The Impact of Stigma on Men aged 18 and over with Mental Health Difficulties in the United Kingdom, and the Barriers they face in accessing mental health services

Systematic Literature Review

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Abstract

The aim of systematic literature review is to explore the impact of stigma on men who are aged 18 or above and exposed to mental health difficulties in the UK. The methodology used in this SLR is interpretivist epistemology and relativist ontology, therefore, a qualitative systematic review design is opted to conduct the review. There are 12 studies that are selected carefully that are published between 2016 and 2026. PubMed database was used to conduct the search for the right literature. Using Prima Chart given in the appendix, the literature review narrowed down to selected 12 of the most relevant and updated studies for this review. From the selected studies, the review extracted four themes that show the impact of stigma in men with mental health difficulties in the UK. The first theme showed that due to internalized stigma and masculine norms, men experience reduced willingness to seek help and fear of weakness. The second theme discussed that a number of men even struggle naming and identifying their distress, so they never acknowledge and validate it as a mental health issue that require support and help. From the third theme, it is revealed that accessing the mental health services is different for men and women; men rather approach help via some informal and/or relational way rather than any formal service. Lastly, the fourth theme implied that literature has limited or uneven representation of Black and minority ethnic men with discriminatory incidents in accessing any mental health support. As a result, this segment of men becomes even more hesitant and reluctance to access mental health support. The study recommends gender-sensitive, culturally responsive, and stigma-aware approaches to improve access.

Keywords: mental health stigma; men's help-seeking; masculinity; mental health service access

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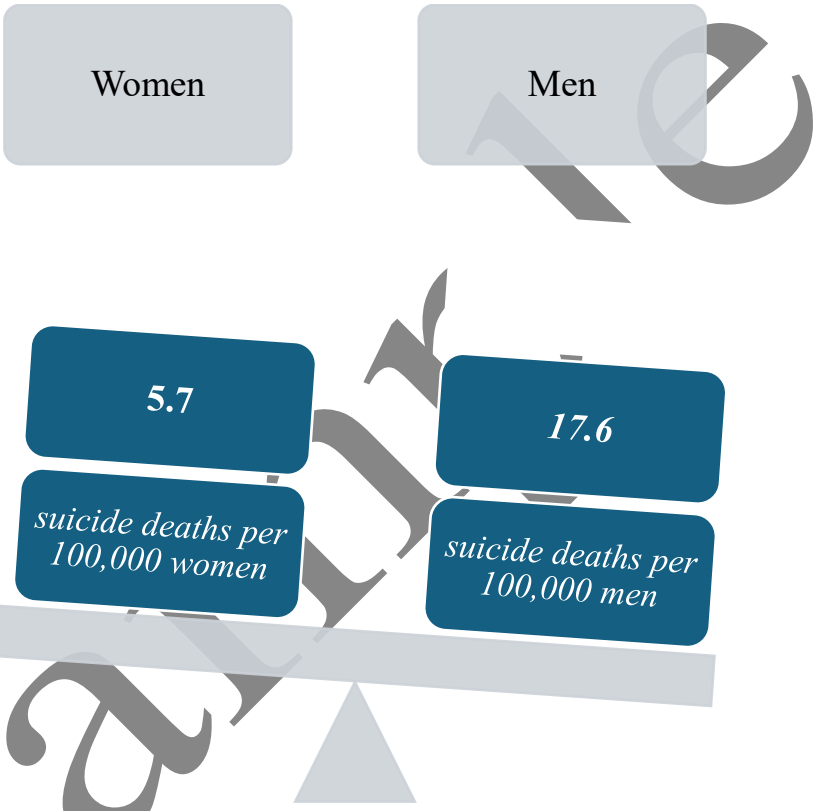
1. Chapter 1 – Introduction

In the United Kingdom, the issue of mental health is gaining more and more popularity in discussion as compared to last decade. However, there is still a haunted silence surrounding the experiences of distress and mental toll among men. According to Stangor and Walinga (2019), if severe stress remains untreated for prolonged time, it can become lethal. The report from Office for National Statistics (2025) revealed that in England and Wales, there were 6,190 suicides registered in 2024, and majority of these suicides were committed by men (*17.6 suicide deaths per 100,000 men as compared to 5.7 suicide deaths registered per 100,000 women*).



The NHS data has also shown that mental health need is not the marginal health need. As per the data, one in five adults were identified as having a common mental health condition in 2023/24 (Liubertiene et al., 2025).

Yet, the access to support is not even. The fact mentioned by Mental Health UK (2026) is "*men are more commonly diagnosed with substance use disorders and antisocial behaviours*," which confirms that it is myth to consider that men just don't experience depression and anxiety. Mental health difficulties among men are equally significant but men often remain underrepresented in pathways to seek help until distress intensifies into crisis. The reason

behind this gap is not limited to individual reluctance; rather it is very much associated with stigma, gendered expectations, service design, and broader inequalities that are prevailing in the society. Therefore, this systematic review of literature explores how the impact of stigma on Men aged 18 and over, who endure mental health difficulties in the UK.

1.1. Background of the Study

Glasby (2026) and other latest studies have continually emphasized that difficulties related to mental health toll are becoming one of the major public health and social care concerns in the UK. The statistics shared by the recent national survey data from England indicate that common mental health conditions (such as anxiety and depression) have risen over time (Liubertiene et al., 2025). Although the proportion of recorded prevalence of common mental health conditions is higher among women than men (Mental Health UK, 2026), it does not imply lower mental needs among men. On its contrary, scholars and mental health organizations have argued that distress among men are typically expressed in different manner, which is why it stays less readily disclosed and goes untreated until it reaches the acute stage (Keohane and Richardson, 2018; McKenzie et al., 2024). Thus, we can say that stigma is the core facilitator here. It can be understood as the negative social meanings attached to mental distress and to those who experience it. The levels on which stigma operate can be divided into public, self, and structural stigma. Public stigma can be understood as the stigma where society stereotypes people with mental health difficulties (Henderson and Gronholm, 2018). Self-stigma, on the other hand, is where individuals themselves internalize shame and negative beliefs (Eriksson, 2019). Lastly, the structural stigma can be understood as a stigma where institutions and systems reproduce exclusion or disadvantage. It should be noted here that these forms of stigma do not function in isolated manner, instead they overlap intersect with ideas about masculinity (precisely the beliefs that men should be emotionally controlled, self-reliant, strong, and resistant to vulnerability (Chatmon, 2020; Morrow et al., 2020). Seeking help is usually interpreted as weakness or personal failure when emotional difficulty contends with these expectations. Consequently, men frequently minimize symptoms, avoid disclosure, deprioritize themselves, or delay seeking support till the time when their condition deteriorates. Several studies (for example: Pearson (2023)) have highlighted the embedded tension between so-called norms of masculinity and the use of mental health service among men.

Silence, shame, disgrace, mistrust, and hesitation surround mental health in a lot of communities. Mental Health Foundation (2024) noted that Black communities in the UK experience severe mental health inequalities that lead them to poorer experiences within systems and disproportionate use of coercive pathways such as detention under the Mental Health Act. These disparities' levels affect the way people view services long before they actually need to reach them. If men perceived the services as judgmental/biased, or culturally insensitive, they are certainly less likely to seek support early or timely. Therefore, for Black men or men from minoritized communities, stigma is encrusted and exaggerated by discrimination, racism, inequality, and historical mistrust (Cogburn et al., 2024). As a result of these underlying realities, the discussion regarding men seeking help for mental stress extends to the context of social and political aspects, rather than confined within the scope of individual attitudes.

There has been clear investment in the UK policy and service environment to improve access to mental support. For example, NHS Talking Therapies has expanded substantially over the years; each year, more than a hundred thousand people receive treatment (NHS England, 2025). Strategies imposed and proposed by government also recognize prevention and early intervention of mental health difficulties together with support based on community. Having said that, it does not imply that equitable engagement is 100% guaranteed. Despite the national

NHS data showing that scale of program is large, other evidence has highlighted that men remain underrepresented in referrals (Mental Health UK, 2026). It implies that just having the availability of service is not enough to deal with this issue. Barriers to access such service (such as judgement, discomfort with disclosure, fear of labelling, limited awareness of services, long waiting times, cultural mismatch, and previous negative experiences) need to be addressed. In other words, access should not be about existence of service only, it should more be about individuals feeling safe and confident enough to approach it.

This review, therefore, focused on men who are aged 18 and over in the UK in examining the influences of stigma on their experiences of mental health difficulties. The review also shed light on the barriers these men are exposed to face while accessing mental health services. The decision to focus on adult men is mainly because adulthood is the stage where expectations around masculinity become more intense. Men are typically expected to be financially stable, emotionally controlled, and responsible for others within the family (Thébaud & Pedulla, 2016). In these environments, emotional suppression may slowly become normal rather than unusual. For example, a man who is working long hours and supporting a family all while dealing with financial pressure may feel that admitting stress or emotional difficulty is not appropriate, even when he is clearly struggling. Over time, this is most likely to shape how he understands his own mental health and whether he feels allowed to seek support.

By looking at stigma and access together, this review opposes the very common assumption that men simply do not talk about their problems. That explanation is too simple and does not really explain why silence happens. It will be more accurate to say that men are simultaneously dealing with cultural expectations, relationship responsibilities, and service structures. And these circumstances highly influence whether seeking help feels acceptable, necessary, or even possible for them or not.

1.2. Research Aim and Objectives

The aim of this SLR is to explore the impact of stigma on men aged 18 and over with mental health difficulties in the United Kingdom, with particular attention to the barriers, stigma creates in accessing mental health services.

- To examine how stigma influences men's perceptions and experiences of mental health difficulties in the UK.
- To identify the personal, cultural, and structural barriers men face when attempting to access mental health services.
- To explore how gender norms and expectations of masculinity shape help-seeking behaviors.
- To consider the implications of these findings for social work practice and more inclusive mental health service provision.

1.3. Rationale of the Study

The motivation for this research emerges from both personal experience and academic interest. Growing up within a Caribbean cultural background, I have observed the limited conversations surrounding mental health within many Black communities and the ways in which stigma can silence individuals who are struggling. Mental health difficulties are often perceived as something that should be managed privately or endured without external support, which can discourage open discussion and early help-seeking. These cultural attitudes are shaped by a complex mixture of historical, social and structural influences, including migration experiences, mistrust of institutions, and longstanding cultural expectations around strength

and resilience. As a result, individuals experiencing psychological distress may feel unable to speak openly about their difficulties due to fear of judgement, shame, or being perceived as weak. Family experiences with mental health difficulties have further shaped my awareness of how stigma can affect help-seeking behaviors, particularly among men. Within many communities, men are frequently expected to demonstrate emotional strength, independence, and control, which can make acknowledging mental health struggles particularly difficult. These expectations can reinforce the idea that seeking support represents vulnerability or failure, leading many men to delay or avoid engaging with services until their mental health reaches a crisis point. Observing these dynamics within my own social environment has encouraged me to reflect critically on how cultural norms, stigma, and gender expectations interact to influence mental health outcomes. Alongside these personal experiences, my academic and professional development has strengthened my interest in this area. During my practical placement within a Community Mental Health Team, I gained insight into how mental health services operate within the UK and the challenges that individuals may encounter when attempting to access support. This placement experience highlighted the importance of understanding the wider social and cultural factors that influence service engagement. It also demonstrated how stigma, structural inequalities, and systemic barriers can shape the way individuals interact with mental health services. For example, some service users expressed concerns about being judged, misunderstood, or labelled when accessing support, while others reported previous negative experiences with institutions that contributed to mistrust of mental health systems. These observations reinforced my motivation to explore the relationship between stigma and help-seeking among men in greater depth. From a social work perspective, understanding these barriers is essential, as social workers are often at the forefront of supporting individuals experiencing mental health difficulties and advocating for equitable access to services. Anti-oppressive and culturally responsive practice requires practitioners to recognize how social identities, cultural backgrounds, and structural inequalities influence people's experiences of health and wellbeing. Consequently, examining stigma within a broader socio-cultural context can help identify ways in which social work practice and mental health services might become more inclusive and responsive to the needs of diverse communities.

2. Chapter 2 – Methodology

This chapter addresses the methodology for this research, which aims to systematically evaluate the impact of stigma on adult men aged 18 and over with mental health challenges in the UK (United Kingdom), with a specific focus on the barriers to accessing mental health services. This research has been conducted through a systematic literature review from existing empirical evidence, and a comprehensive understanding of the phenomena has been developed. The implication of this approach in this study has enabled the identification of gaps, key themes and patterns across diverse contexts underpinned by a qualitative interpretive framework, which ensures that the multifaceted factors of social, gendered and cultural elements of stigma and help-seeking behaviors are critically analyzed.

2.1. Research Philosophy

This study was based on an interpretivist epistemology, which is based on the assumption that knowledge is socially developed and highly influenced by cultural contexts and individual experiences (Pervin and Mokhtar, 2022). In this research, the implication of interpretivism was approached because this study is focused on developing a critical understanding of how stigma is perceived and experienced among men in the UK dealing with various mental health challenges. Zayts-Spence et al. (2023) have defined that mental health stigma is directly associated with the cultural narratives, interpersonal interactions and social meanings, emphasizing an approach in which subjective interpretation is prioritized. However, the implication of this epistemological stance, this study has acknowledged the existence of multiple realities, which are highly influenced by the lived experiences, backgrounds and identities of the research participants.

Based on an ontological perspective, this research is closely aligned with the relativist perspective, which is based on the assumption that reality is not fixed or singular; however, it is dependent and developed through the social processes (Barnes, 2020). However, in this research, the implication of the relativist perspective was relevant because it allows for evaluating how stigma is different across different communities, which also include Black and minority ethnic groups, where historical contexts and cultural expectations have a direct impact on different perceptions of mental health (Meechan et al. 2021). However, the use of the relativist ontology in this research has provided vital means to identify and evaluate the diversity of experiences among men, along with the influence of various structural factors like institutional mistrust and systemic inequality, which contribute to various mental health challenges among men aged 18 and above. The use of both relativism and interpretivism has provided vital means to support the nuanced evaluation of stigma and help-seeking behaviors among men. This philosophical alignment has also ensured that the research critically evaluates the complexities associated with social structures, gender norms and cultural influences; all of these factors shape men's engagement with mental health services in the UK.

2.2. Research Method and Justification

This study has been conducted through the use of a qualitative research method to critically analyses the subjective meanings and experiences related to access to mental health services and stigma associated with it. According to Dźwigoł (2024), qualitative approaches are highly effective in analyzing the multifaceted social phenomena because they allow for an in-depth evaluation of behaviors, attitudes and beliefs associated with the research subject. However, in this study, the application of the qualitative research method was significant because it

provided a critical understanding of the factors associated with stigma and how these factors influence the help-seeking decisions among men in the UK aged 18 and above.
The use of the qualitative research method in this study has enabled the synthesis of the current studies that are based on diverse methodological approaches. All of these methods provided contextualized and rich insights regarding men's experiences of barriers and stigma to accessing mental health services. Gough et al. (2020) have further highlighted that qualitative evidence is important because it provides a detailed understanding regarding the gendered dimensions of mental health, specifically the role of masculinity norms, which noticeably influences help-seeking behaviors. The use of the qualitative research method allows for the critical analysis of the social, emotional and cultural complexities from different studies, and the research aim was achieved in the desired manner.

2.3. Research Design

This study is based on the SALSA (Search, Appraisal, Synthesis and Analysis) framework, which was essential to guide the whole systematic literature review process. Through this framework, a transparent and structured approach was employed to determine, evaluate and synthesize the relevant research. In recent methodological literature, SALSA has been widely recommended because it ensures rigor and consistency in the systematic review processes (Shaheen et al. 2023; Platz, 2021). In the search phase, relevant studies were identified with the use of electronic databases through the use of different search terms, and this stage ensured a comprehensive coverage of the literature and risks associated with selection bias were mitigated to the desired extent. Moreover, the appraisal phase was based on the critical evaluation of the relevance and quality of the selected studies, which ensured that methodologically sound and credible studies were included for the systematic review process. Furthermore, in the synthesis phase, the primary focus was on integrating the findings from different studies, by which common patterns and themes were identified. This process involved thematic analysis, by which a systematic interpretation of the data was performed. Lastly, for the analysis phase, a critical evaluation of the findings was conducted, associated with the research aim, which emphasizes the key insights and major gaps were highlighted within the reviewed literature.

2.4. Search Strategy

This study has adopted a keyword search strategy that was used to identify the relevant studies for the literature review process. We used PubMed as the electronic database to extract the literature. Appendix A refers to the selected studies that were extracted from this database. Through this search strategy, the focus was mainly on the recent literature, which ensures that all the findings emphasized the current understandings of mental health stigma and service access among men in the UK. Nagpal and Petersen (2021) have defined a keyword search strategy for the systematic literature review because it ensures transparent, reproducible and comprehensive outcomes that are important to minimize bias and identify the relevant studies based on the research topic. However, in this research, all the keywords were successfully selected, and the major keywords include "*men mental health*", "*United Kingdom*", "*mental health stigma*", "*help-seeking behavior*" and much more. All of these keywords were accessed through Boolean operators like OR and AND to further refine the search results. Some of the examples of search strings that are used in extracting research papers are:

- ((UK) OR (United Kingdom)) AND ((men mental health) AND (mental health support[Title]))

- ((UK) OR (United Kingdom)) AND (Mental Health Help-Seeking[Title]) AND (MALE)

Through this process, a large number of studies were selected based on the quality and relevance to this study. After applying the exclusion and inclusion criteria, 12 studies in total were selected for the final review process. However, this focused selection has allowed to perform an in-depth evaluation of the studies while maintaining a manageable scope.

2.5. Inclusion and Exclusion Criteria

An explicit inclusion and exclusion criterion was developed for this research, by which both the quality and relevance of the selected studies were ensured. Harari et al. (2020) have defined that defining the inclusion and exclusion criteria in a systematic literature review explicitly ensures a transparent and focused study by defining the exact scope. However, in this study, the inclusion criteria include the studies from the last 10 years (i.e. 2016 to 2026), and the studies should be focused on the male population, addressing various aspects of mental health stigma and barriers in accessing these services. Both quantitative and mixed-methods studies were selected, having noticeable qualitative elements by which the depth of the analysis was ensured to the desired extent.

On the other hand, the exclusion criteria included the studies that were solely focusing on children, adolescents or women and less or no focus has been made towards adult men. Moreover, the studies that do not define stigma or other identified constructs like help-seeking behavior were also excluded from this systematic literature review. Lastly, the non-peer-reviewed sources were also excluded from this research and the studies published before 2016, in which both relevance and academic rigor were ensured. Moreover, the selection process was followed by the PRIMSA guidelines (See Appendix B), by which a transparent framework was devised for screening and documenting the selection process (Parums, 2021). The PRISMA diagram has defined the number of studies that were excluded and included within the final review, and overall credibility of the research process has been increased to the desired extent.

2.6. Role of Researcher and Reflexivity

The researcher has played a fundamental role in the evaluation and synthesis of the literature, considering the qualitative nature of the study. Reflexivity has been identified as a major element of a study because it requires the researcher to critically reflect on their own experiences, potential biases and assumptions. Deshpande and Rao (2024) have defined that both transparency and credibility of the study are increased because of reflexivity, as it acknowledges the researcher's influence on the whole research process. However, in this study, the personal experiences and background of the researcher have played an important role in developing the specific focus of the research. The upbringing in the Caribbean culture and observing mental health stigma among Black communities have noticeably influenced the selection of the research topic, and its impact was also observed in the interpretation of findings. All of these experiences have provided valuable insights into the social and cultural dynamics of mental health stigma, but they also required careful reflection to mitigate the challenges associated with bias.

In this study, a reflexive approach was adopted by questioning the assumptions and integrating alternative interpretations of the data. This involved maintaining a reflective stance during the whole research process, and strong engagement was observed with the diverse perspectives defined in the literature. Moreover, the placement experience within the community mental health team has also increased the understanding of barriers to access and service provisions

while emphasizing the significance of professional objectivity. Besides this, reflexivity also includes the recognition of power dynamics that were present in this study, specifically when working on sensitive topics like stigma and mental health challenges. By explicitly acknowledging all of these factors, the researcher has provided a balanced analysis. Sarfo and Attigah (2025) have defined that reflexivity in a research process significantly increases the rigour of the study because it ensures that the whole research process remains critical, self-aware and transparent.

2.7. Reliability and Validity

In the research design, ensuring validity and reliability has been identified as a key consideration. In qualitative research, all of these concepts are integrated to ensure trustworthiness, which includes transferability, credibility and dependability (Ahmed, 2024). However, in this research, several strategies were adopted to further increase these aspects. In this research, credibility was ensured through the systematic selection and appraisal of high-quality studies by explicitly focusing on the published studies published after 2016. This approach has ensured that all the findings are up-to-date and based on reliable evidence. All the selected studies have been evaluated thoroughly in terms of their relevancy to the topic that further increased the reliability of the selected studies. Moreover, the use of the SALSA framework also increased the overall credibility of this because it provided a transparent and structured approach for the data collection and analysis processes. On the other hand, the validity was also ensured by explicitly documenting the whole research process, including the inclusion and exclusion criteria and the search strategy. This transparency has ensured that this study could be further evaluated by other researchers. Lastly, the data has been analyzed through thematic analysis, in which different themes were devised, ensuring consistency in the whole research process, and the research questions were answered in the desired manner.

3. Chapter 3 – Findings and Analysis

In this chapter, the findings and analysis of systematic review of literature is presented regarding the impact of stigma on men aged 18 and over with mental health difficulties in the United Kingdom, and the barriers they face in accessing mental health services. In line with the aim of this review, the analysis examined how stigma shapes experiences of distress among men. Along with this, the review also analyses how stigma affect help-seeking behavior among men and imposes some unnoticeable yet magnificent structural and cultural barriers to service access. Thematic synthesis approach is being used in this chapter to identify the most recurrent and analytically significant patterns across the selected literature instead of merely presenting the summary of each selected study. The method made sure that the overall work remains strong enough from the academic point of view. Using this approach, the researcher has reviewed the selected paper from critical lens and commented on their similarities, contradictions, absences, and implications across the evidence base.

While reviewing and critically analyzing the literature, stigma was noted as a layered social process (*rather than being just a single obstacle*) that is operating at multiple levels. It appeared in several aspects, such as in public stereotypes about male emotionality, in self-stigmatizing beliefs that are internalized by men themselves, in cultural norms that shape how distress is named, concealed, or acted upon, and/or in professional and institutional practices that render male distress less visible or less legitimate. Therefore, the evidence implies that barriers for men in accessing metal health services can never be understand as a matter of unwillingness. Instead, help-seeking needs to be structured by an interaction between gender norms, emotional literacy, service design, cultural location, and wider inequalities. The findings presented in this chapter are consistent across studies on male students, fathers, men with stress/depression, and engaging with peer support. Having said that, the depth and focus of each study varies from each other.

Another significant observation in themes of this systematic review of literature is that scholars collectively argue or contradict the notion that men do not seek mental help at all (Sagar-Ouriaghli et al., 2020b). A number of studies from literature have shown that men do seek support, but it is often through delayed, indirect, relational, or male-congruent pathways rather than through immediate use of formal mental health services (Vickery, 2022). From the psychological point of view, men are likely to first disclose stress with their partners or friends while framing distress as irritability or fatigue rather than depression (Keum et al., 2023). It is also being noted that men are more willing to engage in environments that feel practical/rationale, informal, non-judgmental, and identity-safe while disclosing the need for support. It is very critical corrective to the prevalent deficit narrative around help-seeking among males.

Moreover, the review also unfolds some of the limitations that are existing in the pool of studies related to this topic. While it is easier to find studies carried out on certain groups of men, such as fathers, veterans, and/or university students due to their greater concentration, there was a clear lack of studies that were solely focused on Black and minority ethnic men. The absence seems to be not a minor methodological issue, rather it can be highly influential in shaping what can be known, whose experiences are treated as representative, and which barriers become visible in academic and policy discourse. Thus, the chapter synthesizes findings from the reviewed studies while critically interrogating the muteness and disparities within the literature itself. The analysis is organized into four themes:

1) internalized stigma and masculine self-surveillance;
2) difficulty recognizing and legitimizing distress;
3) institutional and structural barriers to service access;

4) the limited and uneven representation of Black and minority ethnic men within the evidence base.

3.1. Theme One: Internalised Stigma and Masculine Norms with the Fear of Weakness

A theme that comes up again and again across the literature is the way stigma seems to work through relationship of men with masculinity. Seeking help for mental stress is often held back by the feeling that exhibiting emotional distress somehow weakens those qualities that many men have been taught to value (such as strength, control, stoicism, independence, self-reliance, and some other). So, the issue is not limited to only the fear of being judged by other people, although that clearly matters. It also appears to involve a harsher mechanism, i.e., men measure themselves against an internal idea of a "proper" man.

Gosling et al. (2022) further make it clearer in their theme of "*mental health as a weakness*." In their study, men with depression did not simply describe symptoms; they described a kind of identity tension. At the point, where depression affected their ability to behave in those ways which they associated with masculinity, their distress actually became more than a health issue. It started to feel like a threat to who they were. Gosling et al. findings are extremely significant in relation to this systematic review because it swiftly opposes the argument that men are intrinsically reluctant in asking for help or support. As mentioned earlier too, this explanation is not based on facts, rather scholars have opposed it in their studies and findings. Hence, the finding may suggest that seeking help for mental load becomes difficult for men because it tends to unsettle their sense of self. We can say that men have to struggle in holding the identity that feels socially acceptable amid they try to manage symptoms.

In this theme, the online survey conducted by Reay et al. (2023) in their study adds an important layer to this argument. Their findings show that self-stigma is likely to have the strongest and direct effect on intentions to seek help among men. Along with this, they have also discussed in the study that self-stigma (*to some extent*) also explains how men's behaviors are shaped by masculine norms in the first place, which is quite significant from the analytical perspective. Critically, it implies that masculine norms seem to become influential when they are absorbed silently and felt as shame or inadequacy. In other words, it is not just that men know society expects them to be strong; some men take that message personally and read their own need for help as evidence of failure. Seen that way, awareness campaigns on their own do not help much. If they don't address self-stigma or the question if men feel entitled to receive care at all, and stop at telling men that support is available, the impact of awareness campaigns will remain limited.

The study by Darwin et al. (2017) also shows a very similar pattern. In their research, it is noted that fathers have often questioned whether their own experiences were legitimate and whether they were even entitled to seek support in the first place. Their findings have shown that many fathers did experience psychological distress, yet they felt hesitant to express their need for support. The reason was the fear of being seen as weak along with the feeling that talking about their own struggles might somehow take attention away from their partner's needs, which they believed should come first. In this way, it implies that stigma may be not just about masculinity (strength or toughness), but it also seems to be connected to moral expectations and role responsibilities. Many men see themselves as the ones who should hold things together during difficult times in family situations (Reay et al., 2023). Because of this, their own needs may start to feel less important or even inappropriate to mention. Thus, seeking support, in some cases, can feel like men are failing in their role rather than taking care of their health.

The moral side of stigma, here, helps explain something that is commonly misunderstood. Some men do not avoid support because they do not care about their mental health. It is actually the opposite; they are likely to avoid support because they feel responsible for others and

believe they should cope on their own. So, in this situation, rejecting help does not necessarily come from indifference or ignorance. It may come from a sense of duty and responsibility, which makes the issue of stigma much more complex than it first appears.

Along these lines, Sagar-Ouriaghli et al. (2020a) also deduced in their study that lower help-seeking among male students is frequently linked with conventional ideas of masculinity and the expectation that men should remain emotionally controlled and self-reliant. As a result, some men even avoid counselling services or university support systems, even when they are struggling academically or personally. It is not always that support is unavailable. Sometimes it appears that the barrier is more internal than external.

Recent studies have argued that men from younger generations are more open about mental health compared to older men; however, looking deeper into it unfolds that these masculine expectations have not really disappeared. Sagar-Ouriaghli et al. (2020a) have shown that male student might openly support mental health awareness campaigns, yet still hesitate to seek help for himself. Thereby, stigma is still there despite the fact that conversations about mental health are getting more visible and encouraged.

To sum this theme up, it can be implied that stigma is most powerful when it becomes self-policing. Men regulate their own behavior and feelings in anticipation of shame or loss of status. Looking at the first objective of this review, the evidence disclosed under this theme show that stigma shapes whether or not men seek help along with shaping whether or not they consider themselves eligible for care. The problem, therefore, is to retain the socially legitimate status from which support can be obtained without perceived loss of masculine worth.

3.2. Theme Two: Difficulty in Acknowledging, Naming, Accepting, and Validating Distress

In the second theme, this review has identified that men actually find it very difficult to recognise and acknowledge their distress as the mental health issue. Thereby, they consequently do not accept and validate that it requires proper support and treatment/therapy. This significant finding indicates that men cannot access support because they are not able to pinpoint that distress is actually the problem in the very first place. When they do not label it as problem, they implicitly do not regard it as legitimate.

Darwin et al. (2017) found that fathers often described their difficulties through terms such as exhaustion, irritability and poor concentration rather than explicitly identifying them as mental health concerns. This is not any insignificant issue about wording or vocabulary; instead, it portrays that me communicate about the experience of distress through such behavior and functional language that do not fit neatly into how mental health discourse takes place formally. As a result, suffering is getting normalized or hidden at a glance.

In the similar way, the study of Vickery (2021) also showed that men more preferably frame their experience as “stress” rather than mental illness. These findings reflect that men may be hesitant towards mental health labels and intrinsically hold the desire or inclination to evade any sort of stronger stigma. Vickery suggests that men are actively negotiating the terms on which they can acknowledge distress. Their negotiation though is highly under the influence of symbolic weight of mental illness labels as well as the concerns about what how their competence and masculinity is implied through these labels. Therefore, while men recognize that something is wrong, they still resist acknowledging and validating it openly. Subsequently, we can deduct from it that men do not fully fail in recognizing symptoms, they remain hesitant to name it or acknowledge it formally.

Another selected study also showed that father face difficulties in accessing mental health services because of lack of awareness about the support as well (Reay et al., 2023). The model used by Reay et al. places awareness about support alongside self-stigma and masculine norms.

These parameters were found to be the key factors that are influencing the intentions of men about seeking help or support. The findings from Reay et al. implies that asking for mental help among men is influenced by how they perceive behavioral possibility rather than just their attitudes. We can say that men are may be more willing to get help in comparison to the statistics provided for use of service.

Similar ideas and discussion were also found in the study by Memon et al. (2016) that essentially consists of Black and minority ethnic communities. The participants in Memon et al. study identified inability to recognize and accept mental health problems as an important barrier. Stigma among men affect these communities stronger as they have limited knowledge of available services and greater extent of reluctance to discuss psychological distress. While the core participants in the study were not just men but all genders of Black and minority ethnic communities, it is still helpful in analysis because it proves that stigma mediate mental health difficulties culturally. It can be said that stress itself is not the major mental health difficulty, but stigma makes it worse and undetectable which imposes severe mental health difficulty.

This fundamental part of the problem usually gets missed in policies, which is why policymakers are found to be more focused on reducing waiting times or expanding service capacity. The reason why men are not accessed care for mental health difficulties in early stages is that stigma is impeding them to recognize and acknowledge their distress as a condition that deserve intervention. Thus, the discussed literature studies under this theme supports that stigma impacts on the understanding of mental health difficulties among men, which is not limited to provision of information only. The need is to address and cater to the social meanings associated with distress alongside diminishing the labels and fears imposing unnecessary and unrealistic pressure on men identity so that they can openly and positively acknowledge their distress.

3.3. Theme Three: Informal and Male-Compatible Ways into Support Mental Health

Under the third theme, reviewed studies have raised a subtle question: if men are struggling to access mental health services in the UK, does it reflect internalized stigma only or the fact that systems are actually hard for men to navigate due to being poorly designed and culturally insensitive.

The studies of Darwin et al. (2017) and Reay et al. (2023) discussed this argument in the perinatal context. Fathers were once peripheral to service design, and care pathways were all about mothers. The Darwin et al. (2017) study found that fathers felt marginalized by maternity services, and Reay et al. (2023) emphasized that new fathers are not often provided with assistance from specific perinatal mental health services in practice. It is not just an oversight issue. It is a gendered organization of visibility whereby the needs of fathers are peripheral, secondary, or unexpected. In these circumstances, men can be seen as disconnected, even though services have not been designed to reach them.

Another related perspective provided by Gosling et al. (2022) consists of community support groups. They indicate that gender-specific group support can help people access and engage in part because it can serve as an entry point to treatment and reduce long waiting times in statutory services. There are two reasons why this is important. On the one hand, it implies that, due to stigma, the formal system can bring men to a halt. This may also be because these systems are either slow, inflexible, or uncomfortable. Second, it demonstrates the way the third sector tends to fill existing gaps in statutory provision. It is not the superiority of the community groups as such, but the fact that they provide trust, flexibility, and human interaction that men might not find elsewhere.

The problem of cultural and institutional fit is of particular concern in the case of Black and minority ethnic communities. Memon et al. (2016) established that the subjects perceived financial constraints, stigmatization, and ignorance of services, and dissatisfaction with the prevalence of drugs and the option of a few alternatives. The participants also believed that the diversity of BME experiences was not well understood and that access was limited due to a lack of effective communication and cultural responsiveness. The value of these findings is that they demonstrate that psychological barriers are not the only ones. They are created in contact with systems that can look narrow, rigid, or culturally ill-chosen.
This portion of the thematic analysis elaborates on the research questions and review objective, which is to establish the personal, cultural, and structural barriers that men encounter when seeking mental health services. The research fails to substantiate an individualizing account of low involvement among men. Instead, they note that stigma and structure mutually reinforce one another. Men might already be scared of being judged and losing control. These fears are compounded in the service that is hard to comprehend, physically not oriented to them, or in services that are perceived to be dismissive and culturally unsafe.

The discourse analysis on social work comes into the picture, as one can be persuaded that the gendered makeup of caring professions can affect the way some men envision professional interaction, particularly where vulnerability is already linked to shame or feminization. According to official statistics in England, 88% of the social workers working with children were women in 2025, which implies a highly gendered workforce. It does not mean that males avoid services, as social work is female, and the analyzed studies do not directly prove a causal correlation. It can be read as, however, when combined with the repeated results about men fearing judgment, shame, and the loss of masculine position in the workplace, one can assume that some men might find emotionally revealing workplaces challenging to occupy, especially when they already feel that they are in a culturally or gendered alien space. This must be presented in the form of a critical interpretation rather than a direct finding from the included studies (Children's Social Workforce, 2025).

3.4. Theme Four: The Marginal Presence of Black and Minority Ethnic Men in the Evidence Base

The study explored the peripheral presence and under-representation of the specific experience of Black, Asian, and Minority Ethnic (BAME) individuals with selected studies within the context of the UK. Considering the men in the general evidence base on stigma, masculinity, and mental health help-seeking in the UK. Although several studies address the mental health issues and service access barriers of men, most of them work with predominantly White or unspecified samples born in the UK, with little direct consideration of the interactions between race, ethnicity, culture, and migration in relation to stigma and service access. This omission will pose risks of providing results that can be generalized to all men without considering the compounded layers of stigma of the BAME men.
The study conducted by Vickery (2021) explored the diverse avenues and practices of distress help-seeking among men. Whereas Vickery (2022) investigated positive experiences with mental health support groups among men, highlighting advantages in the form of less isolation and understanding, as well as the ability to reinvent masculinity norms through mutual support. These studies provided valuable insights into the informal, peer-based pathways most men prefer. However, the samples and discussions did not significantly cover how these pathways may be dissimilar in BAME men, where both religious-cultural influences and community pressure may affect the distress experience and the likelihood of group-based help. Gosling et al. (2022) explored the challenges and enablers to community support groups for men with

depression, which included concerns of access, engagement, and the importance of non-clinical, identity-safe environments. Reay et al. (2023) compared the barriers experienced by fathers who seek help to overcome paternal perinatal depression with those encountered by men who were not in the perinatal period. The two studies strengthened themes of male self-surveillance, fear of being weak, and the design of services that marginalize men's needs.

In the same way, student-centered research conducted by Sagar-Ouriaghli et al. (2020b) and Sagar-Ouriaghli et al. (2023) proposed gender-sensitive models and interventions for male students' help-seeking in higher education institutions. The studies focused on masculinity standards, self-stigma, and the necessity of male-congruent strategies without referencing the ethnicity, cultural background, or further impediments that BAME male students could face, racism, or culturally specific stigma against vulnerability. The findings based on a systematic literature review, explored that the masculinity in the help-seeking of depression by men, Seidler et al. (2016), and in their lessons learned about community-based programs that promote mental health in men, Oliffe et al. (2020), offered more general overviews that have permeated much of the literature on gendered mental health. These research papers synthesized evidence in a useful way concerning the impact of traditional masculine ideals on preventing formal help-seeking. This trend helps to create a body of literature in which the mental health of men is viewed as comparatively homogenous, which may underestimate the specific issues of BAME men (Oliffe et al., 2020; Seidler et al., 2016).

On the contrary, the review included two studies that directly addressed BAME experiences, offering valuable yet minimal counterarguments. In the study by Memon et al. (2016), the authors conducted a qualitative study of perceived barriers to mental health services among Black and minority ethnic communities in southeast England. Both genders reported stigma, lack of awareness, financial issues, and dissatisfaction with medication-oriented methods and services, as well as low cultural responsiveness. Although the study was not male-only, its findings showed the power of cultural and structural factors to increase resistance to psychological distress and to seek formal assistance. In their systematic review of the experiences of BAME men regarding gender-based violence, help-seeking behaviors, and psychosocial interventions in the UK, Ike et al. (2026) have identified as important barriers the masculinity norms, societal perception of men as abusers, religious and cultural factors, and victimization by the service providers.

Combining the analyses of both studies indicates that general themes of internalized stigma, the inability to legitimize distress, and the choice of informal ways can be found throughout the literature, the intensive dependence on samples in which ethnicity is not specified or the majority. The study by Memon et al. (2016) and Ike et al. (2026) reveals the importance of focused exploration. However, the general lack of such studies across the 12 chosen studies is a serious gap that further research must address to provide a more comprehensive and detailed picture of stigma and help-seeking among all men aged 18 and above in the UK.

4. Chapter 4 – Discussion and Implications

This chapter critically evaluates the results of the systematic literature review to investigate the effect of stigma on men aged 18 and above with mental health problems in the UK, and especially regarding service access barriers. Instead of reiterating findings, this section is an interpretation of the findings as far as they relate to existing literature, theory and policy context. It also reflects on the implications of social work practice and mental health service provision, whereby the approach needs to be more inclusive, culturally responsive, and gender sensitive.

4.1. Critical Reflection on the Evidence Base

The selected studies offer a full and thorough understanding of the stigma on men and the mental health difficulties they endure in the UK. It is reported that the perceptions are disproportionate across the board. The majority of the studies are qualitative in character that are useful to learn the emotional and symbolic aspects of stigma. These studies have illuminated how men usually make sense of their vulnerability and bargain disclosure (e.g., Darwin et al. (2017), Vickery (2021), Vickery (2022), and Gosling et al. (2022)).

The chosen literature is highly applicable to the review question due to the fact that it constitutes mechanisms of stigma and help-seeking and poses the issue of transferability. The variety of functions in the life of man (student, father, professional, and so on) and the inclusion of the literature that is concentrated on ethnic minorities (Black and ethnic minorities, etc.) has ensure that this systematic review of the literature covers all adult men in the UK.

Despite these strengths, the evidence base has some limitations. Qualitative research predominance offers deep and detailed information but restricts external validity to the broader male population. Moreover, underrepresentation of black and minority ethnic men is still present, limiting the capacity to comprehend culturally specific stigma experiences. This imbalance indicates that the results might be significant, but they ought to be underpinned when generalizing them to larger groups of people.

4.2. Stigma, Masculinity, and Help-Seeking Behavior

One of the main findings of this review is that stigma is heavily influenced by masculine norms, and this determines how men perceive and react to mental health problems. The social norms that men are expected to look strong, independent and unemotional are also a major contributor to internalized stigma, which consequently deters seeking help. There is an indication that men have poorer access to psychological therapies, with 36 per cent of referrals to NHS talking therapy comprising males (Mental Health Foundation, 2026). Such a discrepancy cannot be attributed to the need being lower, but instead, it denotes the power of gendered expectations.

The results disprove the naive belief that men are reluctant to seek assistance. On the contrary, the unwillingness of men seems to be associated with identity maintenance. A request to be helped is frequently perceived as a threat to masculinity, which makes men hold back emotions or put off the revelation. This is in line with the study by Mental Health UK (2025), which found that traditional masculine ideals do not tolerate vulnerability and encourage stigma.

However, as younger generations of men might be more open to the discussion of mental health, it does not necessarily imply that service utilization will increase. It means that stigma does not vanish but rather has been transformed, and it is a less obvious form of stigma that is based on self-perception and internalized beliefs. Thus, stigma cannot be overcome

through awareness campaigns only; it demands additional involvement with the degree of masculinity influencing emotional expression and help-seeking behaviors.

4.3. Structural and Institutional Barriers

The results also point out that there are not only individual barriers to accessing mental health services, but they are also firmly rooted within the institutional structures. Despite the current growth in the provision of mental health services in the UK, there are still disparities in access. For example, the contact with NHS mental health services grew to more than 4.1 million people in 2024-25, which shows the high demand and the access to the services (NHS, 2026). However, greater access does not always result in fair participation.

Men usually feel that services are emotionally taxing, strict, or not tailored to their requirements. Conventional service paradigms are more likely to focus on verbal emotional disclosure, which might not be the same way many men demonstrate distress. Consequently, men can feel out of place or lost in such environments. Also, waiting times, ignorance, and prior negative experiences are other discouraging factors to help-seeking (Berke et al., 2020). This indicates that structural barriers and stigma are both related.

4.4. Cultural and Ethnic Dimensions of Stigma

It is also revealed in the review that cultural and ethnic contexts influence stigma. Black and minority ethnic men are likely to encounter compounded barriers, such as stigma, discrimination, and mistrust of institutions. As per CQC (2024), the mental health care system experiences persistent disparities, especially with Black men who encounter disproportionate challenges in the system.

The cultural norms can also discourage the openness of the discussion of mental health, perpetuating the silence and delayed seeking of help. Meanwhile, these barriers are aggravated by structural inequalities, including socioeconomic disadvantage and racism experiences. The fact that these groups are not well represented in the literature suggests that this is a major gap in existing research. This shows a point of concern as to whose experiences are being given priority in academia and policy.

4.5. Implications for Social Work Practice and Policy and Service Design

This review has significant implications for social work practice. As the professionals who can assist people with mental health challenges, social workers cannot ignore the gender factor and need to be both culturally responsive and gender-sensitive. To begin with, health practitioners are advised to be aware of the effects of masculinity on the help-seeking behavior and to avoid promoting stereotypes that discourage the expression of emotions. Rather, other communication patterns that are closer to men, i.e. solution-focused or activity-based, must be promoted.

Policy-wise, the results indicate that the existing strategies might be aiming too much at the expansion of service access instead of dealing with the obstacles to engagement. As much as it is important to expand services, it does not imply that men will access such services. The development of male-friendly and culturally inclusive services that identify different help-seeking behaviors should be prioritized in their policies. This involves encouraging mental health literacy, decreasing stigma, and making sure that services are both accessible, flexible and responsive to individual needs.

Also, there is a need to invest more in community-based interventions and prevention strategies. As per Hinch (2026), a considerable percentage of men do not talk about mental health because of stigma and embarrassment, and a large group does not seek any help at all. To solve these problems, mental health care needs to be changed to proactive rather than reactive.

5. Chapter 5 – Conclusion and Recommendations

Men's mental health has never been given much importance in social life. Even in literature, mental health has been more commonly discussed in relation to other genders. However, it is not true and accurate in reality. This review has discussed at a couple of places that men's mental health and its realization that it requires help work in a bit different way than women. The main reason behind this difference in mechanism is majorly associated with the stigma. Mental health itself is exposed to quite harsh stigma worldwide, despite the fact that more and more people are now becoming vocal about this issue openly. A number of communities yet in today's world consider talking about mental health as a taboo. In such a situation, mental health of men is given marginal importance. Stigma around mental health plus the stigma around masculinity makes the difficulties harder to deal with, harder to identify, harder to name, harder to acknowledge, harder to validate, and consequently, harder to ask for help even if help is available.

The literature in this review has also supported this fact that stigma is one of the most influential and disturbing obstacles for men in shaping their mental health experiences in the UK. In the thematic analysis, it has been reinforced that many men reach mental health services very late in hesitant manner or under the conditions that already feel emotionally risky. So, the review concludes that it is not simply the matter of men not accessing support services; it is about the stigma that hinders men and conflict with their mind and understanding of masculinity. More commonly, it is presumed that men do not seek for mental difficulties because of their individual reluctance. But this understanding is too simplistic to wrap and conclude the entire matter. The studies here have shown that men are not uniformly unwilling to seek help, in many of the cases, they seem to be negotiating when it feels safe and socially acceptable to do so.
Studies have shown stigma's impact in many different ways. Some have shown it as shame while the other have shown it as self-monitoring element for men to measure their distress against ideas of strength, control, and emotional restraint. It is also shown that men have more frequently named their mental toll as merely pressure or irritability while the issues were depression or anxiety in reality. Hence, it can be said that men could not even name their mental health difficulties rightly due to ingrained stigma in our lives revolving around mental health issues and masculinity.

However, other than stigma, there was another point of concern that emerged in the themes and discussion. Services for mental health available in UK are not always experienced as neutral or welcoming spaces by men. In the reviewed literature, some studies mentioned that men felt invisible in systems that were not designed to be compatible with men's need. For example, fathers in perinatal settings as the support in this realm is majorly focused on mothers. As a result, it portrays that men are not expected to be affected even if they get affected as well. Also, another issue that is brought up in the studies is that men do seek help for mental support, however, the way they seek support is not in the form services anticipate. Seen this way, help-seeking is less of a single decision and more of a pathway. Some routes are easier to enter than others.

Some of the studies also showed that while men generally face severe stigma related to mental health difficulties, some communities of men are more likely to face harsher and even stricter stigma as compared to others. One such example is Black and minority ethnic men, who are far more likely to experience frightening mental health pathways (more common and sometime unnecessary and forceful detention under the Mental Health Act). Therefore, overall it is implied that asking for help in mental health issues is something deeply uncomfortable for men due to hidden partiality and biasness. As black men, are underrepresented in the literature on early help-seeking yet overrepresented in crisis-based and compulsory contact with services; this contrast should not be brushed aside.

If professionals (social workers) want men to access support earlier, they may need to think less about persuading men to behave differently and more about whether systems feel trustworthy and emotionally survivable. Men who expect judgement are unlikely to speak freely. Men who do not believe their distress is valid may not even identify as service users. And men from minoritized backgrounds may carry an added reluctance due to racism or cultural dislocation.

5.1. Recommendations

As a result of entire findings and discussion, below are few recommendations that are promising to improve situation for men and help them seeking help more easily for their mental health difficulties:

5.1.1. Emphasis on Gender sensitivity in offering access to mental health support

The first recommendation is to place greater emphasis on the entry points that are currently extremely gender biased. Instead of assuming that a standard referral model works equally well for men and women, there should be keen consideration given towards all genders in distinctive manner. From overly generalized approach to contact any mental help service, it should be highly personalized in accordance with each gender's needs and characteristics. For example, drop-in spaces, peer-led groups, activity-based support, and first-contact options may require to be feel less clinical for men than women. As a example, men may not be comfortable and available to attend any formal therapy assessment in a hospital setting while they might be willing to walk into a community-based men's group after work. So, this example does not imply that men do not think clinical care in not necessary for them, rather it means access to mental health support sometimes begins somewhere else for men.

5.1.2. Closer attention to Language when describing distress

It is recommended to practitioners to pay closer attention to the language used by men when they are describing distress. For example, if a man says he is exhausted, angry all the time, withdrawn from family life, or unable to concentrate, the matter must not be considered as secondary to "*real*" mental health language. Since it is harder for men to identify, name, acknowledge, and validate their distress, it may be the first and the only way he knows how to communicate what is happening. Therefore, practitioners can ask questions to establish any link between exhaustion or withdrawal and distress. This can also include listening for behavioral changes and other tactics.

5.1.3. Improve visibility and legitimacy

Third recommendation is to rove visibility and legitimacy for men within settings where they are often treated as marginal. Perinatal services are a strong example. Fathers should not only be present in leaflets as supportive partners; they should also be recognized as people who may themselves require care. Routine enquiry about paternal wellbeing would be a relatively simple but meaningful step. That change sounds modest, but it may shift the message from "support is available if you really need it" to "your mental health matters too."

5.1.4. Workforce Development & Training

The last set of recommendation here is for professional/workforce development. It is recommended to train social workers and mental health practitioners for more grounded understanding of how masculinity shapes disclosure, shame, and service engagement. Not a caricature of masculinity, and not the tired assumption that all men are emotionally closed off; the need here is a more careful grasp of how vulnerability can become socially loaded for men. Practitioners should be trained appropriately to recognize hesitation, indirect disclosure, and relational cues rather than interpreting them as disinterest or resistance.

5.2. Future Direction

In future studies, research should be narrowed down on Black and minority ethnic men in UK as there is a lack of such studies where Black and minority ethnic men are being focused. Most of the studies have treated men as the single undifferentiated group. Also, more empirical work is needed to show stigma is interacting with mistrust, religion, racism, community, and migration about mental health. The question needs to be answered in the future studies that why some men encounter services mainly at crisis point, and whether earlier and culturally safer interventions could change that pattern?

6. Reference List

Berke, D. S., Liautaud, M., and Tuten, M. (2020). Men's psychiatric distress in context: Understanding the impact of masculine discrepancy stress, race, and barriers to help-seeking. *Journal of Health Psychology*, *27*(4), 135910532097764. https://doi.org/10.1177/1359105320977641

Chatmon, B. N. (2020). Males and mental health stigma. *American journal of men's health*, *14*(4), 1557988320949322.

Children Social workforce (2025), Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-s-social-work-workforce/2025, [Accessed April 3, 2026].

Cogburn, C. D., Roberts, S. K., Ransome, Y., Addy, N., Hansen, H., and Jordan, A. (2024). The impact of racism on Black American mental health. *The Lancet Psychiatry*, *11*(1), 56-64.

CQC. (2024). *Black men's mental health - Care Quality Commission*. Cqc.org.uk. https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/focus/bmmh

Eriksson, K. (2019). Self-stigma, bad faith and the experiential self. *Human Studies*, *42*(3), 391-405.

Glasby, J. (2026). Understanding health and social care. In *Understanding Health and Social Care*. Policy Press.

Henderson, C., and Gronholm, P. C. (2018). Mental health related stigma as a 'wicked problem': The need to address stigma and consider the consequences. *International journal of environmental research and public health*, *15*(6), 1158.

Hinch, W. (2026, March 30). *Men's mental health: 40% of men won't talk to anyone about their mental health*. Priory. https://www.priorygroup.com/blog/40-of-men-wont-talk-to-anyone-about-their-mental-health/

Keohane, A., and Richardson, N. (2018). Negotiating gender norms to support men in psychological distress. *American journal of men's health*, *12*(1), 160-171.

Keum, B. T., Oliffe, J. L., Rice, S. M., Kealy, D., Seidler, Z. E., Cox, D. W., ... and Ogrodniczuk, J. S. (2023). Distress disclosure and psychological distress among men: The role of feeling understood and loneliness. *Current Psychology*, *42*(13), 10533-10542.

Liubertiene, G., Sloman, A., Morris, S., Bhavsar, V., Clark, C., Das-Munshi, J., Jenkins, R., McManus, S., Oram, S., and Wessely, S. (2025). Common mental health conditions. In Morris, S., Hill, S., Brugha, T., McManus, S. (Eds.), Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4. NHS England https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions

McKenzie, S. K., Mathieson, F., Das, T., Genuchi, M. C., and Oliffe, J. L. (2024). Understanding men's lived experience of mental distress through metaphors. *American journal of men's health*, *18*(3), 15579883241260920.

Mental Health Foundation (2024). Black, Asian and minority ethnic (BAME) communities. https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/black-asian-and-minority-ethnic-bame-communities?utm_source=chatgpt.com

Mental Health Foundation. (2026). *Men and women: statistics*. Mental Health Foundation; MHF. https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics

Mental Health UK. (2026). *Men's mental health - Mental Health UK*. Mental Health UK. https://mentalhealth-uk.org/mens-mental-health/

Morrow, M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., ... and Guruge, S. (2020). Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men. *International Journal of Mental Health and Addiction*, *18*(5), 1304-1317.

NHS England. (2025). NHS Talking Therapies, for anxiety and depression. https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/

NHS. (2026). *Mental Health Bulletin, 2024-25 Annual report*. Digital.nhs.uk. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2024-25-annual-report

Office for National Statistics. (2025). Suicides in England and Wales: 1981 to 2024. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2024registrations

Pearson, R. (2023). Masculinity and emotionality in education: critical reflections on discourses of boys' behaviour and mental health. *Educational Review*, *75*(6), 1101-1130.

Stangor, C., and Walinga, J. (2019). 12.1 Stress: The Unseen Killer. *Introduction to psychology*.

Thébaud, S., & Pedulla, D. S. (2016). Masculinity and the stalled revolution: How gender ideologies and norms shape young men's responses to work–family policies. *Gender & society*, *30*(4), 590-617.

6.1. Selected Studies

Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L., ... and Born and Bred in Yorkshire (BaBY) team. (2017). Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. *BMC pregnancy and childbirth*, *17*(1), 45.

Gosling, R., Parry, S., and Stamou, V. (2022). Community support groups for men living with depression: Barriers and facilitators in access and engagement with services. *Home Health Care Services Quarterly*, *41*(1), 20-39.

Ike, T. J., Jidong, D., Carthy, N., Nwanzu, C. L., Gair, L., Obi, C. K., ... and Doghor, R. F. (2026). Black, Asian and Minority Ethnic (BAME) Men's experiences of gender-based violence, help-seeking behaviours and psychosocial interventions in the UK: A systematic review. *Frontiers in Public Health*, *14*, 1695675.

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., and De Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ open*, *6*(11), e012337.

Oliffe, J. L., Rossnagel, E., Bottorff, J. L., Chambers, S. K., Caperchione, C., and Rice, S. M. (2020). Community-based men's health promotion programs: eight lessons learnt and their caveats. *Health promotion international*, *35*(5), 1230-1240.

Reay, M., Mayers, A., Knowles-Bevis, R., and Knight, M. T. (2023). Understanding the barriers fathers face to seeking help for paternal perinatal depression: comparing fathers to men outside the perinatal period. *International journal of environmental research and public health*, *21*(1), 16.

Sagar-Ouriaghli, I., Brown, J. S. L., Tailor, V., and Godfrey, E. (2020a). Engaging male students with mental health support: a qualitative focus group study. *BMC public health*, *20*(1), 1159.

Sagar-Ouriaghli, I., Godfrey, E., Graham, S., and Brown, J. S. (2020b). Improving mental health help-seeking behaviours for male students: a framework for developing a complex intervention. *International journal of environmental research and public health*, *17*(14), 4965.

Sagar-Ouriaghli, I., Godfrey, E., Tailor, V., & Brown, J. S. (2023). Improving mental health help-seeking among male university students: a series of gender-sensitive mental health feasibility interventions. *American journal of men's health*, *17*(3), 15579883231163728.

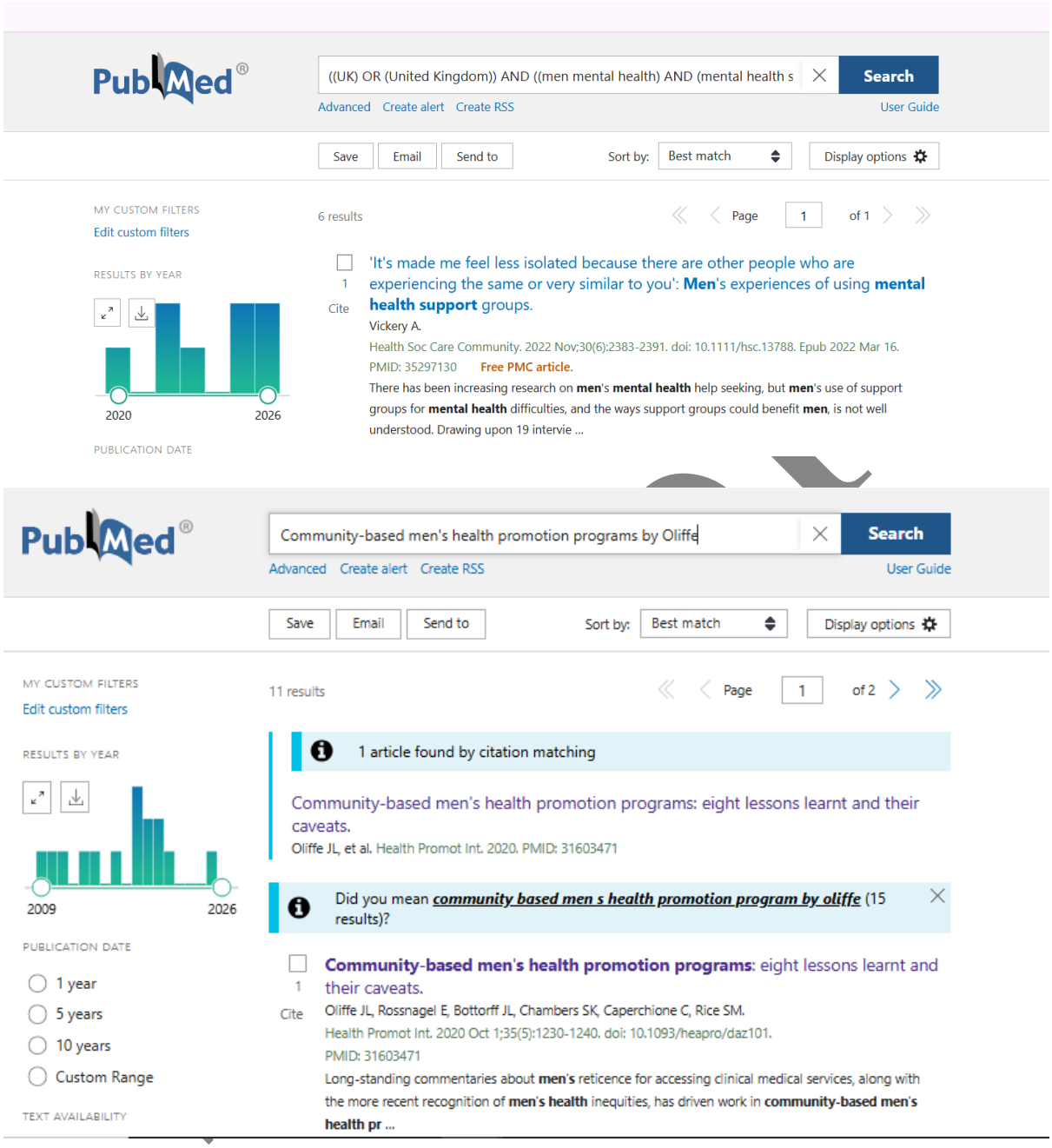
Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., and Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: a systematic review. *Clinical psychology review*, *49*, 106-118.

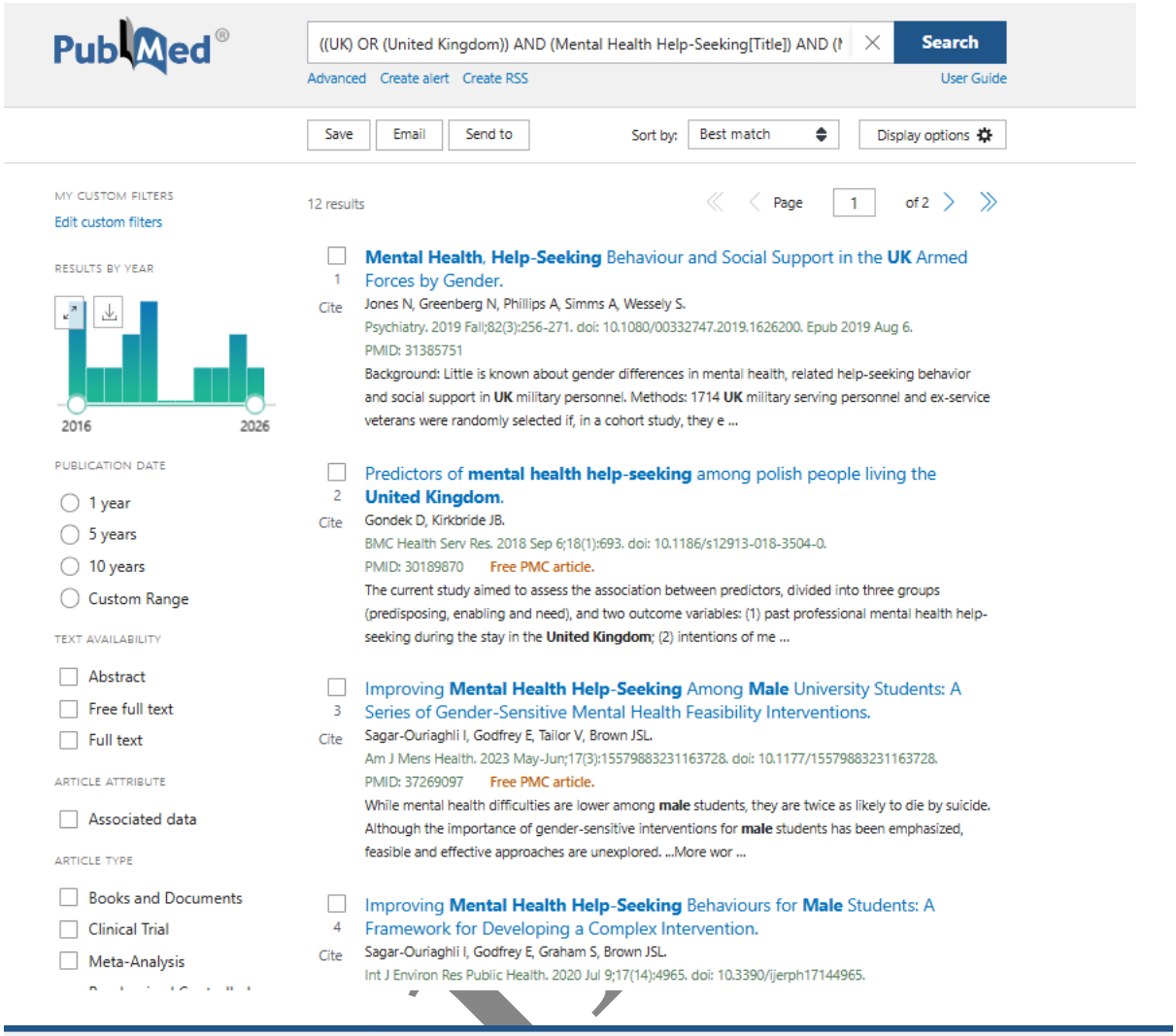
Vickery, A. (2021). Men's help-seeking for distress: navigating varied pathways and practices. *Frontiers in sociology*, *6*, 724843.

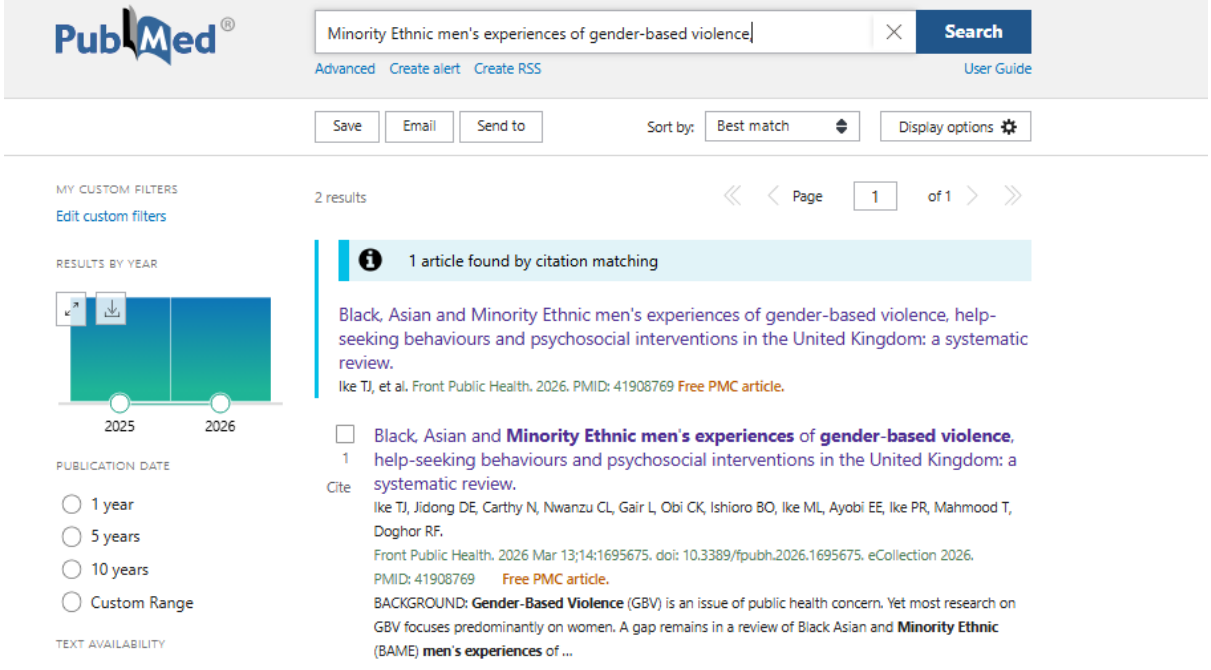
Vickery, A. (2022). 'It's made me feel less isolated because there are other people who are experiencing the same or very similar to you': Men's experiences of using mental health support groups. *Health & Social Care in the Community*, *30*(6), 2383-2391.

7. Appendices

7.1. *Appendix A – Database Searches*




PubMed
((UK) OR (United Kingdom)) AND (Mental Health Help-Seeking[Title]) AND (
Search
Advanced
Create alert
Create RSS
User Guide
Save
Email
Send to
Sort by: Best match
Display options
MY CUSTOM FILTERS
Edit custom filters
RESULTS BY YEAR
2016
2026
PUBLICATION DATE
1 year
5 years
10 years
Custom Range
TEXT AVAILABILITY
Abstract
Free full text
Full text
ARTICLE ATTRIBUTE
Associated data
ARTICLE TYPE
Books and Documents
Clinical Trial
Meta-Analysis
12 results
Page 1 of 2
1 Cite
Mental Health, Help-Seeking Behaviour and Social Support in the UK Armed Forces by Gender.
Jones N, Greenberg N, Phillips A, Simms A, Wessely S.
Psychiatry. 2019 Fall;82(3):256-271. doi: 10.1080/00332747.2019.1626200. Epub 2019 Aug 6.
PMID: 31385751
Background: Little is known about gender differences in mental health, related help-seeking behavior and social support in UK military personnel. Methods: 1714 UK military serving personnel and ex-service veterans were randomly selected if, in a cohort study, they e ...
2 Cite
Predictors of mental health help-seeking among polish people living the United Kingdom.
Gondek D, Kirkbride JB.
BMC Health Serv Res. 2018 Sep 6;18(1):693. doi: 10.1186/s12913-018-3504-0.
PMID: 30189870 Free PMC article.
The current study aimed to assess the association between predictors, divided into three groups (predisposing, enabling and need), and two outcome variables: (1) past professional mental health help-seeking during the stay in the United Kingdom; (2) intentions of me ...
3 Cite
Improving Mental Health Help-Seeking Among Male University Students: A Series of Gender-Sensitive Mental Health Feasibility Interventions.
Sagar-Ouriaghli I, Godfrey E, Tailor V, Brown JSL.
Am J Mens Health. 2023 May-Jun;17(3):15579883231163728. doi: 10.1177/15579883231163728.
PMID: 37269097 Free PMC article.
While mental health difficulties are lower among male students, they are twice as likely to die by suicide. Although the importance of gender-sensitive interventions for male students has been emphasized, feasible and effective approaches are unexplored. ...More wor ...
4 Cite
Improving Mental Health Help-Seeking Behaviours for Male Students: A Framework for Developing a Complex Intervention.
Sagar-Ouriaghli I, Godfrey E, Graham S, Brown JSL.
Int J Environ Res Public Health. 2020 Jul 9;17(14):4965. doi: 10.3390/ijerph17144965.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Black, Asian and Minority Ethnic men's experiences of gender-based violence, help-seeking behaviours and psychosocial interventions in the United Kingdom: a systematic review.
Ike TJ, et al. Front Public Health. 2026. PMID: 41908769 Free PMC article.
1 Cite
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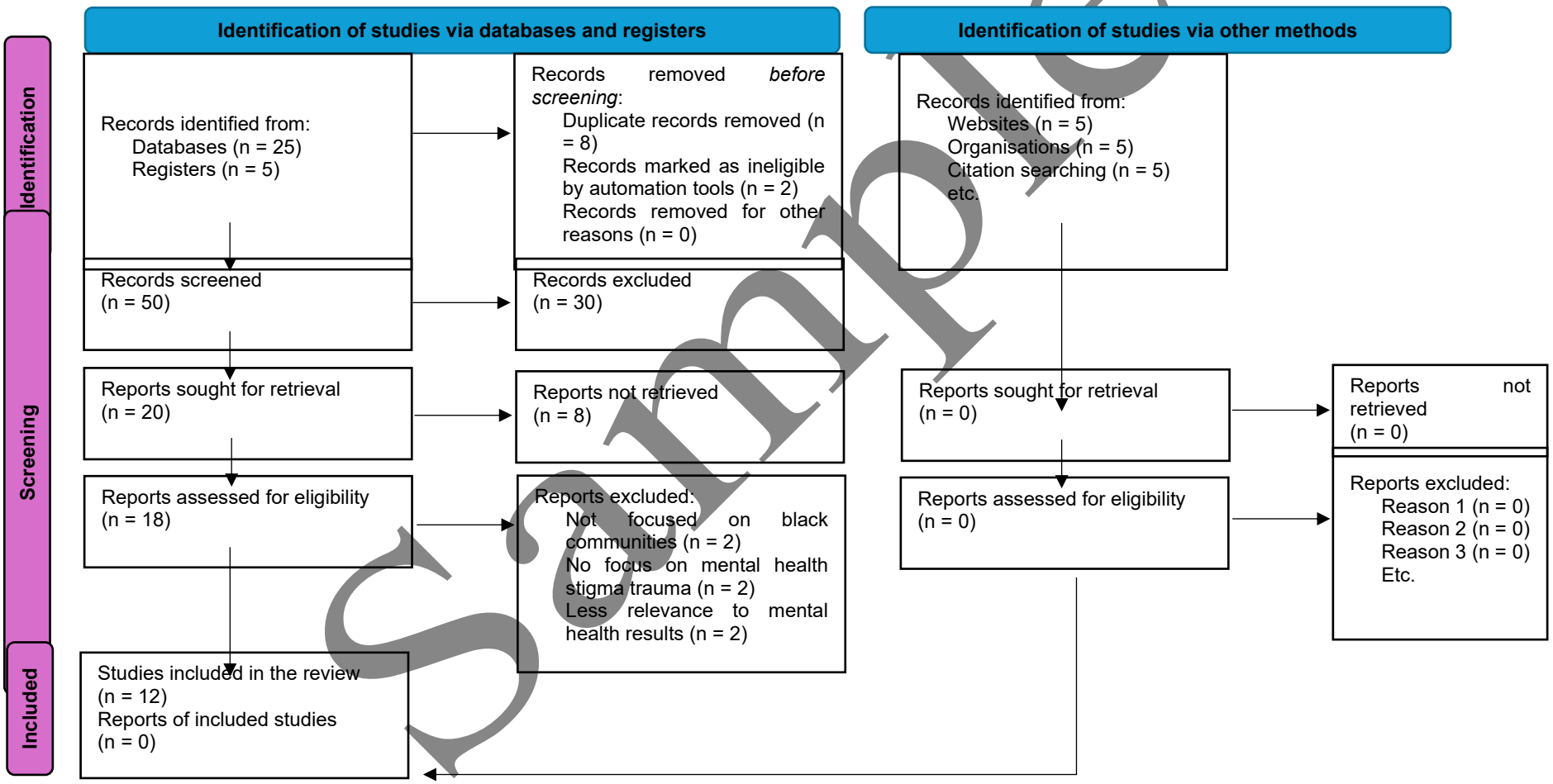
Front Public Health. 2026 Mar 13;14:1695675. doi: 10.3389/fpubh.2026.1695675. eCollection 2026.
PMID: 41908769 Free PMC article.
BACKGROUND: Gender-Based Violence (GBV) is an issue of public health concern. Yet most research on GBV focuses predominantly on women. A gap remains in a review of Black Asian and Minority Ethnic (BAME) men's experiences of ...

7.2. *Appendix B – PRISMA Framework*



7.3. Appendix C – Literature Review Table

Author/Year	Research Aim	Methodology	Sample & Context	Key Findings	Relevance to Dissertation	Strengths & Limitations
Darwin et al. (2017)	to examine the views and experiences of first-time and subsequent fathers reporting symptoms across the continuum of psychological distress, concerning their perinatal mental health and explore their perceptions of what makes perinatal mental health resources accessible and acceptable.	In-depth interviews were conducted at 5–10 months postpartum with 19 men aged 25–44 years… Data were analysed using thematic analysis.	Those expressing interest (n = 42) were purposively sampled to ensure diversity of MHWB scores. In-depth interviews were conducted at 5–10 months postpartum with 19 men aged 25–44 years. The majority were first-time fathers and UK born; all lived with their partner	Four themes were identified: 'legitimacy of paternal stress and entitlement to health professionals' support', 'protecting the partnership', 'navigating fatherhood', and, 'diversity of men's support networks'. Men largely described their 'stress' with reference to exhaustion, poor concentration and irritability. Despite feeling excluded by maternity services, fathers questioned their entitlement to support… they used existing support networks where available but noted the paucity of tailored support for fathers.	Highly relevant for demonstrating how stigma, reduced entitlement to care, and gendered service exclusion shape men's help-seeking.	Strengths: rich qualitative depth; purposive sampling across wellbeing scores. Limitations: limited ethnic/socioeconomic diversity; co-residing fathers only; transferability is restricted.
Sagar-Ouriaghli et al. (2020a)	to highlight key features that might be incorporated into mental health initiatives to help encourage male students to seek help for mental health difficulties	Three focus groups comprising of 24 male students at a London University were conducted… Thematic analysis was conducted to evaluate participants responses.	Three focus groups comprising of 24 male students at a London University	Five distinct themes were identified. These were: 1) protecting male vulnerability, 2) providing a masculine narrative of help-seeking, 3) differences over intervention format, 4) difficulty knowing when and how to seek help, and 5) strategies to sensitively engage male students.	Directly relevant to masculine stigma, emotional vulnerability, and gender-sensitive ways of engaging reluctant men with support.	Strengths: direct participant voice; clear thematic structure. Limitations: single-university sample; student-specific context limits generalisability to wider adult men.
Sagar-Ouriaghli et al. (2020b)	to provide a comprehensive framework about how to better design mental health interventions that seek to improve male students' willingness to access psychological support.	The Medical Research Council's (MRC's) framework for developing a complex intervention was	Focused on male university students in the UK context; no new primary participant sample	Previous help-seeking interventions and their evaluation methods are first described, secondly, a theoretical framework outlining the important factors male students face when accessing support, and thirdly, how these	Useful for the dissertation's practice implications, especially around designing male-sensitive and stigma-reducing access routes.	Strengths: strong translational value; intervention-focused. Limitations: not a primary empirical study; student-focused;

		used to develop an intervention relevant to male students.	was recruited for this paper.	factors can be mapped onto a model of behaviour change to inform the development of an evidence-based intervention are discussed. Finally, an example intervention with specific functions and behaviour change techniques is provided to demonstrate how this framework can be implemented and evaluated.		proposed framework still requires further testing.
Vickery (2021)	to examine how a diverse sample of men navigate help-seeking for broad mental health difficulties in everyday life and considers how masculinities can be practiced both negatively and positively to both restrict and facilitate mental health helpseeking.	Between 2016 and 2017, 38 individual interviews were carried out in South Wales, United Kingdom, with men of a range of ages (21–74 years of age) and social backgrounds. Analysis identifies nuanced help-seeking practices and pathways…	Between 2016 and 2017, 38 individual interviews were carried out in South Wales, United Kingdom, with men of a range of ages (21–74 years of age) and social backgrounds.	Analysis identifies nuanced help-seeking practices and pathways, emphasizing ways in which men can and will engage with mental health support. Some men struggled with articulating personal issues in mental health terms, and some portrayed ambivalence to help-seeking, yet at the same time reconstructed help-seeking to positively align with masculine values. The paper further highlights the significant influence of familial and friendship networks in the help-seeking process as well as the value of therapy for men experiencing mental health difficulties, challenging the idea that masculinity inhibits the disclosure of emotional problems	One of the strongest studies for challenging the simplistic assumption that men do not seek help.	Strengths: wide age range; nuanced account of multiple help-seeking pathways. Limitations: regional qualitative sample; limited demographic diversity detail in the extracted text.
Gosling et al. (2022)	to explore the barriers and facilitators involved in community support groups for men living with depression	Nine interviews were conducted with service providers across Greater Manchester, UK. Data were analysed via thematic analysis.	Nine interviews were conducted with service providers across Greater Manchester, UK.	Thematic analysis revealed four themes: 'Mental Health as a Weakness,' 'Empowering Practice,' 'Trust and Security' and 'Group Support as a Gateway to Treatment.' Men living with depression experience identity conflict, which reduces help-seeking. Community support groups facilitate access and	Useful for showing how trust, safety and community-based support can reduce stigma-related barriers to formal help.	Strengths: clear service implications; highlights gateway role of support groups. Limitations: provider perspectives rather than men's own accounts; small local sample.

				engagement with treatment by providing safe spaces to resolve internal conflicts		
Vickery (2022)	To explore men's experiences of using peer support groups for coping with mental distress.	Through a cross-sectional, qualitative design, 19 men recruited from mental health support groups in South Wales, UK, took part in semi-structured interviews.	19 men from mental health support groups in South Wales, UK. Participants varied in age (29–74 years of age). All participants were white British	Findings highlight how men who attended groups valued the sense of shared understanding of experiences and the mutual respect that group settings presented them with. Support groups provided a safe space with opportunities to reconstruct traditional masculine norms through reciprocating unique and tailored mental health support to others and developing a certain role within that group. This gave men a sense of purpose which further facilitated mental health management. Findings also indicated the social benefits that support groups can have to men who may have limited social networks or be experiencing isolation	Highly relevant for understanding why peer spaces may feel more acceptable than formal services for some men.	Strengths: strong insight into peer support and belonging. Limitations: small self-selecting sample of existing group users; all participants were White British.
Reay et al. (2023/2024)	To identify the the perceived barriers to help-seeking amongst fathers with paternal perinatal depression	Data were collected using an online survey. Initially, fathers with postnatal depression were compared to men experiencing depression at another time of their life in terms of their attitudes to seeking psychological help, conformity to masculine norms, self-stigma, and awareness of services. Secondly, a proposed model	125 participants in the quantitative comparison, and 50 fathers in qualitative data.	No between-group differences were found, suggesting that the existing literature on barriers to seeking help for male depression is applicable to fathers with postnatal depression. The qualitative results also highlighted the need for better awareness of paternal postnatal depression and better access to services for fathers.	Important for showing that stigma, masculine norms and poor service visibility affect fathers in ways broadly consistent with wider male help-seeking barriers.	Strengths: combines quantitative and qualitative components; directly tests self-stigma and masculine norms. Limitations: online self-selected sample; qualitative data are less rich than interview-based designs.

		of help-seeking amongst fathers with postnatal depression was evaluated. Finally, additional barriers to help-seeking for paternal postnatal depression were explored qualitatively.				
Sagar-Ouriaghli et al. (2023)	to assess the feasibility of gender-sensitive interventions for male university students.	Three interventions were delivered to 24 male students. The interventions included the following: Intervention 1—a formal intervention targeting male students, Intervention 2—a formal intervention that adopted gender-sensitive language and promoted positive masculine traits, and Intervention 3—an informal drop-in offering a social space providing health information. These were evaluated for acceptability, attitudes to help-seeking, and mental health outcomes.	Three interventions were delivered to 24 male students	All interventions were equally acceptable. The informal drop-in was more acceptable, having better engagement from male students who have greater conformity to maladaptive masculine traits, more negative attitudes to help-seeking, higher levels of self-stigma, who were less likely to have used mental health support before and belonged to an ethnic minority. These findings indicate differences in acceptability, particularly uptake, for hard-to-engage male students. Informal strategies help reach male students who would otherwise not engage with mental health support, familiarize them with help-seeking, and connect them with pre-existing mental health interventions.	Valuable for the dissertation's applied dimension because it identifies formats that may engage men with higher stigma and poorer prior help-seeking.	Strengths: tests intervention acceptability rather than only describing barriers. Limitations: small feasibility sample; student-only setting; limited power for outcome change.
Seidler et al. (2016)	Conformity to traditional masculine gender norms may deter men's help-seeking and/or	Method: Six electronic databases were searched using	8,146 participants. Sample sizes ranged from 6 to	Traditional masculine norms, such as emotional control, self-reliance and minimising problems, are	Provides a strong theoretical anchor for interpreting how	Strengths: influential synthesis; conceptually

	impact the services men engage. Despite proliferating research, current evidence has not been evaluated systematically. This review summarises findings related to the role of masculinity on men's help-seeking for depression.	terms related to depression, masculinity, men and help-seeking. Thirty-seven studies met inclusion criteria and were reviewed.	168 for qualitative and 6 to 1,613 for quantitative studies… Twenty-nine studies (78%) included a male-only sample	associated with reduced help-seeking in depression. To facilitate help-seeking, men also place importance on clinicians being trustworthy, competent and acting in a way that aligns with positive masculine values.	masculinity and stigma interact across the help-seeking process.	important for the dissertation. Limitations: not UK-based primary research; most included studies were from North America and many were non-clinical.
Oliffe et al. (2020)	To discuss lessons learnt and their caveats as to guide existing and future work in the evergrowing field of community-based men's health promotion	Perspective article and conceptual synthesis drawing from diverse community-based programs	Not a primary empirical study; no single participant sample.	Eight lessons learnt regarding the design, content, recruitment, delivery, evaluation and scaling of community-based men's health promotion programs. Design lessons include the need to address social determinants of health and men's health inequities, build activity-based programming, garner men's permission and affirmation to shift masculine norms, and integrate content to advance men's health literacy. Also detailed are lessons learnt about men-friendly spaces, recruitment and retention strategies, the need to incrementally execute program evaluations, and the limits for program sustainability and scaling.	Useful for interpreting why activity-based, men-friendly and community approaches may be more acceptable to men than conventional clinical models.	Strengths: strong practical insight for service design. Limitations: not UK primary empirical research; descriptive and conceptual rather than directly evidential.
Memon et al. (2016)	to determine perceived barriers to accessing mental health services among people from these backgrounds to inform the development of effective and culturally acceptable services to improve equity in healthcare.	Qualitative study in Southeast England. Thematic analysis was conducted to identify key themes about perceived barriers to accessing mental health services.	26 adults from BME backgrounds (13 men, 13 women; aged >18 years) were recruited to 2 focus groups	Participants identified 2 broad themes that influenced access to mental health services. First, personal and environmental factors included inability to recognise and accept mental health problems, positive impact of social networks, reluctance to discuss psychological distress and seek help among men, cultural identity, negative perception of and social stigma against mental health and financial factors.	Directly relevant to the dissertation's argument about stigma, cultural silence, and the lack of focused literature on Black and minority ethnic men.	Strengths: foregrounds ethnicity and access barriers in a UK context. Limitations: not men-only; broad BME grouping limits specificity; published just before the original post-2016 cut-off.

				Second, factors affecting the relationship between service user and healthcare provider included the impact of long waiting times for initial assessment, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between service users and providers, cultural naivety, insensitivity and discrimination towards the needs of BME service users and lack of awareness of different services among service users and providers.		
Ike et al. (2026)	To addressed the gap in review of Black Asian and Minority Ethnic (BAME) men's experiences of gender-based violence, help-seeking behaviours, and interventions to improve their psychosocial wellbeing in the United Kingdom	The review adopted the PICO model… The search terms were used to search six databases, including PsycINFO, ProQuest Central, Scopus, Applied Social Science Index and Abstract, PubMed, and Embase… The review synthesised studies published between 2011 and June 2025 to maintain currency and relevance.	Based on the databases searched, a total of 1,046 records were identified. Of the 1,046 studies, (n = 683) were duplicates and were removed	The review identified recurring barriers linked to stigma, shame, masculinity, discrimination, and mistrust of services, alongside limited culturally appropriate interventions for BAME men in the UK.	Useful for strengthening the dissertation's gap argument about minoritised men, mistrust, and culturally weak service responses.	Strengths: directly addresses an under-researched population in the UK. Limitations: not primary empirical research; topic is adjacent to broader mental health access rather than identical to it.