**Jeremy Sachs transcript**

Alex, hello.

Hi Jeremy, how are you doing?

I'm very well thank you, how about yourself?

Yes, good thanks, it's good to be here.

Oh, well, no, I mean it's a great excuse for us to chat, isn't it, and I suppose to people listening, what we're going to be talking about for the next 30 minutes or so, is men and the barriers some men face when accessing mental health provisions. Before we do that, do you want to introduce yourself?

Yes, so my Alex Feis-Bryce. I've worked a lot in the third sector, I think most kind of relevant for what we're talking about today is, I was chief exec of SurvivorsUK, for two years. I'm also a survivor myself so [?I will probably be talking 0:00:50.1] about that too.

My name is Jeremy Sachs, I'm a psychotherapist and I have some specialisms in sexual trauma. So working one-to-one in private practice, as well as running groups for men, teenage boys and trans people who are survivors of sexual abuse. Other areas, I work a lot with young people, a lot with students and a lot of long-term health conditions. So those are my general areas of practice. I was thinking about how to start this conversation. I thought, let's start with some of the things we know, and when I say know, I mean in sort of broader society, some of the things we know. We know that when men's mental health is talked about, often it is talked about in the context of suicide. What we don't know is an awful lot of nuance around that. Firstly, I think suicide is often associated with adolescence, it's associated with self-harming, it's associated with young girls who self-harm. Actually, this association is false, and it's pretty damaging, it's damaging for everybody who it touches. It's damaging to adolescent people; it's damaging to young women; and it's damaging to the men who do die by suicide because the majority of men who die by suicide are in their early 50s. So there's a lot of stigma and social myths around that. I think what else we don't talk about a lot is people who live with suicidal ideation or people who live wanting to die, wanting to commit suicide, often view it as an option. For suicide, for death by suicide to be an option, I think tells us quite a lot and often when I work with people of any gender who think about suicide, have suicidal ideation a lot, that option can be quite comforting. They can hold on to this option of wanting to die for years, and years, and years. When we work together and perhaps one day, through a lot of work, they say, 'Actually, I don't want to die anymore, I don't want suicide to be an option anymore.' That can be a really difficult place for people because suddenly one of the options, or the only option they've had, is suddenly taken off the table and they're left just with their pain, with their chronic mental unwellness. Here's the thing, we don't know a lot about what other options there are for men before they get to the crisis point, where death by suicide feels like a viable option. What is happening for men before that point, before they reach crisis, and this is really difficult to get to the bottom of and this is where I think men have this internal voice that tells them not to get help. It tells them, here is a narrow idea of masculinity that cannot allow help. Of course, I call this an internal voice, it's not, a child isn't born saying to itself, 'If I'm not promoted to this level by the time I'm 40, I'm a failure.' A child isn't born saying, 'If I'm not earning this much money by the time I'm 30, I'm a worthless man.' But it gets internalised, and I would say it gets internalised very young. I think it is that internal voice that prevents men from exploring options to support themselves in mental health and physical health before they reach a crisis.

Yes, I mean definitely, it all resonates with me personally, but also a lot of work I've done. I think, the way I sort of think about it is, totally the same as how you articulated it, but is that, it's sort of we're programmed as men and as women, I guess, to pass certain goals, certain attributes... Which I think affects men and women differently, but in the case of men, I think yes, we're probably programmed to sort of internalise certain things and speaking out about our feelings. It sounds a bit cliché, but it is not something that men are supposed to do in a way that society programs us. I think that has, in some ways, filtered through many aspects of work I've done. It was obviously a big factor of SurvivorsUK when men are experiencing sexual abuse or sexual violence as an adult. That has, it kind of shakes the foundations of their sort of perceived masculinity. Also, as well as doing that, in the way that they come to terms with it or not, it also affects how they feel like they may be perceived by society if they speak about what's happened to them and so on. Obviously, talking about suicide, many people who experience trauma experience lots, and lots of suicide ideation. So yes, I think it's really, really, what you said really cuts to the heart of my experience of working with men.

Yes, of course, and I guess the thing maybe that you've made me realise is just because men, you know if we accept that men internalise these ideas and voices about masculinity; that doesn't mean they stop hearing the external ones as well. So we've got two sets of voices, an internal voice limiting what they can do, who they can be, how they can express themselves because of masculinity, and also the external voices from other men, from women, from organisations from social media, from films and such. I guess, I know your time at SurvivorsUK, there was a statistic, wasn't there, was it 26 years it took men to disclose a sexual abuse to anybody, because that feels like just a horrible length of time to be alone with such a catastrophic trauma.

Yes, and that's something we worked with a lot at SurvivorsUK, and I remember in a meeting, quite regularly when I was there, I wasn't involved in frontline service delivery, but I spent a lot of time meeting clients. One of the most and enduring memories at my time at SurvivorsUK was pre-COVID, so we could all meet in person. We took a group of men to see the Victims' Commissioner of London which was a good opportunity to try and effect change, but with not me as a professional saying, 'This is what you need to do,' actually bringing SurvivorsUK clients. I think it was a really positive experience of the people who got, who were there, but I remember, because I's only been in post for a while, one or two months. So I only really had my own experiences of a survivor to draw on. Just the diversity of experience expressed but also just that common thread of how masculinity or notions of masculinity that are programmed and that with that voice that we have as men, how that kind of affected every single one, whatever their experience is of sexual violence and whatever age they were. That was just really, really hard and it sort of stayed with me throughout my time at SurvivorsUK. Actually, funnily enough, yesterday, so it's slightly off-topic, but yesterday, I play football and I'm a gay man and I hold those two identities together in a way that I don't think should be uncomfortable or conflicting, but obviously society in some way sees that as an unusual dual identity to have. Yesterday, the football team I play for is like a gay-friendly, LGBT-friendly football team and we were doing an interview with Sky Sports News about Rainbow Laces, which is the campaign to sort of raise awareness and visibility. I found myself getting into a really in-depth conversation about dual identities and things like that with this Sky Sports News reporter, for a small segment on Sky Sports. I'm sure they'll cut it out, but in a way, it made me think and reflect on why football became such an important part, an important thing to me as a child. I think it was my way of almost signalling that I was masculine. I was aware on some level that I was gay and I think that was my way of almost like fitting in with people who I perceived to be like my male peers at school. Yes, it just felt relevant, even though it's slightly off-topic.

Well, I think, thank you, because I think that issue of a dual identity is a really good example of how masculinity forces men to make decisions about their identity that ultimately can be harmful. I remember being around a friend's house, they had like a free house, right, and they had this older sister who was cool, she wore like ACDC t-shirts. We were there and she was just playing Prince back-to-back and I was just a quiet, young, teenage kid just sitting in the corner being like, I don't know what this is, but this is cool. I went back home, and I was like, 'I fucking love Prince,' and received the message that that made me a poof, and you can't be a man and like Prince. I think most men will have a version of this, where at some point in formative years, they have had a part of their identity or even just something they liked, shut down, because the external world's version of masculinity is so rigid, it can't allow for it. I think them that that boy, or than man has a choice. They can either reject societal masculinity and I think, that is much easier said than done. I think young people finding space to do that requires a lot of bravery and a lot of other elements around them in order to support them to do that, because they think that is much harder than people give that credit for. So they either go through the rigmarole and the stress of rejecting that or they have to repress parts of own identity. They have to lob off parts of themselves. Whether it's their sexuality because they want to play football, whether it's their music taste because they live in a household that Prince is poofy, right?

In a way, like you say, it sort of becomes almost like, you almost try and conform to very stereotypical [signal breaks up 0:12:22.3]. Sometimes I look back at my early teenage self and the way I used to dress, and it was like I was, it was just a performance of what I then perceived as a sport, football-loving boy, masculine boy. Yes, and I guess it's - I mean my childhood was broadly fine, but I look back and I sort of think that I can't have been such a happy person in that very superficial identity. I know obviously there were other aspects of my identity which I embraced and so on, but it's just a bit silly that that is a way that we feel we need to perform, and a way we feel we need to act. I'm quite happy that I spent a lot of time playing football because I still like football. I've done a lot of football training and it means I can still play football. Other than that, it just feels a bit ridiculous and I'm sure from your perspective as a psychotherapist, I'm sure it's on some level not entirely healthy.

Yes, jump on the couch, we've got 50 minutes. What you're saying really illustrates a real internal storm of identity. Thinking of the 26 years it takes, as you say, for men to disclose sexual abuse and thinking, I know we're not focusing solely on suicide, but I'm thinking that's what we know. Headlines say there is a crisis in men's mental health. The crisis is not, men are flooding IAPT services, NHS therapy services. In fact, 36 per cent of referrals to IAPT, are men. The crisis is death-by-suicide. That's the thing, there is such an internal and conflict between men and I think your example really illustrates that and how something as simple as football and queerness or being gay, becomes a conflict. That's just one in the multi-faceted life that humans lead. Your story about accessing a space where you can play football feels like it really taps into something about accessing different spaces and what society can do is think about men as a homogeneous group and of course that's not true at all. Different men will, you know when we're talking about accessing healthcare and accessing mental health services, will have a different relationship with accessing those spaces. Some will struggle more than others for different reasons and we've been talking about identity. I think we'll both know examples of trans men who have wanted to access mental health services, but they are also accessing their GP or a gender clinic. They're transitioning and they're talking about surgery, they're talking about hormones, and they have, trans men have had their transitioning or been denied access to healthcare and support transitioning because of their mental health. So we see a lot of trans people editing themselves and not seeking help, because they're afraid that the GP will suddenly stop their transitioning. The thing about transitioning saves people's lives. Being able to access a gender clinic, categorically saves men's lives. I'm thinking a similar thing for black men. Black men are more than any other group of men, are incarcerated in secure mental health units against their will. Now, this isn't because there's something about black men where they're mental health isn't, this is a societal thing, this is twofold. One, it is prejudice and racism within the health services and it's also social economic and health inequalities that men will face. You can really understand how a trans man or a black man would think twice before accessing health services because they would face different forms of oppression. These barriers are very real, and they affect different types of men.

Yes, definitely, and actually, it made me think of, I know IAPT services and some NHS services, people with, so like I've people I know who use drugs recreationally, for example. I imagine for them, that's a way of coping with their mental health rather than something that leads to mental health problems. I think the way that we've come to view it in society is that that is the problem rather than... I know people who've been denied, like men, who for the first time they sort out therapeutic support from the NHS and it's been a real journey for them to do that, for depression or whatever. When they've filled in the forms or answered the questions around recreational drug use, they've been referred to drug services because they smoke a certain amount of cannabis, which wouldn't in any way be deemed [signal breaks up 0:18:02.9] concerns of... I think that in itself is a problem that, I mean, I guess it's just stigmatising people for different reasons. So racism, as we mentioned, trans men, their priority, as you say is to access surgery or hormones or treatment so that they can realise their gender identity and they will prioritise that above mental health support because of course they would, because that's the thing that, as you say, has potentially saved their lives. Yes, so I think it's really challenging and difficult.

I think that's a good example of where services just aren't thinking holistically about men, isn't it? There's the thing about self-actualisation right, that in therapy people are striving to do better to, I don't mean do better in wealth and in life, but to grow as people and sometimes we have limited resources to do that, and a lot of men find themselves with limited resources to do that. So if you are unable to access healthcare, if you're unable to access something that eases mental pain, then self-medicating through drugs, might actually be the best thing you can do for yourself at that point. The pain of your example is if people are self-medicating because they're left with nowhere else to go and then they find the resources to try and access healthcare and then are told no, you can't access this, or you can only access this type of healthcare.

Yes, I think people who have faced that, I think, will probably never try and access services again. Yes, and actually, you made me think of when you talked about the 26 years and then to speak out about victims of sexual violence, or sexual abuse. I remember when, I mean I was 18 when I was raped but I remember the first time I tried to talk about it, and I couldn't, and I couldn't say the word, because I didn't really associate those words with being a man. It sounds ridiculous now, to me, but I didn't, although I knew what had happened to me, was in fact rape, I didn't know that that was something that could happen to men. It just hadn't been, it just wasn't in my awareness, I guess, which sounds ridiculous. I remember when I first started to speak out about it publicly, it's never healthy to read comments and articles and things like that, but you would get quite a few people commenting on the article saying things like, 'What, are you an idiot?' It's like, you're an idiot because you didn't think that those words applied to you as a man and stuff. Which is interesting because I think people who were making those kind of comments are also the people who would say, probably say to man, 'Oh, just get over it, did you not fight him off?' All those sexual violence myths that are applied to men. Yes, which I think just shows how deep the problem is in society about going back to those kind of gender roles that are prescribed by society and so on.

I don't know where I'm going with this, but it sounds like a really isolating place for you to find yourself and I'm imagining the other side of that is the men who are making these comments. That sounds like a really isolating place. Of course, I'm not saying it's excusable, that behaviour, writing anonymously online but I am wondering what it takes or what position somebody has to be in to sit and attack, albeit online, somebody's experience. That doesn't feel like someone who can healthily express their masculinity, it sounds, and you know, this is speculative, but I wonder what pain they're sitting on to make them do [signal breaks up 0:22:31.8].

Yes, and to be honest, I think when it happened, I was in a sort of a place of peace and sufficiently that I could sort of try and see, yes, it's coming from a place of pain or a place of something else, and it wasn't, you know, I really took personally. Yes, I think you're right, question of where is that coming from.

This feels like quite a self-perpetuating pattern, doesn't it? Because I can imagine somebody sitting in your seat who isn't in a secure place who is talking about trauma, talking about their mental health and is being attacked for it, and suddenly we've got an example of these external voices that could become internal.

Yes, definitely. That makes me think of I guess the criminal justice isn't always, well, rarely is achieved through the criminal justice system, but for those who choose that path, I think although obviously, you'd not let people directly say, 'Well, are you an idiot,' or whatever, it's not quite as nakedly aggressive or whatever. There are those kind of responses that you experience as well. It shouldn't happen but when you report to the police, they might ask you questions like, 'How did you fight them? Did this happen, did this happen?' It perpetuates those myths and then in court, if it gets there, which, [?it might do 0:24:02.0] unfortunately, you're bound to get those things. So I think the fact that our criminal justice system perpetuates the way that perceptions of masculinity and so on, interact with, or even our psychology, is really tragic and I think it's a big part of the problem actually.

It's funny, because I feel like we're on the cusp of talking in circles because in thinking about men seeking support for mental health and being, for whatever reason, denied access to health, be that through prejudice or denied access through support from friends and family, denied access to mental health support, because society says men can't and what you were saying about drugs and drug use, self-medicating and was of World Health Organisation in 2020, released a report saying men across all social economic groups demonstrate unhealthier smoking practices, unhealthier dietary patterns and higher alcohol consumption, higher rates of injuries. So they find themselves in this state both physically and mentally worse off. Go for help again and then are denied for help they want, because they are either oppressed, told they can't access mental health support unless they compromise themselves in some way, or they are siloed into a drug and alcohol system when really, they want to look at trauma. It becomes this circle; we're talking in a circle and the system feels like a circle.

Yes, I think that's really true, and I think this is sort of a political point, but I think that's sometimes why it is problematic to have the sort of, a superficial diversity inclusion agenda. I think a very real culture of humility or whatever. Something much more deep, is really important, but like having, for example, very boring, but saying that Margaret Thatcher was a female Prime Minister in the '80s, so we don't have an issue with equality for women. It's like, and I think we do a lot of that in politics. I think it's really problematic because of the intersectionality. Obviously, it's good symbolically that we had a woman Prime Minister in the '80s but there's loads of reasons, I don't think she had many women in her cabinet. She wasn't massively big on equality. That's applied to race, it could apply to sexual orientation, gender identity and so on. I think that is a bit of a problem that we sometimes do tick boxes and then say therefore we don't have a problem. We just, we neglect to say that if you're a woman who's a woman of colour, or a queer woman or a woman from a socioeconomic background that's deprived or whatever. Then the chances of you becoming Prime Minister is much, much, much less and so on. So I think that can erase your almost intersectionality, and social class, I guess, is a massive influence on what happens to you within life, and throw in the mix, other forms of structural oppression and it's even greater.

I think that's a really good point and I think thinking about barriers to men, and what makes services and healthcare, mental healthcare accessible is, you know, I run a group for men. Now I don't sit there going, well, I'm going to run a group for men because I am a man, therefore I understand all men's problems. That's absolutely not going to get us anywhere, right. What I do do, is take an intersectional approach and go, 'Well, I am open to dialogues and learning and understanding my own prejudices and understanding that just because I am a man, I will not intrinsically or instinctively know all of the barriers for men and I am open to conversations and learning and being wrong. That feels like a really important that service managers and therapists can do for men and look, maybe this is a nice tidy way to lead us on to the final question. There's two elements to this question. So the question is, what can we suggest that helps men access mental health services. I suppose I'm looking for two different answers. What can services do, what can private practice therapists do? I want to distinguish services from individuals because it's not down to black men to fix institutional racism within the NHS. It's not down to working-class men to find affordable private practice therapy. It's not down to disabled men to make access to mental health services wheelchair friendly. This is the challenge for institutions, for service managers, for charities, for private practice therapists. What can we say to individual men from all sorts of backgrounds and identities, to get them to think about taking steps towards addressing interna; pain, addressing issues with their own mental...

Yes, I think, I guess it's natural for me here to draw on my experience at SurvivorsUK. I think SurvivorsUK and when I arrived, I immediately felt that the organisation was kind of, values were at the heart of the organisation. People before me had made that happen and the people being recruited and so on and it was a really important part of the organisation's identity. I tried to best to add to that role and take away from it. I think not in a really obvious way, that had obviously a perspective client or survivor seeking support going on to SurvivorsUK website that wouldn't immediately be apparent or it's difficult to make that immediately apparent. I think the one thing that really was, to me, the best thing about SurvivorsUK, during my time there, and your time there, was that everyone would be taken and supported where they were in life, whatever their circumstances. I remember, we didn't say no to anybody, and a client once said to me, that SurvivorsUK felt like a warm hug, which is the best thing you could possibly hear. I think some organisation that provide professional support and therapeutic support, whatever kind of support it is, can go so far towards being professional, or perceived as professional, that they lose the kind of humanity and the [signal breaks up 0:31:28.8] and the compassion. I think for SurvivorsUK it was really important that professional boundaries were absolutely essential, safeguarding all those things that were essential but that doesn't mean that you need to lose the warmth, or you need to lose the humanity. I think we had people, and I'm putting you in that Jeremy, who led by, their practice was unpinned by values and compassion and that was something that I wanted to enhance and build and more of for the organisation. I think, it's hard, I guess, to think about how that reaches people who are already accessing services. It could be word-of-mouth, it could be sort of first experience. One of the things we had, some internal discussions and disagreements about SurvivorUK, was about inclusivity and how inclusive we are in our language. I think some people, who I disagreed with, felt that you had to just hold up a mirror to a certain group of survivors. So like, what I felt it was, was heterosexual, white, male survivors, are almost like the target audience for this conversation. If you try and be more inclusive, then you're going to lose demographic. Whenever I spoke to that demographic of people they said, 'No, we love the inclusivity, it makes us feel like whatever parts of our identity, I think we might not be totally comfortable or come to terms with or people I know, etc.' It signals that everybody is welcome. So in a way, I think trying to kind of represent everybody, as in, I don't know how to explain this, trying to pick a target audience and help us on a target audience to say, 'This is what is a male survivor looks like in his life,' and trying to reflect that back, isn't going to work.' I think what does work is, just being as inclusive as possible and being really open about whoever you are, whatever your experiences, we're here for you.' I think is the way forward and I think that was why SurvivorsUK was so special to me and I think to the clients that I spoke to as well.

That's a really interesting example, and I suppose if I'm drawing threads from what you've said, there's something about not trying to anticipate who your service users are, not trying to anticipate who your clients will be. Not trying to anticipate their needs being open to people arriving as they are and actually if that feels difficult, if that feels challenging, noting that that isn't the service user's problem, that isn't the client's problem. That is a gap in your ability to meet those needs, and of course what you do after you identity that gap, can be lots of different things you can say. Actually, this just isn't something I can work with, or you can go away and challenge yourself and educate yourself and grow as a person yourself, so you are able to meet a broader range of people. The second thing I wanted to reflect back has completely fallen out of my head but I'm going to keep this in the edit because I want to say that I'm not shackled by a version of masculinity that makes me feel like as a man I always need to be an expert, because it's just completely gone. I'll email you later, but Alex, what would you say to individual men who wanted to seek out therapy, or wanted to seek out any type of support?

Yes, I think that it's the biggest challenge in this. For me, one thing I was thinking about which might relate, is the different clients of SurvivorsUK who I met were very different identities, really appreciative that one thing which was something they often felt shame about, or they've been sexually abused, or experienced sexual violence. It's something that has been a negative part of their life could actually unite them in some ways, with people who were very different from them and it was like building this kind of, I don't know, sort of like, I was going to say in an affection way, dysfunctional family, but I don't really mean it like that, but people who are reunited, being very different but are brought together by something bad, horrible that happened when actually they found joy and shared interests and expanded their social circle and expanded their, well, I guess their minds in many ways. To some people that might be intimidating, the idea of that, but obviously it's there to whatever extent you would like it, it's not there. I think most, obviously, I'm mainly talking about SurvivorsUK but most specialist services will provide that kind of community, if you want it. I think for me, and I'm sure for most survivors that I've spoken to, particularly male survivors, the one thing that being a survivor is, is isolating and it makes you feel, like I felt like gosh, is there anyone else this has happened to. Now, obviously, I would feel different but then you sort of, there's this kind of cliché, that it's true to an extent, you sort of suffer in silence and suffer alone and I think that is one thing that some services that really good services can provide and it can show you that you're not alone, it can show you there are other people going through the same kind of thing as you, who have nothing else, on a superficial level, in common with you. Actually, once you did down, you will have things in common with them because we're all humans and I think that is probably the best I can think of now, for individuals.

I really like that advice, thank you Alex, and I like it because I think that the healing that connection can bring is immeasurable, and I know this recording is for the BACP, so obviously we're talking about mental health, but men's physical health is also pretty bad in the UK. One in five men will die before they're eligible for their pension at 66, which is an outrage, and mental health and physical health are really a mesh together. The healthcare services silo them, but we know that they very much go hand-in-hand. So whatever you are managing, whether it is a long-term physical health condition or PTSD, trauma, depression or mental health. Connection really can be an antidote to that. I'll tell you why, because I think a lot of men will seek out connection, will seek out therapy, will seek out some sort of intervention and they will get in touch with the wisdom that some of these challenges bring and they will get in touch with their own bravery. It might not feel very brave and actually listening to me, it might sound all very fortune cookie and very psychology you see on Instagram, but the reason it's not, I'll tell you the reason it's not, is because it is hard-earned men accessing support, it's hard-earned and that's why it is more authentic than Insta-therapy. That that connection is so important.

One thing I really almost like appreciated, and was almost a life-changing aspect of the first time I ever had therapy, was simply going into a room with someone who was just going to accept me for whatever I was, actually inside, rather than my friends might have a certain version of me that they relate to and [signal breaks up 0:40:07.5] might have certain version of me they relate to, that comes with it. Positives, negatives, responsibilities and so on. Parents, family, etc., work, you've got all versions of yourself that have evolved. Partly based on expectations people have of you, partly based on your own and so on, but you go into that relationship and you can be whatever version of yourself feels most right for you at that time. There are no kind of external pressures. It's like if you want to, you can unlearn, it's easier said than done but you can ignore, let's say, all the other relationships in your life that develop. Some of those you might feel like you're performing a version of you in those relationships, and actually, it's going to a therapist or even in a group work setting. You can just be the you that you are in that moment, and it's appreciated. It's kind of people connect with that version of you and I found that really powerful actually.

Alex, first of all thank you for sharing that testimony about therapy, I think it really goes to show that counselling, psychotherapy, it can have transformative effects, it can change, and it can save lives and it can change and it can save men's lives. I really appreciate you sharing that and want to say thank you for talking to me for the last 40 minutes. Of course, thank you to everybody listening, if you've listened this far, thank you very much. We hope it has been information, we hope it has satisfied curiosity and we hope it has been thoughtful. So yes, do take good care of yourselves. Thanks, goodbye.