

WEST COAST BUILT: ACCESS TO MENTAL HEALTH SUPPORTS FOR MEN IN
CONSTRUCTION AND TRADES IN B.C.

by

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A deeply important part of this project is a group of men who were willing to take my calls and repeated questions (some long before the start of this project). When I think about men in construction and trades, I think of you first and my heart fills with pride and admiration.

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¹ Consent was obtained to use these names.

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ABSTRACT

Access to mental health support among men working in construction and trades (MICT) is an area of necessary attention in Canada. Not only are MICT an underrepresented group in mental health research, but there is evidence suggesting higher rates of suicide and substance use among them. Consequently, this qualitative project sought to explore and understand the unique perspectives of MICT. Collaboration with community consultants was integrated into the project design where possible. Thirteen interviews were conducted and analyzed using a constructivist approach to grounded theory. A substantive grounded theory labeled “relationally credible pathways of access” was constructed from the core category of “relational credibility”. The project adds strength-based perspectives to extant theory by considering the unique contexts of MICT in relation to accessing mental health support. Findings build upon existing research promoting tailored supports for men’s mental health to increase equitable access for diverse groups of men.

Keywords: masculine identities, construction workers, mental health, accessibility, gender equity

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CHAPTER 1: INTRODUCTION

In response to a historical deficit in men's studies (Liu, 2005), the body of literature related to men's mental health continues to grow in many important directions. Of this work, men's help-seeking has garnered much warranted attention (Wahto & Swift, 2016). In the field, research has demonstrated for some time that men are less likely to seek mental health care than women (Fischer & Turner, 1970; Harding & Fox, 2015). These longstanding patterns appear to hold steady, despite higher rates of suicidality in men compared to women (Vogel & Heath, 2016). Extant theory explains these gendered disparities in help seeking to be largely related to the broader social constructions of masculine identities (Addis & Mahalik, 2003; Courtnay, 2000). Namely, it is suggested that seeking mental health support comes in conflict with norms prescribed by dominant masculine identities² (Hayes & Mahalik 2000; O'Neil et al., 1986). Stigma is widely recognized as a significant barrier that prevents men specifically from accessing mental health support or acknowledging their need for it (Wahto & Swift, 2016).

A growing body of work also posits that most men experience a unique combination of factors that impact their mental wellbeing and access to support (Liu, 2005; Oliffe et al., 2021; Vogel & Heath, 2016). These factors go beyond gender identity and encompass broader dimensions of men's experiences, such as cultural and social positioning, and highlight the need for an intersectional approach (Oliffe et al., 2021). Shifting away from a narrow focus solely upon gender role conflict is an important departure from simplistic generalizations of men that assume all men share the same experiences (Heath & Vogel, 2016; Scholz et al., 2022). This perspective also challenges the notion that men are inherently unwilling or ineffective at seeking

² This project is situated in a Western context and therefore refers to norms within this cultural context.

help. Moreover, a growing body of literature highlights dimensions of masculine identities through a strength-based lens and acknowledges masculine traits that support psychological well-being (Oliffe et al., 2019). Consequently, there has been a strong emphasis on developing empirically supported, gender specific approaches to how we market, design, and deliver support services for men to improve access (Sharp et al., 2022) and enhance retention (Springer & Bedi, 2021).

Given the highly contextual nature of accessing mental health support, the needs of certain groups may vary, necessitating focused considerations on the specific socio-cultural environments of different groups (Guilliford et al., 2002; Thornicroft & Tansella, 1999). Thus, representation of different groups of men within qualitative research is imperative if services developed from such studies are to be equitably accessible. Historically, studies on men's mental health have primarily focused on narrow groups—mainly White, heterosexual, educated, cis-gendered males—leaving other groups consistently underrepresented or excluded from participation, despite open recruitment strategies (Keum et al., 2021). These gaps have significant implications, prompting mental health researchers to call for expanded studies on underrepresented groups of men (Oliffe et al., 2019).

In addition to increasing representation in men's mental health, Canadian statistics clearly highlight a pressing need for targeted interventions. As identified in the 2020 *Canadian Federal Framework for Suicide Prevention Progress Report* (2021), there appear to be elevated levels of mental health related risk among certain sub-groups of men. For example, compared to Canadian women, the risk of suicide in Canadian men is reported to increase by as much as four times after the age of 65 (Statistics Canada, 2023). The same report indicates that suicide risk is higher among First Nation, Inuit, and Métis boys and men. The literature also identifies additional

subgroups of men to be at an elevated risk of suicide, including first responders, sexual minority men, men who are federally incarcerated, and members of the Canadian Armed Forces (Olliffe et al., 2021). Other studies have identified men working in construction and trades to be at a higher risk of suicide than men in other industries (Clearly, 2017; Milner et al., 2017).

Furthermore, according to Statistics Canada (Statistics Canada, 2023) men have made up almost 80% of deaths that are related to a drug overdose or poisoning for several consecutive years in British Columbia. In response to disproportionately high levels of reported substance use and opioid related deaths among construction and trades workers, men working in these industries have also become a group of focus within the United States and Canadian health initiatives (Construction Industry Rehabilitation Plan, 2023). The prevalence of substance use within the construction and trades industry has been identified as a broader trend not only in Canada, but also internationally (Iacuone, 2005; Milner et al., 2017). Substance use and addiction is considered as symptomatic of coping with larger suffering—like systemic adversity—when considered through certain counselling psychology approaches (Maté, 2008).

The prevalence of substance use among MICT is rationale enough to warrant inquiry from the research community. Unfortunately, literature related to the experiences of MICT is notably scant (Mahalik & Dagirmanjian, 2019). Occupation has been identified to impact mental health as both a potential source of distress and connection among men (Hoy 2012; Roche et al., 2016). Furthermore, Roche et al. (2016) suggest that male dominated fields come with unique risk factors for poor mental health outcomes among men. Of the limited existing literature, a study by Iacuone (2005) suggests that there “exists a particular variety of hegemonic masculinity” within the construction industry that impedes workers concern for their wellbeing (p. 265). As previously mentioned, MICT have been identified as being at higher risk of

suicidality than other industries (Clearly, 2017; Milner et al., 2017). These considerations would strongly suggest that MICT are a group that requires attention within research.

Statement of Research Problem

MICT are an underrepresented group in mental health research (Mahalik & Dagirmanjian, 2019), despite being identified as having higher risk factors for substance use (Iacuone, 2005) and suicidality (Clearly, 2017; Milner et al., 2017). More specifically, MICT in B.C. have been identified as a specific group in need of attention due to the prevalence of substance use within the industry. (Construction Industry Rehabilitation Plan, 2023). While gender role conflict provides an important component to the consideration of men's access of mental health support (Hayes & Mahalik, 2000), it can be argued that it is the ethical responsibility of the counselling psychology profession to consider how approaches can shift, rather than solely problematize masculine identities for conflicting with current support models (Bedi & Richards, 2011). Moreover, the consideration of equitable access necessitates the inclusion of broader ecological factors in addition to gender (Scholz et al., 2022). This project deems the workplace environment, as well as the socio-economic and cultural positioning of MICT, as important ecological factors when considering their access to mental health support. With the experiences of MICT not being adequately considered in the current literature, this project aims to address this by focusing on the workplace environment.

Rationale

While this project intends to contribute to the existing momentum and growth in the broader landscape of men's mental health research, it is motivated by alarming patterns of substance use, substance related deaths, and suicide rates identified among Canadian men and specifically among MICT. This project is also motivated by gaps in mental health research due to

the underrepresentation of certain sub-groups of men, including MICT. Accessible research requires a broader frame, anchored in equity and social justice, which considers the contextual complexities that make support more or less reachable for an individual or group of individuals. Thus, this project intends to take a broad and comprehensive approach to understanding factors that impact access to mental health support for MICT. Lastly, this project is motivated by a personal rationale that is important to help contextualize my position within a qualitative interpretive framework. We now consider this personal dimension of reflexivity and move into the project's aims and research question.

Personal Rationale

I offer my personal rationale for embarking on this research to honor the lived experiences that laid the groundwork long before the inception of this project. Throughout this project, I was taught the value of lived wisdom gained through relationships by consultants and participants. It has been through relationships that I have gained the privilege of hearing their perspectives.

I am the only daughter in a family with three brother who have all worked in trades. Two of which, along with my father have chosen to maintain successful careers in construction and trades. From a very young age I found myself observing the differences in the way each family member coped with stressors. Over several decades I continued to notice the ways in which the men around me, both in close and more distant proximity, coped with suffering. I began to question why so many men (and boys) I knew, were experiencing substance abuse, anger and/or partaking in activities that resulted in either personal risk or encounters with law enforcement. The more I started to question these patterns as means to cope with stress and suffering, the more

obvious it became that many of the men I knew were carrying burdens that they mostly did not speak of. Instead, they dug deeper and carried on coping in the ways they could.

I began to openly query these observations with the men around me, of many walks of life. I was almost always met with two main responses. First, that men do indeed suffer, and carry the internal and external expectation to tough it out, and to carry through with their responsibilities. Secondly, I learned that men were almost always willing to share openly about their stress in these informal conversations with me, sometimes in front of other men. My early foundation of having close friendships with my three brothers has taught me that while there are gender differences, our basic, core needs as humans are the same. It has hurt me deeply to watch the suffering of far too many men, many of whom seem caught off guard by the very idea that they would even be asked about their mental wellness (or suffering).

By the same token I have been inspired by the courage and resilience I have witnessed in the healing journeys of many of the same men whose suffering I have witnessed. It has prompted deep curiosity, hope and a call to action for myself, both as a collaborative voice, but more importantly as a voice that listens first. Many of the men I am closest to in my personal life belong to the groups that are most underrepresented in research or occupy roles that are considered higher risk. Yet they continue to lead and support other men in wellness through their own experience of suffering and ongoing healing.

What I have learned so far, is that to say men don't or won't ask for help is an incomplete assumption at best, and unjust at worst. Men do participate in healing. This learning has taken years of observation, missteps and repairs. It has also reinforced my commitment to not only meet men where they are in their healing, but to try to listen and learn from them. This project was therefore intentionally guided by a small team of consultants who are men working in

construction and trades, and who generously offered an enriching perspective that is lacking in the broader research landscape.

The patterns of men using mental health services and correlating suffering in men is not an issue of blame to fall solely upon the shoulders of men. This is not a men's only issue. Rather, gender norms are situated within a complex, historically patriarchal system that has sustained patterns and norms that are harmful to all persons (Courtney, 2000; Liu, 2005). As such, it is a continual and collective effort that is needed if we are to better understand how to support the mental wellbeing of all men.

Research Objectives and Question

My intention in setting out in this research is to learn in ways that inform the way I can support MICT in my professional, clinical and personal context. It is also my explicit hope to communicate to MICT that their perspectives not only matter, but that there are systems in power that are willing to listen, learn and move towards their needs. The objectives of this project are anchored in the discussed rationale that identified MICT as a group whose perspectives seem to be underrepresented in mental health research. This is compounded with reports of higher rates of substance use (Statistics Canada, 2021), and some research to suggest that the workplace environment may impede help seeking tendencies (Iacuone, 2005). Thus, this project used qualitative inquiry, namely constructivist grounded theory (Charmaz, 2014), as an exploratory means to understand the experiences of access to mental health support among MICT. This exploration was intended to contribute to the existing body of research in men's mental health, specifically by adding the voices of underrepresented men to access literature. The broadening of existing theory of men's mental health with empirical inquiry adds to existing endeavors to tailor professional supports to men's unique needs. The project drew from principles of participatory

action research (PAR) in its aim to involve community members wherever possible and to explicitly acknowledge these contributions.

Taken together this project explored the research question of: How do men working in construction and trades in B.C. experience access to mental health support? To delineate this research question, I begin chapter two by grounding the research in current literature before describing my methodology, including my paradigmatic assumptions in chapter three. In chapter four I share the findings of the research, including the substantive grounded theory of “relationally credible pathways of access”. Finally in chapter five I explore how these findings connect with and expand on current literature, and implications for mental health supports for MICT in B.C.

CHAPTER 2: LITERATURE REVIEW

Access to Mental Health Services

A foundational component of this study begins with a framework for what the term *access* encompasses. In relation to mental health services, Thornicroft and Tansella (1999) define accessibility as “a service characteristic, experienced by patients and their carers, which enables them to receive care where and when it is needed” (p.764). This project’s working definition describes access the processes and pathways by which an individual or individuals might be able to reach necessary support services. Access is proposed to include both factors that facilitate or encourage access and obstacles or barriers to the service (Thornicroft & Tansella, 1999), which are experienced through the individual’s sense of identity. Influential factors can be present in more obvious logistical factors such as cost, proximity to services, and availability of the services. Whereas less apparent or observable factors include attitudes towards support services or social consequences of their usage. These factors may affect the entire population serve or be more specific to certain subgroups.

Access depends on contextual factors specific to each geographical area, both logistically and culturally. This limits the generalizability of findings from existing studies and insights gained in this area of research. Namely, some factors will be relevant to certain service delivery systems or cultural practice. Thus, access must consider the specific ecological factors of an individual or group (Gulliford et al., 2022; Scholz et al., 2022). This creates challenges in locating a ‘gold standard’ or formula for conducting research on access. Therefore, it is beneficial to draw on the framework of implementation science, which is commonly used to develop or improve health services. This framework aims to create strategies for improvement based on the input from individuals within a specific context (Peters et al., 2013). The bottom-up

approach of implementation science aligns with the core principles of this study. Additionally, the study incorporates Bronfenbrenner's ecological model (Reifsnider et al., 2005) to examine how context intersects with access.

Compounding the argument of the ethical practice of accessibility, the issue of equity must be raised. Thornicroft and Tansella (1999) define *equity* as “the fair distribution of resources: the rationale used to prioritize between competing needs, and the methods used to calculate the allocation of resources” (p. 764). Considering the disproportionately low usage of mental health support services among men and the historical gap in men's mental health research (Liu, 2005), it is necessary to evaluate the pathways by which these support services can be made more accessible to men. Equally important are the critical gaps in research sample populations, raising questions about equity and how resources are allocated based on empirical evidence. An important focus would be addressing the diverse barriers between men face in accessing mental wellness services. Furthermore, a strength-based approach could leverage existing facilitating factors to optimize pathways that are already perceived as accessible.

Barriers to Access

As mentioned earlier, access can be conceptualized along two main dimensions; factors that facilitate access or present as barriers. Studies show that men use mental health support services less than women (Hayes & Mahalik, 2000; Vogel et al., 2014), despite higher suicide rates (Courtenay, 2000), greater rates of substance abuse (Addis & Mahalik, 2003), and higher levels of distress being reported (Wahto & Swift, 2016). Factors identified in the literature as barriers to mental health services include (a) stigma and perceived loss of control or independence (Addis & Mahalik, 2003; Lannin, Gyll, Vogel & Madon, 2013; Wahto & Swift, 2016), (b) cost (Lannin et al., 2013), (c) lack of time (Lannin et al., 2013), (d) lack of

information, embarrassment or anxiety due to not knowing what happens in therapy (Harding & Fox, 2015; Lannin et al., 2013), (e) poor rapport with their doctor (Harding & Fox, 2015; Lannin et al., 2013), (f) low economic status, (g) young age, and (h) never married status (Lannin et al., 2013). Of these barriers, stigma related to gender role conflict also seems to present a complex and highly potent deterrent for men in seeking mental health support (Hayes & Mahalik, 2000; Vogel et al., 2014; Wahto & Swift, 2016). Stigma related to competency and distrust of outsiders, specifically mental health professionals, were found to be especially prevalent in first responder workplaces that are often male dominated. (O'Dare et al., 2024).

Gender Identity and Stigma

Wahto and Swift (2016) define *stigma* as “as a mark of disgrace that is given to individuals or groups that possess a socially undesirable characteristic or engage in an unacceptable behavior” (p. 182). They, along with others, argue that an additional layer to external stigma, known as self-stigma, involves internalizing stereotypes and is specifically impactful in shaping men’s negative perception of help-seeking (Corrigan, 2004; Mahalik & Di Bianca, 2021). Thus, gender and gender roles are important to discuss. *Gender* is largely understood as socially constructed, with norms communicated through relationships and interactions to dictate how individuals are expected to exist and act based on their gender label (Courtenay, 2000; Mahalik et al., 2003; O’Neil, 1981). Through these interactions, individuals of any gender learn what it means to “be a man”. While it is impossible to define a universal, objective meaning of being “a man”, persistent norms have been identified (Vogel et al., 2011).

Dominant gender norms are often shaped by and reinforced through gender stereotypes, particularly the assumption of a singular, essentialist expression (Connell, 2012). While this project does not assume these norms apply to all men, acknowledging their existence is essential

to addressing them. Therefore, the purpose of this section is to examine the emotionally restrictive aspects of the male gender role in relation help-seeking tendencies. A non-exhaustive list of traits of the dominant masculine norms have been consistently identified and supported by the literature (primarily in Western contexts), beginning well over 35 years ago are; (a) controlled emotionality, (b) independence, self-reliance and toughness (Courtenay, 2000; Dell & Mintz, 1989; Harding & Fox, 2015; Mahalik et al., 2003; O'Neil, 1981; Wester, 2008; Wahto & Swift, 2016; Yousaf et al., 2015), athletic ability (DeVisser & Smith, 2007), (c) competitiveness or winning (Mahalik et al., 2003), (d) risk taking (Mahalik et al., 2003; Mahalik et al., 2007), € dominance, primacy over women, disdain for homosexuality, violence or aggression (Mahalik et al., 2003; O'Neil, 1981) and (f) the pursuit of status, success or wealth (Courtenay, 2000; Wester, 2008).

Hegemonic masculinity is defined as the “idealized form of masculinity at a given time” that “subordinates femininity and any other form of masculinity” (Courtney, 2000, p.1388). This concept plays a powerful role in shaping how men internalize masculine norms. Consequently, the oppressive nature of hegemonic masculinity harms not only those who do not embody these traits but also the men it confines to restrictive roles. This hierarchal social framework extends its oppression beyond gender, impacting dimensions such as sexuality, culture, and disability, among others. For instance, men who adhere to these norms may become trapped in a reinforcing cycle, where ignoring health concerns in pursuit of work, success (Courtenay, 2000), and masculine status is socially rewarded. This raises a complex dilemma: determining when factors like the workplace serve as supportive or obstructive to mental wellness. Given the significant social influence of the workplace and its established role in many masculine identities

(Hayes & Mahalik, 2000; Lui, 2005; Mahalik et al., 2003; Vogel et al., 2014), the workplace has been identified as a relevant focus of this project.

The Workplace

The workplace presents a potential dual role, both supporting and challenging men's mental wellness. Work can be a significant source of stress for men, often compounded by gender identity and specific workplace expectations. Despite this, it also serves as a potential access point for mental health support among large groups of men. As this paper moves into the next section of workplace stress, it is important to acknowledge that work-related pressure and distress are not exclusive to men; women also experience these challenges. However, it is suggested that gender significantly influences a person's experience of work and workplace stress (Gills et al., 2006; Woo & Postolache, 2008).

In a review of 51 qualitative studies examining men's perspectives on help seeking and psychological distress, Hoy (2012) found that work was the most frequently reported cause of distress or depression. These reports were related to financial instability, poverty, and/or working conditions. Additionally, a systematic review conducted as part of an occupational health review found that reported depression rates were higher in male dominated workforces compared to general work populations (Roche et al., 2016). Within these male workforce groups, depression was especially prominent in agriculture, construction, and mining. While there are limited studies focusing upon MICT, we now consider extant literature focused specifically upon their experiences.

Construction Site Culture

An Australian study examined the interaction between hegemonic masculinity and safety on construction sites and identified a sub-culture within the building industry (Iacuone 2005).

They posit that this “particular variety of hegemonic masculinity” (p. 265) includes risky behavior, pressure around alcohol consumption, horseplay, physical prowess, girl-watching, heterosexuality and a lack of care for well-being and safety. When an industry work culture is built upon or highly influenced by hegemonic masculinity, this is problematic in two very significant ways. First, any individual, of any gender, who does not portray or endorse these values or standards may be labeled as inferior and treated as such (Courtnay, 2000; Iacuone, 2005). Secondly, pressure is reinforced for men who do embody the traits associated with hegemonic masculinity to continue displaying associated actions. This may mean maintaining behaviors that do not promote mental or physical health to avoid social consequence. Iacuone (2005) argues that the expectations to be tough, dominant and without fear of danger extend beyond norms, but are often demanded within the construction industry (Iacuone, 2005).

When part of a workplace culture is to willingly ignore danger, and the larger expectation of a man includes independence and strength, it is clear how risk for potential injury or worse compounds. While this study may not be completely representative of current Canadian construction or trades worksites given that it is an Australian study, conducted in 2005, there are elements that do seem similar. Furthermore, a highly relevant and ongoing concern within B.C. trades are the inordinately high levels of substance abuse with this industry (Construction Industry Rehabilitation Plan, 2023). While trades are not isolated only to male workers, the industry is typically male dominated. In combination with the disproportionate number of men being lost to overdose each year within the province this presents an ongoing crisis, thus reinforcing this project’s focus upon this group of men.

Another particularly potent source of workplace pressure has been connected to the concept of busyness, and it being held as synonymous to ambition, social prestige or an elevated

lifestyle (Lashewicz et al., 2020). The influence of this pressure can be viewed as a potentially compounding factor for men because of the central role work (Mahalik et al., 2003), the pursuit of status, success or wealth (Courtenay, 2000; Wester, 2008) earnings, titles, long hours (Lashewicz et al., 2020) play in the construction of dominant masculine identities. Additional themes of work-related pressure were identified in a Canadian study that interviewed men working in fields outside of the construction industry (Boettcher, et al., 2019). Men reported unspoken expectations for heavy workloads that did not allow for a work-life balance, proper self-care or prioritization of mental wellness, a theme that has been identified in other studies as well (Lashewicz 2020). It can be predicted that the impacts on family life are costly, for both partners and children. Furthermore, the reward for high performance behavior was cited as the allowance for disrespectful behavior towards workers who did not meet the same levels of performance (Boettcher et al., 2019). This could be viewed as a double-edged sword that both reinforces the incentive to take on high stress workloads and performing at all costs, while placing those that do not meet the standard in a negative position. It is not hard to see how these types of norms perpetuate stress and do not allow an easy route out of the dynamic. While these barriers to support that may occur in the workplace are impactful for men, there are other dimensions of these spaces that could provide a supportive opportunity to facilitate access.

Facilitating Factors

On the hopeful side of the coin, there has been research to suggest the workplace setting as an opportune space to provide support that is tailored to men's needs (Roche et al., 2016). This aligns with a recent survey study in Canada that also emphasizes the importance of leadership stepping up in mental health promotion at work (Sharp et al., 2024). Given the number of hours a man spends with his peers at the workplace, and the influence of social norms

established here, work culture has the potential capacity to have a high magnitude of impact. In a similar way that the connection between work and gender identity can create a compounding negative effect for many men. It is possible that this effect may also occur in a positive direction if workplace culture were to support mental health literacy and help-seeking. Hoy's (2012) findings support the strategy of supporting men in the work arena. This arena also provides the logistical advantage of groups of men within an existing infrastructure (Roche et al., 2016).

It is also important to acknowledge that not all forms of conformity to dominant norms have a negative impact. Rather, gender norms also contain healthy, pro-social behaviors (Mahalik et al, 2003) such as a focus on physical fitness or competitive group sports (De Visser & Smith, 2007; Gough, 2006; Oliffe et al., 2019) and provide potential opportunity to build upon them as foundations or avenues into support. Peer supports have become an area of focus within research as a rich resource that already exists organically, and that mental health professionals may want to consider leaning towards and supporting (Sharp et al., 2024). Gender norms as social conventions evolve, and thus shifts can be observed in redefining norms for masculine gender identities or traits, and a strength-based approach allows focus to track what is already working versus what is not.

Chapter Two Summary

In the discussion of men's access to mental health services in B.C. there are several key factors to consider. Among the most moving are the statistics among Canadian men that illustrate a wide overrepresentation of men in rates of suicide, incarceration, and deaths by drug overdose. This backdrop alone provides rationale enough to investigate available support systems for men in B.C. However, the need is compounded by the established broader patterns of lower levels of help-seeking among men. This factor ties directly to historical patterns of men having been

overlooked in this context and using support resources less. Are resources being allocated in a way that creates equitable accessibility to support services? This call to action is further amplified by noting persistent gaps in men's research that place several sub-groups of men outside the populations that are studied. These patterns have profound implications for health program and service design and delivery. If mental health services are in principle created based on empirical support, who are they being created for and who are they not if research reflects consistently limited population samples?

Access has been defined for the scope of this study as the pathways by which MICT could be able to connect with mental health support services. This term encompasses barriers that include logistical factors, along with social costs that are particularly high for men such as stigma. These barriers to access may also be countered by elements that seem to be already part of male gender identities such as a pro-health focus, and some central components such as work play a unique role in lending to both helping or hindering access.

In western Canada researchers have been hard at work moving the complex topic men's mental health forward. This study seeks to contribute to addressing the ongoing gaps of limited sample populations and limited access research among men in B.C. by learning from men who are historically less represented in research. Consequently, this qualitative study asks the question: How do men working in construction or trades in British Columbia experience access to mental health supports?

CHAPTER 3: METHODOLOGY

This qualitative study sought to explore the experiences of MICT in B.C. Twelve initial interviews and one follow-up interview were conducted and analyzed using Charmaz's (2014) constructivist approach to grounded theory (GT). A substantive grounded theory, labeled relationally credible pathways of access (RCPA), was created through the iterative process of coding and category development, from which the core category of relational credibility arose. Additionally, the project drew from PAR as a complimentary guide in working collaboratively with community members (i.e., men working in construction and trades in B.C.) wherever possible.

This chapter provides an overview of procedure, beginning with an introduction to the grounding framework that guided each step of the process. A brief overview of the development of GT is provided, with a focus on the constructivist approach used for this project. Next, a detailed description of the specific methods employed is presented, including the development of the initial interview guide, recruitment strategy, participant information, data collection, and analysis. The chapter then addresses the rigor and quality standards applied in the current study. Finally, ethical considerations, including researcher positioning and reflexivity, are discussed.

Paradigmatic Considerations

The choice of methodology goes beyond the selection of research techniques; it is a critical decision that provides a framework guiding each aspect of the study (Carter & Little, 2007). In research, these frameworks are often called paradigms, encompassing a collection of epistemological foundations and philosophical assumptions about the world, and how research should be conducted (Ponterotto, 2007). The underlying assumptions of a paradigm are typically categorized into four categories: (a) ontology, or what we can know about reality; (b)

epistemology, or how we come to know what we know, namely the relationship between the researcher and participant; (c) axiology, or values and ethics; and (d) methodology or procedures of the research (Ponterotto, 2005). Research aims were maintained through continuous dialogue with each of these paradigmatic considerations throughout the course of the project (Mertens, 2007).

The selection of a paradigm inherently considers the specific research question a project intends to explore (Crotty, 1998). Namely, certain research questions and project aims are better suited to be explored within certain paradigmatic approaches. The paradigm that guided the current project was a constructivist framework. *Constructivism* views the world as experienced through multiple realities constructed through individual experiences and interactions, including social, cultural, and historical norms (Creswell, 2013; Ponterotto, 2005). Thus, there is no objective or singular reality to capture. Consequently, constructivist GT research focuses on understanding subjective experiences and social processes, rather than seeking to provide an explanation or uncover a definitive truth (Hallberg, 2006; Kenny & Fourie, 2015).

Furthermore, the interaction between the researcher and participants, including the subjective interpretation of data, is explicitly acknowledged as integral to the research process (Charmaz, 2014). Researchers operating from a qualitative framework attempt to immerse themselves in a way that allows them to become closer to the participants subjective experiences (Cresswell, 2013). Thus, it is expected that the research process will have a personal impact upon the researcher, with the researcher's own experiences and social positioning influencing their interpretation. The rhetoric of this project is guided by the subjective and interactive nature of the researcher role (Ponterotto, 2005). Hence, first person language and the researcher's experiences—such as values and assumptions—are integrated as part of the reporting process.

In addition to the primary constructivist framework, this project also drew from the *transformative paradigm*. The transformative approach explicitly aims to create change that improves the lives of participants as part of the project (Mertens, 2007). This project sought to embody transformative values by involving and acknowledging community voices at various stages. The intention was to empower community consultants by recognizing both my limitations and their wisdoms. Additionally, the project drew upon the transformative paradigm's critique of power structures and its focus on social positioning that marginalizes certain groups (Mertens, 2007; Ponterotto, 2005). This approach was especially relevant to the project's rationale and its focus on equity.

Ontology

We begin with the consideration of *ontology*, which pertains to the “nature of reality and being” (Ponterotto, 2005, p. 130). Ontologically, constructivism asserts that instead of one objective reality, individuals experience subjective realities created by the intersection of historical, political, and cultural elements (Ponterotto, 2005). These realities are shaped by various factors, including an individual's gender, age, race, ability, sexuality, and socioeconomic status. This lens is grounded in the acknowledgment that a person's position of power and privilege, or lack thereof, is also directly shaped by their identities, social positioning, and consequent reality (Cresswell, 2013). These categories are not static or exclusive; rather, they are dynamic and overlapping, meaning that a person may belong to multiple groups whose intersections can either compound disadvantages or confer advantages. The use of an intersectional approach in research creates the opportunity to examine where certain groups may be marginalized and excluded from research projects.

Historically, men's mental health research has studied primarily cis-gendered, white, heterosexual, university-educated men (Keum et al., 2021). As a result, it can be inferred that mental health support services have largely been shaped by these empirical findings, which are most relevant to the groups represented in the research. However, this raises question of equity, particularly if certain groups of men are excluded from this narrow focus. Hence, this project sought to explore the realities of MICT who fall outside the typical scope of mental health research participants and may face multiple intersecting forms of exclusion. This project, by its nature, cannot address all the unique factors of participants' realities. It does not claim to fill every gap in dominant participant sampling. Instead, it is an intentional commitment to bridging some of these gaps, while recognizing the project's scope, its objectives, and the responsible stewardship of community voices.

Epistemology

Epistemology contains the philosophical assumptions about how we come to gain knowledge and meaning (Crotty, 1998). Constructivism posits that meaning is subjectively co-constructed between the researcher and participant (Ponterotto, 2005), constituting interpretations rather than objective findings that can be replicated (Creswell, 2013). Meaning making occurs not only during direct interactions but is also influenced by broader factors such as historical, social, and cultural positioning (Cresswell, 2013). Thus, the interpretation of participant experiences reflects these dynamics, particularly the interaction between the researcher and participants (Ponterotto, 2005).

The use of Charmaz's (2014) constructivist GT facilitated an inquiry that sought to understand the experiences of participants. As such, the findings are explicitly acknowledged as co-constructed between participant narratives and the researcher's interpretation. Furthermore, it

is maintained that removing the researcher's assumptions from the research is impossible.

Rather, the researcher documents and engages with their assumptions through reflexivity. In the current study, the reflexive process included journaling and engaging with supervisors, colleagues, and community consultants. My pre-existing connection to the participant community and interest was brought forward into the way that I engaged with participants and the project as a whole.

Axiology

Axiology is concerned with the value system of a paradigm, including the positioning of researcher values (Cresswell, 2013; Ponterotto, 2005). The constructivist researcher acknowledges that we are value-laden and inherently bring this into our work. These values cannot be removed, as assumptions are inherent in the interpretive work of constructivism (Ponterotto, 2005). For this reason, I drew upon the transformative paradigm, which actively integrates values into the research process (Ponterotto, 2005), specifically values such as social justice, human rights, reciprocity, equity, and cultural competency (Mertens, 2007) or humility (Zhu et al., 2023). These core values provide a guide toward actively challenging the status quo of oppressive systems, such as through the questioning of gaps in mental health research within this project.

The principles of accessibility and equity are foundational to supporting the mental health of MICT, not only in the rationale for the study but also in the recruitment, data collection, and intended dissemination procedures. This study aimed to acknowledge and consider the cultural norms within this group of men, including their expressions of masculinity and experiences of help-seeking within these professions. Specifically, the study explored topics typically outside of established norms for this group (Iacuone 2005), so particular attention was given to designing

each data collection procedure through community consultation. Feedback from the community was integrated into elements such as language choice and overall interview design to enhance participation accessibility.

As a female university student that does not work in construction, I cannot fully understand the experience of the men I spoke to in the way that a member of the community might. Thus, a combination of conversations with community members, colleagues and supervisors and reflexive considerations provided course correcting adjustments throughout the project. Albeit I am an outsider in many ways, there are also elements of connection and shared understandings that I was able to draw upon to support cultural considerations. This includes many close relationships with members of this group and belonging to a similar socio-economic class for much of my life. The project attempted to embody the immersive nature of interpretive researcher and borrow from the positional nature of transformative research in being explicit about project values and agenda (Ponterotto, 2005). Thus, I was direct in describing my positionality and project aims academically, and to consultants and participants. As will be discussed in the results, this dimension of transparency aided in building trust and rapport with community members throughout the project. Accessibility and community-based direction was integrated in the consideration of dissemination following the conclusion of the project.

As already mentioned, these axiological priorities are motivated with the awareness that much of research has not adequately captured the experiences of certain men left outside the most typically studied groups. This project endeavored to contribute to more inclusive mental health supports for men by connecting with MICT. As the next and final pillar of the paradigm structure, we now move to the consideration of methodology.

Grounded Theory

The qualitative approach of GT facilitates the opportunity to explore human experience for meaning and context in both a deep and open way (Carter, 2007). Consequently, GT builds upon extant theory through inductive inquiry into community experience, rather than imposing pre-existing theory or hypotheses (Charmaz, 2014; Creswell, 2007). The focus upon novel theory gives opportunity to discover and hear perspectives that may not be represented in existing theory through a “flexible, intuitive and open-ended methodology” (Kenny & Fourie, 2015, p. 1283). Hence GT provided an ideally open and curious stance to consider the underrepresented perspectives of MICT.

Born of a combination of positivism and pragmatism with specific fields of study, GT evolved into three main iterations: Classic, Straussian and Constructivist (Charmaz, 2014). Despite fundamental divergence, the three also share the core principles of memo writing, constant comparison, theoretical sampling, and a substantive theory rather than a formal one (Kenny & Fourie, 2015). The original or *classic* GT was developed by Barney G. Glaser and Anselm L. Strauss in the 1960’s to better align theory with social research by allowing the theory to appear from the data, rather than fitting data with pre-existing assumptions and theories (Kenny & Fourie, 2014). Glaser and Strauss’s approach held elements of a positivist philosophy and intentionally did not consult with relevant literature until after a theory was discovered to further this objective approach to research (Kenny & Fourie, 2015). Around 1990 Strauss joined professional forces with Juliet Corbin and the two created what would be called *Straussian* GT (Kenny & Fourie, 2014). This preserved some of the original approach but added literature review as tool throughout the research process. Another key shift was the distinct reframe that the theory was created by the researcher rather something to be discovered. Finally, about ten years later a student of Glaser and Strauss, Kathy Charmaz continued the transformation of GT

through her *constructivist* variation. While Charmaz acknowledged the founding influence of the previous iterations, constructivist GT diverged along several key dimensions. Extant literature was to be considered throughout the research process, however a more comprehensive engagement with the literature would come after data analysis (Kenny & Fourie, 2015). Charmaz added flexibility to previous coding guidelines that facilitated the process of constructing a theory that accounted for the influence of the context in which the research was conducted (Kenny & Fourie, 2014). This explicitly includes noting researcher positionality, assumptions and assumptions within the project which cannot be removed. The researcher interprets the experiences described by participant which means data and results cannot be an exact replication (Giles et al., 2016). Moreover, the interpretation of data requires a prioritization of reflexivity as most qualitative research calls for. Charmaz (2016, p. 36) calls this “methodological self-consciousness” which is the necessary ongoing consideration of the researcher’s social positioning, privilege and worldviews relative to how they inherently do infiltrate research. This stated principle demonstrates congruence with the epistemological anchoring of the constructivist framework of the project. Furthermore, GT’s ethnographic roots in sociology align with PAR’s relational practices of community relationships that were also integrated into the project (Charmaz, 2014). A description of the specific ways the current project borrowed from PAR is provided next, followed by the specific way GT procedures were employed.

PAR Influence

The roots of *PAR* originated around the 1970’s and is a blend of several contributing influences that challenged mainstream research with a collaborative approach that places participants in an active role beyond providing information or data (Brydon-Miller, 1997). This approach came as a necessary response to address the shortcomings of existing models that were

“contributing to further marginalization ... through a shift in researchers’ orientations towards inquiry” (Wester et al., 2021, p. 192). At its core, the approach aimed to decenter the researcher as expert and sole powerholder by inviting participants to share the power in the role of co-researchers (Kidd & Kral, 2005). The type of participation can vary from mutual or shared control to a project in which the researcher-participant roles remain separate. Alongside collaboration is an explicit commitment to action that brings benefit to the participants and their community as a solution focused endeavor which mirrors the politically charged commitments of the critical paradigm (Kidd & Kral, 2005).

This project was informed by the principles of PAR discussed in several ways. However, an important distinction is made in not claiming this study to be PAR given that it does not adhere to the necessary requirements. A key divergence from the PAR framework is related to ownership of the project and the role of community members. Responsibility and decision-making powers remained primarily with me as the principal researcher. This decision was based upon the scope of a master’s level project, and availability and capacity of community consultants. Six of the eight men often worked more than five days per week. While they were willing to make time to support the project, I had an awareness of the demands of their time. Consequently, I chose to ask for their help in the form of periodic consulting rather than a regular time commitment. All consulting was done individually to accommodate varying availability. There were many parts of the project where it was not possible to consult with everyone, granted this was not the aim. Rather the intention was to try to consider the community’s perspectives throughout the project.

Ideally it is the community that seeks out the project based upon their own identification of needs. However, it can be initiated by a researcher, as was this case with this project. Thus, it

was important to me to first consult with community members to see if a such a project was appropriate or necessary. It was echoed in consultation and later in data collection that community members agreed or had noticed themselves that there is a “problem” in need of “solution” experienced among MICT. It was also communicated that this would be an uphill climb to engage in discussions about mental health support due to the dominant cultural norms of this group. Despite being connected as a family member and friend, I was approaching the project as an outsider in many critical ways. Consequently, it was important for me to learn more about the cultural and social norms of the group.

The design of this study has been informed not only by the men that will be referred to in this project as “consultants” or “participants”, but also by countless conversations I have been able to have with men regarding mental health as man. This has included men outside of the community or population of construction or trades workers. While these conversations and interpretations have not been documented in the deliberate and systematic way that participant-based data is, they have laid a groundwork that seems to have reinforced important community relationships and credibility. It contributes to what GT describes as sensitizing (Charmaz, 2014) and the perspective I bring to interpretive research.

Prior to the project proposal I met separately (in-person or by phone) with consultants to discuss the idea of the project, including preliminary aims and aspirations as developed by myself to that point. This aided in shaping much of the proposed design including deciding on the name of the project, recruitment strategy, modality in which interviews were offered and the initial interview guide. During these initial consultations, it seemed there were varying levels of comfort and/or familiarity with mental health support. This awareness helped to inform my approach in the interviews by highlighting assumptions in literacy or comfort that I may have

otherwise overlooked. Each consultant offered a unique perspective that fundamentally helped shape the project's approach in both implicit and explicit ways.

A tangible example is the development of the project name "West Coast Built". The initial project name described by consultants to sound like a government agency. It was explicitly opposed and prompting changes until deciding upon the current project name. There seemed to be a thread of resentment or distrust towards systemic structures such as government. Feedback was given to ensure that the project was represented in a way that was specific to being related to master's thesis and not belonging to any other agency. Other explicit feedback given was to be genuine, direct and upfront with the project's aims and asks of the participants. Another recommendation was to be intentional about the use of accessible language, using "everyday language" that included allowance for swearing. Thus, a deliberate effort was made to communicate in a way that was more fitting to the linguistic norms of the community and was still authentic to the researcher. Overall, the dimensions of PAR that were integrated complimented the immersive and inductive inquiry that GT provided as the primary framework. We now consider the way GT was employed in the project.

Constructivist Grounded Theory Procedures

The theory allows for focus groups or individual interviews and prioritizes in-depth thick detailed data through open-ended interview questions that start broad and narrow in focus (Charmaz, 2014). Data analysis occurs simultaneously with data gathering. It is recommended that analysis occurs directly after the interview (Giles et al., 2016). Participant recruitment is anchored to theoretical sampling. It is possible that participants may be interviewed once, however secondary interviews may provide further depth.

Charmaz outlines a minimum of two coding stages (Kenny & Fourie, 2015) in which data is taken apart and compared to capture processes (Charmaz, 2011). *Initial* (open) coding is conducted in either line-by-line or incident by incident using “gerunds” (verb tense of nouns) and *in vivo* codes where possible. Relatively quick and spontaneous initial coding is encouraged to aid in preventing the researcher from creating codes based on hypothesized categories (Giles et al., 2016). The second stage of coding, called *focused coding* helps to conceptualize the data by raising codes that appear frequently or seem to carry certain significance. These codes are eventually raised to categories. This process is conducted within each interview and then compared between interviews. *Categories* become increasingly more abstract with a core category being the most abstract and providing a theoretical thread between other categories (Charmaz, 2011). Concurrent to each step of data collection and analysis the researcher creates *memos* as a necessary part of the GT process (Charmaz 2014). Such memos allow for immediate recording of reflections and questions arising in the researcher as they move through each step and are utilized during analysis to support the theory being built (Charmaz, 2014).

Another key element of GT is *constant comparison* (Giles et al., 2016). Analysis is far from linear, and the researcher revisits each part of data, often more than once. The process is also continually generative and flexible. As the theory begins to take shape through the accumulation of significant categories, the formation of a theory begins to take shape (Giles et al., 2016). Using theoretical sampling and revising of the interview guide these categories are explored more in more specific way. *Diagramming* is another strategy utilized by GT to visualize, examine and conceptualize categories (Charmaz, 2014). This can occur in a variety of forms such as graphs or maps to examine processes and relationships between categories. A process Charmaz (2014) describes as *clustering* can be used with both memos and diagramming

to support the start of the writing process. The strategy encourages the researcher to move without pressure by starting with one code and branching outwards with what is known about the word or code. This process may help flesh out codes in a creative and intuitive way that can be integral to the written report. Charmaz (2014) reiterates the need for flexibility and space to allow for exploration and spontaneity during this process. Initial codes may be revisited, and creative brainstorming promotes connections based on the data, rather than the researcher's preconceived assumptions or aspirations for the project. Theoretical saturation is reached when the researcher has determined that the categories developed through analysis are saturated (Giles, et al., 2106). The iterative non-linear process of the current project is illustrated in Figure 1 which was based upon the framework outline provided by Giles et al. (2016). The process begins with the development of the research question and initial interview guide, and the first phase of recruitment. Interviews were conducted in three phases which allowed the researcher to analyze, intentionally recruit participants by way of theoretical sampling and revise the interview guide where necessary.

Research Question and Initial Interview Guide Development

The project aimed towards understanding MICT's experiences of access mental health support. The broad term of "mental health support" was intentional to allow for participants to describe any type of support as determined by them. This was intended to decenter the assumption that formal and primarily western-based approaches are what MICT need. However, the researcher identified this assumption as difficult to detach from throughout parts of the project, including her own aims. This is discussed further as part of the researcher's reflexivity.

Figure 1

Project Stages

| | | |
|---|---|---|
| | Sensitizing process (prior knowledge – previous lit reviews/lived observation, consultation with community members, lit review) | Developing RQ and Initial Interview guide Developing research proposal, including research question and loose interview guide (Appendix A) |
| Recruitment (Theoretical sampling) | | |
| Constant Comparison and Reflexivity | Creating categories from focused codes | Phase 1 Interviews (1-5) (*additional interview lost) Used initial interview guide (Appendix B) Reviewed transcripts Initial and Focused coding |
| | Reviewing focused codes Writing memos | |
| | Diagramming (sticky notes on poster) | Noticing themes |
| | Theoretical Sampling | Round 2 Interviews (6-9) Used revised interview guide (Appendix C) Reviewed transcripts, Initial and Focused coding Sorting codes into tentative categories and raising some to tentative third level codes |
| | Refining categories | Round 3 Interviews (10-12) including one follow-up Used revised interview guide and follow-up guide (Appendices C and D) Reviewed transcripts, Initial and Focused coding |
| | Diagramming (sticky notes in book) Writing memos Diagrams on Canva Assessing Saturation | Re-sorting categories, raising some to third level codes/categories |
| | Re-reading transcripts Reviewing /integrating memos Refining categories | Initial Theorising Continual Sorting of categories Writing Findings Noticing possible core category |
| | Secondary Literature Review | Writing Substantive Grounded Theory |

As per Charmaz (2014), all information is considered data, with special attention paid to social processes and prioritization of rich data. Thus, semi-structured interviews with open-ended, in-depth questions create an intensive interviewing experience that can deeply explore participant experience (Kenny & Fourie, 2015). A loose form of an interview guide began as part

of the project proposal prior to consultation with community members and is attached as Appendix A. After several conversations with multiple community consultants, the initial interview guide was developed which is attached as Appendix B. Consultants also provided feedback on cultural norms and advised the researcher in ways that could help her build rapport with participants. Prior to the first interview, the researcher conducted an un-recorded mock interview with a community consultant. He provided feedback directly on the interview questions, as well as his own answers. This gave the additional sensitizing information which broadened my perspective on how the interview process itself might be outside of cultural norms for MICT. It also allowed for the provided insights into potential language adjustments and overall communication style that could be helpful.

Recruitment and Sampling

Recruitment strategies were integral to the project along three important dimensions. First, GT prescribes theoretical sampling to support in building categories as analysis happens simultaneous with data gathering (Gilles et al., 2016). Secondly, purposive sampling was also selected in consideration of critical gaps identified within the literature despite efforts to pursue open recruitment strategies (Keum et al., 2021). Finally, consultants provided feedback that a “word of mouth” strategy would be most effective in reaching potential participants.

Participant Selection Criteria

Participants included in the study were employed within construction or trades in a role in which they work primarily on site (as opposed to administrative or office positions). The definition of construction and trades was an emergent component of the project. Consultation with community collaborators produced a distinction between general labor on a job site that does not require specific training, and a trade that is a skill developed through apprenticeship or

technical programs. However, both types of work were grouped together by consultants as fitting under the category of construction and trades.

Participants were over the age of 18 and self-identified as male or as a man. All participants resided in the Lower Mainland of B.C. with one exception for a participant that worked three weeks in B.C. outside the area and lived one week in it. This criterion was added to support the study's aim in examining contextual factors that may be specific to the region. English fluency was not required, but all participants had a working understanding and/or speaking capacity. The principal researcher was limited to English only. Therefore, in the case of one participant who did not speak English as a first or primary language, efforts were made to adjust language where appropriate and clarify mutual understanding.

Administrative roles within construction or other roles that do not include working primarily on site outside of an office such as accounting, inspectors or engineers were not included. Two exceptions were made to this criterion. One, to include the perspective of an immigrant worker who often worked in a variety of manual labor jobs, including construction. Secondly one participant had recently transitioned to working primarily as an owner. However, this role still included being filling in on site and the participant's experience prior was exclusively working on site.

Recruitment Procedure

As discussed, there are critical gaps within the literature despite efforts to pursue open recruitment strategies (Keum et al., 2021). Among men who are typically underrepresented in research are the groups of men who work in trades and construction (Mahalik & Dagirmanjian, 2019) Thus, particular attention was paid to recruitment strategies and was led by community consultants who belong to the social and occupational groups of participants. Not all consultants

referred participants. Potential participants were referred to the project by consultants who were provided information about the study and support to maintain ethical practice in recruitment. Namely, the researcher explicitly expressed ethical expectations that participants were to be invited without pressure to participate or consequence if they declined. After connecting with an interested candidate, the consultant shared their contact information with the principal researcher. The first contact was made by text message to set a screening call. Immediately following the call, the informed consent was emailed to the participant, and an interview time was scheduled.

If a potential participant was contacted after expressing interest and did not reply, a follow-up text was sent by the principal researcher. If a reply was not received, it was assumed that the individual had changed their mind, and no further follow-up was provided. While this may have led to not connecting with those who may have been still interested, the ethical decision was made to err on the side of not placing pressure on the individual. Five individuals expressed initial interest in participating in the project but due to lack of engagement or replies, the researcher did not continue contact. One consultant reported a close contact to have declined participating.

All participants were referred to the group by consultants, social connections of the researcher or other participants. Two participants were direct contacts of the principal researcher. Finally, two consultants participated in formal interviews after expressing interest to the researcher. No open recruitment strategies were used.

Participants. There were twelve participants, ranging from the age of 21 to 57. Participant demographics are provided in limited form in Table 1. Due to technical error one participant's recording was lost. The limited amount of demographic information connected to

participant numbers was intentionally selected by the researcher. The rationale for the decision was based upon extra effort to maintain confidentiality. This was reinforced by participants direct ask for confidentiality and descriptions of gossip within the industry. The following industries were named as the jobs the participants worked in: cabinet making, electrician, framing, general construction, heating ventilation and air conditioning (HVAC), marine piledriving, shotcrete, and carpentry.

Table 1*Participant Demographics*

| Participant | Characteristics | |
|-------------|-----------------|-----------------------|
| | Age | Years in the Industry |
| 1 | 42 | 20 |
| 2 | 33 | 17 |
| 3 | 37 | 19 |
| 4 | 29 | 10 |
| 5 | 53 | 33 |
| 6 | 52 | 36 |
| 7 | 39 | 5 |
| 8 | 33 | 19 |
| 9 | 37 | 16 |
| 10 | 33 | 10 |
| 11 | 41 | 16 |

Data Gathering and Analysis

Participants were initially made aware of the project and invited to participate through consultants or social connections of the researcher. Two participants were also consultants who expressed interest in participating in formal interviews. Another participant was directly contacted by the researcher to connect with his coworkers. After recruiting his co-workers this individual also participated in an interview himself. Participants who were interested provided their phone number to the mutual contact who then shared it with the researcher. Screening calls were set up with the potential participants by text. The researcher provided the study overview

and reviewed consent on the screening call. Consent forms represented in Appendix C were emailed to each participant prior to the interviews.

All interviews were conducted via zoom except one participant who preferred in person. This interview was conducted at the participant's home and was assessed as safe for the researcher as he was a prior contact. All zoom interviews were conducted by way of phone except one. The first zoom interview was conducted by video with a participant that knew the researcher. While the participant expressed having some anxious discomfort in any type of interview setting, the decision was made to adjust to offering phone interviews for the remaining interviews. Given that it was suspected that this experience may be outside of typical norms for many participants it seemed that adding the layer of anonymity could increase safety for participants. This was secondly based in the researcher's lived experience of communicating with consultants and other community members at length on phone calls which allow movement such as walking. Lastly, this was reinforced by the researcher's clinical experience noticing increased disclosures in working with clients over the phone than when in session.

Interviews were recorded and saved to a password encrypted USB. Interview data was transcribed using Otter Ai and reviewed for accuracy by the researcher prior to analysis. The analysis deviated from GT's protocol in analyzing data immediately after interviews due to logistical limitations in the researcher's schedule. To try to mimic the protocol, the researcher conducted initial coding as promptly as possible after listening the interviews to ensure accuracy of the transcript. This was done with the rationale that the interviewer would have recent recall of the verbal cues such a laughter, tone and pace of speech to add context to the analysis process. Memos were utilized to capture researcher impressions and initial thoughts throughout the data

gathering and analysis. Some memos were more extensive in length; however, many reflect brief spontaneous captures of the researcher's process.

The decision was made to use individual interviews rather than focus groups to intentionally consider confidentiality and scheduling logistics. These considerations were informed by community consultants who explicitly described time as a valuable and limited resource for MICT. Thus, flexibility was required on the researcher's behalf regarding timing for calls with consultants and participants. Furthermore, a preliminary assessment of potential social risk associated with the topic of mental health among MICT also informed the decision to prioritize confidentiality over focus group methods. This was based in conversations with consultants and preliminary literature review.

Analysis

As described, a minimum of two stages of coding is standard to constructivist GT (Kenny & Fourie, 2015). Initial line by line coding using "gerunds" was first conducted, followed by focused coding that raised frequently occurring or significant codes. This process was conducted within each interview and then compared between interviews. A total of 4,544 codes were created using Atlas ti. An example of the process of moving from initial coding to focused coding is demonstrated in Table 2. Concurrent to each step of data collection and analysis the researcher creates memos as a necessary part of the GT process. Memos allow for immediate recording of reflections and questions arising in the researcher as they move through each step and are utilized during analysis to support the theory being built (Charmaz, 2014). Within the current study memos began prior to analysis post-meeting with consultants. A total of 95 memos were created using Atlas ti and were additional to longer journal type entries made outside the software program.

Table 2*Examples of Initial and Focused Coding*

| Participant Interview Segment | Initial Coding | Focused Coding |
|---|---------------------------------------|---|
| Now that I work with a different crew, I work with some of the guys that I originally sort of started with like some of them are still with me but others work at different companies, but we still sometimes work together and I'm still in contact with most of the guys that, that I started with. I actually it's funny that you're doing this um, I also noticed there was a problem in my industry with men, or mostly because it's men I deal with, but you know, their attitudes and their happiness and things like that. So, I started putting together dinners. Like we go out as a group, and we go for dinner together and, you know, share stories everybody sort of like has a common, a common background, right. And that seemed to be good. A lot of the guys it was, it was positive a lot said they were just sort of doing nothing every weekend and kind of thing now they're getting out and having fun. So, you know, it was that is kind of one of the things I do. So, I still see a lot of those guys, because we get together every, we're actually going out next weekend. | Changing crews | Staying connected to old crew |
| | Working with original coworkers | |
| | Noticing problem in industry with men | Men having problems in industry |
| | Noticing attitudes / happiness of men | |
| | Putting together dinners | Connecting over dinners |
| | Going for dinner as group | |
| | Sharing stories | Sharing stories and background with coworkers |
| | Having common background | |
| | Dinners seeming good | |
| | Getting together being positive | |
| | Having something fun to do on weekend | Staying connected to old crew |
| | Still seeing guys | |
| | Planning to go out | |

Phase One. Participants in the first phase were recruited based on the inclusion criteria through consultants, and contacts of the researcher. One participant also referred a co-worker who participated during phase one. As mentioned, all interviews following the first were conducted by phone over zoom. First and second level coding were conducted, and themes

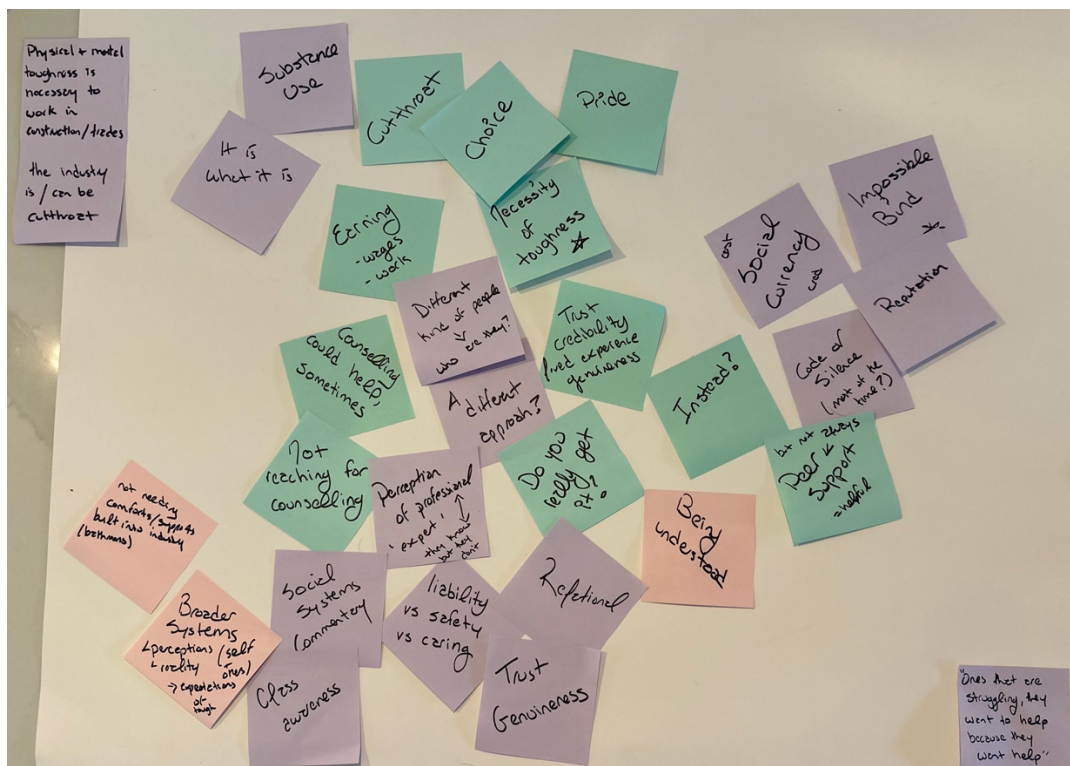
emerged between participants. These were raised to third level codes that either became categories or merged with other themes later in analysis. Memos reflect a trail of the early foundations of later developed categories. For example, one memo contained descriptive words and questions that came to the researcher in the moment during analysis. The memo was as follows, “aggression, conflict, getting away with things, having to remain invulnerable. What are the positive parts of the culture? are there any?” Another memo illustrates connections being made between sensitizing information provided by community consultants and participant data, “threads of pressure to say yes/move up or lose opportunity, hearing this in interviews and consultant conversations.” Following the analysis portion, the interview guide was then modified to add more specific prompts regarding women in the industry, addiction, and safety. The broad question of what participants thought could be helpful in supporting the mental health of MICT was replaced with prompts for feedback or advice regarding the project or mental health professionals. The rationale was that the question seemed it could place burden on participants to think of ideas for an action that may be out of their norms. Furthermore, participants expressed uncertainty in how to address this question. Consequently, the question was removed. The revised interview guide is provided in Appendix D.

Phase Two. During phase two participants were recruited through consultants or mutual contacts of the researcher, and one participant referred by a participant from phase one. Recruitment was focused upon adding perspectives from different trades and the experiences of immigrant workers. The revised interview guide was utilized to conduct all interviews in phase two. All interviews were conducted over the phone by zoom except for one in person interview which was also recorded on zoom. Transcription and analysis followed the same protocol as phase one. More time was spent sorting themes and raising them into categories. Diagramming

and free writing became important tools to the researcher at this point. As per Charmaz's (2014) encouragement, creativity allowed connections through mapping them out visually or writing without restriction or defined aim. Diagramming took the form of post it notes containing words or phrases that stood out as possibly important or repetitive. An early stage of this is represented in Figure 2. Post it notes were created spontaneously throughout analysis, which included revisiting interviews from phase one. Notes were clustered together and helped to refine and merge categories.

Figure 2

Diagramming example



Additionally free writing provided a space for reflexivity. Table 6 offers an excerpt demonstrating a combination of the early construction of themes and categories, as well as the critical reflexivity around my own assumptions or agenda. The process of reflexivity is discussed

further later in the chapter however the thread of examining assumptions emerged notably during phase two of data collection.

Memo Example: Noticing Early Themes and Questioning Personal Assumptions

What I hear are stories of pride, building from the ground up, preserving in the face of challenges that other jobs don't have to consider, developing an ability to think fast, juggle many seriously important factors, have a mental fortitude

I resist the blanket term of toxic masculinity because I hear elements of comradery, support,

*Hear limiting aspects, where the other edge of what makes these men so good at their jobs, the relentless drive to push through pain of a physically and mentally tasking jobs sometimes prevents them from being able to care for their wellbeing in a way that not only makes the work sustainable, but that ensures a quality of life outside the job maybe therapy isn't **the** answer, it can be helpful for most people, but maybe it isn't only the option (my own process of identifying my agenda??)
what are they already doing?*

What are the men who seem to be living in wellness doing to support their wellbeing

How do we meet men in the way that actually fits for them?

Can we drop our underlying agenda that they must make it into a therapy room? Or how do we adjust the therapy room for them? And as part of a more holistic approach.

Seeing overlap in what I have heard in first responder health

Phase Three. Phase three was the final data collection phase. All three interviews were conducted over the phone through zoom. Two technical challenges were incurred. During the follow-up interview, recording was not successful during the initial part of the interview. Consequently, the researcher summarized and confirmed the accuracy with the participant when recording began. Secondly, there were challenges with reception over Zoom with the final participant. The interview was resumed by way of a WhatsApp phone call on speaker phone and recorded on Zoom.

Recruitment was aimed towards adding perspectives of immigrant workers and flushing out two questions that had arisen from phase two. The first was to explore what had seemed to be a different participant perspective from phase one. A participant had shared somewhat of a

different perspective than other participants regarding addiction and conflict. It seemed implied that his perspective may have been related to the trade he worked in. Thus, a participant who worked in the same trade was sought to compare experiences. Due to purposive sampling, both participants had worked together and thus offered a potentially helpful comparison.

The second question being explored in phase three was related to a participant in phase one that stood out the researcher in describing significant personal growth and coping with hardships. He also spoke against the efficacy of formal supports. Additionally, he alluded to immigrant workers as an important group within MICT. The follow-up interview sought to explore more in depth which strategies were used in place formal supports and to better understand perspectives regarding immigrant workers. The interview guide used for the follow-up interview is found in Appendix E would have been used again if additional follow-up interviews were conducted.

During this phase the same process of reviewing recordings and transcripts, constant comparison with existing codes and developing categories, diagramming, free writing and use of memos were used. Diagramming strategies evolved to clustering post it notes into more refined groups and utilizing Canva to represent data in different forms. Saturation was also assessed at this point to be sufficient for the scope of the project. In accordance with GT's guideline of theoretical saturation (Giles et al., 2016) new data saturated existing categories and data that did not seem to fit was revisited. In line with the process of constant comparison an interview from phase one was revisited because one participant's perspective appeared to differ slightly to other participants. It was hypothesized that the participant's specific trade may have been related to what the researcher interpreted as different specifically in reference to addiction and aggression on site. However, in phase three a participant in the same trade was interviewed and provided

data that aligned and built onto categories related to addiction and conflict. The researcher was satisfied there did not need to be further exploration after more context was provided about the specific trade. Namely, trades that work more independently may be exposed less to conflict and addiction in the industry. Furthermore, during the initial phase of interviews it was suggested that immigrant workers may have differing experiences and perspectives. During the final phase a participant that identified as immigrant worker was interviewed. While his perspectives differed in some important ways, the codes constructed from the data continued to reinforce the existing categories. It was at this point that I assessed saturation to be reached within the scope of the project.

Initial Theorizing. The process of constant comparison and review and refinement continued following the conclusion of data collection. Memos and diagrams provided the preliminary process of theorizing prior to this stage. As the researcher attempted to consolidate categories and gather quotes to represent the data, an inherent review of the interviews provided additional insights and questions. The iterative nature of shifting categories resulted in the emergence of what seemed to be the core category of “relational credibility.” The thread of this category can be traced to phase two when the term “social currency” became persistent to the researcher as a source of cost and credibility. Several versions of diagrams were tried out by the researcher to provide a visual representation of more established categories. Concurrently, a secondary literature review was conducted which supported the development of the substantive grounded theory that is anchored to the core category. We now consider the standards of rigor and quality specific to GT.

Rigor and Quality

Grounded theory provides four evaluative categories that speak to scholarly quality and are discussed in relation to the current project (Charmaz, 2014).

Credibility

Credibility addresses the depth and breadth to which the study has captured the data it intended to capture, and if there is coherent support between claims and analysis. The intended scope was focused upon gaining an understanding of access to mental health support broadly for MICT. The concept of theoretical saturation or sufficiency within grounded theory describes the process by which new properties of patterns of constructed categories stop emerging during data gathering and analysis (Charmaz, 2014; Giles et al., 2016). The researcher assessed saturation to have been met by the flushing out of categories and lack of emergence of new categories. Analysis and decision making was systematic and documented. Where possible consultant feedback was invited to enrich interpretation of the data and promote adherence to Charmaz's guidelines of openness to criticism (2016). This occurred in phone calls with consultants to discuss the researcher's perception of the data, however consultants did not view the data themselves. This served to bolster connection and my interpretations.

Originality

Originality describes how the study builds upon existing theory or fills in missing pieces (Charmaz, 2014). Grounded theory is not intended to simply replicate a study or apply an existing theory. A GT study is meant to bring about novel insights to complement existing work. Given the notable gaps in research samples, men who are construction workers are scarcely represented. The intersectional approach of this project served to connect with perspectives that are currently missing from men's mental health research.

Resonance

Resonance is concerned with the conceptualization of the data with the necessary nuances, highlighting implicit meanings that constitute fullness (Charmaz, 2014). The process of resonance in data analysis also requires stepping back to consider broader social meanings, an element that is inherently necessary in both a transformational paradigm and when considering gender. Given that everything is considered potentially data with GT, there is ample opportunity within the data gathering process to provide rich meanings. A participant's tone of voice, facial expression or what he does not say adds to the layers of a full description. Tones of voice seemed to communicate mutual understanding and humor, or laughter added to the researcher's building of categories.

Usefulness

Usefulness connects to the pragmatic roots of grounded theory in simply asking, how is it useful, to whom, and how does it help make the world a better place? This project was concerned with the both the individual experience of participants and consultants, as well as usefulness in the broader community. Aligned with the critical framework, an aim of the study was to provide space for participants to have their perspectives heard and valued. As will be discussed in the results, several participants expressed that being asked about their experience in the way the project did to be novel for them. It is a hope of this study that the interactions with both participants and consultants provided a sense of appreciation for the perspectives they offered and potentially supported normalizing of often stigmatized topics. An intention of the project is to produce data that is shared in a way that is both accessible to the community it was concerned with but is also provided to those who hold power in local support resources.

Ethics and Reflexivity

A final but important topic in this discussion is that of ethics and reflexivity. Ethical considerations began at the early stages of working with consultants. I made a choice to adjust the language from key informant to consultant to better represent the role they played. I was aware that I have personal relationships with each of these men and I was intentional in trying to avoid any risk of exploiting that. This meant reading possible cues that they may not be available or interested in working on certain parts of the project. My aim was to have their voluntary involvement not burden them given the workload many of them uphold.

There were some dual relationships present between consultants and participants, as well as between me and some participants. This was an inherent part of the research design. Where there were no direct dual relationships, there was a mutual contact. While these relationships provided some strengths to the study, there are inherent risks associated with such research. Existing literature suggests this type of inquiry can be employed and highlights potential challenges that may arise in maintaining boundaries, power disparities and restriction in participant disclosures (McDermid et al., 2014). Thus, reflexivity and attention to relevant limitations are recommended as an ethical requirement of such research. Consequently, I sought specific supervision and reflexivity support related to the dual relationships present in the study.

Confidentiality was maintained to the utmost degree that at times was described as an unnecessary formality for some consultants and participants. The following are examples of confidentiality measures: the researcher did not confirm nor deny participation of referred individuals to consultants; and consultants did not participate in any data analysis, consequently avoiding possible identification of participants. To maintain ethical recruitment, consultants were briefed on these procedures and a lack of response from participants was interpreted as them declining. Informed consent was provided in written form prior to interviews and was reviewed

in the screening call. At the start of the interview participants were invited to explore any questions they had. Post-interview the withdrawal process was reviewed. All identifying data storage was maintained on an encrypted password protected USB to which only I have the passwords. All obviously identifying information was removed from data prior to analysis.

Another important factor described by Morrow (2005) is the scope of a researcher in scenarios where rapport building occurs. During interviews I was aware of remaining in my role as a researcher not a therapist. I was firm in refraining from offering advice or probing past what was relevant to the study. For example, in the case of participants who reported negative experiences with previous counsellors, my response was limited to empathic validation. Further inquiry was not related to the content of the experience.

I engaged in reflexivity individually and in consultation with others. I am fortunate to have been well supported by supervisors, colleagues and consultants that are willing to challenge my assumptions and offer alternate perspectives. Peer debriefs, as recommended by Morrow (2005) provided opportunity for me to track my own inner processes, and to have another vantage point to challenge or validate. There are two salient peer debriefs with other members of my program cohort who were also in researcher roles. One provided space to debrief my inner process after the initial interview, and the second helped to challenge inherent assumptions that were less obvious to me. I also met regularly with my supervisor Dr. Mathew throughout the entire process of the project. While there many important elements of my reflexivity there are three that stand out as pivotal in the way that I was able to show up in this work.

First, this project is deeply personal to me. Concurrent to the research process I not only engaged in reflexive writing, but I attended to the things stirring in me through my own personal therapy. During the process of the project one of the consultants on the project, a dear friend who

was central to part of my personal rationale passed away. This, along with other circumstances required breaks from the project that altered adherence to timeline protocols in analysis.

Reflection at this point reinforces the necessity of attending to my own self throughout such a personally connected project as an ethical responsibility.

Secondly, negotiating my place in relation to participants was an important process that was done supported by supervision. I found myself feeling between worlds, an outsider in many significant ways, but also belonging in some. Landing for sturdily in my own positionality allowed me to better acknowledge potential power dynamics. This too was a personally stirring experience to acknowledge my own privilege and my belonging to the very systems I challenge for perpetuating marginalization. My personal work in therapy and reflexive journalling helped support the complexities of holding and raising experiences of participants that also overlap into mine at times, as separate from me where necessary. This process is ongoing and complex.

Lastly, during analysis as previously mentioned in the memo shared, I became aware of my assumptions that were inherently woven into the project. That is, that from the start of the project there was an aim to understand the perspectives of MICT to increase their access to formal mental health supports. This realization came with some shock and shame that perhaps I was actively perpetuating systems that seek to fit individuals like MICT into existing structures, rather than adjust to meet their needs. While the interview guide was open and did not seem to reflect this inner process, there was significant shift in me. This had also been informed by my concurrent clinical practice in which I was reminded about just how outside male norms counselling services can be. This allowed for an opening of my perspective to revisit data and seek out where I may have missed participants sharing about mental health support outside of formal avenues.

CHAPTER 4: FINDINGS

This project provides a glimpse into the experiences of MICT through a lens that sought to explore what it is like for these men to access mental health support in B.C. Using constructivist GT, the findings of this study describe a possible addition to existing theories of men's access to mental health support. Many meaningful quotes were selected to be shared here but could not be included due to space limitations. Consequently, additional quotes are documented in Appendix F to honour these valuable contributions. Through the analysis process, the substantive GT RCPA was constructed from a core category of "relational credibility." According to GT (Charmaz, 2014; Giles et al., 2016), categories are built from codes that appear repeatedly or are significant to the research question. Through the iterative process prescribed by GT, three levels of categories were created during analysis that increase with abstractness. The core category is the most abstract and connects all categories to the research question being asked. Namely, *relational credibility* provides a broad umbrella connecting the categories of "occupational context" and "mental health," explaining access as it was described and interpreted in this study. Table 3 outlines each category and the factors or themes that construct the sub-categories. While access to mental health support for MICT is a complex and interconnected process, we begin by exploring each factor individually before considering them through a more systemic lens. The discussion begins with occupational context, followed by mental health, and concludes with process of the core category development.

Occupational Context

The occupational context involves the ways participants described their work environments and experiences. Participants shared details of their specific line of work, how long

they had been in the industry, and how they came to be in their current position. Participants shared about the parts of the job that they enjoyed and the parts that were challenging or they did not like. The work environment seemed to have two main dimensions that formed the sub-categories of occupational context: (a) pride and connection, and (b) the necessity of toughness. One participant (08) described these dimensions by saying it was like,

Be[ing] at work every day with your best friends, having the best time of your life, or you can feel like you're in jail...and you have a fight, lurking around every corner, potentially...It can change aggressively. Or it can be very nice.

The challenging dimension of work formed the category of “necessity of toughness” and was characterized by volatility, highly pressurized situations, danger and demanding work. The second sub-category labeled “connection and purpose” described of the job participants reported enjoying. We begin by exploring the latter of the two categories, connection and purpose.

Table 3
Themes and Categories of RCPA

| Core Category | Relational Credibility | | |
|---------------|--|---|--|
| Category | Occupational Context | | Mental Health |
| Sub-Category | <i>Connection & Purpose</i> | <i>Necessity of Toughness</i> | <i>Help-Seeking Norms</i> |
| Themes | Pride Comradery Reciprocity & Mentorship | Physical Demand Pressure & Responsibility Conflict & Aggression Substance Use Pushing Through Reputation | Formal Supports Chosen Supports A Call for Different |

Connection and Purpose

Despite the industry being undoubtedly challenging in several ways, participants shared enthusiastically about the parts of their jobs that they enjoyed, often with details of the work or evolution of the trade. While financial security was a primary motivating factor, work seemed to fulfill more than one function for most participants. One participant (09) expressed the level of enjoyment and benefit he found in work: “I love what I do...I could do it all day, every day. It makes me happy. Like, [the] gym or counseling, I like to go to work...it keeps me sane.” Another participant (05) described work as his “hobby” that he was paid for. Several elements of work seemed to support wellness for MICT, which formulated the category of purpose and connection. The category is broken into three themes: (a) pride, (b) comradery, and (c) reciprocity and mentorship. We begin the discussion with considering pride.

Pride. Themes of pride were salient in the data. The process by which participants came to be in their line of work appeared important as well. For some participants, this process began at a very young age—sparked by personal interest—with some describing learning about their trade from their fathers or grandfathers. Others reported getting into the industry through a friend. Many participants reported their career trajectory to have begun early, through courses in high school. For others, it was an intentional shift—seeking a different lifestyle, whether for higher wages or a chance to leave behind troubled or criminal pasts. This is illustrated by one participant (07), who described how a career in construction and trades brought about a significant change in his future: “I never really believed that I could be successful in a legitimate job...I take pride in it...when you change your life like I did...you have one choice...get good at it or, you know, don't have a good lifestyle.”

Some participants began on a path of post-secondary education and found a better fit for them working in construction and trades. Others described getting into the industry either out of necessity or as a somewhat arbitrary choice. This seemed to be the case for one participant (11) who works in Canada to provide a better life for his family out of country. Another participant (06) described simply choosing to try out trades due to needing to find work as a teen. In other words, for some, this type of work was an active choice, while for others, it was more of a means to an end to provide. However, in the latter scenario elements of enjoyment and commitment to doing good work were still described. One participant (11), shared his commitment to always “trying to do the best [he could in every type of work given].” Pride in one’s work also appeared to be related to reputation, which is discussed later in the chapter. Regardless of the pathway to their work, participants described a process of learning as you go, as well as a building of stamina, skills, and knowledge. Participants also described the wisdom gained through their years in the industry, which manifested in making safer choices with more ease, taking on greater responsibility, and creating different work-life balances to prioritize their own self-care.

The process of sharing their journey into the trades also appeared to build rapport between the participant and the interviewer. At times, participants described the novelty in being asked about their job and seemed to share with enthusiasm and detailed responses. One participant (03) stated, “I like doing it (sharing) because I just, I’m passionate about what we do. And yeah, I’m proud of what we’ve built. So, I like talking.” Some participants explicitly named the pride and enjoyment they felt in their work, as described above. For others, a subtle theme of accomplishment emerged through multitasking, solving complex problems, creating or building, and recognizing the impact their work has on others.

Many participants highlighted what they found rewarding about the job, including the challenging elements. Furthermore, the ability to adapt and keep the job going seemed to be a point of pride as one participant (08) described, “stress makes you either can make you or break you with the stress...how I use it to fuel me is, is to be sharp...because everything relies on me.” One participant (10) shared,

It's a humbling job...there'll be a one that you bang your head against the wall ... It's very frustrating when you can't figure it out, obviously, but I enjoy that about the job. It's more rewarding when you do, I guess.

Another participant (07) described a mix of multitasking and physical ability in a similar way when he said, “I also like the challenge, I like the physical aspect of it, you know, running the equipment. You know, there's a lot of things that you have to be on the ball for it.” The ability to multitask and problem solve safely was an element present in other participants’ descriptions of what they enjoyed about their work. This is illustrated saliently as one participant (06) shared,

I enjoy, you know, fixing problems. You know, when problems arise and you get round, it gives you a sense of satisfaction, I guess. I enjoy doing the job properly. And knowin’ it has been done properly. And it's safe.

Keeping themselves and others safe seemed to be a common part of the job, with participants describing their reliance on personal discernment, experience, and skill.

One participant (09) described the complexity of skill that is required of him to complete his job as part of what he enjoyed about his job:

I enjoy working on the ocean. Being in the elements...being in control of your own environment. Because...you have a certain set of skills that prevents your crane and rig from being destroyed from the ocean, along with everything on it. Also being swift

enough, and safe enough to then move and articulate pieces of structure...while you're working off a floating platform is almost an art, to be able to do something so soft off with something so heavy is quite the feat.

While working outside was a draw to the job, being capable of challenging tasks seemed to be highly related to participants' enjoyment on the job. A constantly changing environment seemed to provide them with the opportunity to utilize diverse skill sets and keep the job interesting. A nearly unanimous theme was "variety" and "getting to do a little bit of everything" (01) to avoid boredom and monotony. This also seemed to be a point of pride or recognition of ability. One participant (04) described himself as "a jack of all trades...so you kind of have to know a little bit of everything. And I like that." Working outside was also reported to be an important factor despite the impacts of inclement weather. As one participant (02) shared, "it beats being in a cubicle even though you know it's climate controlled and stuff. I don't think I could sit there in a box all day; it would be a little difficult." Participants reported not wanting to "be stuck in an office" (06), including those who had explored office jobs or completed university degrees in unrelated fields. Working with their hand and, as one participant (05) described, "just building something from nothing" was seen as satisfying and an important factor that brought enjoyment to participants. This seemed to be related to participants describing how they leaned into their natural strengths and abilities. Some participants described this contrast by highlighting their discomfort in a classroom setting compared to working with their hands.

A final subtheme was related to the fulfillment participants described related to how their work impacted others. Being thanked and appreciated for their work did not seem to be a given, nor was it seem to be sought after. However, it was noted by participants when appreciation was received. One participant (11) reported never hearing good words from his boss and that

when he was thanked for his hard work it provided motivation to carry on. Participants described a sense fulfillment or happiness in the ability to give back through their work, to the public and clients. One participant (07) described the impact he felt after getting into the industry as positive shift in his own life,

I love seeing these buildings go up. I like the fact that, you know, you're building homes and futures for other families and people to start their lives and their memories and their journeys, and...every time I see that SkyTrain go by, and most people going to work and having a better way, faster way to get to work for cheaper, you know, especially with the lower income people... I was a part of this project, and this is the impact that it has on my community...and I think for guys like me, especially, to make positive changes and be a, you know, a contributing part of the community instead of taking away from it...that's kind of part of the reason it makes me show up every day.

This participant statement seemed to contain several layers to contributed to what sounded like purpose. Namely: pride in his work, giving back after changing direction in his life and being able to help others in their day-to-day lives, particularly those that may be struggling financially. The awareness of socioeconomic status and systemic factors in was a thread found throughout more than one interview. Similarly, another participant (09) described rewards in the ability to help others by offering pricing to people who may be struggling financially.

Sometimes you find like clients that are like, single mom's where they're like absolutely fucked. So, you'll just kind of almost eat your shorts, just for fun just to do the job and to be feel good about it. Sometimes it's just like, you give to some people and just do stuff for them.

As has been illustrated, work contains different layers of pride for participants that range from the satisfaction of doing a job well, navigating challenging tasks and helping others.

Interpersonal dimensions connected to safety and looking out for others leads into the next theme of comradery.

Comradery. Another important dimension of enjoyment at work seemed to be related to social bonds and fun. Some participants shared about intentionally trying to create a stress-free and enjoyable work environment. This was described by one participant (05) being intentionally understanding regarding sick time or occasional lateness, playing music on site and providing pizza or doughnuts during meetings to “boost morale”. The same participant also shared about teaching guys “rather than getting pissed off and yelling, making [them] feel stupid”. Respectful treatment was described by another participant (08) as something that is not unexpectedly important, but “doesn’t happen on every site.” Thus, he described treating people as “humans” not “just as another number on the wall” to be important. He also described relational factors to keeping a “happy site” by “jok[ing] around on site and, you know, having lunch...just like shoot[ing] the shit.” Humor appeared to be a common factor both in work and throughout the interviews. Humor was described to include joking, bugging one another and pranks. Joking was common throughout the interviews on the participants’ behalf and seemed to have a rapport building effect with the interviewer. This type of relational connection seemed to extend beyond humor and enjoyment at work into dimensions of trust relevant to participants’ occupational context and mental health support. We first consider trust in relation to work specific contexts.

As will be discussed shortly, working in construction and trades often involves fast paced, high pressure and potentially dangerous circumstances. Consequently, relationships seemed to inherently require elements of trust in coworkers as they navigate tasks. One

participant (03) describes relationships with his coworkers stating, “we actually spend more time with them than we do our actual families...our comradery, I think it's just a little more it's like a hockey team, or like, you know, or like, like a unit going to war like these guys.” The connections between coworkers were also described in contrast to those outside the group, specifically companies or organizations profiting from the industry. One participant (07) described one such contrast in relation to the differences he perceived between company liability and the actual safety of workers. He shared,

There is liability, you know, and I think the only guys that actually legitimately care about the safety aspect of it are the guys that work with you every single day, that more than they see their family and they actually have a genuine concern for whether you're going to show up tomorrow.

Looking out for one another seemed to involve physical safety during potentially dangerous situations and noticing or reaching out when coworkers were struggling or missing from work. One participant (02) described noticing a coworker struggling with substance use which resulted in he and his coworkers trying to help, “we had one guy that was using, he was just struggling really bad and we'd all just kind of pitch our food together...to make sure he could eat...and guys would be like "you hungry?" and he'd be like ‘yeah’ and they'd give him food.” Some participants described feeling supported from bosses who checked in on them when they were off work. Support was also noted when bosses made an effort to make their workday better by being organized or trusted them to do their job with autonomy. Reciprocity and mentorship also appeared to be an important part of participant relationships and seem to have a specific connection to mental health supports and help-seeking norms.

Reciprocity and Mentorship. While some participants described instances of pressure or hazing from older or more experienced coworkers, several also described elements of reciprocity and mentorship within their work relationships. For some, having a mentor that took them under their wing of guidance seemed important in explaining how participants got to where they are. One participant (07) described his perception that “for a lot of guys in this industry is I think there's always that sort of like one mentor person that's maybe been a pioneer, done this before you for a long time and know the ins and outs...or guide them to like what could benefit them in this industry.” He continued on to attribute his commitment and ability to do his job well to his mentor stating, “it goes back to him...he really taught me to be that way...it was really his coaching and like his strictness...So if I ever win the lottery, he gets a big chunk of it.” Mentors or bosses that treated workers with genuine respect and consideration were described with what seemed to be a mutual respect and appreciation.

Conversely, exploitation, disrespect and actions perceived with ulterior motives particularly from bosses or companies were described with indignation and a lack of respect. Mentorship of “younger kids” was also described by one participant (09) as a way for him to give back in the same way that he was supported in his younger years. He shared his rationale

They need a second chance. I got a second chance when I was young...and I always believe in that second chances with people and sometimes it bites you in your ass, but most of them to be honest just need that like, they just want someone to like look up to or you teach them you spend that little bit of time and actually talk to them. Like they're a fucking person and treat them like they're a person. It makes a big difference. And it could be that one thing that changed your life or maybe it doesn't maybe they move on

and nothing happens from it...I'm not any kind of a counselor but I'm just like giving people chances to move forward.

Second chances and being supported in changing life directions through work was described by three participants, two of which talked about ways in which they endeavor to improve work environments for others.

A final theme of reciprocity seemed present in the way in which MICT support one another in personal struggles. Within these relationships' participants described a process of mutual sharing and supporting. One participant (06) described this interaction between himself and a coworker, "there'll be lots of times where...I'll just go up to his office, and then I'll just talk about things and then he'll do the same thing. We'll just talk for about 20 minutes, and then everybody's feeling better, and then we get back to work." While this type of connection was not uncommon, the selection of who is let in on which personal struggle is often based upon careful calculation. In fact, every participant mentioned either having a mentor, a person or people that they did look to for advice or support. Some described a belief that it might even be okay to reach out at work. However, this was typically followed up with an awareness of potential social risk. This and other elements of support commonly reached for by MICT will be explored in the discussion of the category of "mental health." First, we turn our attention to the second dimension of work described by participants, "necessity of toughness and mental fortitude."

Necessity of Toughness and Mental Fortitude

The description of working in construction and trades by participants was markedly noted for the necessity of physical toughness and mental fortitude it requires. Many of the jobs were described as a whole, or as containing parts that were dirty, hard and undesirable. All participants reported working with primarily men and very rarely women. One participant (9) described this

work environment as a “testosterone driven industry” which seemed to imply its intensity and roughness. Access to clean and properly functioning washrooms is not guaranteed in construction and trades. For many workers, breaks do not occur at regular set times and many participants described eating when they found the opportunity. At times this can mean many hours of physical work without breaks for food or rest.

Work conditions outside of shop work had the potential to vary greatly with weather. In addition to the physical challenges of the work, a mental load of responsibility and managing multiple tasks in a fast-paced environment and pressure from bosses was described as significant. The pressures of the job also included worker’s juggling job and financial security with time outside of work such family or social time and self-care. In addition to the physical challenges of the work, a mental load of responsibility and managing multiple tasks in a fast-paced environment and pressure from bosses was described as impactful.

Physical Demand. The industry was described as “cut-throat” particularly in the way that workers are treated as replaceable and the bottom line of profit overshadowing their treatment. Some participants also compared construction to being (02) “like a prison in a way where...each crew is like a cellblock at a prison”, while others (03) described the chaos and danger of the job “like going to war”. The work itself is often physically dangerous or demanding with serious risks in each one of the participant’s trades. Some of these risks ranged from falling off structures, being electrocuted, cutting fingers or limbs, being crushed or blown off exploding or tipping machinery, and exposure to toxic or illness causing chemicals, among others.

Alongside the potentially dangerous parts of the industry, each job described contained some element of physical demand as part of the regular workday. At times this work was

grueling and intense, and for others it requires continuous repetitive movements and consequential strain. For many participants it seemed occupational longevity was a consideration based upon the toll the job took on their bodies. One participant (05) shared,

You can only do it as long as your body allows you to do it. I have [have] buddies...their knees are shot, their elbows are shot, their, you know, their shoulders are shot from the all the hard work and lifting and everything, like it does a toll on your body.

Another participant (07) described the volatility of his work environment stating, “I’ve seen those lines break apart and like break guys knees right off of their leg and have to get flown out of the hole.” Participants described strategies such as getting off the tools into more supervisory rolls or moving into different roles within the industry to mitigate the physical impacts. Physical injuries to varying degrees seemed to be a common occurrence in either the participant’s personal experience or observation regardless of adherence to safety measures. Coping with injuries also seemed to bring multiple layers of challenges. One participant (07) described the financial and psychological impacts of being off work to compound the physical discomfort. He shared about financial adjustments despite the supplementation of worker’s compensation and weighing future consequences in the decision of what to push through to return to work. The theme of pushing through appeared throughout the interviews and is discussed shortly.

Most participants reported work weeks that surpassed forty hours and days that were typically between 10 to 12 hours, with some being as long as 16 hours. Some participants described the toll as “mentally draining just from the hours” alone, or costly to personal relationships. The reasons for working the high volumes of hours were sometimes trade specific in that some jobs require workers to work until the job is complete without a set quitting time. One participant (02) described such circumstances reporting that, “in concrete...it's paid for,

everything's there, you have to do it, there's no stopping". Others described the drive to work long hours as financially necessary. As one participant (06) stated, if "you want to make some real money, [then] you got to do overtime". Long hours and the resulting increase in steady income was reported to provide stability and open opportunity for a different lifestyle. However, the tradeoff was in sleep which often resulted in burnout, loss of time with family, strained relationships and lack of time for self-care. To maintain some time for himself one participant (02) reported "I sacrifice sleep for sure, to make sure I can do a little bit with my own time." By putting more hours some participants shared that it opened more opportunities to move up in the company or industry. One participant (03) explained, "if you're the guy going in and putting in all the overtime in the hours, then you can move up pretty quickly." Some participants worked out of town or country for extended periods of time, ranging from twenty-one days to eight months. However, not all participants described the same pressure to work long hours. Four participants described their hours as fairly set around eight hours, while the remainder described theirs as fluctuating up from ten to sixteen.

Weather was also highlighted as being an important factor in construction and trades. While working outside was also cited as something enjoyable about the job, extreme weather had substantial impact on most participant's experience of their work. At times jobs were not able to be completed due to weather which results in lost wages. However, often work continues meaning many participants work long hours in either inclement weather or extreme temperatures. One participant (04) that changed trades within the industry describes his previous job on an oil rig as "twelve-hour days and freezing cold temperatures, like negative forty some days." Along with being unpleasant at times or interfering with the ability to complete the job; weather was reported to have a compounding effect with long working hours and pressures

resulting in volatility and conflict. Conflict and aggression to some degree seemed to be commonplace in the industry broadly and is considered shortly.

Pressure and Responsibility. Additional to the physical dimensions, participants described what seemed to be a large mental demand related directly to their work, as well as outside pressures or stress. A potent layer of work pressure seemed to be related to timelines or expectations of companies and bosses. Some participants described emotions to run high when jobs were under a push to meet a deadline. One such participant stated (08) “when people push too hard, safety and shit comes aside or people [are] getting like, abused at work, not like, physically, but just like, yelled at.” While the ability to do so also seemed to be a source of pride and skill that will be later discussed, the toll of a loud environment with many moving parts was reported to have left one participant (03) feeling “shell-shocked” at the end of his days. Participants also described the pressure of constantly managing many moving parts on site, typically involving the safety of not just themselves, but co-workers and the public. “Everything relies on me” stated one participant (09). Another participant (06) stated “if you do something wrong, you can actually get charged with manslaughter if somebody dies because of something you don't know...there's a responsibility to you know, do your due diligence and do things correctly.” Safety measures seemed to be taken very seriously by all participants, some speaking to instances when it is necessary to use their own judgement that came in conflict with protocols in place. At times safety equipment was not provided and participants were required to source their own to keep themselves safe.

Most participants reported having to coordinate to some degree with other trades which presented challenges when there were conflicting agendas between supervisors, or breakdowns in communication between trades. One participant (04) observed that some guys “have a harder

time, just communicating or just finding themselves getting buried by other trades...the other trades just don't realize and then they just find themselves in a situation that's not good for either of them.” Other stressors described by participants were, dealing with parts of supervisory roles such as disciplinary action, and finding access to clean bathrooms, which at times required leaving site and risking consequences from bosses.

Outside of work pressures were often described as related to society, financial security and providing. One participant (06) shared this as “a lot of pressure because, like, in the pay scale. It's not, it's like you're in the middle of the road job where you're not actually makes me enough money to kind of get ahead. Especially in a relationship where you're the only earner.” Another (02) stated, “[in] Vancouver...everything's so expensive. So, it's kind of this mentality in your head where like, you feel like you have to work unless you're making you know big money an hour, you just feel like you have to work to get ahead.” Owning your own business seemed to be described to earn more money, however it was inherently associated with more stress, risk and need to be available to work.

Lastly, participants observed or experienced stress from outside of work from family responsibilities or challenges. The pressure and responsibility to provide for their families seemed to show up as motivation to push through. One participant (11) shared about the aloneness that came from working out of country away from his family, but that it was necessary provide a better life. He explained, “that’s why we come in here for Canada for our family.” Consequently, he described accepting any type of work that he was assigned, including work he sometimes had not been trained in or did not have the appropriate equipment. At times the demands in hours from the job seemed to keep workers away from their families or interfere with their ability to connect with them outside of work hours. One participant (03) described this

experience as, “hard to turn off like work mode and go into like, family mode, or like, whatever you want to call it, like it was, there was a disconnect there for me on the long days.” While there were some differing beliefs on what should be brought to work and discussed, it seemed unlikely to be able to tease the types of stress fully apart. One participant (07) described this interaction as “you bring your baggage to work, you bring your anger or if you make a mistake, you overlook a safety thing and somebody gets hurt, you know?” This described overlap of stress outside of work is particularly relevant to the next topic of conflict and aggression.

Conflict and Aggression on Site. While conflict did seem to occur in isolated instances such as disagreement between trades or personalities, often it seemed related to physical and mental drain. Factors that seemed to create this were weather, lack of organization or resources, pressure from bosses, long hours, lack of rest or sleep, and substance use. One participant (02) described the result of long hours and weather as creating scenarios where “a lot of guys, are all really good guys, but they have blow ups. They'll go from zero to 100 and they explode.” Another participant (08) shared that at times conflict results in “quite a bit of yelling” and “every once in a while, somebody will get physical.” Other participants described getting into physical and verbal altercations themselves in the past. One participant (05) describes intervening in an interpersonal conflict between two coworkers stating, “I've had it out with one of my other workers where he's telling off and other another coworker, just given attitude and yelling and screaming and using the f bombs and just be like, Shut the f up.” To mitigate conflict between workers, another participant (02) (that compared construction to being prison-like in some ways) shared, when “the guys aren't getting along they'll just pull the one guy out, and they'll put them in the other cellblock, the other crew, and it's been every construction company I've worked for.” Some participants also shared about their own expression of anger and aggression. For example,

one participant (07) disclosed, “I used to snap and scream at people, and it didn't get me anywhere. It just made people hate me and not want to work with me because I was angry.”

Not all participants expected physical violence or aggressive conflict as part of their specific work environment, however most were explicitly aware of its presence in the industry. One participant (10) described an awareness of underlying tensions related to different values or political perspectives. He shared his response to such tensions “you don't necessarily want to speak up, because you're just gonna have everyone arguing with you. Why bother kind of thing... some topics that are, like, no-go's.” Some participants seemed to work for companies that had more strict policies in place regarding managing workplace standards and/or worked alone more than others reported and did not witness conflict often. The role of management and human resources was described in varying capacities. Some companies did not have a human resources department, while others that did stated that disciplinary measures were unreliable and that often people got away with things. Some participants described witnessing aggression and substance use in management, as well as exploitive treatment of workers, particularly immigrant workers. The experience of immigrant workers was described from non-immigrant workers as layered with power dynamics and lack of access to the same recourse for abusive bosses, discriminative treatment or injuries. One participant (11) shared one example his experience as an immigrant worker stating, “some Canadian people...they see Mexican or different country guys, they don't say hi”. This treatment was reported with explicit objection and was also described by one participant (07) as an “unspoken part of this industry” that is reliant on immigrant workers. This dynamic seemed to be one that was treated as a somewhat systemic reality.

A final theme that seemed fall near to aggression was that of teasing and hazing which seemed to be commonplace. This seemed to be related to working in a male dominated industry and to be expected as normative behavior. This was illustrated in the sentiment (02) “guys are gonna be guys you know, at the end of the day, but its definitely what people get away with. I would imagine more often construction is a little more severe” [than in white collar jobs]. This environment was also described in reference to hazing as (04) “a stereotypical kind of workplace that you think about when you're thinking about dudes in construction.”

Hazing seemed to exist in varying degrees. Two participants described different observations and experiences of being the new guy on site. One participant (04) shared about physical and verbal incidents that he experienced as part of a hazing process. He stated, “you have to have thick skin to work up there...kind of comes with the territory.” Another participant (10) described observing “a distinct, like, hierarchy where...[some] new apprentice[s], get kind of, like, pushed around and...the apprentices definitely get the short end of the stick on, like most things.”

Joking and humor in general seemed to be an important part of relational and prosocial norms across participants. However, some shared the downsides or negative impacts that resulted from it at times. One participant (02) observed that

Guys will get really nasty to each other. And they're just joking around. They don't necessarily mean they're trying to hurt the guy. But a lot of times guys don't want to open up about stuff going on at home because it ends up coming back and guys start picking fun.

This type of teasing or joking was described by others, specifically regarding injuries as what seemed to be an expected response. Participants described a perceived need for self-protective

strategies such as careful calculation about disclosure of anything that could be perceived as weakness and who they were shared with. Overall, this type of social interaction seemed widely accepted as just part of the job and what guys do. This theme was echoed in what appeared to be a level of acceptance of things just being a certain way and therefore the worker needs to figure out how to get through it. Participant perceptions across different trades seemed to contain a similar sense of acceptance or lack of surprise when encountering substance use within the industry, which is discussed next.

Substance Use. Substance use was described as highly prevalent and often problematic within the industry. Some participants shared about their own journeys while others described observing it. There seemed to be simultaneous layers of harshness and compassion held towards substance use and those coping with it. The use of alcohol and some drugs were described as commonplace and as not always being problematic. There seemed to be a distinguishing line between which substances and levels of usage were acceptable or problematic. One participant (04) that reported not witnessing substance use or addiction also stated, “I mean, people smoke weed, but and people drink... everyone's quite functional.” Part of the acceptance of substance use on site, particularly the use of marijuana seemed due to a lack of another option. This is described by a participant (05) who stated, “we know the guys are smoking pot, but we can't say anything, or else they'll be gone too. And it's easy for WCB to say, you know, you can't have people working high, but this is what this is how they function every day of their lives.”

Conversely, one participant (06) described the prevalence of substance use that seemed to be related to self-medicating within the industry. He shared, “there's a lot of mental health issues for people in the trades. There's the whole atmosphere around drinking and drugs and stuff like that. It is commonplace. It's hard to avoid.” He also commented on the challenge of

being surrounded by substance use at work prior to his recovery, “especially when you're younger...so I would have to work and get hammered.” Alcohol was described as being used for relaxation and as one participant (08) described, “[it] takes the edge off so yeah, stress relievers...after work everyone's fuckin having beers sometimes during the day.”

Another pattern described was that of co-workers disappearing for a period of time due to substance use. One participant (02) who reported that while some use seemed normative to social usage, he had “definitely seen a lot of guys fall in the habit of either like alcohol abuse or substance abuse...goes with all, all trades. You definitely see guys, you know, Friday paycheck [and] they're not showing up on Monday.” Substance use, and addiction was described as varying in its visibility. One participant (10) shared, “we've had a few guys come through...And some you don't really notice, and others that shows up, like quite evidently...one that came through, didn't really notice, he just, like, disappeared one day.” Several participants expressed empathy and concern for co-workers who were homeless, not able to afford food or disappeared and were unreachable due to addiction. Participants also described the negative impact substance use had on the work environment which included unpredictable low or bad moods that fed into conflicts on site, lower work output, reliability and potential safety risks.

Along with concern for the person coping with addiction and the work environment, participants shared explicit discontentment in the existing supports. When discussing treatment options offered by unions, one participant (08) expressed his frustration, “I've seen it a million times...it's a repetitive situation, that is not being known because there's a business behind it right.” He described the discrepancy between companies providing resources that resolve the issues beneath addiction, rather than placing a “band aid” to get people back to work as a profit motivated intervention. The complexity of addiction was acknowledged by participants, however

the call for something different was salient as one participant (10) expressed, “there's got to be something to do with addictions, because it's not very good, the numbers are pretty high, I think.” One participant (09) seemed to describe elements of the complexity,

[they are] doing drugs all night, get paid, they don't show up. And then they lose their jobs or whatever. I mean, that's their fault, but at the end of the day, but they also need help with it. But there's not a shit ton of things that they want to go do. Or they don't talk about their feelings or what the issues are behind the drug and alcohol.

The call for different supports for addiction were also grounded in a recommended shift towards more proactive rather than reactive supports. These recommendations will be discussed more in conjunction with feedback regarding mental health professionals later in the chapter.

Pushing Through. The theme of pushing through or doing whatever it takes to get the job done seemed to be present physically and psychologically. The industry as described, can often demand that workers push through the discomfort of inclement weather, lack of sleep and physical pain. One participant (03) describes such a scenario,

there was days that my hand would cramp up in the shape of the hose just because I was holding it for so long in the same position...like, you want to give up, you want to put the hose down because your shoulders are burning, and you want to take a break but you can't take a break.

Another participant (08) described pushing through more minor injuries without letting the pain be known, “it's just you have to be a construction worker, you're being tough. But you know, someone pinches their finger like...it might actually hurt.” Working through smaller injuries seemed to be a common practice as one participant (06) described, “a lot of people, you know, they just get some electrical tape and tape the finger up and move on.”

At times work was expected either without adequate tools or supplies on timelines that were described as unrealistic or impossible. However, one participant's (11) response to being presented with an impossible job was, "we try to do the impossible." While safety of self and others was described as taken seriously and important, there seemed to be somewhat of a balancing act in considering which risks to take or which injuries to push through. Some safety risks were described as taken out of loyalty from guys trying their best to get the job done.

In addition to physical perseverance, psychological pushing through was described as a response to stress and responsibility. One participant (08) reported not having the "luxury" of thinking about stress when you are in charge and responsible, instead you need to just act quickly and confidently. He stated, "I don't even fucking have stress...this is just called the day at work...I don't even think about stress, what he calls stress, I don't even have that luxury." Working on most construction sites seemed to require the ability to rapidly multitask, including assessing danger while carrying on in the primary task of the work. For most participants this also required the ability to navigate challenges that may come up with other trades, and the pressure of timelines.

Another dimension of pushing through seemed to be socially anchored, particularly in relation to injury or personal setbacks. As one participant (02) shared,

I've noticed that guys, guys will pressure just to kind of work through things because they just don't want to deal with, it's not even the employers and you know, they just don't want to deal with their coworkers. And the other guy is given 'em a hard time. And, you know, even if they don't, the guys don't mean it in any kind of like, just joke with, but you know, some guys that just don't want to deal with it. So, they just kinda push through

whatever, you know, issues they have with somebody or sometimes it's easier just to not confront something and just move on through it or not deal with it.

This participant's description aligned with the overall description from others regarding how men cope when there is risk of social ridicule. Consequently, the discussion now shifts towards themes of reputation and stigma which seem to impact the social rules of dealing with personal problems among MICT.

Reputation, Social Rules and Weakness. Reputation seemed to be an important factor with power to impact social acceptance, job security and future opportunity. Reputation was described by one participant (05) as something to build as a form of his credibility in his quality of work and capability by “just not pushing the pencil around. But I can actually back up what I do know, goes a long way.” A reputation of producing good quality work that was reliable and efficient seemed to be a point of pride among participants. One participant described his desire for perfection in his work stating, “it was just like my reputation...I just didn't want to put my name on something. And be like, oh, like, all the concrete is all messed up. Or like, this looks like shit...that's my work, you know.” In addition to producing high quality work, reputation also seemed to provide insurance for job security or opportunity in the same way as putting in long hours. As one participant (07) shared “you build this reputation of being...not just reliable but efficient at your job... to make the day go faster. So, it got me other opportunities.” While reputation was largely built through the quality of work and work ethic, another dimension of reputation seemed to be related to injuries.

Coping with injuries or admitting physical limitations were described with caution and calculation of the potential risks involved. Participants shared about gossip, being called out, having to prove injuries or perceiving possible risks to job security. Some participants reported

being aware of gossip on site or within the industry broadly, specifically regarding injuries.

Working among other men seemed to interact with the pressure of the perception of others. One participant (03) reported that while the culture has been shifting in some ways, he also shared about the pressure to perform and work through pain or injury stating; “I think you're trying to prove yourself and you're just, you know, around like a bunch of older men and like, you don't want to be known as like, you know, the little Suzy.” The perception and approval of other men was accompanied by a protective awareness of job security. One participant (06) described potential motivation to not report injuries to avoid the label of liability. He stated, “[are] the people, you know, [who] report a lot of instances going to get laid off first? I don't know.

Somebody's got to look at that, like, well, you know, this person is a liability, at the safety office every freaking day, you know?” There seemed to be some tension between WCB policy in documenting injuries related to an unspoken pressure on workers to avoid impacting employers’ ratings and premiums by making claims. This was further complicated with workers’ and employers’ experiences of exploitive use of WCB. One participant (09) shared that as an employer it is possible some workers are “costing you a ton of money because they're trying to just get money for doing nothing and they're lazy” Consequently, there seemed to be an atmosphere of distrust and suspicion around injuries that impacts MICT’s decisions around addressing injuries or pushing through. Further to this some participants reported a need to prove the legitimacy of injuries.

Some participants shared experiences of not being believed or reprimanded for calling in sick or for injuries that were not visible. One participant (02) described this experience stating, they can't visually see you in a cast, everybody says...that you're lying. You're just milking it. And we hear that all the time. Anytime anybody gets hurt. It's always he's

milkin' it and he's full of it. He's not actually hurt. He just wants days off...there's

definitely guys are bein' their worst [laughs] when they get around each other.

Thus, in some workspaces, injuries or sickness seemed to be accompanied with three potential costs: the physical impact, social impacts and risk to job security.

Interestingly following safety protocols did not seem to come with the same perceived risks. Conversely physical safety, with the exceptions that have been described, was expected. Participants expressed not feeling pressured to take risks with safety and often described safety protocols as excessive. This finding does seem to coincide with the validation of observable physical injury given that the safety measures referenced were intended to protect physical safety. Following the conversation about physical injury or challenges, participants were asked about the less visible or invisible challenges of mental health and related supports. The notion of being off work for anything beyond injuries seemed either foreign or associated with social cost. Some participants simply laughed at the idea and responded in way that implied it was not something that happened among MICT. One participant (03) shared his surprise in learning that mental health leave existed in the industry stating, "I remember one of my friends see, took like a stress leave. I think one of his parents passed away...he said, guys, like, I'm just like, on mental health leave. And I'm like, fuck, I never even really heard of that before, like in construction." Another participant (07) described uncertainty associated with asking for time off work for mental health related challenges. He stated, "it wouldn't go over well...depending on who you approached...they would probably cover for you to a certain extent...But, like, you would probably get ridiculed by most of your peers." For him it seemed possible to receive time off for mental health, however it was likely associated with social cost. Overall physical injury or illness that impacted participants ability to work appeared to come with some potential costs. Similarly,

mental health was described with concern for social and occupational risk. The category of mental health and supports are discussed next.

Mental Health

Participants' description of mental health seemed to oscillate between the specific context of working in construction and trades, and in broader terms of being men. The discussion of mental health also carries forward several threads of the previous themes discussed.

Toughness, pushing through and reputation are particularly salient. The discussion seemed to be inherently tied to help seeking and participants' perceptions of asking for help. Participant's definition or understanding of mental health varied somewhat, however the word stress was often used interchangeably and overlapped largely with substance use. In other instances, participants differentiated stress from mental health. One participant cited stress as (10) "part of mental health" which he defined as a "pattern where it's just like, yeah, not been feeling great for the past, whatever, then there's probably something going on." Some participants were unfamiliar as one participant (05) shared,

I don't know about the mental health, like, myself in general, like, things don't really don't bug me too much. So, I don't have any anxiety or issues...I know some guys that do have issues where they're, you know, they got a lot of shit on the go, but I'm not too familiar with the whole thing.

One participant (11) had not heard of the term 'mental health' which may have been related to language and cultural difference. Support was framed broadly by asking which supports MICT used for their stress or mental health. Participants were invited to share about their own experiences and those they observed in others which contributed to the category of help-seeking norms that is discussed next.

Help-Seeking Norms

There was an overarching theme of men not expressing their feelings or talking about their mental health freely in general and within the work environment. Some participants described noticing some shifts towards mental health or getting support being less stigmatized. However there seemed to be a much deeper, more established and unspoken norm among men that places an expectation for them to hold emotions inside and carry on in their lives. Table 4 outlines some participant expressions that reflect restricting emotions as a norm. Not only is emotional restriction seen to be a common masculine behavior, but the expression of emotions also seems to be more associated with feminine behavior as described by one participant (06). Similarly, the topic of mental health was associated by another participant (05) with more feminine traits suggesting, “maybe it's more of a woman thing, I guess? I don't know. But I'm just not in touch with that, I guess.” However the same participant did describe talking to a friend about his stress suggesting that some forms of support and personal challenge were normative for him.

Additionally, participants described concerns of burdening others with their stresses. One participant described this concern along with the perception that other guys may not want to listen. He shared that “[he] wouldn't want to burden them with it. And also, you know, you'd probably feel that they don't even want to hear it.” Another participant (11) described similar concern in talking about his stress with his family stating, “I talk with my family... sometimes, because we talk too much about stress, for the work, we don't [want] to worry our family right.”

Table 4

Emotional Expression and Restriction

| Participant # | Expectations of Men’s Expression of Mental Health, Stress or Feelings. |
|---------------|--|
|---------------|--|

| | |
|----|---|
| 01 | “I think it's the typical masculine type thing, you know, just bury your feelings [laughs] and grin and bear it and just go through life.” |
| 02 | “generally be being a man, you know, the stereo stereotype is the you got to hold all your feelings in...and it's like a kettle boils, and then it blows off...it's that whole men mentality where you're told, you're a man you don't show your emotion, you don't cry, you hold it in, you know, that's kind of the whole being a macho man mentality that's existed since forever.” |
| 03 | “I think guys just like, bury it and they're just like, they're there to do the job and like, everything else doesn't really matter at that point. I feel like they're just like, Okay, we're here to do the job. All that other noise. Let's just not even pay attention to it. We'll keep it out of our heads for now. And then but that's just kind of prolonged, that you're not really dealing with the situation is kind of procrastinating right?” |
| 06 | “Guys generally don't talk to each other. And oh, girls talk to each other and cry. You know, guys just don't, I don't know why. Then the other thing is that like, you know, being a guy I don't know with I don't think anybody else would want to listen to me winge and whine about stuff, you know, so they got their stuff...men seem to be like feeling like, there's not a lot that can be done about it. And what's the point in talking to somebody?” |
| 09 | “That whole struggle with guys like no one wants to talk about it. Nobody wants to cry.” |

A similar theme of differentiating between the types of support that are more readily sought was echoed by other participants. The term mental health support was used synonymously with formal services such as counselling or therapy by participants. The response among many participants towards formal mental health supports seemed to be that they could possibly be helpful sometimes. Conversely, others reported that not only are they not helpful, but they can be harmful or part of the problem. Some believed that resources were known about but would not be used, while others shared that they were not aware of available resources or that they were not offered. Above all, the overarching theme was that formal mental health supports such as therapy or counselling were not likely to be used among MICT. Alternate supports, primarily community and peer based were reported as more likely to be used in times of stress. It

became clear that MICT do access a variety of types of mental health support. These choices seem to be related to factors such as gender norms, possible social costs, and consequent potential threat to livelihood within the context of work. We now move into exploring these choices by considering participant perceptions and experiences of mental health supports, beginning with formal supports.

Formal Mental Health Supports. Direct experiences of formal mental health supports varied somewhat. Most participants had their own experiences with counselling or knew someone close to them who had been to therapy. Five participants (01, 04, 05, 06, 09) had used counselling services in the past and would consider them to be helpful. Of them, two used services for substance use support, one for their marriage and two for anxiety and other personal topics. One (10) participant had attended couples counselling, found it unhelpful and described counselling as possibly helpful if his typical supports did not work. Another (02) participant reported a harmful counselling experience when he was younger and expressed that counselling could be helpful for others but would not be for him. Three (03, 08, 07) participants described counselling as unhelpful and had not used services themselves. One of these three participants (07) knew someone they referred to as a mentor who was using counselling and found it helpful, however he reported it to not be for him. Lastly, one participant (11) had not heard of counselling or mental health support before which was likely related to cultural differences or limitations in the interviewer's communication in English only.

Regardless of their experience or belief about the effectiveness of counselling, participants described such services as one that is not likely to be reached for among MICT, if at all. One participant (04) shared, "I think a lot of men in trades don't take advantage of that.... maybe for some, it's a sign of weakness. Personally, if somebody tells me they're going to

therapy, I'm like, great, you know, you're smart enough to know that...But, you know, not every dude is gonna say that". Another participant (10) shared his perspective stating,

Guys in trades, for the most part, are more like your obviously, like your blue collar...I'll won't always say rough around the edges, but just like, you're more, I don't know, like alpha type guys...they're not going to ask for help...no one's gonna be like...I'm gonna look weak, but I'm gonna go ask for help.

Social cost or risk to masculine identity seemed to be a potent reason for MICT to not use formal supports for their mental health, but also to not ask for help in general. Stigma related to seeming "not very good" or appearing to be a "crybaby" was described by one participant (06) as a potential risk to admitting that you may be struggling. As discussed, the risk of reputation seemed to carry potential threat to a person's daily social experience and concerns in job security. Further to the point, one participant (03) outlined the potential risk in taking time off for stress leave sharing,

What does the employer do? He's got to replace you. You know what I mean, right? It's temporary. But maybe, now that guy's better than you or something, and you come back...Like, it's a cutthroat thing like I said, like, even if one of my guys gets hurt, as soon as he gets hurt, I'm calling the next guy to bring him in.

Stigma related to substance use in general was also mentioned as a factor that may prevent MICT from seeking formal support. Broadly substance use was described as problematic, but the perceptions of being a person needing help with it seemed layered with complexity. Many participants described empathy for coworkers struggling due to substance use and attributed it to being more of a coping strategy or part of a deeper set of issues in need of support. At the same time some expressed their own judgement or frustration due to the impacts

the substance use of others had on their work environment or wages. Broadly there seemed to be some negative assumptions attributed to the types of people that use substances or cope with addiction. At times it seemed these workers were labeled and expected to be unreliable or unwilling to change their situations. Laziness or not acting towards solving problems seemed to be outside the expected norms among MICT. Those coping with addiction or using substances in a repetitive way that interfered with work seemed to garner the label lazy of being unwilling to help themselves.

There were several additional reasons shared by participants describing why MICT may not use formal supports such as counselling. Logistical challenges such the cost of counselling or lack of extended healthcare coverage were reported to be barriers to using such services. Participants also described the challenge in having to leave work to attend appointments offered during work hours as problematic because it compounded the cost of services with the loss of wages. For some, the option of seeking help was not one they had considered or knew about. One participant (03) described his experience in this way sharing, “I never really thought about talking to anybody about the stresses that I was incurring. I never thought to go and talk to anybody about it.” Some participants described the challenges in knowing where to start and how to connect with a counsellor as a relevant factor. However, another participant (06) shared that services were offered at work but were not used. He stated, “it’s available, there is a phone number that you can call, and then nobody tends to call it.” This was echoed in general feedback of the unlikelihood of MICT using formal support for their mental health even among those that indicated that services could be helpful in some circumstances. A predominant theme in relation to this was the belief that supports, specifically counselling, were ineffective and outside the norms of the way MICT seem to address problems. One participant (03) shared, “I don't know if

necessarily therapy is the answer for some of these guys, because that's not how we typically are trained, you know, that's not how we, how we operate.” The ways in which MICT seem to approach problem solving appeared as a salient theme which will be discussed after the consideration of participants’ own experiences of formal mental health supports.

Participants described discomfort in the process of talking to a counsellor. One participant (10) who described being open to using supports in extreme circumstances also stated that “telling a stranger about, like, your life problems, yeah, guys might just be like, well, like, this is just kind of weird... I'm pretty open person, so I didn't really mind, but at the same time, yeah, like a little bit weird.” Another participant (06) shared that the act of talking may be perceived as ineffective, “I think, yeah, guys, I think it's just not going to help to talk to people.” However, as will be discussed, it did seem that participants did find talking helpful, it was the who they were talking to that was key.

A theme of mental health workers belonging to a different group than MICT, with different social norms became clear throughout the discussion of formal supports. The setting itself of counselling was described as outside of the norms for MICT. While inside of an “office with a nice scent and whatever” was described as “nice sometimes”, one participant (09) pointed out the gap between the environment MICT are accustomed to. He also described perceiving this gap in that some counsellors might dress in a “nice fancy dress” or “suit” comparatively to construction workers in “Carhart’s”. Perception of competence also seemed to be related to differences in the types of education between mental health professionals and MICT. While formal education was part of many participants’ backgrounds in both academic and trade contexts, “textbook” learning was described as unhelpful in some ways in qualifying counsellors to support MICT. One participant (07) shared his perception of these qualifications stating

they're looking at a textbook of a generalization of that trauma or issue or whatever. And it's not, you know, like, unless you truly walk in someone's shoes...how can you really understand that, and would you be there if you weren't getting paid? So, how deep does your empathy go?

This statement also highlights other dimensions in questioning of support services and relates to community-based supports which are discussed shortly. However, genuineness and shared social belonging seemed to a possible factor in MICT's perceptions of formal supports based in university educations. This is illustrated in as one participant shared his perceptions stating,

I will say that the people, people that I've met in construction are some of the most like realist humble down to earth, real-life stories, real struggles and struggles and triumphs of getting through it. And they have stories to tell, versus maybe somebody that, you know, had their parents pay for a full ride scholarship. And not there's anything wrong with that, you know, like, if I could do that for my kids, I will do for my kids do but not everybody can.

The phrase “getting on their [MICT] level” was shared by more than one participant and seemed to illustrate the importance of social belonging. Statements as such also seemed to imply power dynamics between “professionals” and construction workers. At times participants seemed to discount their perspectives as not being professional or joked about being just “a dirty construction worker” or the interviewer being “the professional.” Systemic factors, particularly those in positions of power seemed highly relevant in understanding MICT's level of trust in formal supports. A lack of trust in sincerity was illustrated in the differentiation between liability and safety on site, and the perceived capitalistic agendas in relation to support for substance use. Participants described this as companies simply enforcing policies that cover their interest rather

than truly being concerned with the wellbeing of workers. They also shared noticing that policies to keep construction and trade workers safe are highly reactive, typically occurring in reaction to bad accidents or deaths. Doubt in the efficacy of existing substance use support programs was described by one participant (09) to be related to both readiness in the person needing the support, but largely to the ways in which support is provided and the underlying motivation of employers' provision of them. He described the "business" and motivation behind the programs aimed at returning to work, he stated "the labor industry is to labor. If you're not making me money, why am I doing this for you?" The perceived inadequacy in current supports, specifically related to substance use and addiction was reflected in other participants and will be considered later with the theme of calls for different.

Trust was also discussed in relation to uncertainty as to whether counsellors were equipped to deal with "thick skinned" workers or those who may have violent criminal backgrounds. One participant shared concern in navigating which parts of his story he could safely share. He (07) described this uncertainty in not knowing "how to address some of the pains in my life, some of the things that I carry, because I don't know how to speak about them, because they shouldn't be spoke[n]." The theme of needing to deal with some problems alone was echoed through other participant experiences of self-reflection or parameters around what should or shouldn't be shared with others. This seemed to be tied to participant's perception of the effectiveness talking, as well as male norms of help-seeking. One participant (09) shared that "people need to deal with their issues on their own; to be able to move forward the more you give them a crutch and they're going to lean on [it]." Overtones of the dichotomy between strong and weak, as well as action-oriented help seemed to be reflected in the types of support that participants perceived as helpful or not. This is further illustrated in the types of support

participants reported using or seemed to be drawn towards more often. Finally, these factors are also heard in the suggestions given by participants regarding what could be done differently. We begin this consideration with support that was described as most accessed.

Chosen Supports. Participants shared a variety of activities that supported their overall well-being, stress management and mental health. Snowboarding, golfing, camping, the gym, hunting, meditation, driving, being outside, listening to music, books and faith were listed as generally supportive of well-being. For some participants work was also described as supportive of their mental well-being. There were several supports participants shared as primary resources when dealing with personal problems. It seemed for some, self-reliance or turning inwards was an initial strategy. In place of asking for help during times of stress one participant (03) shared he never really thought of seeking external support.

Counselling (01) seemed to possibly be a primary option for one participant that did not explicitly talk about any other supports for his stress or mental health. Counselling was also mentioned by another participant (04) as an option he was currently seeking in addition to the support of friends and family. The remaining majority described either family, spouses, friends, and mentors to be primary supports. Peer interactions seemed to be described as generally supportive in everyday interactions, not just in reaction to problems. Some participants described the friends or family members they reached for in times of need to depend on the problem, while others reported going to their spouses with everything. Spouses, family and a good homelife were mentioned often as important supports for participants. One participant (02) described the potential impacts of homelife, “whether family, parents or partner just having a good support system at home definitely can help reduce the stress that you're not worried about coming home and more issues at home...more issues at home. It definitely makes more problem[s].” The same

participant described additional community-based supports such as Facebook groups as an option that he was aware other used of however did not seem to utilize himself.

Considerations of who to discuss problems with seemed connected to both trust and confidence that the other person would be able to relate. Shared experiences and lived wisdom appeared evidently important in participant's confidence in support being effective and relatable to them. Mentors seemed to be important for some participants and garner confidence as being credible sources of wisdom. Along with who participants described preferring support from, how problems are addressed also seemed to be relevant. Thus, we briefly consider strategy and approach to problems next.

While participants described elements of feeling less alone or simply being related to as important, effective support seemed to be described as direct and action or solution focused. One participant (10) described his approach as "kind of tackling whatever it is head on, just getting the bad over with first like, right away, or just kind of just getting through it as fast as I can." This sentiment seemed to coincide with participants' described preference related to safety which included frustration with lengthy or unnecessary procedures such as paperwork or extra steps that slowed down work. Participants described using supports that are based in physical or mental action towards solving the problem. Preferences seemed to be exemplified in both the way participants described addressing problems themselves or offering support to others are. There also seemed to be a thread of leading by example or accountability as part of giving or receiving trustworthy support. One participant (09) described being able to cry in front of a co-worker/friend who cried in front of him. Another (07) shared the advantages of having support from his mentor who works in the same trade, "they might have found some solutions that helped them. You know what I mean, that yeah, it's easy to translate, because you're in the same

field, you're in the same industry.” He went on to describe the directness and action-based advice received from his mentor stating, “he's sort of like, he's sort of a hard ass...he's not going to coddle your, your weaknesses, but he's definitely going to try to refocus you.” For this participant support from his mentor seemed to be particularly helpful in supporting him in feeling he still had “value” while off work. Lastly, a holistic approach seemed to be part of what support looked like to participants. One participant (03) described the way he would offer support to others stating, “I would probably just would tell them, like what worked for me like doing the yoga and making sure like you're eating healthy and just like kind of like, basically just, it all starts with you.” This seemed to reflect elements of an action-based and a holistic approach, anchored in his own experience.

A Call for Different. Most participants reported some progress happening within the industry towards mental health support being more normalized or accessible. Yet, an overall need for improved supports or the existence issues within the industry were resounding themes throughout participant feedback. Some shared perceptions akin to one participant (02) who stated he “would imagine there's a lot of guys in construction that are dealing with a lot of mental struggles.” Another participant (07) that had taken action to organize group dinners in a response to such needs shared his observations, “I also noticed there was a problem in my industry with men, or mostly because it's men I deal with, but you know, their attitudes and their happiness and things like that.” He continued to share, “you just genuinely hear how broken a lot of people are. And, and I think that maybe it is time to start, you know, thinking about these things and having things in place otherwise, like, you know, like, it's, it's not going to end good.” Another participant (02) also identified gaps for “a lot of guys [that] don't have the luxury to have you know, a partner at home or a supportive partner.” When asked about what they believed could be

helpful in better supporting MICT most participants echoed one participant's (04) statement of starting with "a bigger budget therapy or just like extended health" to address cost barriers.

Participants also suggested addressing logistical barriers by potentially offering services at later in the evenings or weekends, and virtual services, namely counselling by phone. Some participants suggested building supports into the work environment or utilizing social media platforms to help reach MICT.

Additional to logistical barriers, one participant identified another salient theme that related the types of supports offered and gaps in existing supports. He (10) stated,

I won't say there's not enough resources for guys and trades for mental health. I just think that there's got to be other avenues, because the ones that exist, I think, aren't doing enough. I think...there's more guys that are struggling in trades than are coming forward, or that are seeking help.

This sentiment was echoed by several participants as a need for additional or different approaches to formal support. Addiction and substance use was identified by several participants as a specific priority in need of different supports and they spoke at length on the topic. The complexity of addressing addiction was also acknowledged in that readiness for change and knowing where to look for adequate help are parts of the challenge. One participant (09) described parts of this complexity in his observations of people. He also described the positive impact having connections in his own life to help him access effective support and implied this may be helpful for others. Addressing deeper issues beyond surface behavior was also described by additional participants as relevant to improving support for addiction or substance use.

Lastly, elements of what participants felt might be more helpful in better supporting MICT seemed to be woven in perceptions of the project or what they thought might help the

interviewer create safety within future interviews in project. Table 5 demonstrates participants experiences and perspectives of the project. Categories of genuineness, directness and a willingness to step outside of the confines of traditional supports such as counselling emerged as possible improvements to better reach MICT. These were built from themes gathered throughout the project such as: the value of reciprocity, professionals that are willing to listen, understand and shift with the needs of MICT, and recognizing the norms that make many formal supports outside comfort zones.

Table 5

Perceptions of Project

| Identified Theme | Quote | Participant Number |
|-----------------------------|--|--------------------|
| Challenges in reaching MICT | “How you would get men to open up about problems. I don't know, I don't know how you would ever get there...men seem to be like feeling like, there's not a lot that can be done about it. And what's the point in talking to somebody?” | 06 |
| | “It's a good project but I think you got your work cut out for you...like we talked about before. I think it's just going to be hard to hard to find ways to kind of get through to trades guys” | 10 |
| Reciprocity | “I don't I don't mind sharing. I haven't shared my whole life. I've got I've gotten through a lot of a lot of experiences in my life when we think I definitely shared a lot. So, I don't, I don't mind sharing. I think it's beneficial to a lot of people Don't share. They like to listen. And that's fine, too. Listening is just as important as talking. So, I think it's beneficial to have people that are willing to share for others that aren't for whatever reason that they are struggling to share...even if it's not for me, you know, I could help? Yeah, yeah, another guy. Get help? And that's kind of more important to me, then.” | 02 |
| Being heard | “Good yeah, thank you. Thank you very much for details. To share all these things, this is the first time when I talk with somebody about the stress” | 11 |
| Building understanding | “I think you're right on track. You're on point asking, you know, proper questions from ground zero all the way up, right, from how you got into it to where you're at now and then dealing with people in dealing with you everyday issues | 05 |

| | | |
|----------------------------------|--|----|
| | bringing home like to work vice versa. I mean, you're, you're doing the right thing here. So, I can't really add anything to that. Because everything, you know, I'm very comfortable talking with you. So it's easy for me to open up and just be honest, because you need this and it's important so and I'm always open anyways like this. | |
| Reciprocity and Accessibility | “Yeah, it's good. I, you know, I think what you're doing is important. Especially if the right people see it, you know, like, it can make a difference in people's lives if they're just willing to try it...I don't know if there's like publications involved or who didn't read them at that point that that would need to see it. Typically, men in trades aren't reading too many publications from students like that...you know that to the general public they'll be able to intake you know, more in bites rather than yes paper but I'd be interested to see all of it, especially since I participated in it.” | |
| Being heard | “Oh, it's been fine. Okay, I don't mind. Like I told him that I would do this, and I don't mind doing it. And I think that it's like, it's a positive thing that you're doing. And it's, it's, it's very refreshing to see that come from a female, like, that you actually know, are taking notice into like men's mental health. You know, and especially in an industry where there's probably a lot of damaged men. You know, and it's comforting to see that that's coming from a different a different perspective. And, you know, because that's not what I see every day. Mm hmm. Yeah, there's a big disconnect there between men and women.” | 07 |
| Outside comfort zone | “Not bad. I feel a little anxious about it...not just us specifically, just any kind of interview or anything I do. I always have a certain amount of anxiety about it.” | 01 |
| Willingness to participate | “A lot of the guys I've asked to do interviews with you. I feel like have been like, yeah, no problem. And the ones that are struggling, they want to help but because they want help, I think I don't know. It's like, it's good. It's good because like we need this for society to be honest. And like yeah, just would help all around I think, not just the drugs and alcohol just like a good counseling service for more like rough around the edges, fuckin like that, don't really, we're not people of words. Right. We're swinging hammers... We're not not going to write you a fuckin a speech” | 09 |
| Needing different supports | | |

The idea of “getting on their level” seemed to entail considering norm differences between MICT and mental health professionals. Some participants seemed to imply that

counsellors need to be equipped to deal with a “tough” clientele that can be challenging to help.

One participant (08) described the need for counselors that can “tell you how it is.” He stated that while, “you need somebody that you can first make that bond with talk, share all your stuff, but then also when they're going to be able to like, step forward a little bit and say something as well.” The threads of accountability and directness seemed to be echoed in another participant’s (09) advice to the interviewer to “be bold and to the point...and make them have a make them accountable for the answer...don't create a crutch within the crutch.”

There seemed to be a level of relational rapport established between the interviewer and participants as assessed by the interviewer. Given the intentional use of snowball sampling there were explicit connections between the interviewer and participants. These known shared contacts were referenced by participants and many joked throughout the interviews. One participant (07) contrasted his distrust in the genuineness of paid professionals with what seemed to be a perception of genuineness in the interviewer. He stated,

Right now you're, you're doing this and you're not getting paid. Know that I mean? So, obviously, this is something that you're passionate about, and it's a career opportunity for you. But right now, you're doing this on your own time, and it's actually costing you money, you're probably paying some student loan or something.

While there was an awareness that the interviewer would pursue paid work, the participant seemed to perceive genuine interest and investment on her behalf. Analysis of the relationship between the interviewer and participants provided valuable data that contributed to the theory developed from the findings discussed. We now move into the final component of findings which considers the core category of “relational credibility”.

Emergence of the Core Category

In accordance with GT a core category emerges through the process of analysis and constant comparison as somewhat of an anchor and framework to the theory (Hallberg, 2006). The core category of “relational credibility” has been identified by this project as an important element of understanding MICT’s access to mental health support. “Relational credibility” captures the overarching theme that appeared connected to the types of support that were or were not accessed by participants. Constructivist GT is described by Charmaz to present the discovered theory as more of a narrative or story that emphasizes the social processes that underly it (Hallberg, 2006). Accordingly, the non-linear process of discovering the core category is described next.

The core category of “relational credibility” began as a spark early on in analysis as a category of “social currency”, only then I did not know it would become central. At times, I put the category down to allow others to come to the forefront, however it remained persistent and seemed to stick to many of the processes I was noticing. It was constructed through considering the ways of being at work that were described by participants. Currency seemed to be appropriate because there seemed to be a dimension of reputation that functioned like credit or cost for participants. This seemed to be connected to more than one category. As discussed, reputation was quite related to whether workers are perceived as capable and reliable or not. This seemed to be linked to livelihood through either being sought after or not for more work opportunity. However, being perceived as someone who is not capable, mentally or physically, or willing to push through to get the job done could possibly jeopardize the likelihood of being called back for work, particularly if work became scarce. This was connected to the harshness and cutthroat nature of the industry described by many participants in which workers are treated as highly replaceable.

While motivation to perform at work did seem related to how others perceived them (reputation), there was a resounding motivation to work hard that related to connection, purpose and pride. This reinforced my inclination that reputation was insufficient to hold the different dimensions I was observing. It seemed important to participants in their own accountability to do their jobs in a way that made them proud. Themes of comradery seemed to illustrate the necessity of being able to rely on workmates to do jobs safely and a genuine care for their wellbeing. I was often moved by the connection and empathy in participant reflections. This, combined with themes of pride and enjoyment infused a commitment in me to ensure that there was space held for dimensions other than the harshness of the industry. The trust and perceived sincerity participants described in their co-workers was often contrasted to management or the larger power structures. There seemed to be subtle to overt distinctions between the group that are MICT and those outside. This became particularly relevant given the highly relational way of being that I had observed. These distinctions showed up in what seemed to be systemic social commentary. Participants distinguished between white collar (mental health professionals) and blue-collar people (them) in many ways. The lack of trust in power structures seemed relevant to the types of supports that were accessible. As was discussed, formal health supports were not the primary source of support for almost all participants. It was at this point I started to notice connections between the ways participants were at work, and the types of supports they chose.

The nature of construction and trades demands physical toughness and mental fortitude. Workers often push through long hours, must think quickly in potentially dangerous situation and find ways to remain impenetrable to social jousting or teasing. This requires men think based in function and logic, not emotion while at work. Not only do tasks require this of them, but ability to provide for themselves and for some their families is dependent on it. Anything that is

seen to interfere with their capacity to work efficiently poses a potential threat. That seems to include being perceived as unfit physically or mentally. Consequently, the supports that participants described accessing were likely perceived as the most socially safe and efficacious. It seemed that lived wisdom sat at the crux of chosen sources of support. Lived wisdom seemed to say, “I have done this before, so I know it works” or “this is ok for us to do as MICT.” It also might say, “I get the ways you like to solve problems” or “I’m here to help you find a solution quickly.”

Conversely, it seemed hard to trust that support outside the social and occupational context could provide genuine support that meets. Consequently, a final element in shaping the core category was derived from my interactions with participants as an outsider and their perceptions of the project. It seemed that I somehow had a line in that granted me a certain level of trust or safety. This was evidenced by direct statements from participants that expressed their belief in my genuineness or comfort in talking to me because of our connections either through community or a shared contact. This added a hopeful dimension to relational credibility. That is, it seemed that an outsider could build credibility through the process of relationship building. Thus, relational credibility as a category seemed to connect the types of support already accessed and give insight into building additional supports. The category was also necessarily anchored to participants occupational contexts. In sum, the category served as a thread I noticed woven throughout the way participants described being at work, and the types of support they either did or did not reach for. Thus, the substantive grounded theory named “relationally credible pathways of access” (RCPA) was created and is now discussed in the final chapter.

CHAPTER 5: DISCUSSION

The current study aimed to build upon the understanding of men's access to mental health supports by considering the experiences of MICT. Charmaz's (2014) constructivist iteration of GT was employed to explore the research question: How do MICT experience access to mental health supports in B.C? There has been a growing body of work examining men's help-seeking norms in relation to gender identities (Courtenay, 2000; Mahalik et al., 2003; O'Neil, 1981). The importance of work and the pressure to perform is suggested to be relevant to male identities (Sharp et al., 2024a; Vogel, et al., 2014), making work environments an important context to consider. However, extant literature on the experiences of MICT is relatively scarce, particularly in relation to mental health access. The current study sought to address these significant gaps by exploring the voices and perspectives of MICT. This aim was enhanced through drawing upon the principles of PAR (Kidd & Kral, 2005), which prioritizes community involvement. This study's findings expand on the limited existing descriptions of the MICT work environment, using a strength-based lens to explicitly explore both the barriers and supportive factors of mental health and wellbeing.

Consequently, project findings are discussed within the model of access that includes barriers and factors that facilitate access to support (Thornicroft & Tansella, 1999). These factors are considered within participant's specific occupational context in construction and trades, which inherently includes broader social positioning factors. As highlighted by Scholz et al. (2022), access requires a holistic approach that integrates ecological factors. They posit three dimensions to be relevant to men's access to mental health services: "external environment, individual characteristics and their previous service interactions" (p. 412). This project expands on their framework by broadening the concept of access to include not only formal mental health

services, but also informal sources of support. We begin with a discussion of potential barriers and facilitating factors interpreted from the data, including parallels and divergences identified with extant literature. Next RCPA, the substantive GT is discussed, followed by study limitations, implications, and future directions.

Barriers to Access

Relevant health access models posit that barriers to support can take various forms, including logistical or social factors, and may be influenced by perceptions or previous experiences (Gulliford et al., 2002; Thornicroft & Tansella, 1999). Factors that were shared by participants as preventing them from accessing mental health support were considered barriers. Mental health supports were separated into two types: (a) formal services, and (b) informal community-based supports. There seemed to be additional barriers specifically related to formal supports, which will be discussed after exploring help seeking in general.

Perceptions and patterns of seeking help or support in general aligned with much of the extant literature. While some participants described shifts towards more open acceptance of mental health and seeking support, the theme of emotional restriction was prominent. Participants associated asking for help or admitting mental or physical struggle as men with the stigma of potentially appearing weak. Stigma and the risks of appearing weak or incompetent are well established as a barrier in extant gender theory and men's help-seeking research (Wahto & Swift, 2016). Participants expressed stigma or reluctance to seek support, which applied to both formal and informal supports to varying degrees. They also described being reluctant at times to reach out to peers due to not wanting to burden others. The responsibility to care for others, including family, along with the expectation to push down suffering and carry on, seemed to reflect participants' experiences broadly as men. An additional layer of expectation to push

through without asking for help seemed to be related to participants' work context and compound any pre-existing barriers to access to support. Consequently, we now consider barriers within the context of construction and trades.

As supported by relevant literature, working in a male dominant industry seems to be associated with additional layers of risks to mental health (Roche et al., 2016). Physical toughness and mental fortitude were identified as necessary in many ways in construction and trades. Many MICT are required by their work to push through physical pain and/or high levels of stress in dynamic work environments. Thus, any behaviour that signifies a possible inability to uphold this standard seems to contain risk. Participants described the social and professional risk of exposing vulnerabilities to coworkers outside of trusted confidants. The risk to job security appeared particularly relevant given the industry's "cut-throat" nature, where workers were often described as highly replaceable. These concerns seemed to be reinforced by participant observations or direct experiences of receiving negative responses when taking time off for illness or injury. The risk of being labeled as a liability by leadership or colleagues mirrored a barrier identified among first responder populations, where individuals were reluctant to seek help due to the risk of being "red-flagged" by employers (O'Dare et al., 2024).

While peer support was identified as a helpful source of support, as will be discussed, the nomadic or transient nature of the industry (Milner et al., 2017) can make it challenging to forge secure peer bonds. Participants described this element in their own shifts within the industry and particularly in relation to co-workers disappearing because of substance use. Participants described challenges such as not knowing how to support co-workers, losing contact after a disappearance, or encountering a lack of openness from co-workers struggling with substance use. These challenges likely stem from an additional layer of stigma, as co-workers struggling

with substance use are often perceived negatively. Participants described the complex tension in holding empathy for co-workers, while also being frustrated with the effects of their substance use. Taken together, MICT appear to experience compounded barriers to seeking support due to the intersection of their work environment and societal expectations of men in Western culture. Up to this point, the discussion has focused on the barriers to support in general, including informal sources such as peers. The following section shifts focus to examining barriers specific to formal mental health supports.

The term *formal support* was used synonymously with therapy or counselling. Barriers to formal supports seemed to fall into three types: (a) logistical factors, (b) contextual positioning, and (c) perceived effectiveness. While each category will be discussed separately, it is important to note that these barriers are often interconnected. Participants identified several logistical factors influencing their access to formal supports, including the existence of services, awareness of existing services, cost, and service hours. These factors align with existing research on barriers to access (Sholz et al., 2022; Thornicroft & Tansella, 1999).

Specifically, some participants reported not being familiar with support services or mental health in general. This aligns with literature that suggests that men may encounter barriers in mental health literacy (Harding & Fox, 2015; Lannin et al., 2013). Other participants shared about the challenges in finding a counsellor that was a fit or offered appointment times outside of work hours. The cost of services is highly relative to the socio-economic context of participant population. Job insecurity or instability has been identified as an element specific to work in construction and trades given broad economic fluctuations (Milner et al., 2017). This was echoed by participants who described some MICT's circumstances to be just making enough money to pay the bills or taking work while it is available because it could change. Participants

also described limited or non-existent extended health care benefits for counselling. Thus, there is a compounding risk in lost wages for time off to attend appointments only offered within work hours, on top of the cost of the actual service. These financial costs exist alongside potential social or professional costs, such as the risk of job insecurity stemming from employer perceptions, as previously discussed.

In sum, logistical factors appear to present a significant set of barriers for MICT. While logistical factors discussed are highly relevant, participants also shared the belief that most MICT would not use these services regardless of logistical elements, even in scenarios where they may be needed. Participants also reported that the topic of formal mental health support was not often talked about among peers, including co-workers. That being so, we shift into the latter two types of barriers, contextual positioning and perceived effectiveness.

The findings of this project suggest that formal support services are positioned outside of participants' social and occupational contexts, creating additional barriers. A salient example is the contrast between MICT's work environments and typical counselling settings. Not only do MICT work with their hands outside of office spaces, but several participants described the discomfort they feel in professional office spaces. This finding reinforces existing literature that suggests that the services offered solely in office spaces may limit access among men (Sharp et al., 2024b). The social distance between mental health professionals and MICT was also reflected by participants and seemed to be related to perceptions of efficacy. Efficacy of counselling services seemed connected to two interrelated dimensions; (a) the way in which problems are addressed, and (b) the competence or capacity of the person providing the support.

The way problems are addressed seemed related to the way MICT are often required to think quickly and in a solution-focused way to maintain productivity and safety. Contrasted with

most formal supports (discussed shortly), participants reported preferring support that was direct, more than just talk and did not promote what they perceived to be weakness. Many participants described their perception of counselling to not meet these criteria. However, it would be incomplete to categorize participants as only open to solution-based support, over emotional support. Some participants spoke to the usefulness of emotional support. However, a barrier to accessing emotional support seemed to be related to a lack of safety and trust. Participants described doubts in the genuineness of care provided by professionals, which seems connected to broader systems that were described in the discussion of liability versus safety in the findings. Participants described feeling genuine care from colleagues who were alongside them doing the work. This was held in contrast to companies or the industry in general that is motivated by financial gain over the wellbeing of workers. Furthermore, mental health professionals belong to institutional systems outside MICT's social contexts. This was evidenced by the way participants described their perceptions of gaps between blue- and white-collar professionals. Consequently, a notable barrier was named as being unsure that professionals that had not walked in their shoes would be able to provide insight into their issues or handle the severity of their issues.

Compounding these perceptions, several participants described having negative previous experiences with counsellors and were thus hesitant to seek formal support again. These findings overlap with those found among first responder populations in which counselor competence in understanding their context or being able to handle their issues comes into question (O'Dare et al., 2024). Both types of workplaces seem to contain distinct subcultures that have pronounced boundaries between the workplace community and outsiders. These distinctions between groups appear to impact perceived (or experienced) trust and safety in formal support. As such, the interconnectedness of perceptions of efficacy and contextual positioning seem to create a potent

barrier to accessing formal supports. Overall, each barrier remains relevant, however reluctance to seek formal mental health supports was more explicitly described by participants to be due to a lack of fit along these complex contextual dimensions. In sum, the barriers to both formal and informal supports that have been discussed provide several insights into MICT's experience of access. However, the consideration of what is working, or factors that facilitates access is an equally important element of the discussion. Thus, we now consider factors that were identified to facilitate access to both formal and informal supports.

Facilitating Factors

Facilitating factors constituted considering which supports were accessed by participants and why. The most readily accessed supports were informal community-based supports. Namely, participants described reaching out first to family members, spouses, peers and mentors as primary supports. Participants described family and spouses to be sources of encouragement, stability and thoughtful advice. Peers and mentors seemed to provide valued wisdom based in reciprocity and lived experience. This adds to existing research that identifies peer support, including elements of reciprocity (Sharp et al., 2022) as a helpful resource in combatting the stigma of asking for help (Sharp et al, 2024b). The same research suggests peers may also offer a line of support to those individuals who do not access formal supports and do not have family at home. This was also highlighted by participants in the current study who noted that not all MICT have stable or supportive home environments.

Participants described the type of support offered by mentors and peers in a way that seemed to align with the way that they address problems. Support from mentors or peers was described as blunt and offered actionable solutions. Peer and mentor support appeared to be perceived as efficacious based on the shared lived experience. Participants seemed to value and

trust advice of those who had more experience walking in their shoes. The importance of the roles of co-workers, particularly in the genuine care perceived by participants aligns with the limited research considering MICT's experiences of mental health (Milner et al., 2017).

Participants also described additional informal supports to mental health and overall wellbeing. Snowboarding, golfing, camping, the gym, hunting, meditation, driving, being outside, listening to music, books and faith were all shared as supportive to participants and readily accessed. These findings reinforce recent movements towards exploring modalities of support outside of traditional counsellor led or office spaces (Sharp et al., 2022; Sharp, et al., 2024b).

A final dimension of facilitating factors is concerned with participant descriptions of accessing formal mental health services. Most participants that used support services seemed to be prompted by specific reasons. Participants reported seeking support for their children, spouse or relationship, and substance use. Consequently, it seemed that access may be made easier by certain circumstances over others. This theorizing was supported by participants describing formal support to be appropriate for scenarios of extreme difficulty or certain traumas.

Participants offered suggestions for counselors in adjusting their approaches to better meet the cultural needs and preferences of MICT. Participants advised mental health professionals to be direct in their approach and to take the time to build rapport by being down to earth and transparent. There seemed to be a necessary element of respect and humility on behalf of the professional to begin to build the bridge of trust. These findings seem to align with research examining factors that support the therapeutic alliance in counselling (Bedi & Richards, 2011). Overall participant recommendations reflected preferences based in the informal supports they already used and provided insights into what could facilitate improved access to formal supports.

The consideration of facilitating factors provides helpful insights into MICT's experiences of access to mental health supports. It demonstrates that it is not that MICT do not ask for help. Rather, they seek specific types of support that are built in safety and credibility. Taken together, the barriers and facilitating factors discussed provide an overview of access identified in the current study. These factors are inherently intertwined with one another and are necessarily considered through a systemic lens that accounts for participants' work and broader social contexts. The substantive theory constructed from the project findings builds upon existing access relevant frameworks through the recommended holistic perspective (Scholz et al., 2022), which we now consider.

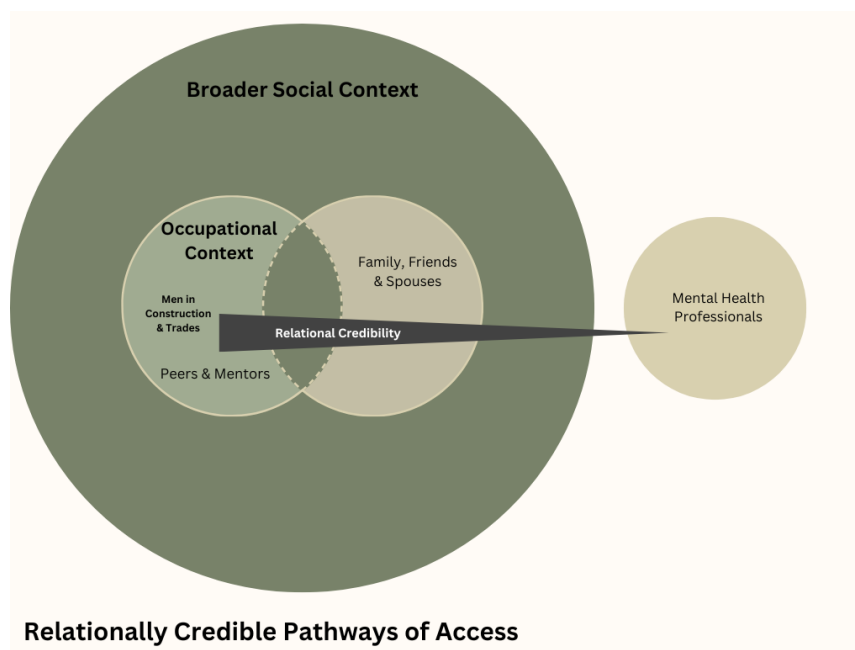
RCPA Theory

The RCPA theory was formulated based upon the emergence of the core category of "relational credibility" as discussed in the previous chapter. The theory provided a way to conceptualize the findings of the study in relation to access to support that adds to existing theories of access. RCPA borrows from existing access frameworks that consider access holistically (Scholz et al., 2022) and Bronfenbrenner's ecological model (Reifsnider et al., 2005). A visual representation of the theory is provided in Figure 3. The theory posits that relational credibility provides a pathway of access to mental health support among MICT. This is anchored in the study's understanding of the supports that are most accessible, which are positioned nearest to the participants' contexts. Supports located directly within shared contexts seem to contain the least number of barriers and are facilitated by perceptions of credibility, namely safety and efficacy. Supports outside shared contexts require credibility to be built through relational rapport. Relational credibility draws upon research considering the therapeutic alliance among men in counselling (Bedi & Richards, 2011). The theory suggests that relational

credibility could support the pathway to accessing formal supports as a precursor to forming a therapeutic alliance. It also suggests a strength-based collaborative approach. MICT do seek support. The sources of support are carefully selected based upon their broader ecological contexts. Thus, the theory shares participant-anchored insights that add to existing men's mental health access research.

Figure 3

RCPA Theory



Novel Contributions and Strengths

Given the recent and necessary focus upon men's mental health the broad patterns related to men's help seeking, specifically much of the findings of the current study aligned with extant research. However, this project sought the opportunity to connect with MICT through qualitative interviews to understand their experience to access to mental health support. This group of men has been historically understudied broadly and within the specific scope of access research.

Thus, the study added these valuable perspectives to the literature. Furthermore, it added an important strength-based perspective to some of the existing studies on the construction industry. While this study's findings did align with negative dimensions emphasized by past research into the industry (Iacuone, 2005), it provided important insights into the elements that promote wellness. This aids in a non-pathologizing client led approach within counselling psychology practice.

This study took the position as best that it could as one of listening and learning from different sources of wisdom and knowledge. The researcher's position of shared social positioning along several dimensions allowed an advantage of not being fully outside participant's contexts. This dual belonging inside and outside the group seemed to grant the honour of trust and time from participants. The PAR informed elements of the study also provided support throughout the study for the researcher to check in and alter strategy where necessary. The researcher began taking small action towards extending the work of this project by connecting with other mental health professionals interested in supporting MICT and learning new ways to do so. Furthermore, the researcher has established a public Instagram page as a means to disseminate results in an accessible format. This was an intention formulated prior to the start of the project; however, it was reinforced by participants who requested more palatable types of information sharing. Lastly, consultants, some of which who were also participants, have been invited to attend the public thesis defense of the project. This invitation is intended to not only demonstrate their belonging in spaces discussing their wellness, but as a layer of accountability to them by the researcher.

Limitations

There were a number of limitations to be noted in this study. The loss of data through technical challenges of an interview prevented the rich insights and perspective the participant shared to be integrated into the data. The experience did impact the researcher in the same way that conversations with consultants provided at the start of the project. Consequently, this participant's perspectives contributed further to sensitizing. Many themes were noticed to be consistent with what the researcher recalled from the interview.

Demographic data collected was limited to age and trade only. Participant ethnicity, cultural background, sexual orientation and other demographic dimensions could have provided more information. Thus, the study is limited in speaking to the diversity of the sample. However, the study intentionally did not inquire about sexual orientation and relied on recruitment as confirming gender identity. This was intended to decrease potential risk in disclosure from participants based on the researcher's observations of cultural norms around gender identity and sexuality. Consequently, this may have overlooked important dimensions of participant experiences. The study only heard the perspective of one immigrant worker and is thus limited in this perspective.

Regarding methodology this study did not claim to be a PAR study, but rather informed by its principles. It is possible that a project that meets the full requirements of PAR may garner additional insights or opportunity for action. In addition, two participants were contacts of the researcher and while the ethics of this decision were considered as discussed in chapter three, it is possible that participants may have responded differently based upon the pre-existing relationship. There were also limitations in the researcher's application of GT, particularly in analysis of data. Analysis did not always take place directly after data collection due to logistical limitations. As such, there may have been information lost in the researcher's perspective in the

delayed analysis. Secondary interviews were not conducted except for one follow-up interview. This was based on three factors. First, there were limitations logistically for the researcher. Secondly time was expressed to be very limited among MICT by both participants and consultants. Thus, the researcher was very aware of asking for more than participants had already given and aware of scheduling limitations for the initial interviews. Lastly, after conducting the first follow-up interview with a participant who seemed available able willing to share, the researcher assessed that saturation appeared to be acceptable. Consequently, it is possible that categories may have been more saturated, or new categories could have emerged, however given the scope of the project the decision to conclude analysis was made. Member checks were not performed during analysis due to logistical limitations. This would have reinforced the rigor of the study and may have added important data.

Implications

The implications of the study are considered within the field of counselling psychology. Its findings highlight the importance of context and social positioning. This suggests that clinicians working with MICT may want to consider their social positioning in relation to their clients and what that may mean. More work may be required on behalf of the clinician to learn about cultural differences. Clinicians may want to remain open to trying different modalities outside of typical office space where possible such as nature or “walk” therapy, and phone or virtual services. It has been suggested by participants and relevant research that men broadly may benefit from non-traditional settings outside of offices for mental health support (Sharp et al., 2024b). Service providers broadly may want to consider the hours of their offerings and if they are able to provide weekend or evening services. Counsellor training programs could draw from the same models developed for first responders, if not a model developed specifically for

MICT. These are anchored to dimensions of cultural and clinical competency (O, Dare et al., 2024).

Program development that collaborates with mental health professionals and community members from design to delivery may be of interest to construction agencies and safety boards. Supports that provide peer-based non-clinical support could also provide accessible options for MICT. Lastly, the act of seeking support broadly, and specifically in formal settings asks MICT to step outside what is necessary and normative to work within institutions historically that have not considered their perspectives. Consequently, a collaborative and strength-based lens can foster non-pathologizing support that draws upon the ways in which MICT already seek to support their mental health.

Future Research

Future research may want to consider more specific dimensions of demographic background. For example, sexual orientation, ethnicity or perspectives immigrant workers may all provide unique insights and perspectives of what it is like to be a MICT. It is possible these men could encounter different experiences of access to mental health. A fully PAR based study could provide different insights given the valuing of lived wisdom and peer-based support expressed by participants.

Conclusion

Social context and systemic power imbalances are undeniably interconnected with access to mental health support. Evident of these subtle imbalances is the lack of perspectives of MICT in counselling psychology research. While it may not be the intention of the necessary growing body of men's mental health research to exclude certain groups, certain groups have still be left largely unrepresented. Thus, this project took an active position grounded in social equity to seek

the experiences and perspectives of MICT through community consultation. The research rationale was also anchored to startling Canadian statistics regarding suicide and substance use among men, including MICT specifically. Using GT, the project explored the research question of, how do men working in construction and trades in B.C, experience access to mental health support? The study produced rich qualitative data from which a core category called “relational credibility” was used to define a substantive grounded theory (RCPA). The theory explains access through MICT’s described occupational and broader social contexts. Implications from the study align with extant literature in considering the adjustments that can be made on behalf of mental health professionals such as explicit consideration of social cultural differences. Parallels were made to a first responder framework of access. Mental health professionals are encouraged to move towards MICT with openness and a non-pathologizing strength-based approach. If we are to listen, we are likely to learn that MICT have much to offer in insight and lived wisdom.

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APPENDIX A: Interview Guide

At this stage in the proposal the interview guide serves as a starting point in an emergent design that will evolve in collaboration with community partners.

1. Demographics (age, city live in, occupation, length of time in the job, union/non-union).

Questions will explore the participant's experience of occupation. How did you decide on this occupation? What is it like for you? Which parts, (if any) do you enjoy about the job? Which parts do you not enjoy?

2. Exploration of perceptions of mental health. What comes to mind when I say mental health or mental health struggles? What does it mean (or would it mean) as a man to deal with mental health struggles? Have you or anyone you know ever experienced challenges mental health?
3. Stress support/help seeking. How do you deal with your stress? What helps? What makes it worse? What type of support is out there to help you with your stress? What do you think about counselling or support groups? Have/would you ever use them? (what stops you? How did you hear about it?)
4. Participant experience. What has it been like to talk to me today about this? How can make sure to share your story (without identifying details) properly? Is there any message you would like to share about this topic? To other men? Or ways to support men's mental health, how could we do better?

APPENDIX B: First Interview Guide

Thank you for agreeing to participate in this project and your willingness to share about your experience as a man working in trades/construction in BC. As we chatted about in our first call I am hoping to learn about what it's like to get support for stress and mental health as a man in your line of work.

I'm also interested in learning about what might already be working or how things could be improved. This could be helpful for other men who need support, and also for designing services for men in construction/trades.

As a reminder I will be recording our interview and storing the recording on a password protected USB. Everything you share is kept completely confidential. You have the right to withdraw from the study at any point without any consequence. If you have any concerns or questions at any point, please don't hesitate to let me know.

The interview is 2 parts

Part 1 - Demographics

1. Age
2. what do you do for work/what trade are you in?
3. How long have you working in it?
4. How many days week?
5. How long are the days?
6. What is your commute like?
7. How did you get into the trade?
8. Union/non-union? – does this make any difference to you?

Part 2 – Experience of Industry

5. Which parts, (if any) do you enjoy about the job?
6. Which parts do you not enjoy?
7. What parts hard?

Part 2 - Stress support/help seeking

General Observations

1. What kind of mental health challenges do you see on the job for men in construction/trades?
2. Do you know other guys who've got help for their mental health? (on job) or off
3. What type of support do you know about that's out there to help guys in trades/construction with stress or mental health?
4. Does anyone use it? (why/why not?)

Personal Experience

1. How do you deal with your mental health or stress? (What helps?/What makes it worse?)
2. Are there any services/people you would call for support?
3. Would you ever reach out at work? (If not, what stops you?)
4. What do you think about counselling or support groups?
5. Have/would you ever use them? (What stops you?) How did you hear about it?
6. What do you think would be (more) helpful in supporting men in trades/construction with their mental health and stress? (What would make it easier to get support?)

Debriefing Protocol

Thank you very much for taking the time to participate in this project.

What has it been like to talk to me today about this?

Is there anything else that comes to mind that might want to add to what you have already shared? (provide resource sheet, reviewing as appropriate).

Your participation is helpful in learning about how to support the mental health of men in construction and trades. You have the right to withdraw your data prior to the analysis period. Please contact Angelica Columbus to discuss this procedure.

During data analysis there is an optional process of checking to ensure that the interpretations completely capture your experience. This is not mandatory. Would you be interested in participating in this? (If yes – may I call you at the number you provided to schedule about 30 minutes to do this?).

The final outcomes will be shared online – would you like to be notified of them?

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APPENDIX C: Revised Interview Guide

Revised Interview Guide – July 27/24

Thank you for agreeing to participate in this project and your willingness to share about your experience as a man working in trades/construction in BC. As we chatted about in our first call I am hoping to learn about what it's like to get support and manage stress in your line of work.

I'm also interested in learning about what might already be working or how things could be improved. This could be helpful for other men who need support or for designing services for men in construction/trades.

As a reminder I will be recording our interview and storing the recording on a password protected USB. Everything you share is kept completely confidential. You have the right to withdraw from the study at any point without any consequence. If you have any concerns or questions at any point, please don't hesitate to let me know.

The interview is 2 parts

Part 1 - Demographics

1. Age
2. What do you do for work/what trade are you in?
3. How long have you working in it?
4. How many days week?
5. How long are the days?
6. What is your commute like?
7. How did you get into the trade?
8. Union/non-union? – does this make any difference to you?
9. Do you work with women?

Experience of Industry

1. Tell me about what it's like to be on a job site/your job.
2. Which parts, (if any) do you enjoy about the job? (working with other trades?)
(dangerous parts? Safety?)
3. Which parts do you not enjoy?
4. Which parts are hard?
5. Training?

Part 2 - Stress support/help seeking

General Observations

1. What are the types of problems or stress you see men in construction/trades dealing with?
(does anyone talk about addiction?)

2. How do you know if someone around you is struggling or not doing well?
3. What is it like to ask for help?
4. Do men want support when they are struggling or not doing well?
5. What kind of support do they want?
6. Do you know other guys who've got help for their mental health? (on job) or off?
7. Are there supports you know about out there to help guys in trades/construction with stress or mental health?
8. Does anyone use it? (why/why not?)

Personal Experience

9. What are the main stressors you deal with?
10. What helps?
11. Who do you talk to about your stress? who wouldn't you reach out to?
12. Would/do you use MH services like counselling/support groups?

13. What should counsellors or MH professionals who want to help out know about supporting men in construction and trades? (what would be the do's and don'ts/what would you do the same or differently)

Immediacy

14. What has it been like for you to share today?
15. Is there anything about this interview that you recommend doing differently? (important questions you might add etc) (if you were me trying to do this project, what should I do or not do?)

Debriefing Protocol

Thank you very much for taking the time to participate in this project.

Is there anything else that comes to mind that might want to add to what you have already shared? (provide resource sheet, reviewing as appropriate).

Your participation is helpful in learning about how to support the mental health of men in construction and trades. You have the right to withdraw your data prior to the analysis period. Please contact Angelica Columbus to discuss this procedure.

During data analysis there is an optional process of checking to ensure that the interpretations completely capture your experience. This is not mandatory. Would you be interested in participating in this? (If yes – may I call you at the number you provided to schedule about 30 minutes to do this?).

The final outcomes will be shared online – would you like to be notified of them?
IG – westcoast.built

APPENDIX D: Consent Form

INFORMED CONSENT FORM

Principal Investigator: Angelica Columbus, MA Counselling Psychology Student, Trinity Western University.

Instructor/Supervisor: Deepak Matthew, Counselling Psychology Department Faculty, Trinity Western University.

Title of Project: West Coast Built: Access to Mental Health Supports for Men in Constuction and Trades in B.C.

Purpose and Benefits: The purpose of this project is to learn about what it is like for a man working in construction and trades in BC to get support for his stress or mental health. You'll be interviewed by the principle investigator to learn about your perspective on which types of support are helpful for men and constructions last trades, and which or not. This will take place either in person, on the phone or Zoom, depending on what is best for you. The interview will be audio recorded to help ensure that your experience is captured accurately. This interview could take up to 60 minutes to complete.

You may be invited for an optional follow up interview to confirm your experience has been represented accurately. This follow up interview will take around 30 minutes to complete and will be done by phone.

This project could provide useful information in learning how to create support services that work best for men working in this industry. A benefit to the community is that it might make it easier for men who need support to ask help or get the services they need.

Potentiual Risks & Discomforts: It is possible that talking about mental health could cause some discomfort. Your questions are welcomed throughout your participation. Your well-being is very important if during or after the interview you think you might need mental or emotional support, there is a list of support services provided that you were encouraged to explore.

Potential Benefits to Participants: You may benefit through the process of reflection upon your own agencies practice as you share your experiences. Additionally, you may benefit by being made aware of other community practice in the final report.

Confidentiality: everything you share is confidential. This means your identity is protected by removing all information that could identify you (name, job title, company, etc). The data will be stored on encrypted password protected USB that only the principal investigator has access to. This data will be stored for a minimum of one year to allow for data analysis.

If research assistants work on the project, they will only have access to the non identifying data

Incentive: Incentives are not being offered in this study.

Contact: if you have any questions or desire further information about this project, may you may contact Angelica Columbus (principal investigator) or Deepak Matthew (supervisor).

If you have any concerns about your treatment or rights as a research participant, you may contact the Office of Research, Trinity Western University

Consent: Your participation in this study is entirely voluntary and you are free to withdraw from the study at anytime without consequence. Your interview recordings and transcripts will be destroyed upon either verbal or written request prior to the analysis..

Your signature below indicates that you have received a copy of this consent form for your own records. Your signature below also indicates that you consent to participate in this study and that you approve that your responses will be put into anonymous form and kept for one year after analysis.

Participant Signature

Date

Printed Name of Participant Signing

Principal Investigator's Signature

APPENDIX E: Follow-Up Interview Guide

Follow up

Part 1 – Explore connections and experience with immigrant workers

Part 2 – Explore personal growth and sources of support

APPENDIX F: Participant Quotations

| Supports | Quote | Participant Number |
|---------------|--|--------------------|
| Self-Reliance | “it's not like your traditional meditation or nothing like that. It's more just, you know, looking into yourself. And I've been doing a lot of like, reflecting in just kind of looking at how I've handled situations, and how I behaved or done a certain way, because I've been overstressed, and just kind of looking at how I should reevaluate that and kind of go over it again, in my head and think about how I would do things differently or say things the second time around. So it's definitely helped to me, just to kind of stop, rewind and just kind of think about things, by myself type thing. It's definitely helped a lot just to kind of have a strong mental grasp on yourself...it was more or less just solo” | 02 |
| | “I would just like I would just try to find a solution within myself. Or like I said, like meditation or breathing exercises like that. That was kind of my approach. Whether or not, it was the right approach, or like, talking to someone would have helped more, I'm not sure” | 03 |
| | “there is no textbook on your life or your story. There's only what you do for yourself. You're ultimately alone in the best way that you have been gifted with the opportunity to write your own book. There is no template...how tough is your psyche to be able to, to adjust to situations that are traumatizing and or to your mental health? Depends on you. I've never, I've never looked anywhere else other than myself to understand what's happening with me” | 09 |
| Peer Support | “if there's something going on at home or something big like, like, I That's why I talked to (coworker) was because (coworker) and I are best friends. Right? So when your boss is your best friend, that's, and you know, I'm there for him. He's there for me. So, so I was able to air out my issues about (son) moving today with (coworker) and you know, get his feedback on it. So you can bounce ideas off. And at the end of the day, it works out best for (coworker) and I to be able to communicate that, but I don't really talk to everybody else about it, because it's none of their business. And I won't share that with them. And they wouldn't they wouldn't have any idea that it was something's on my mind. Because I'm when I go to work. I'm on work mode.” | 05 |
| | “I'm close with him [work peer], so I mean, whenever we work together, we talk about it (okay) or even honestly, on the way home, he might call, or I might call, and we'll just yeah, we just kind of bullshit on our way home from work, say we had bad weeks or good weeks, or whatever was funny thing. So it's nice...we've all, talked at some point or another just about good things or bad things.” | 10 |
| | “more than likely, I'd probably call, you know, some of the people from the group from the home group and stuff. [treatment]” | 06 |

| | | |
|---------------------------|---|----|
| | “We feel we are alone in here. So for the Canadian, you know, the Canadian, they have their family here, close to there. We don't have nobody here, so that's why we talk with our friends, yeah, and workers.” | 11 |
| Mentors | ”There's a guy...I guess you could call my mentor and of what not to do in life. He lived his whole life, doing all the wrong things. But we had a bond because he had been teaching me my work. While we're out of town, we spent a lot of time together. As much as I looked up to them in some ways, I also pitied him and so many others. And as he grew older, and our friendship grew older...I've seen how he regretted so many things done wrong...he ultimately helped me. He was always there for me and helped me know that I wasn't alone. Because I was alone for so long” | 09 |
| | “he [referring to mentor] took me under his wing...he's one of the best in the game. He's been doing it for like 20 years. He's very good, very professional at his job very safe. So I was very lucky, because he never trained anybody before he refused to. But for some reason, he, he took me in, and he, he taught me everything. And I'm very grateful for that, because I wouldn't be where I am right now...we still talk every day. And like, discuss options and things like that, you know.” | 07 |
| | “yeah, me and her always chat. And it's really good that way, because she actually has like, a brain on her shoulders to actually be able to talk and she's known me since I was fucking 15. Yeah, it's very easy for her” | 08 |
| Family and Spouses | “my home life is pretty good to my parents are a big part of my life. And they're very wise. Like I said, they're teachers. So I can often go to them. They are, I'm open with them. And they're quite like my emotional support as well.” | 04 |
| | “I just communicate with (partner name). I believe in communication is everything, right? So if you can't talk to your best friend, which is your partner, and then there's no point, because then that's when you're going to have the stress...you know, people go see a counselor as well, I have my wife as a counselor, or vice versa, we can talk about anything and, you know, life is full of surprises. So we have to be able to communicate that” | 05 |
| | “what helps now or, I mean, even before me, you know, what helped us you know, just doing things still fun things with the kids or and nowadays, now that I'm sober, yes, it's just nice sometimes. To walk with the dogs do feel rain in the face. You know, just be done or whatever. Goin snowboardin’.” | 06 |
| Counselling | “I got some help. But it wasn't until my son was born that was when I decided that I really needed to do something [laughs]. I need to do more, but [pause] umm I don't really know anybody else that's really talked about getting help.” | 01 |

| | | |
|--------------|---|----|
| | “I think it's healthy. Everyone should do it. I mean, even if you don't have any, like, any upfront issues, I'm sure if you talk to a counselor long enough, they could get to the bottom of something...have not had good success with it based on the counselors that I've seen. That doesn't mean that I rule it out. However, in fact, I'm trying to make another appointment with one that a friend of mine recommended. So yeah, that's, that's something that I do have faith in. I think they can be good. Yeah, I don't rule them out. I think I think they, they have a place.” | 04 |
| Work | “I have certain things that helped me, which a lot of people don't agree with. But just working working on the house. I come home work on the house. It's like, I don't know. It's awesome. Come home, clean the house, sweep the floors or cold cut the grass, make it look nice. It just like, gives me that moment of clarity. Kinda like just to like Zen. Right? So yeah. But other than that, let's go out sometimes come home have a few beers. It's probably not the best idea” | 09 |
| Books | “Do I need tools to read books and stuff like that, to understand certain situations that other people have gone through and then attach myself to knowing that I'm not alone? And or a part of a deeper part of other and hearing their stories? I would say yes.” | 06 |

| Themes | Quote | Participant Number |
|--------------------------------|---|---------------------------|
| Working Uphill in Norms | “how you would get men to open up about problems. I don't know, I don't know how you would ever get there... men seem to be like feeling like, there's not a lot that can be done about it. And what's the point in talking to somebody?” | 06 |
| | “It's a Good project but I think you got your Work cut out for you... like we talked about before. I think it's just going to be hard to hard to find ways to kind of get through to trades guys” | 10 |
| Reciprocity | “I don't I don't mind sharing. I haven't shared my whole life. I've got I've gotten through a lot of a lot of experiences in my life when we think I definitely shared a lot. So I don't, I don't mind sharing. I think it's beneficial to a lot of people Don't share. They like to listen. And that's fine, too. Listening is just as important as talking. So I think it's beneficial to have people that are willing to share for others that aren't for whatever reason that they are struggling to share...even even if it's not for me, you know, I could help? Yeah, yeah, another guy. Get help? And that's kind of more important to me, then.” | 02 |
| Being heard | “good Yeah, thank you. Thank you very much for details. To share all these things, this is the first time when I talk with somebody about the stress” | 11 |

| | | |
|--|--|----|
| Building understanding | “I think you're right on track. You're on point asking, you know, proper questions from from ground zero all the way up, right, from how you got into it to where you're at now and then dealing with people in dealing with you everyday issues bringing home like to work vice versa. I mean, you're, you're doing the right thing here. So I can't really add anything to that. Because everything, you know, I'm very comfortable talking with you. So it's easy for me to open up and just be honest, because you need this and it's important so and I'm always open anyways like this. So, too. Yeah, so I think you're doing just fine. So I'm not sure sure what else I could add to that. Because I'm not a damaged and destroyed person. So I wouldn't know too much” | 05 |
| Reciprocity Accessibility | “yeah, it's good. I, you know, I think what you're doing is important. Especially if the right people see it, you know, like, it can make a difference in people's lives if they're just willing to try it... I don't know if there's like publications involved or who didn't read them at that point that that would need to see it. Typically, men in trades aren't reading too many publications from students like that...you know that to the general public they'll they'll be able to intake you know, more in bites rather than yes paper but I'd be interested to see all of it, especially since I participated in it.” | |
| Being heard | “Oh, it's been fine. Okay, I don't mind. Like I told him that I would do this, and I don't mind doing it. And I think that it's like, it's a positive thing that you're doing. And it's, it's, it's very refreshing to see that come from a female, like, that you actually no, are taking notice into like men's mental health. You know, and especially in an industry where there's probably a lot of damaged men. You know, and it's comforting to see that that's coming from from a different a different perspective. And, you know, because that's not what I see every day. Mm hmm. Yeah, there's a big disconnect there between men and women.” | 07 |
| Outside comfort zone | “Not bad. I feel a little anxious about it...not just us specifically, just any kind of interview or anything I do. I always have a certain amount of anxiety about it.” | 01 |
| Willingness to participate Needing different supports | “A lot of the guys I've asked to do interviews with you. I feel like have been like, yeah, no problem. And the ones that are struggling, they want to help but because they want help, I think I don't know. It's like, it's good. It's good. Because like we need this for society to be honest. And like yeah, just would help all around I think, not just the drugs and alcohol just like a good counseling service for more like rough around the edges, fuckin like that, don't really, we're not | |

people of words. Right. We're swinging hammers... We're
not not going to write you a fuckin a speech"
