

Beyond Stigma: New Approaches to involving Young Men in Mental Health Research

Principal Investigator: Dr David Francis Hunt

Project Team: George Mycock, Josh Horley, Dr Tobit Emmens, Matt Young, Dr Steph Scott, Nicki Pierce



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Housekeeping

- 1) Have **phones on silent** or vibrate.
- 2) Emergency **exits and toilets**.
- 3) Catering is available.
- 4) Please **submit panel questions via the QR code (on screen in the room)** for discussion later (7:30-7:50pm) – some questions will be read out during the panel.
- 5) The **Q&A after each talk will be verbal**, please raise hand and we will pick out people to ask questions.
- 6) Remember **we are recording** the talks for those who can't make it. We will also ask some of you to record a short video. **If you do not want to be recorded and/or filmed, please let us know (stickers available).**



BEYOND THE STIGMA

A MEN'S MENTAL HEALTH
ENGAGEMENT EVENT



Thank you to 12 young men who participated in this study and showed up in so many ways.

And thank you to the NIHR Three Schools Programme for funding this work.



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Introductions 6:00-6:10



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Beyond the Stigma: New Approaches to involving Young Men in Mental Health Research

Dr David Francis Hunt & George Mycock
6:10-6:30



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Young men are referenced as being
'hard to reach'



They are not the problem



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The way services and research are
set up is the problem.



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THE LANCET


Public Health



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Men's mental health: we need systems, not symbols

[David Francis Hunt](#)^a  · [Hazel Banks](#)^a · [Daniel K Y Kan](#)^a · [Phil Ruthen](#)^a · [Felicity Thomas](#)^b · [Geoff Wong](#)^c



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Talk to us




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Talk to us



Tell us about
your feelings



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Talk to us

You don't know
us, but we want
you to open up
on demand

about
your feelings



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LET US HARVEST
YOUR
VULNERABILITIES



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Many, many young men conclude that this research and mental health is just not for them



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And why does this
matter?



Suicide is the leading cause of death for people aged 35 and under in England —



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Suicide is the leading cause of death for people aged 35 and under in England —

around three-quarters are boys or young men.



Around 13% of young men aged 16–24 in the UK are not in education, employment or training.



And they are not accessing mental health support...



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And they are not accessing mental health support...

36% of people accessing talking therapies are men



And they are not accessing mental health support...

36% of people accessing talking therapies are men

Young men are least likely to help seek.



Young men (and men in general) are chronically underrepresented in mental health research

Low attendance relating to personal (humiliation, embarrassment) and structural barriers (not for them, gatekeepers, study design)



Young men (and men in general) are chronically underrepresented in mental health research

Low attendance relating to personal (humiliation, embarrassment) and structural barriers (not for them, gatekeepers, study design)

How can we create services for them if they are not in the conversation?



We need to start
thinking about
how we
consider
engaging young
men in mental
health research
(and mental
health)

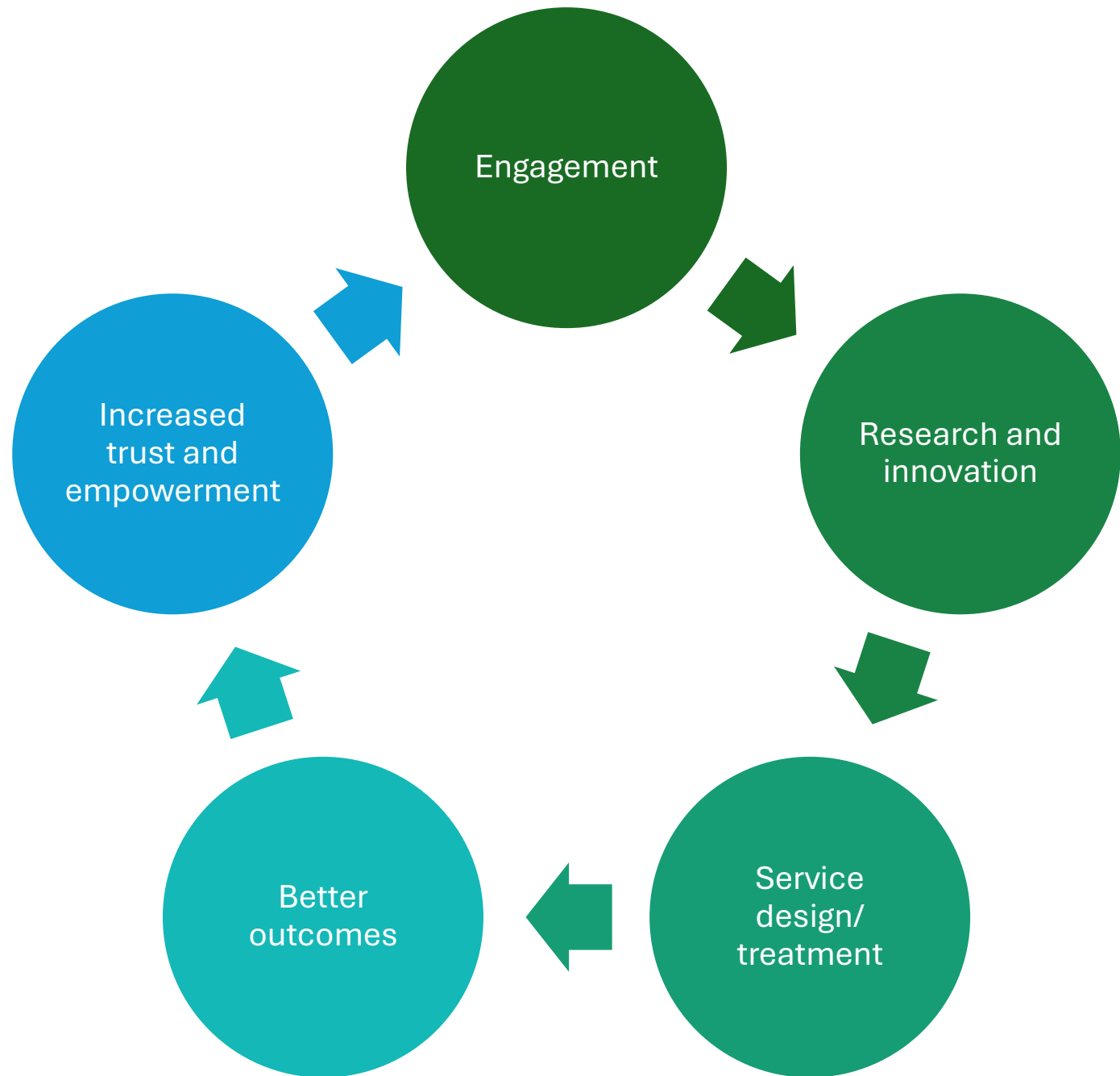


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We need to start thinking about how we consider engaging young men in mental health research (and mental health)



Why it matters to us





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IF I POSTED A PHOTO AND IT DIDN'T MEET MY EXPECTATIONS, 'IT WASN'T JUST 'MY ARMS LOOK SMALL,' IT WAS 'MY ARMS LOOK SMALL, AND I DON'T LOOK MANLY, THEREFORE I'M NOT A GOOD PERSON AND I SHOULD DIE.'"

M.D., a professor of psychiatry at Weill-Cornell Medicine, says that men with muscle dysmorphia have "aberrations in visual processing," meaning they don't see themselves accurately and often presume what they see on social media is attainable.

Plus, social-media users aren't just consuming a buffet of rippling pecs—they're gorging on information (and misinformation) on how to get them. Everyone has an awesome cheat meal and a favorite bulking hack. It's a cacophony that can make something simple seem fraught. "Young people today feel pressure to be the best at something or to stand out," says Roberto Olivardia, Ph.D., a lecturer in psychology at Harvard Medical School. "And the body is a very salient thing."

This is the filter through which I observe my son. I know there are tons of positives—strength, discipline, confidence, community—to be found at the gym. But I also see the kid saturated with aesthetically oriented content, and I know from three decades of gym memberships all the compulsions that lurk wherever 45-pound plates are racked. I love to see him spot his buddies on the bench, but I also love to see them skip leg day to play hoops. Because if you lift a lot, you know it can get out of control.

GEORGE MYCOCK, 26, understands that fixation. He grew up in a small town in England, where he played rugby as a kid. But when he was 13, after fracturing his spine in a game, Mycock

spent a year bedridden. And by the time he got back to school, his weight had nearly doubled. The formerly brawny athlete wanted to regain his peers' respect, so he started dieting and exercising. Mycock now knows that his bingeing and purging was disordered. But at the time, he noticed how people showered him with praise for losing weight and getting fit.

Eventually, he turned to social media for inspiration. "All the guys were massive and muscular people," he says. "So I thought, *That's what I need to be.*" He began lifting and eating more. Things got out of hand during his freshman year of college. "I spent the entire year in the gym—I studied in the gym, I trained two or three times a day. I was literally there all the time," he says. "And whenever, out of exhaustion, I was unable to train, I'd lock myself in a room and binge-eat and not talk to anyone."

His life revolved around muscularity. "All my media sources, my entire Instagram, was just bodybuilders and fitness influencers," he says. When he wasn't bingeing, he was weighing his food like a scientist and

doing pushups when he went to the toilet at work. And though his IG feed offered proof that his delts and triceps were growing, his IRL social circle was shrinking.

Clinicians identified the symptoms of this sort of obsession in the '90s. They coined the term "bigorexia" for it—suggesting the opposite of anorexia. Now most experts prefer "muscle dysmorphia," since MD sufferers don't necessarily struggle with disordered eating. It's classified in the broader category of body dysmorphic disorder. Dr. Phillips has studied and treated muscle dysmorphia for more than 30 years and has witnessed the obsessive preoccupations that characterize MD. Young men who end up in her care are often in severe distress. They may spend three to five hours a day worrying about their appearance. They likely have a preoccupation with looking at themselves in mirrors, as well as significant mood problems. "It can be quite severe," Dr. Phillips says. "Some people wind up housebound. There's an association with suicide."

Still, for a condition that's been studied so long, much remains unknown. Relatively few men with MD seek help from a doctor or therapist. And few well-designed studies have compared or substantiated treatment options. "Up until now, the vast majority of research on eating disorders and body-image problems has focused on females," says Dr. Nagata. "Because there have been so few studies on men, there's not great data."

It's hard to treat a problem on a large scale without more knowledge. Thanks to decades of research and messaging, the public now knows that men have body-image problems and eating disorders. In fact, about 30 percent of people with eating disorders are now men. But despite that progress, cultural barriers to accepting men who obsess about muscularity remain.


The preconceptions about masculinity that pervade male culture,

GEORGE MYCOCK Despite training fanatically, Mycock thought he looked soft in 2019; now he trains for fun.



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But we are leaning into what we
can do about it...

Considering different forms of
engagement



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Photovoice

- Exploring lived experience through photos
- Noticing things that we can't always put into words
- Sharing perspectives that others might not see.



Appreciative Inquiry

- Strength-based solution focused
- Discovery, dream, design, deploy
- Thoughts to action
- Photos as the discovery



Aims of the project

- Using these methods to gain insights from young men
- Test the method itself
- 13 young men signed up; 12 completed the study.

Data collected

- Recordings of discussions for insights
- Engagement survey (three time points)
- Evaluation questionnaire.





INSIGHTS FOR HOW TO IMPROVE ENGAGEMENT WITH YOUNG MEN



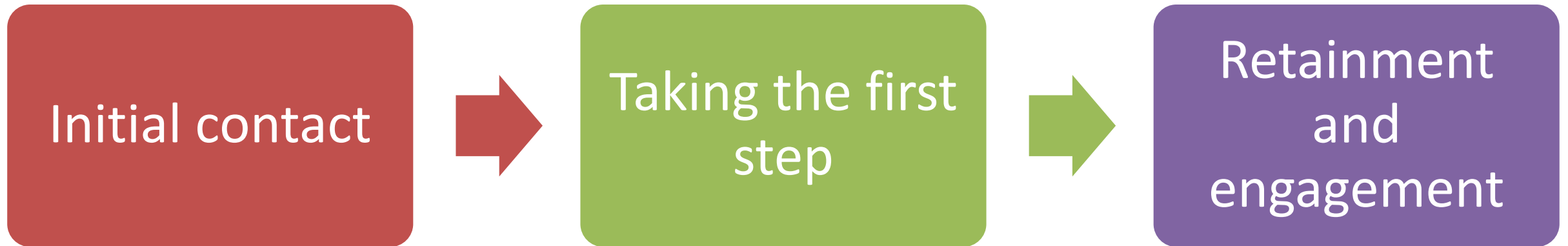
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Qualitative findings

- Three stages:



Initial Contact

Capture attention

- Using bold language that is relevant to different groups of young men:
 - “... [an] outrageous title [...] instead of doing just the standard four words, ‘men's mental health research’, that's boring.”

Clarify personal and social benefit

- Be upfront with payment, relevant experiences, and the influence the study may have on others:
 - “I joined because I saw the e-mail. It literally said 100 pounds. Plus, I mean, I want a career in Psychology [...] [this is] something that could make me learn how research, like, you know, works”



Initial Contact

Show that the study is for people like them

- Use relatable language and recruit in spaces young men already use:
 - “I heard about the research before from emails, but like when I saw George in the forum, like, It really reminded me to like properly sign up for it.”

Build trust in research and researchers

- Show who you are, what research can do and has done, and the value of their involvement:
 - “I felt like [the researcher] looked a bit like me [...] it was just comforting to see somebody else, you know, who probably play sports too.”



Taking the first step

Involve people like them

- Work with young men as ambassadors and/or researchers to help reduce uncertainty:
 - “I definitely feel either some sort of ambassador or [...] like leaders or something like that. [...] I always find people who have gone through the experience, you trust them more with it”

Smooth and clear initial involvement

- Provide clear and low effort steps for initial involvement:
 - “Just making the first step really easy [...] if it's a really long process to just start getting involved [...] you don't want to get involved because it's so much time and effort.”



Taking the first step

Clarify expectations

- Clearly outline what will be expected and why:
 - “How many meetings will I be having? At what point can I stop coming to see you? Those sort of questions [...] more general understanding of that might help.”

Offer logistical flexibility

- Provide flexibility for those with alternative timing and travel needs:
 - “if you want to do a study on [...] finance bros and banking [...] They work incredibly long hours. You probably couldn't do a four-hour long session on a weekday”



Retention and engagement

Support renegotiation of motivation

- Lean into the need and purpose of the study, including the researcher's motivations:
 - “Yeah, I was [focusing on] what do I do with my 100 pounds? ‘OK, that's good for buy a lot of stuff, buy a lot of food with that.’ But [after hearing other speak], this was serious and it is important.”

Talk in non-academic/clinical environments

- Data collection in relevant spaces (e.g., nature-based and/or masculine spaces):
 - “So obviously, like, I'm a football fan [...] the Exeter stadium is like right next to where I am, but I think like all these places have like little conference rooms. If the final [meeting] could be in like a football stadium conference room, that would be quite cool and people probably want to go there because it's like not something you get to go every day.”



Retention and engagement

Be willing to demonstrate vulnerability

- Show your willingness to engage with the processes you are asking them to do:
 - “Well, you both have lived experiences and you both shared that already, so that definitely helps, I think, and especially helps with the whole, you know the courage aspects of being vulnerable.”

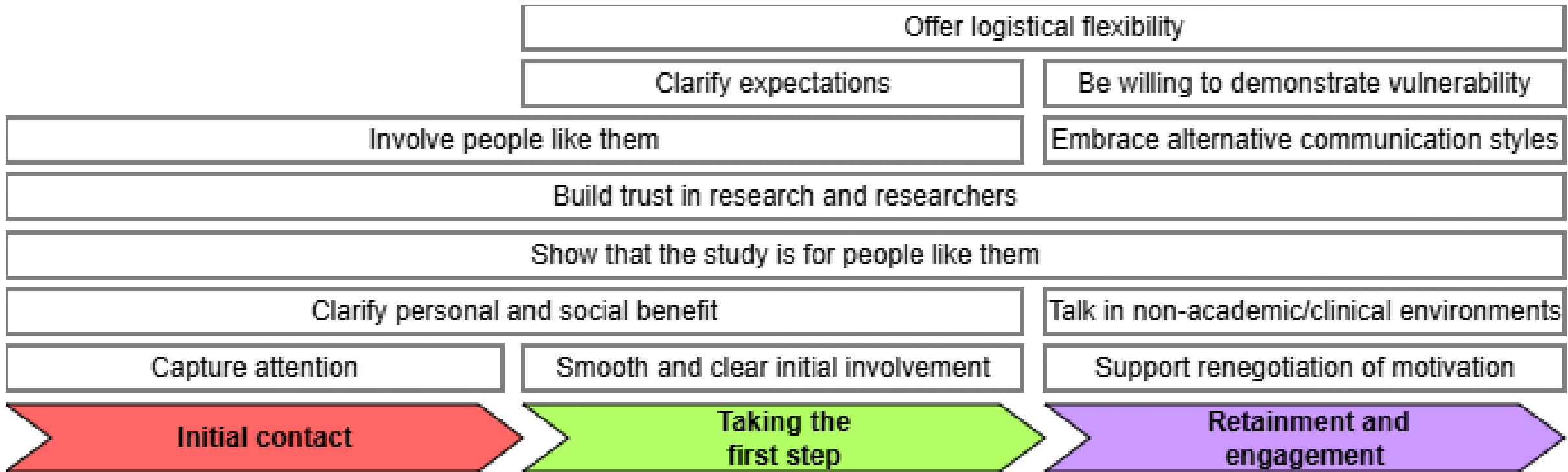
Embrace alternative communication styles

- Use creative and activity-based methods, and more relevant ways to stay connected throughout the study:
 - “So, I think it would be important to connect with people on a more personal level. Like, I don't know, I prefer it if I'm getting a text to me that stands out way more than an e-mail [...] I think that would be important to keep people engaged.”



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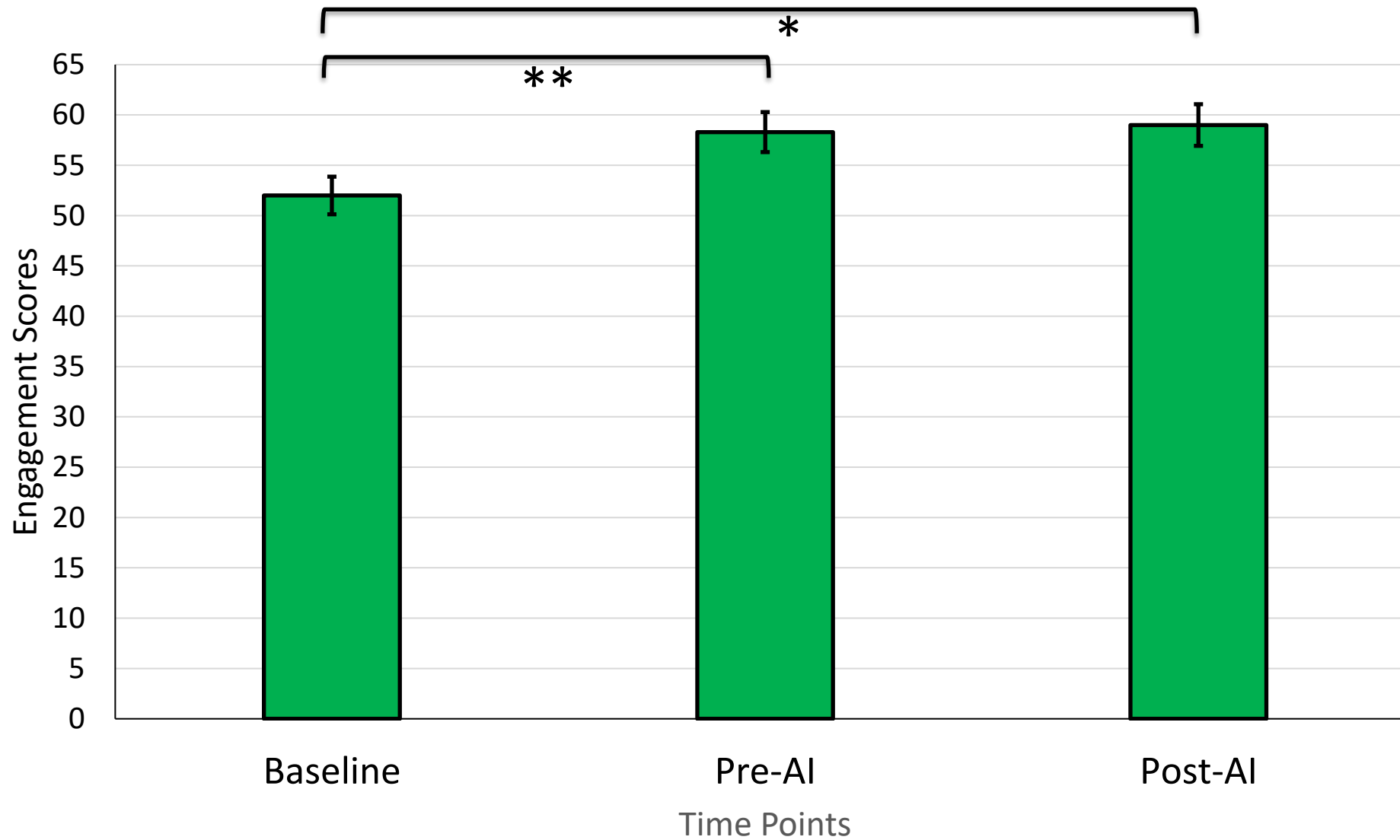
TESTING THE METHOD

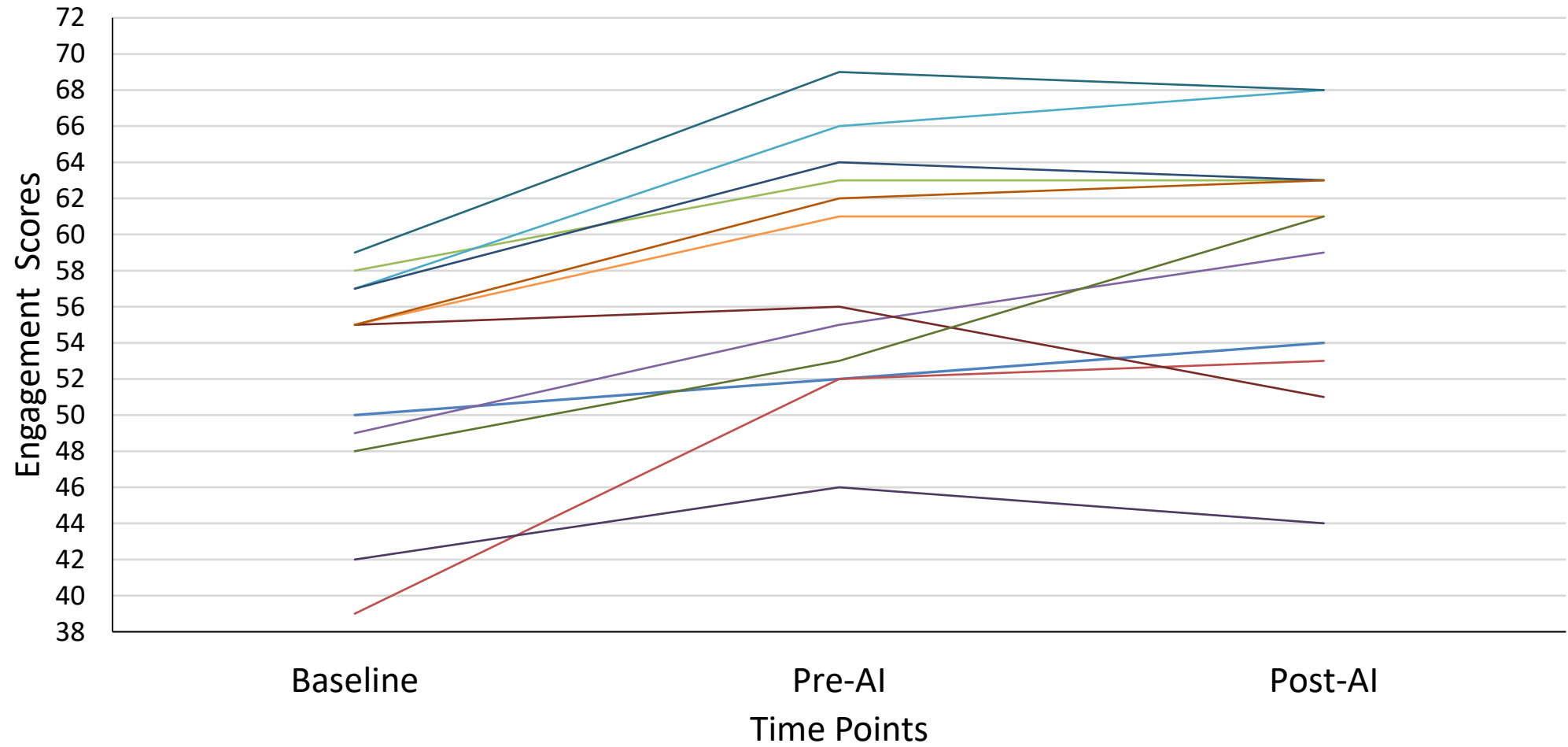


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Headlines from the evaluation survey

Likert scale (1 to 5)

- Overall, how would you rate being part of this study? **M = 4.83**
- The purpose and process of the study were clear. **M = 4.83**
- The Photovoice activities supported meaningful reflection. **M = 4.42**
- The Appreciative Inquiry approach encouraged constructive, strengths-based discussion. **M = 4.83**
- I felt comfortable sharing my perspectives. **M = 4.75**
- I felt heard and respected during the discussions. **M = 4.92**



Headlines from the evaluation survey

Open questions - What parts of the project did you find most valuable?

I felt **seen and recognised** during discussions as well as having this new experience in **expressing myself through photovoice**.

The space to actually reflect on what **changes are feasible and possible** when it comes to making changes in men's mental health research.

I really appreciated the **evaluative discussions in which the participants all shared their opinions**, I find this really expanded my perspective on topics and allowed me to consider things that I never would have independently

Opportunities to justify what our beliefs meant to us with regards to how we could better engage men



Headlines from the evaluation survey

What suggestions do you have for improving future projects like this one?

Maybe slightly longer time
to provide photos

Trying to push for **greater diversity of participants** through how they're gathered. Less psychology students, More people who perhaps aren't students, or from more backgrounds (I understand that that's extremely difficult as discussed, but an important goal :))

While I think photovoice was an innovative activity, I do believe **it is possible it won't work for everyone** - while I think it worked well for me, at times I think I felt like I was just repeating myself and wasn't getting anywhere.

Could **break up the discussion session across multiple shorter sessions**



What are our next steps?

- Writing up publications
- Putting it under the nose of decision makers
- Considering larger grants (this is incredibly promising)

We want your support!



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Who Needs Instructions

Matt Young - Founder
6:30-6:50



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WHO NEEDS
INSTRUCTIONS

2023

Who Needs Instructions
became a CIC



WHO NEEDS
INSTRUCTIONS

2021

Found some videos and started
a Podcast



WHO NEEDS
INSTRUCTIONS

2019

Found some initial logos &
collaboration conversations



WHO NEEDS
INSTRUCTIONS

2017

Found notes about what it was I
wanted to do



WHO NEEDS
INSTRUCTIONS

2015

Bought a Domain Name

Since 2023

- Membership Model
- REN – Research Engagement Network
- Met Tobit
- Dads Domain
- Breakfast
- Walks
- Brewery Tour



Since 2023 Cont.

- F1 Talk
- Fireside chats
- Boatyard Bikes
- Men's Days
- Men's Weekends
- Beyond Stigma + More





WHO NEEDS
INSTRUCTIONS

Why?





WHO NEEDS
INSTRUCTIONS

Do I know what I'm
doing?



WHO NEEDS
INSTRUCTIONS

Engaging with Men





WHO NEEDS
INSTRUCTIONS

Engaging with Men

BOAT
YARD
BIKES



WHO NEEDS
INSTRUCTIONS

What does the future
hold for Who Needs
Instructions and Men's
Mental Health?



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Break

Check out the photos,
chat, and submit
questions for the panel!

6:50-7:10



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Alright Mate?

Cally Hayes -

Director

7:10-7:30



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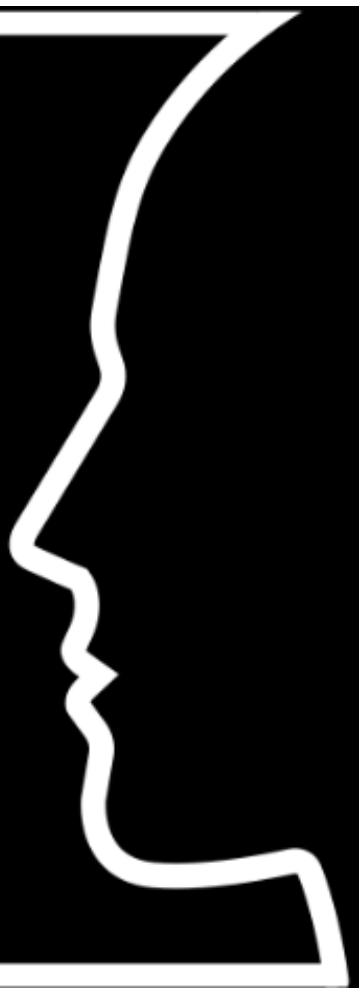


Alright
Mate?





Alright
Mate?



BEYOND THE STIGMA

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Panel

Hosted by **Matt Young** (Founder of Who Needs Instructions)

Panel: **David Francis Hunt** (Senior Lecturer, University of Exeter), **George Mycock** (Research Associate, University of Exeter), **Nicki Pierce** (Researcher, University of Exeter), **Tobit Emmens** (Associate Director of Research and Development, Devon Partnership NHS Foundation Trust), **Steph Scott** (Senior Lecturer, University of Newcastle), **Cally Hayes** (Director of Alright Mate?)

7:30-7:55



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- We are still not engaging young men well enough
- The momentum to act risks running ahead of the evidence
- These are foundations for real, actionable change
- We need to act together — please join us in taking this forward.



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Thank you for coming and
please do complete our
evaluation!

Beyond the Stigma evaluation
survey.



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