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Rural men and mental health: Their experiences and how they managed.

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ABSTRACT

There is a growing awareness that a primary source of information about mental health lies with the consumers. This article reports on a study that interviewed rural men with the aim of exploring their mental health experiences within a rural environment. The results of the interviews are a number of stories of resilience and survival that highlight not only the importance of exploring the individuals' perspective of their issues, but also of acknowledging and drawing on their inner strengths. Rural men face a number of challenges that not only increase the risk of mental illness but also decrease the likelihood of them seeking and/or finding professional support. These men's stories, while different from each other, have a common thread of coping. Despite some support from family and friends participants also acknowledged that seeking out professional support could have made the recovery phase easier. Mental health nurses need to be aware, not only of the barrier to professional support but also of the significant resilience that individuals have and how it can be utilised.

KEYWORDS

Consumer Involvement, Males, Mental Health, Resilience, Rural Communities.

INTRODUCTION

The impact of stressors on the mental health of rural populations is acknowledged in the literature (Kane *et al.* 1999). Difficult times, including Australia's prolonged drought, exacerbated by factors such as fluctuating interest rates, international trade anomalies, tariff charges, poor commodity prices and marketing problems, promote stress in individual rural dwellers, and test the resilience of individuals, and families as well as rural communities (Gillies 1995). Despite these significant stressors to daily rural life, a study by Fuller *et al.* (2000) found that rural participants did not equate individual distress with mental health problems. Problems such as alcoholism or relationship issues were perceived as problems of daily living rather than ones which would impact upon mental health (Fuller *et al.* 2000).

While stigma associated with mental illness is a common additional stressor, Roberts, Battaglia and Epstein (1999) liken rural communities to a fishbowl where people are easily observed. For example, rural residents are far more visible when entering, for instance, mental health services. This lack of privacy combined with community perceptions of mental illness within rural communities can add to the stress experienced by people with mental health problems (Judd & Humphreys 2001).

According to Wainer and Chesters (2000), other issues contributing to the vulnerability of rural men developing mental health problems are the long standing tradition of hardiness and self-reliance. This stoicism coupled with the stigma attached to admitting any mental health problems, can lead to delays in rural men seeking help or utilising mental health services. However, for men who do want to seek out services, the situation is often further complicated by difficulties with access to treatment in some rural areas, as well as follow up within a constrained social environment (Brooks 2001).

Baume and Clinton (1997) have previously expressed concern at the level of suicide in Australian men in rural areas. It is also disquieting to note that the mortality rate for rural males was 15% higher than for their urban counterparts (Buckley & Lower 2002). This was seen as being related to “geographic location, shortage of mental health care providers and general health services, socio-economic disparities, greater exposure to injury, poor road quality and small sparsely distributed populations” (Buckley & Lower 2002 p.11).

While the findings of previous studies are concerning, other studies indicate that, as well as the more publicised negative ones, there are positive factors associated with living within rural communities. McLaren and Hopes (2002) for example, reported that in rural situations survival and coping beliefs, responsibility to family and child related concerns were seen as important reasons to stay alive.

Roberts et al (1999) describe a range of factors that can positively or negatively influence the resilience of rural men when confronting stress, anxiety or mental illness. These include “overlapping relationships, conflicting roles, altered therapeutic boundaries between caregivers, patients and families; maintaining patient confidentiality in close communities when accessing treatment; heightened cultural dimensions of mental health care; generalist versus specialist and multi-disciplinary care; team issues; limited resources; and greater stresses experienced by rural caregivers” (Roberts et al 1999 p.497).

During the last decade there has been an increasing recognition of the importance of the contribution that consumer voices can make to the improvement of mental health services (Happell *et al.* 2004; Happell *et al.* 2002; Lammers & Happell

2004; McAllister & Walsh 2004; McCann & Clark 2003). One of the current models of care, the Tidal Model (Barker & Buchanan-Barker 2005), demonstrates the importance of approaching mental health from the perspective of the individual, and emphasises the importance of the person's everyday lived experience: their story. "The person's story embraces not only the account of the person's distress, but also the hope for its resolution" (Barker & Buchanan-Barker 2005). This second aspect, that of the resolution being contained in the person's story is very important as it suggests that a solution lies within consumers' stories.

The study carried out by the authors used in-depth interviews with rural men to explore their experiences of mental health/illness. The research team respects the participant's reluctance to 'label' their situation as a mental health problem, therefore the term 'tough' or 'difficult' times has been adopted as an expression men frequently used to convey their episodes of depression or despair. The initial intent of the study was to concentrate on men who had considered suicide, but it became clear very early in the study that men were reluctant to admit to meeting this criterion. To respect this we changed the focus to the much broader one of mental health and were consequently more successful in recruiting participants. This change in emphasis was to be reflected in the findings of the interviews which, while they included many experiences of hardship and emotional suffering, had an underlying quality of resilience.

There were two main aims to the study. Firstly, identification of factors that rural men believed were current stressors related to rural living, and secondly, the identification of factors that rural men believed enhance their resilience to mental illness.

METHODOLOGY AND METHOD

A qualitative methodology was chosen for this study as a way of developing a detailed understanding of a particular phenomena occurring in a particular group of people. Schneider *et al.* (2003) explain that the key benefits of such an approach is that the phenomena in question are studied as a whole and within the context in which they arise. A qualitative approach then helps to collect data that is meaningful to the participants and allows for detailed expression. The research team in turn have gained a better understanding of men's resilience in the face of adversity.

A multicase, comparative narrative approach was chosen since it allows participants to tell their own stories, in their own voice. Within a narrative, people relate their actual experiences but also their reconstructed memories (Hare-Mustsin & Marecek 1994), a process which is critical in a study which aimed to explore what it is like to live with, and through 'tough times'. These kinds of experiences are not easily explained with more reductionist, logical approaches, yet lend themselves very well to a narrative approach where the personal meanings attributed to concepts such as resilience in the face of adversity can be explored in depth. The reconstructed memories shared by participants in their narratives will not necessarily completely resemble the actual experiences, but most importantly, they are 'true' to the narrator.

The actual design of this study emerged as the study progressed, a process common in qualitative research (Lincoln & Guba 1985), reflecting the need for qualitative researchers to make research designs which honour the realities and perspectives of the participants. Decisions about the best ways to obtain data, from

whom, how to organise interviews and other methods of data collection were made as the project progressed and are described below.

Participants

Participants included rural men from Queensland, who were 18 years of age and over, who reported that they had lived through a period of extreme emotional difficulty which led to strong feelings of depression and, for some, thoughts of suicide, and who were prepared to tell their story. Participants self-selected for the study; that is, they decided whether or not they met these inclusion criteria. We did not set a particular time frame in which these life challenges needed to have occurred, nor did we attempt to conduct any objective testing of mood or any other measure of mental status. Instead, in keeping with the narrative approach, we sought men who had lived through challenging emotional times but who felt that they had survived the experience and were prepared to offer their experiences and thoughts about what ‘got them through’ to others who might benefit.

Men who did not speak English or who appeared unable to give informed consent to participate in the study, perhaps because of a diminished mental capacity, would have been excluded from the study if they had volunteered, however this situation did not arise.

Participants were recruited through a wide variety of sources including newspapers, support groups, and government organisations. Media releases were placed in several rural newspapers. Talk-back radio presentations were held on the national radio broadcaster. A large number of welfare and community groups were contacted, as well as two government departments, and parent groups in local private schools.

Responses were poor and difficulties with participant recruitment continued throughout the entire recruitment process. The research team discussed at length why this might have been the case, and can only offer a tentative explanation which draws upon what might be considered to be a stereotype about men. That is, we assumed that many rural men hearing our call for participants may have felt uncomfortable at the thought of having to tell stories, even if they felt they met the inclusion criteria. Concerns about confidentiality, or feelings of embarrassment about having to confess to a period of emotional difficulty are likely to have been at play. Of particular interest to the research team was that similar calls for participants in previous studies involving women had been very successful. Most participants were recruited via the newspaper and radio announcements. As a result of these activities a total of 10 men were recruited into the study, and participated by sharing their stories with us. These were men who heard about the interviews, and agreed to share their stories. The research team received no phone calls from men who showed interest but did not go on to participate.

Procedure

Consent was obtained from each participant by mailing an Information Sheet and Plain Language Statement and Consent Form to potential participants following their indication of a willingness to undertake an interview. The Information Sheet and Plain Language Statement contained details of the study, contact addresses and telephone numbers for the research team. Once the consent form was returned, an appointment for the interview was made.

Data were collected by face-to-face, in-depth interviews, which ranged from one to three hours in duration. No time limit was set for the interview and this allowed participants to express themselves as extensively as they wished. The interviews were unstructured in order to allow for breadth and richness of expression. Some questioning

was used to further explore and clarify particular issues pertinent to the study. All interviews were audio taped and transcribed by a professional transcription service.

Participants were asked if telephone contact could be made to clarify any issues regarding the data and ask further questions if necessary. Once the narratives had been constructed from the interview data, they were returned to each participant for checking. A further telephone interview took place to discuss any changes the participants wished to make to their narrative. No participants expressed the wish to withdraw from the study.

Data Analysis

As noted earlier, this study used a multi-case, comparative narrative approach. The construction of the narratives from the transcribed interviews was conducted following Emden's (1998) guidelines for conducting narrative analysis. Emden (1998) suggests repeated reading of the interview transcript over several weeks. Following this process all interviewer questions and comments were removed as well as any irrelevant words or comments. The next step was to arrange the content so related topics were grouped together and the story was coherent and ordered. Upon completion of the constructed narratives they were returned to the participants to check for accuracy and additional changes (Emden 1998).

The process of narrative construction also made it possible to identify a number of topics emerging from the data. A formal thematic analysis was then conducted independently by two members of the research team, followed by a meeting of the whole team which reviewed both analyses for accuracy and consistency before agreeing to the final derivation of topics. While common topics were clearly identifiable, it was not necessary for a topic to be mentioned by the majority of participants for it to be considered significant.

Ethics

Ethical approval for this study was obtained from the Human Research and Ethics Committees of the University of Southern Queensland and the Toowoomba Health Service District.

RESULTS

A total of 10 men participated in the study. Their places of residence were in various rural locations throughout Queensland. No demographic data were collected from the participants as the focus of the study was on the individual's experience, without making any links in relation to e.g. age or educational level.

An analysis of the stories told by the 10 men revealed a number of factors that the participants considered helpful in coping during difficult times. These factors were broadly categorised into two major topics the individual and their inner strength, and support and strategies. The data have been further categorised into sub-topics merely for clarity, as they do not necessarily occur as a single identity, but frequently interconnect and overlap.

The Individual and Inner Strength

This major topic is relevant to factors that are within the individual that have helped them to cope with adversities. The sub-topics emerging from the data were: positive thinking, self-awareness, self-control, the meaning of life, as well as appreciation and hope.

Positive Thinking

Positive thinking was identified by a number of men as important particularly in relation to the positive aspects in life rather than the negatives. This did not mean denying the negative factors, rather, they recognised the potential for negative feelings to dominate and therefore exclude positive feelings. When this happened, the negatives

could become out of proportion and reduce the individual's ability to cope. Positive thinking was also an activity of looking for and valuing the individual's characteristics. The following three comments exemplify the notion of positive thinking:

Participant J: *I mean it's not every day you're thinking it's beautiful, but that seemed to be what gets you through. I've always found if you're being through difficult times, what will often get you through is to have a fallback. ... Just say you had to lose your farm and your home, you've got to think 'well I suppose it's not so bad if I've got to live in a caravan or got to live in a tent, but at least I'm still alive'.*

Participant E: *Whenever I was in trouble I retreated to my photography. I did up a dark room at home. There's a creative sense then, the fact that you're actually creating something, achieved something. The achievement is a plus, it gives a strength I guess, I have achieved something and it looks okay.*

Participant A: *You know and these challenges aren't going to last forever and that's an important thing to me even when I tell my kids, you know what you're going through, whatever it might be you know, a relationship with a girlfriend gone wrong or whatever, it's not going to last forever.*

Participant G: *There are a lot of farmers in the same position, it's just everywhere, it's not like I'm just hopeless. If the worst comes to worst, then the bank will come and sell me up, who cares I just do something else, it's not the end of the world, it's not that important.*

Appreciation and Hope

Participants expressed that having an appreciation for life and the things they have in their life was important to them. This appreciation was often coupled with a vision of hope that things will improve in the future. Several men explained:

Participant I: *I don't think life's ever meant to be that easy, I think there'll always be something happening, like even though I feel as though I'm getting that little bit closer to God, you're going to still be growing and no matter what level you come to, there's still always something more to learn.*

Participant B: *I'm frightened of giving up life because even though I've had some terrible downs, I've had some mighty big ups too, you know, and you pray about it and you think "well maybe this will be better this time ".*

Participant J: *Being thankful for the things around you.*

Self-Awareness

The issue of self awareness and the importance of being aware of one's health, especially mental health was an area several participants discussed. This self-awareness allowed the individuals to take steps during particularly vulnerable times. This is exemplified in the following comment:

Participant H: *I think it's pretty important to keep an eye on yourself and how you are ... and if you can notice changes about yourself that just weren't in your character a little while ago, talk to someone.*

Participant G: *I was just in a deep depression and didn't realise*

Taking Control

The issue of taking control of one's situation in life was raised by several participants. Taking control was seen as taking ownership of the problem or situation and to actively do something to improve it. Further to this, it was seen as a step of redirecting thoughts of feeling sorry for oneself and maintaining an inward focus, into a proactive and outward focus. As shown in the following comment, this was seen as important in regaining some control over difficult situations. Comments included:

Participant I: *I was always thinking you know, why don't people care, but if you get strong then you can show the people direction. It's so strange, but when you can take control of your own life, you're actually helping other people as well, rather than the other way around.*

Participant A: *But I've got to deal with my challenges; I can't walk away from them. Some things I can walk away from...but something's I can't. I am responsible for my account.*

Participant D: *You've got to get off your arse and you've got to work things out.*

Another aspect of control was maintaining a level of control by avoiding the use of illicit drugs or alcohol. The following comment illustrates how this avoidance was seen as a valuable step to avoid destructive behaviours.

Participant J: *Then you've got to discipline yourself to it and that's where not drinking or smoking or hitting off on drugs or whatever that be, you've got to have a discipline within yourself. ... I didn't have to succumb to drink or smoking to get a kick. I got a kick out of the little things in life around me. Look at the beauty of life around ya. I mean it's not every day you're thinking it's beautiful, but that seemed to be what gets you through.*

Seeking Meaning in Life and Religion

Seeking meaning in life was a factor identified by some of the participants. This topic refers to the importance of having a sense of purpose - something to strive for. For some participants this sense of purpose was further reflected in their participation in religion. Religion had been an important support for several men during times of stress, as well as a way of exploring one's concept of the meaning of life. These are some of the comments:

Participant I: *I think as long as we're looking for, as long as we're seeking out something in our life and know that there's something to look for, I think that's the main thing and as long as we keep seeking or looking, then we'll find whatever we're looking for. ...:Since God has been in my life I'm trying to use His strength now and I'm trying to do that more and more rather than my own and that's been a big help to me.*

Participant B: *The church has helped me. Yeah not the church, just people that are Christians have helped me.*

Support and Strategies

This second major topic relates to factors outside the individual that have helped them to cope with the stresses of life. The main sub-topics arising from the data were: seeking help and treatment; talking about it; life changes; being needed; support of family and friends and distractions.

Access to Information

Participants emphasised the importance of finding out practical information about their condition and how that empowered them to cope. Often participants did not realise that what they were going through was common and that something could be done to help. As highlighted in the following examples, some participants were also unaware of the signs and symptoms of depression and did not relate the problems they were going through to depression.

Participant G: A turning point was when I read in a magazine the symptoms of men who've got really bad depression and I fitted the bill perfectly. I was just really aggressive and withdrawn from people and just didn't want to talk to people. When I'd go to the public things, like the races or socialise, I didn't want to talk to other people and I realised something was wrong. I was starting to get a bit better when I read that; but it did help a lot. I reckon that's sped up the healing process.

Participant C: I don't have any access to internets and but I sat down to try and find out if any other men had been in the sort of situation and...there's not a hell of a lot going on out there where there is information and...I mean it's fairly remote here, the only thing you've got is a telephone, but I got in, I forget how but...I got the, the phone

number of a group called Men's Line and it's based in Melbourne and I found them really helpful.

Seeking Help

Half of the participants commented on the benefits of acknowledging the need for professional help and seeking it out. The participants in this study resorted to various forms of help, such as telephone support or face-to-face counselling as well as support from their General Practitioner. The following comments emphasise the importance of professional help:

Participant H: *I think [professional help is important] because they've got the training behind them in the first place and there are things that you can say to them that they can interpret differently to what your mates, your wife whatever would. And because they can interpret it in a different way they can see that there's a problem underlying, so I guess it is important.*

The help that most participants received had a positive effect, but the most difficult part for some was to overcome the initial uneasiness with making contact. One participant in retrospect also acknowledged the negative effects of not doing so sooner.

Participant G: *I nearly called Lifeline one time, twice I think it was. I just couldn't bring meself (sic) to do it. I nearly rang another friend of mine that I knew went through a rough patch years ago, I nearly rang him but I didn't. Cause I was, I think I was too embarrassed to admit that I was that bad. ...It's not a shame job to ask for help like and you need to admit you've got a problem then you do something about it. No matter how bad things are, you are worth something.*

Treatment

Participants that chose, in consultation with their General Practitioner, to include pharmacological agents into their treatment regime spoke of the benefits of the treatment and how it helped them to cope with the symptoms of their illness. The following comment exemplifies this sub-topic:

Participant H: *He [the doctor] also put me on some antidepressants and I noticed a huge improvement. I didn't get upset over minor things at all, a lot of things that would happen I could just brush off, whereas before I would blow up. From early times on the medication, I could look at myself then and before, and I could see the difference and I really liked what I saw.*

Participant B: *I ended up on [medication] and I 'm still on that. I've been on that for a couple of years now and I tried to go off it but I ended up with panic attacks again. I suppose I tried that but I might have to stay on it for a couple more years.*

Talking about It

Talking about problems with others was very strongly supported by the majority of participants. The process of discussion and reflection allowed participants to unload some of their burdens, receive different points of view and reflect on their current position. The act of talking it out was experienced as therapeutic. Some typical examples included:

Participant G: *I felt I started getting better straight away 'cause I talked to my wife a bit more and I bent over backwards with her to try and make her understand how I felt. I tried a lot better to explain things and then she started to realise.*

Participant I: *It don't hurt to talk to other people you know, that's the trouble when you're sort of down you don't feel like talking to other people. I think you do need to discuss your problems a bit because otherwise they're just building up inside of you and if you don't get them out, that's alright for a start but you know you sort of, unless you can find someone to talk to...*

Support of Family and Friends

Participants placed great importance on the support they received from their family and friends. Again the therapeutic benefit of talking to others surfaced, but the knowledge that there were people there that cared about them and fully supported them, increased the benefit of the support. One participant explains the support he had received from his wife:

Participant H: *But there was always a support from my wife and even like when we separated over it all...there was still always that support from her. It makes a huge difference if you've got something or someone there behind you to help you through it. The support that I had wasn't a nagging support it was a comforting support.*

In contrast, not having family or friends as a support system was seen as a negative factor. One man explained:

Participant E: *I've never really felt the need for friends that most people seem to have, but you feel it more when you haven't got them. Omitting friends was a big mistake.*

Being Needed

Being needed and knowing that other people depended on them helped some participants to gain additional strength during difficult times. The feeling of being needed also enhanced a sense of obligation/purpose and a boost to their self esteem. As illustrated in the following example, this also became particularly apparent when the feeling of being needed was combined with the altruistic experience of helping others:

Participant C: *What kept me going were primarily my children and my own family. I do make a contribution to my children's upbringing, not just financially but in many other ways as well and I just focus on those sorts of things.*

Participant G: *I knew that my parents needed me to keep going. ...With your family, it's a big focus point to realise you're worth something and you have to stick around for them.*

Life Changes

For some participants making some conscious changes to their life helped them to deal with their situation. These changes primarily occurred once it was recognised that the situation they were currently in was not conducive to improvement, or the process of 'letting go' was underway. These are some of the comments:

Participant B: *I had an alternative life starting to go, I started to move into a different church group, I got different friends, I got more support, more realistic support from various people who knew that I was under a lot of pressure.*

Participant D: *Moving from the country to the city and everything is different but yeah it was a good change and it was time to get away from the farm.*

Taking a Break

A large number of participants made reference to the importance of taking time out from their daily lives. Taking time out included getting away from familiar surroundings and undertaking activities that would divert their focus from the difficult times they were going through. For most this meant literally going away for a time, but they also referred to not talking about their problems. Comments included

Participant G: *Getting away from the farm, there was one stage there I was really bad and we didn't plant cause there's just no rain in winter and I was stressing out and my wife just said, "come on, let's just book a weekend in [town]", and we went up there for four days and I felt like a new man.*

Participant I: *I feel you can't live in the same environment all the time because the walls close in and you just need to get away and have a different outlook for a little while*

Participant A: *But I'm just reaching the stage now where I'm just saying, "well I'm just going away" you know like I could drop dead tomorrow with a heart attack, I'm probably in pretty good health, but theoretically you know and they'd have to go on*

the same then, they'd have to manage so now it's time

Change of Focus

Creating distance from life's drudgery and taking a break is also reflected in the value of having things to do outside of the participants' daily lives. This sub-topic incorporated a range of different activities but the benefit came from the change from concentrating on their problems. Some examples include:

Participant J: *Well sometimes when you feel that things are getting you down, you know you might have to go to a Lions meeting, or I might help at the gate at the show or at the car rally or fishing competition. That helps you because you get out and then you're talking to the others and you come home and you just feel different. You're meeting other people with likewise interests and...now sort of broadening your knowledge I think it's pretty important to be involved in something, a club or something.*

Participant E: *Whenever I was in trouble I retreated to my photography. I did up a dark room at home. There's a creative sense then, the fact that you're actually creating something, achieved something. The achievement is a plus, it gives a strength I guess, I have achieved something and it looks okay.*

Sometimes just a simple thing such as 'having a laugh', was seen as a positive activity to feeling better. One participant referred to the importance of being able to maintain a sense of humour and to find fun and happy activities in life as a means of countering the negatives. One participant comments:

Participant J: *Having a laugh, like being able to laugh at things, I mean things get us down at times, you don't feel like laughing but you've got to be able to sit down and watch favourite home videos and that sort of thing and have a good laugh. And if you can't laugh, well there's something wrong with ya. It's good medicine.*

DISCUSSION

The findings from this study indicate that a number of factors contribute to the strengthening of rural men's resilience in the face of adversity. Factors surrounding the individual and his inner strength, as well as support and strategies, were the major areas addressed by participants. It has to be noted that despite the relatively low number of participants, the men who did take part in the study were able to share their experiences in depth, thus providing valuable information to this study. An outstanding feature of the rural men in this study is their strength and ability to bounce back despite adversity, which had, in some cases, been with them all of their life.

The most significant finding of this study is that the men used very similar strengths and strategies to overcome their situations. This finding is important in that it may also indicate that the resilience factors found in this cohort may firstly also be found in other resilient men and secondly may be a useful guideline for men who are looking for strategies to help them cope with difficult times/mental illness. The data also indicate that utilising certain resources was not always a conscious decision, but more a process that occurred without the individual even being aware of it until they realised retrospectively that it was helpful to them. In some cases it was a process initiated by other people such as family and friends but the benefits were not recognised until after the event.

The findings of this study are supported by other studies reported in the literature. A study by McLaren and Hopes (2002) identified that rural residents reported more reasons to live than their counterparts in regional towns. In the current study, rural men expressed many reasons to feel positive, despite the difficult times they were going through. These reasons, which included being needed by family and friends, having a

purpose in life and having a responsibility to themselves, their families and their communities, may have contributed to participants choosing to live rather than the fatal alternative. Indeed, this sense of purpose and belonging may be more strongly found in rural communities, where families are more likely to live nearby and good social structures are in place.

Despite the physical isolation of some people living in rural areas, a strong bond exists between the individuals and the community. In this study, family bonds and social support appear to be important factors enhancing the resilience of the rural men. This is supported by findings published in *Living is for everyone (LIFE): a framework for prevention of suicide and self-harm in Australia* (Commonwealth Department of Health and Aged Care 2000), which indicates that factors such as family connectedness and responsibilities provide protection against suicide. Further, social integration and community connectedness were also seen as significant protective factors in relation to mental health wellbeing (Commonwealth Department of Health and Aged Care 2000). The importance of good social support is apparent in this study and the literature would suggest that education needs to focus on developing good social structures at any stage, not only when men are going through difficult times. In fact the preventative potential of these supports is indicated by the finding that many of the participants in this study only realised how beneficial these supports had been when they reflected on their experiences. The effect of developing supports before periods of adversity would be twofold in that it could reduce the risk of men actually reaching the point where difficult situations appear unresolvable, as well as improving their resilience in dealing with difficult situations.

The difficulty recruiting men for this study was thought to be an indicator of the social stigma still connected to mental health issues. In times where rural suicides are still on the rise and economic hardship is becoming increasingly apparent, one can assume that there could have been a much greater number of men taking part in this study. The issue of stigma, privacy and feeling of shame emerged clearly from the comments of the participants. Similarly, Barry et al (2000) supports this finding and found that men were significantly more likely to conceal problems such as depression in comparison to women. Current health promotion strategies are focusing on the destigmatisation of mental illness, but acceptance of this is still a long way off. Continuing, misinformed attitudes in rural communities regarding mental health problems is one of the greatest barriers to rural men seeking help during difficult times or even feeling that they can discuss the matter with family or friends. The culture of self-reliance and the so called 'stiff upper lip' leaves little room for error or weakness (Fuller *et al.* 2000), thus adding to the pressures already experienced by men during difficult times. Health promotion needs to continue to work towards changing prevailing misconceptions about mental illness and we hope that making the findings of this study unavailable to rural men will be a step towards this.

Despite the fact that stigma and privacy were important issues for some of the participants, being able to overcome these issues has enhanced their resilience to deal with adversity. Once men recognised the benefit of sharing their problems and feelings with people close to them, doctors or counsellors, they were able to refocus their situation and actively work on getting back in control. In fact, some men commented how taking part in this study had been a healing process for them, an opportunity to consolidate their experiences and gain a better understanding of themselves. Being able

to share the experience and show rural men that what they are experiencing is not something only experienced by them, but also by many other rural men, is a powerful message.

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