

CONNECTING WITH YOUNG MEN': THE IMPACT OF TRAINING IN IRELAND

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ABSTRACT

'Connecting with Young Men', Unit 6 in ENGAGE, Ireland's National Men's Health Training programme was developed to support service providers to engage young in mental health and related services. This study evaluated the impact of Unit 6 on front line service providers' knowledge, skills, capacity, and practice pre and immediately post-training via questionnaire (n=206). At 1-month post-training interviews were conducted with youth workers (n=11), SPHE (social and emotional health curriculum) teachers (n=3), and sports personnel (n=3) (12-40 mins) to explore their experience of the training and its impact on practice. Overall, feedback regarding training satisfaction was largely positive (8.43±1.43/10). Participants self-reported level of knowledge (p=0.000), skills (p=0.000), capacity to engage (p<0.003) and identify priorities for young men (p<0.001), and success at convincing other service providers within (p<0.001) and beyond (p<0.000) their organization to prioritize engaging young men increased immediately post-training. Notably, 57.3% of service providers said that they would integrate the training into their work practice. Critical components of Unit 6 included (a) the focus on understanding gender as a dynamic construct, (b) the use of experiential and interactive sessions, and (c) the integration of ongoing reflective practice. The provision of more practical tips on 'how' to initiate and build relationships with young men as well as including young men's voices would strengthen the training. Unit 6 has been effective in building capacity among service providers to engage young men. While assessing the longer-term impact of the training on practice is recommended, these findings have implications for those who wish to develop gender-sensitive services for young men elsewhere.

Key Words: *Young Men, Gender Sensitised*

There has been a disturbing increase in suicide rates and deliberate self-harm (DSH) among young men¹ in most western countries in recent decades.¹ This has been a particular source of concern within an Irish context² where, despite more recent declines, the rate of suicide among young men remains four to five times higher than in young women,³ and is also

high within a European Union context.¹ There are well-established links between DSH and suicidal ideation⁴ with DSH being the strongest predictor of future suicidal behaviour.⁵ Other risk factors for suicide in young men include substance misuse, mental illness, rural residence, single marital status, socio-economic disadvantage, and media reporting of suicide.^{6,7} In a study investigating differences in suicide rates, trends,

¹'Young men' defined as 18-29 in the context of this study

and methods used among 15–24-year-olds across 15 European countries, it was found that the countries with the highest rates of suicide were the Baltic States and Eastern European countries⁸ – a trend that has been correlated with the post-Soviet transitional period, including the fall of the paternalistic Soviet system and the introduction of a market economy.^{9,10} Young men with mental health problems are also at great risk of dropping out of the education system or becoming unemployed and, as a result, becoming a high-risk group for suicide.² Indeed, this association is also evident in the opposite direction, with boys lower educational attainment and early school dropout being implicated in mental health problems as well as reduced occupational opportunities and social mobility, and an increased risk of criminality.¹¹

There has been an increasing focus on the role that gender plays in shaping mental health outcomes in young men. Numerous studies have shown that young men are often reticent about showing vulnerability or expressing emotions freely during times of emotional or mental distress. In particular, the pressure to adhere to group masculinity norms such as self-reliance, independence, restrictive emotionality, and self-control have been associated with a reluctance among young men to seek help or to access appropriate services in times of distress.^{2,12} Within an Irish context, for example, an earlier national survey of student health,¹³ found that male students were significantly less likely than female students ($p < .05$) to seek help for a mental health issue (talk to someone; go to hospital/health centre); to use their social networks of friends, parents or other relatives as a source of support; and significantly more likely to adopt 'negative responses' (sort the problem out alone; take drugs or get drunk; do nothing).

Studies also suggest that young men have a limited vocabulary or lack the confidence to express psychological distress, tend to minimize or play down symptoms of psychological distress, and have limited knowledge of available services or supports.^{12,14–17} Indications of distress in young men may manifest in more indirect ways, such as through alcohol and substance misuse and outbursts of anger and risk-taking behaviour.^{18,19} As Payne et al., point out; while gender roles have shifted, male gender roles remain more toxic and more

limiting in terms of men accessing support during times of mental distress.²⁰ Not surprisingly, fewer men than women are treated for depression-related disorders.²¹ This under-diagnosis of depression in men results in the condition remaining 'hidden' or 'masked', often until it reaches a crisis point.² For young men to feel safe to display vulnerability and seek help, they need the reassurance, support and guidance of peers, family, support groups and healthcare providers,^{2,22} and benefit in particular from bespoke male-oriented community initiatives (e.g., Men on the Move).²³ Female significant others, in particular, can play a key role in eliciting disclosure of psychological problems and prompting help-seeking among young men, including girlfriends¹⁵ and mothers.²⁴ Evidence also suggests that masculinity can be reframed to legitimize help-seeking as the rational, courageous and 'manly' course of action.¹²

The focus of public discourse on young men has traditionally been on problem behaviours and as young men as 'the problem'. For example, a report on inequality and the stereotyping of young people in Ireland drew attention to what it described as 'a starkly negative picture' of how young men are more typically perceived and represented both in the media and elsewhere in public life as deviant, criminal or violent.²⁵ This can contribute to the labelling, alienation, and demonization of young men as 'a problem to be solved' and may influence how young men chose to engage, or not engage with services.²⁶ This is often compounded by confusion and fear among practitioners about how best to engage with young men. Not surprisingly, by seeing young men as beyond the reach of existing services or programmes, there has been a general failure to explore new opportunities for engaging young men or to account for the socio-cultural contexts in which young men negotiate help-seeking behaviours.²⁷

More recently, there have been increasing calls at a health policy level to support service providers to engage more effectively with young men on mental health issues.^{28,29} To do this, it is imperative to seek service providers' perspectives on the factors that might support or inhibit young men from engaging in services targeted at supporting their mental/emotional wellbeing. In one such qualitative study

that was commissioned to inform the current Training of Trainer (TOT) programme,³⁰ service providers consistently reported that disconnection from family and community was a key indicator of 'at risk' groups of young men who, more typically, had experienced significant disruption and upheaval in their lives. The authors highlighted a discord between demands and expectations facing young men on the one hand, and what was seen as insufficient life-management and coping skills, and a reluctance to seek help on the other. Whilst service providers acknowledged the potential of sport, technology, and social media as appropriate avenues in which to engage young men, it was felt that the essence of sustained connection revolved around creating safety, trust, rapport, and meaningful relationships with young men. A study by Campbell et al.³¹ investigated service providers' views of the health, educational, and social problems encountered by vulnerable young men living in the southern region of Northern Ireland (NI). Findings revealed a direct correlation between social deprivation and disconnection from one's community on the one hand and impaired or more negative coping mechanisms such as substance abuse on the other. Similarly, a longitudinal study of adolescent male school-life experiences in NI found that boys felt isolated within their communities and disconnected from the world of adults. It also reported that boys were unprepared for significant transitional junctures during adolescence.³²

In summary, therefore, health outcomes among young men, including suicide, remain a critical public health concern. There is a need both to look beyond seeing young men as 'the problem' and to account for the perspectives of both young men and service providers on the key barriers and enabling factors to engaging young men on mental health issues. To tailor services and programmes to engage more effectively with young men, there is a clear need to up-skill and support service providers to do this and to better understand the world of young men. 'Connecting with Young Men' a 1-day training programme that aims to assist a broad range of service providers to effectively engage with young men on mental health and emotional well-being issues was developed to meet that need.

AN OVERVIEW OF THE 'CONNECTING WITH YOUNG MEN' TRAINING AND ITS IMPLEMENTATION

'Connecting with Young Men', is Unit 6 of ENGAGE, Ireland's National Men's Health Training programme.^{33,34} In brief, in recognition of the need for service providers to be supported to adopt gender-sensitive work practices, Ireland's national men's health policy recommended the development of men's health training targeted at front line service providers. 'ENGAGE', Ireland's National Men's Health training programme was developed by a partnership of statutory, academic and community sectors, to meet that recommendation.²⁹ Adopting a TOT model, since 2012 97 Trainers have undergone a 4-day training programme to equip them to deliver a comprehensive 1-day training (consisting of Units 1-5) to service providers. In turn, they have delivered approximately 107 training days to approximately 1860 service providers across the island of Ireland. In 2015, an evaluation of a subset of training indicated that the training was effective in increasing knowledge, skills and capacity to engage men up to 5-months post training.³⁴

In keeping with the delivery of ENGAGE Units 1-5, a TOT model of delivery was adopted to maximize the efficient delivery of 'Connecting with Young Men' across a wide geographical area. Following a wide marketing strategy Trainers were selected based upon (a) their experience of ENGAGE Units 1-5 (Trainers of these Units were prioritized); (b) the strategic relevance of their representative organization to young men's health; (c) having a remit to deliver training; (d) having facilitation experience and (e) knowledge of young men's health. As ENGAGE is defined as a national programme, the training group represented a national geographical spread. Each Trainer was asked to commit to delivering three, 1-day 'Connecting with Young Men' training days to front line service providers.

All Trainers underwent a 2-day residential training and in keeping with best practice^{35,36} diverse methodologies (experiential, interactive, reflective, group discussion, and creative pursuits) that are relevant for young men with diverse learning needs were modelled. The training specifically focused on the

engagement process such as *why* and *how* to build relationships with young men, rather than offering a new or revised mental health programme such as *what* to offer them.³⁷ The key objectives of 'Connecting with Young Men' were to:

1. Demonstrate why we need to work with young men as a specific group.
2. Help participants to reflect on their value base, experience, attitudes towards, and expectations of young men.
3. Explore the world of young men, the issues that they face, and the opportunities that exist to engage with them.
4. Model and offer practical suggestions on what works.
5. Increase the confidence of participants about working with young men, and help them to believe that 'it can be done.'

Learning from the experience of delivering ENGAGE Units 1-5, several components were integrated

into this TOT namely; opportunities were created over the 2 days and beyond via sharing contact details for Trainers to share their knowledge and experience of work with young men so that they could learn from and be supported by one another; Trainers were re-sourced with a 'Connecting with Young Men' resource pack that comprised of the 1-day training schedule, sessions plans, accompanying materials with a USB key with PowerPoint presentations and audio-visual aids (all resources were also made available online at a password-protected site); post-training technical assistance was provided via mentoring and co-facilitation in recognition of the need to building confidence, as well as capacity, amongst Trainers to ensure that the training cascades to front line service providers (see Figure 1).³³

In June 2015, 17 Trainers were trained and from October 2015 to March 2016, this cohort of Trainers, with the support of three mentors, delivered a total of 24 training events over 26 days to 367 service providers.

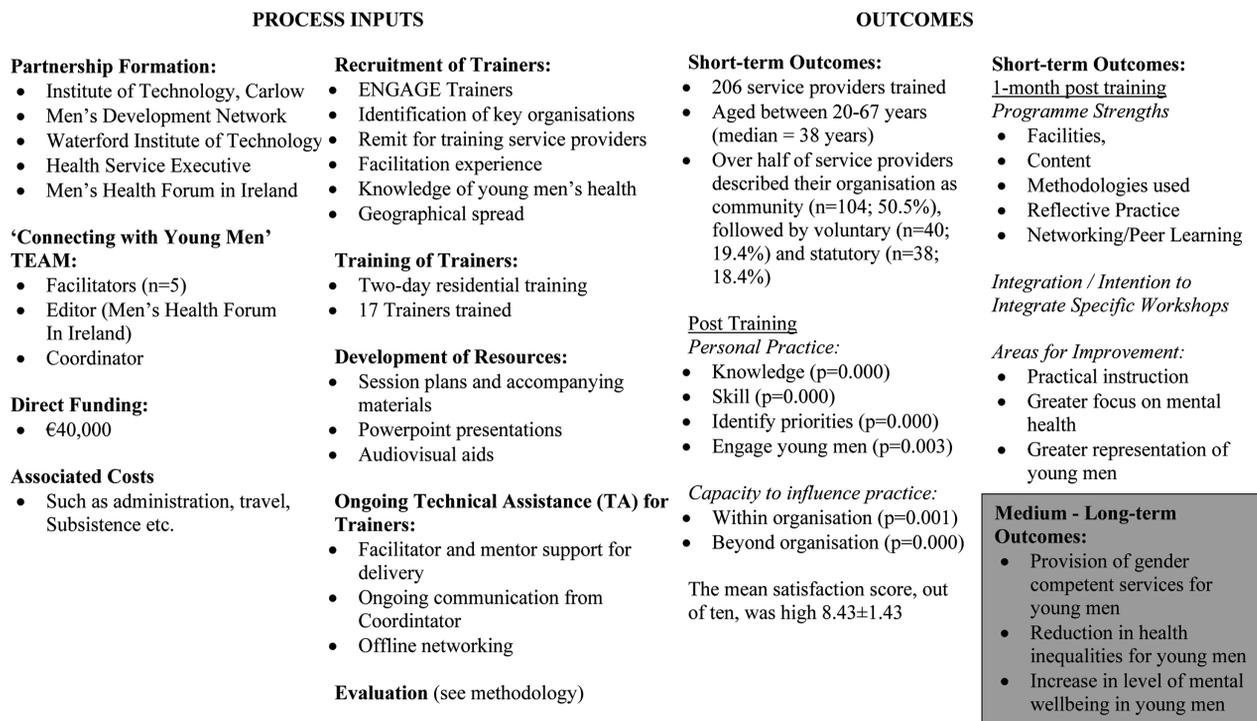


Figure 1. 'Connecting with Young Men' Unit 6, ENGAGE National Men's Health Training programme: Logic Model and Indicator Results

The purpose of this paper is to present the findings of an evaluation that investigated a subset of these training events and a subset of these service providers pre, immediately post and 1-month post-training.

METHODS

Surveys were administered to all participants pre-training and immediately post-training from October 2015 to March 2016. Sample size calculations were undertaken; the sample size requirement estimate was greatest for the variable 'capacity to identify priorities for engaging young men that could meet the needs of their organization.'³⁴ Some, 99 participants were required for pre and post-training comparisons (80% power, two-sided test, $p=0.05$). The minimum sample size was increased to 200 to allow for 50% attrition. This was achieved in the first 18 ENGAGE Unit 6 training events to 206 service providers. Pre and post-training surveys were consistent with those used in the evaluation of ENGAGE Units 1-5³⁴ and which were adapted from those used elsewhere.³⁸ In addition to demographic data, participants were questioned about their practice defined in the context of this study as knowledge, skill, and capacity to engage young men. Likert scale questions were used to assess how participants rated (i) their level of knowledge of young men's health (1-10); (ii) their level of skill in engaging young men in their services (1-10); (iii) their capacity to identify priorities for young men's health that could meet the needs of their organization (1-5); and (iv) the capacity to engage young men in their services in the future (1-5). Likert scale (1-5) questions were also used to assess how participants rated their capacity to influence the practice with others, within and beyond their organizations, to prioritize young men's health in their work plans in the future.

Three pairs of Trainers were asked to deliver training to three specific groups of service providers; sports coaches, youth sector workers, and Social Personal and Health Education (SPHE; social and emotional health curriculum) teachers. One-month post-training, 30 service providers were invited for interview; 17 volunteered (youth workers [$n=11$], SPHE teachers [$n=3$], and sports personnel [$n=3$]) and were available for interview (12-40 minutes), none refused to

participate (57% response rate). Interviews explored the short-term impact of the training on practice as well as their motivation for attending the training, their overall experience of having attended the training, and the specific training needs of these groups.

Ethical approval for the study was granted by the Institute of Technology Carlow's Ethics Committee (Ethical Application Number 125). Written informed consent was provided by all participants and no participant refused consent. At 1-month post-training, all service providers in each of the three specific training groups were invited for an interview. Seventeen agreed after the first invitation.

Data Analysis

Questionnaires were entered into the Statistical Package for the Social Sciences (SPSS V.22) for analysis. Descriptive statistics were used to describe the characteristics of the service providers [$n=206$]. A Kolmogorov-Smirnov statistical test was performed to determine if data were normally distributed. As data were not normally distributed Wilcoxon signed-rank tests were performed over two measurement points (pre-training and post-training), to examine the difference in how service providers rated: (i) their level of knowledge concerning engaging young men; (ii) their level of skill with respect to engaging men in their services; (iii) their capacity to identify priorities for engaging young men that could meet the needs of their organization; (iv) their capacity to engage young men in their services during the next year; (v) their capacity to convince other service providers within their organization to prioritize engaging young men in their work plans for the coming year, and (vi) their capacity to convince other service providers beyond their organization to prioritize engaging young men in their work plans for the coming year. All participants answered all pre and post questions. Some of the scale variables contained a 'don't know' option and these responses were excluded to give a more accurate comparison of those who did rate the question. All tests were run using the median and interquartile range as well as the mean and standard deviation; the level of significance was consistent for both, so only the mean and standard deviation are reported here (see Table 1).

TABLE 1 Pre and post-workshop scores (mean and standard deviation) of all variables

	Pre-training	Post-training
Level of knowledge	5.84 (1.61) (n=198)	7.92 (1.05)* (n=193)
Level of skill	6.08 (1.63) (n=196)	7.70 (1.17)* (n=189)
Success at identifying priorities that could meet the needs of the organisation	3.32 (.884) (n=171)	3.99(.654)* (n=174)
Number who answered 'don't know'	35	32
Success at improving capacity to engage young men in your service during the next year	3.89 (.707) (n=179)	4.11 (.670)** (n=177)
Number who answered 'don't know'	27	29
Success at convincing other service providers within your organisation to prioritise engaging young men in their work plans	3.65 (.829) (n=167)	3.93 (.775)*** (n=158)
Number who answered 'don't know'	39	48
Success at convincing other service providers beyond your organisation to prioritise engaging young men in their work plans	3.12 (.982) (n=146)	3.59 (.869)* (n=138)
Number who answered 'don't know'	60	68

* $p=0.000$; ** $p=0.003$; *** $p=0.001$

Qualitative Data Analysis

All telephone interviews were recorded using a digital Dictaphone and transcribed verbatim. Two researchers (PC, BG) independently coded the data, using qualitative thematic content analysis as per Braun and Clarke.³⁹ Once transcripts were coded, thematic memos were created by PC and BG to illustrate how key excerpts were categorized into themes. Themes and codes were discussed openly by all authors and critically reflected upon to guide a final development of a comprehensive list of themes and to mitigate against personal contamination of interpretation. All authors then worked collaboratively to write the final manuscript.

RESULTS

Quantitative Data

206 service providers aged between 20 and 67 years (median = 38 years; females = 64.1%; males = 34%; no response = 1.9%) attended the workshops.

When asked to best describe the organisation that they represented, over half of service providers described their organisation as community (n=104; 50.5%), followed by voluntary (n=40; 19.4%), statutory (n=38; 18.4%) and other (n=5; 2.4%) (n=19 no response; 9.2%). While many service providers promoted health as part of their work, only twenty-five (12.1%) service providers classified themselves as 'health professionals' and these worked predominantly in the statutory sector (n=21) and community sector (n=4). The majority of service providers reported that their organisation worked within a local geographical area (n=105; 51%), with 23.3% working nationally (n=48) and 19.4% working regionally (n=40) (n=13 no response; 6.3%).

Overall, feedback on how satisfied service providers were with training was largely positive (see Table 1 for data presented as mean±SD and median:IQR). The mean satisfaction score immediately post-training was 8.43±1.43 (range 2-10; where 1 represented very

unsatisfied and 10 represented completely satisfied). Immediately post-training, significant increases from pre-training baseline were reported about service providers' level of knowledge (5.84 to 7.92; $z=-10.809$, $p=0.000$), skill (6.08 to 7.70; $z=-9.966$, $p=.000$), success in identifying priorities for engaging young men that could meet the needs of their organization (3.32 to 3.39; $z=-7.178$, $p<0.001$), success at improving capacity to engage young men in their service during the next year (3.89-4.11; $z=-2.944$, $p<0.003$), and success at convincing other service providers within (3.65-6.93; $z=-3.418$, $p<0.001$) and beyond (3.12-3.59; $z=-3.939$, $p<0.000$) their organization to prioritize engaging young men in their work plans for the coming year.

Immediately post-training, 57.3% of service providers said that they would integrate the training into their work practice as a result of attending the training. Some service providers identified specific integration strategies that included targeting young men, reflecting on current work practice, and involving young men in service development.

Qualitative Data

"I thought the delivery was excellent" - Strengths of the Training

For the majority of service providers interviewed ($n=14$), the 1-day workshop experience was predominantly positive, and, for the most part, they had their training needs met. Three youth workers from one particular training event were not satisfied with it and did not have their expectations met. Evidence suggests that these particular service providers were highly experienced and competent in connecting with young men generally and would have preferred more of a focus on mental health and the development of a clinical skill set.

The particular strengths of the training identified were its' (a) facilitation, (b) content, (c) interactive and experiential methodologies, (d) reflective practice, and (e) networking and peer learning. The majority of service providers were highly complimentary of the Trainers'; they were warm, open and allowed for flexibility, all of which fostered greater participation as well as productive and informative discussions,

"They (Trainers) brought a lot, and people were very open, and I wouldn't be very outspoken in a group now but I found myself offering stuff up you know, and I wasn't shy or anything..." (Sophia)

Various elements of the training received specific praise as service providers felt that they were highly replicable and applicable to their work. In particular, the workshops entitled, 'Young Men a Positive Force', 'Connecting with Young Men', 'Journey into Manhood', and 'Top-Tips for Engaging Young Men' were named as specifically useful.

"I'd say the timeline (Journey into Manhood) was one of the main learnings from it because it opened my eyes to exactly what's going on in young men's lives that you would often forget about, that we wouldn't take into consideration when planning different programmes and different things like that whereas now it comes into consideration." (Marie)

The salutogenic approach that underpinned the entire training was also important learning to counteract the prevailing negative rhetoric that shrouded young men,

"...the idea of understanding positive models for boys that counteracts all of that rubbish about you know that they are all obsessed with video games and all this stuff.... To be able to work towards implementing positive ways of thinking and to get young people to look at themselves positively is brilliant." (Mark)

The variety of interactive methodologies used for workshops was welcomed by the service providers who could see their relevance when working with young men,

"There was a circle and you had to focus on the topic itself and work things out which I found very useful as well. It's more they (Participants) are doing experiential stuff themselves. I think people, on reflection, will have realized that they (Participants) were in a group work situation and that they can replicate the situation with the lads themselves." (Jennifer)

While for some, reflection on professional practice was 'overdone', others valued the opportunity to pause within the busyness of their practice and to get out of 'your own little bubble' and engage with and learn from other service providers,

"It (the training) brings you back because you jump from doing this piece of work and that piece of work. It (the training) brings you back to 'how have I been doing that?' you know." (Clare)

"For me that was the best thing out of it [training] just to learn so much more about the services. You can be guilty of getting caught in your own little bubble a bit you know." (Heather)

"I learned an awful lot from it and I put some stuff into practice already" - Impact on Work Practice

At 1-month post, some service providers identified how their training had increased their confidence 'in even working with young males' which prompted them to integrate elements of the 1-day workshop into their practice.

"...like even setting up the structure of a classroom for SPHE - just shove away all the tables and sit around in a big circle... just to have them all on an equal footing really and me in the middle. ... The Carousel which I've never done before which was really good where we're all interviewing each other and walking around and that was brilliant. They loved that." (Sophia)

"I think I have been a little bit more sensitive and a little less judgemental and that is a good thing to bring because young people can see a fraud." (Ronan)

Others said that they intended to integrate the training into their practice in the future,

"...along with the walking debate, what we did at the training was we had some paper and we would associate words with young men, so I am actually going to do that with the males here. It would be a very interesting exercise to just get them to think about certain things you'd associate with males and things you wouldn't associate with males; you know that whole gender imbalance there." (Jane)

Some recognized the value of bringing it to their peers to build capacity within their organization,

"...one of the exercises we need to do is the idea of all the challenges facing young men, the whole growth journey. I think that's a brilliant one to introduce to staff, for them to begin to realize what it's like for young men you know." (Emily)

"I will be presenting this to the pastoral care team with the idea of getting it introduced and getting the guys down because I thought they [Facilitators] were very good, to be honest with you. Even if we had a 2-hour workshop or something you know." (Mark)

However, some service providers did identify barriers they encountered when integrating the training

that included them the stigma of mental health for young men which negated their engagement with service providers, and systemic barriers that included resources (time and facilities) and the rigidity of a set programme of work that wouldn't accommodate integrating this training.

"I was a little disappointed that I didn't come away with more..." - Gaps in the Training

Service providers identified ways in which to improve the training and this included providing (a) practical instruction on 'how to' engage young men, (b) a greater focus on mental health, and (c) a greater representation of young men. Many service providers were looking for examples of programmes that had worked in the area of young men and mental health and mechanisms to improve the environmental suitability of a service for young men which they could integrate into their service,

"I thought maybe they would have referenced 'well this is being piloted and this works well' or you know maybe practicalities that have been overcome in those kind of scenarios." (Dawn)

"We had to consider our space to see if it was open for young men. There's nothing that we could do differently, nothing about how to make our space open for young men." (Heather)

Some service providers expressed their disappointment with a lack of focus on mental health and young men; mental health and young men were discussed separately. Notably, their wish to learn about doing work on mental health with young men without specifically mentioning mental health was not realized.

"More practical stuff on engaging young men on mental health. Maybe something to explore with them that would maybe get them talking that little bit more." (Rachel)

Also, conspicuous by its absence was the lack of young male voices in the room which was identified as a significant gap,

"I would have liked to see a video maybe of young men talking about what it's like for them. I think that would be really nice. I think that would just help us to picture and remind us who we were talking about." (Mary)

DISCUSSION

ENGAGE, Ireland's National Men's Health Training programme, was developed to build capacity among

front line service providers to engage men in health-related services and to ensure gender competency in health-related service provision in Ireland. ENGAGE Unit 6, 'Connecting with Young Men' was developed in response to a need for a specific focus on engaging young men in services targeted at supporting their mental and emotional well-being and was informed by a comprehensive mapping exercise with service providers from a wide range of organizations.^{14,30} The current study investigated the short-term impact of the training up to 1-month post-training.

Findings indicate that the TOT model adopted for ENGAGE Unit 6 was effective at diffusing training to front line service providers. Service providers were highly satisfied with the training immediately post-training ($8.43 \pm 1.43/10$). Significant improvements were reported by service providers in terms of their knowledge, skill, capacity to identify priorities for men's health ($p=0.000$), and to engage young men in their service during the next year ($p=0.003$) immediately post-exercise. Immediately post-training, 57.3% of service providers said that they would integrate the training into their work practice as a result of attending the training. Improvements in these variables and of this magnitude were also noted post ENGAGE 1-5 training and these were sustained up to 5-months post.³⁴ Notably, at 1-month post-training, several service providers had already begun to integrate the training into their practice or had plans to use specific workshops with young men and/or their peers.

Evidence suggesting that service providers struggle to engage effectively with young men has prompted calls to build capacity among service providers to connect with young men and to adapt their services appropriately to meet young men's needs.^{2,40} There are examples of good practice that demonstrate that young men will engage when the approach is right and this evidence needs to underpin such capacity-building strategies. Ongoing professional development to develop gender competency for men has been previously called for^{41,42} and trialled elsewhere⁴³; ENGAGE, Ireland's national men's health training programme^{33,34} is Ireland's mechanism for achieving this. The findings of this study suggest that there is value in extending the delivery of Unit 6, to ensure

the availability of gender competent services for young men.

Unlike ENGAGE Units 1-5 training,³⁴ immediately post Unit 6 training, service providers felt confident at convincing other service providers both within ($p=0.001$) and beyond ($p=0.000$) their organization to prioritize engaging young men in their work plans. To realize this ambition, organizational and, in particular, managerial support is required.⁴³ Notably, at 1-month post-training several service providers expressed a desire to expose their peers to the training or aspects of it which may support its integration into practice within their organization. After review of Units 1-5, the ENGAGE team deemed it necessary for two members from each organization to attend the TOT training to ensure its delivery and sustainability.³³ This is in keeping with training elsewhere⁴⁵; it appears that having more than one member of an organization is an important factor to instigate cultural change within an organization.

As per ENGAGE Units 1-5, it is evident that ENGAGE Unit 6 training predominantly attracted locally based (51%) service providers from the community (50.5%), voluntary (19.4%), and statutory (18.4%) sectors. While these services play a significant role in promoting men's health e.g. social inclusion, education initiatives, referral pathways, service providers who classified themselves as 'health professionals' were notably absent (12.1%).

Difficulties persist for ENGAGE training to attract health professionals such as GPs, practice nurses, and community nurses. Given the pivotal role of these professionals in young men's health, capacity must be built within this sector to engage effectively with young men. While currently, no specific training is available in Ireland at the undergrad or postgrad level to integrate this learning into the training of these professionals this should be considered in the future. Also, innovative mechanisms for continued professional development via e-learning systems such as that offered by Andrology Australia (<https://www.andrologyaustralia.org/health-professionals/gps/>) should be also be considered and indeed currently are by the ENGAGE team.

Service providers paid tribute to several key aspects of the programme that they attributed to their

success. Specifically, the strengths-based approach to working with young men, the focus on understanding gender as a dynamic construct, the use of experiential and interactive sessions, the integration of ongoing reflective practice, the opportunities for peer networking and support, and the creation of a positive group dynamic, were highlighted as critical components that should be considered in any future delivery of Unit 6. The use of experiential and interactive methodologies has previously been identified as best practice in training.^{35,36} Applying learning to personal experience has also been shown to be relevant, specifically for adult learning^{46,47}; by aligning feelings, personal experience, and skill development learning becomes embedded and memorable. Fostering deep connections with the material in this way enables multiple levels of understanding to be generated. Fostering peer support between Trainers was also seen to be optimal in ENGAGE 1-5 training and was a key strategy to effect change at a practice level.³³

However, many service providers wanted more practical tips on 'how' to initiate and build relationships with young men. In particular, they believed that citing evidence of what has worked elsewhere would have been beneficial to give a greater insight into the 'how' of working with young men which, they felt, would have given them more tangible ideas of what to try in their practice (as distinct from bringing back a 'glossy programme'). Service providers also identified the importance of bringing young male voices into the room and recommended that the audio-visual resource be reviewed to ensure that the diverse voices of young men are heard. Consideration should be given to integrating these suggestions into the future roll-out of Unit 6.

LIMITATIONS

The findings of this study, however, should be viewed in the context of the following limitation; some of the scale variables contained 'don't know' and these responses were excluded to give a more accurate comparison of those who did rate the question. Future evaluation should include the option 'not applicable' as it is probable that some chose the 'don't know' option when in fact the question did not apply to their remit.

CONCLUSION

It is evident from this study that ENGAGE Unit 6 has been effective in developing self-reported knowledge, skill, and capacity among service providers to engage and work with young men. As a result of this study, Unit 6 was reviewed as per participant feedback and now includes more practical tips on 'how' to initiate and build relationships with young men as well as including young men's voices. It has been scaled up across the island of Ireland; to date, 58 Trainers have been trained, approximately 89 training events have been delivered to approximately 1220 service providers and is ongoing. While it needs to adapt to target health professionals, currently it meets the needs of the community, voluntary and statutory sectors, and has been shown to increase knowledge, skills, and capacity of participants in these sectors to provide gender-sensitive services. While an evaluation of the medium and longer-term impact of the training is recommended, the findings of this study have implications for those who wish to develop gender-sensitive services for young men elsewhere.

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