysphoria and patients from the LGBTQ community
- Substance Misuse (Drugs/Alcohol )
- Previous attempt Almost half of those who commit suicide have previously self harmed ( In young people this extends to over 2/3)
- Mental Health Disorder (1/3 have been under specialist Mental health services in the year before they die)
- Access to Lethal means – Occupation
- Hopelessness
- Isolation - higher amongst the Single /divorced/widowed and those without a social network
- Impulsivity
- Chronic Physical illness esp. Terminal illness and Chronic pain
- Childhood Trauma



# Protective Factors

- Strong social support
- Access to Mental Health Care
- Problem Solving Skills – Coping Strategies
- Religious or Spiritual Beliefs – Can be protective in **some** cases
- Responsibility to Dependents

# Treatment Options

---

- Psychological Therapies – e.g. CBT
- Practical measures such as Citizens Advice Bureau, or supporting letter etc.. depending on the need.
- Referrals : Mental Health SPA for CMHRS review or can consider GPiMHS or even more specialist services like the Adult neurodevelopmental team or Gender Identity Service.
- Crisis Lines including 111 and the local crisis line 0800 915 4644 also Samaritans and other specific support groups
- Iaccess
- Centre of Pain Education (C.O.P.E) – in Sutton
- Carers support , Bereavement Support , Cancer Support etc.



# Promoting Mental Wellbeing

---

- Preventative Strategies e.g. Exercise , healthy eating, stress management , work-life balance and stress management
- Community Programs – encourage participation in community base products e.g. Services for Army Veterans e.g. British legion and Combat Stress.
- Patient Education – Importance of educating men about mental health (e.g. patient participation groups , posters in the surgery, )
- Podcasts e.g. on Spotify or you tube
- Apps e.g. Headspace , SilverCloud, Mindshift CBT, WYSA (AI Chatbot) , and audio book summaries eg Headway and Blinkist





# Some Ideas

---

- 20min appointments for initial mental health consultation or relapses
- Normalising /avoiding labels where possible
- Design mental health contacts list which can be texted to patients via Accurx following consultations
- Self-Care forum have some useful patient advice leaflets on several mental health conditions
- Mental Health Lead at every practice – ensures and maintains standards for managing MH patients and carries out audits & engages with local services
- Consider Offering appt with Male GP if patient seems like they would be more comfortable discussing matters with a male GP.
- Advocating for better mental health services for men.



# Useful contacts

- <https://www.stayalive.app/> (Stay Alive App)
- <https://www.sabp.nhs.uk/our-services/mental-health/recovery-college> (Recovery College )
- <https://www.richmondfellowship.org.uk/services/east-surrey-community-connections/> (Richmond fellowship )
- <https://www.samaritans.org/how-we-can-help/contact-samaritan/>
- <https://www.healthysurrey.org.uk/mental-wellbeing/self-help/advice-and-support-guide/phoneline> (first steps to support)
- <https://www.england.nhs.uk/2024/08/nhs-111-offering-crisis-mental-health-support-for-the-first-time/>

# Conclusion

---

- To adopt a proactive approach in eliciting Mens mental health challenges and in addressing them
- Use BackgroundAffectTroublesHandling Empathy technique
- Emphasis the importance of Sleep, exercise and diet
- Encourage counselling .
- Always doing risk assessment



# References

- Marian R Stuart and Joseph A Lieberman.(2019). The Fifteen Minute Hour (sixth edition).CRC Press
- <https://www.selfcareforum.org/wp-content/uploads/2024/07/16-Self-care-Boosting-your-mood-202407-V3.pdf>
- <https://www.priorygroup.com/blog/40-of-men-wont-talk-to-anyone-about-their-mental-health>
- <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/men-and-mental-health>
- <https://menssheds.org.uk/>
- [https://sprc.org/wp-content/uploads/2022/12/asQToolkit\\_0-1.pdf](https://sprc.org/wp-content/uploads/2022/12/asQToolkit_0-1.pdf)
- <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2712976>
- <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/national-study-of-health-and-wellbeing/adult-psychiatric-morbidity-survey-2022-survey-consultation-findings>

Any Questions

