

A black and white photograph of two men with mustaches engaged in conversation outdoors. The man on the left is older, with a prominent mustache, wearing a light-colored button-down shirt. The man on the right is younger, also with a mustache, wearing a light-colored button-down shirt. They are standing in front of a blurred background of trees and a fence. A semi-transparent dark grey horizontal band is overlaid across the middle of the image, containing the text.

CAN WE TALK?

A mental health discussion with Movember



MOVEMBER®

WHAT'S NEXT?



PART 1: MOVEMBER

- Movember 101
- The state of men's health

PART 2: MENTAL HEALTH

- Why mental health?
- Our approach
- Impact of COVID-19 on mental health

PART 3: HOW TO HAVE BETTER CONVERSATIONS

- ALEC (Ask, Listen, Encourage Action, Check-in)
- Movember Conversations
- Take action
- Q+A

OUTCOME: we're all better informed about mental health and equipped to manage difficult conversations.



PART ONE

MOVEMBER 101



MOVEMBER

CHANGING THE FACE
OF MEN'S HEALTH



THE MOVEMBER JOURNEY

From a grassroots campaign that started in a pub in Melbourne we've grown and groomed our way to becoming the largest global movement for men's health.

5M+

INSPIRED TO JOIN GLOBAL
MEN'S HEALTH MOVEMENT

20

COUNTRIES

1,300+

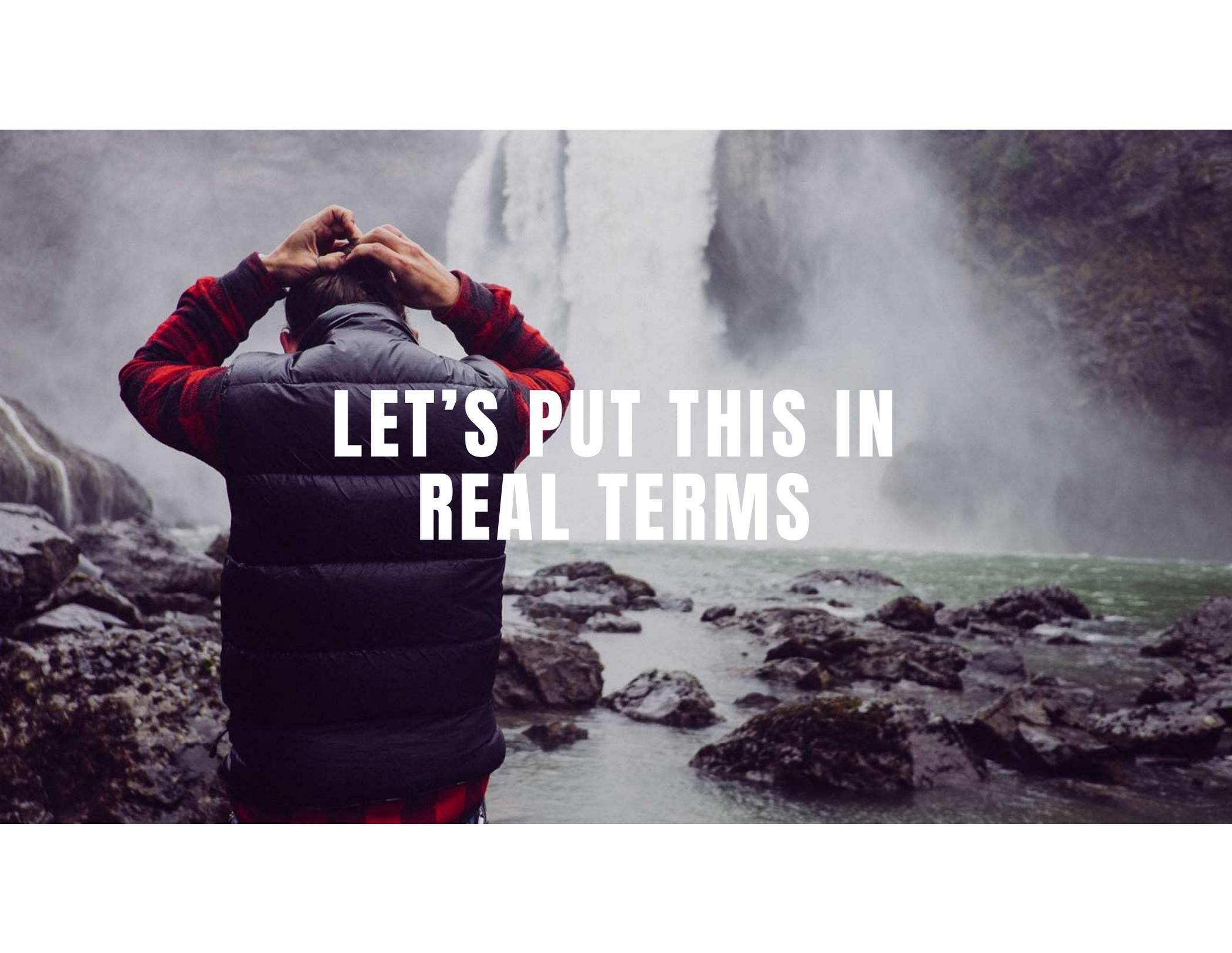
MEN'S HEALTH PROGRAMS FUNDED
THROUGH 2020



THE GLOBAL GAP IN LIFE EXPECTANCY
BETWEEN MEN AND WOMEN IS

6 YEARS

MEN ARE DYING TOO YOUNG AND FROM
LARGELY PREVENTABLE REASONS



**LET'S PUT THIS IN
REAL TERMS**

6 YEARS x
52 WEEKENDS =

312

LOST WEEKENDS





PART TWO

WHY MENTAL HEALTH?

A black and white photograph of two men standing together in a workshop or garage. The man on the left has a mustache and is wearing a button-down shirt. The man on the right is wearing a sweater and has his arm around the first man's shoulder. They are both smiling. In the background, there is a banner with the text 'www.m' and a sign that says 'MACELLAIO EVERY DAY ENJOY'.

MENTAL HEALTH AND SUICIDE PREVENTION



THE PROBLEM

3 OUT OF 4

Suicides in Canada are men

MEN AGED 15-45

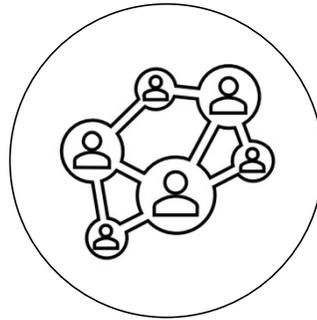
suicide is the 2nd leading cause of
death for Canadian men

OUR APPROACH

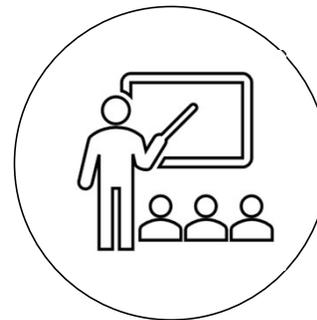
Our focus is upstream health promotion, prevention and early intervention.

We aim to do this by:

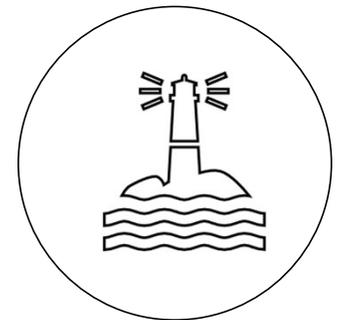
- Equipping men with increased understanding of their mental health and well being
- Men feel confident taking action early to improve their mental health
- Those around men have an increased understanding of how to support men in their lives



**STRENGTHENING
SOCIAL CONNECTIONS**

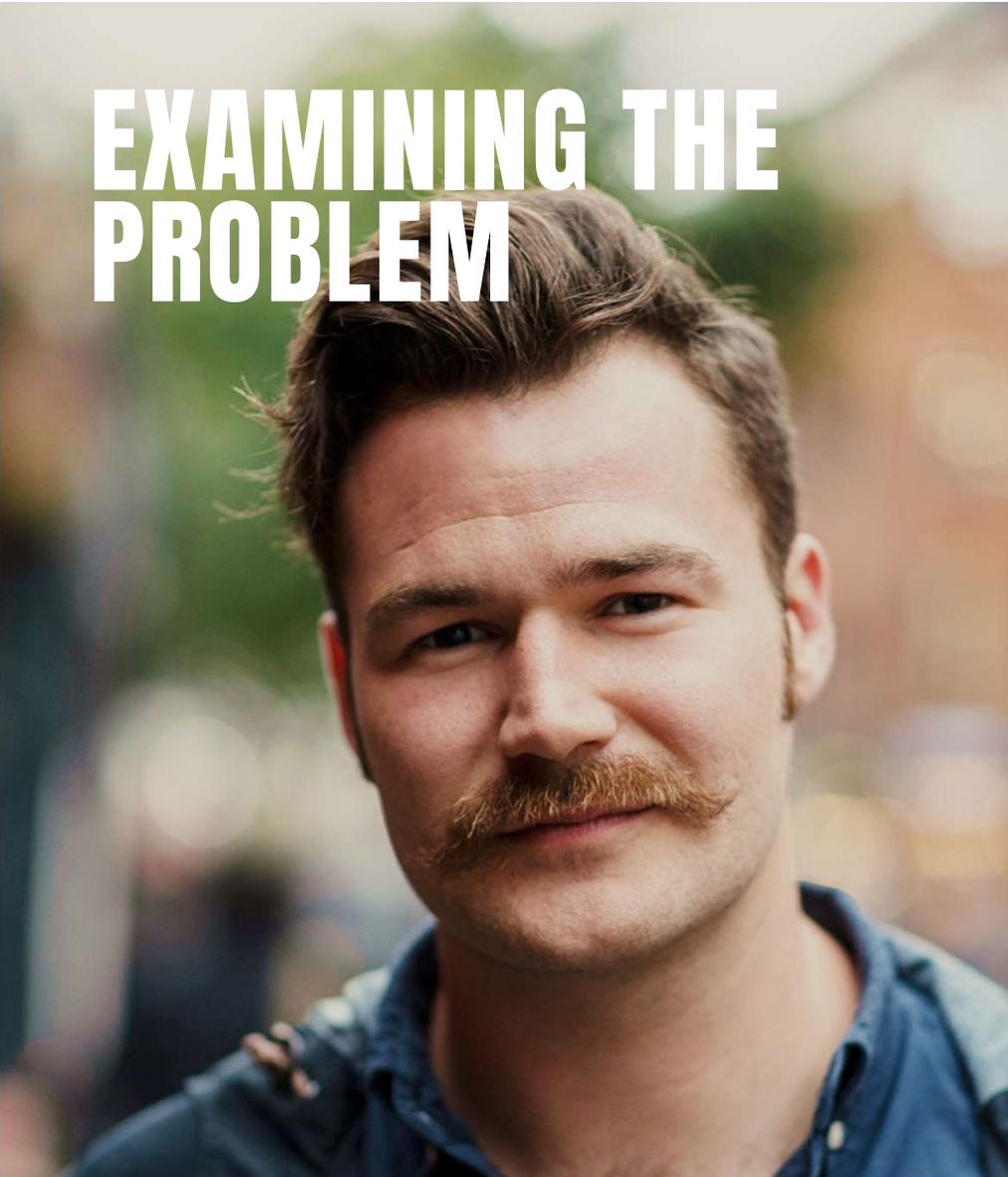


**INCREASING MENTAL
HEALTH EDUCATION**



RAISING AWARENESS

EXAMINING THE PROBLEM



Suicide is complex, and is rarely caused by any single factor

Men often burden under traditional masculinity social norms (particularly self-reliance and stoicism) and can be slow to take action for their health. This “tough it out” mentality works against their well being.

OVER HALF (59%)

of Canadian men feel society expects them to be *“emotionally strong and to show no weakness.”*

OVER A THIRD (37%)

of Canadian men said they will not talk to others about how they feel to avoid feeling *unmanly.*

*Based on a 2019 study of 1,000 Canadian men



Men often don't recognize symptoms of depression and are more likely to “mask” or hide their feelings with behaviours such as:

- Becoming irritable or aggressive
 - Work compulsively
 - Isolate from friends + family
 - Increased consumption of alcohol or drugs
 - Engage in higher risk activities
-

Significant life events often contribute to mental health challenges, such as relationships breakdown, physical health challenges, job loss or financial difficulties



COVID-19 MENTAL HEALTH IMPACT

WE DID THE RESEARCH

Movember conducted a Canadian survey to understand the impact of COVID-19 on men - with a focus on social connection, help seeking, conversations, mental health and chronic illness:

- **Eight out of 10 (80%)** Canadian men find it helpful to talk through problems **yet 4 out of 10 (40%)** Canadian men say no one has asked them how they are coping during the pandemic
- **Over a quarter of Canadian men (27 per cent)** reported their mental health had worsened
- **A third of Canadian men (34 per cent)** stated they felt lonely more often
- Canadians are more likely to check in on female friends (66%) or family members (71%) than male friends (58%)



PART THREE

HOW TO HAVE
BETTER CONVERSATIONS

I WANT TO HELP BUT...
**WHAT DO
YOU SAY?**



HAVE A CONVO, SAVE A BRO

HELPING A FRIEND IS EASY WHEN YOU KNOW HOW.
FOLLOW THESE FOUR STEPS TO LET
THE CONVERSATION FLOW



MOVEMBER®

A.SK

Ask how they're doing

L.ISTEN

Listen to what they say

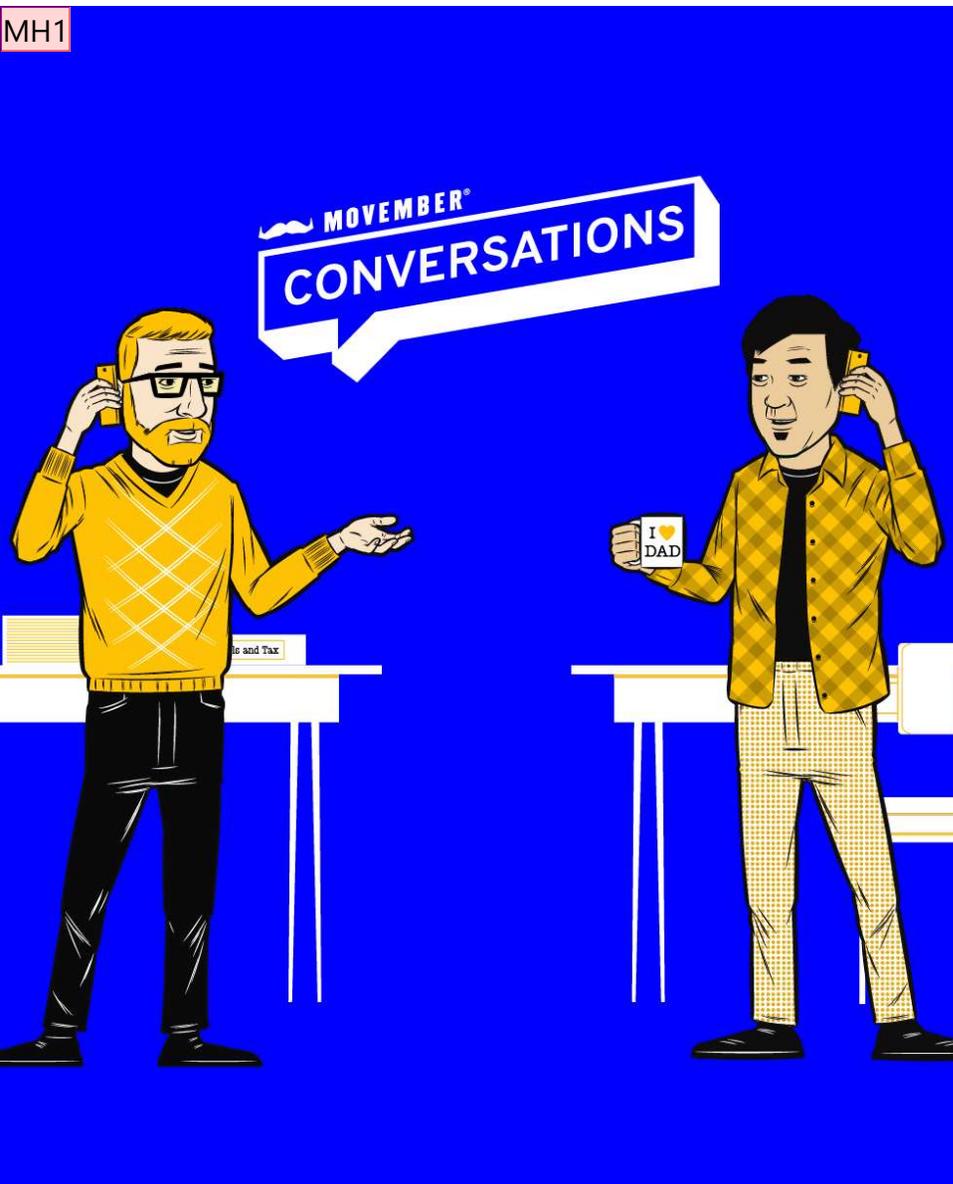
E.NCOURAGE ACTION

Explore the options they might have

C.CHECK-IN

Keep in touch with where they're at

MH1



CONVERSATIONS CAN BE DIFFICULT. TAKE OUR WORDS FOR IT

Movember.com/conversations

Movember Conversations is a free online tool designed to provide practical guidance on how to support the men in your life who might be struggling.

It's been developed to give people the confidence to have conversations with men who might need some support.

It provides simulated conversations for scenarios that are very relevant in today's environment – **job loss, social isolation** and **family pressures**.

Using the ALEC framework, it allows the user to explore and practice different questions and responses, developing skills to have an open and productive conversation with a co-worker who might be struggling.

Slide 19

MH1 Mitch to do quick run through of tool online w sharescreen
Mitch Hermansen, 2020-06-16

**IF YOU THINK SOMEONES NOT
DOING GOOD, REACH OUT TO THEM**

LOCK IN A TIME TO CATCH UP.

**DO SOMETHING. TAKE A WALK. PLAN A
CATCHUP.**

**BE THERE. LISTEN. SHARE WHAT'S HAPPENING
WITH YOU TOO.**



TAKE ACTION

01 Take 5 minutes to check-in with a friend or colleague

02 Head to movember.com/conversations and review tool

03 Share ALEC and Movember Conversations within your organization at your next safety meeting

04 Review Appendix 1 and be mindful of the stereotypes and language we use around mental health

05 If you want to do more, please reach out to me to chat
mitch.hermansen@movember.com

**DURING MY PRESENTATION WE
HAVE LOST 25 MEN.**

THE TIME TO ACT IS NOW.

TALKING IS LIFESAVING.





THANK YOU

Mitch Hermansen

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BEING CAREFUL OF STEREOTYPES

MYTH:	FACT:
People who are mentally ill are violent, dangerous, untrustworthy and unpredictable	Many violent people have no history of mental illness and most people with mental illness have no history of violence. People with a mental illness are more likely to be the victims of violence and crime than the perpetrators
People are unable to recover from mental illness	Mental illness is not a life sentence. Most people will recover completely and go on to live full and productive lives. There are various treatments available to enable people to manage their symptoms/illness.
Mental illnesses are all the same	There are many types of mental illnesses and many kinds of symptoms and effects
People who share the same diagnosis will have the same experience of mental illness	Even though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same things. A diagnosis will tell you little about a persons ability and personal characteristics.
Some cultural groups are more likely than others to experience mental illness.	Anyone can develop a mental illness and no one is immune to mental health problems. Cultural background may affect how people experience mental illness and how they understand and interpret the symptoms of mental illness.

APPENDIX 1

CONSIDER LANGUAGE

ISSUE:	PROBLEMATIC:	PREFERRED:
Certain language sensationalises mental illness and reinforces stigma	✗ Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad' and 'crazy'	✓ A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental illness	✗ Referring to someone with a mental illness as a 'victim', 'suffering from', or 'afflicted with' a mental illness	✓ A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness	✗ A person is 'a schizophrenic' or 'an anorexic'	✓ A person 'has a diagnosis of', or is being treated for' schizophrenia or anorexia
Descriptions of behavior that imply existence of mental illness or are inaccurate	✗ Using words such as 'crazed', 'deranged', 'mad' or 'psychotic'	✓ The persons behavior was unusual or erratic
Colloquialisms about treatment can undermine people's willingness to seek help	✗ Using words such as 'happy pills', 'shrinks' or 'mental institution'	✓ Accurate terminology for treatments include antidepressants, psychiatrists, psychologists, mental health hospital

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CONSIDER LANGUAGE

ISSUE:	PROBLEMATIC:	PREFERRED:
Presenting suicide as a desired outcome	✗ 'successful suicide'	✓ 'died by suicide'
Associating suicide with a crime or sin	✗ 'committed suicide'	✓ 'took their own life'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates'
Language glamourising a suicide attempt	✗ 'suicide bid' 'failed suicide'	✓ 'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term suicide	✗ 'political suicide' 'suicide mission'	✓ refrain from using the term suicide out of context