



# men's mental health

Research Report  
December, 2024

# AGENDA

- Research Design
- Partner Audit Key Findings
- 1:1 Interviews Executive Summary
- Conclusions



# RESEARCH DESIGN

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# RESEARCH GOALS

Overall Goal: Improve men's mental health and well-being in Douglas County.

- Better understand men's mental health in Douglas County, including suicide, beyond what the data provides.
- Identify tailored, community-based opportunities to improve men's mental health.
- Explore strategies for suicide prevention among men.

# RESEARCH DESIGN

- Partner Audit, N=13
- 1:1 Target Phone Interviews, N=35
  - 8/12/24 – 10/16/24
  - LOI ≈30 minutes
  - Incentive – \$75 Amazon Gift Card
- CRT Ride-Along 11/4/24



# 1:1 TARGET PROFILE

- Men 35-55 residing in Douglas County
  - Parker - 4
  - Lone Tree - 1
  - Castle Rock - 18
  - Highlands Ranch - 8
  - Other / Rural - 4
- HHI \$100,000+
- Employed
- Education - Bachelor's degree or higher
- Skew to married-couple, family households

# 1:1 TARGET PROFILE *(CONT.)*

- Race

- Caucasian - 27
- Asian - 4
- Indian - 1
- Black - 1
- Mixed Race / Other - 2

- Ethnicity

- Latino - 3

- Former Military - 7

- Self-Identified as Gay - 3

- Contemplated / Attempted Suicide - 5



# PARTNER AUDIT KEY FINDINGS

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# PARTNER INSIGHT #1

How would you gauge the state of men's mental health in Douglas County?

- In **definite need** of support!
- **Poor**. There is a lot of pressure to succeed financially and provide an affluent lifestyle.
- Overall stress has increased. Specifically with men ages 35-55 it seems like **we are heading in the wrong direction**.
- It's **largely unaddressed** by both men and agencies.
- We recognize the challenges that face men and believe more should be done to support their health and well-being.
- On the surface looking in, there doesn't appear to be any concerns. However, people in DC tend to hide their struggles, so **the problem is likely bigger than we know**.
- It's good but **definitely not great**.

# PARTNER INSIGHT #2

## What are the broader community perceptions about men's mental health?

- The associated **stigma** is the largest hurdle that men face regarding their mental health.
- I wish we could remove the **stigma**.
- Men appear to have **fewer connections** for support, and there's **stigma** around seeking out support.
- I would say **men, in general, are resistant**. There is **stigma** around asking for help.
- Are there better ways to offer support that are seen in a **destigmatized** way?
- Our (NAMI) targeted campaigns focused on families have resulted in an overwhelming response from parent-aged men.



# PARTNER INSIGHT #3

What gaps or opportunities do you see in terms of treatment and support?

- Knowing there is a problem in the first place **before it is too late.** Taking a **proactive approach** to come alongside them before a crisis hits.
- **More awareness of accessible resources tailored to men specifically.** I have searched for programming and have found it very **difficult.**
- Resources that recognize each person enters the conversation from a different place and experience.
- **Connectedness** in men is hard to achieve – how do you do that?
- There is a gap between providers and community making it **difficult to understand where and how to access care.**
- While we (YANA) are in the birth rooms with moms, we always get the question “What do you have for me (dad)?”
- Awareness campaigns that educate on mental health with **easy access to mental health resources.**

# PARTNER AUDIT SUMMARY

- Men's mental health is concerning to all, with the perception it is getting worse.
- Partners acknowledge the isolation and lack of personal connection that men experience.
- Stigma is a significant barrier to having conversations, seeking treatment and addressing the issues.
- Agreement that the current level of resources specific to men does not meet the need; there is definitely a gap.
- Helping men navigate and connect to resources [that exist] is a significant opportunity.
- There is not a one-size-fits-all approach; it will require a breadth of resources / a portfolio approach.



# 1:1 INTERVIEWS EXECUTIVE SUMMARY

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# OVERVIEW

**Respondents were surprisingly open and very conversational.**

- Biggest stressors are work and finances.
  - Other stressors include family (kids / parents), health, socializing / lack of friends, relationships (wife / marriage).
- The outdoors figures prominently in most lives, often as an outlet.
- Faith affiliation mentioned by about one third.
- Engage in mind-escape activities: video games, watch TV, meditation.
- Indicate intellectual curiosity – “I really like when I’m learning;” the idea of this project was intriguing.
- Show empathy for their fellow man via service projects, volunteering and philanthropy; sensitive to others’ needs.



# KEY TAKEAWAY #1

Respondents indicate they hold emotions inside: feelings of shame, fear, guilt, vulnerability.

- I keep it bottled up, trying to be strong. I am the breadwinner and can't show emotion.
- Emotions are weakness for men. Stuff it down deep inside.
- Manly men are not vulnerable and don't show emotions.
- I'm in a generation where we don't talk about our feelings. I've learned to mask things and put on a happy face.
- I won't bring up mental health. I don't want to seem weak.
- We need to be the rock; people depend on us.
- Not acceptable at all [to emote]; you'll be made fun of for being vulnerable.
- The more mental health issues you have, the more you hide inside.
- The snowballing paths in my mind.

# KEY TAKEAWAY #2

This behavior is learned at a young age and is perpetuated by cultural norms.

- We are held to a societal standard. We are taught not to emote.
- When growing up, we were taught not to discuss certain things.
- Admitting a weakness is failure to yourself and others. There is a cultural pressure to be tough and not complain.
- When first diagnosed (MH), I was very open, but friends disowned me; I didn't exist anymore. Tons and tons of stigma.
- I lost a friend to suicide. I learned to be supportive and listen; it feels like I'm an anomaly.
- People are sensitive to the topic. What's under the surface is not always a shiny picture.



# “A MAN’S ROLE”

- *Expected to be able to handle all problems.*
- *Society expects men to fix things; I’m the fixer.*
- *Expected to suck it up and be tough.*
- *Guys get self-esteem from what they provide.*
- *For hundreds of years, men have been responsible for everything – that is the tradition.*
- *The stoic cowboy; we must perform our duties no matter what.*
- *The household providers who take care of everything.*
- *We need to be the rock; people depend on us.*

# KEY TAKEAWAY #3

This leads to feelings of being alone and isolated. They lack recognition that other men often feel the same way.

- It feels like a cycle – isolation in my feelings leads to poor mental health, which is not easy to share, which makes me feel isolated. I am suffering in silence.
- It's like being alone in a dark room.
- It's the feeling of being on a little island. I haven't made new friends in years.
- Men are lone wolves; it gets lonely.
- It's hard to go through, and if you can't talk about it, you feel even more isolated.
- I am living in my own hell.
- How do you let people know you're not the only person going through this? We are more alike than we know.



# KEY TAKEAWAY #4

There is clear understanding and awareness of the ultimate risk, dying by suicide.

- It seems like everyone is doing great - nice cars and houses. Meanwhile, suicide rates are higher than people think.
- I know male suicide is off the charts, and I'm susceptible.
- There is a huge lack of support in society. People feel they can't be open. But when someone puts a bullet to their head, they will go and have a beer to celebrate him.
- When you are alone and hurting, the reason for living comes into question. Life doesn't feel sustainable.
- I was controlling emotions, suppressing them really. I went to a bad place - rumination. So many thoughts going through my head. I contemplated suicide.

# KEY TAKEAWAY #5

**Work dynamics exacerbate the situation; sharing mental health challenges at work has negative consequences.**

- Taboo subject in corporate America; they don't want to discuss it at all; automatic negative stigma on you, which limits your upward mobility. So you ignore it and act like there is no problem.
- At work, it's "self care" and "take care of yourself" – not as direct.
- Stress has grown so much at work in recent years; of seven Directors, stress led to two deaths. People are getting so critical – like blood in the water for sharks. I'm not trying to get promoted, but I don't want to get laid off. I have to act and look good. Very much of a guy thing, by the way.



# KEY TAKEAWAY #6

Most sharing circles are small and carefully guarded: wife or partner, lifelong friend, many of whom do not live nearby.

- My wife – we bounce ideas off each other.
- My partner is my outlet. It's OK to saddle them with emotional debt because I can return the favor.
- My best friend in Nashville since second grade – like a brother.
- I don't have a lot of friends, but my best friend in Iowa I call "sensai."
- I have three friends from growing up, all in different states. It's OK to call them when needed, but we don't talk often.

# KEY TAKEAWAY #7

**Majority are not seeking professional help.**

*Perceptions of therapy are mixed; a third have gone / are going, a third are outright averse to it, a third might consider therapy if hurdles are overcome (cost, time, access).*

- Why talk to a random stranger when you can't even solve it yourself?
- I will not talk to a shrink; I value my privacy. Fear of the unknown – maybe I'm better off not knowing or having to be vulnerable.
- I would talk to a therapist, but there are issues: I have a lot of self-work to be done, how would I start to find one, and it costs money.
- Most guys aren't ready for therapy. They aren't willing to go; the therapeutic value for men just isn't there.
- I've seen it do more harm than good for my mom.
- There's a gap out there on how to get help. How do you even find a therapist?



# STRATEGIC INSIGHT

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Men are living in silent pain.

*Suffering outwardly in silence,  
while inwardly there is noise,  
chaos and constant chatter.*



# CONCLUSIONS

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# RESEARCH SUMMARY

1. Our partners and the men in our target acknowledge that men's mental health is trending down. The concern is to address the issue before we lose more lives. Implicit is a heightened sense of urgency.
2. Men's well-being impacts the overall health of the entire community. As "leaders," men's mental stability influences family, friends and colleagues alike.
3. Loneliness and isolation not only lead to physical health problems, but also perpetuate stress and mental health issues. It is a cycle that needs to be broken. Several local men's groups are attempting to improve social health, one of the four main pillars of mental health and well-being.

# RESEARCH SUMMARY *(CONT.)*

4. Language and perceptions around mental health are still rooted in associations with mental illness. Efforts to change the paradigm and thus impact the stigma that men need to “man up” should be considered to help break down barriers to services and treatment. How do we normalize the topic so that men get the help they need before it’s too late?
5. Everyone’s journey is different. As such, there is not one solution; a portfolio of services / programs / tactics is required.



# STRATEGIC INSIGHT

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The County can be  
the hub for men's  
mental health resources.

# WHERE SHOULD DOUGLAS COUNTY FOCUS?

A significant number of ideas were suggested by respondents. The following are listed in order of priority or interest:

- Partnerships & Collaborations (community-based)
- Education (normalize mental health, topic-specific workshops and resources; website content)
- Build Community (activities, events and organizations that bring men together)
- Access (to providers and resources; wayfinding)
- Secondary Targets (e.g. loved ones, medical community)
- Traditional Marketing (grow awareness)



# EXECUTIONAL CONSIDERATIONS

- Make it easy; don't make me come to you – meet me where I am.
- Must be relatable and appealing to men; must feel real; not too touchy-feely; no cliches; approachable with no shame.
- Make it human; talk to people like people and build trust.
- Sensitivity to politicizing issues (e.g. guns, mental health.)
- Don't reinvent the wheel; leverage any existing tools, organizations and resources.
- Commit to making an impact that will create lasting change.

# DISCUSSION

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**THANK YOU**

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