

Male carers voices in East Sussex; An exploration into the barriers to recognition, masculinity, and the perceptions of talking therapies

Introduction and background to the study

This research looks to understand the experiences and the perspectives of working aged male carers supporting someone over the age of 18 in East Sussex. This poster drawn from a wider piece of doctoral research and explores 3 of the interconnected themes which emerged from the study – carer self-identification, the expression of traditional masculine ideals and explored the idea that male carers have benefited from engagement with talking therapies.

Who's missing from this picture ?



Men make up a 3rd of the 6.3 million unpaid carers in the UK¹. East Sussex has a population of 545,800 and has an estimated 44,260 carers, with 13,515 of these being male²

Historically research into male caring experiences has been under explored and they are significantly underrepresented within wider academic research around unpaid care^{3,4}

Male carers in employment frequently do not identify themselves as carers, and men often feel that by raising concerns around their own health and wellbeing can be seen as a weakness or a vulnerability^{3,4}

Men's health seeking behaviours are known to be different to women's, so it is important that carers services understand and acknowledge this^{7,8} Worldwide, men are less likely to seek help irrespective of age, nationality, ethnicity or racial background with men often struggling to access therapeutic talking services⁹

Methods

The data collection was conducted through 10 semi structured interviews, taking a 1st order perspective to gain a rich and deep understanding of their experiences. Braun and Clarks Reflexive Thematic Analysis was used to analyse the interview data

The sample was drawn from carers currently registered with Care for the Carers, they were recruited through the project set up to support those caring for someone experiencing Severe Mental Illness (SMI) and drawn from a total sample of carers (n= 556), with the number of male carers (n= 111). The recruitment information and invites were sent to both male and female carers as males are 2.7 times more likely to seek help and support when encouraged by a female that they know¹⁰

The 10 male participants

Age	Yrs caring	Supporting	MH Illness	Working
29	14	Grandmother	Severe anxiety and Depression	Full Time
66	18	Son	Schizophrenia	Full Time
52	18	Partner/Son	Bipolar and schizophrenia	Full Time
42	7	Partner	Bipolar	Full time
38	3	Wife	PTSD, Anxiety and OCD	Part time
57	4	Partner	Bipolar	Inactive
28	23	Brother/Ex partner and Mother	Bipolar, EUPD, Severe anxiety	Full time
56	12	Wife	Severe Depression/ suicidal ideation	Inactive
25	13	Father	Severe depression and anxiety	Full time
66	21	Wife	Bipolar	Retired

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Supporting quotes from the participants

"No, no, I still struggle to identify as that (a carer), because I feel guilty labelling him (dad) as someone that needs care"

"I just thought. I'm too busy (to be a carer). I've just gotta get on with my life... Took it as a default situation... deal with the next thing to carry on... Put it to the back of your mind and carry on"

"It's probably more the perception as a man... that to some extent is ingrained in you where you go no, you're not really meant to ask for help. You're just meant to kind of muddle through until it all blows up in your face"

"I think there's a certain amount of maybe pride or ego that's kind of built into the male species... Never likes to admit that things are wrong, even when they are or want to downplay how bad things are"

"I did two years of counselling every week, two years and that was what it needed... They were great because it was me being able to talk about me. I don't talk about me"

"I've been going to bi-weekly therapy... In the past if I was upset about something I would choose not to speak out about it because I wouldn't be heard... It's been a massive sort of, I think turning point for us and our relationship as well. Which is quite nice"

The findings

The male participants do reject the term "carer" which reflects the conflict between masculine ideals and the role of supporting someone with severe mental ill health

Traditional ideals of masculinity still play a significant role in how men both feel, and act and they continue to impact their accessing of support services including peer support

However, there is an expressed willingness to seek help from professional talking therapies on a 1-1 basis

Recommendations

There is a need to adjust and reframe the language that surround the use of the term "carer", with greater consideration given to alternatives that reflect male carers needs and wishes

It is recommended that there should be widespread use of inclusive language and support models that align with traditional masculine norms while actively promoting emotional openness with consideration given to additional funding to provide tailored, gender inclusive talking therapies specific to male needs

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A study completed by James Baker MSc Public Health. senior lead for mental health services at the carers centre, East Sussex. 2nd yr candidate for a Professional Doctorate in Health and Social Care Research at The University of Salford, Manchester

