

Chapter 7

Supporting First Responder and Veteran Men

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ABSTRACT

First responders and veterans are exposed to stress and trauma at rates higher than the general public. This exposure highlights the need for counsellors to understand how these issues impact male-identifying first responders and veterans. This chapter will focus on supporting readers in developing an understanding of how the enhanced exposure to stress and trauma that is common in these roles can impact these men in their ability to seek mental health support. The categories explored throughout this chapter include exploring the role of first responders and veterans and commonly used coping strategies among these populations. Additionally, a review of how stigma and traditional views of masculinity have influenced and impacted these men will be examined. An overview of treatment implications, including a discussion on best practices pertaining to resilience-oriented care, will be included. Finally, this chapter will conclude with an overview of culturally responsive care and how it can be implemented in a treatment setting.

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Men's mental health has long been "hiding in plain sight" due to the lack of attention this topic has received (Bilsker, Fogarty, & Wakefield, 2018, p. 580). When considering men's mental health, the roles and beliefs of traditional masculinity, including stoicism and vulnerability, have been found to impact men in seeking and accessing mental health support (Sagar-Ouriaghli et al., 2019). In the general population, men disproportionately access health support compared to women (Parent et al., 2018; Vogel et al., 2014). Several critical issues about men's mental health need to be more widely discussed and addressed; these include the high rates of suicide among men, the presentation of depression within this population, and rates of substance abuse (Bilsker et al., 2018; Parent et al., 2018). Globally, suicide rates are higher in men than women, especially in Western cultures; these outcomes are often the result of self-stigmatizing behaviours and differences in coping strategies compared to women (Parent et al., 2018; Sagar-Ouriaghli et al., 2019). Men tend to be reluctant to seek help compared to their female counterparts (Bilsker et al., 2018; Rasmussen, Hjelmeland, & Dieserud, 2018; Wahto & Swift, 2016). In a study of young men who committed suicide, a lack of room for weakness combined with shame and stigma created barriers to seeking help (Rasmussen et al., 2018). Similar to the suicide rates, depression rates among this population are also noteworthy. Despite women being twice as likely as men to be diagnosed with depression, men are four times more likely to die by suicide (Call & Shafer, 2018). Several reasons have been postulated to contribute to this, including men being less likely to access mental health support and a greater likelihood to externalize these emotions through anger, risk-taking, and even substance abuse, all of which are more consistent with male ideals of masculinity (Bilsker et al., 2018; Call & Shafer, 2018). Stigma, which can be defined as "mark of disgrace that is given to individuals or groups that possess a socially undesirable characteristic or engage in an unacceptable behaviour," can negatively impact beliefs about accessing treatment (Vogel et al., 2014; Wahto & Swift, 2016, p. 183). The pressures that men may feel about living up to a certain stereotype or gender role have been found to impact access to and adherence to treatment for mental health supports (Vogel et al., 2014).

More specifically, First Responders and Veterans are exposed to trauma at rates higher than the general public (Carlton et al., 2019). This exposure, combined with the high stress levels inherent in these professions, may impact overall mental health and well-being. However, for male-identifying First Responders and Veterans, stigma related to accessing mental health support is often present and leads to added health disparities. Understanding the impacts that these roles have on an individual and their mental health is imperative to providing effective, trauma-informed, and culturally responsive treatment to this often-neglected population. Menard and Arter (2013) note that these populations may experience additional social stressors due to irregular work hours, resulting in challenges connecting with family, missed

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