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MENTAL HEALTH AND SUICIDES AMONG POLISH MEN IN SCOTLAND

feniks

COUNSELLING, PERSONAL DEVELOPMENT
AND SUPPORT SERVICES LTD

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EXECUTIVE SUMMARY

This research is a follow up to A *review of suicides in Polish people living in Scotland* (2012-2016) conducted by Feniks and NHS in 2018 which showed that the level of suicides among the Polish men in Scotland was nearly twice as high as among the Scots.

The aim of this research was to explore Polish men's mental health stigma and barriers to help-seeking that lead them to suicide. Through focus groups and a questionnaire we explored the main problems that impact the well-being of the Polish men's in Scotland; the stereotypes around masculinity and help-seeking; sources of support they would be likely to use.

The research shows that Polish men living in Scotland are reluctant to seek help in relation to mental health problems either from people around them and from specialists. The participants suffer from loneliness, homesickness and difficulties in creating meaningful friendships with other men whether Polish or Scottish. Often entangled in the stereotype of a self-sufficient and hard-working Pole, they felt pressure to succeed and to focus their life on work, which isolated them even further. The 'I can handle it by myself' and 'don't want to bother others' attitudes refrained them from reaching out for help.

Family is, traditionally, a main source of support for the Polish men in Poland (Czarnecka, 2019). However, those living abroad could not count on the relatives' support. Parents living in Poland were found inadequate due to not understanding the reality of the men's life in Scotland. A Poland bound family was also of not much help in case of financial problems. This was explained with the differences in currencies and income levels. Only a romantic partner and less frequently friends were seen as a source of help. This, however, put single and isolated men in a great disadvantage. Despite the general reluctance to use any source of institutional support, whether coming from the NHS or the third sector organisations, about 40% of the participants were keen to see a psychologist. Many wished those services were more accessible and available in Polish.

Language and cultural barriers, seen by the researchers as a lack of cultural flexibility or competences, impacted their adaptability to the Scottish society and system. Only a fraction of the respondents would ask their GPs for help in case of the mental health problems. This was further explained as the lack of awareness of how the Scottish health system and the third sector operate and an inability to present the problems in a right way or to talk about emotions at all.

Hence, we are calling for a more proactive approach in reaching out to the Polish community in Scotland to tackle a social isolation as well as a lack of awareness of the services.

The research was designed in collaboration with the Mental Health Foundation and See Me Scotland. We also used precious advice of Dr Amy Chandler, Chancellor's Fellow in Health, through Arts, Design and Humanities, School of Health in Social Science at the Edinburgh University and the leader of the Suicide Cultures research programme which aims to explore what suicide means to diverse communities across Scotland and its Islands.

1.INTRODUCTION

A *review of suicides in Polish people living in Scotland (2012-2016)* conducted by Feniks and NHS in 2018 showed that the level of suicides among the Polish men in Scotland was 96% higher than among the Scots. According to the findings the male:female ratio of suicides within Polish community in Scotland was 6.8:1 compared to Scotland's 3:1.

Although, similarly to native Scottish people, stressors included unemployment, irregular work, shift and manual work, relationship problems, and heavy use of alcohol, there was strong evidence on the impact of migration and mental health stigma within the community.

With the support from See Me Scotland we set up research whose aim was to establish which factors impact negatively Polish men's mental health and the barriers that prevent them from seeking help. We were particularly interested in understanding the unhelpful cultural denominators, such as gender roles and stereotypes, that determine men's coping strategies and behaviours while living in a foreign country. Given that the available services in Scotland seemed not to offer appropriate support to this highly isolated social group, we also asked what supportive initiatives Polish men would be most keen to engage with.

2. METHODS

The review of Polish suicides suggested that Polish men with suicidal ideations were highly isolated and not willing to talk about their mental health. Hence, we adopted a mixed - quantitative and qualitative approach to the research to increase chances of reaching this hard-to-reach group. We designed focus groups and an online questionnaire. The methods were complementary and often qualitative responses offered deeper explanations to the quantitative questions.

The research was designed in collaboration with the Mental Health Foundation and See Me Scotland. We also used precious advice of Dr Amy Chandler, Chancellor's Fellow in Health, through Arts, Design and Humanities, School of Health in Social Science at the Edinburgh University and the leader of the *Suicide Cultures* research programme which aims to explore what suicide means to diverse communities across Scotland and it's Islands.

Facebook and Emito.net, a news website for the UK's Polish community were used to recruit the research participants.

FOCUS GROUPS

For our qualitative research we have conducted three focus groups with Polish men living in Scotland with eleven participants in total. The interviews lasted approximately 2 hours and took place in Feniks's premises.

The focus groups were divided into 5 parts that responded to our research questions:

1 **THE MAN**
To establish the participants' views of what it is to be a man, as a base for further questions.

2 **PROBLEMS**
How men deal with problems; what happens if they fail; how it affects them and how they are talking about problems/ failure.

3 **HELP-SEEKING**
Where Polish men are likely to seek help and where not; and why is that.

4 **SUICIDE**
How men talk about suicide, what were the reasons for men's suicide and how it is treated by the society (social stigma?) – mainly in reference to the previous questions.

5 **NEEDS**
What could be done to tackle social isolation among Polish men in Scotland.

QUESTIONNAIRE

In addition to qualitative research, we also prepared a questionnaire to gather quantitative data. The questionnaire was published online in February 2020 and promoted on Polish Facebook groups in Scotland, ie. Poles in Edinburgh, Inverness, Aberdeen, etc.

1 **DEMOGRAPHICS**
ie. age, employment, marital status, country of residence, stress level;

2 **PROBLEMS**
Participants were asked to indicate 3 main problems that impact their (Polish men's) mental health in Scotland.

3 **SOURCES OF SUPPORT**
Asked to rate how likely or unlikely they were to ask for help listed individuals and institutions, such as family, parents, friends, support.

4 **SUICIDE IDEATIONS**
Whether or not they had suicidal thoughts or attempts, and who helped them.

5 **HOW TO HELP**
What are their needs and what help would they accept?

We were particularly interested in how the participants would rate the existing sources of support as this would help us map which people or institutions are more likely to be considered as sources of support by Polish men in Scotland. This would also be a strong message for the local institutions on how to reach the Polish community better.

PARTICIPANTS

Eleven Polish men of the age 32 - 62 and varied occupation and education took part in the focus groups.

We received 173 responses for our questionnaire with 98.3% being from Polish men living in Scotland. Majority of them (80.3%) were between 25 and 44-year-old. Most of the men that answered our questionnaire either worked full time (68.2%) or were self-employed (16.8%) and only 10 people (5.8%) were unemployed. 42.2% were renting private flat/house, 38.7% lived in their own property and 19.1% stayed in social housing. Two thirds of them were in a relationship, either married (36.4%) or in a civil partnership (29.5%), 23.1% were single, 7.5% divorced and 3.5% in separation. Nearly 66% 6f the participants had suicidal thoughts and 24% of all of them made a suicide attempt.

3. RESULTS

3.1 PROBLEMS

Loneliness

When asked to provide three main problems that affect Polish men living in Scotland, the 'loneliness' was the most often occurring word in the questionnaire. Mostly described with this single word, sometimes with further explanation. In the case of Polish men living in Scotland, the loneliness could be considered in three aspects of homesickness, being single and being isolated.

Firstly, moving to Scotland they left their families and friends in Poland. Homesickness is a very characteristic problem for the Polish expats and in the context of mental health, it can have a great impact on the ability to search for help with their life problems (as we will be able to see in later chapters). Secondly, loneliness might mean the lack of romantic relationship. This also means the lack of potential support with emotional or mental problems that men are going through. Lastly, loneliness could be caused by the lack of friends and people to spend the time with. One of the participants of the focus groups pointed out how difficult is to find new friends:

> "*In fact, it's hard to find new friends when you're a man. I mean, for example, my partner goes somewhere to crochet or something, so she has friends from crocheting. Here, local guys usually play football, the ball is five ... five a side. But ... Do you even have ways to meet other people? Because for me as a Pole it is a bit difficult.*"

Others agreed that best way to meet new friends was through the existing activities. However, sometimes lack of acceptable activities, the language barrier or overworking due to the financial difficulties kept them in isolation.

Someone else added on the importance of having people with similar interests or topics for conversations. He shared his story: he had tried to gather a group of people sharing common interests, but eventually became ignored and abandoned by the potential group members. However, his need to interact with other people remained:

> "*[...] I thought about setting up a group, not only for Poles, but a group for people who feel lonely in a crowd. Because I feel lonely in a crowd. I have no one to open my mouth to. And I'm not saying that we need to talk on specific topics, if we want to talk about sport, that's ok, let's talk about sport, but let it not be a meeting only about sport. Just talk about anything. To move those gray cells somehow. Because this is my problem for example. And well, I'm trying to find these people and it's hard, hard, because unfortunately my observation is that we're either lonely in the crowd or we're drunk under the table. And I'm already tired of alcohol.*"

Toxic masculinity

Even if someone is lucky enough to have a group of people with whom he can spend free time, he does not necessarily have a luck to have well-needed help and support. Participants of one of the focus groups talked about the toxic relationships that can occur in the men's groups, where one has to maintain the role of a strong man and compete with others, and there is no way of taking a rest and enjoying the companionship. It is, according to the participants of the focus group, a very common problem in the environment of the physical workers, which then, is one of the most common types of the work done by Polish men. It is also, they stated, very difficult to get out of such a group because the Polish community is not big enough, especially outside the main cities, to freely choose friends and colleagues and in order to avoid loneliness, they stick to the toxic and energy-draining relationships they already have. We explain in later chapters why they seek companionship and friendship primarily in the Polish community.

Work

The second most frequently mentioned problems were those related to work. Stress and pressure at the workplace were mentioned several times, as well as 'people at work'. All the frustrations that men bring with them home from work are building up if they can't talk them through and deal with their emotions. It's difficult however to talk about their work problems and associated emotions if they suffer from loneliness, as mentioned above.

Hardworking Poles stereotypes

Another popular aspect of the work-related problems mentioned by Polish men was the overload with work and the lack of work-life balance. Poles are widely appreciated in the United Kingdom for being hard-working, but this positive statement also has its darker side. Polish men are working very hard and very long hours, which affects their private life and through that – their ability to create and maintain social relationships. During one of the focus groups participants pointed out that the image of Polish men as 'hard-working' might be one of the reasons that they take too much work on their shoulders, feeling pressure to maintain the (one of the very few, if not the only) positive stereotype about their nationality. Showing laziness or even just not-too-hard approach to work might be, they feel, perceived as treason towards their nation:

> "I think that there is this stereotype of a Pole as 'hardworking', isn't there? And this is something that we all have a pressure to meet. We work a lot more than the locals to prove and confirm these "hardworking" stereotypes. Even if it is to go towards a complete burn out after some time, we will do it anyway. Because this stereotype of the hardworking Pole seems to be very strong. [...] We will work much more regardless of the consequences. We will think: ok, we will handle it somehow. We will try our best, we will not have life and we will show you that we are able [to work this hard]. When I talk to people, it is something that we just fall into this stereotype- we wouldn't let anyone know that we are lazy or something. We just can't imagine ourselves otherwise."

Instability of work vs unrealistic expectations of people back in the country of origin

Instability of work, which includes temporary contracts and self-employment, appeared in the results as one of the problems affecting men's mental health as well as, very characteristic for migrants, working below qualifications or education. Many people arriving in the UK start from scratch and are forced to look for low-paid jobs, even if they have been highly educated in Poland. This has a significant impact on their self-esteem not only in relation to the local Scottish people but also in relation to people living in Poland. At one of the focus groups, men were discussing the totally unrealistic image of life in Western Europe held by Poles who stayed in their home country. In many Polish people's minds, someone who lives and works in the UK must have plenty of money and a higher standard of life. Not fulfilling those expectations is perceived by Polish migrants as a sign of failure and a reason to be ashamed:

> "That's why I didn't come back to Poland after a year. There was this shame, the relationship breakup and there was nothing to come back with. This is how my stay here began."

Money issues

Another group of problems often mentioned in the questionnaire was the financial situation. Participants mentioned debts, low wages and high living expenses, but also the stereotype of a man as someone who should be financially successful or at least delivers a stable income for his family as the main breadwinner. This social pressure means that men who do not deliver feel their masculinity is threatened.

At one of the focus groups, men suggested that often the financial problems might come from the different lending culture and men's overconfidence around their solvency. They were convinced that the same rules applied in the UK as in Poland. One of the participants admitted that his problem with debts came from the fact that although he regularly repaid his credit card based on the amount that was written in bold letters on the first page of the letter from the bank, he did not know that it states only the minimal, not full repayment. Lack of understanding of the local system together with overconfidence led to an unpleasant surprise and financial struggles in the future.

Problems in romantic relationships

Problems in relationships also appeared in several responses. Participants mentioned 'cheating', 'divorce' or 'breakup'. This can have a negative impact on men's mental health in two ways. Firstly, men not being taught empathy, having poor communication skills or emotional intelligence are less likely to be able to solve the problems occurring in their relationships. Secondly, without a supportive partner, they are losing a significant source of help with their mental health problems.

"I spoke with a guy, who functions like that, he drinks every day and when he has problems with his wife. And as we spoke, he wasn't able to name his feelings at all. He said he didn't love his wife and did not know what to do. His solution was to stay away from home more often."

Masculinity

According to men participating in the focus groups, Polish women seem to have fewer difficulties in finding themselves in the new cultural environment. It has been suggested that because the patriarchal system in Poland is very limiting for women, after arriving in the UK and discovering new opportunities, they happily adapt to the new lifestyle.

"Some part of the Poles here, or all the Poles, don't realize how deeply rooted our values are and we deny them. For instance, many of us complain about church, religion... All those values are ours as much as we don't want them. It really helps keeping that moral backbone and the values. And here, in Scotland, in the UK, is "do what you want as long as you don't harm anybody". Everything is fluid, and all of the sudden there are things that depend on you, not the religion and you have to think more consciously by yourself... [...] women have their feminism, neofeminism etc. It is their religion, which gives them light on what is good or bad. Men don't have that religion and on top of that they have that traditional Polish religion taken away. That patriarchy and roles that were very strongly defined..."

Men on the contrary, show less flexibility in adapting to the more egalitarian society and interpret the power imbalance in the relationships with women as a loss of authority and thus their masculinity. This leads to fears of losing their position or their partners. Some responses in the questionnaire such as 'women looking after local men and giving up their own after the arrival' or '[Polish] women abroad are different' also suggest that they often turn this fear into anger and blame women for being disloyal.

Cultural differences/Language barrier

Polish men also seemed to have problems with finding themselves in the new cultural environment. Cultural differences could play as a vital part in the inability to successfully integrate with the local community, as the language barrier. Even speaking the English language at the communicative level might not be enough to feel comfortable in everyday situations:

"[...] At the same time, you are suddenly in the office and even though I study in English, I am confused about the language, especially when I get stressed and I suddenly feel that I fall into such a rut to be this half-stupid, submissive person, which really doesn't match my personality. But this language is forcing me to do it and it is difficult."

Participants of the Focus groups pointed out as well that they find difficulty in understanding the 'small talk' or 'banter', which often is required in maintaining good relationships with other people in the UK. Some of them claim that it is not very interesting from their point of view:

"I find those discussions boring, especially at such an introductory level [of the acquaintance]. They can talk for an hour about things that are totally unimportant, and I stop keeping up because I fail to intercept. And that's it."

Political correctness

At one of the focus groups participants raised an issue they called 'political correctness'. There were two aspects of this that appeared in the conversation. On the one hand, they mentioned sexist or racist jokes commonly told by Polish physical workers, which in their opinion came from the fact that Polish society was very homogeneous. Polish men did not have much contact with people of a different ethnicity or sexual orientation and therefore do not understand or were never told that their behaviour is inappropriate. On the other hand, it has been said that sometimes Poles might be perceived as being rude just because as a nation they are more straight-forward and direct, which sometimes forces them to explain themselves to show that they did not have bad intentions.

Discrimination

Another problem that Polish men face in Scotland, according to the questionnaire, is discrimination at work and the general feeling of being 'second class citizens'. They often feel that they must work harder and try better to prove their value than the local people.

One of the focus groups participants, clearly frustrated about his life situation, was complaining that after many years of working in Scotland, contributing to the local economy in taxes and building schools, hotels and hospitals for the use of all citizens in Scotland, he did not feel appreciated. He claimed that Polish workers must work harder to prove their value (and this might lead to the problem of overworking mentioned before).

> *"What do I expect? To be respected like a normal citizen. To go to work in the morning, come back, be with my woman and children. [...] Because yes, time flies. Unfortunately, we are growing old [...] and ... I should already have some stability. And that I could get up every day and do my own thing in the morning, come back, hug a woman, take care of the children or the dog, or fish. That I could function normally. And then I don't have any bad thoughts. I function normally."*

Drugs and alcohol

One of the highlighted problems of Polish men living in Scotland were drugs or easier access to drugs than in Poland. Paired with the fact that access to alcohol is more limited in Scotland than in Poland, drugs can provide easier (but false) solutions to problems and frustrations of men and therefore prevent them from seeking help elsewhere.

Drinking alcohol is part of the Polish culture and often seen as an only means for socialising and socially accepted coping strategy (CBOS, 2019). As our participants highlighted, substances were sometimes an only way of dealing with stress:

> *"You feel you're going to explode, that if you don't drink six beers right away, something bad will happen, right? But you still won't get into situations such as conversation or therapy or saying anything. For me, people who work at a construction site work very hard, but at the same time they only drink in the evenings. Just to decompress - it's alcohol."*

Other

Several other responses worth mentioning show that Polish men living in Scotland feel vulnerable: 'low self-esteem', 'misunderstanding my own emotions', 'not finding myself in the society', 'feeling pressure from the environment', 'helplessness in various situations'. All of them stand in contrast to the stereotype of a man who should be strong and able to deal with any challenges by himself.

All of the above suggests that Polish men are aware of their problems but for many reasons they are unable to properly articulate them and due to a lack of soft skills, they find it difficult to understand their feelings and talk about them. This problem is amplified further by the context of emigration, as poor cultural competencies hinder their ability to adapt to the new culture and the ability to develop support networks outside the Polish community. This results in a low social capital and isolation.

# 3.2 SOURCES OF SUPPORT

Attitudes to help-seeking

Participants of focus groups stated that Polish men were not willing to talk about their problems, especially those related to mental health. One of them admitted that he would never talk about his problems with his family in Poland because of a fear of being stigmatised. He described their attitude as: "If I say I have a problem – they hear: you are weak". This kind of expectations result in an internalisation of the stigma. The self-stigmatisation of men with problems as being inferior and not masculine enough leads then to avoiding the reflection on their feelings and emotions for fear of being judged. They also feel that they should not burden others with their problems, as if they are not important or not worth to be heard. Instead they choose to deal with their problems by themselves in manly (in their view) manner with the 'I will handle it myself" attitude:

> *"There is that saying 'I can handle it', isn't it? It's like, we all think that way, that whatever happens, 'I will handle it by myself'. Even if we were in some super hard situations, i.e. I think about myself in highschool times. I thought that way, that I will always handle things, you know. And if there were situations which overwhelmed me, I wasn't able to (I think it's due to the way in which I was brought up) reach, ask for any help. […] I have these thoughts that I will handle it, whatever. Why should I bother anyone? There might be people who need help more than I do, right? […] I have the impression that to a large extent it is a lack of time and misunderstanding my feelings."*

Participants also said that men might not be willing to go to support organisations because they would admit their problem was already serious and that would be a sign of weakness or that 'there was something wrong with them'. During the research the lack of awareness of the available services prevailed.

Partner

The only source of support that received a clearly positive response was a romantic partner. The answers from focus groups' participants confirm this as the majority of them agreed that they would ask their partner for help if they had any problems. This, however, puts in great disadvantage those who suffer from two out of the main four problems mentioned in the previous chapter: loneliness and problems in relationships. Without supportive partners, Polish men seem to be more dependable for mental health problems.

Partner
173 responses
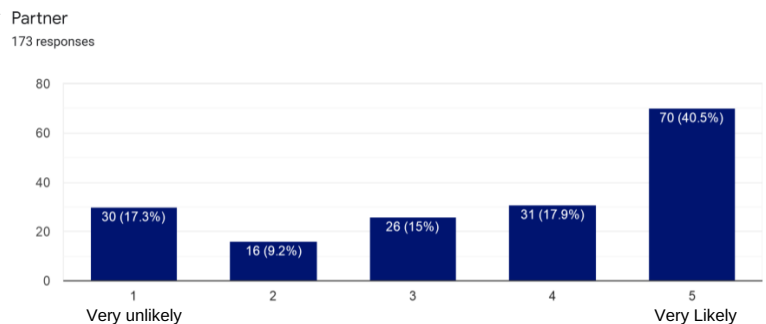
Parents

The research revealed quite a negative approach to seeking help from parents. This might seem surprising, considering strong family values in Polish society (CBOS, 2010). The participants refused asking parents living in Poland for help due to two issues:

Problem of a scale – when talking about financial problems, men said that they would not seek financial help from their parents in Poland as the cost and strain for the family in Poland would be far bigger than the

Parents
173 responses
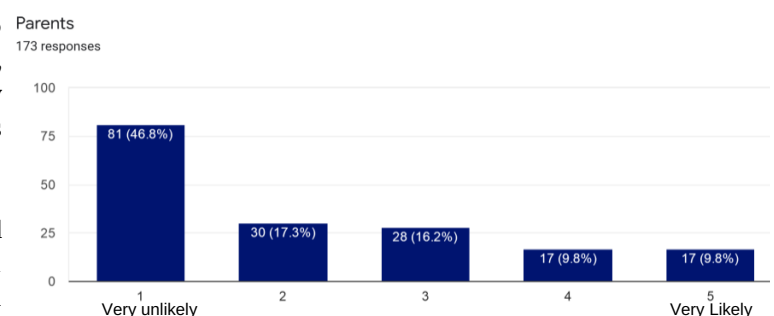
actual benefit to them. That is mostly due to the higher costs of living in the UK and the differences in the currency rate.

Misunderstanding the reality of living abroad – if not financially, Polish parents can support their children with advice from afar. The participants found it often authoritative and inadequate to the social and economical conditions of living in Scotland, and thus to their problems. The parents' attempts achieved opposite results and our participants often did not share their problems with them due to that.

"At the end we know that our parents are inadequate. That they are not able to suggest... At least as I hear my family, my impression by living here is that they are not able to suggest anything."

Close Family

Seeking help of close family members has attracted even more negative answers than parents and it might be for similar reasons. If they are living in Poland, they are found unhelpful because of their lack of understanding of the experience of Polish men on emigration:

"If you drink vodka because you have nobody to go out with and you feel isolated, someone who lives in their family home, in their home town, will not know it and will not advise you."

Close family
173 responses

89 (51.4%)
26 (15%)
30 (17.3%)
15 (8.7%)
13 (7.5%)
1 Very unlikely   2   3   4   5 Very Likely
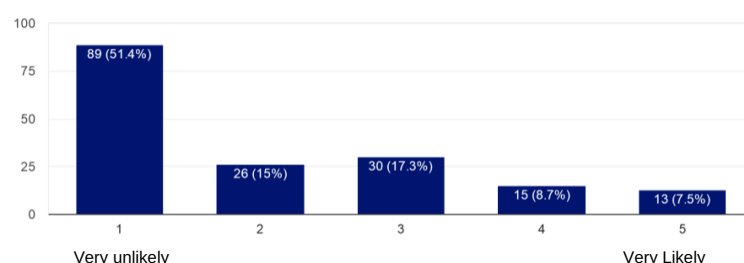
Friends

Friends are the category with the most evenly distributed answers, with the advantage of neutral votes and an almost equal number of strongly negative and strongly positive. During the focus groups' conversation, almost everyone agreed they would definitely approach their close friends if they had problems or needed support.

The conditions for this support to be effective is to have friends, at first instance, and to have a healthy and

Friends
173 responses

33 (19.1%)
34 (19.7%)
43 (24.9%)
29 (16.8%)
34 (19.7%)
1 Very unlikely   2   3   4   5 Very Likely

trusting relationship with them, as opposed to the aforementioned toxic poseur relationships. The level of loneliness and the number of calls for social opportunities in our questionnaire proved that having friends is a rare occurrence among Polish men in Scotland.
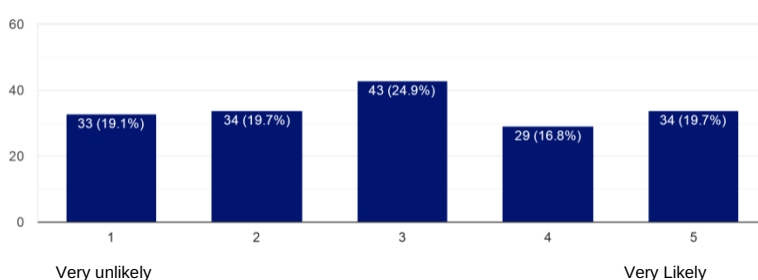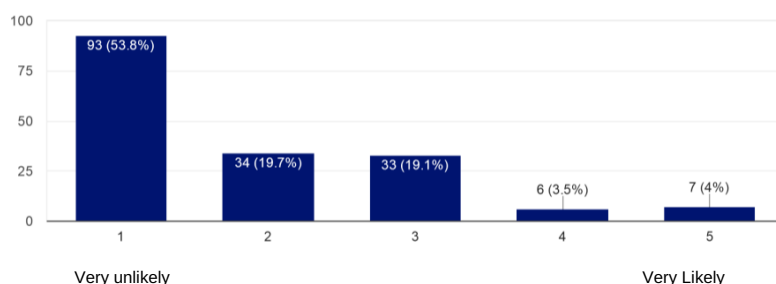
Colleagues at work

The responses from the questionnaire suggest that colleagues would not be considered by men as an effective source of help. This leads to the conclusion that unless Polish men have supportive partners or real friends, they would not confide in anyone else.

Colleagues
173 responses

93 (53.8%)
34 (19.7%)
33 (19.1%)
6 (3.5%)
7 (4%)
1 Very unlikely   2   3   4   5 Very Likely

Support organisations either Polish or Scottish

Support organisations either Polish or Scottish received a similar rating to parents and close family with slightly more answers on the most positive end of the scale. During the focus groups participants said that men might not be willing to go to support organisations because it would be tantamount to admitting the problem, their weaknesses and that "there is something wrong with them"'. Even within men who came to the focus groups organised by Feniks, some of them did not

Polish support organisations in Scotland, eg. Feniks
173 responses

quite understand what Feniks did, not to mention knowing other organisations that could possibly provide support to them.
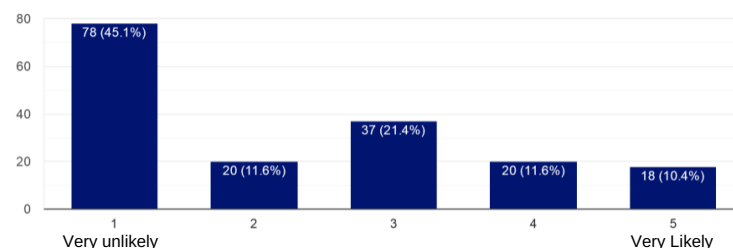
The lack of awareness of the available services was imminent among all of the participants.

GPs

A GP service got little positive answers, but less negative than most of the other sources of support, and almost a quarter of answers were neutral. At the focus groups, only two out of eleven participants said they would see a GP for mental health support. This was further explained as a lack of knowledge how the Scottish health system works and based on assumptions that the system the same as in Poland. Out of two participants who turned to their GPs, only

GP
173 responses
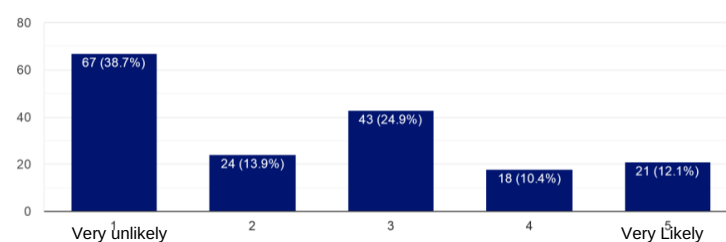
one received satisfactory mental health support. He explained that he was able to explain his situation properly only due to his flatmate's help, who worked in the NHS. The flatmate explained the differences in the systems, but also what expressions to use to be understood by a GP.

This indicates how strong the differences between the Scottish and Polish health systems are, a lack of appropriate information to explain these differences and again a lack of flexibility or adaptability of the Polish men. In the words of one of the participants:

> "I also have an observation that the longer you live here, the more you understand the system, e.g. before I associated GPs only with a cold. I did not associate them with psychological issues, that it goes beyond that. In Poland it is so that you choose a doctor, you go to an ophthalmologist, you go to … you go straight to a specific doctor, not through a GP. So I never really thought about it, but for example I have lived here for quite a long time and now I know that I have to go to the GP to get a referral elsewhere. But, for many years I did not know it. Nobody told me and I didn' make an effort to read about it."

Psychologist

Only 40% of the respondents would be keen to use psychological support if it was available, which ranked the highest amongst all of the institutions listed in the questionnaire. There was a consensus among the participants of the focus groups that psychologists were the best point of contact when their problems are too big to handle by themselves. However, they recognised numerous barriers to accessing psychological support: a scarce availability of the psychological support in their area; a language barrier or an inadequate level of language to explain the

Psychologist
173 responses
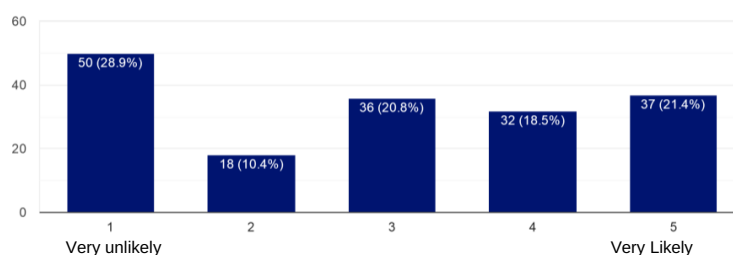
nuances of their emotionality in English; as well as a lack of self-awareness and a presence of the self-stigma that leads them to seek only in the extreme situations:

> "I think it's very difficult to self-diagnose. You lack those internal mechanisms, for instance that you went too far, your aggression or depression, apathy or the addictions that you fall into, because you are inside your head and you are not able to judge them. So, only the extreme situations [...] when you are losing your relationship, you are not able to sit at work or work due to alcohol, [...] or other alarming situation that you are not able to function. Only then you may think 'what is wrong with me?', but still will not be able to name it, because self-diagnosis is very difficult."

Mental health helpline and other impersonal sources of support, eg. social media

The questionnaire also asked whether the men would use services that do not require personal contact but are frequently implemented in the era of social media and Internet communicators. It turned out the respondents were very unlikely to use helplines or social media even if their problems become serious.

One of the reasons for that might be the language barrier that makes them uncomfortable to speak over the phone. Another reason might be that men prefer

Helpline
173 responses

personal contact with their interlocutors in order to feel comfortable. This is a clear signal for organisations offering indirect service, even the renown ones as Samaritans, on how to reach Polish men.
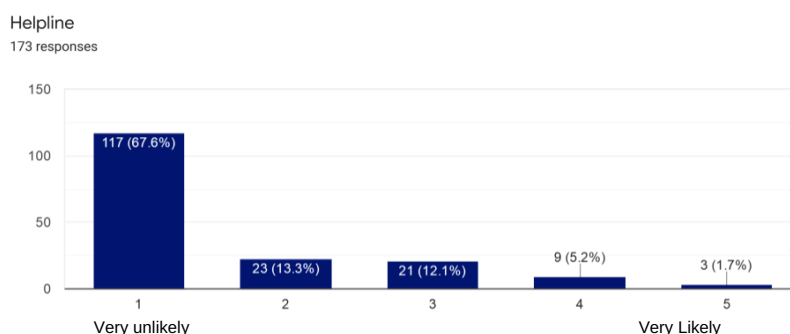
3.3 SUICIDAL IDEATIONS

From 173 men who answered the questionnaire 114 (65.9%) admitted they had suicidal thoughts and 42 of them (24.3% of the total responses) attempted a suicide. The numbers surprised the researchers who assumed that men would not be willing to disclose their ideations due to the mental-health stigma. However, the proportions of those with the suicidal thoughts and that only 40% would be keen to seek the support of the psychologist, were highly worrying.

Only some of those who attempted suicide received help. A partner/wife was the most frequently mentioned. Thankfully, there were quite a few answers mentioning doctors (GPs, or other doctors, such as pulmonologists), as well as parents, close family and friends.

3.4 HOW TO HELP EFFECTIVELY?

Awareness-raising campaign

All participants of the focus groups, as well as many people with whom the researcher spoke about this research, admitted there is almost no discussion on men's mental health among Polish society and that they would not even know how to talk about it, what words to use.

Given the level of mental health stigma and sometimes negative comments in the social media about our research, we were convinced that it will be difficult to find a sufficient number of participants. Yet we received over 100 responses to our questionnaire within the first 48 hours.

The awareness-raising campaign battling the stigma around help-seeking and promoting support services in their area was the most frequent suggestion of the respondents.

> "A media campaign would be a good start as this topic is still a taboo and when somebody is really down won't be spending time on looking for help. More information should be available. For instance, I have never heard before about Polish organisations offering support."

Create opportunities to meet other people

As much as they felt isolated, the participants suggested initiatives bringing people together. This could be open meetings, for the whole community or strictly male groups where they could talk about problems. However, some suggested that those groups would have to gather people around activities not directly related to mental health, like men' sheds, language classes or board games soirés.

The self-stigma plays a vital role in men's decisions to participate in the events and it should be taken into consideration when designing the outreach activities. The informal initiatives would be best, but with a level of moderation to create a safe environment and avoid the development of rivalry and toxic relations

Improve access to support

The questionnaire responses suggested that Polish men have serious barriers in accessing specialist support in Scotland. Many answers highlighted the need for better access to Polish psychologists, which indicates that they did not even consider using local support services. This might be due to the significant language and cultural barriers, which again show how strong the cultural norms are that only a Polish person can understand a Polish man.

It is symptomatic that the Scottish support organisations such as the Samaritans, SAMH or local Crisis Centres have not been mentioned even once, either during the focus groups or in the questionnaire.

The services, either Scottish or Polish should be better advertised as well as more proactive in reaching to the Polish community, eg. a poster campaign at the work-places was suggested, as men would not look for help out of their own initiative.

> "You ought to look for people like that... we will not come to anyone asking for help. It's a men's honour thing. I looked for help myself some day and to be honest I did not find anything. I got Prozac and bye bye. So sending the leaflets to the companies, workplaces etc. The managers could display posters or hand in leaflets in a way that everyone could silently learn the name and where to look for help without shame."

Together with the language barrier and the lack of knowledge about support organisations and psychologists, Polish men complained about the availability of specialist support in different areas in Scotland (especially Polish-speaking support) and the financial barrier preventing them from looking for help from these organisations.

4. CONCLUSIONS AND RECOMMENDATIONS

The research shows that Polish men living in Scotland are reluctant to seek help in relation to mental health problems either from people around them and from specialists. The participants suffer from loneliness, homesickness and difficulties in creating meaningful friendships with other men whether Polish or Scottish. Often entangled in the stereotype of a self-sufficient and hard-working Pole, they felt pressure to succeed and to focus their life on work, which isolated them even further. The 'I can handle it by myself' and 'don't want to bother others' attitudes refrained them from reaching out for help.

Family is, traditionally, a main source of support for the Polish men in Poland (Czarnecka, 2019). However, those living abroad could not count on the relatives' support. Parents living in Poland were found inadequate due to not understanding the reality of the men's life in Scotland. A Poland bound family was also of not much help in case of financial problems. This was explained with the differences in currencies and income levels. Only a romantic partner and less frequently friends were seen as a source of help. This, however, put single and isolated men in a great disadvantage. Despite the general reluctance to use any source of institutional support, whether coming from the NHS or the third sector organisations, about 40% of the participants were keen to see a psychologist. Many wished those services were more accessible and available in Polish.

Language and cultural barriers, seen by the researchers as a lack of cultural flexibility or competences, impacted their adaptability to the Scottish society and system. Only a fraction of the respondents would ask their GPs for help in case of the mental health problems. This was further explained as the lack of awareness of how the Scottish health system and the third sector operate and an inability to present the problems in a right way or to talk about emotions at all.

Recommendations

Based on the analysis presented in the report, we would like to make recommendations for actions to improve the access to the support needed by Polish men and prevent them from deepening their mental health problems leading to the suicide:

1. Designing an awareness-raising campaign targeting Polish men living in Scotland to initiate a social conversation about their mental health. It is essential to equip them in the necessary phrases that could be used to to tackle the social stigma of a male mental health.

2. Raising awareness of the available sources of support both in the NHS and through organisations like Samaritans. They should reach to Polish men in their workplaces and Polish social media with information in Polish on how to contact them and how these organisations can help them.

3. Creating an information brochure in Polish explaining how the health system in Scotland works. This could be also extended to cover different spheres of life in Scotland such as financial system, law, culture, history etc.

4. Change in the national policies such as mental health strategy to distinguish Polish ethnicity as a separate category of a minority which would allow designing actions and strategies tailored to the characteristics of this group.

5. Create local socialising opportunities for Polish men both within their community (where the language barrier exists) and within the wider international environment. Those initiatives should be focused on some physical activities such as sport, art or DIY which would allow Polish men to spend time with each other by doing something together. Actions like Men's Shed could be a good example but they shouldn't be linked too much with support or psychological organisations. There is a risk that they could be influenced by the negative perception of these organisations by Polish men due to a mental health stigma.

6. Conducting more research on Polish men's mental health deepening some of the findings from this report, such as men's behaviour in male groups and impact of the toxic relationships on their wellbeing or the reception of the different forms of psychological support (i.e. telephone support) by Polish men.

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