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". . . If You're Not Part of the Institution You Fall by the Wayside": Service Providers' Perspectives on Moving Young Men From Disconnection and Isolation to Connection and Belonging

Billy Grace, BA[1], Noel Richardson, PhD[1], and Paula Carroll, PhD[2]

Abstract

There have been increasing calls for more gender-specific service provision to support young men's (20-29 years) mental health and well-being. In Ireland, young men are the demographic group that are most likely to die by suicide but among the least likely to seek help. This study sought to investigate service providers' perspectives on the factors that support or inhibit young men from engaging in services targeted at supporting their mental/emotional well-being. Qualitative methodologies (focus groups, $n = 9$; interviews, $n = 7$) were used for this study. Disconnection from family and community was identified as a key indicator of "at-risk" groups of young men who, more typically, had experienced significant disruption in their lives. The discord between demands and expectations facing young men on one hand, and insufficient life-management and coping skills on the other, left many young men vulnerable and bereft. The desire to save face and preserve one's masculine identity was linked to young men's reluctance to seek help when feeling down. There was a strong consensus that there could be no shortcuts to [re]connecting with young men. While sport, technology, and social media were cited as appropriate media in which to engage young men, the essence of sustained connection revolved around creating safety, trust, rapport, and meaningful relationships. The findings from this study have informed the development of a Train the Trainer program ("Connecting with Young Men"), which is currently being delivered to service providers in Ireland and which may have implications for service provision elsewhere.

Keywords

young men, mental health, suicide prevention, training

Introduction

In recent years, there have been calls from a variety of sectors for improved provision of services to support young men's (20-29 years) mental health and well-being (Richardson, Clarke, & Fowler, 2013; Robertson et al., 2015). There is considerable evidence that gender influences the mental and emotional well-being of young men. Many young men are resistant to seeking help for a mental or emotional health issue (Begley, Chambers, Corcoran, & Gallagher, 2010; Ellis et al., 2013; Hope, Dring, & Dring, 2005) and struggle to cope effectively on their own (Department of Health, 2015; Dooley & Fitzgerald, 2012; Hope et al., 2005; Richardson et al., 2013). The gender and masculinities literature suggests that in aspiring to adhere to more dominant or hegemonic aspects of masculinity, men may be less likely than women to acknowledge or seek help for mental health issues (Gannon, Glover, & Abel, 2004; O'Brien, Hunt, & Hart, 2005), and to legitimize health service usage, only when a perceived threshold of ill health has been exceeded (Addis & Mahalik, 2003). For example, O'Brien et al. (2005, p. 515) describe as the "unwelcome scrutiny of their male identities," men's attitude to seeking help for depression, which they conclude continues to contribute to the relative invisibility of men's mental health problems.

Evidence also indicates that young men have insufficient knowledge about mental health issues (Begley et al., 2010; Chandra & Minkovitz, 2006; Cleary, 2012;

[1]Institute of Technology Carlow, Carlow, Ireland
[2]Waterford Institute of Technology, Waterford, Ireland

Corresponding Author:
Noel Richardson, National Centre for Men's Health, Institute of Technology Carlow, Kilkenny Road, Carlow, Ireland.
Email: noel.richardson@itcarlow.ie

Rickwood, Deane, Wilson, & Ciarrochi, 2005) and, consequently, their capacity to recognize symptoms of mental health issues is poor (Johal, Shelupanov, & Norman, 2012; Rickwood et al., 2005). There is, however, little evidence linking an increase in mental health knowledge with a reduction in symptoms of mental ill-health, though increased mental health knowledge has been linked with increased levels of confidence in mental health service providers (Eckert, Kutek, Dunn, Air, & Goldney, 2010). Young men also experience high levels of mental health stigma (Chandra & Minkovitz, 2006; Johal et al., 2012) and embarrassment about having mental health issues and talking about those issues (Gulliver, Griffiths, & Christensen, 2010; Johal et al., 2012). Notably, boys and young men generally tend not to have the same supportive friendships as girls and young women (Felmlee, Sweet, & Sinclair, 2012; Samaritans, 2012) and are less likely to approach key informants, such as service providers or health professionals, for support (Addis & Mahalik, 2003; Ellis et al., 2013; Galdas, Cheater, & Marshall, 2005).

A confounding factor in young men's reticence to seek help and their lack of engagement with services is the negative portrayal of young men in the media. A report by the Equality Authority in Ireland (Devlin, 2006) revealed that young men typically saw themselves being portrayed as "problematic" or as "having problems." The same report noted that media portrayals of young men typically categorized young men as deviant, criminal, or violent. This image of young men, as presented in the media, contributes to the labeling, alienation, and demonization of young men as "a problem to be solved" and may influence how young men choose to engage, or not engage with services (Harland, 2003).

It is imperative that services respond to the particular needs of young men and develop gender-sensitive strategies to curb the current suicide rates among this cohort which have become a major public health issue globally. Suicide is the second leading cause of death after traffic accidents among young men (World Health Organization, 2014). The rate of suicide among young men has been a source of particular concern in Ireland in recent years. Between 2000 and 2010, the rate of death was five times higher in young males than in young females (Central Statistics Office, 2014). Although the rate of male suicide in Ireland is relatively low within the overall European Union context, the rate among young males is among the highest in the European Union (Richardson et al., 2013). The rate of deliberate self-harm (DSH) among young men in Ireland has increased by 14% since 2007, with the rate now at 444 per 100,000 (Griffin et al., 2014). There is a clear link between DSH and suicidal ideation (Hawton et al., 2012) and DSH is the strongest predictor of future suicidal behavior (Arensman, Corcoran, & Fitzgerald, 2011). Other predictors of suicidal behavior include depression, anxiety disorders, substance use, socioeconomic disadvantage, exposure to sexual abuse, and personality traits such as neuroticism (Fergusson, Woodward, & Horwood, 2000). In a study of clinical predictors of suicidal acts, early parental separation, cigarette smoking, past substance use, and borderline personality disorder were predictors of suicidal acts in men (Oquendo et al., 2007).

Evidence indicates that economic crises compound health disadvantage, particularly with respect to mental health (Morrell, Taylor, Quine, & Kerr, 1993; Platt, 1984; Platt & Hawton, 2000; Richardson et al., 2013). Studies in the Republic of Ireland, England, Italy and Greece have reported that economic recessions and increased rates of unemployment are associated with a decline in mental health (Institute of Public Health, 2011) and increased rates of suicide (Barr, Taylor-Robinson, Scott-Samuel, McKee, & Stuckler, 2012; Antonakakis & Collins, 2014; Pompili et al., 2014; Corcoran, Griffin, Arensman, Fitzgerald, & Perry, 2015). Indeed, Corcoran et al. (2015) reported a particular increase in the rate of DSH among men aged 25 to 44 years during the period of economic recession in Ireland. A study examining suicide rates and economic factors in Eastern European countries after the collapse of the Soviet Union identified "anomie" as an important factor in relation to the high rate of male suicide between the years 1990 and 2008 (Kolves, Milner, & Varnik, 2013). In examining the effects of economic changes on mortality rates, Stuckler, Basu, Suhrcke, Coutts, and McKee (2009) reported that for every 1% increase in unemployment there was an associated rise of 0.79% in suicides at ages younger than 65 years. This could explain the significant rise in rates of suicide in young men from 2008 to 2011 in Ireland, a period marked by severe economic recession.

In seeking out alternative approaches to coping with mental health issues, it has been reported that young men use the Internet and technology as a way to seek help in preference to more conventional health services (Ellis et al., 2013; Russell, Gaffney, Collins, Bergin, & Bedford, 2004). A national suicide charity in Ireland documented a 49% increase in text messages to its helpline in the first 6 months of 2015 as young men, in particular, accessed crisis help through their mobile devices for the first time (C. Tighe, personal communication, August 27, 2015). This suggests that young men may be open to seeking help but may prefer more informal approaches such as the use of technology.

There have been calls for increased supports for service providers to connect with young men and to adapt their services appropriately to meet young men's needs (Clayton & Illback, 2013; Richardson et al., 2013; Robertson et al., 2015). The attitudes, beliefs, and perceptions of service providers about mental health issues and toward people with

mental health issues are important to consider in terms of service provision for young men. Service providers who hold more negative beliefs and attitudes about mental health could, unwittingly, isolate young men and increase the stigma they might already be feeling in relation to mental health. For example, previous research has demonstrated that service providers who have insufficient knowledge or skills to deal effectively with mental health issues (Scheerder et al., 2010) or who hold negative perceptions of mental health related to stigma (Martensson, Jacobsson, & Engstrom, 2014; Scheerder et al., 2010), are less effective in engaging service users. Conversely, research has demonstrated that service providers who are knowledgeable about mental health, are more likely to be sympathetic, positive, and compassionate toward individuals who use mental health services (McCarthy & Gijbels, 2010; Martensson et al., 2014; McCann, Clark, McConnachie, & Harvey, 2007). These factors will, inevitably, have an impact on how a young man interacts with services. Notably, there is a gap in the existing literature on service providers' perspectives on what the needs of young men are, and how they may be addressed through the provision of appropriate services. This study sought to address this gap by investigating service providers' perspectives on the factors that support or inhibit young men from engaging in services targeted at supporting their mental and emotional well-being. The findings have been instrumental in informing a training module for service providers in Ireland (see "Connecting with Young Men"; Fowler, Richardson, Carroll, Brennan, & Murray, 2015) and the implications of the findings in terms of the training needs of service providers will be considered in the "Discussion" section.

Method

The study was approved by Institute of Technology Carlow's Ethics Committee (Ethical Application Number 96). Written, informed consent was given by all participants in this study.

Data Collection

Eight focus groups (34-98 minutes) and seven semistructured interviews (17-43 minutes) were conducted across the island of Ireland.[1] Semistructured interviews were used where it proved impossible to convene sufficient numbers for focus groups. Those service providers most likely to be in contact with young men were identified as the target sample (n = 52). Participants in focus groups were selected on the basis of common occupational roles (youth workers, n = 11; sports organizations personnel, n = 6; sports coaches, n = 5; chaplains, n = 8; probation services personnel, n = 7; back to education personnel, n = 6; statutory primary care services personnel, n = 2; mental health organizations personnel, n = 3; general practitioners [GPs], n = 1) and youth leaders (n = 3). Semistructured interviews were conducted with personnel from mental health organizations, youth leaders and with a GP. Prospective participants were invited by the principal investigator to partake in the study and snowball sampling (Goodman, 1961) was used via the primary group participant in focus groups. Focus group and interviews explored participants' perceptions of the mental health and well-being needs of young men, the challenges/barriers and opportunities for engaging with young men, and the factors that might facilitate participants to engage young men more effectively on issues relating to mental health and well-being. A speakers log was kept during the data collection process.

Data Analysis

Focus groups and interviews were audiotaped with permission using a Dictaphone recorder and transcribed verbatim. A grounded theory approach was used to analyze the data (Strauss & Corbin, 1994). This approach comprises simultaneous data collection and analysis (known as "constant comparative analysis"), with each informing and guiding the other as the research process unfolds (Strauss & Corbin, 1998). Transcripts were coded iteratively using open and comparative coding techniques by the first and second authors and emerging themes were developed and compared. This necessitated ongoing reflection on emerging interpretations and repeated comparison of the data. The emergence of new codes, for example, frequently informed earlier data. In this way, codes were constantly refined and cross-referenced with one another and with the data as a whole, thereby developing early conceptualizations of the possible relations between different sections of data. Where interpretations of the data differed, the third author was engaged to discuss and agree a compromised code list. Themes were then grouped into primary and subthemes, and theme memos and conceptual maps were used to track evolving relationships between themes. All authors then worked collaboratively to create the final article. In the context of reporting findings, "all" participants refers to 100% of participants, "most" refers to >80%, "the majority of" refers to 50% to 80%, "many" refers to 30% to 50%, and "some"/"a minority" refers to <30%. Participant confidentiality was maintained via the use of pseudonyms.

Results

Introduction

In their reflections of working with and attempting to engage young men in relation to mental health, participants

oscillated between despair on one hand and a genuine desire and commitment to connect with and "do right" by young men on the other. Despair centered on a perceived lack of expertise, in particular to effectively engage "at risk" groups of young men, and on what was widely alluded to as insufficient and diminishing resources within an adverse socio-economic climate. Participants were, however, overwhelmingly vocal about their commitment and willingness to help young men and to learn about how young men can be engaged, particularly in relation to mental health. Responses were encapsulated by three central themes: "disconnection and young men," "coping mechanisms," and "finding ways of [re]connecting with young men." These themes will inform a wider discussion of effective practice and the training implications for service providers who wish to engage young men in relation to their emotional and mental health.

In the context of a grounded theory approach, it is important in the first instance to consider participants' thoughts on what constituted mental health, as an important backdrop to their broader engagement with young men. Most participants conceptualized mental health as "wellness" or a healthy balance of body and mind that resulted in an overall feeling of well-being. The majority of participants felt that well-being could be achieved by being proactive about one's health:

> . . . diet, sleep, exercise. It is about the basics but people don't realise how important they are. (Chrissie, Mental Health Organization)

> . . . areas like body and thoughts and behaviour. (Greg, clinical psychologist)

For some participants, mental health or the maintenance of good mental health meant having a purpose in life, a structure, and routine:

> . . . you have to have it [your mind] filled, be going somewhere, coming from somewhere . . . (Mandy, Mental Health Organization)

> . . . it's not just about ruminating on the past or even living in the present but there is a sense that I have purpose and the future is pulling me towards some kind of purpose . . . you don't have to be 100% satisfied, happy and content with the present but you at least have some hope that this is moving somewhere. (Greg, clinical psychologist)

Conversely, the majority felt that, among many of the young men with whom they engaged, mental health was synonymous with mental illness and that this was particularly pronounced in areas of socioeconomic disadvantage:

> . . . I think young men still equate mental health with mental illness no matter how many times you have the conversation with them . . . it's really hard for them to try and differentiate that you know. (Max, youth worker)

> I suppose always when you are approaching a topic like mental health in a lower socio-economic area, they are instantly suspicious "are you calling me crazy like" "there's nothing wrong with me, I'm fine." (Chloe, youth worker)

This discrepancy between participants' more holistic view of mental health and their perception of young men's more deficit-based approach to mental health, epitomizes some of the complexities and challenges that surround engagement between the two.

"It's Like the World Is Passing You by": Disconnection and Young Men

Participants reflected on their interactions with more vulnerable groups of young men, in particular, and highlighted disconnection from family and community as a defining feature of what they typically saw as disruption and upheaval in the lives of these young men. Disconnection was seen as being triggered and compounded by adverse socioeconomic conditions, including unemployment, a lack of routine and the absence, disruption or loss of meaningful relationships with family and friends:

> They [young men] feel so hopeless because . . . they get panicky about every social situation. (Mandy, Mental Health Organization)

> We are very institutionalised and if you're not part of the institution you fall by the wayside, that's the stark reality. All of my friends I have either lost through suicide or from taking too many tablets and choking on their own vomit. They have all been products of a failed education system; they were from low socio-economic backgrounds in terms of low income or poor quality of jobs and they fell into the trap. I think the education system has a flaw in the sense of contributing to their downfall; they didn't receive the support in that structure. (James, youth worker)

Withdrawal, isolation and loss were terms that were frequently and interchangeably used to encapsulate young men's disconnection, and were simultaneously seen as both a cause and a consequence of the challenges faced by young men who were struggling with mental health issues. The majority of participants believed that many young men's disconnection from society was related to or exacerbated by the absence of a father figure:

> I feel so sorry for them, some of them [young men] would have no relationship with their father . . . and I always feel there is a real sadness in them. (Ursula, trainer and educator)

It was felt that critical transition periods in the lives of young men such as moving away from home or a

relationship breakup could potentially put them at an increased risk of becoming disconnected. For example, Chaplaincy group participants argued that young men who dropped out of college did so because not enough was done to make young men feel connected and part of the college institution. This absence of connection and meaningful relationships, and not feeling valued, caused many young men to withdraw and become socially isolated and lonely with no one to confide in, potentially causing or aggravating preexisting mental health issues:

> . . . I think it's crucial that whatever is offered to a student, that they are offered ways to connect and to feel like they belong to the college. (Darren, chaplain)

> The main thing is the man needs someone to talk to because I think a lot of the time men will bottle stuff up and they don't have that bond with friends or peers where they can go and confide in them as much [as women], so I think a lot of the time they try and deal with it themselves. (Liam, sports coach)

In describing the implications for young men of becoming disconnected from the key pillars of society, many participants reflected on young men having low expectations of themselves, low self-esteem, and low self-confidence. Not surprisingly, this was also associated with the absence for these young men of a meaningful role or purpose in society; something that was aggravated by witnessing many of their peers seemingly enjoying more purposeful lives and contributing productively to society:

> I think your confidence is affected because you see everyone else seemingly living very purposeful lives . . . it's like the world is passing you by and I think it can cause mental health problems like depression and anxiety. (Jason, youth leader)

External Pressures

The majority of participants felt that young men's capacity to juggle competing demands and to meet expectations was exacerbated by delayed or impaired emotional development. It was argued that some young men mature and develop their emotional intelligence at a later stage than young women leaving them with an impaired capacity to cope with difficult situations or transitions in their lives:

> . . . I think a lot of my clients never really reached a developmental level where they can deal with anything. They have never gone through the normal development . . . never learned how to cope with loss, grief, failure, success, any of them. (Daisy, probation officer)

In response to the various challenges and pressures that they faced, it was felt that young men were typically attempting to cope on their own and, without the requisite coping skills and adequate support. It was felt that young men were also trying to cope from a place of intense fear and panic. Furthermore, most participants believed that characteristics associated with more traditional gender roles and norms were still prevalent and that many young men, particularly those from disadvantaged areas, adopted more traditionally masculine forms of coping, often characterized by stoicism and not showing weakness or vulnerability where they "weren't ever allowed to speak about mental health issues." It was felt that young men were fearful of being labelled or ridiculed as someone with a mental health problem and that this compounded their mental distress and sense of disconnection:

> . . . people will feel like it's a sign of weakness [having a mental health issue] or showing weakness and your fear then is that it will impact on how you progress. (Patrick, sports coach)

> . . . there is this feeling well if I admit to this [mental health issue] and if I admit to having a mental health problem, how am I going to be categorised? (Daisy, probation officer)

> . . . some of the men turned around to me and said that they won't even phone lifeline in case someone has something on them. (Max, youth worker)

The perceived absence of coping skills in many young men was, according to most participants, aggravated by inadequate mental health services. Indeed, many argued that ambivalence and negative attitudes on the part of health service providers was a significant factor in young men being conspicuous by their absence at these services:

> Even sending them [young men] up there [to the GP] you would have no faith it's going to be addressed. (John, youth worker)

Furthermore, the majority of participants felt that many health service providers were not "gender aware" and were not cognizant of the difficulties that many young men experience when considering whether or not to access mental health services. Most participants felt that these difficulties resulted in many young men's outright refusal to access mental health services:

> . . . it can be very intimidating for men when . . . they are referred to us this idea that I'm going to have to share these worries and things and go through difficult stuff. (Greg, clinical psychologist)

Against a backdrop of reluctance to seek help, a distrust of services and an undercurrent of fear and panic when faced with difficulties or challenging transitions in life, it is not surprising that many participants felt that young men might rely on alcohol and other substances to cope. Many felt that young men perceived the use and misuse of substances as a more palatable and socially acceptable way to block out difficulties or crises. Moreover, most participants believed that young men did not or could not allow themselves to be vulnerable or to openly express their feelings and emotions without alcohol. Many felt that misusing substances to deal with a mental health issue was both reckless in itself and a pathway to other reckless behavior. Indeed, it was suggested that, from the depths of despair, some young men were likely to adopt a cavalier approach to substance use, regardless of the possible consequences:

> . . . the majority of them [young men] here [education facility] come from—either a bad home life or a situation of bereavement. They all have issues, underlying issues and then they use drugs and alcohol as a kind of coping mechanism or to forget. (Biddy, trainer and educator)

> . . . they will take anything. They don't know what they are taking half of the time. (Tina, probation officer)

The majority of participants felt that because of inadequate mental health education, many young men lacked what service providers regarded as basic mental health knowledge and mental health vocabulary. As a result, it was felt that many young men were ill-equipped to recognize or speak openly about mental health issues. This was seen as compounding the issue of impaired coping skills and contributing to young men's disconnection. Many observed that "boys"/young men's self-awareness and their capacity to identify and express thoughts and feelings were underdeveloped and below that of girls/young women:

> Our young men could only tell us if they were happy or angry, nothing in between. Anxious wasn't a feeling or nervous or suspicious and girls were better able to express themselves. (Chloe, youth worker)

> I sometimes wonder with men with mental health issues do they actually know they have issues . . . like self-awareness is a huge issue I would say for a lot of people. They are experiencing symptoms but they don't realise what it is or if there's actually something wrong. I don't know whether it's a lack of education or information or fear or burying your head in the sand. I don't know what it is. (Martin, sports coach)

The majority of participants felt that young men's reluctance to broach the topic of mental health was exacerbated by the language used by service providers. Most felt that the word "mental" was a "bad word," having negative connotations that could contribute to stigma and that there needed to be reframing of the language used to engage young men:

> . . . I think sometimes . . . we are flogging a dead horse with the mental health bit and hoping that, if we keep using it and keep educating, that people will come around. Mental health is something to be celebrated as a wonderful thing whereas I think people kind of know we know she is really talking about mental illness. (Roisin, clinical psychologist)

> Words are very important . . . why not "minding the mind" there is a softness about that. How can you help me to mind my mind and me to help you mind your mind. It's just the language you know, it's much better. (Darren, chaplain)

The majority of participants felt that young men typically had multiple and competing demands in their lives, and often struggled to juggle their academic, work, sport, family, and friendship commitments. These competing demands coupled with what were seen as a lack of life management skills such as time management, stress management, organizational skills, and problem-solving skills were seen as a potential source of mental health issues such as stress and depression:

> . . . everything becomes a snowball effect, it's not just an injury, it's managing other things in life and managing that time. There could be six or seven things that snowball into one big problem for them. (Patrick, sports coach)

> . . . they're trying to marry up playing at a high level, competing, training and looking after themselves while also studying at the same time . . . we've had some students that are struggling with that. (Patrick, sports coach)

The majority of participants felt that young men not only had to cope with their own expectations of themselves but also with the sometimes unrealistic expectations of others. Indeed, parents' endeavors to live "their own lives through their children" was seen as particularly significant in this respect:

> . . . you could have your son out there playing football that hates it but . . . the parents are happy that they're playing it. They have to have them playing for the county. (Mandy, mental health organization)

> You can actually see now in the academy . . . on a Sunday morning, there are some kids there and they don't want to be there . . . but you can see the parents want them to be there you know. They are better off not being there and being somewhere different where they can flourish. (Sarah, sports organization)

It was felt that in endeavoring to reconcile potentially irreconcilable expectations, young men were facing

intolerable pressure to perform in various aspects of their lives which was leading to mental and physical burnout:

> I genuinely think that a lot of them [young men] are burnt out mentally . . . that can't be good. That has to bring its own pressures on them . . . I'd say if you started scraping under the surface you'd open up a whole can of worms. (Kevin, sports organization)

Some participants felt that a type of two-tiered "expectation continuum" had emerged, ranging from minimal expectation among socially disadvantaged or marginalized groups of young men to a burden of expectation among more middle-class, "high-achieving" young men. Both ends of the continuum presented different challenges. It was felt that young men from socially disadvantaged or marginalized groups were generally held in low esteem by others and therefore had low expectations of themselves, whereas young men from middle-class backgrounds who were deemed to be "high achievers" had to reconcile their own expectations of themselves with the sometimes unrealistic expectations of others. Although falling into the former category was seen as prompting ambivalence, apathy and indifference, membership of the latter came with the pressure and anxiety of unrealistic role expectation and constantly having to perform for others and to be other than oneself.

Finding Ways of (Re)connecting With Young Men

The majority of participants felt that any attempts to engage young men in mental health ought to be done at the earliest possible stage in a boy's life by normalizing, mainstreaming, and encouraging more openness about mental health from the early school years. The importance of supporting boys to be more open and articulate in recognizing and expressing feelings was clearly identified:

> I think we need to steer boys at a younger age into being more open and naming their feelings. (Chrissie, mental health organization)

> . . . we don't do enough with the schools . . . if I had more resources and more space I would love to do more with the schools around promoting wellness. (Greg, clinical psychologist)

Most participants believed that creating safety and trust were the cornerstones for building relationships and engaging effectively with young men. This required investing time with young men and getting to know them as individuals. It was felt that this enabled young men to feel comfortable and at ease which supported them to open up about difficulties in their lives:

> . . . it's [engaging young men] about providing a safe space. If you give a young man a safe space and they can trust you, they will talk all day long. (Greg, youth worker)

> I just think it's trust, it's not until they are in here [training and education facility] for a while that they ever actually really open up and maybe . . . decide to talk to you in a roundabout way and bring up the issues they have. (Josh, trainer and educator)

In essence, it was felt that there was both an art and a skill in engaging young men. While having the requisite skills was important, there was an art in using those skills to develop a rapport and to really connect with young men:

> . . . I think if the right person gets them [young men] on their own and says the right words in the right way then everything will come flooding out. (Jason, youth leader)

Most participants felt that starting with a mental health programme or initiative as the sole or primary focus of an intervention, was unlikely to engage young men. Instead, they believed that it was better to piggyback a mental health component in a more subtle manner onto an existing programme that had already gained acceptance by young men:

> We would do things like cooking and then try and squeeze a mental health element in at the end. (Chloe, youth worker)

The majority of participants felt that service providers needed to take advantage of opportunities to use more routine, casual exchanges to help nurture relationships, build safety, and earn young men's trust, before gradually and incrementally beginning conversations on mental health:

> We found . . . the best place where they open up is with Fred sitting in the back of the bus, just sitting in the bus with him, it's not like a formal situation and that's where they . . . start opening up and start talking about stuff. (Josh, trainer and educator)

There was overwhelming consensus among participants that sport offers significant potential to promote positive and more holistic models of mental health for some young men. It was felt that sport holds a particular currency for many (albeit not all) young men, offering a release and respite from stress, as well as enabling them to simultaneously develop skills and learn to cope with various life challenges:

> It's [health promotion and mental health] happening naturally in the sporting infrastructure—building confidence and self-esteem, awareness of basically themselves and there's the whole mental side of coping with loss, coping with defeat. (James, youth worker)

> . . . it [sport] gives them a social group, it gives them activity, skills, confidence and a team. (Sandra, probation officer)

There was widespread consensus that technology and social media played a pivotal role in young men's lives and should not be overlooked as a means to engaging young men:

> I think more attention . . . should be given to the digital world as well, we would be all very anxious to speak about the negative side of the digital world. It could and should have a positive side . . . to get messages across to them . . . to get them to think or reflect. (Darren, chaplain)

Participants did, however, allude to the possible negative aspects of technology and social media. Many felt concerned that the anonymity of some forms of social media provided a potential platform for cyberbullying. The majority of participants felt that a young man who was experiencing mental health issues could be more vulnerable to online bullying and peer pressure. Furthermore, it was felt that social media had, ironically, resulted in many young men neglecting their social lives, thereby, exacerbating their disconnection.

Most participants felt that young people were overexposed to social media and that this virtual social world had caused some young men to forget how to socialize in person and, in some cases, even to fear social events. This issue of social anxiety was seen as a key driver of isolation and withdrawal in many young men:

> . . . I think social media doesn't help because it's given them a pathway of not going out and interacting. It's a way of hiding yourself away and because you are still talking to people doesn't mean you're meeting people. (John, trainer and educator)

Nevertheless, participants felt that the use of technology and specifically social media was an ideal medium and platform from which to educate young men on mental health issues. Some participants, particularly those working with mental health organizations, felt that social media could be used to promote positive models of mental health.

Discussion

This study sought to investigate service providers' perspectives on the factors that support or inhibit young men from engaging in services targeted at supporting their mental and emotional well-being and to consider the training implications for service providers on how to effectively engage young men. The literature to date has gravitated toward a now familiar binary argument—young men are largely "the problem" (emotionally inept, reluctant to seek help) and service providers do not know how to engage young men. The findings from this study shed considerable light on a more nuanced understanding of these issues, and point toward potential methodologies and strategies to move beyond this impasse. Most strikingly, the terms *withdrawal, isolation*, and *loss* featured prominently in the transcripts and encapsulated different points of intersection with disruption, upheaval, and disconnection in the lives of, in particular, "at-risk" groups of young men. Indeed, the wider sociocultural context of young men's lives emerged from this study as a fundamental backdrop and prerequisite to understanding the world of young men. Service providers' reflections on their past endeavors to engage young men are rooted in this wider sociocultural context, and therefore, provide important insights to finding more meaningful ways to engage young men.

Disconnection from family and community was identified by participants in this study as a key indicator of more vulnerable and "at-risk" groups of young men. While different triggers (e.g., unemployment) and transition points (e.g., relationship difficulties) were associated with young men and disconnection, the net result was the same—young men having low expectations of themselves, not feeling valued, not having a meaningful purpose or role in society, and having low self-esteem and low self-confidence. The circumstances that characterized the more fragmented or disconnected lives of these young men were simultaneously seen as both a cause and a consequence of mental health issues that could, in the experience of a minority of participants in this study, potentially be linked to suicide. Durkheim (2001) coined the term *anomic suicide*—suicide that is related to large-scale societal crises, either political or economic, that often occurs during times of rapid social change and turbulence. He theorized that this is often characterized by the loss of a society's capacity for integration, giving rise to apathy, meaninglessness, and depression. It is noteworthy that the recent spike in young male suicide rates in Ireland (and elsewhere in Europe) coincided with a period of economic recession, high levels of youth unemployment, and social unrest (Eurostat, 2015). This is consistent with Joiner et al.'s (2009) interpersonal theory of suicidal behavior, which refers to a heightened predisposition to suicide brought about by a person's perceived burdensomeness coupled with a sense of social isolation. Burns, Collin, Blanchard, De-Freitas, and Lloyd (2008) reported that young men who experienced marginalization and who had limited education and employment opportunities, had fewer prospects to participate meaningfully in their communities and experienced higher rates of mental health problems. The starting point therefore for engaging young men and reducing young male suicide needs to be in tackling the root causes of young

men's disconnection from key societal institutions such as family, education, and community, and on building capacity within communities of young men.

The discord between what service providers felt were increasing demands and expectations facing young men on one hand, and a lack of life-management and coping skills on the other, left many young men feeling vulnerable and bereft. In response to the various challenges and pressures that they faced, it was felt that young men were typically attempting to cope on their own and, without the requisite coping skills and adequate supports, from a place of intense fear and panic. In particular, the lack of focus in the early years on nurturing boys and young men's capacity to recognize and articulate emotions was identified as a critical impediment to their emotional and mental health in later life and to their capacity to seek help and access support. For those young men who were experiencing emotional or mental health issues, their desire to save face and to preserve their masculine identities was underpinned by a fear of being labelled or ridiculed as someone with a mental health problem. Against a backdrop of reluctance to seek help, a distrust of services and an undercurrent of fear and panic when faced with difficulties or challenging transitions in life, it is not surprising that many participants felt that young men might rely on alcohol and other substances to cope. These findings are consistent with the literature in this area (Begley et al., 2010; Chandra & Minkovitz, 2006; Cleary, 2012; Rickwood et al., 2005) which has identified that young men fear being stigmatized by disclosing a mental health problem and therefore avoid seeking help. Consequently, they distrust services and turn to alcohol and other substances to "cope" with their issues.

There was a strong consensus that there could be no shortcuts to [re]connecting with young men. While sport, technology, and social media were cited as appropriate media in which to engage young men, the essence of sustained connection with young men revolved around creating safety, trust, rapport, and meaningful relationships. Whitlock, Wyman, and Barreira (2012) defined connectedness as a mental state of belonging where individuals recognize that they are valued, cared for, trusted, and appreciated by the communities and individuals with whom they are in regular contact or in which they are geographically or socially entrenched. Connectedness is increasingly being identified as a critical factor in suicide prevention. Langille, Asbridge, Cragg, and Rasic (2015) reported that higher school connectedness was linked with a reduction in suicidal ideation in boys and girls. In college settings, connectedness, social support, and belonging have been identified as significant protective factors against depression and suicide in college students (Armstrong & Oomen-Early, 2009). The focus on connectedness is consistent with the wider suicide prevention policy agenda, including the policy framework underpinning Ireland's health strategy (Department of Health, 2013) and suicide strategy "Connecting for Life" (Department of Health, 2015). Within a U.S. context, the Centers for Disease Control and Prevention (CDC) and the National Strategy for Suicide Prevention refer to building and reinforcing connectedness between individuals, community groups, and social institutions (CDC, 2009; U.S. Department of Health and Human Services, 2012).

The current data suggest that sport and technology have a significant role to play in connecting with young men and engaging them in mental health. Previous studies (Hunt et al., 2014; Lefkowich, Richardson, & Robertson, 2015; Pringle et al., 2013, 2014; Robertson et al., 2015) have identified sport as offering much potential for gender-specific and strengths-based approaches to engaging men in more holistic ways on mental health. Sport and physical activity based interventions can improve general well-being, increase mood and self-esteem, and can act as a hook to engage so-called "hard to reach" men. Also, sport can foster team spirit and a sense of solidarity.

The literature also suggests that young men use technology as a way to access information and help for mental health issues in preference to more conventional outlets (Ellis et al., 2013; Russell et al., 2004) For example, text messaging services have been reported to be a useful means of engaging young men in relation to mental health (Chen, Mishara, & Xian Liu, 2010). It is also well established that young men find it more appealing to access information about mental health issues or to talk about their problems online (Burns et al., 2013; Gallagher, Tedstone Doherty, Moran, & Kartalova-O'Doherty, 2008). Service providers should further explore the efficacy of technology as a means to "do" mental health work with young men.

In terms of training implications for service providers, the current data demonstrate conclusively the need to work from and nurture a positive, more holistic and strengths-based/"salutogenic" (Macdonald, 2006) definition of mental health and well-being with young men. This requires supporting practitioners to explore the world of young men, to work toward a better understanding of the defining moments and events that mark boys and young men's transition into manhood, to gain a better appreciation of the issues and challenges that they face, and the opportunities that exist for engagement. Practitioners also need to be encouraged to reflect on their own value base, experience, attitudes toward and expectations of young men, so that young men can be seen as a positive force rather than a problem to be solved. The current findings demonstrate conclusively the critical importance of early intervention and breaking

associations of stigma in relation to mental health for young men. There needs to be an explicit focus on the engagement process—the "why" and "how" of building relationships with young men, providing safe environments, in which young men feel a sense of connection and belonging, and wherein trust and confidentiality are sacred. As the findings from this study confirm—all it takes is the "right person" to say the "right words" in the "right way"—something that was also evident in the My World Study which identified that "one good adult" was critically important to the mental well-being of young people (Dooley & Fitzgerald, 2012). This has implications for service providers thinking outside the box—meeting young men where they are, involving young men in program design, breaking down hierarchies and working within a spirit of partnership, and being more sensitized to help-seeking opportunities and coping styles of young men during times of emotional distress.

Limitations

This study had a number of limitations. First, the focus of the study was on service providers only and not on young men's perspectives on the key research questions. While the study built upon a previous study that did engage with young men (Richardson et al., 2013), the findings of this study may have been enriched by the inclusion of young male participants' perspectives. Second, some study participants had more limited experiences than others of engaging young men in the past. While this, somewhat ironically, epitomizes and reinforces some of the study findings, it presented some participants with a narrower frame of reference from which to contribute to discussions. Third, the study sought to include the views of a diverse sample of service providers. However, the findings cannot purport to be representative of the views of all service providers. Fourth, getting access to some key service providers such as GPs and clinical psychologists proved to be particularly difficult. As a result, these health professions had a low representation in the final sample size which may have compromised the generalizability of the study findings. Finally, while all participants were assured of confidentiality and invited to speak candidly, it is possible that some may have been guarded in sharing "bad" experiences out of fear of undermining or compromising their profession or place of work.

Conclusion

The current findings indicate that many young men feel disconnected from family, community, and wider society and, in many instances are unwilling to engage with service providers in relation to mental health. The findings point to the need for more strengths-based and gender-sensitive services and programs that account for the wider sociocultural context of young men's lives. This study highlights the importance of "connectedness," specifically service providers making positive connections with young men and young men themselves findings ways of reconnecting with themselves, with others, and with key societal institutions. It is critically important that young men are supported in their efforts to reconcile competing demands with more effective life-management and coping skills. Furthermore, it is necessary to challenge and move beyond traditional constructions of masculinity and to develop and construct new healthier masculinities that allow boys and young men to express their feelings and emotions in the knowledge that it is safe and acceptable to do so. There can be no "quick-fixes" to [re]connecting with young men. Indeed, this study identified that sustained connection with young men revolved around creating safety, trust, rapport, and meaningful relationships. The findings from this study have informed the development of a 2-day Train the Trainers program "Connecting with Young Men" (Fowler et al., 2015), designed to equip "Trainers" with the skills to subsequently deliver a 1-day training program to service providers. This program adopts a strengths-based approach and uses a broad range of learning methodologies, including; experiential-based learning, group discussion, use of video, and personal reflections. The program comprises 10 modules designed to support service providers to engage more effectively with young men: starting from the basis of supporting participants to reflect on their own value base, and their attitudes toward and expectations of young men; helping participants to explore the "world of young men" as a starting point from which to identify opportunities for engagement; offering practical tips on "how" to engage young men using strengths-based approaches; and strengthening networks and partnerships to facilitate more collaborative approaches to working with young men.

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1. The island of Ireland refers to both the Republic of Ireland and Northern Ireland.

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