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SURVEY OF QUEBEC MEN

FINAL REPORT

PRESENTED TO
REGROUPEMENT PROVINCIAL EN SANTÉ ET BIEN-ÊTRE DES HOMMES
(RPSBEH)

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BACKGROUND, OBJECTIVES AND METHODOLOGY IN BRIEF

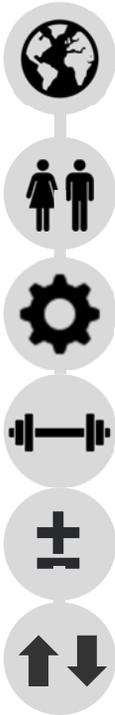


Background

RPSBEH is a consortium of non-profit community organizations devoted to men’s health and wellness working together to help establish and fund quality services that support the well-being not only of men but of the entire population. The organization conducted a major consultation of Quebec men and released the findings at the 5th *Journée québécoise pour la santé et le bien-être des hommes*, on November 19, 2018.

Objectives

The main objective of the study is to identify the factors that make it easier for men to consult a psychosocial resource or professional when needed, and their preferences for such consultation.



Methodology in Brief

TARGET POPULATION	Quebec adult men
SAMPLING	1,910 men from SOM’s probabilistic Gold Panel and 185 from an external panel. Oversampling was used for Anglophones in order to obtain a minimum of 250 respondents (269 were surveyed).
DATA COLLECTION	Online survey conducted from October 4 to 16, 2018.
WEIGHTING	Data was weighted using distributions of adult men based on age, language, education and percentage of people living alone, in three large regions (census metropolitan areas of Montreal, Quebec City and other regions).
MARGIN OF ERROR	2.9% with a 95% confidence level.
SIGNIFICANT DIFFERENCES	Indicates that the results of one sample segment are statistically significantly above or below that of all other respondents.

IMPORTANT NOTE

For this study, Anglophones are defined as respondents whose mother tongue or language of use is English

Highlights

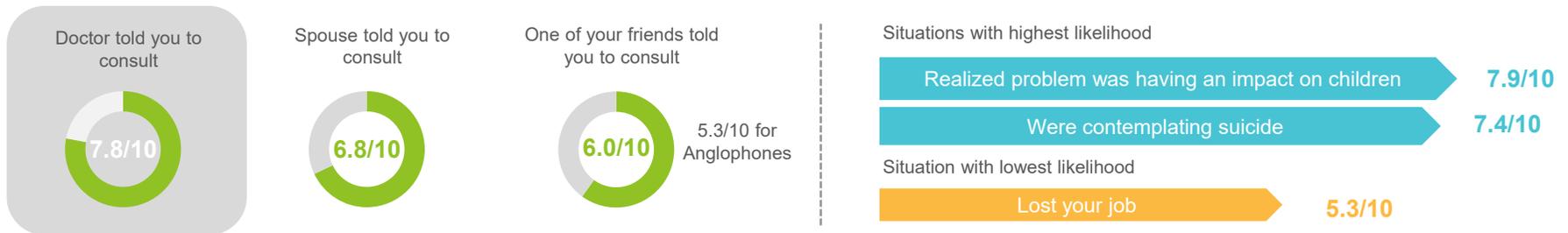


HIGHLIGHTS

EFFECTIVE STRATEGIES TO FIND OUT ABOUT THE SERVICES AVAILABLE

- Website specializing in resources for men (all age groups)
- TV advertisements (all age groups)
- Targeted 15-second spots on the Internet (18-24 years old)
- Flyer delivered to mail box (ages 25-34, and 45 and over)
- Radio advertisements (ages 35-44)

LIKELIHOOD OF CONSULTING A PROFESSIONAL IF...



TOP FIVE FACTORS THAT FACILITATE CONSULTATION (% "WOULD HELP A LOT")

FRANCOPHONES	%	ANGLOPHONES	%
That it be free or low cost	58	That the service be available in English	76
That the business hours simplify your life	53	That it be free or low cost	54
Being able to find information on the resource by Internet before consulting them	50	Being able to find information on the resource by Internet before consulting them	51
That it be discreet	48	That it be discreet	46
Being able to go in person without an appointment	42	That the business hours simplify your life	45

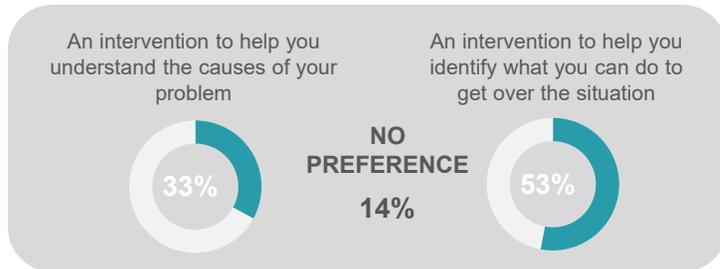
ACCESS TO A PROFESSIONAL



HIGHLIGHTS (CONT'D)



PREFERENCES REGARDING TYPE OF CONSULTATION AND THE PROFESSIONAL



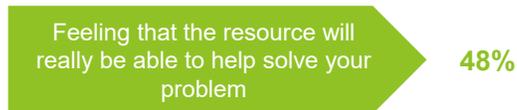
Would feel more comfortable discussing with a psychosocial professional



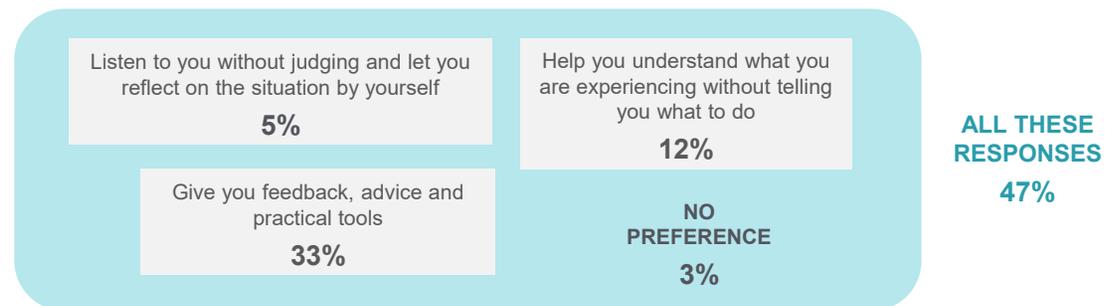
Importance of factors in choosing a professional
(The arrows indicate differences between the 2 language groups for each factor)

FRANCOPHONES	%	ANGLOPHONES	%
That there be an ongoing relationship with the same psychosocial professional	67 ↑	That there be an ongoing relationship with the same psychosocial professional	56 ↓
That you be able to see a psychosocial professional quickly when you need to	23 ↑	That the psychosocial professional speak English	21 ↑
That the psychosocial professional speak English	0 ↓	That you be able to see a psychosocial professional quickly when you need to	14 ↓
No preference	10	No preference	9

Most important factor when consulting a psychosocial resource or professional



Preference for the approach used by the professional

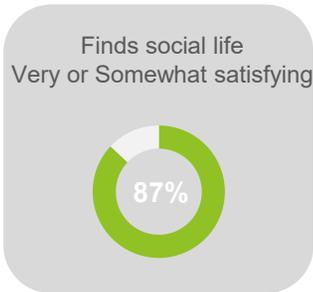


HIGHLIGHTS (CONT'D)

PHYSICAL AND MENTAL HEALTH SELF-EVALUATION



EXCELLENT OR VERY GOOD PHYSICAL AND MENTAL HEALTH: 44%
FAIR OR POOR PHYSICAL AND MENTAL HEALTH: 4%



Occasionally, Most of the time or Always feels...
 (The arrows indicate differences between the 2 language groups for each variable)

FRANCOPHONES	%	ANGLOPHONES	%
Nervous	52 ↑	Nervous	41 ↓
Tired to point that everything is an effort	39	Agitated or restless	36 ↑
Depressed	30	Tired to point that everything is an effort	33
Agitated or restless	26 ↓	Depressed	28
Worthless	19	Worthless	21
Desperate	19	Desperate	16

CONSULTATION IN PAST YEAR



93%
 Have consulted at least one professional in the past year



Chapter 1

FACTORS THAT FACILITATE CONSULTATION

- Effective strategies to find out what services are available
- Likelihood of consulting a professional depending on who recommends consultation
- Likelihood of consulting a professional depending on respondent's situation
- Factors conducive to consultation
- Criteria for a welcoming waiting room



EFFECTIVE STRATEGIES TO FIND OUT WHAT SERVICES ARE AVAILABLE

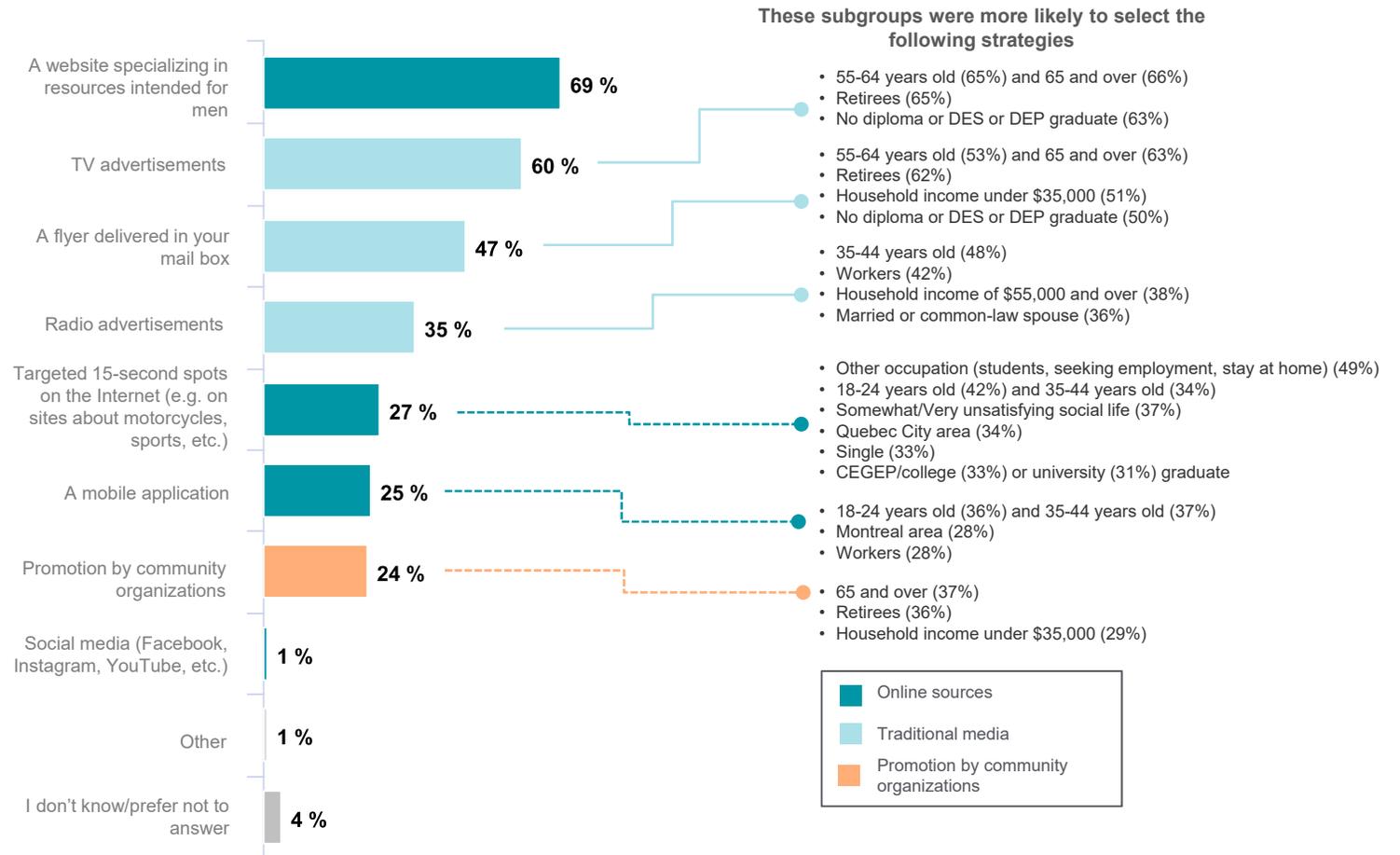


Q1a. In Quebec, there are various services intended for men, but many of them are not well known by the population. What would be the three most effective strategies, among the following, to help YOU know what services are available? Indicate your first three choices.

Base: All men, n: 2095

French (n: 1826)	English (n: 269)
68	71
61 ↑	52 ↓
46	49
34	37
28	21
25	26
24	27
1 ↓	3 ↑
1	1
4	4

MULTIPLE RESPONSES POSSIBLE (TOTAL PERCENTAGE EXCEEDS 100%)



EFFECTIVE STRATEGIES TO MAKE SERVICES KNOWN (CONT'D)



Specialized website for men's resources stands out overall as most effective strategy, while others appeal more strongly to selected age groups.

More traditional media such as radio, mail and publicity from community organizations appealed more to men aged 55 and over. The youngest group (18-24) showed greater interest in online publicity and a mobile application. Men aged 35 to 44 had a greater leaning towards radio, and also for online strategies, like their younger counterparts.

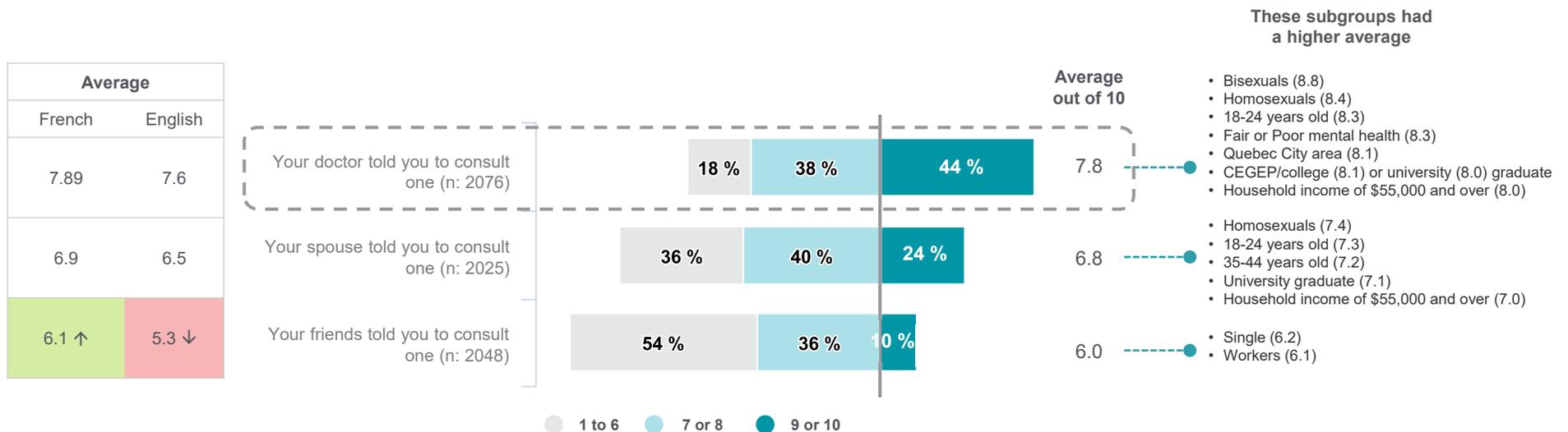
Francophones showed a greater likelihood than Anglophones to prefer TV commercials, but had less of a preference for social media strategies.

LIKELIHOOD OF CONSULTING A PROFESSIONAL DEPENDING ON WHO RECOMMENDS CONSULTATION



Q2a-c. On a 1 to 10 scale, how likely would you be to consult a psychosocial professional if...?

Base: All men, excluding non-response



Quebec men have a greater likelihood of consulting a psychosocial professional if the recommendation comes from their doctor. The spouse has less influence and friends have considerably less influence.

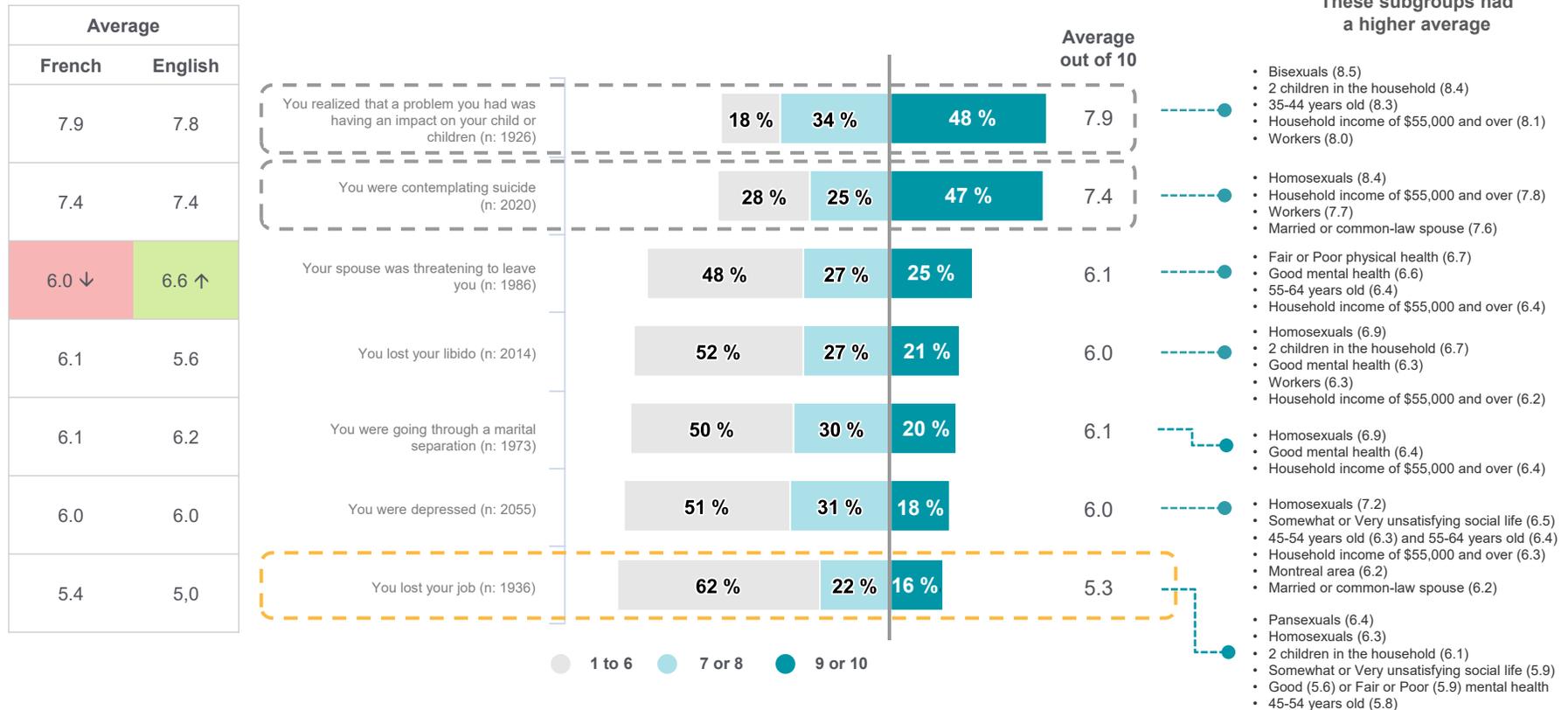
Anglophones have a lower likelihood of consulting than Francophones if the recommendation came from a friend (5.3 out of 10 compared with 6.1 for Francophones). Homosexuals gave more weight to the recommendation coming from their spouse than the average. Respondents aged 18-24 showed a greater inclination to consult than the average if recommended by their doctor or spouse.

LIKELIHOOD OF CONSULTING A PROFESSIONAL DEPENDING ON RESPONDENT'S SITUATION



3a-g. On a 1 to 10 scale, how likely would you be to consult a psychosocial professional if...?

Base: All men, excluding non-response



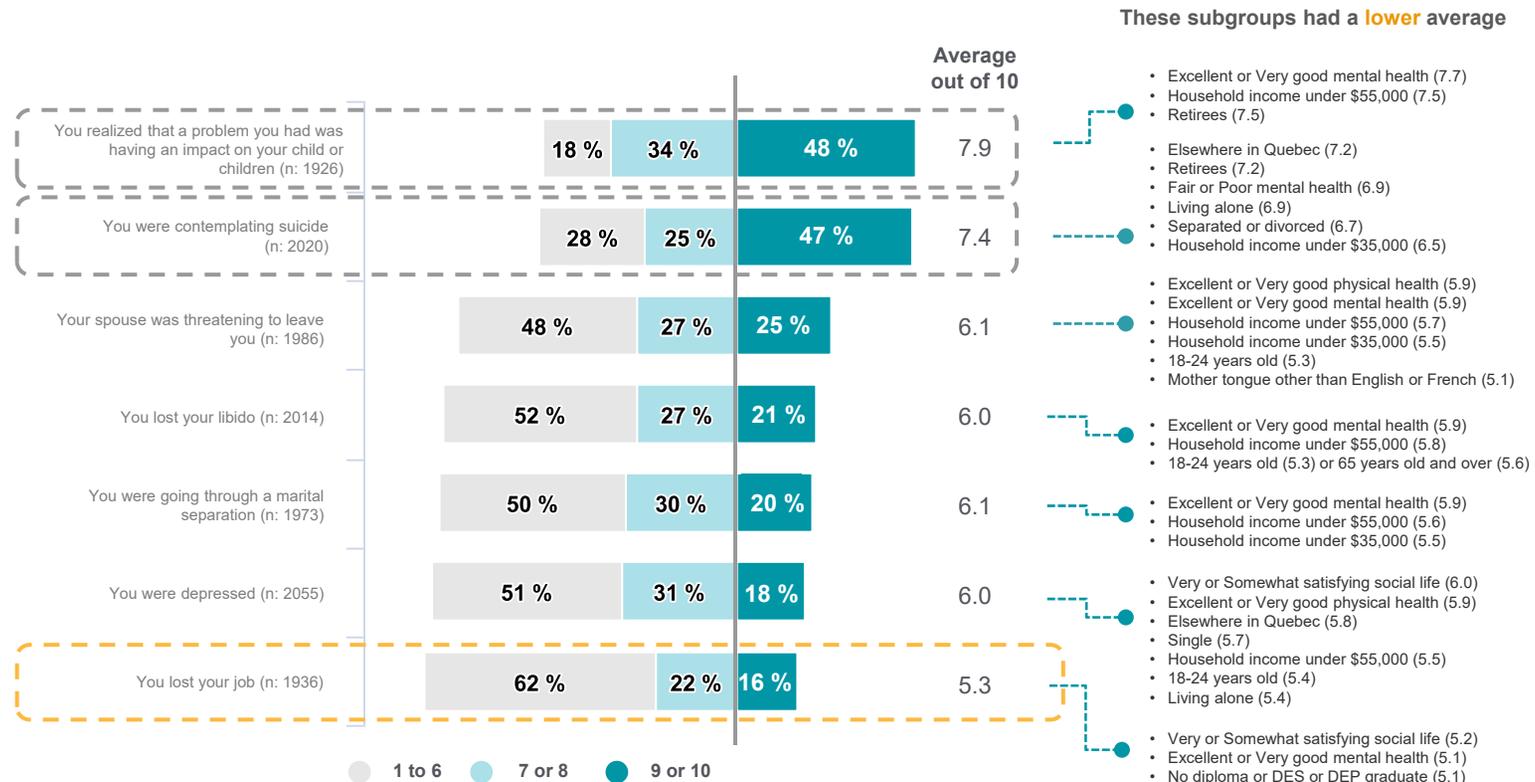
Men show a greater likelihood of consulting a psychosocial professional if their situation has an impact on their children or if they experience suicidal thoughts. These two scenarios clearly stand out from the others. In contrast, losing one's job is less of an incentive to consult, except for ages 45-54, who may have a harder time finding a new job. Household income, occupation, family status and sexual orientation also appear to influence the likelihood of consultation.

Anglophones showed a greater inclination to consult than Francophones if their spouse was threatening to leave them.

LIKELIHOOD OF CONSULTING A PROFESSIONAL DEPENDING ON RESPONDENT'S SITUATION (CONT'D)

3a-g. On a 1 to 10 scale, how likely would you be to consult a psychosocial professional if...?

Base: All men, excluding non-response



Lower household incomes were associated with a lower likelihood of consultation for most situations, making this group more vulnerable. Quality of mental health was also a significant indicator (if deemed excellent or very good, the likelihood was lower to consult). Men whose mother tongue is other than English or French had a lower likelihood of consulting about relationship problems (if the spouse threatened to leave).

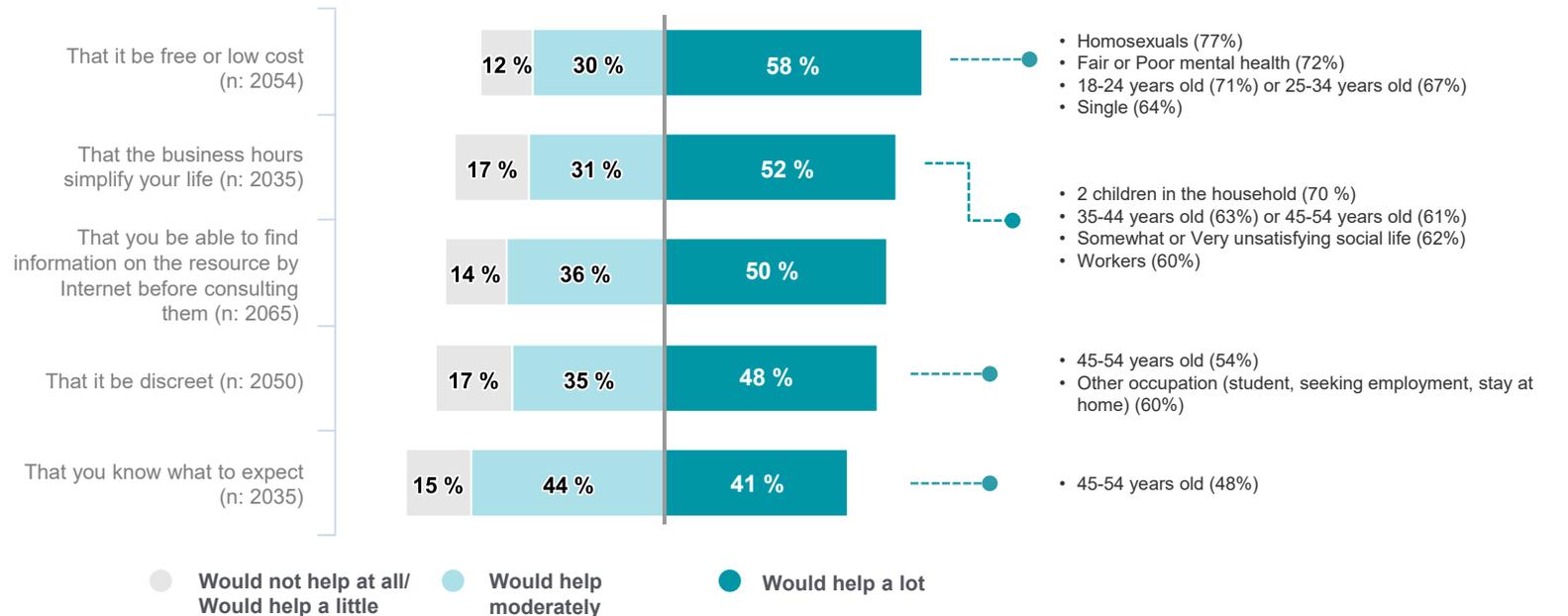
FACTORS CONDUCTIVE TO CONSULTATION

Q4a-m. If you were experiencing significant emotional difficulties, would the following possibilities help you reach for a resource or a professional?

Base: All men, excluding non-response

% Would help a lot	
French	English
58	54
53	45
50	51
48	46
41	41

THE FIVE MOST CONDUCTIVE FACTORS



The main factors that help in seeking a resource or professional relate to accessibility (cost and business hours), and feeling reassured prior to consulting (being able to find information on the resource, discreetness and knowing what to expect).

Cost was considered more important to the youngest age group (18-24 years old) while ages 45-54 had a greater need to feel informed or reassured before consulting.

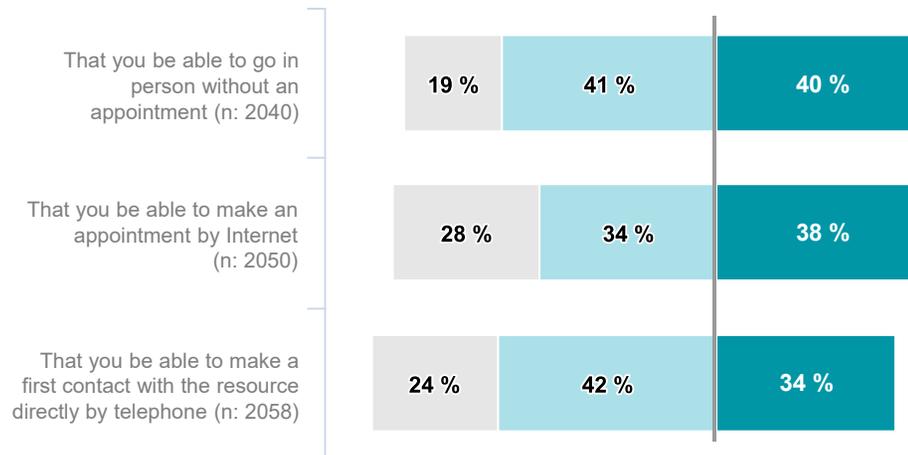
FACTORS CONDUCTIVE TO CONSULTATION (CONT'D)

Q4a-m. If you were experiencing significant emotional difficulties, would the following possibilities help you reach for a resource or a professional?

Base: All men, excluding non-response

THE THREE FOLLOWING FACTORS

% Would help a lot	
French	English
42 ↑	33 ↓
38	37
34	37



These subgroups were more likely to indicate that the selected factors would help a lot

- 25-34 years old and 35-44 years old (47%)
- University graduate (43%)
- 45-54 years old (43%)

● Would not help at all/ Would help a little ● Would help moderately ● Would help a lot

The second group of factors that promote consultation includes making contact with the professional: going in person without an appointment, making an appointment by Internet and being able to establish contact directly by phone. They are considered to help a lot by over a third of respondents.

Anglophones considered the option of showing up in person without an appointment less helpful than Francophones did.

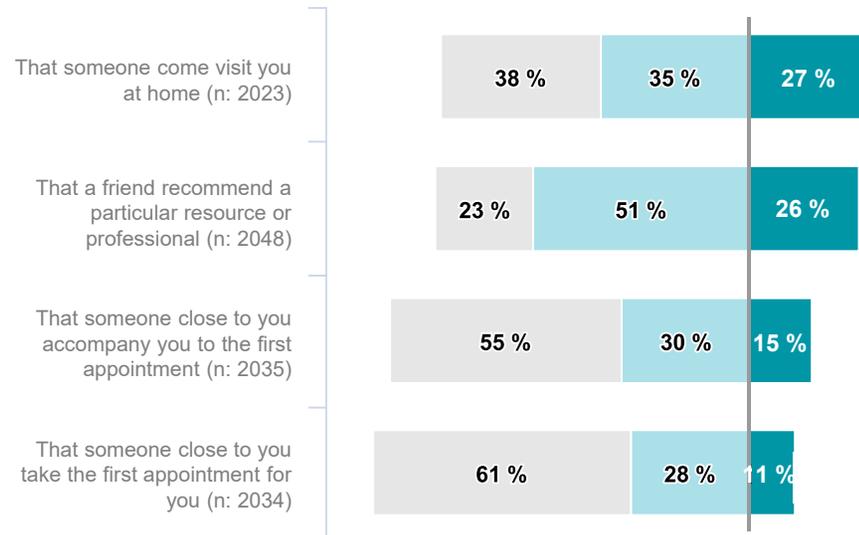
FACTORS CONDUCTIVE TO CONSULTATION (CONT'D)

Q4a-m. If you were experiencing significant emotional difficulties, would the following possibilities help you reach for a resource or a professional?

Base: All men, excluding non-response

THE FIVE LEAST CONDUCTIVE FACTORS

% Would help a lot	
French	English
27	24
27	19
15	12
12	7



These subgroups were more likely to indicate that the selected factors would help a lot

- No diploma or DES or DEP graduate (30%)
- Household income of \$55,000 and over (30%)
- Excellent or Very good physical health (29%)
- 18-24 years old (28%)
- Other occupation (student, seeking employment, stay at home) (22%)
- 25-34 years old (20%)
- Fair or Poor mental health (18%)

● Would not help at all/ Would help a little ● Would help moderately ● Would help a lot

Respondents seem to not want a lot of help when deciding who to consult. Only a small percentage of men agree that having someone close to them make the first appointment for them or accompanying them would help a lot. One in four indicate that having a friend recommend someone or having a professional meet them at home would be helpful.

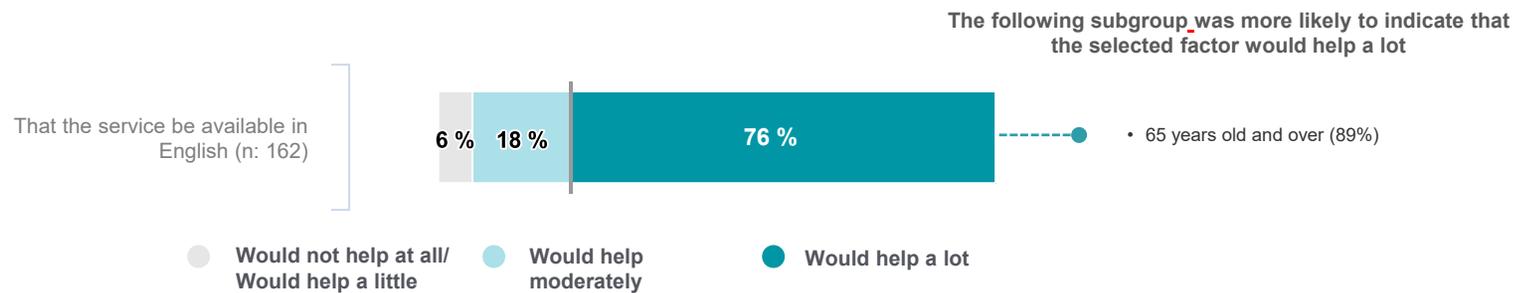
Results for Anglophones and Francophones were similar on this point.

FACTORS CONDUCTIVE TO CONSULTATION (CONT'D)

Q4a-m. If you were experiencing significant emotional difficulties, would the following possibilities help you reach for a resource or a professional?

Base: All Anglophones, excluding non-response

MOST CONDUCTIVE FACTOR FOR ANGLOPHONES



For Anglophones, being able to receive the service in their mother tongue stands out from all other factors as the one that would help them reach out to a resource.

CRITERIA FOR A WELCOMING WAITING ROOM

Q5. What would make the waiting room of a psychosocial assistance resource welcoming FOR MEN in your opinion?

Base: All men, n: 2095

MULTIPLE RESPONSES POSSIBLE (TOTAL PERCENTAGE EXCEEDS 100%)
Gray boxes indicate a mention by fewer than 1% of respondents

DURING WAIT PERIOD	%	COMFORT AND DECOR	%
Magazines, books and newspapers (general topics)	7	Comfortable seats (comfort, nice chairs, lounge chairs, etc.)	4
TV screens (shows, informational videos, etc.)	6	Suitable décor (appealing, plants, paintings/photos, colours, etc.)	2
Specialized literature (information leaflets, testimonials, etc.)	2	A lot of space (spacious, large, easy to get around, etc.)	2
WiFi access (with good connection)	2	Simple decor (simple, refined, neutral, etc.)	1
Posters and publicity (positive messages, photos of known people, etc.)	1	Masculine decor (<i>man cave</i> , sports theme, wood, etc.)	1
Recent, current magazines (not from several months or years ago)		Well-lit room (ample fenestration, bright, sunny, luminous, etc.)	
No confrontational posters (about the problem, pop psychology, advertising, etc.)		Place of discussion and sharing (sharing of experience, life experiences, etc.)	
Food and beverages (coffee, water, etc.)	1	Small-sized room	
ATMOSPHERE	%	Individual or spaced out seats	
Background music	4	Doesn't feel like a hospital (differentiate)	
Calming atmosphere (quiet, calm, relaxed, etc.)	4	Limited traffic (not too many people, not too many seats, etc.)	2
Elegant setting (dimmed lighting, dark colours, etc.)	2	STAFF	%
Warm atmosphere (welcoming, convivial, etc.)	2	Positive attitude from staff (courtesy, respect, etc.)	1
DISCREETNESS	%	Reception staff (someone to greet them)	
Discreetness of location (confidentiality, privacy, anonymity, number, etc.)	9	Exclusively male staff	
Limited contact among users (individual rooms, cubicles, etc.)	4	CLEANLINESS	%
A room not visible from outside (frosted window, 2nd floor, etc.)		Cleanliness of premises (well maintained room)	
Waiting room for multiple services (less revealing)			
WAIT TIME	%	Other	4
No wait (direct appointment, wait in cafe, prompt by text message, etc.)	2	None	3
As short a wait as possible (limit wait time, quick service, etc.)	1	Don't know/prefer not to answer	56

CRITERIA FOR A WELCOMING WAITING ROOM (CONT'D)



Slightly less than half of men expressed a preferences about what would make a waiting room more welcoming to them. The most common comments involve the discreetness of the location (9% of respondents) and the inclusion of magazines and TV screens to provide a form of diversion during the wait (7% and 6% of respondents respectively).

Some of the comments are contradictory, specifically those related to comfort and room decor: bright room versus dimmed lighting; a spacious room versus a small one; simple decor versus a masculine design (*man cave*), etc.

Two aspects stood out for Anglophones:

1. They seem less concerned about discreetness of location than Francophones (confidentiality, privacy, anonymity, number, etc.) (5% compared with 9% of Francophones who expressed this concern).
2. They were more likely to want comfortable seating (comfort, nice chairs, lounge chairs), with 7% of Anglophones expressing this wish compared to 4% of Francophones.



Chapter 2

PREFERENCES FOR CONSULTATION

- Access to a professional
- Type of consultation desired
- Preferences for a professional

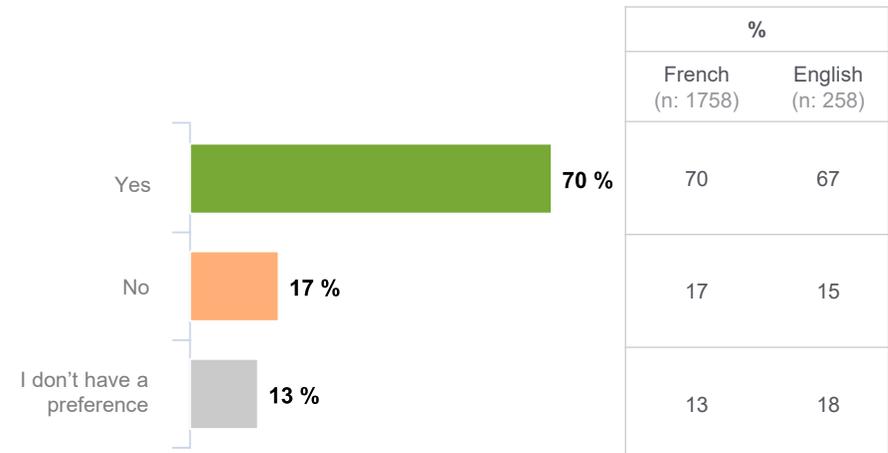
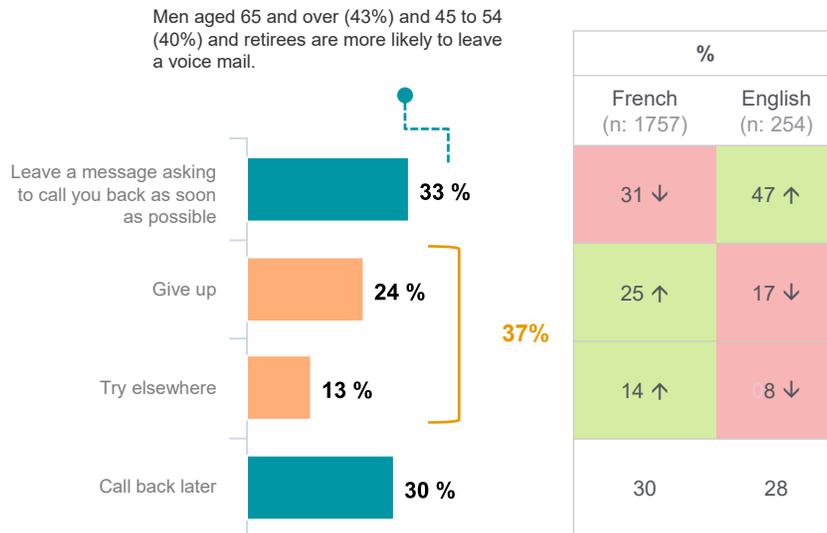
ACCESS TO A PROFESSIONAL

Q6. If you contacted a resource because you needed assistance and reached their voice mail, would you...?

Base: All men, excluding non-response, n: 2011

Q7. If your request were put on a waiting list, would you like someone to call you back regularly to check on your situation?

Base: All men, excluding non-response, n: 2016



Although close to two thirds of men say they would leave a message or call back, it is concerning to note that one in four, particularly Francophone respondents, would give up if they attempted to reach a resource and got their voice mail.

Most men expressed a wish for regular follow-up when placed on a waiting list.

There is a significant difference in behaviour between the two language in this area.

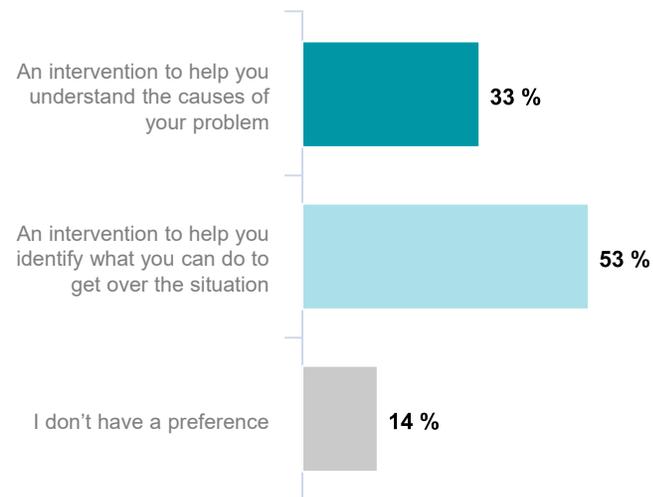
All subgroups were similar on this variable.

TYPE OF CONSULTATION DESIRED

Q8. If you were given the choice, what type of intervention would you prefer?

Base: All men, excluding non-response, n: 2035

%	
French (n: 1779)	English (n: 256)
33	32
53	55
14	13



Most men prefer an action-oriented approach (identifying what they can do to resolve the problem), based on an understanding of the situation's underlying causes.

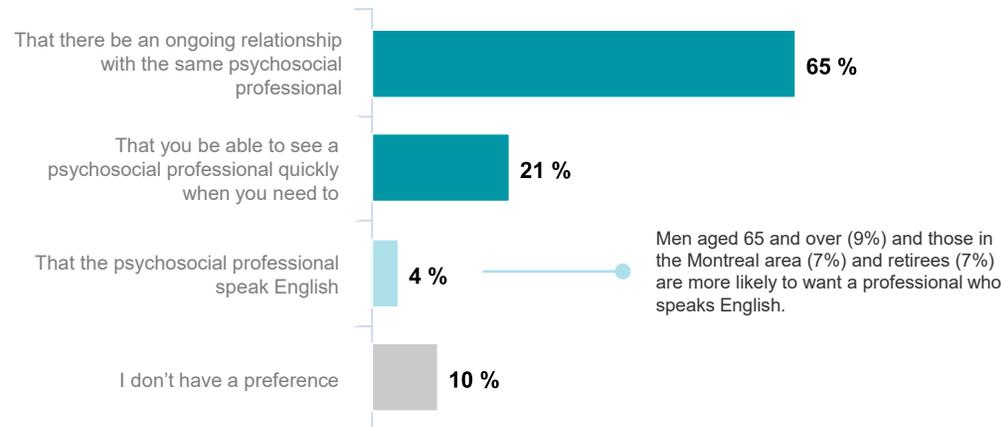
All subgroups were similar on this variable.

PREFERENCES FOR A PROFESSIONAL

Q9. Among the following factors, which one do you find the most important?

Base: All men, excluding non-response, n: 2025

%	
French (n: 1767)	English (n: 258)
67 ↑	56 ↓
23 ↑	14 ↓
00 ↓	21 ↑
10	9

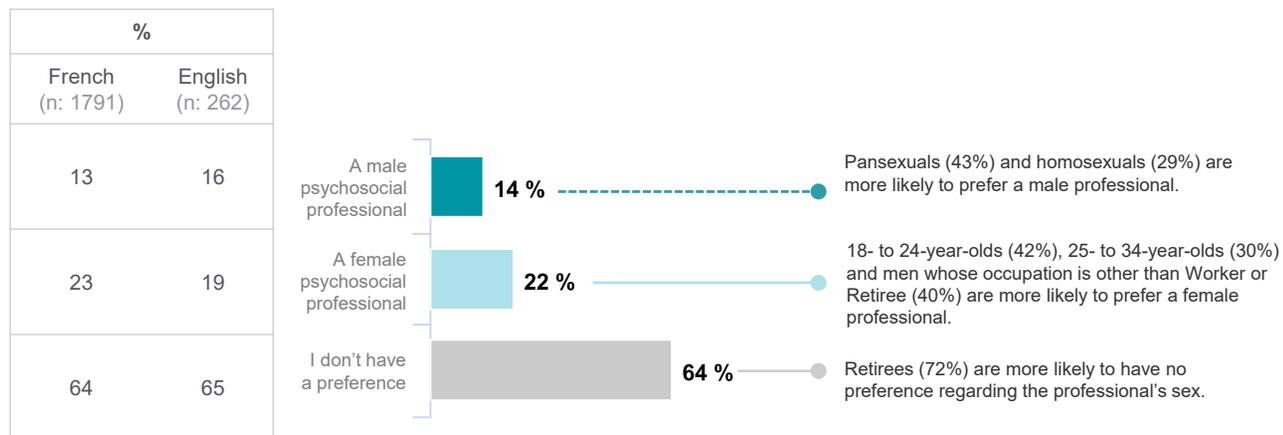


There is a sharp contrast between Anglophones and Francophones here, due to the importance of having an English-speaking professional for Anglophones. However, both language groups consider an ongoing relationship with the professional more important than seeing someone quickly.

PREFERENCES FOR A PROFESSIONAL (CONT'D)

Q10. If you were experiencing significant difficulties, would you feel more comfortable discussing with...?

Base: All men, excluding non-response, n: 2 053



Close to two thirds have no preference regarding the sex of the professional who they would be consulting.

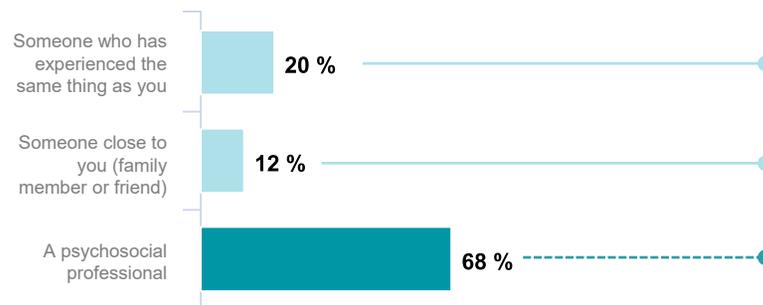
The youngest men (ages 18-24) were more likely to prefer consulting a female professional, while homosexuals and pansexuals were more inclined to prefer talking with a male professional.

PREFERENCES FOR A PROFESSIONAL (CONT'D)

Q11. If you were experiencing significant difficulties, would you feel more comfortable discussing with...?

Base: All men, excluding non-response, n: 1936

%	
French (n : 1693)	English (n : 243)
21	20
11	12
68	68



These subgroups were more likely to show a preference for the selected variables

- 18- to 24-year-olds (31%) and 35- to 44-year-olds (27%)
- Mother tongue other than English or French (29%)
- Single (28%)
- CEGEP/college graduate (25%)
- Household income under \$55,000 (25%)
- 18- to 24-year-olds (20%) and 25- to 34-year-olds (21%)
- Household income under \$35,000 (17%)
- 55- to 64-year-olds (76%) and 65 and over (77%)
- Retirees (76%)
- University graduate (73%)
- Married or common-law spouse (71%)

More than two thirds of men would prefer to talk to a psychosocial professional. For men age 55 and up, this is the case for more than 75% of them.

Younger respondents (under 35) are more likely than older age groups to prefer talking with someone who has experienced the same thing, or with a friend or a family member.

Men whose mother tongue is other than French indicated a preference for talking with a psychosocial professional, but to a lesser extent (58%) than others, while a higher percentage of them would prefer talking with someone who has experienced the same thing (29%).

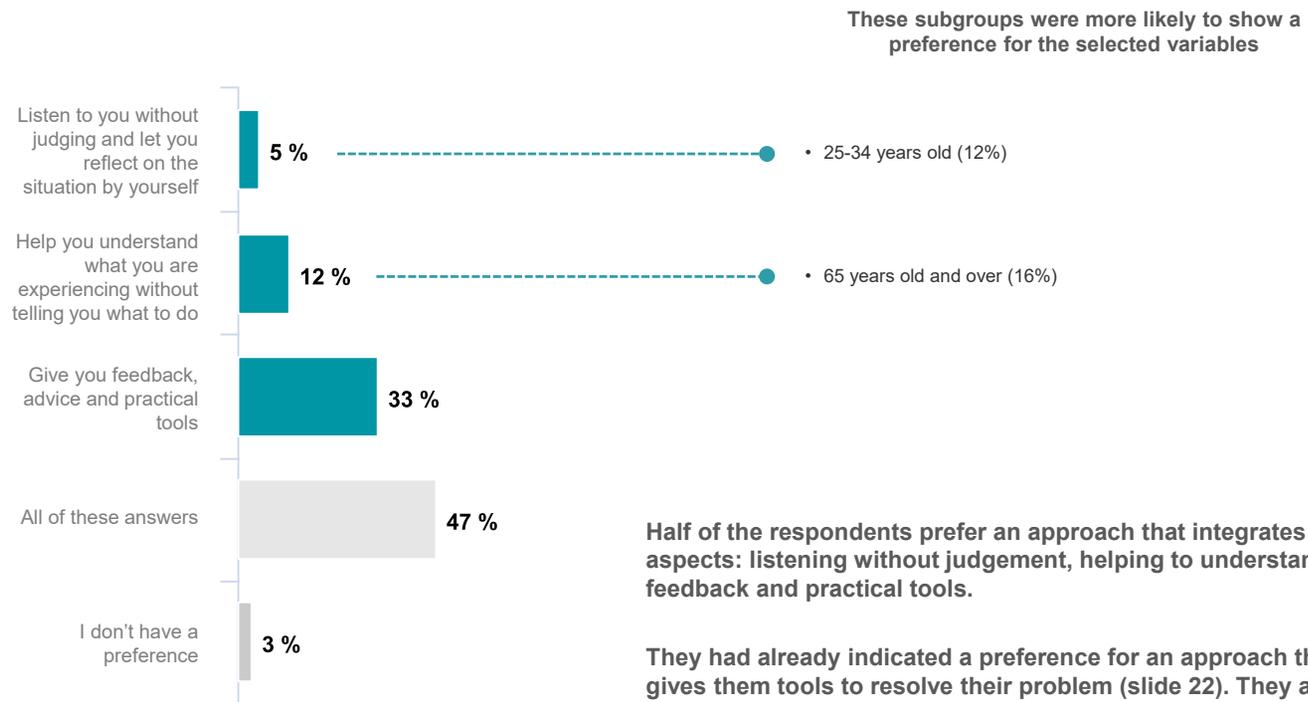
PREFERENCES FOR A PROFESSIONAL (CONT'D)



Q12. If you needed to consult a psychosocial professional, would you prefer that the professional...?

Base: All men, excluding non-response, n: 2 055

%	
French (n: 1795)	English (n: 260)
4	8
12	10
35 ↑	26 ↓
46	52
3	4



Half of the respondents prefer an approach that integrates all three aspects: listening without judgement, helping to understand, and feedback and practical tools.

They had already indicated a preference for an approach that gives them tools to resolve their problem (slide 22). They are also more likely to prefer that the professional give them feedback, advice and practical tools (compared to the other two approaches).

However Anglophones were less likely than Francophones to prefer feedback, advice and practical tools.

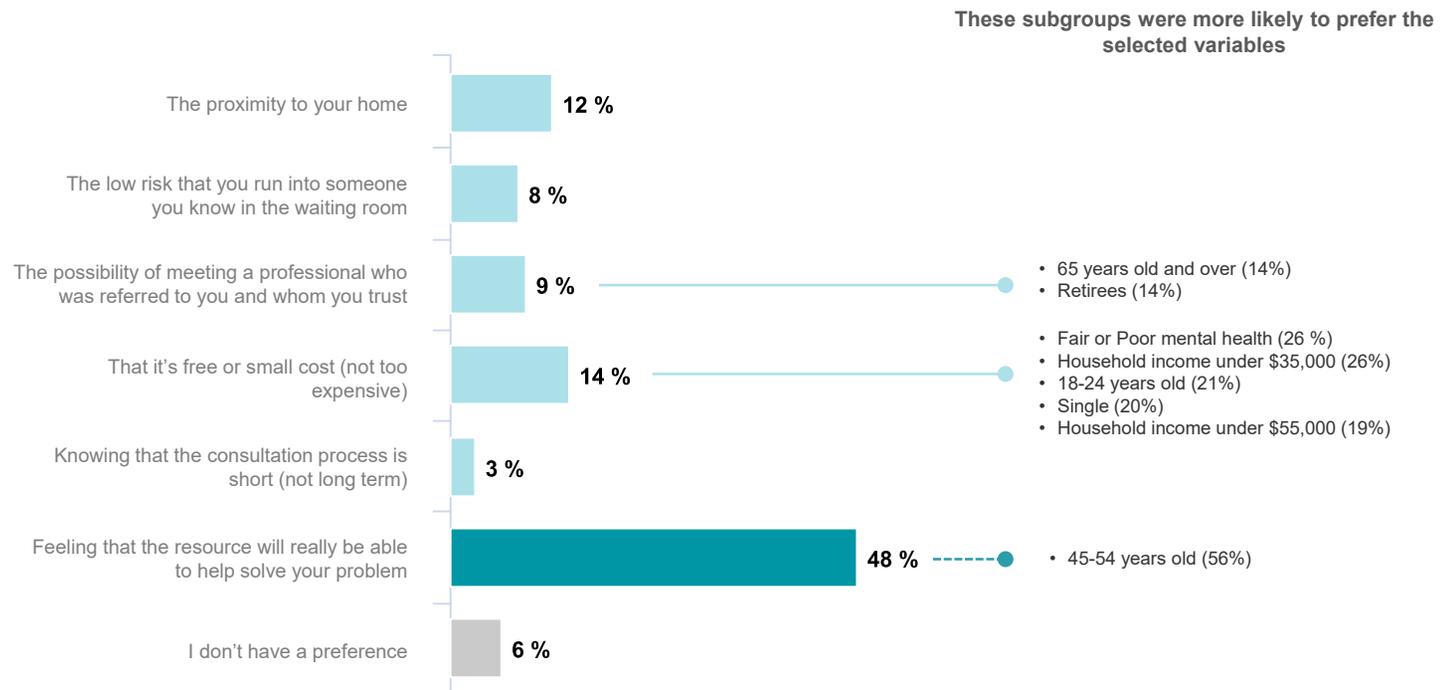
PREFERENCES FOR A PROFESSIONAL (CONT'D)



Q13. What would be the most important factor for you when consulting a psychosocial resource or professional?

Base: All men, excluding non-response, n: 2 044

%	
French (n: 1781)	English (n: 263)
13	12
8	9
9	8
13	16
3	2
48	47
6	6



For a majority of respondents, the quality of the consultation is more important than other more “ancillary” factors, such as cost, referral by someone else, proximity and length of consultation.

Free or low-cost treatment takes second spot, notably for younger men, singles and those with a lower household income.



Chapter 3

HEALTH STATUS AND CONSULTATIONS IN THE PAST YEAR

- Physical and mental health self-evaluation
- Satisfaction with social life
- Frequency of certain mental and physical states
- Most recent consultation with a psychosocial professional
- Consultation of professionals in the past year

PHYSICAL AND MENTAL HEALTH SELF-EVALUATION

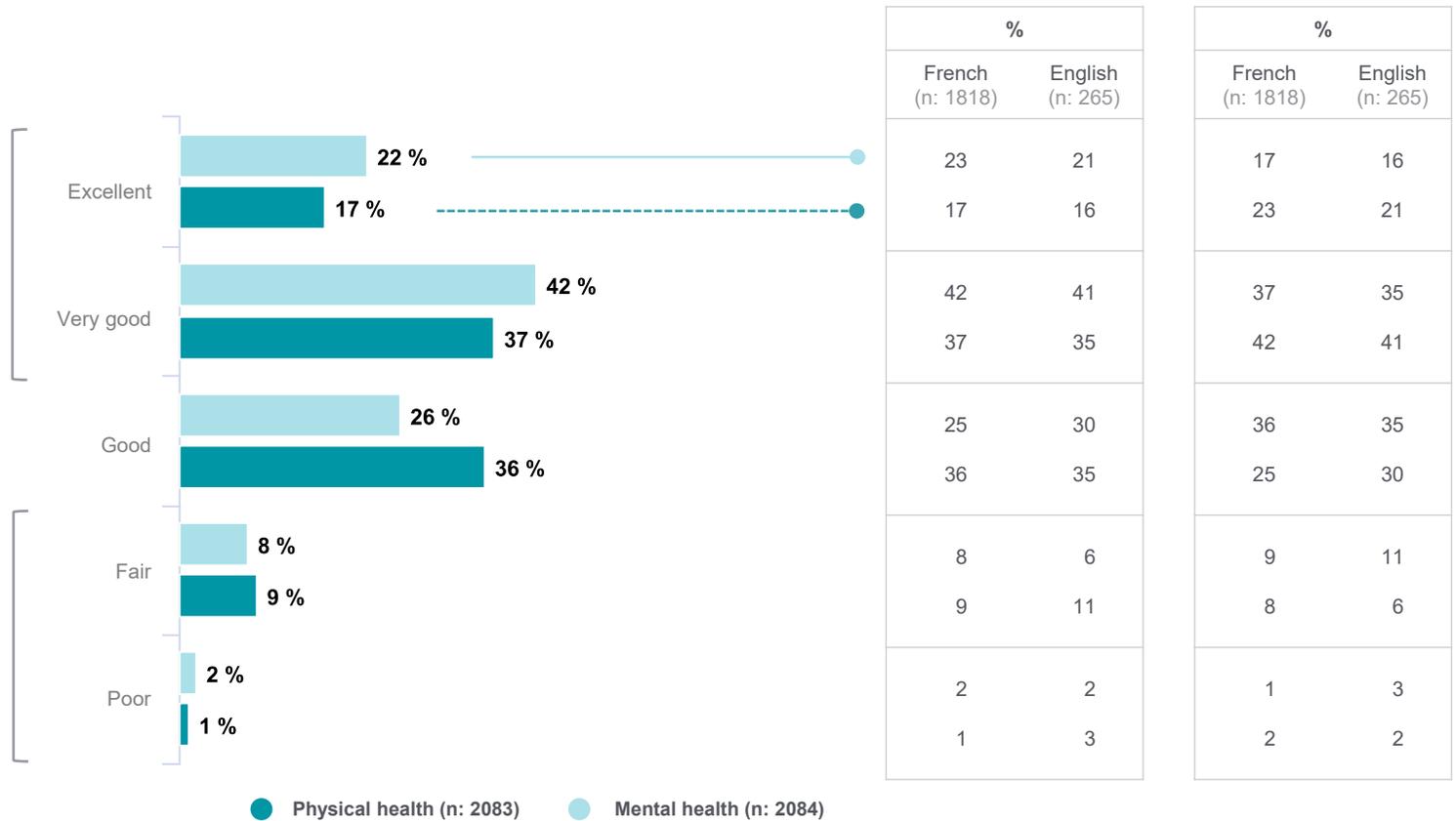


Q14. Generally speaking, would you say that your physical health is...?
 Q15. Generally speaking, would you say that your mental health is...?

Base: All men, excluding non-response

44% of Quebec men reported that their mental and physical health are both Excellent or Very good.

4% of Quebec men indicated that their mental and physical health are both Fair or Poor.

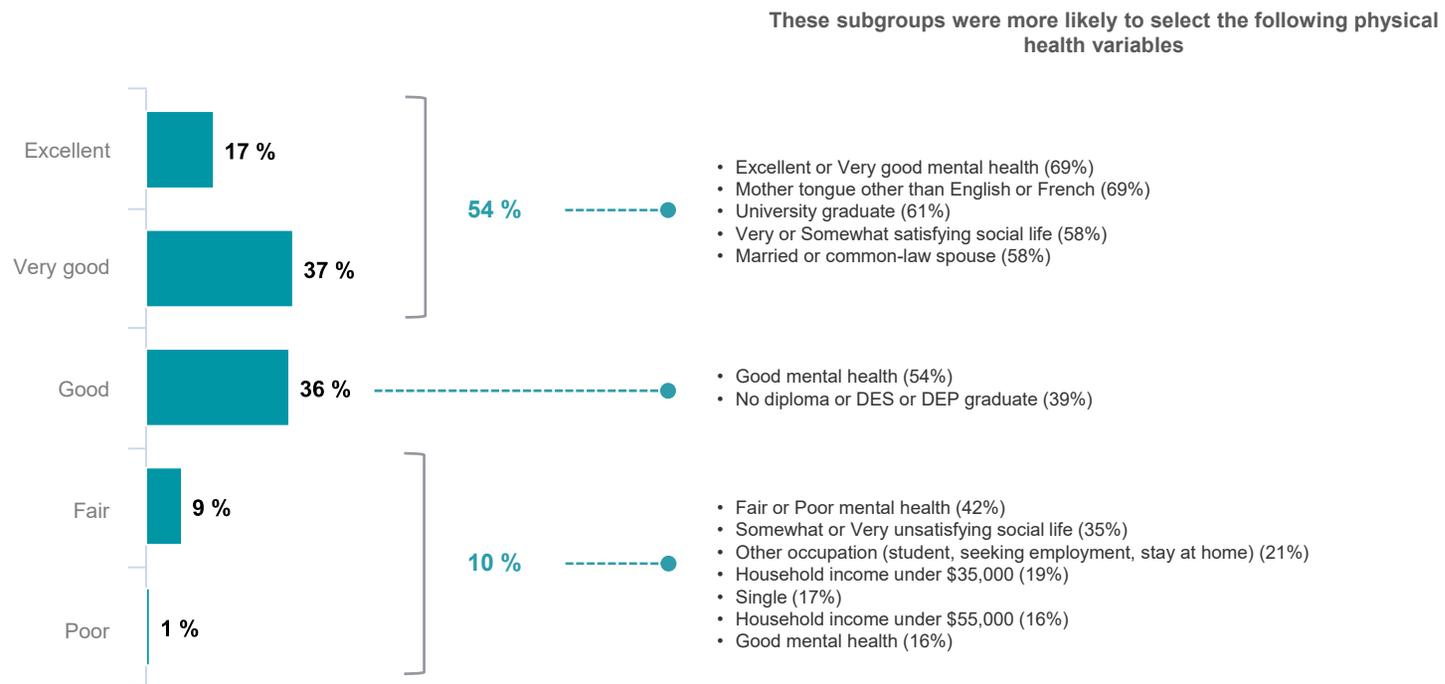


PHYSICAL AND MENTAL HEALTH SELF-EVALUATION (CONT'D)



Q14. Generally speaking, would you say that your physical health is...?

Base: All men, excluding non-response, n: 2083



Most men rate their physical health as Good or Very good, but one in ten considers it Fair or Poor. The percentage of the latter increases sharply for those who consider their mental health Fair or Poor or their social life Somewhat or Very unsatisfying.

The results also indicate, as could be expected, that household income, family situation and level of education correlate with physical health.

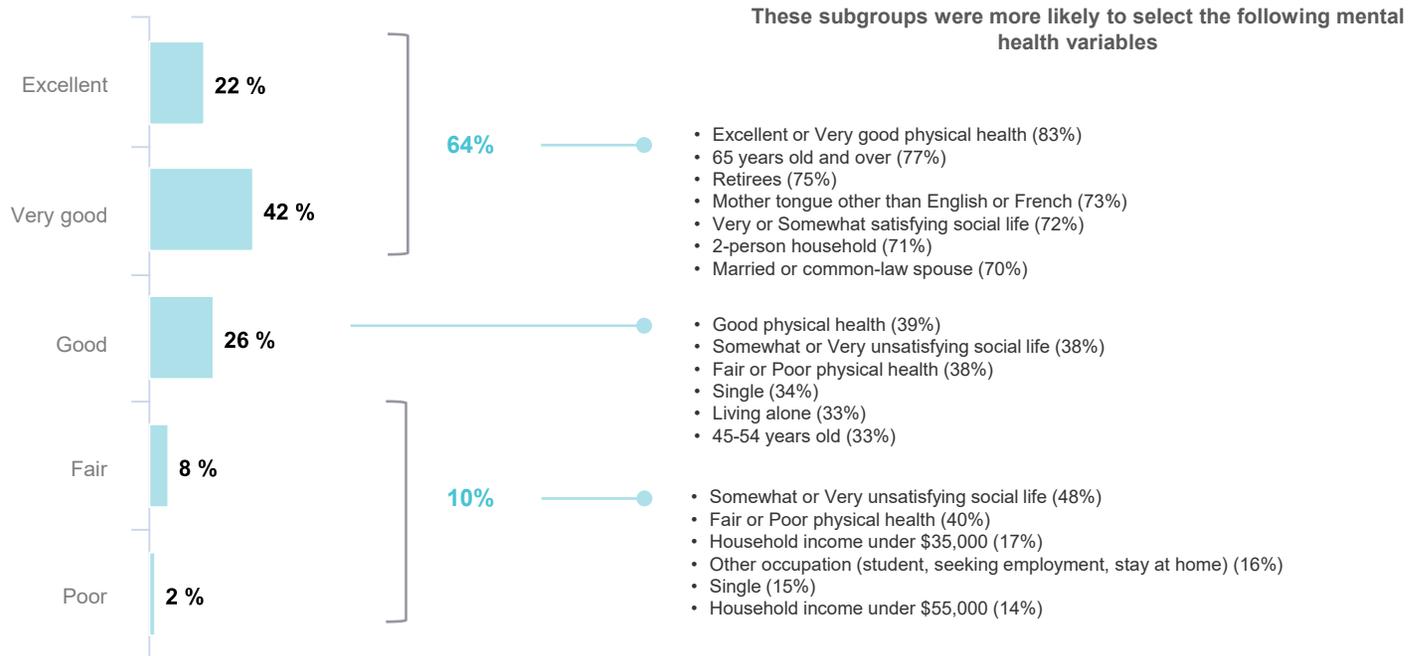
Also, a higher percentage of men whose mother tongue is other than English or French were likely to consider their physical health Excellent or Very good.

PHYSICAL AND MENTAL HEALTH SELF-EVALUATION (CONT'D)



Q15. Generally speaking, would you say that your mental health is...?

Base: All men, excluding non-response, n: 2084



Close to two thirds of men rate their mental health as Good or Very good. As with the physical health variable, one in ten rate their mental health as Fair or Poor, and this proportion rises to high levels among those who consider their social life Somewhat or Very unsatisfying or their physical health as Fair or Poor.

Again, household income, family situation and age correlate with quality of mental health.

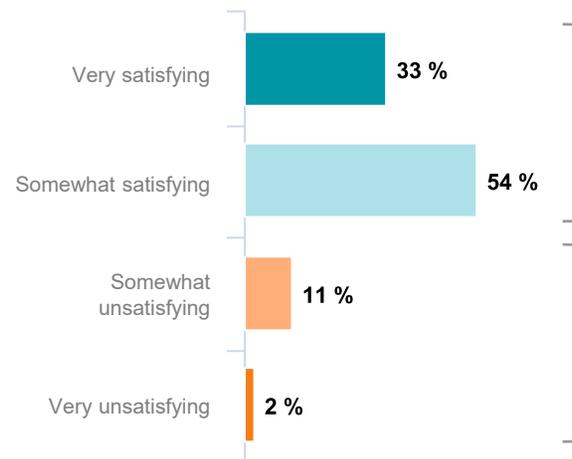
Consistent with the physical health variable, a higher percentage of those whose native language is not English or French rated their mental health as Excellent or Very good.

SATISFACTION WITH SOCIAL LIFE

Q16. Generally speaking, how do you find your social life, in other words, the relationships that you have with the people around you (family members, friends, acquaintances, etc.)?

Base: All men, excluding non-response, n: 2 074

%	
French (n: 1808)	English (n: 266)
32	38
55	49
11	11
2	2



These subgroups were more likely to select the following variables

- 87%
 - Excellent or Very good mental health (97%)
 - Excellent or Very good physical health (94%)
 - 65 years old and over (94%)
 - Retirees (94%)
 - 2-person household (92%)
 - Married or common-law spouse (92%)
- 13%
 - Fair or Poor mental health (64%)
 - Fair or Poor physical health (43 %)
 - Single (23 %) or separated or divorced (20 %)
 - 18-24 years old (22 %)
 - Living alone (22 %)
 - Other occupation (student, seeking employment, stay at home) (21 %)
 - Good mental health (19 %)
 - Household income under \$35,000 (19%)
 - Household income from \$35,000 to \$54,999 (18%)

The vast majority consider their social life Very or Somewhat satisfying. However, only one out of three say it is Very satisfying.

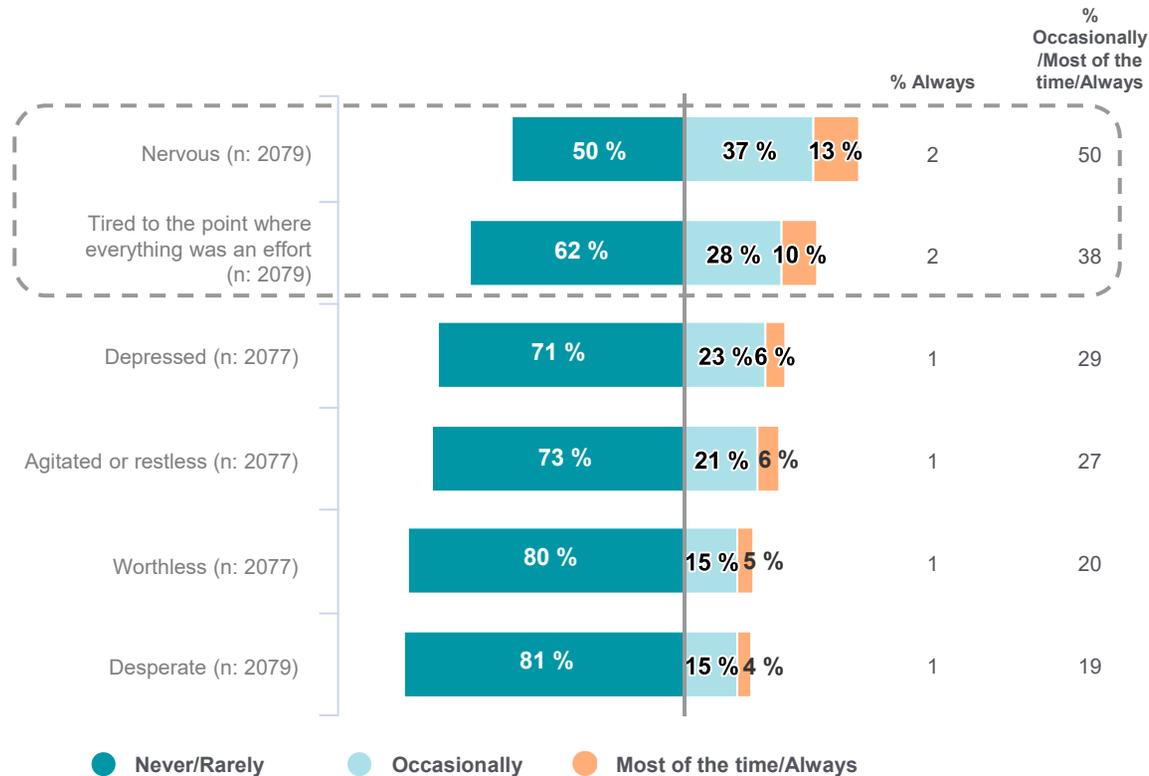
There is a correlation between quality of social life and quality of physical and mental health, family situation, household income and age. It is also interesting to note that a higher percentage of men aged 65 and over (retired for the most part) rate their social life as Very or Somewhat satisfying. On the other hand, a cause for concern is that one in five 18- to 24-year-olds consider their social life Somewhat or Very unsatisfying.

FREQUENCY OF CERTAIN MENTAL AND PHYSICAL STATES

Q17a-f. In the last month, how often have you felt...?

Base: All men, excluding non-response

% Occasionally/Most of the time/Always	
French	English
52 ↑	41 ↓
39	33
30	28
26 ↓	36 ↑
19	21
19	16



22% of Quebec men (19% of Anglophones and 23% of Francophones) say they experienced **at least one** of these six mental or physical states occasionally, most of the time or always

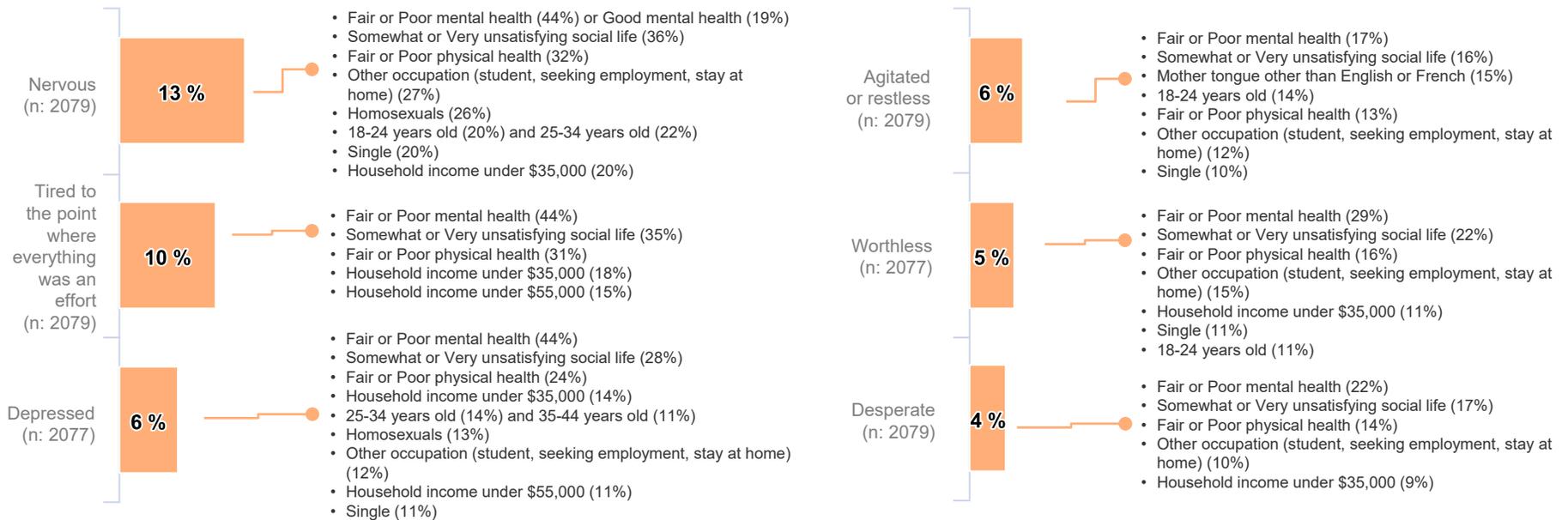
Each of these mental or physical states can lead to health issues if experienced on a continual or very frequent basis. The percentage of men who feel one of these states continually is very low (1% or 2%). However, the frequency is rather high for certain variables: one in five said that they feel worthless or desperate occasionally, most of the time or always, and an even greater percentage reported fatigue and nervousness.

Anglophones were less likely than Francophones to experience nervousness, but more likely to feel agitated or restless (occasionally, most of the time or always).

FREQUENCY OF CERTAIN MENTAL AND PHYSICAL STATES (CONT'D)



These subgroups were more likely to feel the following states most of the time or always



Mental and physical health as well as quality of social life are correlated with the likelihood of feeling one of these six mental or physical states. Aside from these factors, several sociodemographic factors should be considered.

Younger men, those with a lower household income, those with an occupation other than worker or retiree and single men show a greater likelihood of feeling the specified mental or physical states. They appear to be more susceptible or vulnerable and more likely to need help.

A higher percentage of men whose mother tongue is not English or French say they feel agitated or restless most of the time or always.

FREQUENCY OF CERTAIN MENTAL AND PHYSICAL STATES (CONT'D)

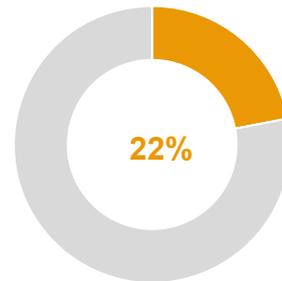


Q17a-f. In the last month, how often have you felt...?

Base: All men, excluding non-response

PSYCHOLOGICAL DISTRESS INDEX OF 10 AND UP¹

Index of 10 and up %	
French (n: 1806)	English (n: 260)
24	21



One out of five men surveyed may be suffering psychological distress.

A large number of subgroups have statistically significant results for this index, notably in relation to age, physical and mental health status, family situation, occupation and household income.

The following subgroups were **less likely** to have an index of 10 or higher

- 55-64 years old (14%)
- 65 years old and over (9%)
- Excellent or Very good physical health (15%)
- Excellent or Very good mental health (8%)
- Very or Somewhat satisfying social life (15%)
- Married or common-law spouse (16%)
- Retirees (9%)
- Household income of \$55,000 and over (17%)

The following subgroups were **more likely** to have an index of 10 or higher

- 18-24 years old (32%)
- 25-34 (31%)
- 35-44 (28%)
- Fair or Poor physical health (53%)
- Good mental health (33%)
- Fair or Poor mental health (79%)
- Very or Somewhat unsatisfying social life (62%)
- Single (33%)
- Workers (23%)
- Other occupation (student, seeking employment, stay at home) (39%)
- Household income under \$35,000 (28%)
- Household income under \$35,000 to \$54,999 (27%)

¹ Questions 17a to 17f are part of a six-item psychological distress index. The index is calculated by adding up the responses for each of the six questions (Never=0; Rarely=1; Occasionally=2; Most of the time=3; Always=4) for each respondent. The score obtained ranges from 0 (minimum) to 24 (maximum). A score of 10 or higher indicates probable psychological distress.

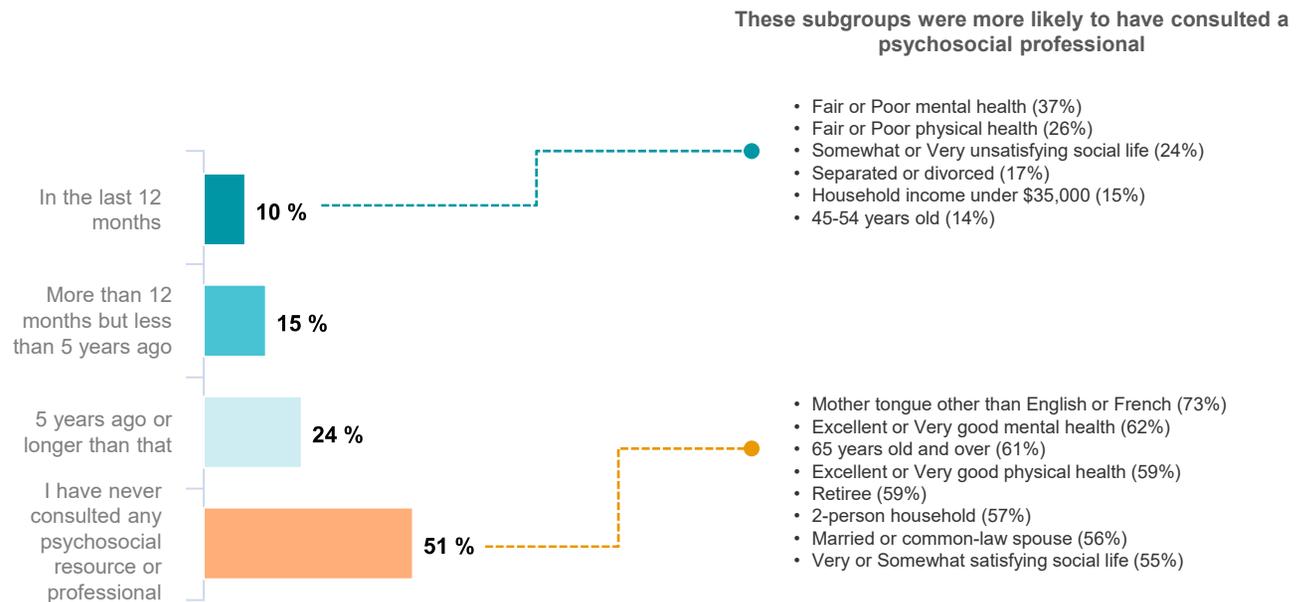
MOST RECENT CONSULTATION WITH A PSYCHOSOCIAL PROFESSIONAL



Q18. When was the last time you consulted a psychosocial resource or professional?

Base: All men, excluding non-response, n: 1807

%	
French (n: 1807)	English (n: 268)
10	11
15	9
24	24
51	56



Half of Quebec men have never consulted a psychosocial professional (this figure is significantly higher among respondents aged 65 and over), and for one quarter of those who have, the last consultation dates back to more than five years ago.

There is no difference between Anglophones and Francophones in this area. However, men whose mother tongue is neither English nor French were more likely to never have consulted a psychosocial resource or professional.

One out of ten men reports having seen a professional in the past 12 months. This figure increases among those who consider their mental or physical health Fair or Poor or whose household income is lower. Dissatisfaction with one's social life and a divorce or separation are also associated with a higher rate of consultation in the past 12 months.

CONSULTATION OF PROFESSIONALS IN THE PAST YEAR

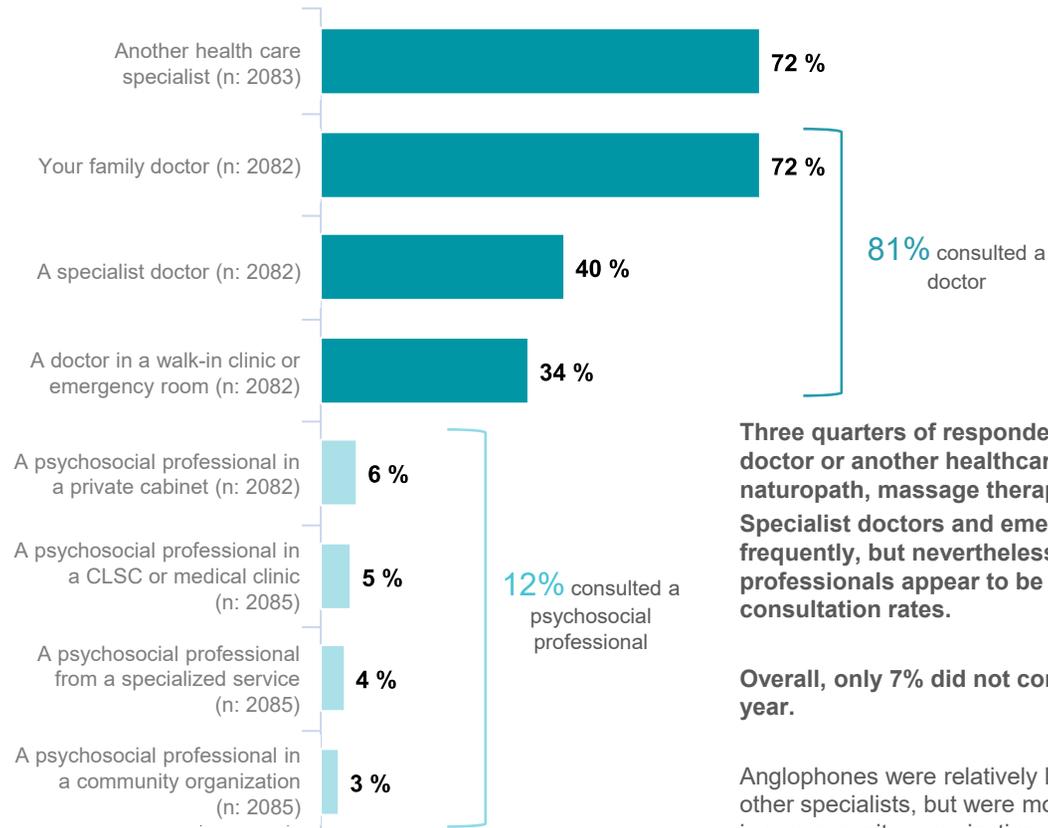


Q19a-h. In the past year, have you consulted...?

Base: All men, excluding non-response

PERCENTAGE THAT ANSWERED "YES"

%	
French	English
74 ↑	61 ↓
72	72
39	45
34	38
6	7
5	6
4	4
2 ↓	6 ↑



93% of men surveyed consulted at least one of these professionals in the past year

Three quarters of respondents have consulted either their family doctor or another healthcare specialist (dentist, chiropractor, naturopath, massage therapist, etc.) in the past year. Specialist doctors and emergency doctors were consulted less frequently, but nevertheless by more than a third of men. Psychosocial professionals appear to be more on the margins, with very low consultation rates.

Overall, only 7% did not consult any of these professionals in the past year.

Anglophones were relatively less likely than Francophones to have visited other specialists, but were more likely to consult a psychosocial professional in a community organization.

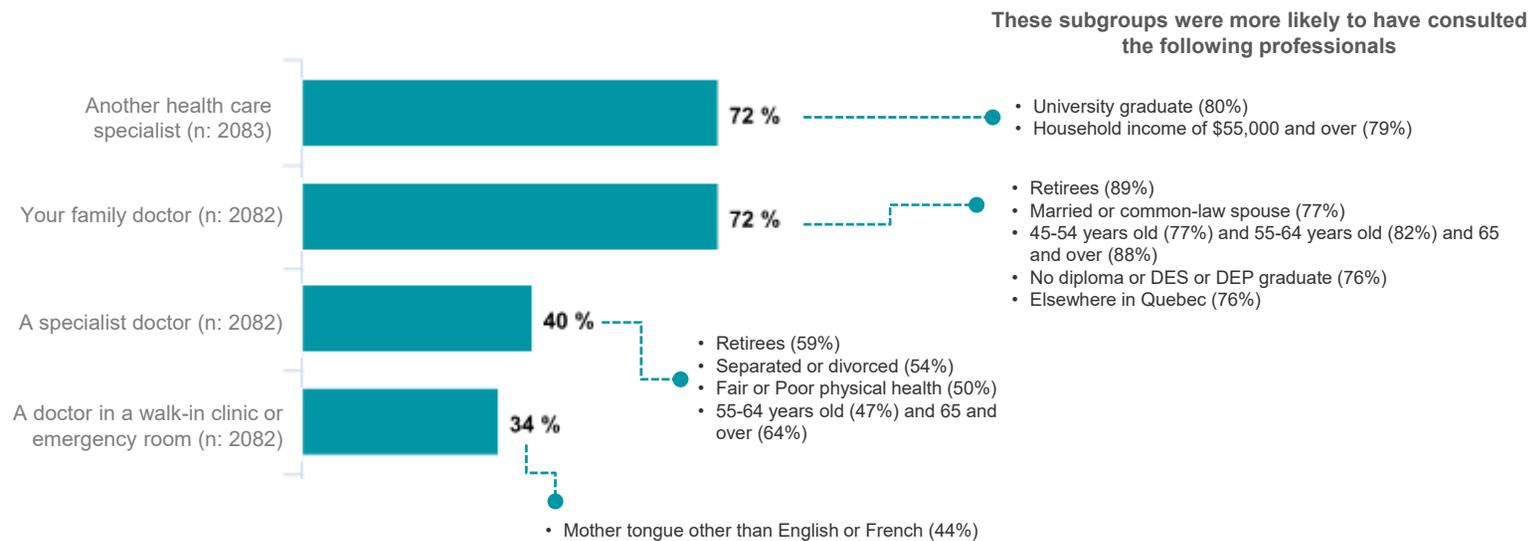
CONSULTATION OF PROFESSIONALS IN THE PAST YEAR

DOCTORS AND OTHER HEALTH CARE SPECIALISTS

Q19a-h. In the past year, have you consulted...?

Base : All men, excluding non-response

PERCENTAGE THAT ANSWERED "YES"



Retirees (generally older men) are more likely to consult family doctors and specialists. Higher income also influences the likelihood of consulting a family doctor.

Higher income and education correlate with a greater likelihood of consulting other health care specialists (dentists, chiropractors, naturopaths, massage therapists, etc.). Respondents whose mother tongue is other than English or French were more likely to have consulted a doctor at a walk-in clinic or emergency room.

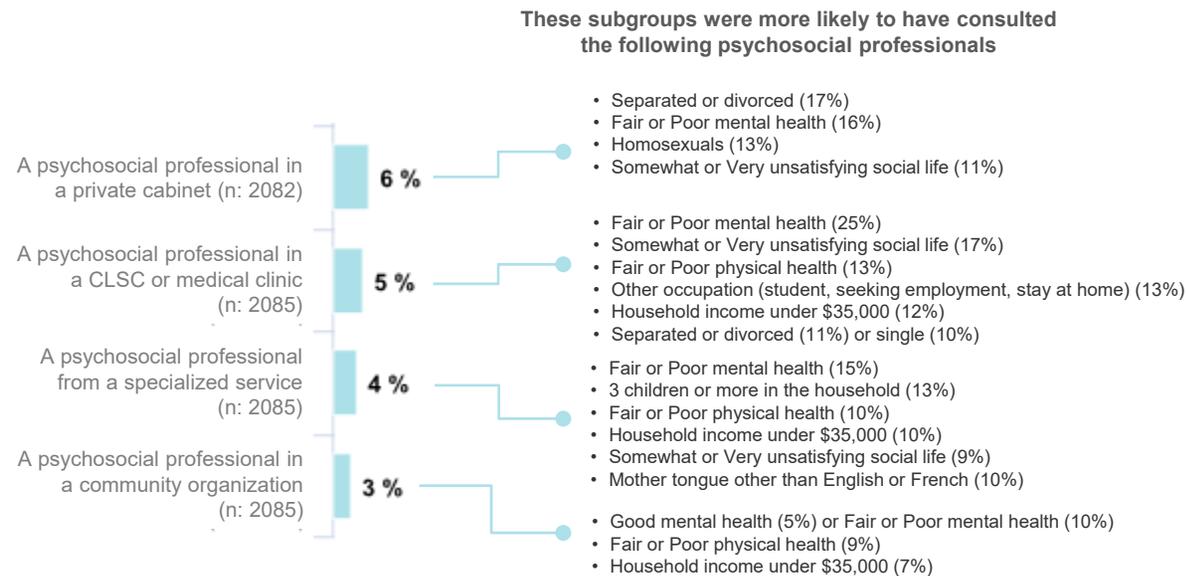
CONSULTATION OF PROFESSIONALS IN THE PAST YEAR

PSYCHOSOCIAL PROFESSIONALS

Q19a-h. In the past year, have you consulted...?

Base : All men, excluding non-response

PERCENTAGE THAT ANSWERED "YES"



Men whose mental or physical health is Fair or Poor and those with a Somewhat or Very unsatisfying social life are more likely to have consulted a psychosocial professional in the past year.

Lower household income was also an indicator of a higher likelihood of consulting a psychosocial professional. No age groups stand out for this variable however.

Men whose mother tongue is other than English or French were more likely to have consulted a psychosocial professional in a specialized service.



Conclusions

CONCLUSIONS



NOTE

RPSBEH and its scientific committee are in the best position to interpret the results of this survey in detail and compare them with the literature in the field, given their in-depth knowledge in men's health and psychosocial consultation. For this conclusion, we provide some observations derived from the data and possible ways to make it easier for men to ask for help.

The development of a bilingual website on men's health and the resources available appears to be necessary to make it easier for men to seek help when needed. Other publicity-related strategies could also play a role in making services known, but to a lesser degree. The development of such a website should also take into account men from other cultural communities (whose mother tongue is neither English or French), as some findings show they may have different perceptions of helping relationships and psychosocial problems.

Doctors (mainly family doctors, who are consulted most frequently) have considerable influence on men with respect to encouraging them to consult a psychosocial professional. Actions to raise awareness among these doctors could likely increase the likelihood that men would consult.

Cost and service accessibility (business hours) are the two factors which would contribute the most to consultations with resources or professionals. Maintaining or increasing access to free or low-cost services seems to be an important factor. It should be noted however that for Anglophones, being able to receive services in English is the deciding factor that encourages them to reach out. Offering adequate services in English is necessary, and the website should allow Anglophones to identify professionals who can provide services in their language.

The results also indicate that men need reassurance and want know what they can expect before seeing someone. Content could be developed (on the website or outside of the website) to provide information about professionals' qualifications and explain what a psychosocial consultation entails (the steps involved, how a session is carried out, duration, follow-up, etc.).

Being able to talk to someone in the initial contact seems to be a deciding factor in following through with the process for one out of four men. Strategies for the voice-message content or menus or even for transferring the user to other resources may help to avoid "losing" those who need help. Having a follow-up system for those on a waiting list may also help sustain the interest in consulting a professional.

Men have a tendency to be action oriented, and this is reflected in their preferences for consultation. They are more inclined to want the professional to help them identify what they can do to remedy the situation and to solve their problems, and to provide feedback, advice and practical tools. This understanding of their preferences may help professionals adapt their consultations accordingly.

Providing an ongoing relationship with the same professional is also a factor that makes it easier for men to obtain help (more so than being able to see someone quickly). This could be addressed through the organization of the work in a consulting context.



Appendix 1

PROFILE OF MEN SURVEYED

PROFILE OF MEN SURVEYED



	Quebec men %	Francophones %	Anglophones %
AGE	(n: 2095)	(n: 1826)	(n: 269)
18 to 24 years old	11	12	3
25 to 34	16	16	17
35 to 44	16	16	18
45 to 54	18	18	16
55 to 64	18	18	19
65 and over	21	20 ↓	27 ↑
EDUCATION	(n: 2062)	(n: 1826)	(n: 269)
None/secondary school/DEP	57	58	52
CEGEP/college	18	19	16
University	25	23 ↓	32 ↑
REGION	(n: 2095)	(n: 1826)	(n: 269)
Montreal CMA ¹	49	44 ↓	76 ↑
Quebec City CMA ¹	10	11 ↑	3 ↓
Elsewhere in Quebec	41	45 ↓	21 ↑

	Quebec men %	Francophones %	Anglophones %
HOUSEHOLD INCOME	(n: 1885)	(n: 1656)	(n: 229)
Under \$35,000	17	17	16
\$35,000 to \$54,999	20	20	19
\$50,000 to \$74,999	15	15	17
\$75 000 to \$99,999	20	20	18
\$100,000 and over	28	28	30
OCCUPATION	(n: 2007)	(n: 1756)	(n: 251)
Worker	66	65	68
Retiree	25	25	27
Other	9	10	5
FAMILY STATUS	(n: 2077)	(n: 1813)	(n: 264)
Married or common-law spouse	67	67	69
Separated or divorced	8	8	6
Single	25	25	25

A higher percentage of Anglophone respondents aged 65 and over have a university degree; as well, a higher percentage live in the Montreal area.

Note: Bases exclude non-response.
¹ Census metropolitan area

PROFILE OF MEN SURVEYED (CONT'D)



	Quebec men %	Francophones %	Anglophones %
SEXUAL ORIENTATION	(n: 2067)	(n: 1805)	(n: 262)
Heterosexual	93	93	92
Homosexual	4	4	4
Bisexual	2	2	1
Pansexual	1	1	1
Asexual	0	0	2
NUMBER OF CHILDREN UNDER AGE 18	(n: 2095)	(n: 1826)	(n: 269)
None	75	74	80
1	10	10	12
2	10	11	5
3 or more	5	5	3
SIZE OF HOUSEHOLD	(n : 2 085)	(n : 1 817)	(n : 268)
1	17	17	16
2	41	42	41
3	18	16 ↓	26 ↑
4 or more	24	25 ↑	17 ↓

A higher percentage of Francophones have households with 4 or more people.

	Quebec men %	Francophones %	Anglophones %
MOTHER TONGUE	(n: 2095)	(n: 1826)	(n: 269)
French	86	94 ↑	46 ↓
English	14	0 ↓	81 ↑
Other	10	6 ↓	23 ↑
LANGUAGE OF USE	(n: 2095)	(n: 1826)	(n: 269)
French	89	100 ↑	39 ↓
English	11	0 ↓	61 ↑

For the purposes of this study, *Anglophone* is defined as a man who speaks English as his mother tongue or language of use.



Appendix 2

DETAILED METHODOLOGY

This Appendix presents all relevant information on the conducting of the study. It contains the detailed methodology and administrative results of the survey in order to clearly define the study limitations and scope of results, so that the study can be reproduced using the same research protocol, as required.

DETAILED METHODOLOGY



SAMPLING DESIGN

Target population

Quebec men

Sample frame

The sample comes from SOM's probabilistic Gold Panel and Delvinia's *Asking Canadians™* panel (for part of the 18-34-year-old sample and of the Anglophone sample).

Sampling plan

A sample of members of SOM's online Gold Panel was extracted using an algorithm that selects the most representative sample based on age, region, mother tongue, level of education, home owner/tenant status and household size. Panelists in SOM's Gold Panel are recruited at random through our telephone surveys of the general adult population.

Oversampling was applied to reach a quota of 250 Anglophone respondents on the basis of native language and languages used.

For the external panel, we requested a randomly distributed sample for the province of Quebec.

QUESTIONNAIRE

The questionnaire was produced by the client, then reviewed, translated and programmed by SOM. The final version of the questionnaire was then submitted to the client for approval. The respondent could decide whether to fill out the questionnaire French or in English. See Appendix 3 for the final version of the questionnaire.

DATA COLLECTION

Collection period

October 4-16, 2018.

Collection method (SOM Gold Panel)

Self-administered questionnaire
Email invitations managed by SOM
Online data collection on SOM servers

Response rate: **42.3%**

The administrative results for this portion of the collection are shown on slide 48.

DETAILED METHODOLOGY (CONT'D)



DATA COLLECTION (cont'd)

Collection method (external panel)

Self-administered questionnaire
Email invitations managed by Delvinia
Online data collection on SOM servers

Response rate: **16.7%**

See slide 49 for the administrative results for this portion of the collection.

DETAILED METHODOLOGY (CONT'D)



DETAILED ADMINISTRATIVE RESULTS (Sample from SOM's Gold Panel)

CALCULATION OF RESPONSE RATE			
WEB SURVEY RESULTS		Email indicating refusal to respond	0
Sample size	4569	Unsubscribed	4
Targeted number of surveys	1790	Interview rejected following quality control	1
INVITATIONS SENT		UNITS REACHED: TOTAL (C)	2176
Invitations sent (A)	4544	UNITS NOT REACHED	
Email address on blacklist	23	Remote email server not responding or having problems	0
Email delivery failure	2	User quota exceeded	1
RESPONDING UNITS REACHED		Detection by Spam folder	0
Completed questionnaires	1910	Other unrecognized return message	11
Outside of targeted population	0	Unreached unit: total (D)	12
Access after quota reached	0	NONEXISTENT UNITS	
Total responding units reached (B)	1910	Invalid email address (user@)	25
UNITS REACHED POST-COLLECTION		Invalid email address (@domain)	0
Access after stratum collection completed	0	Duplicate	0
Access after collection completed	0	Nonexistent unit: total (E)	25
NON-RESPONDING UNITS REACHED		ACCESS RATE (C/(A-E))	48.2%
Withdrawal during questionnaire	261	RESPONSE RATE FOR UNITS REACHED (B/C)	87.8%
Email auto-reply (respondent absent)	0	RESPONSE RATE (B/(A-E))	42.3%

Project 18266 (RPSBEH)
Survey conducted from October 4, 2018, to October 16, 2018

DETAILED METHODOLOGY (CONT'D)



DETAILED ADMINISTRATIVE RESULTS (Sample from external panel)

CALCULATION OF RESPONSE RATE			
WEB SURVEY RESULTS		Email indicating refusal to respond	0
Sample size	1850	Unsubscribed	0
Targeted number of surveys	210	Interview rejected following quality control	0
INVITATIONS SENT		UNITS REACHED: TOTAL (C)	337
Invitations sent (A)	1850	UNITS NOT REACHED	
Email address on blacklist	0	Remote email server not responding or having problems	0
Email delivery failure	0	User quota exceeded	0
RESPONDING UNITS REACHED		Detection by Spam folder	0
Completed questionnaires	185	Other unrecognized return message	0
Outside of targeted population	104	Unreached unit: total (D)	0
Access after a quota has been reached	20	NONEXISTENT UNITS	
Total responding units reached (B)	309	Invalid email address (user@)	0
UNITS REACHED POST-COLLECTION		Invalid email address (@domain)	0
Access after stratum collection completed	0	Duplicate	0
Access after collection completed	0	Nonexistent unit: total (E)	0
NON-RESPONDING UNITS REACHED		ACCESS RATE (C/(A-E))	18.2%
Withdrawal during questionnaire	28	RESPONSE RATE FOR UNITS REACHED (B/C)	91.7%
Email auto-reply (respondent absent)	0	RESPONSE RATE (B/(A-E))	16.7%

Project 18266 (RPSBEH)
Survey conducted from October 4, 2018, to October 16, 2018

WEIGHTING AND PROCESSING

Weighting was applied in the following manner for adult Quebec males:

- By expansion to the joint age distribution (18-24 years old, 25-34, 35-44, 45-54, 55-64 and 65 and over) for each of the three regional strata (Quebec City CMA, Montreal CMA and elsewhere in Quebec) as per the 2016 census.
- Based on the distributions of mother tongue of each of the three 2016 census regional strata.
- Based on the percentage of adults living alone of these three 2016 census strata.
- Based on the Quebec distribution of the highest diploma or certificate held (none, secondary/high school, DEP, CEGEP/college, university) of each 2016 census strata.

A multivariate weighting of 10 iterations using the raking ratio method of the quotient was applied to achieve an accurate representation for all of these distributions.

The data was processed using the specialized MACTAB software package.

The results for each question are presented using a banner that includes all variables relevant to the analysis of results.

MARGINS OF ERROR

The margins of error presented on the next slide were calculated at a 95% confidence rate and take into account the design effect.

The design effect applies when the completed questionnaires are not proportional to the original population according to the stratification and weighting variables.

The design effect is the ratio between the sample size and the size of a simple random sample with the same margin of error. It is a useful statistic to estimate margins of error for respondent sub-groups.

For example, on the table on the next slide, the margin of error for all respondents is the same as for a simple random sample of 1054 ($2095 \div 1.897$).

The following slide provides the margins of error for the study (taking into account the design effect) according to the value of the estimated percentage.

MARGINS OF ERROR ACCORDING TO ESTIMATED PERCENTAGES

	Region			
	All	Quebec City CMA	Montreal CMA	Elsewhere in Quebec
NUMBER OF QUESTIONNAIRES	2095	360	936	799
DESIGN EFFECT	1.897	1.461	1.948	1.726
PERCENTAGE:				
99% or 1%	±0.6%	±1.2%	±0.9%	±0.9%
95% or 5%	±1.3%	±2.7%	±1.9%	±2.0%
90% or 10%	±1.8%	±3.7%	±2.7%	±2.7%
80% or 20%	±2.4%	±5.0%	±3.6%	±3.6%
70% or 30%	±2.7%	±5.7%	±4.1%	±4.2%
60% or 40%	±2.9%	±6.1%	±4.4%	±4.5%
50% (MAXIMUM MARGIN)	±2.9%	±6.2%	±4.5%	±4.6%



Appendix 3

QUESTIONNAIRE



RPSBEH

Survey Among Quebec Men

/*

Legend

text	The asterisk is used to indicate the text of a question, comment or unread response choice option, seen but not read by the interviewer during the interview.
...	Indicates where in the question text the response options are to be read to the respondent.
/*text*/	Text placed between "/*...*/" is an explanatory note that is not seen by the interviewer during the interview.
DNK	Response option: Does not know
DNA	Response option: Does not answer (Refusal)
NA	Response option: Not applicable
->, ->>	Means "Go to question number..."
->sortie	Confirms with the interviewer that the respondent is not eligible, ends the interview and files it as "Ineligible."
->end	Ends the interview and files it as "Completed."
1=, 1=	When <u>all</u> response options are preceded by "1= ," it means that multiple responses can be given (each option being yes or no).
1=, 2=, ...	When response options are preceded by "1=., 2=., etc.," only one answer is possible, unless otherwise indicated (for example: "3 mentions").
Q_Slcal, Q_INcal	Questions beginning with "Q_Sl..." or "Q_IN..." are filter questions or technical instructions that give access to data from the sample file, automatically give the answer to certain questions, or perform a complex skip pattern. An explanatory note placed before the filter question or technical instruction explains the function it performs.

*/

Q_Bi Welcome to this questionnaire
->>calTXT

Q_MP *Mot de passe* _____
Q_LVAR *Langue Delvinia* _____
Q_RVAR *Variable R* _____
Q_SVAR *Variable S* _____

Q_incalTXT q#AVRT1=1 et lorsque strate=9 alors q#AVRT1=2
->>TXT

Q_AVRT1 *Auto*
1=*
2=Please note that this survey is about a sensitive topic and could be potentially upsetting for certain individuals.

Q_TXT For the purpose of the survey, the term ((G “**psychosocial professional**”)) refers to any person who has received technical or professional training to provide psychological or social assistance. It can be someone who works in the health and social services network or in a community organization. For example, psychologists and social workers are considered psychosocial professionals.

((i <AVRT1>))

2=Continue

Q_sicalAGE si strate=1->CP /*Panel SOM*/
->>AGER

Q_AGER What is your age group?

1=18-24 years old
2=25-34 years old
3=35-44 years old
4=45-54 years old
5=55-64 years old
6=65 years old and more
9=I prefer not to answer->OUT

Q_SEXE Are you ... ?

1=A man
2=A woman->OUT
9=I prefer not to answer->OUT

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=**: One answer only, unless indicated otherwise; */*text*/*: comment not visible to the interviewer*/

Q_REG Do you currently live in Quebec?

1=Yes
2=No->OUT

Q_CP Please enter the first three characters of your postal code.

*espace=1,80

<<_____ *bornes alpha>>

->>calZONE

Q_ZONE1 *Auto*

1=Ouest
2=Centre Ouest
3=Centre Sud
4=Nord
5=Est
9=NAP

Q_INCALZONE SCRIPT=CPCHECK.JS

IN=q#CP
OUT=q#ZONE1

Q_sicalelim si q#zone1=9->OUT
si strate=9->calQUOT /*Quotas fournisseur*/

->>1A /*Panel Or*/

Q_incalQUOT q#ZONE2=q#ZONE1

->>cal1

Q_ZONE2 *Auto*

1=Ouest
2=Centre Ouest
3=Centre Sud
4=Nord
5=Est
9=NAP

Q_sical1 si quota1 atteint->FINQUOTA

->>SE1

Q_SE1 Your ((g ((s main)))) ((g **occupation at the present time**))?)

*If you have more than one occupation (e.g. retired and working part-time or student and working part-time), check the one you devote the most time to during the week.

If you are on sabbatical, maternity leave, sick leave or work-related accident leave, indicate whether you usually work full-time or part-time.*

1=I work full-time (30 hours or more per week)

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=**: One answer only, unless indicated otherwise; ***/*text*/***: comment not visible to the interviewer*/

2=I work part-time (less than 30 hours per week)
3=I am retired
4=I am a student
5=I am unemployed (employment insurance, social assistance)
6=I do not work by choice (at home)
90=<préciser>I am in another situation (Please specify in the space provided below)
99=*I prefer not to answer

Q_SE10 What is your ((g **family annual gross income**)) (before taxes)?

1=Less than \$15,000
2=Between \$15,000 and \$24,999
3=Between \$25,000 and \$34,999
4=Between \$35,000 and \$54,999
5=Between \$55,000 and \$74,999
61=Between \$75,000 and \$99,999
62=\$100,000 or more
99=*I prefer not to answer

Q_SE11a In your everyday life (at work, at home, leisure time), between French and English, which language are you using most often?

1=French
2=English

Q_SE11p1 What language did you first learn at home in your childhood and still understand (mother tongue)?

If you have several first languages, check all that apply.

*choix multiples
*choixminmax=1,5

1=English
2=French
3=German
4=Arabic
5=Armenian
6=Chinese
7=Creole
8=Spanish
9=Greek
10=Italian
11=Indo-Iranian
12=Hungarian
13=Polish
14=Portuguese
15=Dutch
16=Romanian

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=**: One answer only, unless indicated otherwise; ***/*text*/***: comment not visible to the interviewer*/

17=Russian
18=Tagalog
19=Ukrainian
20=Vietnamese
21=Yiddish
90=<préciser>Other (Please specify in the space provided below)

/*Section 1 : Facteurs facilitant la consultation d'une ressource ou d'un intervenant psychosocial*/

Q_1a In Quebec, there are various services intended for men, but many of them are not well known by the population. What would be the three most effective strategies, among the following, to help YOU know what services are available? Indicate your first three choices.

*choix multiples
*choixminmax=3,3
*selectif=99

1=A website specializing in resources intended form men
2=An mobile application
3=A flyer delivered in your mail box
4=TV advertisements
5=Radio advertisements
6=Targeted 15-second spots on the Internet (e.g. on sites about motorcycles, sports, etc.)
7=Promotion by community organizations
90=<préciser>Other (specify)
99=*I don't know/I prefer not to answer

Q_incal2 rotation = Q#2a, Q#2b, Q#2c (après = Q#cal3)

Q_2a On a 1 to 10 scale, how likely would you be to consult a psychosocial professional if...?

Your doctor told you to consult one
*format matriciel
1=1; Not at all likely
2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9
10=10; Extremely likely
99=*I don't know/I prefer not to answer

Q_2b Your spouse told you to consult one

*format matriciel

Q_2c One of your friends told you to consult one

*format matriciel

Q_incal3 rotation = Q#3a, Q#3b, Q#3c, Q#3d, Q#3e, Q#3f, Q#3g (après = Q#cal4a0)

Q_3a On a 1 to 10 scale, how likely would you be to consult a psychosocial professional if...?

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=** : One answer only, unless indicated otherwise; **/*text*/**: comment not visible to the interviewer*/

*format matriciel

You were going through a marital separation

1=1; Not likely at all
2=2 3=3 4=4 5=5 6=6 7=7 8=8 9=9
10=10; Extremely likely
99=*I don't know/I prefer not to answer

Q_3b
*format matriciel

Your spouse was threatening to leave you

Q_3c
*format matriciel

You realized that a problem you had was having an impact on your child or children

Q_3d
*format matriciel

You were contemplating suicide

Q_3e
*format matriciel

You lost your job

Q_3f
*format matriciel

You lost your libido

Q_3g
*format matriciel

You felt depressed

/*Poser Q_4m si langue=A*/

Q_incal4a0
Q_incal4

afficher q#4a et afficher q#4b et afficher q#4c et afficher q#4d et afficher q#4e et afficher q#4f et afficher q#4g et afficher q#4h et afficher q#4i et afficher q#4j et afficher q#4k et afficher q#4l et afficher q#4m->>cal4a1Q_incal4a1 lorsque langue=f alors masquer q#4m rotation = Q#4a, Q#4b, Q#4c, Q#4d, Q#4e, Q#4f, Q#4g, Q#4h, Q#4i, Q#4j, Q#4k, Q#4l, Q#4m (après = Q#5aNSP)

Q_4a
*format matriciel
*pasdelegende

If you were experiencing significant emotional difficulties, would the following possibilities help you reach for a resource or a professional?

That someone close to you take the first appointment for you

1=Would not help at all
2=Would help a little
3=Would help moderately
5=Would help a lot
9=*I don't know/I prefer not to answer

Q_4b
*format matriciel

That a friend recommend a particular resource or professional

Q_4c
*format matriciel

That someone close to you accompany you to the first appointment

Q_4d
*format matriciel

That you be able to make a first contact with the resource directly by telephone

Q_4e
*format matriciel

That you be able to make an appointment by Internet

Q_4f

That you be able to find information on the resource by Internet before consulting them

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=** : One answer only, unless indicated otherwise; **/*text*/**: comment not visible to the interviewer*/

*format matriciel
 Q_4g That you know what to expect
 *format matriciel
 Q_4h That you be able to go in person without an appointment
 *format matriciel
 Q_4i That the business hours simplify your life (outside regular working hours, including nights and weekends)
 *format matriciel
 Q_4j That it be discreet (waiting room, office)
 *format matriciel
 Q_4k That someone come visit you at home
 *format matriciel
 Q_4l That it be free or low cost
 *format matriciel
 Q_4m That the service be available in English
 *format matriciel
 Q_5a What would make the waiting room of a psychosocial assistance resource welcoming FOR MEN in your opinion?
 *exclusif=(5a,5aNSP)
 <<
 <<_____>>
 9=*I don't know/I prefer not to answer*suf NSP>>

/*Section 2 : Les préférences en matière d'intervention*/

Q_6 If you contacted a resource because you needed assistance and reached their voice mail, would you...?
 1=Leave a message asking to call you back as soon as possible
 2=Give up
 3=Try elsewhere
 4=Call later
 9=*I don't know/I prefer not to answer

Q_7 If your request were put on a waiting list, would you like someone to call you back regularly to check on your situation?
 1=Yes
 2=No
 3=I don't have a preference
 9=*I don't know/I prefer not to answer

Q_8 If you were given the choice, what type of intervention would you prefer?
 1=An intervention to help you understand the causes of your problem
 2=An intervention to help you identify what you can do to get over the situation, regardless of the causes
 3=I don't have a preference
 9=*I don't know/I prefer not to answer

/*Afficher Q_9=3 si langue=A*/

/*Legend

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Q_incal9
Q_9

lorsque langue=f alors nepaslire q#9=3
Among the following factors, which one do you find the most important?

- 1=That there be an ongoing relationship with the same psychosocial professional (even if you have to wait longer before the intervention starts)
- 2=That you be able to see a psychosocial professional quickly when you need to (even if a different person provides the follow-up)
- 3=That the psychosocial professional (social worker, psychologist, therapist) speak English
- 4=I don't have any preference
- 9=*I don't know/I prefer not to answer

Q_10

If you were experiencing significant difficulties, would you feel more comfortable discussing with...?

- 1=A male psychosocial professional
- 2=A female psychosocial professional
- 3=I don't have a preference
- 9=*I don't know/I prefer not to answer

Q_11

If you were experiencing significant difficulties, would you feel more comfortable discussing with...?

- 1=Someone who has experienced the same thing as you
- 2=Someone close to you (family member or friend)
- 3=A psychosocial professional
- 9=*I don't know/I prefer not to answer

Q_12

If you needed to consult a psychosocial professional, would you prefer that the professional...?

- 1=Listen to you without judging and let you reflect on the situation by yourself
- 2=Help you understand what you are experiencing without telling you what to do
- 3=Give you feedback, advice and practical tools
- 4=All of these answers
- 5=I don't have a preference
- 9=*I don't know/I prefer not to answer

Q_13

What would be the most important factor for you when consulting a psychosocial resource or professional?

- 1=The proximity to your home
- 2=The low risk that you run into someone you know in the waiting room
- 3=The possibility of meeting a professional who was referred to you and whom you trust

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=** : One answer only, unless indicated otherwise; */*text*/*: comment not visible to the interviewer*/

- 4=That it's free or small cost (not too expensive)
- 5=Knowing that the consultation process is short (not long term)
- 6=Feeling that the resource will really be able to help solve your problem
- 7=I don't have a preference
- 99=*I don't know/I prefer not to answer

/*Section 3 : État de santé et consultation au cours de la dernière année*/

Q_14 Generally speaking, would you say that your physical health is...?

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor
- 9=*I don't know/I prefer not to answer

Q_15 Generally speaking, would you say that your mental health is...?

- 1=Excellent
- 2=Very good
- 3=Good
- 4=Fair
- 5=Poor
- 9=*I don't know/I prefer not to answer

Q_16 Generally speaking, how do you find your social life, in other words, the relationships that you have with the people around you (family members, friends, acquaintances, etc.)?

- 1=Very satisfying
- 2=Somewhat satisfying
- 3=Somewhat unsatisfying
- 4=Very unsatisfying
- 9=*I don't know/I prefer not to answer

Q_incal17 rotation = Q#17a, Q#17b, Q#17c, Q#17d, Q#17e, Q#17f (après = Q#18)

Q_17a In the last month, how often have you felt...?

Nervous

*format matriciel
*pasdelegende

- 1=Never
- 2=Rarely
- 3=Occasionally
- 4=Most of the time
- 5=Always
- 9=*I don't know/I prefer not to answer

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=** : One answer only, unless indicated otherwise; **/*text*/**: comment not visible to the interviewer*/

Q_17b	Desperate
*format matriciel	
Q_17c	Agitated or restless
*format matriciel	
Q_17d	Depressed
*format matriciel	
Q_17e	Tired to the point where everything was an effort
*format matriciel	
Q_17f	Worthless
*format matriciel	
Q_18	When was the last time you consulted a psychosocial resource or professional?
	1=Less than a month ago
	2=From 1 to 3 months ago
	3=From 4 to 12 months ago
	4=More than 12 months but less than 3 years ago
	5=From 3 to less than 5 years ago
	6=5 years ago or longer than that
	7=I have never consulted any psychosocial resource or professional
	9=*I don't know/I prefer not to answer
Q_19a	In the past year, have you consulted...?
	Your family doctor
*format matriciel	
*pasdelegende	
	1=Yes
	2=No
	9=*I don't know/I prefer not to answer
Q_19b	A doctor in a walk-in clinic or emergency room
*format matriciel	
Q_19c	A specialist doctor
*format matriciel	
Q_19d	Another health care specialist (e.g. dentist, chiropractor, naturopath, massage therapist, etc.)
*format matriciel	
Q_19e	A psychosocial professional in a CLSC or medical clinic
*format matriciel	
Q_19f	A psychosocial professional from a specialized service (e.g. addiction recovery clinic)
*format matriciel	
Q_19g	A psychosocial professional in a private cabinet
*format matriciel	
Q_19h	A psychosocial professional in a community organization
*format matriciel	
Q_20	Which of the following statements best applies to your current situation?
	1=I am married or in a common-law relationship

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=** : One answer only, unless indicated otherwise; ***/*text*/***: comment not visible to the interviewer*/

2=I am separated or divorced
3=I am single
9=*I prefer not to answer

Q_21 Among the following choices, which one best defines your sexual orientation?

1=Heterosexual (attracted by people of the opposite sex)
2=Homosexual (attracted by people of the same sex)
3=Bisexual (attracted by both men and women)
4=Pansexual (attracted by people independently of their gender)
5=Asexual (not attracted b other people)
9=I prefer not to answer

/* **BLOC SD POUR FOURNISSEUR ÉCH.***

Q_siBLOCSD si strate=1->FIN
->>SE5

Q_SE5 Highest level diploma, certificate or degree that you ((g hold)) or ((g have completed))?

1=None
2=High school diploma or equivalent (D.E.S. diplôme d'études secondaires)
3=Vocational or trade school certificate or diploma (D.E.P. diplôme d'études professionnelles)
4=Community college or cegep certificate or diploma (other non-university certificate or diploma obtained from a cegep, community college, technical institute, etc.)
5=University certificate or diploma less than a bachelor's degree
6=Bachelor's degree (ex.: B.A., B.Sc., LL.B.)
7=University certificate or diploma greater than a bachelor's degree
8=Master's degree (ex.: M.A., M.Sc., M.Ed.)
9=Medical diploma, in dentistry, in veterinary medicine or in optometry (M.D., D.D.S., D.M.D., D.M.V., O.D.)
10=Doctoral degree obtained (ex.: Ph.D., D.Sc., D.Ed.)
90=<préciser>Other (Please specify in the space provided below)
99=*I prefer not to answer

Q_SE6 In all, how many people live in your home including yourself?

Also include any children who live with you, whether permanently or from time to time (e.g. shared custody).

1=1
2=2
3=3
4=4
5=5 or more

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=**: One answer only, unless indicated otherwise; **/*text*/**: comment not visible to the interviewer*/

9=*I prefer not to answer

Q_sicalse7

si q#se6=1,9->FIN

->>se7

Q_SE7

Out of these people, how many are children (persons ((g **under**)) 18 years of age)?

95=None

1=1

2=2

3=3

4=4

5=5

6=6

7=7

8=8 and more

99=*I prefer not to answer

Q_FINQUOTA

Thank you for your cooperation!

Q_FIN

Thank you for your cooperation!

***informations

Projet=RPSBEH

Fichier=ARPSBEH

Reseau=serveur1:P18266RPSBEH:

Siteext=clients3.som.ca

Pages=pmmarc:users:mgimenez:documents:P18266RPSBEH:pw18266:

Modeles=pmmarc:users:mgimenez:documents:P18266RPSBEH:Modeles18266:

Style=client.css

LOGOGAUCHE=LOGO_RPSBEH.PNG

Images=pmmarc:users:mgimenez:documents:P18266RPSBEH:IMG:

Debut=calTXT

Effacer=Oui

Email=pw18266@web.som.ca

Espace=3,80

Noquestion=Non

Progression=Oui

TypeSondage=1

Motdepasse=mp

Repmult=Non

Interrompre=Oui

Duree=10

Precedent=Oui

Seuil=12

Stats=JMorin

ARGUMENTS=(lvar,LVAR),(svar,SVAR),(rvar,RVAR)

QUOTA1=ZONE2

SIQUOTA4=OUI

/*Legend

text: Unread text, visible to the interviewer; ... : Place for reading answer choices in the body of the question; -> or ->>: means: go to question...; **1=, 1=**: Multiple choice question; **1=, 2=**: One answer only, unless indicated otherwise; **/*text*/**: comment not visible to the interviewer*/