

Research Article

Men's Sheds and the experience of depression in older Australian men

Jennifer S. Culph,¹ Nathan J. Wilson,² Reinie Cordier³ and Roger J. Stancliffe¹

¹Faculty of Health Science, University of Sydney, ²School of Nursing and Midwifery, University of Western Sydney, Sydney, New South Wales, and ³School of Occupational Therapy and Social Work, Curtin University, Perth, Western Australia, Australia

Background/aim: Men's Sheds are community spaces where, usually, older men can socialise as they participate in a range of woodwork and other activities. There is currently little research evidence supporting the anecdotally reported mental health and wellbeing benefits of Men's Sheds. This research project investigated how older men with self-reported symptoms of depression experience their participation in Men's Sheds.

Methods: This study included in-depth interviews and administration of the Beck Depression Inventory-II with 12 men from 3 Men's Sheds, triangulated with observation of the different shed environments. Interviews explored how participation in the Men's Shed, living in a regional area, and retirement intersected with experiences of depression. Participants had either self-reported symptoms of depression or a diagnosis of depression.

Results: The findings from this study support the notion that participation at Men's Sheds decreases self-reported symptoms of depression. Beck Depression Inventory-II scores showed that most participants were currently experiencing minimal depression. The Men's Sheds environment promoted a sense of purpose through relationships and in the sharing of skills, new routines, motivation, and enjoyment for its members. The shed encouraged increased physical activity and use of cognitive skills. Finally, participants reported feelings of pride and achievement which had an impact on their sense of self-worth.

Conclusion: Men's Sheds provide an opportunity to promote health and wellbeing among retired men. The shed's activity and social focus offers a way to help men rediscover

purpose and self. Further research is required to measure symptoms of depression before and after participation in Men's Sheds.

KEY WORDS depression, masculinity, men's health, men's shed, mentoring, research, regional and remote.

Introduction

Depression is a serious psycho-social illness that leads to lower quality of life and greater cardiovascular mortality in men (Batterham, Christensen & Mackinnon, 2012). Depression is the combined presence of a depressive mood as well as loss of interest or pleasure for a prolonged period of time (American Psychiatric Association, 2013). Relevant to this article is the distinct difference in how depression presents across gendered lines; while the *diagnosis* of depression is doubled in women when compared to men (Leach, Christensen, Mackinnon, Windsor & Butterworth, 2008), rates of *suicide* are significantly higher in men, with men over the age of 75 having the second highest suicide rate in Australia (Australian Bureau of Statistics, 2012). These population statistics suggest that depression is likely under-diagnosed in men; Oliffe and Phillips (2008) proposed that this may be attributed to stereotypical views of masculinity and the reluctance of men to seek appropriate services. Further, there is a higher suicide rate for men from regional and remote areas which can be attributed to lower socioeconomic status, limited access to mental health services and differences in migrant composition (Taylor, Page, Morrell, Harrison & Carter, 2005).

The demographic and cultural characteristics of people living in regional and remote areas differ from populations living in metropolitan areas (Baracsckay, 2012). Barriers of access to quality health care include: lower economic status, smaller populations, dated technology, difficulty in recruiting specialist staff and greater geographical distances that are travelled to access health services (Humphreys, Wakerman & Wells, 2006). There are also greater levels of stigma and less empathy for people with mental health issues, which in

Jennifer S. Culph BAppSc (OT) Hons; Occupational Therapist. Nathan J. Wilson PhD; Senior Lecturer. Reinie Cordier PhD; Associate Professor. Roger J. Stancliffe PhD, FAAIDD, FFIASSIDD; Professor.

Correspondence: Nathan J. Wilson, School of Nursing and Midwifery, University of Western Sydney, Richmond, NSW 2753, Australia. Email: n.wilson@uws.edu.au

Accepted for publication 6 January 2015.

© 2015 Occupational Therapy Australia

turn decrease their level of community involvement (Turpin, Bartlett, Kavanagh & Gallois, 2007). There are a larger number of older Australians, Indigenous Australians, farmers and blue-collar workers who reside in regional and remote areas and who, as population groups, already experience health inequalities.

Older men face many challenges regarding ageing, retirement and depression. At the onset of retirement, men transition from structured opportunities for meaningful activity and socialisation within the work place, to the absence of the responsibilities and routine of employment. Older men may experience problems during this transition including the loss of daily routines, boredom, loneliness, role change and reduction in self-esteem. Additionally, there is a relationship between individuals who experienced low self-esteem after retirement and depression (Rosenkoetter & Garris, 1998). The potential negative consequences associated with retirement can be compounded by symptoms of depression, particularly symptoms involving the loss of interest and enjoyment in activities and feelings of worthlessness. There is an established relationship between depression, dissatisfaction with life and feelings that social supports are inadequate (Strine *et al.*, 2009). Conversely, engaging in meaningful activities is associated with experiencing increased quality of life (Goldberg, Brintnell & Goldberg, 2002). Likewise regularly scheduled participation in activities and contexts that are enjoyable has been shown to reduce depression (Dimidjian *et al.*, 2006), an approach known as *behavioural activation*. Activity-based interventions that support work-retirement transitions for men are needed to help counter the effects of change during retirement, where older men can maintain a masculine identity beyond the traditional Australian masculine stereotype of the man as breadwinner (e.g. Oliffe *et al.*, 2013).

Men's Sheds are community spaces where typically older men can engage in meaningful activities and socialise with other men (Wilson & Cordier, 2013). In regional and remote Australia, Men's Sheds are commonly accessed by older, retired men as the shed environment provides a male-specific space to continue participating in meaningful activities and community engagement (e.g. Ballinger, Talbot & Verrinder, 2009). More recently, the health promotion potential of Men's Sheds have been noted as one way to help to improve the health and well-being of men, particularly marginalised men (Cordier & Wilson, 2014). In 2010 the Australian Government released the *National Male Health Policy* (Department of Health & Ageing, 2010) – the first fully-funded male health policy internationally – with an aim to improve the health status of Australian men. Men's Sheds were identified as one exemplar for addressing the social determinants of poor health through targeted health promotion activities within a male-friendly social context. Yet, there remains a limited body of literature that supports these anecdotal narratives (Wilson & Cordier, 2013).

What research has been conducted shows that activity and social participation at Men's Sheds are reported to foster health and wellbeing benefits. For example, men described feelings of increased socialisation, and reported decreased isolation as well as a sense of belonging at their shed (Ormsby, Stanley & Jaworski, 2010). Some sheds gave men the opportunity to create something for the community or to repair items for other people, which in turn contributed to a sense of achievement and satisfaction (Ballinger *et al.*, 2009). Older men, who have mentored teenage boys in a Men's Shed mentoring program, reported a reciprocal reconnection with teenage boys and derived a renewed sense of meaning through giving back to teenage boys in need of some guidance within their communities (Wilson *et al.*, 2013). Self-reported improvement in mental health has also been indicated by some shed members who mentioned a sense of decreased suicidal ideation in relation to meaningful activities and socialisation at their shed (Fildes *et al.*, 2010).

Our aim was to explore the relationship between Men's Sheds environments, the experience of engaging in meaningful activities and the psycho-social factors associated with the symptoms of depression for men living in regional Australia. Our research question was: how does participation in Men's Sheds influence the self-reported symptoms of depression in older men living in regional Australia?

Methods

Recruitment

Inner Regional Australia consists of locations where geographic distance imposes restrictions upon accessing goods, services and opportunities for social interaction. The sheds were approached as they were a convenience sample, all located within 100 km of a regional centre 800 km from Sydney. The shed coordinators were approached and men were invited to participate in the study based on the following inclusion criteria: (i) 50 years of age and older; (ii) retired or not currently employed; (iii) currently attending a Men's Shed; and (iv) have either self-reported symptoms of depression or a diagnosis of depression. Including self-reported depression symptoms as a criterion allowed for the inclusion of people who did not have a formal diagnosis of depression. Having an inclusion criterion of *diagnosis of depression* would have increased the homogeneity of the study population. However, only 35% of people with a diagnosable mental health problem seek treatment – men in particular have a lower rate of accessing to health services (28%) compared to women (41%) (Australian Bureau of Statistics, 2008). Therefore, the inclusion criterion of *symptoms of depression* allowed for a larger number of participants to be recruited and may therefore add to the ecological valid-

ity of the study. Furthermore, when entering an all-male environment, broaching the topic of *symptoms of depression* as opposed to *diagnosis of depression* allows for a more relaxed and informal interview and limits members feeling intimidated. Participants were excluded from the study if they had: (i) identified as non-English speaking; (ii) a diagnosed intellectual disability; (iii) significant hearing loss; and (iv) evidence of thought processes not based in reality.

This research was approved by the University of Sydney Human Research Ethics Committee (approval number 2013/024). All of the three Men's Sheds are independent entities and while they may be affiliated with a national body, such as the Australian Men's Shed Association, there was and still is not an ethics committee, or equivalent, to seek approval from. Thus, verbal approval was obtained from the sheds' membership to conduct this research and a copy of the ethics approval was supplied to each shed for verification. Each Men's Shed had a paid or unpaid co-ordinator who served as a gatekeeper to the group. Co-ordinators were contacted via telephone in advance to arrange the most convenient dates and times visit. A meeting was first held with the co-ordinator to explain in depth what the study involved and the inclusion criteria for participants. At the invitation of the coordinator, JC (the field researcher) then joined all of the men for morning tea to discuss the aims of the study. At two sheds, the coordinators identified a few men who they felt might feel comfortable with participating in the study and then assisted with personal introductions and the recruitment process. At the third shed, the men self-identified their eligibility and approached the researcher with a desire to participate. Before taking part in the study, each participant was provided with written and verbal information about the study and gave written informed consent to participate. Verbal consent for the interview to be digitally recorded was obtained from each participant.

Data collection

All data were collected by the JC between February and May, 2013 and included: (i) semi-structured in-depth interviews; (ii) completion of the Beck Depression Inventory-II (Beck, 1996); and (iii) field notes. The semi-structured, in-depth nature of the interviews gave participants the opportunity to describe their individual experience and discuss at length the issues they believed were the most important (Kirkevold & Bergland, 2007). Interview questions were based on an interview guide focusing on four main topics: (i) participation in Men's Sheds; (ii) symptoms of depression; (iii) experience of retirement; and (iv) living in a regional and remote community.

After finishing the interview JC asked the participants to complete the Beck Depression Inventory-II in order to measure the current level of depressive symptomology. The Beck Depression Inventory-II (Beck, 1996) is a pen and paper self-report scale which assesses the severity

of depression by asking participants to rate how they felt during the past two weeks in response to 21 items. Each item is scored on a 0–3 scale. The scale's items correspond to diagnostic criteria (DSM-IV) for depression, with items about suicidal thoughts, sadness, loss of interest, and concentration difficulties, for example. The Beck Depression Inventory-II is an internationally recognised standardised measure that has been confirmed to be both specific and sensitive in identifying the presence of depression (Dozois, Dobson & Ahnberg, 1998) with an internal consistency of 0.90 as measured by Chronbach's alpha (Storch, Roberti & Roth, 2004). Higher scores indicate more severe depressive symptoms and total scores are used to categorise the participant's degree of depression into minimal (0–13), mild (14–19), moderate (20–28), and severe (29–63). The scale provided descriptive data and was also a useful stimulus for further explaining mood. In addition, participants were prompted to remember situations where they had experienced symptoms of depression.

Field notes were made JC after every visit to the shed to record JC's observations, thoughts and any non-verbal communications between the men as they participated in activities and social interactions, such as during morning tea. JC's reflections provide valuable contextual information and can aid in identifying any potential areas of bias when completing data analysis (Finlay, 2002).

Data analysis

Digital recordings of the interviews were transcribed verbatim and de-identified field notes from shed visits were written in a narrative format. Qualitative data were analysed using inductive thematic analysis based on the grounded theory method of constant comparison as described by Strauss and Corbin (1998). Using this method, first, *open codes* were formed from line by line analysis of transcripts. Each line was looked at and given a code based on what was perceived as the important message behind that line. Secondly *axial codes* categorise groups of open codes together. Our analysis then moved between these first two phases via constant comparison of the data. Thirdly *selective codes* validated relationships between codes and combined them into a core category. Selective coding generated the main categories that summarise all data and formed the basis for the theory. Finally, *themes* were established which gave rise to conceptual categories that have explanatory power. The first author conducted the initial analysis with weekly input from the second author. Once preliminary themes were developed, final themes were collaboratively developed over several team meetings by all authors. Data from the Beck Depression Inventory-II were analysed descriptively. Names used throughout are pseudonyms. A semicolon between participants' quotes indicates a contribution from a different individual. Phrases or words

in [brackets] have been added by the research team for clarity.

Findings

Participants

A total of 12 men from 3 sheds participated in the study. Participants had an average age of 67 years and they were all retired or unemployed. The three sheds were located within the same area in NSW, Australia that is classified as *Inner Regional* according to the Australian Standard Geographical Classification Remoteness Areas (ASGC RA) categories (Australian Bureau of Statistics, 2013). Table 1 provides descriptive data about the participants.

Beck depression inventory

As Table 1 shows, most participants' BDI-II scores indicated that they were currently experiencing minimal depression, although three individuals scored above the clinical cut-off and were classified as experiencing either mild or severe depression. Overall, the mean BDI-II score was 11.1 ($n = 11$), ranging from 2 to 39.

Interview data

The one overarching message communicated by participants was: 'Without the shed, I would be lost'. This core theme was reflected in statements such as: 'I have, yes, completely turned and this has helped – this Shed has really helped' (Steven); 'Without the shed I wouldn't survive'; and 'It has been a lifeline for me' (Tom). The two sub-themes underpinning this core theme that emerged from the data analysis were: (i) the factors that impact on self-efficacy, and (ii) the factors within the shed that provide purpose and self-worth. The relationship between these themes and the sub-themes that created them are illustrated in Figure 1. The analysis of



FIGURE 1: Summary of themes, 'Without the shed, I would be lost'.

these findings portrays how members of the Men's Sheds experienced a 'loss' of purpose and identity through the experience of retirement and/or depression and how the shed offers a way to help them rediscover purpose and self.

Factors that impact on self-efficacy

Ageing

Participants had different experiences of ageing and reflected on their past lives with both regret and a sense of pride. Most of the men described experiencing less energy and more age-related health issues which limited their functional ability to engage in meaningful activities which they were previously able to participate in fully. One member commented, 'Well I do less because of my age, your mind says you can do these things but actually I can't' (Neville). There was a collective sense of regret from most participants about not receiving more education when younger and not taking advantage of all the opportunities available. 'That was one regret; I had all the opportunities in the world to better my life and like a silly young fellow I didn't take advantage of that' (Allan). However, there were some participants who described a sense of achievement regarding past life events such as, '...I have had a good interesting life...' (Steven); 'I have had to work for everything I have got, I have a brand new house so I am happy, brand new car and I am 73 years old and going good' (Allan).

TABLE 1: Participant data

Characteristic	Amount
Age (years), M (range)	67.4 (52–77)
BDI-II score range, n (%)	
Minimal depression (0–13)	8 (66.7)
Mild depression (14–19)	2 (16.7)
Moderate depression (20–28)	0 (0.0)
Severe depression (29–63)	1 (8.3)
Not completed	1 (8.3)
Frequency of attendance (days/week), M (range)	2.3 (1–5)
Duration of attendance (years), M (range)	2.3 (1–4)

BDI-II = Beck Depression Inventory-II. For frequency of attendance, the Median and Mode were both 1.

Retirement

Participants described their experiences of retirement as presenting both challenges and opportunities. Feelings of reduced stress and an overall satisfaction with retirement was expressed by participants, '...it is just taking the stress away of going to work and worrying about things' (Geoff). However, there was a strong focus on the challenges faced. Many participants spoke of decreased opportunity to socialise and increased feelings of isolation: 'It was hard in many ways, the biggest one was interaction with people I worked with...so I missed that particularly' (Mark). '...but I really missed mixing with men' (Rod). It was apparent that after retirement, the men experienced a sudden disruption to engagement in meaningful activities. 'Well that's right, yes, I used to potter around...I used to sit there for hours and hours doing crossword puzzles' (Steven). Without being able to engage in the meaningful activities that formal employment provided, participants struggled with a lack of routine, which often led to less motivation to get out of bed and take part in activities of daily living. 'Oh yes well you can get out of routine... ' (Geoff); 'I wake up in the morning and think I don't have to get up, I don't have to go to work, I can stay here for as long as I like' (Geoff). Furthermore, most participants now received a government pension, meaning that they had less money than when they were working, and stress had increased due to financial strain. '...then money worries come in, like I have earned my last pay packet where is the next dollar coming from?' (Allan).

Depression

When speaking of seeking treatment for depression, the men showed an insight into their own health-seeking behaviours. Participants identified that their innate sense of masculinity initially inhibited them from talking about depression or accessing health services: '...so I went to see [name] and stubbornness and male pig headedness comes in' (Neville); and '...because that is one of the big issues with men, they say they are alright Jack but they are not' (Richard). Participants who experienced symptoms of depression attributed the cause to many different factors, including: lack of socialisation, feelings of failure, exposure to death, and as a result of other physical illnesses. Four participants spoke of their suicide attempts: 'I tried to commit suicide there at one stage I was that far down' (Tom). Participants described a range of symptoms including heightened emotions, anxiety, excessive sleep, irritability, difficulties in decision making and loss of pleasure in activities. These experiences led to decreased motivation to engage in activities of daily living. 'There was plenty to do but I didn't have the willpower...couldn't find any enthusiasm' (Kerry). Furthermore, participants described feelings of uselessness as a result of their symptoms of

depression. 'I did feel useless when I was off sick [with depression]' (Neville).

Factors within the shed that provide purpose

Different layers of relationships

One of the interesting themes that emerged from interviews was that the quality of social relationships manifested in three layers within the unique context of the Men's Shed environment. Through observation and field notes it became evident that all three sheds had a quality to their environment that encouraged openness and support. For example, during morning tea members were observed to openly discuss men's health issues including some issues surrounding depression. It was observed that the coordinators subtly initiated this conversation and encouraged supportive feedback from among the group of men gathered. There was initial concern that shed members may feel uncomfortable talking about sensitive topics, such as depression, with a young female field researcher who immersed herself in an all-male environment. However, this was not the case, indeed members seemed to act as strong advocates for the shed and praised its value to men, particularly with regard to alleviating symptoms of depression and improving general health. Many members approached the field researcher in conversation about the benefit to men from attending a Men's Shed. It was noted during observations that these discussions took place simultaneously with masculine activities (e.g., woodwork). This 'talk while you work' context appeared to counteract any feelings of vulnerability in the men when discussing the somewhat sensitive matter of personal experiences of depression.

The social relationships between the men fell under the three layers of: (i) general interaction; (ii) companionship; and (iii) deeper conversations. Figure 2 illustrates these layers.

Each layer had an important role in contributing to increased feelings of purpose and identity. Furthermore, the way in which the layers advanced, was only made possible by the presence of the former layer. The basic layer of *general interaction*, where the shed provides opportunity to meet new people, was talked about positively by all participants and noted during observations: '...a vast range of people from different backgrounds and it is just a great place to be' (Neville); 'Well there are 33 blokes I know now that I didn't know before and they are all from different parts of life' (Allan). This is particularly important in contrast with previous retirement experiences discussed by participants, where they became socially disengaged through retirement and depression. Despite meeting new and different people, participants

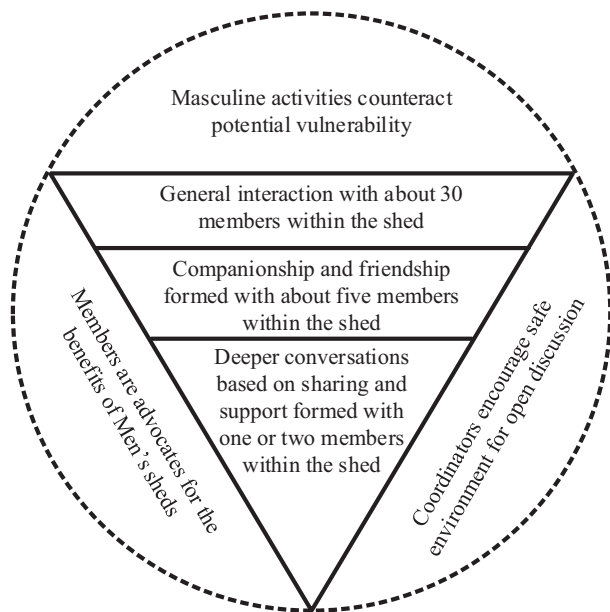


FIGURE 2: The different layers of relationships within the men's shed environment.

described the importance of shed members having common interests. 'Yes being able to talk about the same subject and other things, yes it is good' (John). The all-male environment was one of the factors that contributed to the shed members' shared interests. 'Come along and meet guys and just do guy things' (Brian); 'As far as I was concerned it enabled me to then mix with the guys' (Rod).

From this first layer of exposure, the participants spoke of a second layer of *companionship*. Participants described the close friendships that they had formed with some other shed members: '...you've got the friends, you've got mates' (Keith); 'Well the 30 odd blokes, good friendship with about five or six of them' (Allan). Some members spoke of how their friendships have extended to meeting outside the shed. 'We have got a lot of good friendships through it, once a month a group of us go and have breakfast, Shed breakfast in town, sit down, have a yarn, sort the world's problems out' (John). The participants talked about the involvement of listening, asking questions, humour and working together on projects in forming close friendships. 'I can go up and ask questions of people and I can talk freely to people whereas before [joining the shed] I wouldn't' (Kerry); 'He sends out emails with different jokes and you talk about it' (Neville). In the moment this engagement with others through humour and banter temporarily relieves symptoms of depression. Some participants admitted that not everyone at the shed gets along, but they are able to move past disagreements and generally be positive towards each other. 'Yes always someone who knows better than you and yes

that is right...it is just water off a duck's back with me, I don't hold any grudges or anything' (Steven).

Finally, the companionship fostered within the shed environment appeared to lead to relationships where members feel comfortable in engaging in *deeper conversations* based on giving and receiving psycho-social support. This layer appeared critical for some men to be able to talk about their experiences with, and feelings of, depression. Participants described the reciprocity of sharing personal issues: 'You sit down here and talk to people and you tell them your problems and they tell you their problems' (Kerry); '...ask how things are going and then it is surprising sometimes how they open up' (Rod). Some participants were able to be assertive in providing support to people who needed it. 'You can joke and shake their hands and say look if you have problems I will listen to you, I might not be able to help, but I have a shoulder that you can lean on and this is what I do' (Richard). Members within the shed seemed comfortable talking about depression and seeking advice from others who have had similar experiences. 'If you have a problem...you talk to them and they give you a clue what to do or who to see' (Steven); 'I went five years with depression so I know what people, and if I can give them a hand, I give them a hand...so if they have any health issues then I tell them what to do' (Richard). With the support provided through relationships within the shed, members described finding life easier. 'It's the support, that's the main thing. Without that support it's pretty hard' (Tom).

Sharing knowledge of skills

As practical work is a large part of the activities that men engage in at the sheds, there is a certain emphasis on having practical skills. Members spoke fondly of their pre-existing skills which they learnt from a family member or past trade and how they use them to complete projects within the shed. 'My grandfather on mum's side was a cabinet maker as well. He made a table a bit longer than that...but the legs he turned down with foot lathes, pedal lathes. Every leg was perfect' (Tom). Members also used these skills to teach others new ways to complete tasks. 'If we do it wrong, well somebody comes over and says "you've done that wrong. Don't do that, you do this" where otherwise you would be finishing it all wrong' (Brian). One shed established a mentoring program to teach new members woodworking skills. The mentors involved described an enthusiasm for teaching. '...because of my teaching career when this started up again with the opportunity to...hopefully not teach but mentor' (Rod). However, the biggest sense of pride shared by all participants was that of learning new skills. 'Well it is something I have never done, when I came here really I didn't know anything about these new machines and I have learned a lot' (Allan).

Benefits of the shed align with characteristics of wellbeing

Some members highlighted that their symptoms of depression decreased as a result of participation in the Men's Shed. 'Why I'm here, 'cause this place has given me some sanity' (Keith).

This is what I find, it helped me with depression because I was depressed when I came down to [name of shed] three and a half years ago and coming down here every day and having a joke and laugh. (Richard)

It appears that there are attributes of the Men's Shed that contribute to decreased symptoms of depression and increased levels of wellbeing. The shed establishes a post-retirement routine for its members, where they plan and prioritise their daily routines around attending the shed. 'Yes well that is what I do, the whole rest of things I don't care too much but Tuesday and Thursday they are my days, that is what this Shed has done for me' (Steven). Participants described feeling motivated to attend the shed. 'Given me a reason to get off my butt and get here...'. (Keith). Both routine and motivation had been established through the engagement in meaningful activities within the shed. 'It [the shed] makes life a bit more enjoyable coming and doing some practical work with other people' (Mark). Participants described how the shed provides opportunities for using cognitive skills. 'Coming down here every day...I am using my brain which is the first thing that goes' (Richard). Furthermore, members discussed how engaging in the shed increases physical activity. 'When I'm here, you've got a high point because you're physically doing something' (Keith). Furthermore, participants described feeling a sense of pride, achievement and self-worth through engaging in the shed. 'I get pleasure out of anything that turns out. When you get a product like that, that finishes off nicely. It's so satisfactory; you get so much satisfaction out of that' (Tom); 'It's given me a purpose to be here. That's what this place is. This place gives people a purpose...It makes me feel like I'm worth something again' (Keith). These accounts are examples of how engaging in the shed assists retired men to find a sense of purpose.

Discussion

This cross-sectional study explored the experience of depression and participation at three community Men's Sheds in regional Australia. The men told us that ageing, retirement and depression can lead to feelings of *loss*. Men's Sheds infuse practical skills, routine, motivation, and physical and cognitive activity into the daily life of retired men. These are the types of health-affirming transition activities that Oliffe *et al.* (2013) referred to as supporting a new masculine identity for men in retirement.

Moreover, the participants in the study reported that meaningful relationships that developed as a result of engagement in Men's Shed contributed towards them *finding* a sense of identity and purpose. The most prominent factors that contributed to participants finding a sense of identity and purpose appeared to be intrinsic values of self-worth. These included a sense of purpose, accomplishment, and pride. The environment of the Men's Shed seemed to contribute to participants' experiencing these intrinsic factors and thus illustrated the important role that Men's Sheds potentially play in the lives of older men who are no longer working.

According to scores from the Beck Depression Inventory-II, eight of the men were not depressed at the time of the interviews being conducted (see Table 1). However, this descriptive finding can potentially be seen as a positive effect of participation in the shed as these men reported past experiences of depression. Without a baseline score we are unable to confirm if the duration of attendance has influenced the current score. Furthermore, the severity of the depressive symptoms may moderate the potential constructive influence of attending the Men's Shed. For instance, the participant who was experiencing *severe depression* hadn't been attending the shed recently, but dropped in during the two weeks of the interviews being conducted after encouragement from the shed coordinator. 'Well lately I have been down too much, unfortunately that's where it has been. I haven't been able to come in for the last couple of weeks...it's a case of depression. Has gotten to me, chronically' (Keith). The participant stated that previously he was attending the shed five days a week.

The different Beck Depression Inventory-II scores for the participants raise the question of whether increased symptoms of depression are related to decreased motivation and frequency of attendance to the Men's Shed. This decreased motivation may also inhibit individuals from accessing health services, further adding to their symptoms of depression (Goldberg *et al.*, 2002). Given the self-reported benefits of being at the Men's Shed, it may be advantageous to explore ways to facilitate continued participation, even for shorter time spans. For example, shed members who are going through a depressive episode and stop attending could be supported by other shed members to try to maintain a routine, even if their supported attendance is only during the shared morning tea. The men with depression could directly benefit from the activities and social interactions and have access to the support that the shed offers. These concepts have much in common with the behavioural activation approach to the treatment of depression (Dimidjian *et al.*, 2006), which emphasises maintaining daily routines of participation and activity, and reducing social avoidance, withdrawal and inactivity.

The loss that men face through retirement has been highlighted in earlier Men's Sheds literature (Wilson *et*

al., 2013). Other research has also delved into how men experience ageing and its impact on their health (Ormsby *et al.*, 2010). Men's Sheds were perceived by their members to be significant in maintaining their general wellbeing (Wilson & Cordier, 2013). This study supports these findings and is able to further illuminate the factors which contribute to general wellbeing included: fostering of relationships within the shed, establishing routines and increasing motivation through engaging in meaningful activity. Companionship within the Men's Shed has been signalled as an essential component of the Men's Shed environment (Ballinger *et al.*, 2009; Cordier & Wilson, 2014; Ormsby *et al.*). However, this study is the first to delve into the layers and meaning of relationships within a Men's Shed and to describe how each layer appears to benefit those involved. Previous studies also reinforce this study's findings of members receiving a sense of purpose from engaging in a Men's Shed (Ballinger *et al.*). A key challenge in men's mental health help-seeking behaviour is that some men experience difficulty in expressing their emotions (Evans, Blye, Oliffe & Gregory, 2011). However, our findings suggest that once the men have developed deeper relationships they do talk and are willing to open up about feelings of depression in the 'safe' and 'supportive' environment of the shed.

This study supports the notion that the Men's Shed environment provides many benefits that members perceive as counteracting symptoms of depression. Establishing routine and encouraging engagement in meaningful activities are two goals that health professionals focus on in mental health care (Roberts & Everson, 2009). Additionally, social support has been shown to be significant in providing resilience to stress (Ozbay, Fitterlin, Charney & Southwick, 2008). Men's Sheds offer one way to complement more conventional treatments for depression in relation to the different way the shed environment supports the mental health of older men, particularly in regional and remote areas where access to services can be difficult. The support provided through members' relationships allows them to feel comfortable about discussing mental health issues. Men's Sheds are therefore a potential conduit for health professionals to reach marginalised men in an informal way. For example, a recent international survey found that 42.6% of Australian Men's Sheds were visited by health workers to discuss both physical and mental health issues (Cordier & Wilson, 2014).

This descriptive, cross-sectional study reported on the perceived benefits of attending Men's Sheds. These findings pave the way for future research employing an experimental pretest-posttest design to measure the mental health benefits of attending Men's sheds using well-validated outcome measures. Future studies could explore: associations between duration

and frequency of attendance and the related effects on depressive symptoms; how fluctuating mental health status effects attendance; if different types of Men's Sheds have moderating influences on the mental health of members, and if visits by health professionals contribute to decreased levels of depression and increased help-seeking behaviour. The Beck Depression Inventory may be useful in creating a comparison at different times of engagement in the Men's Shed as it provides a snapshot of the person's level of depressive symptoms at that particular point in time. However, other standardised tools would also be useful to measure a range of health and wellbeing factors that may be affected by mental health in relation to participating in the Men's Shed.

Limitations

Three sheds were included in the study; involving more sheds would have allowed for more representative findings across a variety of settings. That being said, a targeted qualitative design is the best method to gain an in-depth insight of issues for older men living in regional areas. Additionally, sheds situated in other parts of Australia will have diverse participants with unique experiences which may be very different to the issues facing men in regional Australia. Further, the interpretation of data were not confirmed with participants through a process of member checking and so our findings may not provide an accurate account that all participants would necessarily agree. Nevertheless, member checking in any interpretive qualitative research can be problematic as it assumes there is one fixed truth; a reality that can sit inconsistently with rigorous interpretive qualitative research such as this study (Krefting, 1990).

Conclusion

The characteristics inherent to Men's Sheds appear to offset some of the negative factors associated with ageing and retirement. The findings of this cross-sectional study suggest that participating in Men's Sheds may have some mental health benefits, including a decrease in self-reported symptoms of depression. Therefore, Men's Sheds present an opportune and accessible location to promote health and wellbeing among Australian men, particularly for marginalised men in regional and remote areas. However, there is a need for longitudinal research that measures mental health status before and after joining Men's Sheds to truly measure the influence on men's mental health.

Conflicts of interest

The authors declared no potential conflicts of interest with respect to the research, authorship or publication of this article.

Acknowledgements

The authors disclose the receipt of the following financial support for the research of this article: The Douglas and Lola Douglas Scholarship awarded by the Faculty of Health Sciences, University of Sydney.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington, DC: Author.
- Australian Bureau of Statistics. (2008). National survey of mental health and wellbeing: Summary of results, 2007. Retrieved 18 October, 2013, from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>
- Australian Bureau of Statistics. (2012). Causes of death, Australia. Retrieved 20 October, 2012, from <http://www.abs.gov.au/ausstats/abs@.nsf/Products/C93900F9A15F7013CA2579C6001B6701?opendocument>
- Australian Bureau of Statistics. (2013). Australian Statistical Geography Standard (ASGS). Retrieved 12 August, 2013, from <http://www.abs.gov.au/websitedbs/D3310114.nsf/home/Australian+Statistical+Geography+Standard+%28ASGS%29>
- Ballinger, M. L., Talbot, L. A. & Verrinder, G. K. (2009). More than a place to do woodwork: A case study of a community-based Men's Shed. *Journal of Men's Health*, 6, 20–27.
- Barackskay, D. (2012). How federal health-care policies interface with urban and rural areas: A comparison of three systems. *Global Public Health*, 7, 317–336.
- Batterham, P. J., Christensen, H. & Mackinnon, A. J. (2012). Mental health symptoms associated with morbidity, not mortality, in an elderly community sample. *Social Psychiatry & Psychiatric Epidemiology*, 47, 79–85.
- Beck, A. (1996). *Beck Depression Inventory-II*. San Antonio: The Psychological Corporation, Harcourt Brace & Company.
- Cordier, R. & Wilson, N. J. (2014). Australian Men's Sheds: Promoting health and social inclusion. *Health Promotion International*, 29, 483–493. doi: 10.1093/heapro/dat033
- Department of Health and Ageing. (2010). *National male health policy: Building on the strength of Australian males*. Canberra: Department of Health and Ageing.
- Dimidjian, S., Hollon, S., Dobson, K. S., Schmaling, K., Kohlenberg, R., Addis, M. *et al.* (2006). Randomized trial of behavioural activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology*, 74, 658–670.
- Dozois, D. J. A., Dobson, K. S. & Ahnberg, J. L. (1998). A psychometric evaluation of the Beck Depression Inventory-II. *Psychological Assessment*, 10, 83–89.
- Evans, J., Blye, F., Oliffe, J. & Gregory, D. (2011). Health, Illness, Men and Masculinities (HIMM): A theoretical framework for understanding men and their health. *Journal of Men's Health*, 8, 7–15.
- Fildes, D., Cass, Y., Wallner, F. & Owen, A. (2010). Shedding light on men: the Building Healthy Men project. *Journal of Men's Health*, 7, 233–240.
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12, 531–545.
- Goldberg, B., Brintnell, E. S. & Goldberg, J. (2002). The relationship between engagement in meaningful activities and quality of life in persons disabled by mental illness. *Occupational Therapy in Mental Health*, 18, 17–44.
- Humphreys, J. S., Wakeman, J. & Wells, R. (2006). What do we mean by sustainable rural health services? Implications for rural health research. *Australian Journal of Rural Health*, 14, 33–35.
- Kirkevold, M. & Bergland, Å. (2007). The quality of qualitative data: Issues to consider when interviewing participants who have difficulties providing detailed accounts of their experiences. *International Journal of Qualitative Studies on Health and Well-being*, 2, 68–75.
- Krefting, L. (1990). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45, 214–222.
- Leach, L. S., Christensen, H., Mackinnon, A. J., Windsor, T. D. & Butterworth, P. (2008). Gender differences in depression and anxiety across the adult lifespan: The role of psychosocial mediators. *Social Psychiatry and Psychiatric Epidemiology*, 43, 983–998.
- Oliffe, J. L. & Phillips, M. (2008). Depression, men and masculinities: A review and recommendations. *Journal of Men's Health*, 5, 194–202.
- Oliffe, J., Rasmussen, B., Bottorff, J. L., Kelly, M. T., Galdas, P. M., Phinney, A. *et al.* (2013). Masculinities, work, and retirement among older men who experience depression. *Qualitative Health Research*, 23, 1626–1637.
- Ormsby, J., Stanley, M. & Jaworski, K. (2010). Older men's participation in community-based men's sheds programmes. *Health & Social Care in the Community*, 18, 607–613.
- Ozbay, F., Fitterlin, H., Charney, D. & Southwick, S. (2008). Social support and resilience to stress across the life span: A neurobiologic framework. *Current Psychiatry Reports*, 10, 304–310.
- Roberts, P. & Everson, M. (2009). Settings providing medical and psychiatric services. In: E. B. Crepeau, E. S. Cohn & B. A. B. Schell (Eds.), *Willard and Spackman's occupational therapy* (11th ed., pp. 1074–1079). Philadelphia: Lippincott Williams & Wilkins.
- Rosenkoetter, M. M. & Garris, J. M. (1998). Psychosocial changes following retirement. *Journal of Advanced Nursing*, 27, 966–976.
- Storch, E. A., Roberti, J. W. & Roth, D. A. (2004). Factor structure, concurrent validity and internal consistency of the Beck Depression Inventory second edition in a sample of college students. *Depression and Anxiety*, 19, 187–189.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedure for developing grounded theory* (2nd ed.). London: SAGE Publications.

- Strine, T. W., Kroenke, K., Dhingra, S., Balluz, L. S., Gonzalez, O., Berry, J. T. *et al.* (2009). The associations between depression, health-related quality of life, social support, life satisfaction, and disability in community-dwelling US adults. *Journal of Nervous & Mental Disease*, *197*, 61–64.
- Taylor, R., Page, A., Morrell, S., Harrison, J. & Carter, G. (2005). Social and psychiatric influences on urban-rural differentials in Australian suicide. *Suicide & Life – Threatening Behavior*, *35*, 277–290.
- Turpin, M., Bartlett, H., Kavanagh, D. & Gallois, C. (2007). Mental health issues and resources in rural and regional communities: An exploration of perceptions of service providers. *Australian Journal of Rural Health*, *15*, 131–136.
- Wilson, N. J. & Cordier, R. (2013). A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and wellbeing. *Health and Social Care in the Community*, *21*, 451–463. doi: 10.1111/hsc.12019
- Wilson, N. J., Cordier, R. & Wilson-Whatley, L. (2013). Older male mentors' perceptions of a Men's Shed inter-generational mentoring program. *Australian Occupational Therapy Journal*, *60*, 416–426. doi: 10.1111/1440-1630.12090