upper secondary school showed that many had come into contact with porn from as early as age twelve, and that almost 90 per cent had viewed pornography at some point.[38]

Anyone viewing pornographic depictions of heterosexual acts is expected to be aroused by scenarios in which men are capable of having sex whilst sustaining prolonged erections, and in which men are the main drivers and achieve multiple orgasms. Porn typically conveys an image of sex in which mutual intimacy and closeness are not taken for granted; instead the sexual intercourse is characterised by the man "helping himself" irrespective of consent. A considerable amount of porn also contains elements of violence and abuse of women. This means most boys and men from an early age will relate to the "potent, sexually self-assured man" ideal that is reflected in a lot of pornography. For many young men this may be a significant proportion of what they are taught about sex.

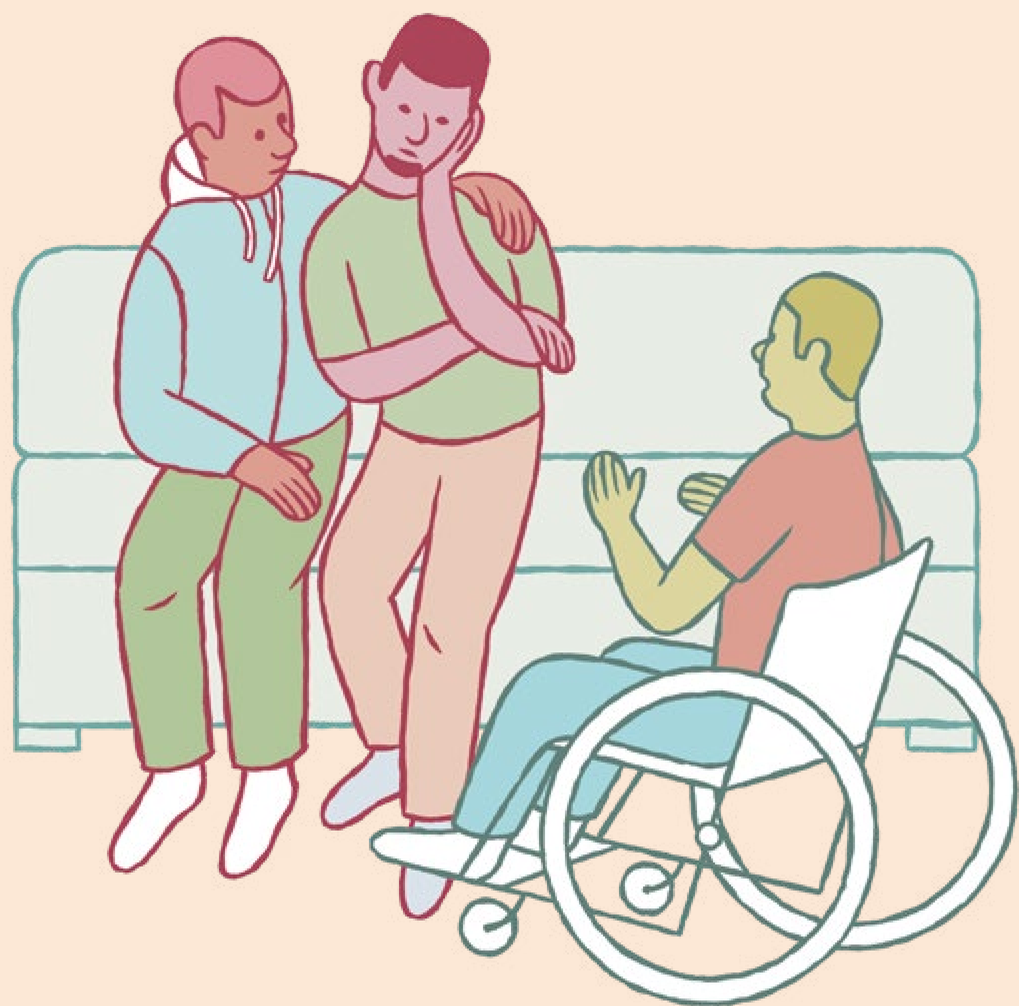
Attempts at challenging pornographic imagery are hampered by the fact that similar notions of men and sex are being reflected in television series, fiction films, and games. Meanwhile many young men do not talk to peers or grown-ups about their thoughts about sex. This means they do not get to practice their ability to express themselves about their own sexuality and feelings about uncertainty, arousal and intimacy, nor are they challenged with respect to the notions and ideas about masculinity that they have obtained from, for example, pornography.

Measures for promoting mental and sexual health

This is where society can play an important part, through schools, youth health clinics, and healthcare providers among others. By giving young men opportunity to talk about their expectations of sex, intimacy and closeness with adults who are able to challenge narrow ideas of gender and sexuality in an educational and respectful way, sexuality can become part of their own identity and boost their mental well-being.

To be successful, such activities must be founded on awareness of young men's living conditions, and the staff must have access to tools for challenging restrictive norms on gender and sexuality. A successful change process can contribute to improved sexual health and increased gender equality. It is also an important early intervention in the work against sexual abuse and intimate partner violence.

Note. 38. Mattebo & Häggström-Nordin (2016).



CHAPTER 4

Masculinity and suicide

Suicide is notably more common among men than women. It may be the clearest indicator of the different terms on which men and women seek help for mental ill-health.

In recent years more than 1,100 individuals have committed suicide in Sweden annually, of whom more than 800 were men. If we include deaths were it is uncertain whether the person intended to commit suicide – so-called uncertain suicides – the number goes up to approximately 1,500 per annum, of whom more than 1,000 were men.[39]

The consequences of suicides are hard to estimate; they cause suffering for everyone involved, as well as high costs to society. However, suicides can be prevented and avoided, and in Sweden this is work in progress.

That men are overrepresented in suicide statistics has been well known for a long time. This is a pattern that is repeated almost all over the world. That said, there are variations in the number of suicides among men, both over time and between countries. The same applies to gender variations. Despite this there is as yet nothing in current suicide prevention efforts to account for the fact that men more frequently commit suicide than women. Nor is there any coherent view among researchers on why men more often commit suicide, but the key research conclusions can be summarised thus:

- Men who are at increased risk of committing suicide do not seek help to the same extent as women. Neither from within their own networks nor from healthcare services.
- Those men at increased risk of committing suicide who do seek help from healthcare services or other providers are less likely to be identified as suicidal by healthcare professionals. For this reason they often do not receive the help they need.
- Men who commit suicide are more likely to use more decisive or drastic methods where the probability that the suicide will completed is higher.[40]

Note. 39. Karolinska Institute (2015).
Note. 40. Hadlaczky, Hökby & Wasserman (2014).

The Gotland scale for assessing men's depression

During the 1980s the county of Gotland had the highest suicide rate in the country. In the mid-1980s an educational programme was developed for preventing, improving and monitoring the severe suicide and depression situation in Gotland. Primary care providers and specialist psychiatric services were involved. The outcome of the programme was that primary care practitioners got better at detecting and treating depressive conditions. The result was a significant decrease in the number of completed suicides and depression-related morbidity. However, this decrease affected almost exclusively depression-related suicides among women. The suicide rate among men remained unchanged at a high level.

To investigate the causes of this, a survey was carried out of all men who committed suicide in Gotland during the 1980s, led by Wolfgang Rutz who was a consultant specialist psychiatrist at the time. A pattern emerged: many of the men who had taken their own lives were not known to the healthcare services. They had been very unwell, not only in themselves but also in their relationships with friends and family. They had often been in contact with the police, tax authorities, drug treatment centres, etc. They had often been self-pitying, disruptive, blaming everything and everyone including themselves, sometimes becoming verbally or physically aggressive as well as being irritable, discontented, unbalanced, uneasy and having poor impulse control. Substance abuse and work addiction were part of the picture. In general they had not sought medical help, and those who had sought help had been dismissive of any treatment. They were often unaware that they were depressed. Another typical situation was a sudden change in personality at a distinct time point when men of otherwise normal interpersonal skills – fathers, colleagues, managers, or friends – would change beyond recognition to themselves and others in connection with a personal crisis such as divorce, unemployment, tax debt or similar.

Based on the survey a rating scale was developed for the purpose of identifying, preventing and treating this form of atypical depression. The instrument was named the Gotland Male Depression Scale (GMDS).

The Gotland Male Depression Scale

During the past month, have you or others noticed that your behaviour has changed in a way that you or others do not recognise in you, and if so, in what way?

(Not at all 0, To some extent 1, Very true 2, Extremely so 3)

1. Lower stress threshold/more easily stressed than usual
2. More aggressive and feeling empty
3. Feeling burned-out and empty
4. "Chronic" inexplicable fatigue
5. More irritable, restless, frustrated
6. Difficulty making simple everyday decisions
7. Sleeping difficulties, sleeping too much/too little/restlessly/difficulty falling asleep/waking up early
8. Feeling disquiet/anxious/uneasy, especially in the morning
9. Do you feel your behaviour has altered in such a way that neither you yourself nor others can recognise you/that you are difficult to deal with?
10. Have you felt or have others perceived you as gloomy, negative or in a state of hopelessness in which everything looks bleak?
11. Have you or others noticed an increased tendency towards self-pity, complaining or seeming "pathetic"?
12. In your biological family, are there any tendencies towards substance abuse, depression/dysphoria, attempted suicide, or being more inclined towards high-risk behaviour?
13. Overconsumption of alcohol or tablets to achieve a calming and relaxing effect. Hyperactivity or letting off steam by working hard and restlessly, jogging or other sports activities, under-/over-eating.

Scoring

0–13: No signs of depression.

14–26: Possible depression. Potential indication for specific treatment including psychopharmacological agents.

27–39: Clear signs of depression. Indication for specific treatment including psychopharmacological agents.

Source: Rutz, W. (2014).

The Gotland Male Depression Scale was presented to primary care practitioners in Gotland in the mid-1990s. The information was also disseminated in local media and via presentations to other healthcare providers and the general public. The public response was favourable, and many mainly women got in touch with the healthcare services to ask for help for male relatives, having clearly recognised the descriptions of male depression and suicidal tendencies in the Gotland scale. Several men were also indirectly motivated

to seek help via their employers. The outcome was that the number of suicides among men decreased in Gotland during the mid- to late 1990s.

The Gotland scale has since been scientifically validated – it has been shown to fit other populations than Gotland in the 1990s as well which suggests that similar traditional masculinity norms exist in many places. The scale has been translated into a number of languages and has had locally adapted successors in several countries. It is recommended as a model in EU and WHO suicide prevention efforts. The Gotland scale is also used as a tool for detecting "masked" depression among drug users, disruptive young men, and fathers with potential post-natal depression.[57]

It has not yet been widely disseminated in Sweden. Locally adapted versions have been introduced in the county of Jämtland and in Stockholm. In Gotland the model fell out of use after the team involved in the launch left the island, and there was a subsequent increase in the number of suicides. This shows the importance of ensuring that new ways of working are implemented and fully ramified across the organisation.

Strategies for reducing suicides among men

- Adopt the Gotland scale in primary care and psychiatric services as an adjunct to conventional diagnostic tools for depression, possibly with local or regional adaptations. Both are needed for capturing men's depression more effectively; some men present with signs of depression that are more in line with conventional symptoms, whereas other men with depression will be identified by the Gotland scale.
- Create a pool of suitable counsellors who are competent to see men who present with depression as identified by the Gotland scale – the Gotland experience shows that these contacts may be challenging and that not all professionals are up to this challenge.
- Use the media and means such as campaigns to communicate widely in the local community about men's depression and how to recognise the signs.
- Collaborate with the tax and debt enforcement authorities, police, drug treatment centres, workplaces, and representatives of civil society to make contact with men with depression. Join forces with employers, relatives and friends in efforts to.

Note. 57. Rutz (2014).

CHAPTER 5

Strategies for change

Restricting emotions and stigmatising vulnerability can make it more difficult for men and boys to seek help for mental health issues.

The ability to reflect on our wellbeing and our emotional issues involves self-confidence, self-esteem and a sense of self-worth. This ability arises when these powers are acknowledged in mutually-affirming relationships. A person who receives affirming and accepting reactions from others will be able to develop and maintain a positive and assured sense of self. Self-esteem is the ability to recognise your own needs and be confident of their worth. This will also develop the capacity for awareness of your own and others' integrity and self-respect.[58] It highlights further the importance of challenging masculinity norms that curtail the ability of boys to be in touch with their emotions.

Any process of change with a view to confronting and preventing mental ill-health among boys and men needs to involve multiple stakeholders and build on several complementary strategies. The aim should be to increase awareness of masculinity norms among service providers that deal with boys and men, as well as to motivate boys and men to participate in this change.

Increase awareness of masculinity norms

To be able to progress towards the goal of gender equality in health, municipalities and regions will need to increase their awareness of masculinity norms.

Recognising the impact of social norms on individuals and reflecting on how these are expressed within different types of service providers is essential for developing a professional approach. The frankness and ability of members of staff to listen without judgement will also affect young men's willingness to begin putting their mental well-being into words. It is about finding out how

Note. 58. Honneth (2003).

men react when they experience mental health issues and how they arrive at the decision to seek help.[59]

The sometimes subtle ways young men have of seeking help may be easily missed. For example, young men may attend adolescent health clinics for other reasons, for collecting free condoms on a weekly basis or having repeated tests, when what they really need is to talk about their wellbeing.

Encouraging men to take responsibility for their own health does not necessarily mean that healthcare professionals should do more explaining. Instead it involves asking the boy or man questions about what he would like to know to better care for his health.

Members of staff should also review and reflect on their own gender-related norms and expectations, as these often shine through in our encounters with others.

Many public stakeholders could and should be involved in making it easier for boys and men to seek help with mental health issues. Obviously through schools, including preschools, and also through primary care and specialist health services.

From a perspective of norm-awareness, service providers that deal with boys and men should be aware that men's accounts of themselves will always be coloured by expectations and norms, and thus they will state their needs in the terms that are currently available to them.

Healthcare professionals and other adults need to be sensitive to young men expressing their wellbeing in terms of their choosing. Seizing the opportunity will be important: listen, ask open-ended questions, and allow the person to reflect in the company of someone who has the time. Initially healthcare professionals may need to be flexible and prepared to adapt to the individual in front of them, but over time once the relationship and trust have been established, the timing and location for the talks can be more controlled.

Be aware of men's and boys' different living conditions

The struggle to live up to expectations of strength and independence and not appear weak or vulnerable is something many men have in common. However, norms interact with other social factors such as education, ethnicity, sexual orientation, gender identity, upbringing, age, personality, psychological conditions, physical ability, and appearance, and all this will influence the encounter between men and healthcare professionals. Members of staff should always start by asking unbiased questions to gain an understanding of each individual's living conditions. The fact that multiple factors play a role was evident in this quote from a young man in one of the focus groups at the Young Men's Health Centre:

Note. 59. Wenger (2011).

”As a queer person of colour I can’t go to my parents, or rather I can go to my parents, they accept everything, but they don’t understand my issues because they’re straight, and I can’t go to the standard xx Community because they are not all that LGBTQ-friendly, and I can’t turn to the white LGBTQ community because they know nothing about our cultural issues.”

Getting men motivated for change

Before men seek help they often check with someone in their social network. All the Young Men’s Health Centre interviewees shared this experience. This could be a partner, a sibling, a parent, or a close friend. Positive social network support for seeking help can provide strength and may be important.

A man seeking help who is supported by his network is given an indication that the treatment process will be supported by his friends and family, which is important for making positive progress. However, if he has no support it is important to talk to him about this. Someone who is lonely in combination with suffering from mental ill-health will be twice as vulnerable.

Asking questions about why and how the man made this decision at this moment in time will provide insight into what enables a young man to seek help. These insights are important factors for keeping the man motivated to continue treatment and take responsibility for change, which is key to achieving favourable health outcomes. Making it clear to the man that he is responsible will also make it clear that he needs to act. This is a way of handling the dilemma of being man enough to act and at the same time acknowledging that you need help with tackling your problems. Recognising your needs is to acknowledge your own worth. In one of the focus group interviews at the Young Men’s Health Centre, one young man outlined a scenario where the affirmation did not quite reach all the way.

”That you are a man and you are [having counselling], man, you’re so strong, but ’let’s not talk about it’. What it is, it’s no good feeling sad but being strong enough to go off and have counselling is good.

Then it’s all: ’Shit, you’re so strong, awesome’ and you sort of get bonus points. But you don’t really want to talk about it anymore because then you’ll get onto the reason why, right, and it’ll be: ”well, perhaps he wasn’t all that bloody successful then’.”

This process will continue in the encounter with the professional contact. If the man does not disclose important information on his life situation, the practitioner may struggle to make a correct assessment and begin appropriate interventions. Men's mental ill health may often be masked by other symptoms such as abuse in one form or other (gambling, alcohol, drugs, or porn) and other risk-taking behaviours. Against this background it is important to find out if there are other issues and to ask the question "Anything else?" as many men may find it difficult to bring up additional needs by themselves. By giving men time and asking questions, healthcare professionals can facilitate change and develop men's encounters with healthcare services.

WHO 5 Well Being Scale

Because men often have difficulties reporting depression and depressive feelings and symptoms, a more generalised scale, the WHO 5 Well Being Scale, may be useful for wider implementation in settings such as primary care centres and youth health clinics. This instrument does not ask about symptoms of depression, instead it asks questions about markers of well-being that men who struggle to verbalise their emotions can answer. It is brief and provides an early indication of a potential depression. This scale has been used successfully in large surveys.

Highlight role models

One way of challenging notions of strength and independence is to share stories of men who are vulnerable and who accept help.

Men in leading positions at local and regional level can help to promote more wholesome masculinity norms by acting as role models and publicly raise and pursue mental health issues. One such example is the Real Man campaign from Värmland County Council in which short films of ice hockey players talking about the importance of challenging masculinity norms were screened on large television screens mounted in the ceiling of the home arena of local team Färjestad.

Also, in connection with information campaigns and lectures, members of staff in schools, healthcare centres and leisure centres can tell stories of boys and men who have chosen to seek support and who have been helped by this (obviously in a way that does not jeopardise patient confidentiality). For example, it is important to talk about the fact that many young men feel bad about the amount of violence they are expected to deal with in their everyday

lives. Both sexual violence and violence more generally. It is important to talk about how violence has become normalised and the impact this is having on our wellbeing. By talking about young men's vulnerability, practitioners will be able to convey that they recognise and understand young men's experiences. This may also help to remove some of the stigma around seeking help as a young man.

Group counselling requires a sense of safety

Feeling safe is crucial for group counselling of boys and men. Safe rooms can be created by having a shared set of rules for the discussion, but also by having the discussions led by an adult who is prepared and non-judgemental. Talking in smaller groups can enable conversations in which existing masculinity and (hetero) sexuality norms may be challenged.

One challenge when working with young men in a group is that many of them will be busy with being accepted by the group, which may make stating an opinion and sticking to it more difficult.[60] Groups can easily become about prestige and one-upmanship when young men are asked to reflect together on things like sexual practices.[61] To create change through group counselling it is important to be aware of the "male bonding effect" – in other words, that intimacy in conversation is easily created through recognition. According to scientist Bob Pease, this is the biggest challenge in group counselling of boys and men.[62] Recognition can easily be based on prevailing masculinity norms, which will reinforce the norms rather than challenge them. According to Pease, one way of avoiding the male bonding effect is that the moderators prepare themselves for their role as leaders by undertaking memory work together with other moderators, about their own values and attitudes to being a man.

Apart from awareness of their own values, moderators must be patient, adopt an inquisitive and non-judgemental approach, and have plenty of time. For group counselling to successfully enable change, the conversations should happen over a period of time so that a safe group process may develop. The conversations may take place in schools, youth health clinics, or youth leisure centres.

Note. 60. See Petterson (2014).
Note. 61. See Pease (2003).
Note. 62. Ibid.

Lower the thresholds for seeking help

The fact that many boys and men restrict and divert attention away from their emotions and their vulnerability makes them poorly prepared for assuming responsibility for their own mental health. Masculinity norms affect boys in a profound way from the moment they are born. Parents, and service providers that deal with children and parents are thus key stakeholders in any strategy of change in this field. Parental support in the maternal and child services continuum of care, as well as pre-schools and schools are all important stakeholders.

To prevent children from losing their ability and capacity for expressing their emotions, children's emotional experiences must be acknowledged and affirmed (irrespective of gender). Emotions are experienced with our bodies and we can understand it when something makes us sad, happy, angry, scared etc. Restricting one's emotional life, for example by resisting or stigmatising some emotions or feelings, can lead to difficulties. Parts of the emotional life may become something alien that is perceived as unwelcome, sinister or unmanageable. In the longer term, emotional restrictions may contribute to mental ill-health, relationship issues and destructive behaviours, with violence and suicide as ultimate consequences.

Learning to seek help

"The hardest thing was finding out where to go. I had heard of others who were in touch with counsellors and that made me wonder how they had found them. Because I didn't know. It wasn't obvious to me how to go about it."

Knowing where and how to seek help is not obvious to all young men. In the field of healthcare this capability is covered by the term health literacy, that is, a form of basic reading, writing and interpretation skills. In the area of mental health this comprises the ability and skills to:

- recognise mental ill health and mental illness
- be aware of risk factors and causes
- be aware of what you can do yourself
- be aware of where to seek help
- be able to support others who are experiencing mental ill health
- know how and where to look for information on mental health and illness

Studies have shown that having these skills increases the individual's ability to recognise ill health at an early stage.[63]

Having confidence in your own ability to cope with stressful and emotionally demanding situations may also be important. This confidence will depend on the extent to which you feel you are able to handle difficulties and expectations from those around you. Someone who has lived for a prolonged period of time in a situation where they feel they have little chance of influencing their own life situation will have less confidence in their own ability, and this may create a sense of hopelessness.[64]

Taking promoting and preventing action can improve health literacy, but it should be done in a way that is norm-aware. An Australian study has revealed differences in the health literacy of boys and girls. The participants were asked to review two short films, including two descriptions of depression. The results showed that two thirds of the students identified the person with a girl's name as depressed, whereas the person with a boy's name was identified as depressed by one third of the students. The boys in the study found it harder to use emotional terms, and the investigators concluded that information and education should be gender sensitive.[65]

Outreach activities

The first impression made by a service provider will determine whether users will choose to come back. For example, youth health centres can develop the ways in which they invite boys and young men. Outreach activities such as visits to youth leisure centres, schools, or different types of sports arenas, may be another option for attracting more young men to youth health clinics. One solution may be a small bus where in promptu counselling could take place and samples be collected.

In 2014 Region Skåne became the first in the country to launch a mobile youth health centre on board a lorry. The mobile unit moves between the towns of Sjöbo, Svedala, Skurup and Höganäs, all areas where the population is insufficient to support a permanent clinic. Six members of staff are permanently stationed on board the lorry. The clinic is not much larger than an ordinary living room, but it comprises a complete youth clinic with equipment for collecting blood samples, testing out contraceptives, and providing psychosocial counselling. The mobile youth health centre visits each town on one day of the week.

Note. 63. Jorm (2000), Jorm (2012).

Note. 64. Det handlar om jämlik hälsa [It's about equality in health]. SOU 2016:55.

Note. 65. Burns & Rapee (2006).

Refer to information and support online

The online national youth health clinic, UMO.se, is a well-established platform for young people with concerns about sex, health and relationships. The website is a joint initiative by Sweden's local and regional councils. All materials published on the site have a norm-critical perspective. For example the material "Do guys have to behave in a certain way?" which invites reflection and offers interactivity on masculinity norms. Approximately one quarter of all site visits are made by boys or young men. Now there is also YOUMO with materials that have been translated into the five most frequent languages spoken by young new arrivals. Apart from UMO.se there are numerous online services that specifically target boys and young men, which provide opportunity for reflection on norms and health as well as information on where to get help.

Prevent mental ill-health through school-based programmes

Youth Awareness of Mental Health (YAM) is a five-hour school-based programme aimed at school students aged 14–16 years. It is a health-promoting and preventive measure which aims to improve mental health and reduce suicide acts among school students. Among other things the programme includes practising emotional skills in roleplay and improves the students' ability to recognise, verbalise and take action on signs of mental ill-health in themselves or their friends. The programme has proved effective in a large European study. The National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at the Karolinska Institute is responsible for the programme in Sweden.

It has yet to be shown in a study, but one hypothesis is that this programme could be particularly effective for boys by creating a counterforce to traditional masculinity norms that create stigma and silence around mental health issues. The programme may indeed be regarded as a part of a gender equality programme focusing on men, boys and masculinity norms.

Additional resources about boys, men and masculinity norms

In 2016 and 2017, the Swedish Association of Local Authorities and Regions (SALAR), with the support of the national government, conducted a special programme directed towards men, boys and masculinity issues.

This campaign has compiled and disseminated instructive examples, arranged conferences, seminars and workshops, and has produced a number of publications, reports and films – in consultation with politicians, high-level civil servants and employees of local authorities and regions, as well as with researchers and representatives of government agencies and civil society.

All this material is accessible on the SALAR website skl.se/jamstalldhet.

Publications

- Maskulinitet och jämställdhet – En introduktion till att förändra mansnormer [Masculinity and gender equality – An introduction to transforming male norms].
- Förändringsarbete med våldsutövande män – Strategier för kvalitetsutveckling [Changing violent men – Improving the quality of batterer interventions].
- Maskulinitet och psykisk hälsa – Strategier för förbättringsarbete i vård och omsorg [Masculinity and mental health – Strategies for improving health and social care].
- Maskulinitet och jämställd skola – Arbete för ökad trygghet och bättre studieresultat [Masculinity and the gender-equal school – Towards increased security and better school results].

- Maskulinitet och jämställt föräldraskap – Arbete för pappors ökade delaktighet [Masculinity and gender-equal parenting – Towards more active parenting for fathers].

Film series – Voices about masculinity

- En film om normer för killar och män. Maskulinitet – så funkar det [Masculinity – how it works].
- Män i förskolan. Förskolläraren Per Håkan Taavo i Luleå om ett yrke som passar alla oavsett kön [Men in preschool – Preschool teacher Per Håkan Taavo of Luleå about a profession that fits everyone, regardless of gender].
- Jämställt på vårdprogrammet. Om genusmedveten studie- och yrkesvägledning i Katrineholm [Gender-sensitive study and career guidance in Katrineholm].
- Arbete för ökad trygghet och bättre studieresultat. Om normkritiskt arbete på Järvenskolan Tallås i Katrineholm [Norm critical work for increased security and better school results].
- Män och våld. Om våldsförebyggande arbete på Hahrska gymnasiet i rVästerås [Men and violence – violence-prevention efforts at the Hahrska Upper Secondary School in Västerås].
- Män och normer. Om projektet Normstorm i Jönköping [Men and norms – a film on the Norm Storm project in Jönköping].
- Vårt vatten har gått. Om pappor i förlossningsvården [Our water broke – fathers in labour and delivery care].
- Män och barn. En film om att bli pappa [Men and children – a film about becoming a father].
- Jämställt föräldraskap. Om Region Skånes pappasamtal med nyblivna fäder [Gender-equal parenting – about the Skåne Region's counselling with new fathers].
- Män och hälsa. Hur vården kan nå unga män med psykisk ohälsa [Men and health – how healthcare can reach mentally ill young men].
- Att ha rätt till sina egna känslor. Hur vården kan nå unga män med psykisk ohälsa (lång version) [The right to your own feelings – how healthcare can reach mentally ill young men (long version)].
- Män och självmord. En film om suicidrisk, mansnormer och att söka hjälp [Men and suicide – a film about suicide risks, masculinity norms and seeking help].
- Killsamtal om sex och samlevnad. Om sex- och samlevnadsundervisning med killgrupper i Lund [Talking about sexuality and norms with young men – a film about Comprehensive Sexuality Education with the participation of a group of young men in Lund].

Articles on instructive examples at Jämställ.nu

- Sex- och samlevnadssamtal med unga nyanlända i Värmland [Discussions about sex and living together, with newly arrived immigrants in Värmland].
- Jämställt föräldraskap i Region Skåne [Gender-equal parenting in Skåne Region].
- Kriscentrum i mellersta Skåne, behandling för män i kris [Crisis centre in mid-Skåne, treatment for men in crisis].
- Normkritiskt arbete på Järvenskolan Tallås i Katrineholm [Efforts to critically examine norms at Järven School Tallås i Katrineholm].
- Malmö stad har flest manliga förskollärare i landet [The City of Malmö has the highest share of male preschool teachers in Sweden].

Conferences and seminars, documentation at skl.se

- Män och jämställdhet – konferens i december 2016 [Men and gender equality – Conference in December 2016].
- Fördel flicka? Seminarium om pojkar i skolan [Seminar about boys in school].
- Vårt vatten har gått! Seminarium om pappor som resurs i fölossnings-vården [Seminar about fathers as a resource during labour and delivery].
- Normer som dödar. Seminarium om män och suicidprevention [Seminar on men and suicide prevention]

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Masculinity and mental health

STRATEGIES FOR IMPROVING HEALTH AND SOCIAL CARE

One of the aims of the national gender equality policy is that women and men, girls and boys should have equal opportunities for good health, and be offered health and social care on equal terms. Achieving this goal will require local, regional and county councils to target development initiatives to boys, men, and issues of masculinity.

This paper contains proposals for strategies for development within mental and sexual health that are supported by gender equality efforts and focus on changing masculinity norms. With this publication, SALAR (the Swedish Association of Local Authorities and Regions) aims to increase awareness of how this change process may be achieved, and share some educational cases.

This publication has been developed within the framework of the joint initiative by SALAR and the Swedish government on men, masculinity and gender equality. Available on the SALAR website skl.se/jamstalldhet are additional papers, videos and other materials on this initiative.

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