Men’s Workshop 25th March 2019

The workshop brought together seven men (four patients and three supporters) and three members of WHY for a discussion looking at WHY’s current service and support and what other forms of support – both formal and informal – had been helpful.

Who/how did men come to WHY?

- Local hospital
- Macmillan Nurses
- Health Coach / GP
- Nagged into coming by wife and family!

Knowing WHY offered a specialist cancer service was seen as very valuable and made people more likely to attend.

What type of support is helpful?

- Men don’t always know what type of support is useful or helpful. They don’t know where to go or what to ask for.
- There is a fear of opening up. Flood gates opening

Most of the men had received one-to-one counselling, with mixed outcomes. One had used both one-to-one and group support; one had used online counselling. Some found the one-to-one, weekly model very intensive, and maybe too much. Others had used various forms of therapy at WHY and other organisations.

The man who had used group support had found it useful but noted that he was “outnumbered” by women in the group. This had been OK and quite funny, but he did wonder if a men-only group would be more useful and if men might feel more comfortable sharing their experiences if there were only men in the room.

Men who worked in female-dominated sectors, such as healthcare, were more used to being with women and talking about their emotions. This was acknowledged to be a generalisation but many felt that male-dominated sectors tended to not deal with the psychological impacts of cancer as well.

What else has helped or could be helpful?

- Going outside and being in nature
- Swimming
- Walking
- Yoga
- Pilates
- Running
- Pet therapy
- Walking with dogs
- Mindfulness (someone had experienced this outdoors)

One man had organised an informal lunchtime walking group. People were able to share their experiences and he gained a good sense of wellbeing by helping and supporting others.

How can we make WHY more accessible to men?

- Case studies of men’s experiences of using WHY
- Go where men go... e.g. sporting events.
- Organise events, e.g. skittles, pool as an opportunity for men to come together
Focus on workspaces that are male-dominated.

Men are likely to be working full-time; this affects the amount of free time they have, and ability to attend weekly one-to-one sessions.

Could counselling be more available through work? Men might be more likely to take this up; some people had used work services but not found them as helpful as they were not cancer-specific. “WHYWork” could well help to fill this need/gap.

One man had no support from work when off with depression and only found WHY some time later.

Why do fewer men seek support?

Men tend to see talking about problems or discussing mental health as a “weakness” or a “failure”. It is often not seen as a positive and although this may be changing among younger men, it is still difficult to admit you need to talk.

WHY could communicate more about the positives of counselling as a responsible and strong thing to do:

- “Talking can make you stronger”
- “look after your car, look after yourself”
- “need an oil change”

How to raise awareness of WHY?

- Talks in schools, explaining our service and support. Talks to children but also parents and teachers too.
- Information to take away – one man had found the level of support too much at once but some short pieces of information would have been helpful in the start
- Raise awareness of WHY to employers – e.g. WHYWork
- Emphasise that support is available to family members. One man had worked with a hospice but never realised that as a carer he could seek support too
- Do activities for men and also for families
- Link to male interests more e.g. bikers’ nights, railways and re-enactment societies.
- Male ambassadors
- Try to make the branding more “male friendly” – is WHY too pink? Pink is associated with breast cancer. People agreed that more blues would be good
- Talk to male cancer charities (e.g. prostate cancer and urostomy association to see how they communicate with their supporters.)
- Attend big events such as local agricultural shows
- Paid advertising to target and raise profile of the charity

The language of counselling

This can be a barrier to access. ‘Counsellor’ is seen as friendly and evokes images of a two-way dialogue and conversation. Counselling sounded like something you had chosen to engage with. ‘Therapy’ sounded much more like something done to you, fixing you, and was therefore much less appealing. We discussed other terms that people had heard for support such as “group”, “support” “club”.