The following information resources have been selected by the National Health Library and Knowledge Service Evidence Virtual Team in response to your question. The resources are listed in our estimated order of relevance to practicing healthcare professionals confronted with this scenario in an Irish context. In respect of the evolving global situation and rapidly changing evidence base, it is advised to use hyperlinked sources in this document to ensure that the information you are disseminating to the public or applying in clinical practice is the most current, valid and accurate. For further information on the methodology used in the compilation of this document—including a complete list of sources consulted—please see our National Health Library and Knowledge Service Summary of Evidence Protocol.

QUESTION 170

Do men between the ages of 18-65 years of age with depression experience difficulty accessing mental health services and support?

What are the barriers to seeking help for depressed men?

Main Points

1. Conformity with preconceived notions of masculinity is a significant attitudinal barrier that prevent men from help-seeking and service utilization.
2. Higher levels of gender-role conflict, social stigma and self-stigma are associated with more negative attitudes toward psychological help seeking.
3. The literature reviews the importance of customising and tailoring mental health interventions for men to reflect the important roles that masculinity and stigma play in men accessing support.
4. Cramer et al note the key role that general practitioners may play in helping men to acknowledge their experiences of depression and anxiety, listening and providing information on the range of support options, including groups.

Summary of Evidence

Conformity with preconceived notions of masculinity is identified by numerous studies as a barrier that prevent men from help-seeking and service utilization[2, 3, 8, 17, 19-21, 23-30]. According to these dominant preconceptions, masculinity is seen as being stoic, strong, stubborn and self-reliant; on the other hand, seeking help is perceived as showing weakness[8, 10, 12, 16, 19, 21, 28, 30, 32, 33]. Experiences of self-stigma and gender role conflict act as barriers to men's psychological help-seeking; violation of masculine norms and the desire to preserve masculinity reduce men's help-seeking behaviors. Cole et al[8] assert that gender role conflict plays an incremental role beyond mental health self-stigma in understanding certain types of responses to mental health needs; that there is a positive relationship between experiencing gender role conflict and holding increasingly self-stigmatizing views; and that gender role conflict corresponds with increased avoidant behaviors and decreased social support utilization. Athanasiadas et al[4] describe how depressed men are often involved in attempts to self-manage their depressive symptoms. This stoic approach compromises the well-being of depressed men and it discourages them from accessing appropriate support resources.

The concept of stigma — including self-stigma and social stigma — is cited in the literature as one of the barriers preventing men accessing mental health services, especially for depression. Societal negative perceptions and lack of knowledge about mental health issues can result in an individual experiencing self-stigma. The issues around stigma especially relating to help-seeking for depression are discussed in several studies[5, 8, 16, 19, 21, 31]. Wahto et al[32] state that higher levels of gender-role conflict, social stigma and self-stigma are associated with more negative attitudes toward psychological help seeking. In a recent Irish study, O'Donnell et al[2] point to men's sense of shame in having to ask for help and *"failing"* to manage their own problems.

House et al[12] suggest that improving public knowledge about the nature of depression; positive messages about the act of help-seeking, types of treatment available, and effectiveness of treatments; and work to overcome the challenges posed by long waiting times and other service constraints may increase rates of help-seeking.

Structural barriers seem to be less predictive of help-seeking than attitudinal barriers[24]. In particular, lower likelihood of help-seeking was associated with men's reluctance to disclose mood-related symptoms to their physician/family doctor, a tendency for self-reliance and solving one's own problems, and uncertainly about the process of psychotherapy.

Seidler et al[28] identified cost as a main structural barrier among 778 male survey respondents. Other barriers reported in the literature included lack of knowledge about mental health issues and/or available treatment[2].

The literature reviews the importance of customising and tailoring mental health interventions for men to reflect the important roles that masculinity and stigma play in men accessing support[27, 29]. Bilsker et al[6] note that a high proportion of men in Western society have acquired psychological coping strategies that are often dysfunctional. There is a need for men to learn more adaptive coping approaches long before they reach a crisis point. Recommendations are made to address men's mental health through: healthcare policy that facilitates access; research on tailoring interventions to men; population-level initiatives to improve the capacity of men to cope with psychological distress; and clinical practice that is sensitive to the expression of mental health problems in men and that responds in a relevant manner.

Oliffe et al[21] state that the reticence of some men in seeking professional mental health care has drawn public awareness raising and de-stigmatizing efforts, while clinical guidelines for working with boys and men have been offered to better serve men seeking help for

depression and/or suicidality. There is a strengthening case for male depression comprising specific externalizing symptomology, and these findings, along with high male suicide rates (including men who are seemingly in care), indicate the need for tailored approaches to men's depression and suicide prevention. Stiawa et al[31] suggest that in order to improve mental health among men, gender-specific services should be offered.

Cramer et al[9] note the key role that general practitioners may play in helping men to acknowledge their experiences of depression and anxiety, listening and providing information on the range of support options, including groups.

Recent Irish Studies

LYNCH, L et al (2018) Young Men, Help-Seeking, and Mental Health Services: Exploring Barriers and Solutions[1]

International research has identified young men as reluctant to seek help for mental health problems. This research explored barriers and solutions to professional help seeking for mental health problems among young men living in the North West of Ireland. A qualitative approach, using two focus groups with six participants each and five face-to-face interviews, was conducted with men aged 18 to 24 years (total N = 17). Data were analyzed using thematic analysis. Seven key themes of barriers to professional help seeking were identified: "acceptance from peers," "personal challenges," "cultural and environmental influences," "self-medicating with alcohol," "perspectives around seeking professional help," "fear of homophobic responses," and "traditional masculine ideals." Five key themes of solutions to these barriers included "tailored mental health advertising," "integrating mental health into formal education," "education through semiformal support services," "accessible mental health care," and "making new meaning." Interesting findings on barriers include fear of psychiatric medication, fear of homophobic responses from professionals, the legacy of Catholic attitudes, and the genuine need for care. This study offers an in-depth exploration of how young men experience barriers and uniquely offers solutions identified by participants themselves. Youth work settings were identified as a resource for engaging young men in mental health work. Young men can be encouraged to seek help if services and professionals actively address barriers, combining advertising, services, and education, with particular attention and respect to how and when young men seek help and with whom they want to share their problems.

O'DONNELL, S et al (2020) No Country for Middle-Aged Men?[2]

In many high-income countries, the rate of suicide is highest among middle-aged men. Despite this, few studies have explored the factors

that underpin psychological distress and support-seeking among this cohort. This qualitative study used an intersectional approach to account for the plurality of middle-age masculinities and to offer deeper insights into middle-age men's mental health experiences. Focus groups and interviews were conducted with nine demographic groups of middle-aged men considered at risk of suicide in Ireland (n=34). Data collection and data analysis were informed by the principles of grounded theory. A master code list and conceptual maps were developed from which four themes emerged. Theme 1 Reconciling Increasing Expectations with Diminishing Capacities to Achieve at Middle-Age captures various tensions that emanated from expectations on men to have acquired mastery of various gendered norms by middle-age that coincided with a reality of different manifestations of middle-aged vulnerability as well as large scale societal change in Ireland. Theme 2 Isolation at Middle-Age broadly describes a sense of loneliness at middle-age as a result of narrowing social circles, a lack of social outlets, relationship breakdown and living alone. For those men who experienced discrimination, prejudice or racism, their isolation tended to be more deep-rooted and multifaceted and was a particular source of psychological distress. The notion of a 'double burden' was central to Theme 3 Barriers to Support Seeking, and encapsulated men's sense of shame in having to ask for help and 'failing' to manage their own problems. Theme 4 Catalysts for Change and Strategies for Improved Self-Care highlights what were seen as the foundations of good mental health for middle-aged men, as well as the value of educational programmes and social contact. The use of an intersectional approach in this study fostered a deeper understanding of the blended identities and wide range of mental health experiences of middle-age men which have informed training and resources currently being implemented under the auspices of *Connecting for Life,* Ireland's strategy to reduce suicide.

Other Irish and/or International Literature

AFFLECK, W et al (2018) Men's Mental Health: Social Determinants and Implications for Services[3]

Firstly, we review the basic epidemiology of mental disorders with a high incidence and prevalence in men, including suicide and substance use disorder. Secondly, we examine controversies around the low reported rates of depression in men, discussing possible measurement and reporting biases. Thirdly, we explore common risk factors and social determinants that may explain higher rates of certain mental health outcomes in men. This includes a discussion of: 1 occupational and employment issues; 2 family issues and divorce; 3 adverse childhood experience; and 4 other life transitions, notably parenthood. Fourthly, we document and analyze low rates of mental health service utilization in men. This includes a consideration of the role of dominant notions of masculinity such as stubbornness and self-reliance in deterring service utilization. Fifthly, we note that some discourse on the role of masculinity contains much "victim blaming," often adopting a reproachful deficit-based model. We argue that this can deflect attention away from social determinants as well as issues within the mental health system, such as claims that it is "feminized" and unresponsive to men's needs. We conclude by calling for a multipronged public health–inspired approach to improve men's mental health, involving concerted action at the individual, health services, and societal levels.

ATHANASIADIS, C et al (2018) What Do Counsellors Need to Know About Male Depression?[4]

The lower reported prevalence of depression in men has been related to depression not being as well-recognised in men as it is in women. We sought to understand the clinical under-recognition of depression in men by reviewing some of the key evidence on male depression, concentrating on practices in the UK. Additionally, we aimed to draw conclusions that would contribute to the improvement of health

promotion and of the diagnosis for male depression. Our perusal of the available evidence has revealed that some depressed men experience significant difficulties not only in disclosing but also in identifying their depression and that men often exhibit atypical symptoms such as anger. Furthermore, depressed men are often involved in attempts to self-manage their depressive symptoms. This stoic approach compromises the well-being of depressed men and it discourages them from accessing appropriate support resources. We conclude with suggestions for practice and research.

BASS, SB et al (2016) Understanding Help-Seeking Intentions in Male Military Cadets: An Application of Perceptual Mapping[5]

BACKGROUND: Research suggests that men are less likely to seek help for depression, substance abuse, and stressful life events due to negative perceptions of asking for and receiving help. This may be exacerbated in male military cadets who exhibit higher levels of gender role conflict because of military culture.
METHODS: This exploratory study examined the perceptions of 78 male military cadets toward help-seeking behaviors. Cadets completed the 31-item Barriers to Help Seeking Scale (BHSS) and a component factor analysis was used to generate five composite variables and compare to validated factors. Perceptual mapping and vector modeling, which produce 3-dimensional models of a group's perceptions, were then used to model how they conceptualize help-seeking.
RESULTS: Factor analysis showed slightly different groupings than the BHSS, perhaps attributed to different characteristics of respondents, who are situated in a military school compared to general university males. Perceptual maps show that cadets perceive trust of doctors closest to them and help-seeking farthest, supporting the concept that these males have rigid beliefs about having control and its relationship to health seeking. Differences were seen when comparing maps of White and non-White cadets. White cadets positioned themselves far away from all variables, while non-White cadets were closest to "emotional control".
CONCLUSION: To move these cadets toward help-seeking, vector modeling suggests that interventions should focus on their general

trust of doctors, accepting lack of control, and decreasing feelings of weakness when asking for help. For non-White cadets a focus on self-reliance may also need to be emphasized. Use of these unique methods resulted in articulation of specific barriers that if addressed early, may have lasting effects on help-seeking behavior as these young men become adults. Future studies are needed to develop and test specific interventions to promote help-seeking among military cadets.

BILSKER, D et al (2018) Critical Issues in Men's Mental Health[6]
This narrative review highlights key issues in men's mental health and identifies approaches to research, policy and practice that respond to men's styles of coping. Issues discussed are: 1 the high incidence of male suicide (80% of suicide deaths in Canada, with a peak in the mid-50 s age group) accompanied by low public awareness; 2 the perplexing nature of male depression, manifesting in forms that are poorly recognised by current diagnostic approaches and thus poorly treated; 3 the risky use of alcohol among men, again common and taking a huge toll on mental and physical health; 4 the characteristic ways in which men manage psychological suffering, the coping strengths to be recognised, and the gaps to be addressed; 5 the underutilization of mental health services by men, and the implication for clinical outcomes; and 6 male-specific approaches to service provision designed to improve men's accessing of care, with an emphasis on Canadian programs. The main conclusion is that a high proportion of men in Western society have acquired psychological coping strategies that are often dysfunctional. There is a need for men to learn more adaptive coping approaches long before they reach a crisis point. Recommendations are made to address men's mental health through: healthcare policy that facilitates access; research on tailoring interventions to men; population-level initiatives to improve the capacity of men to cope with psychological distress; and clinical practice that is sensitive to the expression of mental health problems in men and that responds in a relevant manner.

CAPERTON, W et al (2020) Stay-at-Home Fathers, Depression, and Help-Seeking: A Consensual Qualitative Research Study[7]

Evidence suggests that masculine socialization may serve both to restrict men's potential in ways that lead to psychological distress, while also restricting the ways in which they respond to such distress. Although we are beginning to understand masculine and paternal depression, little is known about how stay-at-home fathers (SAHFs) experience depression, nor their experiences and beliefs regarding help-seeking and psychotherapy. To that end, this qualitative study focused on how SAHFs experience depression and help-seeking via in-depth interviews with 12 participants from across the United States. Results indicated that SAHFs who have experienced depression during their tenure as SAHFs focused on relational distress, isolation, loss of independence, and social stigma as contributing to their depression. They appeared to retain a high value on providing for their families, both in the decision to take on the role of SAHF and in deciding to ultimately seek help for depression. The idea of seeking help as a means to protect and provide for their families appeared congruent with their descriptions of masculinity, which recast the SAHF role as being definitionally masculine. Finally, this growing minority of men appeared to be building social networks both on- and offline to support their sense of identity and as a means for coping with the unique stressors they face. These results have implications for therapists, medical practitioners, public health officials, and family members of SAHFs.

COLE, BP et al (2020) Where Do I Turn for Help? Gender Role Conflict, Self-Stigma, and College Men's Help-Seeking for Depression[8]

Experiences of self-stigma and gender role conflict act as barriers to men's psychological help-seeking. Although previous studies suggest that violation of masculine norms and the desire to preserve masculinity reduce men's help-seeking behaviors, little is known about the ways in which specific help-seeking behaviors are impacted. The current study examined relations between gender role conflict, self-stigma, and help-seeking for depression among a sample of college men from a Midwestern University in the United States (N =

313). Participants engaged in a role induction based upon a vignette about a man with depression and were asked the types of help-seeking behaviors they would engage in (i.e., professional help, self-help, informal help, or avoidant behaviors). Results of this study indicate that gender role conflict and self-stigma have different relations to help-seeking behaviors. More specifically, (a) gender role conflict plays an incremental role beyond mental health self-stigma in understanding certain types of responses to mental health needs; (b) there is a positive relationship between experiencing gender role conflict and holding increasingly self-stigmatizing views; (c) self-stigma and gender role conflict differ in their pattern of influence for mental health treatment responses; (d) gender role conflict corresponds with increased avoidant behaviors and decreases social support utilization; and (e) self-stigma predicts decreased social support and professional help utilization while also increasing avoidant behaviors. Although gender role conflict and self-stigma had unique relations to professional help-seeking for depression, utilization of social support was negatively impacted by both. Considerations for help-seeking patterns in men and the influence of both stigmatized social views and conflicting gender roles are discussed.

CRAMER, H et al (2014) Do Depressed and Anxious Men Do Groups? What Works and What Are the Barriers to Help Seeking?[9]

AIM: To map the availability and types of depression and anxiety groups, to examine men's experiences and perception of this support as well as the role of health professionals in accessing support.
BACKGROUND: The best ways to support men with depression and anxiety in primary care are not well understood. Group-based interventions are sometimes offered but it is unknown whether this type of support is acceptable to men.
METHODS: Interviews with 17 men experiencing depression or anxiety. A further 12 interviews were conducted with staff who worked with depressed men (half of whom also experienced depression or anxiety themselves). There were detailed observations of four mental health groups and a mapping exercise of groups in a single English city (Bristol).

FINDINGS: Some men attend groups for support with depression and anxiety. There was a strong theme of isolated men, some reluctant to discuss problems with their close family and friends but attending groups. Peer support, reduced stigma and opportunities for leadership were some of the identified benefits of groups. The different types of groups may relate to different potential member audiences. For example, unemployed men with greater mental health and support needs attended a professionally led group whereas men with milder mental health problems attended peer-led groups. Barriers to help seeking were commonly reported, many of which related to cultural norms about how men should behave. General practitioners played a key role in helping men to acknowledge their experiences of depression and anxiety, listening and providing information on the range of support options, including groups. Men with depression and anxiety do go to groups and appear to be well supported by them. Groups may potentially be low cost and offer additional advantages for some men. Health professionals could do more to identify and promote local groups.

ERENTZEN, C et al (2018) Sometimes You Need More Than a Wingman: Masculinity, Femininity, and the Role of Humor in Men's Mental Health Help-Seeking Campaigns[10]

The clinical literature has consistently documented that men seek help for mental health less often than do women, although they suffer from mental illness at comparable rates. This is particularly troublesome as depression and anxiety in men are more likely to manifest in substance abuse and suicidal behavior. This gender discrepancy in help-seeking may be explained by the social psychological literature on traditional masculinity, which has been associated with stigmatizing thoughts about mental illness and opposition to help-seeking. The present research explored this link between masculinity and mental health help-seeking, including the use of affiliative humor in public awareness messages about help-seeking for mental health. We hypothesized that incorporating light humor into this campaign might reframe help-seeking in a less threatening way, effectively circumventing the defensive reactions of masculine men. Across three studies, we presented young men with

ads encouraging them to reach out to a friend suffering from anxiety or depression. Consistently, the perceived funniness of the ads predicted their persuasiveness without increasing stigma or trivializing the issue of mental health. Masculinity did not in fact predict stigmatizing and defensive thoughts about mental illness; rather, men's femininity emerged as the strongest and most consistent predictor of these reactions.

HERNANDEZ, CAS et al (2014) Understanding Help-Seeking among Depressed Men[11]

Consistently, study findings show that, compared with women, men tend to seek less help for diverse health problems. Addis and Mahalik (2003) have proposed a conceptual framework that considers the influence of gender socialization and five key social-psychological processes to better understand men's help-seeking behaviors in a variety of contexts. The present qualitative study investigated the correspondence between this framework and the self-reported help-seeking experiences of depressed men. Men with depression were interviewed about their help-seeking experiences, with particular reference to the five social-psychological processes proposed by Addis and Mahalik (2003): (1) normativeness of their depression; (2) centrality of depression to their identity; (3) available opportunities to reciprocate received help; (4) how others react when or if they seek help; and (5) perception of loss of control if help is sought. Findings revealed considerable correspondence between these five social psychological processes and the experiences of men who had sought help for their depression. Three processes (normativeness of depression, the centrality of depression, and the ability to maintain a sense of control) were general, whereby they were represented in all of the men's discourses of their experiences. Two other processes (reciprocity, others' reactions to help-seeking) were typical, in that more than half the men had representative descriptions in self-reports of their actual experiences. These findings suggest that Addis and Mahalik's (2003) proposed framework offers a useful structure for developing a better understanding of help-seeking among depressed men.

HOUSE, J et al (2018) Male Views on Help-Seeking for Depression: A Q Methodology Study[12]

OBJECTIVES: To identify viewpoints among men with depression about depression and its treatment, consider how these might influence help-seeking behaviour, and generate ideas for interventions and future research.
DESIGN: Q methodology.
METHODS: Twenty-nine men with depression completed a Q sort by ranking a set of statements about depression and help-seeking according to their relative agreement with each statement. Factor analysis was used to identify viewpoints relating to male understandings of depression and help-seeking, which were interpreted in the context of participant characteristics and additional information from post-sorting interviews.
RESULTS: A two-factor solution accounting for 45% of the total variance was considered the best fit for the data. The 2 factors were: (1) Help is available if you can get to the point of asking for it (34% of the variance); and (2) depression should be dealt with in private; help-seeking makes you vulnerable (11% of the variance). Participants who were significantly associated with both factors described a sense of shame, relating to their own or others' views that being depressed and help-seeking are in conflict with socially constructed 'masculine' values, such as strength and self-sufficiency. In the viewpoint represented by Factor 1, however, the benefits of help-seeking outweigh the negatives. In contrast, the viewpoint represented in Factor 2 holds that depression should remain a private struggle and that help-seeking is too risky a move to make.
CONCLUSIONS: In order to access treatment, men must first recognize depression, then overcome considerable perceived and internalized stigma to ask for help. Improving public knowledge about the nature of depression; positive messages about the act of help-seeking, types of treatment available, and effectiveness of treatments; and work to overcome the challenges posed by long waiting times and other service constraints may increase rates of help-seeking, and represent areas for future research.
PRACTITIONER POINTS: Interventions to improve recognition of depression symptoms, particularly in the absence of recent negative

life events or suicidal ideation, might help to improve help-seeking rates among men.
Media campaigns should consider focusing on the positive elements of help-seeking and potential for recovery, and the impact of such campaigns should be evaluated.
Improving public knowledge of the types of non-medical intervention that are available for depression may help to increase help-seeking rates.
Clinical services and commissioners should be aware of the impact of long waiting times and strict discharge policies on service users, especially those who have difficulty asking for help.

ISACCO, AR et al (2016) An Examination of Fathers' Mental Health Help Seeking: A Brief Report[13]
Fathers' mental health help seeking is an understudied area. Using participants (N = 1,989) from the Fragile Families and Child Wellbeing Study, this study hypothesized that few fathers would seek mental health services; and increases in anxiety, depression, and parental stress would predict less mental health help seeking. Only 3.2% of the participants reported seeking mental health counseling. Among the three independent variables, only depression emerged as a significant factor that predicted less mental health help-seeking behaviors in fathers. Future research and clinical efforts need to better understand the low rates of help seeking and to identify pathways that facilitate positive mental health help seeking among fathers.

KERR, R et al (2011) Big Boys Don't Cry: Male Secondary School Students' Attitudes to Depression[14]
OBJECTIVES: In an earlier qualitative study we explored the attitudes of young men aged 15-19 (Group A) to mental health and, in particular, to engaging with the various mental health services available. We found that the participants perceived stigma in connection with mental ill health and they displayed particularly strong negative attitudes in relation to both doctors and medication. The investigation was then repeated with students who had been given a short (less than two-hour) programme called 'Beat the Blues' (BTB) about mental health (Group B) in order to assess the effect of

that exposure by comparing the attitudes of the two groups of students. This present phase of the analysis is a quantitative examination of the written responses by both Groups A and B to an administered questionnaire.
METHODS: A total of 42 young men took part in eight focus groups held in boys-only Dublin secondary schools, described in Burke et al. A questionnaire, administered to each participant, examined the students' attitudes to depression and mental illness. The results were analysed by computer using SPSS to search for any trends and any contrasts between groups A and B and among the different socio-economic groups (SEGs) within the sample.
RESULTS: Almost no statistically significant differences were found between groups A and B. However, some differences were found among the SEGs. In particular, very significant differences ($p < 0.01$ in each case), were found in attitudes towards depression, with increasing support for statements such as "People with depression just need to snap out of it", "Drinking alcohol can help cure depression" and "Depression is only an excuse for laziness" found among the lower SEGs. A very high percentage of students indicated their desire to talk to someone in times of personal stress; this was almost always their best friend or their mother. However, most students said they would be uncomfortable if a friend raised such a topic.
CONCLUSION: The main conclusion — that a single exposure to a positive programme about depression produces little or no effect — is hardly unexpected. Nonetheless, there are indications of a great willingness among older secondary students to learn about and discuss mental health issues. Furthermore, the highly negative attitudes among students from the lowest socio-economic group in this study would seem to indicate that the greatest need for education about mental health lies with working-class adolescents. Hence, it is recommended that a programme of multiple interventions be introduced into the senior cycle of secondary education.

KLINEBERG, E et al (2011) Symptom Recognition and Help Seeking for Depression in Young Adults: A Vignette Study[15]

PURPOSE: Many young people with psychological problems do not seek help. Recognition of problems and knowledge of appropriate sources of help may increase the likelihood of help seeking. This study aimed to explore whether young adults recognised depressive symptoms in a vignette, and how they thought a young person might respond to these symptoms.
METHODS: A postal survey was sent to 3,004 young people aged 16-24 in SW England. The survey included a two-part vignette; the first part depicted mild depressive symptoms, and the second part depicted severe depressive symptoms. Open-ended questions exploring symptom recognition and illness behaviour were answered by 1,125 respondents.
RESULTS: Severe depressive symptoms were recognised by 61.4% of respondents. Young men, particularly those from deprived backgrounds were less likely than women to recognise a mental health problem. Men were also less likely to suggest seeing a doctor than women. 64.7% of the respondents who recognised a mental health problem suggested seeing a doctor, however, only 16.4% thought a severely depressed person actually would see a doctor.
CONCLUSIONS: Although the majority of young people recognised symptoms of severe depression, the gap between perceived options for help and proposed help seeking behaviour is clinically relevant. The sociodemographic groups at greatest risk of suicide are the least likely to recognise depression, highlighting a need to develop interventions targeting men, particularly those from deprived backgrounds.

LATALOVA, KD et al (2014) Perspectives on Perceived Stigma and Self-Stigma in Adult Male Patients with Depression[16]

There are two principal types of stigma in mental illness, ie, "public stigma" and "self-stigma". Public stigma is the perception held by others that the mentally ill individual is socially undesirable. Stigmatized persons may internalize perceived prejudices and develop negative feelings about themselves. The result of this process is "self-stigma". Stigma has emerged as an important barrier to the treatment

of depression and other mental illnesses. Gender and race are related to stigma. Among depressed patients, males and African-Americans have higher levels of self-stigma than females and Caucasians. Perceived stigma and self-stigma affect willingness to seek help in both genders and races. African-Americans demonstrate a less positive attitude towards mental health treatments than Caucasians. Religious beliefs play a role in their coping with mental illness. Certain prejudicial beliefs about mental illness are shared globally. Structural modeling indicates that conformity to dominant masculine gender norms ("boys don't cry") leads to self-stigmatization in depressed men who feel that they should be able to cope with their illness without professional help. These findings suggest that targeting men's feelings about their depression and other mental health problems could be a more successful approach to change help-seeking attitudes than trying to change those attitudes directly. Further, the inhibitory effect of traditional masculine gender norms on help-seeking can be overcome if depressed men feel that a genuine connection leading to mutual understanding has been established with a health care professional.

LEVANT, RF et al (2013) Moderated Path Analysis of the Relationships between Masculinity and Men's Attitudes toward Seeking Psychological Help[17]

This study tested a theoretical model of one mediator and 4 moderators of the relationships between 2 masculinity variables (Traditional Masculinity Ideology and Gender Role Conflict) and Attitudes Toward Seeking Professional Psychological Services (Attitudes). Self-stigma was the hypothesized mediator, and the hypothesized moderators were (a) Depression; (b) General Self-efficacy; (c) Precontemplation; and (d) Barriers to Help-seeking. A sample of 654 men responded to an online survey of 9 questionnaires. After evaluating mediation in the absence of moderation, moderated path analyses were conducted for each moderator. The relationship between Traditional Masculinity Ideology and Attitudes was partially mediated by Self-stigma, whereas that between Gender Role Conflict and Attitudes was completely mediated. No indirect or direct paths involving Gender Role Conflict were moderated by any moderators.

Both Depression and Barriers to Help-seeking demonstrated mediated moderation by moderating both Stage 1 (the path from Traditional Masculinity Ideology to Self-stigma) of the mediated relationships and the direct effects between Traditional Masculinity Ideology and Attitudes. Precontemplation moderated the direct effect between Traditional Masculinity Ideology and Attitudes. The findings suggest that the relationships between masculinity variables and men's negative help-seeking attitudes may be better understood through their relationships with other variables that serve as mediators and moderators. Findings from the present study may offer some direction in the design of interventions to remediate men's negative help-seeking attitudes.

LOHAN, M et al (2015) Knowledge Translation in Men's Health Research: Development and Delivery of Content for Use Online[18]

BACKGROUND: Men can be hard to reach with face-to-face health-related information, while increasingly, research shows that they are seeking health information from online sources. Recognizing this trend, there is merit in developing innovative online knowledge translation (KT) strategies capable of translating research on men's health into engaging health promotion materials. While the concept of KT has become a new mantra for researchers wishing to bridge the gap between research evidence and improved health outcomes, little is written about the process, necessary skills, and best practices by which researchers can develop online knowledge translation.
OBJECTIVE: Our aim was to illustrate some of the processes and challenges involved in, and potential value of, developing research knowledge online to promote men's health.
METHODS: We present experiences of KT across two case studies of men's health. First, we describe a study that uses interactive Web apps to translate knowledge relating to Canadian men's depression. Through a range of mechanisms, study findings were repackaged with the explicit aim of raising awareness and reducing the stigma associated with men's depression and/or help-seeking. Second, we describe an educational resource for teenage men about unintended pregnancy, developed for delivery in the formal Relationship and Sexuality Education school curricula of Ireland, Northern Ireland, and

South Australia. The intervention is based around a Web-based interactive film drama entitled "If I Were Jack".
RESULTS: For each case study, we describe the KT process and strategies that aided development of credible and well-received online content focused on men's health promotion. In both case studies, the original research generated the inspiration for the interactive online content and the core development strategy was working with a multidisciplinary team to develop this material through arts-based approaches. In both cases also, there is an acknowledgment of the need for gender and culturally sensitive information. Both aimed to engage men by disrupting stereotypes about men, while simultaneously addressing men through authentic voices and faces. Finally, in both case studies we draw attention to the need to think beyond placement of content online to delivery to target audiences from the outset.
CONCLUSIONS: The case studies highlight some of the new skills required by academics in the emerging paradigm of translational research and contribute to the nascent literature on KT. Our approach to online KT was to go beyond dissemination and diffusion to actively repackage research knowledge through arts-based approaches (videos and film scripts) as health promotion tools, with optimal appeal, to target male audiences. Our findings highlight the importance of developing a multidisciplinary team to inform the design of content, the importance of adaptation to context, both in terms of the national implementation context and consideration of gender-specific needs, and an integrated implementation and evaluation framework in all KT work.

MAHALIK, JR (2019) Working-Class Men's Constructions of Help-Seeking When Feeling Depressed or Sad[19]

In this study, we conducted interviews with 12 working-class men employed in industrial and manual labor to identify their constructions of help-seeking in response to feeling depressed or sad. The semistructured interview format explored participant men's understanding and reactions to depression or sadness, their experiences of depression and reluctance to seek help, and their own and others' reactions to seeking help for feeling depressed or sad.

Utilizing the consensual qualitative research methodology, four domains emerged: Concern About Threat and Stigma, Being a Man Means Not Seeking Help, Experiences of Safety and Relief, and Conditions That Reduce Threat and Stigma. The results suggest the need to account for men's experiences of both negative influences such as masculinity injunctions, stigma, and threat to manhood status, as well as adaptive influences when addressing men's help-seeking for depression and sadness. The domains are illustrative of several theoretical frameworks including social-psychological models of social norms and stigma, precarious manhood theory, inclusive masculinity theory, as well as convergence with other research examining working-class men. Implications are discussed for outreach and practice addressing men's depression and help-seeking.

MCCUSKER, MG (2011) The Impact of Men Seeking Help for Depression on Perceptions of Masculine and Feminine Characteristics[20]

This study investigated psychological help-seeking behavior and sexual identity on perceptions of masculinity and femininity. Participants rated masculine and feminine characteristics of a fictitious man portrayed in a vignette. The vignettes were rated by 292 women and 111 men and portrayed either a heterosexual or gay depressed man who was either seeking psychological help or not seeking psychological help. The results of this study showed that psychological help-seeking behavior and sexual identity did not significantly influence perceptions of masculinity, but significantly contributed to perceptions of femininity. In addition, traditional masculine ideology and modern homonegativity were related to negative attitudes toward seeking psychological help.

OLIFFE, JL et al (2019) Men's Depression and Suicide[21]

PURPOSE OF REVIEW: To explore recent research evidence addressing men's depression and suicide. Included are discussions of recent literature investigating male depression symptoms, and men's depression and suicidality help-seeking and engagement with professional mental health care services.

RECENT FINDINGS: Specific externalizing symptoms of substance misuse, risk-taking, and poor impulse control among men indicate the need for gender-sensitized depression screening and risk assessments. The reticence of some men for seeking professional health care has drawn public awareness raising and de-stigmatizing efforts, while clinical guidelines for working with boys and men have been offered to better serve men seeking help for depression and/or suicidality. There is a strengthening case for male depression comprising specific externalizing symptomology, and these findings, along with high male suicide rates (including men who are seemingly in care), indicate the need for tailored approaches to men's depression and suicide prevention.

PROGOVAC, AM et al (2020) Understanding the Role of Past Health Care Discrimination in Help-Seeking and Shared Decision-Making for Depression Treatment Preferences[22]

As a part of a larger, mixed-methods research study, we conducted semi-structured interviews with 21 adults with depressive symptoms to understand the role that past health care discrimination plays in shaping help-seeking for depression treatment and receiving preferred treatment modalities. We recruited to achieve heterogeneity of racial/ethnic backgrounds and history of health care discrimination in our participant sample. Participants were Hispanic/Latino (n = 4), non-Hispanic/Latino Black (n = 8), or non-Hispanic/Latino White (n = 9). Twelve reported health care discrimination due to race/ethnicity, language, perceived social class, and/or mental health diagnosis. Health care discrimination exacerbated barriers to initiating and continuing depression treatment among patients from diverse backgrounds or with stigmatized mental health conditions. Treatment preferences emerged as fluid and shaped by shared decisions made within a trustworthy patient-provider relationship. However, patients who had experienced health care discrimination faced greater challenges to forming trusting relationships with providers and thus engaging in shared decision-making processes.

RICE, SM et al (201) Men's Perceived Barriers to Help Seeking for Depression: Longitudinal Findings Relative to Symptom Onset and Duration[23]

Men's help seeking for depression continues to gain focussed research and clinical attention. In this study, 125 men (M = 39.02 years) provided data on perceived barriers to mental health help seeking, and self-reported depression at baseline, and 15 weeks. Longitudinal depression caseness was used to investigate group differences in perceived barriers to help seeking. Those experiencing unremitting depression reported the highest perceived help-seeking barriers. This finding was consistent over all domains of help-seeking barriers, and it was independent of previous mental health help-seeking efforts.

RICE, SM et al (2020) Men's Help-Seeking for Depression: Attitudinal and Structural Barriers in Symptomatic Men[24]

OBJECTIVE: Men with depression are known to have significant challenges with health service engagement. The current study sought to better understand attitudinal and structural mental health care barriers among those men identified as symptomatic for symptoms of major depression.
DESIGN: Cross-sectional study with data provided by Canadian men via a nationally representative online survey. Outcomes examined depression, suicide risk, and barriers to mental health services.
PARTICIPANTS: A total of 117 men (mean age = 42.36 years) reporting symptoms of major depression consistent with moderate severity as identified by the Patient Health Questionnaire-Depression Module (PHQ-9).
RESULTS: In all, 51.3% of the sample reported previously receiving counselling or psychotherapy for mental health concerns. The majority (63.2%) reported past 2-week suicide or self-harm ideation; however, only a small proportion (8.5%) were currently engaged with professional mental health support. Logistic regression indicated that men's attitudinal barriers to mental health help-seeking had a greater predictive effect than structural barriers (33% vs 0% of items, respectively). In particular, lower likelihood of help-seeking was associated with men's reluctance to disclose mood-related symptoms to their physician/family doctor (adjusted odds ratio [AOR] = 0.37), a

tendency for self-reliance and solving one's own problems (AOR = 0.34), and uncertainly about the process of psychotherapy (AOR = 0.29).
CONCLUSION: Gender-transformative approaches to primary health care may be key to improving men's rates of disclosure and increasing detection for depression and suicide risk.

ROCHLEN, AB et al (2010) Barriers in Diagnosing and Treating Men with Depression: A Focus Group Report[25]
This study reports on the experiences of 45 male focus group participants with a history of depression. Men responded to questions addressing the interaction between the male role, masculinity, depression, and experiences with treatment for depression. Using a qualitative, thematic-based coding strategy, three primary themes emerged. First, participants described aspects of the male gender as being in conflict or incongruent with their experiences of depression and beliefs about appropriate help-seeking behaviors. Second, men outlined alternative symptom profiles that could interfere with the recognition of depression and willingness to seek help. Finally, men expressed a range of positive and negative reactions toward depression treatment and treatment providers. Implications for health care providers are provided.

SEIDLER, ZE et al (2020) Once Bitten, Twice Shy: Dissatisfaction with Previous Therapy and Its Implication for Future Help-Seeking among Men[26]
OBJECTIVE: Men can be reluctant to disclose distress and many men have ambivalence toward seeking help for depression, leading to poor uptake of and engagement in psychotherapy. The present study sought to explore whether a previously dissatisfying therapy experience leads to greater doubts about the effectiveness of treatment, in turn impacting on a man's willingness to disclose their distress in future.
METHOD: An online survey of 133 Canadian men was conducted to investigate their current depressive symptoms, previous experience of, and belief in, the effectiveness of psychotherapy and likelihood of disclosing distress to their physician. A regression model with

mediation was employed to analyze the relationship between these responses.
RESULTS: The regression model highlighted a significant negative association between satisfaction with previous therapy and doubt about the effectiveness of therapy (t = -7.299, 99% confidence interval [-.537, -.254], p < .001). There was also a significant indirect effect, such that doubt about the effectiveness of therapy mediated the association between previous satisfaction and willingness to disclose distress to a physician (t = 3.748, 99% confidence interval [.123, .690], p < .001).
CONCLUSIONS: Providing treatment for depression that men find engaging and satisfying may improve their confidence that psychotherapy can help, make them more likely to reach out for assistance in the future and in turn, benefit their long-term mental health outcomes.

SEIDLER, ZE et al (2016) The Role of Masculinity in Men's Help-Seeking for Depression: A Systematic Review[27]
AIM: Conformity to traditional masculine gender norms may deter men's help-seeking and/or 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.
METHOD: Six electronic databases were searched using terms related to masculinity, depression and help-seeking. Titles and abstracts were reviewed and data systematically extracted and examined for methodological quality.
RESULTS: Of 1927 citations identified, 37 met inclusion criteria. Seventeen (46%) studies reported qualitative research; eighteen (49%) employed quantitative methods, and two (5%) mixed methods. Findings suggest conformity to traditional masculine norms has a threefold effect on men experiencing depression, impacting: 1 their symptoms and expression of symptoms; 2 their attitudes to, intention, and, actual help-seeking behaviour; and 3 their symptom management.
CONCLUSION: Results demonstrate the problematic impact of conformity to traditional masculine norms on the way men

experience and seek help for depression. Tailoring and targeting clinical interventions may increase men's service uptake and the efficacy of treatments. Future research examining factors associated with men's access to, and engagement with depression care will be critical to increasing help-seeking, treatment uptake, and effectual self-management among men experiencing depression.

SEIDLER, ZE et al (2020) What gets in the way? Men's perspectives of barriers to mental health services[28]

BACKGROUND: This study describes barriers to accessing mental health services among men currently experiencing a mental health concern.
METHODS: Mental health help-seeking survey data from 778 male respondents who self-reported experiencing a mental health concern were analyzed.
RESULTS: Of these men, 65% (n = 513) wanted treatment and 35% (n = 265) did not want treatment. The most frequently endorsed barriers to mental health treatment were believing that a lot of people feel sad and down (80%; n = 620), not knowing what to look for in a psychotherapist (counselor; 80%; n = 618) and needing to solve one's own problems (73%; n = 569). Compared with men who wanted help for their mental health concern, those men who did not want help were significantly more likely to be unsure if psychotherapy (counseling) really works or is effective, not tell their physician if they were feeling down or depressed and prefer to solve their own problems.
CONCLUSIONS: The high endorsement of both structural (e.g., cost) and attitudinal (e.g., beliefs) barriers by respondents suggests that service delivery must adapt to better respond to dominant masculine ideals while also improving men's ease of access into a transparent treatment process.

SEIDLER, ZE et al (2019) Men, masculinities, depression: Implications for mental health services from a Delphi expert consensus study[29]

Tailoring psychological treatments to men's specific needs has long been a concern considering that many men are reluctant to seek or

engage with professional help. The present study aimed to seek consensus via an expert panel regarding essential aspects to include in practitioner training programs for those working with men experiencing depression. A 2-round Delphi study was conducted to gain consensus among practitioners, researchers, and educators about the importance of a pool of 30 potential training program components across the following 6 domains: masculinity frameworks; impact of gender on clinical practice; depression in men; assessment and formulation; male-specific adaptations to treatment and; language and communication. The panelists comprised 53 multidisciplinary international experts in the men's mental health. Panelists were asked to rate each item on a 5-point likert scale from should not be included to essential. Consensus was defined as >80% of respondents scoring within 2 points on the Likert scale. After 2 Delphi rounds, consensus was reached for 22 of 30 items, and a further 2 items approached consensus. All items focused on features of depression among men and the impact of masculinities on clinical practice were endorsed. Items related to suicidality and depression diagnosis received the highest consensus, and the language and communication domain received limited support and was removed. This study provides a set of consensus-based recommendations for practitioner training. The recommendations offer actionable, gender-specific adaptations to psychological treatments for depression in men to be developed and trialed in practitioner training programs.

STAIGER, T et al (2020) Men and Depression: Illness Theories and Coping - A Biographical Narrative Study[30]

OBJECTIVE: In order to develop gender-sensitive services, there is a need to better understand coping among men with depression. The study aims to analyze the meaning of gender- and work-related roles for illness theories and coping among men with depression.
METHODS: Based on a latent class analysis of three types of masculinities, biographical interviews were conducted with men with depression (n = 12). Transcripts were analyzed using a hermeneutic-reconstructive approach that includes subjective constructions of meaning related to (1) illness theories, (2) coping and (3) help-seeking behavior.

RESULTS: Whereas most interviewees reported the role of family-related career orientation as a cause of depression, results differ in terms of coping. While participants partly distanced themselves from external expectations, some tried to keep up their employability. Others perceived their depression as a chance as well as an opportunity to change harmful attitudes.
CONCLUSION: Psychiatric services might consider different priorities referring to work and life and their impact on coping with depression among men. (Article in German)

STIAWA, M et al (2020) Mental health professionals view about the impact of male gender for the treatment of men with depression - a qualitative study[31]
BACKGROUND: The underestimation of depression among men may result from atypical depression symptoms and male help-seeking behaviour. However, higher suicide rates among men than among women indicate a need for gender-specific services for men with depression. In order to develop gender-specific services, it is essential to examine professionals' attitudes towards men's depressive symptoms and treatment needs as well as barriers to and facilitators of treatment. This study examined gender-specific treatment needs in male patients and treatment approaches to male patients from a professional perspective.
METHODS: Semi-structured face-to-face interviews were conducted with 33 mental health professionals (MHPs) from five German psychiatric institutions. The study assessed the characteristics and attributes of male patients with depression risk factors for the development of depression among men, their condition at the beginning of treatment, male patients' depressive symptoms, the needs and expectations of male patients, the importance of social networks in a mental health context, and MHPs' treatment aims and treatment methods. Transcripts were analysed using qualitative content analysis.
RESULTS: The professionals' reference group of male patients were men who were characterised in accordance with traditional masculinity. Attributes reported as in line with this type of men were late initiations of inpatient treatment after crisis, suicidal ideation or

attempted suicide, and high expectations towards treatment duration, success rate in recovery and therapeutic sessions. In contrast, male patients who deviate from these patterns were partially described with reference to female stereotypes. Professionals referred to psychosocial models in their explanations of the causes of depression and provided sociological explanations for the development of masculine ideals among men. The consequences of these for treatment were discussed against the background of normative expectations regarding the male gender. From the professionals' point of view, psychoeducation and the acceptance of depression (as a widespread mental illness) were the most important goals in mental health treatment.
CONCLUSIONS: In order to improve mental health among men, gender-specific services should be offered. Awareness of the role of gender and its implications on mental health treatment should be an integral part of MHPs' education and their daily implementation of mental health treatment practices.

WAHTO, R et al (2016) Labels, Gender-Role Conflict, Stigma, and Attitudes toward Seeking Psychological Help in Men[32]
Despite a comparable need, research has indicated that on average men hold more negative attitudes toward psychological help seeking than women. Several researchers have suggested that the gender gap in service use and attitudes could be addressed through efforts to better market psychological services to men; however, a limited number of studies have tested this hypothesis. This study examined whether altering the labels for mental health providers (psychologist or counselor), settings (mental health clinic or counseling center), and treatments (problem or feeling focused) could result in less perceived stigma (social and self) by men. Participants, 165 male college students, were asked to read one of eight randomly assigned vignettes that described a man who was experiencing symptoms of depression and was considering seeking help. The vignettes differed in the labels that were used to describe the help that was being considered. Participants then completed measures assessing the stigma (self and social) associated with the treatment, and their preexisting experience of gender-role conflict and attitudes toward psychological help seeking. In summary, perceived stigma did not depend on the type of

label that was used; however, 59% of the variance in attitudes was predicted by self-stigma (uniquely explaining 11%), gender-role conflict (uniquely explaining 10%), and social stigma (uniquely explaining 5%). Specifically, higher levels of gender-role conflict, social stigma, and self-stigma were associated with more negative attitudes toward psychological help seeking. Based on the demographics of the sample, these findings primarily have implications for Caucasian college-educated young adult men. Further limitations with the study and recommendations for future research are discussed.

WANG, JL et al (2017) Preferred Features of E-Mental Health Programs for Prevention of Major Depression in Male Workers: Results from a Canadian National Survey[33]

The purpose of this study was to estimate and compare the proportions of preferred design features and likely use of e-mental health programs and understand potential barriers to the use of e-mental health programs in working men who were at high risk of a major depressive episode. A cross-sectional survey in 10 provinces in Canada was conducted between March and December 2015 (n = 511). Of the 17 different features assessed, the top three features that were most likely to be used by high-risk men were: "information about improving sleep hygiene" (61.3%), "practice and exercise to help reduce symptoms of stress and depression" (59.5%) and "having access to quality information and resources about work stress issues" (57.8%). E-mental health programs may be a promising strategy for prevention of depression in working men. Development of e-mental health programs should consider men's preferences and perceived barriers to enhance the acceptability of this approach.

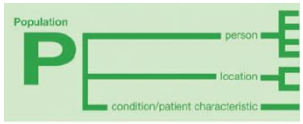
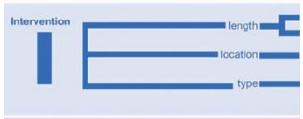
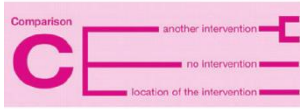
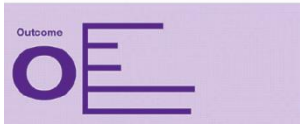
WIRBACK, T et al (2018) Experiences of Depression and Help-Seeking Described by Young Swedish Men[34]

Depression is common but is given far less attention among men than women, especially among young Swedish men. In this article we highlight young urban men's experiences of depression and help-seeking in relation to their conception of masculinity, as one way to better understand young men's situation when suffering from

depression. We carried out a qualitative study and interviewed 13 men, 21 to 32 years old. The open-ended interviews were analyzed with qualitative content analysis and we discovered one overarching theme: It's interfering with life, identity, and gendered ideas. The men's illness journey was characterized by a struggle impacting all aspects of life. Portrayals included negotiating norms of ideal masculinity to accept and express symptoms and to be accepted by others. The men described a struggle with the ability, willingness and possibility to receive treatment. The symptoms were eventually accepted and expressed and help was sought, however the process was delayed because of prevailing gender ideals. These findings can contribute to improved interventions, treatment and equality in care as well as decrease stigma.

Produced by the members of the National Health Library and Knowledge Service Evidence Team†. Current as at [27 JULY 2020].This evidence summary collates the best available evidence at the time of writing and **does not replace clinical judgement or guidance**. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary:

	MEN WITH DEPRESSION
	MENTAL HEALTH/DEPRESSION SUPPORT SERVICES
	
	BARRIERS AND CHALLENGES IN ACCESSING SUPPORT SERVICES

The following search strategy was used:

(men or man or masculine*) AND ((depressed or depression or depressive) OR depression MH)

AND

(("mental health service" OR "mental health services" OR "mental healthcare service" OR "mental healthcare services" OR "mental health care service" OR "mental health care services" OR "mental hygiene service" OR "mental hygiene services" OR "support service" or "support services" OR) NEAR/3 depressed) OR (("mental health service" OR "mental health services" OR "mental healthcare service" OR "mental healthcare services" OR "mental health care service" OR "mental health care services" OR "mental hygiene service" OR "mental hygiene services" OR "support service" or "support services" OR) NEAR/4 depression) OR (("mental health service" OR "mental health services" OR "mental healthcare service" OR "mental healthcare services" OR "mental health care service" OR "mental health care services" OR "mental hygiene service" OR "mental hygiene services" OR "support service" or "support services" OR) NEAR/4 depressive) OR (Support NEAR/4 (depressed or depression or depressive)) OR (Help NEAR/4 (depressed or depression or depressive))

AND

(Access* OR seek*) AND (barrier* OR obstacle* OR difficulty OR challenges OR experience* OR behavior* OR behaviour*)

† Isabelle Delaunois, Medical Librarian, HSE Mid-West, University of Limerick Hospitals, Limerick; Margaret Morgan, Librarian, Regional Hospital Mullingar Brendan Leen, Area Library Manager, HSE South [Editor]

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