A prostatectomy doesn't cure anxiety…

John L. Oliffe

THE UNIVERSITY OF BRITISH COLUMBIA

UBC Men's Health Research Program

MOVEMBER

Chaires de recherche du Canada
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12 Deliverables in 50ish minutes…

- An overview of Canadian men's health
- The fit of PCa & AS
  - Anxiety
  - Depression
  - Suicidality
- Some tips
  - Emotional literacy
  - Professional help
  - PCSGs
  - Peers
  - Helping others
  - E-health
  - Self-health

The Real Face of Men's Health

2025 CANADIAN REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

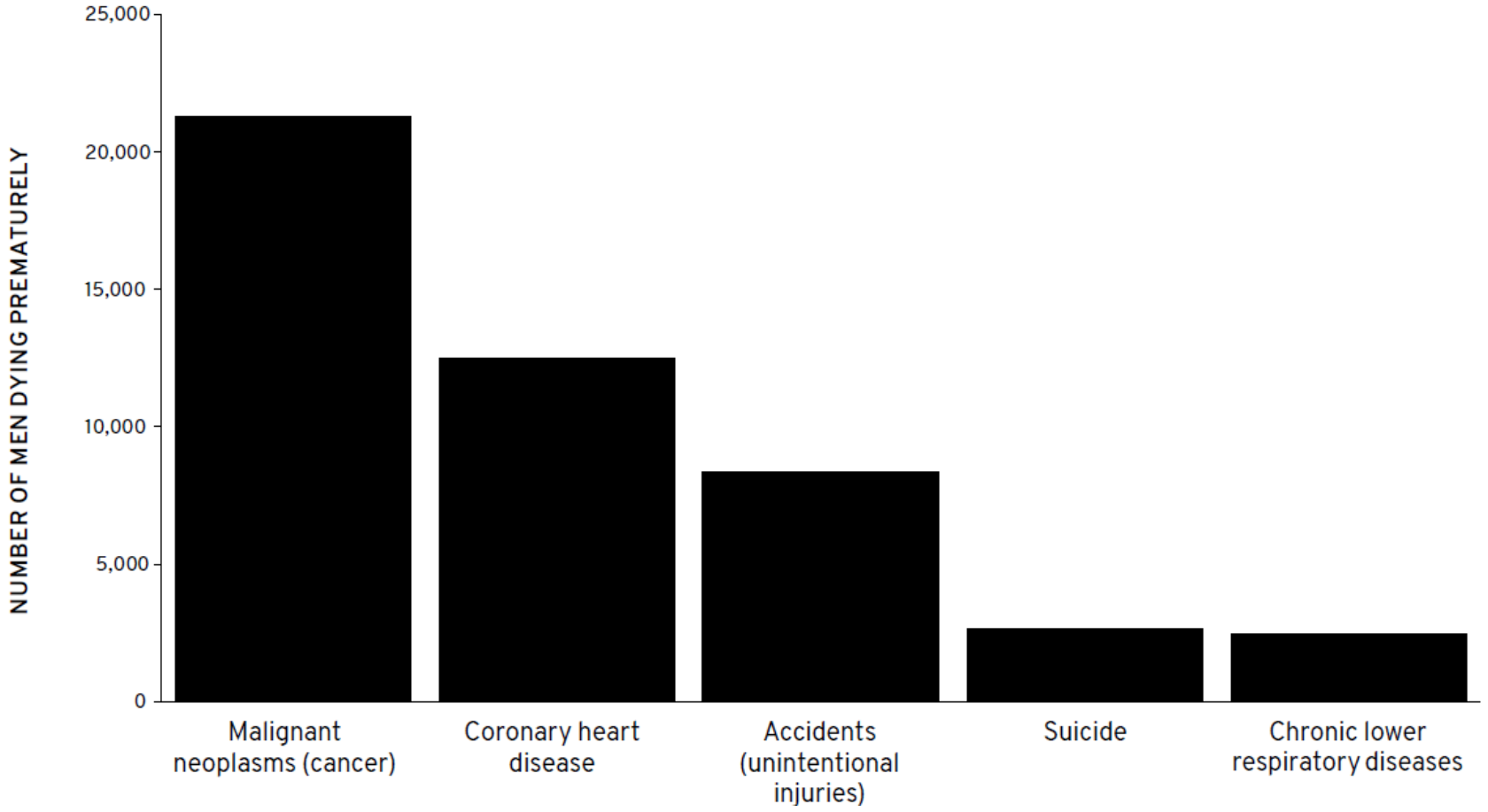
Too many men are dying too young

- A male born in Canada in 2021-2023 can expect to live to the age of **79.3 years** on average. Canadian men live **4.5 years** less than women.

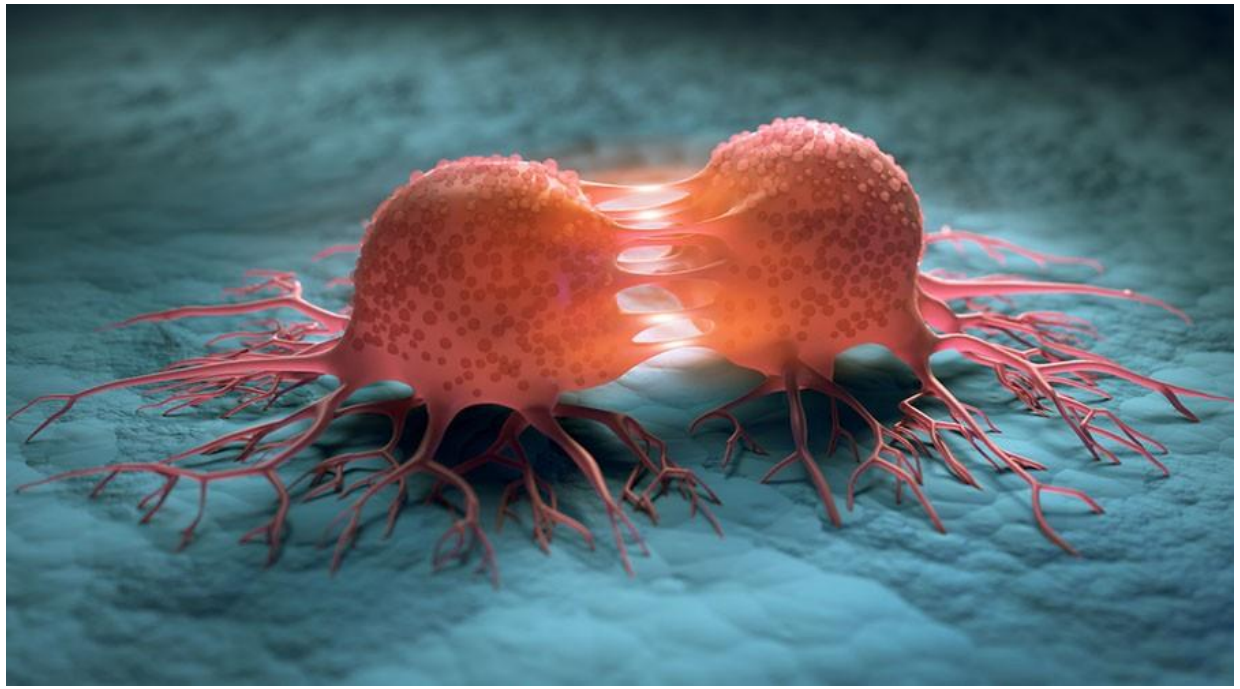
- In 2023, almost **75,000** (44% of deaths) males died prematurely in Canada (i.e., <75 years).

Top causes of male premature mortality

FIGURE 2. TOP 5 CAUSES OF MALE PREMATURE MORTALITY IN CANADA IN 2023



Cancers



Men have less healthy lifestyles

- Men in Canada, compared with women, are more likely to **smoke** and **drink alcohol**, and are less likely to **eat fruits and vegetables**.

- Men have a higher prevalence of **obesity** and are more likely to experience **long-term health risks** due to alcohol and other substance use.

- Chronic disease among Canadian men **65 years and older** occurs at higher rates than women for **hypertension, coronary heart disease, chronic obstructive pulmonary disease, diabetes, heart failure, gout and Parkinsonism**.

When it comes to seeking help for a health problem

- **65%** of men waited **more than 6 days** with symptoms before visiting the doctor

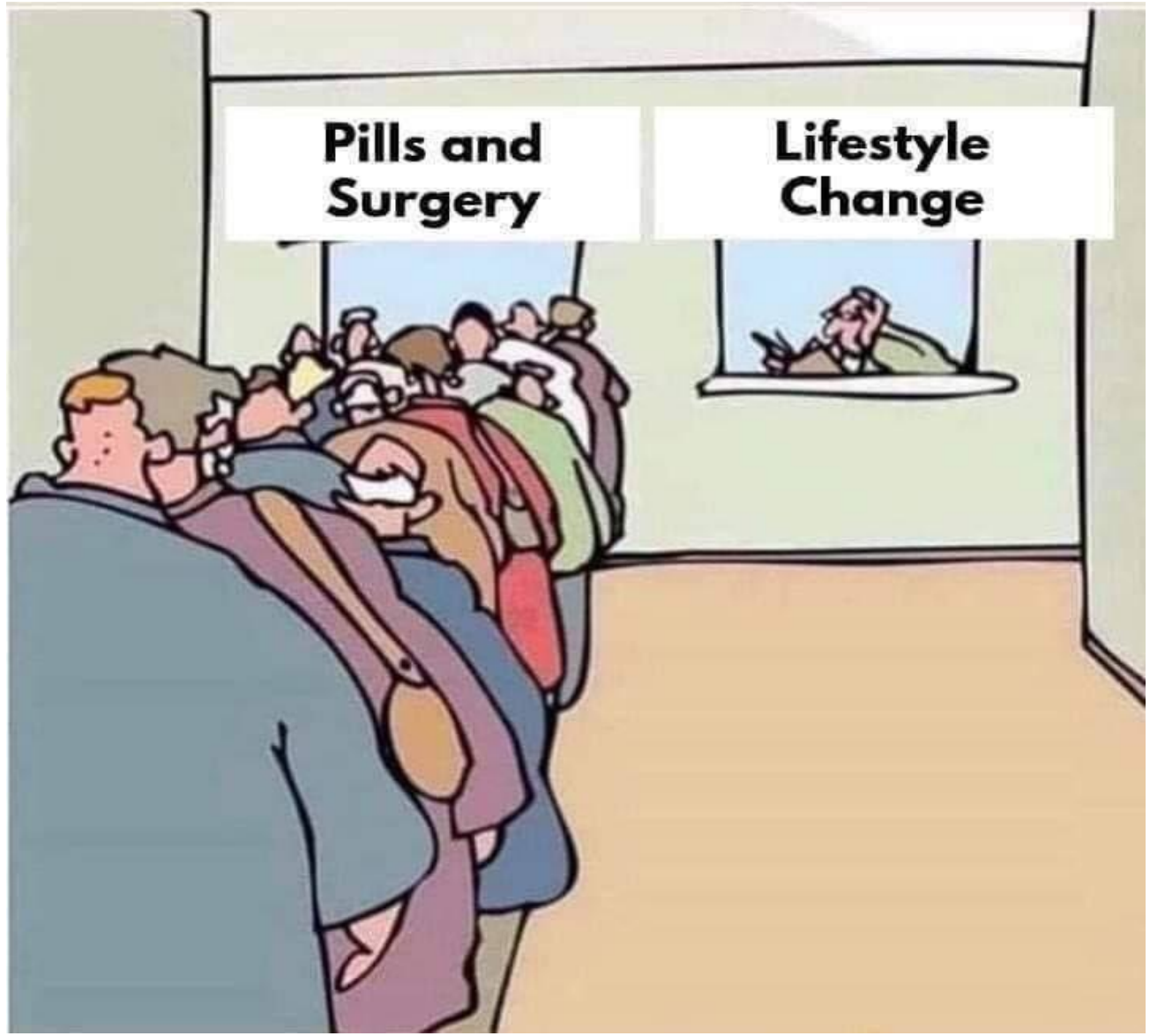
- **27%** of men waited **more than a month** with symptoms before visiting the doctor

- **9%** of men waited **more than 2 years** with symptoms before visiting the doctor

Men are less likely to ask for help when they need it

"My male friends will generally be less likely to go seek medical attention if it's not life threatening. Tough it out mentality is a thing even in people who do not try to be super masculine."

- OWEN, AGE 18-24, CAUCASIAN, LIVING IN BRITISH COLUMBIA


Pills and Surgery
Lifestyle Change

There are some unique things about PCa and AS…

- *How does PCa fit with this profile of men's health?*

- *How does Active Surveillance fit with this profile of men's health?*

Journal of Affective Disorders 295 (2021) 688–702

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review article

Men's anxiety: A systematic review

Krista Fisher [a,b,*], Zac E. Seidler [a,b], Kylie King [c], John L. Oliffe [d,e], Simon M. Rice [a,b]

[a] Orygen, Parkville, Victoria, Australia
[b] Centre for Youth Mental Health, The University of Melbourne, Melbourne, Victoria, Australia
[c] Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Victoria, Australia
[d] University of British Columbia, Vancouver, British Columbia, Canada
[e] Melbourne School of Health Sciences, The University of Melbourne, Melbourne, Victoria, Australia

Psychosomatic symptoms
Self reliance v help-seeking
Toughness and emotional restraint
Help seeking as weakness and stigma

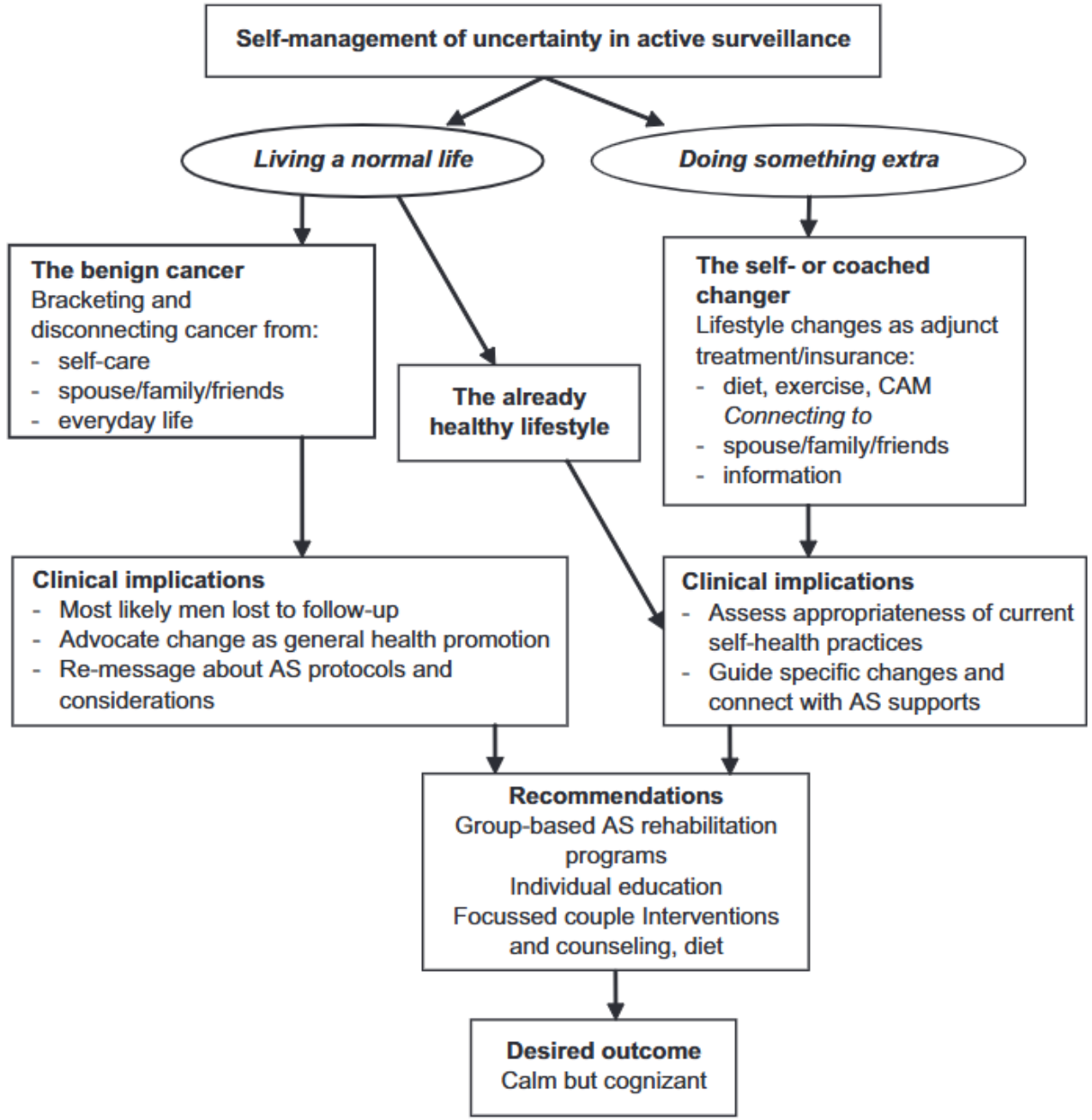
Qualitative Health Research
Volume 19 Number 4
April 2009 432-443

10.1177/1049732309332692
http://qhr.sagepub.com
hosted at
http://online.sagepub.com

The Self-Management of Uncertainty Among Men Undertaking Active Surveillance for Low-Risk Prostate Cancer

John L. Oliffe
B. Joyce Davison
University of British Columbia, Vancouver, British Columbia, Canada
Tom Pickles
University of British Columbia & British Columbia Cancer Agency, Vancouver, British Columbia, Canada
Lawrence Mróz
University of British Columbia, Vancouver, British Columbia, Canada

Uncertainty in Active Surveillance



scientific reports

OPEN

Impact of active surveillance for prostate cancer on the risk of depression and anxiety

Davidson Sypre[1], Géraldine Pignot[1✉], Rajae Touzani[2,3], Patricia Marino[2,3], Jochen Walz[1], Stanislas Rybikowski[1], Thomas Maubon[1], Nicolas Branger[1], Naji Salem[4], Julien Mancini[2,5], Gwenaelle Gravis[4], Marc-Karim Bendiane[3] & Anne-Deborah Bouhnik[3]

Tech Science Press

Doi:10.32604/cju.2025.064705
ARTICLE

Mind matters: how anxiety and depression shape low-risk prostate cancer active surveillance adherence in a real-world population

Zachariah Taylor,[1*] Kayla Meyer,[2] Danielle Terrenzio,[2] Ryan Wong,[3] Sharon Larson,[4] Stephanie Kjelstrom,[4] Natalina Contoreggi,[5] Laurence Belkoff,[1,6] Ilia Zeltser,[1,6]

[1]Main Line Health System, Wynnewood, PA 19096, USA
[2]Philadelphia College of Osteopathic Medicine, Philadelphia, PA 19131, USA
[3]Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine, Fort Lauderdale, FL 33328, USA
[4]Lankenau Institute of Medical Research, Penn Wynne, PA 19096, USA
[5]Department of Psychiatry, Thomas Jefferson University Hospital, Philadelphia, PA 19107, USA
[6]MidLantic Urology, Bryn Mawr, PA 19010, USA

Exploring the Relationship between Patient Experience, Health Outcomes, and Value-based Care – Research Article

Assessment of Patient Experience During Active Surveillance for Prostate Cancer

Devon M. Langston[1], Matthew J. DePuccio[2], Ann Scheck McAlearney[2,3], Sooyoung Kim[2], Alice A. Gaughan[2], Alicia Scimeca[4], Shawn Dason[4], Tasha Posid[4], and John O. DeLancey[4]

Journal of Patient Experience
Volume 12: 1-8

DOI: 10.1177/23743735251369557
journals.sagepub.com/home/jpx
Sage

Supportive Care in Cancer (2022) 30:5459–5468
https://doi.org/10.1007/s00520-022-06976-w

ORIGINAL ARTICLE

Check for updates

An exploration of wellbeing in men diagnosed with prostate cancer undergoing active surveillance: a qualitative study

Omar Eymech[1] · Oliver Brunckhorst[1] · Louis Fox[2] · Anam Jawaid[1] · Mieke Van Hemelrijck[2] · Robert Stewart[3,4] · Prokar Dasgupta[1,5] · Kamran Ahmed[1,6,7]

A discordant relationship

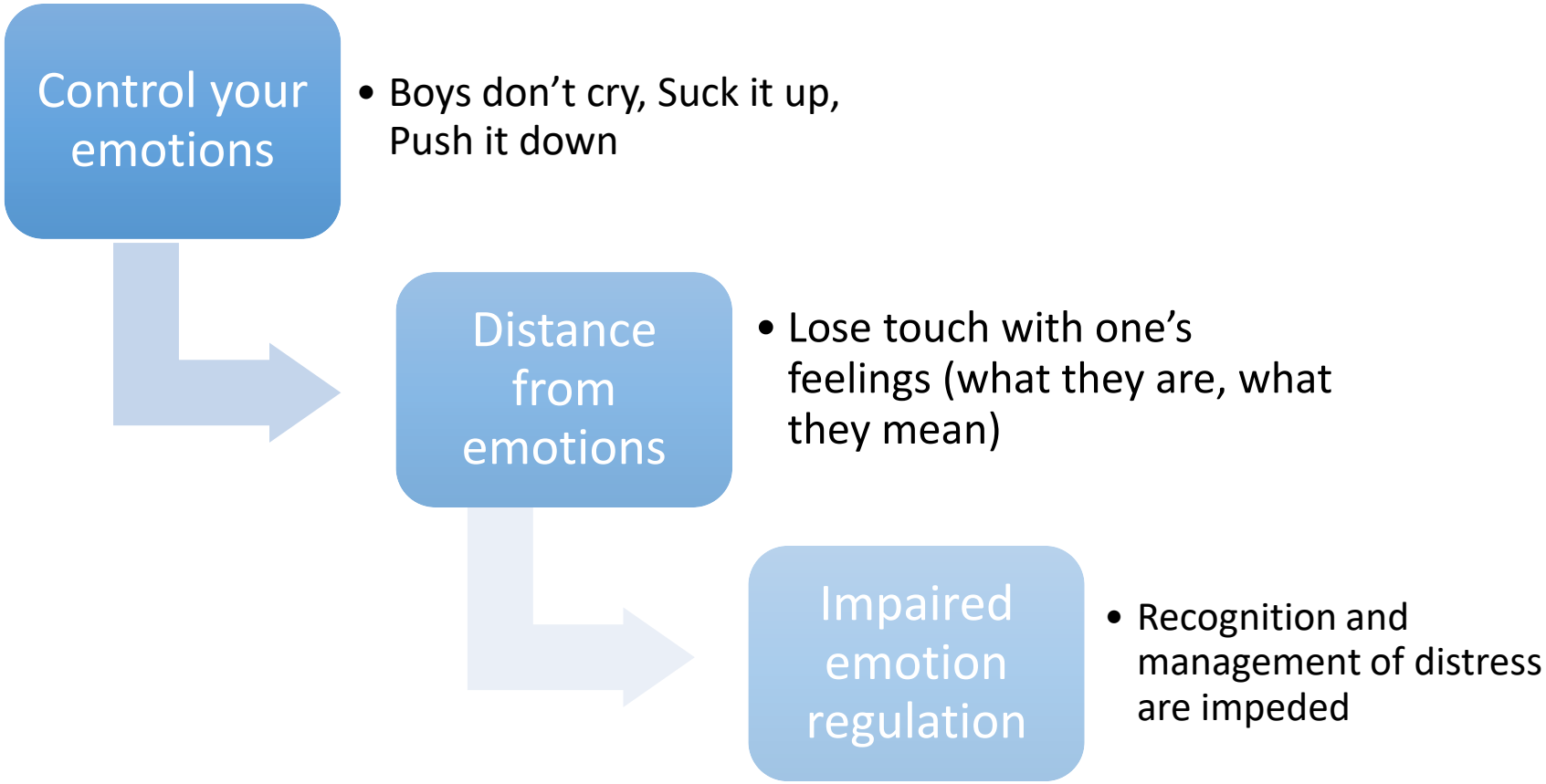

Injury
Interiority
Isolation

Injury

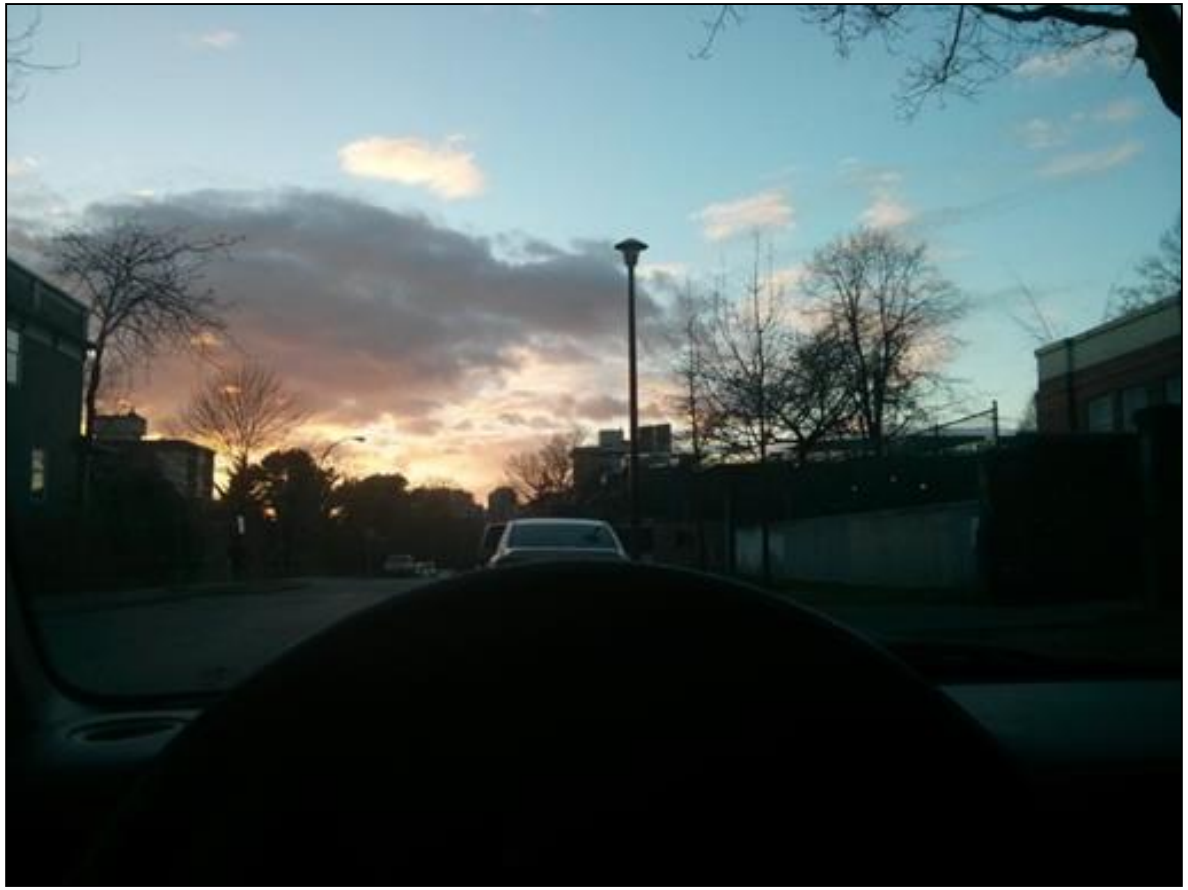
I think it's kind of what happened to me – for a while it kind of feels like, yeah, 'you're useful, you're doing good', and then its just – eventually you might just end up being abandoned, you're going to be abandoned.

Interiority

This is a combination lock and it really shows a physical example of how you can get locked down, locked into your thoughts…thinking that there's never any light at the end of the tunnel or things aren't going to get better and then when that lock gets closed that's when you know you're very likely to commit suicide. When the lock is still open you can see that there's hope then you're less likely to commit suicide so…if you don't know the combination then you don't know how to get out of the depression and the suicide but if you know the combination you're able to unlock.


Control your emotions
• Boys don’t cry, Suck it up, Push it down
Distance from emotions
• Lose touch with one’s feelings (what they are, what they mean)
Impaired emotion regulation
• Recognition and management of distress are impeded

Isolation



It brings out really negative feelings when the sun sets, and I'm in my car and I'm about to go home…it feels like everyone's separated from the world and you're just all by yourself like an island. When I was feeling suicidal, that's my darkest time - when it gets dark, when it's light and starts getting dark and nobody's outside. It feels like you're the only person on earth…it's a feeling that's so unbearable that you just want to get rid of the feeling forever.



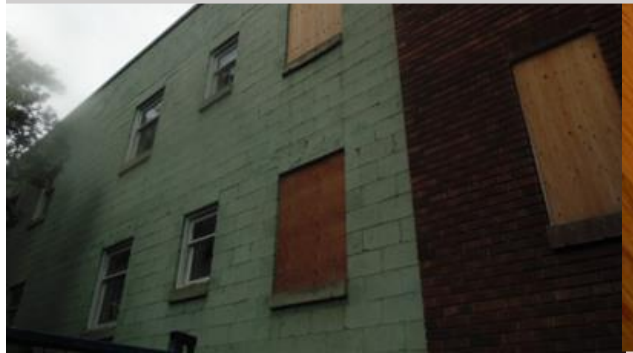
Mental Health & Wellbeing

Injury, Interiority, and Isolation in Men's Suicidality

American Journal of Men's Health
2017, Vol. 11(4) 888–899

DOI: 10.1177/1557988316679576
journals.sagepub.com/home/ajmh
SAGE

John L. Oliffe, PhD[1], Genevieve Creighton, PhD[1], Steve Robertson, PhD[2], Alex Broom, PhD[3], Emily K. Jenkins, PhD[1], John S. Ogrodniczuk, PhD[1], and Olivier Ferlatte, PhD[1]



Male Depression Risk Scale (MDRS-22)

Citation: Rice SM, Fallon BJ, Aucote HM, Möller-Leimkühler AM. Development and preliminary validation of the male depression risk scale: Furthering the assessment of depression in men. *Journal of Affective Disorders*. 2013; 151(3): 950-8.

Instructions for completion: Please think back over the last month and respond to each item considering how often it applied to you. Please respond where 0 = not at all; 7 = almost always.

	Not at all							*Almost always*
1. I bottled up my negative feelings	0	1	2	3	4	5	6	7
2. I covered up my difficulties	0	1	2	3	4	5	6	7
3. I drank more alcohol than usual	0	1	2	3	4	5	6	7
4. I drove dangerously or aggressively	0	1	2	3	4	5	6	7
5. I had more heartburn than usual	0	1	2	3	4	5	6	7
6. I had regular headaches	0	1	2	3	4	5	6	7
7. I had stomach pains	0	1	2	3	4	5	6	7
8. I had to work things out by myself	0	1	2	3	4	5	6	7
9. I had unexplained aches and pains	0	1	2	3	4	5	6	7
10. I needed alcohol to help me unwind	0	1	2	3	4	5	6	7
11. I needed to have easy access to alcohol	0	1	2	3	4	5	6	7
12. I overreacted to situations with aggressive behaviour	0	1	2	3	4	5	6	7
13. I sought out drugs	0	1	2	3	4	5	6	7
14. I stopped caring about the consequences of my actions	0	1	2	3	4	5	6	7
15. I stopped feeling so bad while drinking	0	1	2	3	4	5	6	7
16. I took unnecessary risks	0	1	2	3	4	5	6	7
17. I tried to ignore feeling down	0	1	2	3	4	5	6	7
18. I used drugs to cope	0	1	2	3	4	5	6	7
19. I verbally lashed out at others without being provoked	0	1	2	3	4	5	6	7
20. I was verbally aggressive to others	0	1	2	3	4	5	6	7
21. It was difficult to manage my anger	0	1	2	3	4	5	6	7
22. Using drugs provided temporary relief	0	1	2	3	4	5	6	7

Social Science & Medicine 276 (2021) 113831

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: http://www.elsevier.com/locate/socscimed

Review article

A systematic review of suicidal behaviour in men: A narrative synthesis of risk factors

Cara Richardson [a,*], Kathryn A. Robb [b], Rory C. O'Connor [a]

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ARTICLE INFO

Keywords:
Suicide
Suicide attempt
Men
Risk factor
Systematic review
Males
Suicidal behaviour

ABSTRACT

Rationale: Suicides by men outnumber those by women in every country of the world. To date, there has not been a comprehensive systematic review of risk factors for suicidal behaviour in men to better understand the excess deaths by suicide in men.

Objective: The present systematic review seeks to determine the nature and extent of the risk factors to predict suicidal behaviour in men over time.

Methods: A range of databases (CINAHL, PsycINFO, Web of Science Core Collection, Pubmed, Embase, and Psychology and Behavioural Sciences Collection) were searched from inception to January 2020 for eligible articles. The findings were collated through a narrative synthesis of the evidence.

Results: An initial 601 studies were identified. Following the inclusion and exclusion criteria, there were 105 eligible studies (62 prospective and 43 retrospective) identified. Overall, the risk factors with the strongest evidence predicting suicidal behaviour in men were alcohol and/or drug use/dependence; being unmarried, single, divorced, or widowed; and having a diagnosis of depression. In the prospective studies, the most consistent evidence was for sociodemographic factors (19 risk factors), mental health/psychiatric illness (16 risk factors), physical health/illness (13 risk factors), and negative life events/trauma (11 risk factors). There were a small number of psychological factors (6 factors) and characteristics of suicidal behaviour (3 factors) identified. The findings from the retrospective studies provided further evidence for the risk factors identified in the prospective studies.

Conclusions: This systematic review has highlighted the wide range of risk factors for suicidal behaviour in men, in this review alone 68 different risk factors were identified. Many factors can interact and change in relevance throughout an individual's life. This review has identified extensive gaps in our knowledge as well as suggestions for future research.

Male suicide

- Suicide is the **4th** leading cause of premature mortality in males.
- Males are almost **3** times as likely to die by suicide compared to females.
- In 2023, approximately **78,000** potential years of life were lost to suicide amongst males <75 years-old.

Only Way to Get You Here

“I think as men it is not in us to just meet and talk and speak. It always has to be something else involved. It always has to be beers or playing billiards, or going for tennis, or a soccer match or boxing or whatever. I don't think we're able to just simply ask…I don't understand why maybe we don't see an actual benefit in simply talking.”

Mental Health Commission of Canada
Commission de la santé mentale du Canada

Canadian Centre on Substance Use and Addiction
Centre canadien sur les dépendances et l'usage de substances

Alcohol, which affects the functioning of the brain, is used by about three-quarters of people living in Canada. Alcohol is often used in connection with social events or to mark special occasions. However, alcohol use is responsible for a range of serious health conditions[2] and it plays a significant role in affecting risk for suicide.

***One in four** deaths by suicide involve alcohol, either as a means of suicide or detectable in a person's body at the time of death.[3]*

Last week, US Surgeon General Dr Vivek Murthy advised that all alcoholic products should carry cancer health warnings.

His report highlighted that alcohol use, even at low levels, can cause seven kinds of cancer:

- MOUTH
- LARYNX (VOICE BOX)
- PHARYNX (THROAT)
- OESOPHAGUS
- BREAST
- LIVER
- BOWEL

More than 35 years ago, the World Health Organisation classified alcohol as a Group 1 carcinogen.

That's the same category as tobacco or asbestos.

Special Report

2024 Beer Report | Non-alcohol beer posts strong results

March 7, 2024

COR-RECTING A BLIND SPOT

Received: 6 November 2020 | Accepted: 6 February 2021

DOI: 10.1002/hpja.463

REVIEW

Health Promotion Journal of Australia

WILEY

Men building better relationships: A scoping review

John L. Oliffe[1,2] | Mary T. Kelly[1] | Gabriela Gonzalez Montaner[1] | Zac E. Seidler[3,4,5] | Brendan Maher[5] | Simon M. Rice[3,4]

BNN Bloomberg | NEWS | LIVE TV | VIDEO | SHOWS | MARKET CALL | MA

PERSONAL FINANCE | NEWS | VIDEO

PERSONAL FINANCE

Apr 9, 2021

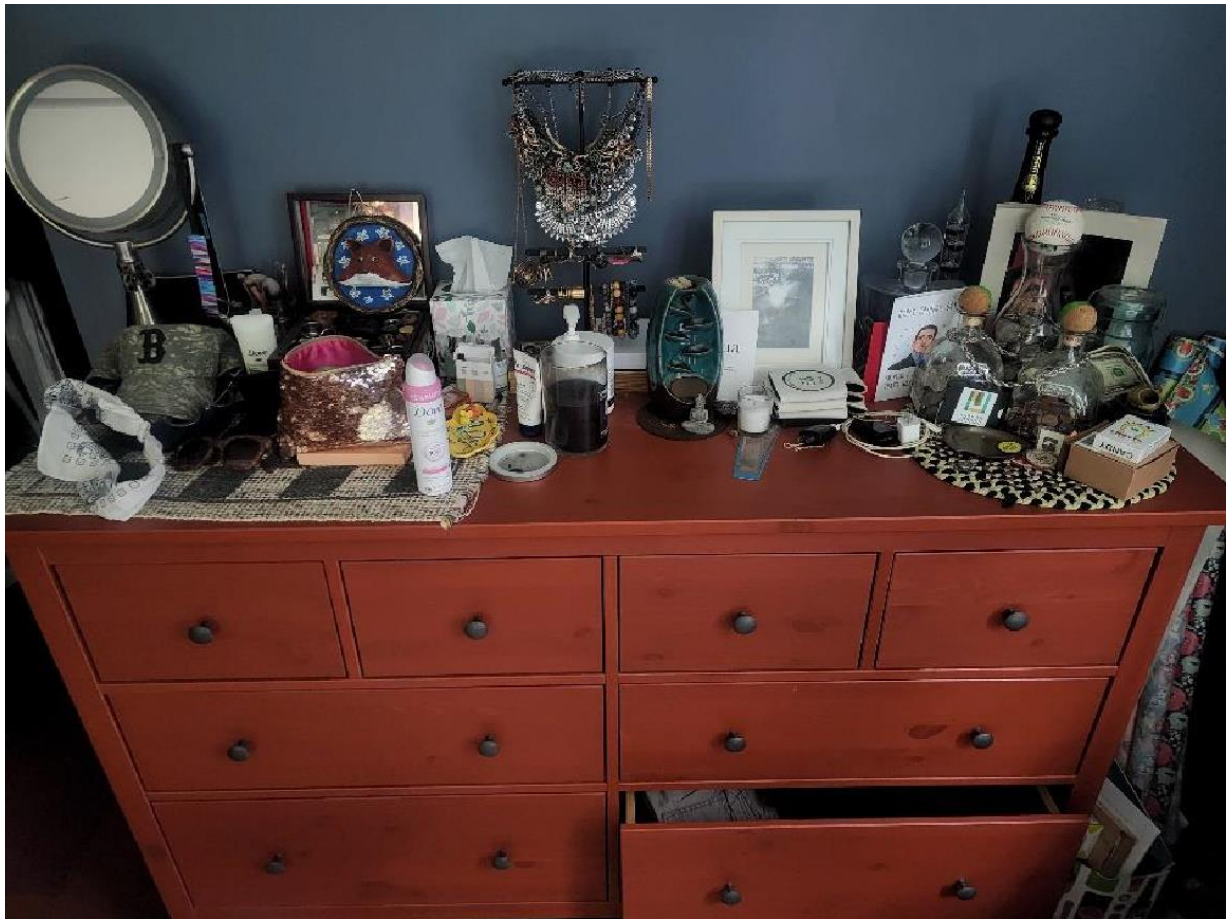
Divorce activity 'never been as busy' as COVID stirs asset disputes

Hilary Punchard, BNN Bloomberg

Traditional

“For us, generally, I think about the cost of it. She has much more idea about the decoration stuff and if we have two separate decisions, then she wins that’s all.”

Equality



“It is a pretty big deal because girls usually have so many more clothes…for her to let me have that very boyish right side of the dresser, that’s pretty awesome.”

Equity

“Sometimes we have discussions that are like 15-20 minutes long, and sometimes they drag on for hours and hours, and we just have to get to where we need to right? I think at the start of our relationship, we really had to go through [developing] a sense of empathy…it did take a bit to figure that out to make sure that no one was like attacking the other...we were just trying to be in the space together...and I think that space of empathy is really important and then we’re both in the same kind of level playing field, so it is…a strategy of, ‘I’m listening and summarizing what it is you need.’”

Gender plays a role in how caregiving is experienced

Polling by the Movember Institute of 1366 caregivers in Canada found that:

50% reported a negative impact on their finances

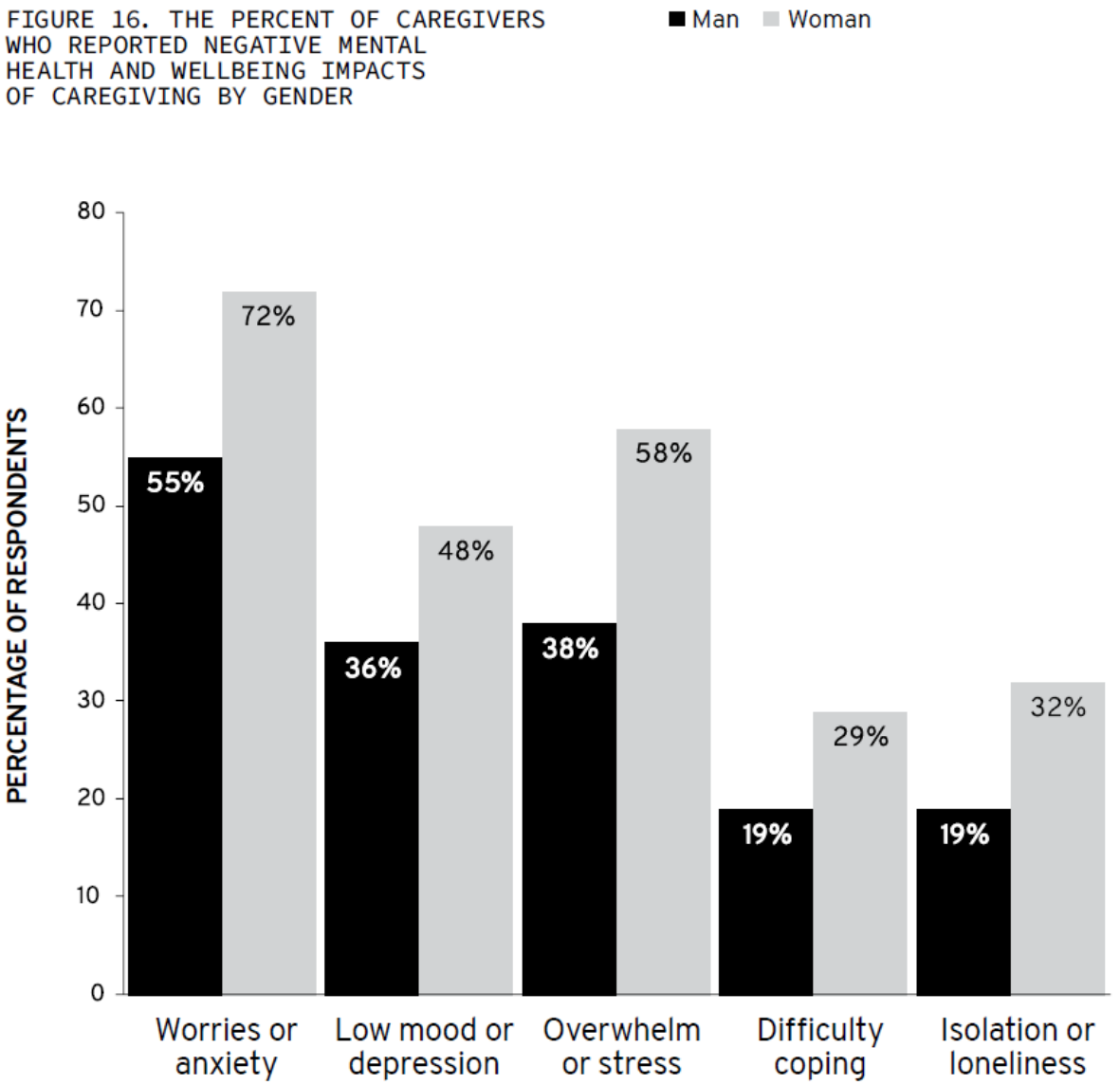
68% reported reduced energy levels

66% reported a negative impact on their mental health

50% reported a negative impact on their physical health

54% reported a negative impact on their life satisfaction

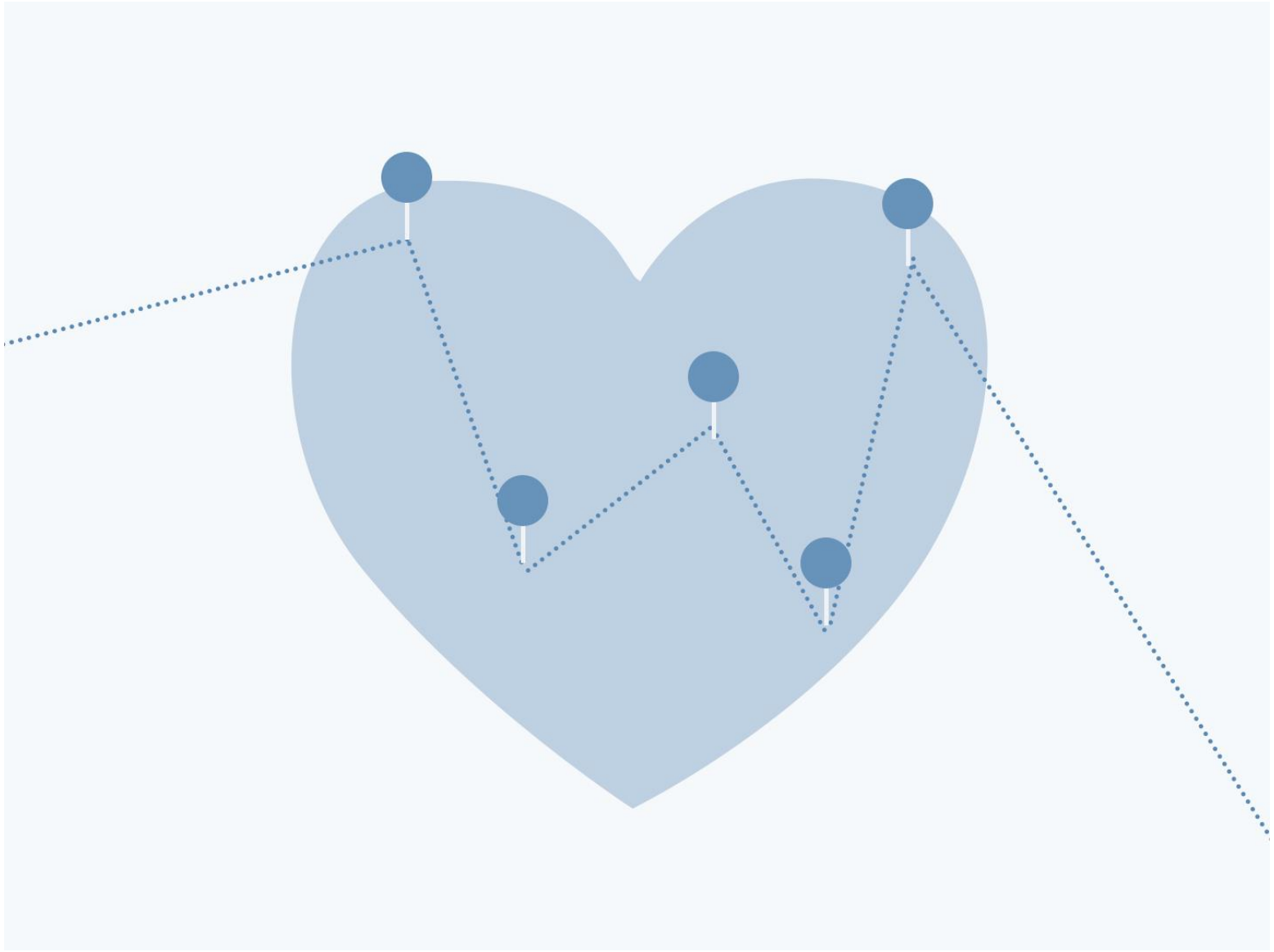
FIGURE 16. THE PERCENT OF CAREGIVERS WHO REPORTED NEGATIVE MENTAL HEALTH AND WELLBEING IMPACTS OF CAREGIVING BY GENDER



Up to 60% of men who suicide have accessed health care in the 12 months prior.

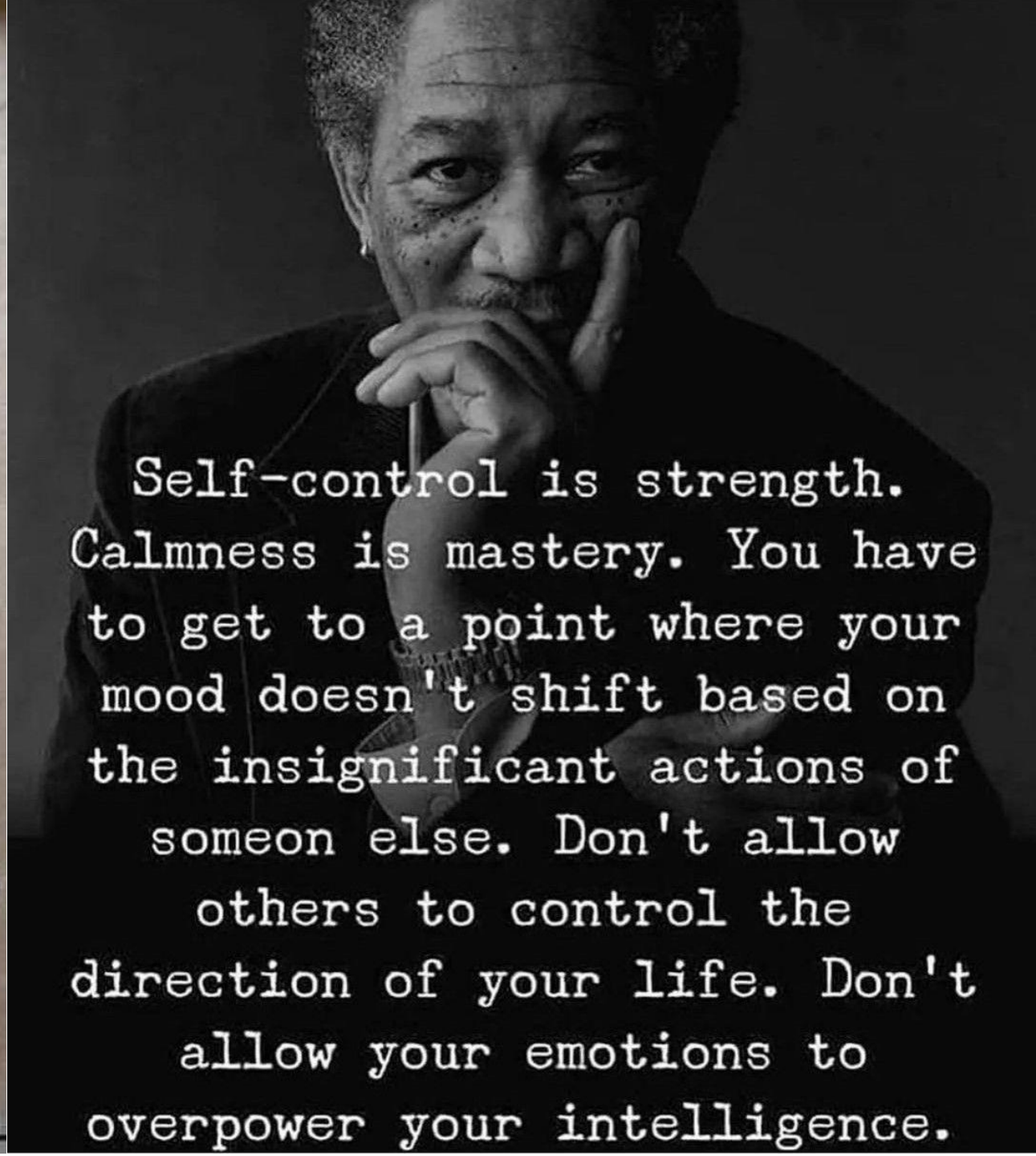
Some tips…

Know and map yourself…



Warren Buffett
@WarrenBuffettHQ

You will continue to suffer if you have an emotional reaction to everything that is said to you. True power is sitting back and observing things with logic. True power is restraint. If words control you that means everyone else can control you. Breathe and allow things to pass.




EUROPE

“

My GP seemed to diagnose my depression quickly and googled medication and listed a few I could try and I felt as though he did not offer much guidance. I always feel rushed when seeing my doctor. I feel like he is rushing and trying to get onto the next patient and feels like it was not very personal.

”

- GRAYSON, AGE 25-34, CAUCASIAN, LIVING IN ONTARIO

Key takeaways: Mental health professionals

1. Family doctor or nurse practitioner

- Rule out any other causes for your symptoms
- Prescribe medications
- Referrals to a psychiatrist or other special services
- *No family doctor? Visit a doctor at a walk-in clinic or on a telehealth platform*

2. Psychiatrists

- Specialized doctors trained in diagnosing and treating mental illnesses
- *Covered by MSP* – Requires referral from your family doctor or mental health program to see a psychiatrist
- Most common to see a psychiatrist for an initial assessment or ongoing care if your diagnosis or medication is complex

3. Psychologists, counsellors and social workers

- Diagnose mental illnesses
- Provide psychotherapy, counselling, and other supports
- Can't prescribe medication
- Psychotherapy and counselling are *not covered by MSP,* but they may be covered through a hospital program, mental health team, or through your workplace or school
- Social workers often work on mental health teams, in clinics and hospital programs, and in schools


Welcome to the club that
nobody wanted to join…

Peer health-promotion….

Article

health:

Prostate cancer support groups, health literacy and consumerism: Are community-based volunteers re-defining older men's health?

Health
15(6) 555–570

DOI: 10.1177/1363459310364156
hea.sagepub.com
SAGE

John L. Oliffe, Joan L. Bottorff, Michael M. McKenzie, T. Gregory Hislop, Julieta S. Gerbrandt and Valerie Oglov

The Role of Prostate Cancer Support Groups in Health Promotion

Executive Summary: 2009

Support and assistance provided by:

APOS BPOS Psycho-Oncology
Journal of the Psychological, Social and Behavioral Dimensions of Cancer
WILEY

Paper

Connecting humor, health, and masculinities at prostate cancer support groups

John L. Oliffe, John Ogrodniczuk, Joan L. Bottorff, T. Gregory Hislop, Michael Halpin

First published: 09 January 2009 | https://doi.org/10.1002/pon.1415 | Citations: 57

PDF TOOLS SHARE

Article

Prostate Cancer Support Groups: Canada-Based Specialists' Perspectives

American Journal of Men's Health
2015, Vol. 9(2) 163–172

DOI: 10.1177/1557988314543510
ajmh.sagepub.com
SAGE

John L. Oliffe, PhD, RN[1], Suzanne Chambers, PhD[2], Bernie Garrett, PhD, RN[1], Joan L. Bottorff, PhD, RN[3], Michael McKenzie, MD[1,4], Christina S. Han, MA[1], and John S. Ogrodniczuk, PhD[1]

ELSEVIER

Social Science & Medicine 66 (2008) 1217–1227

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

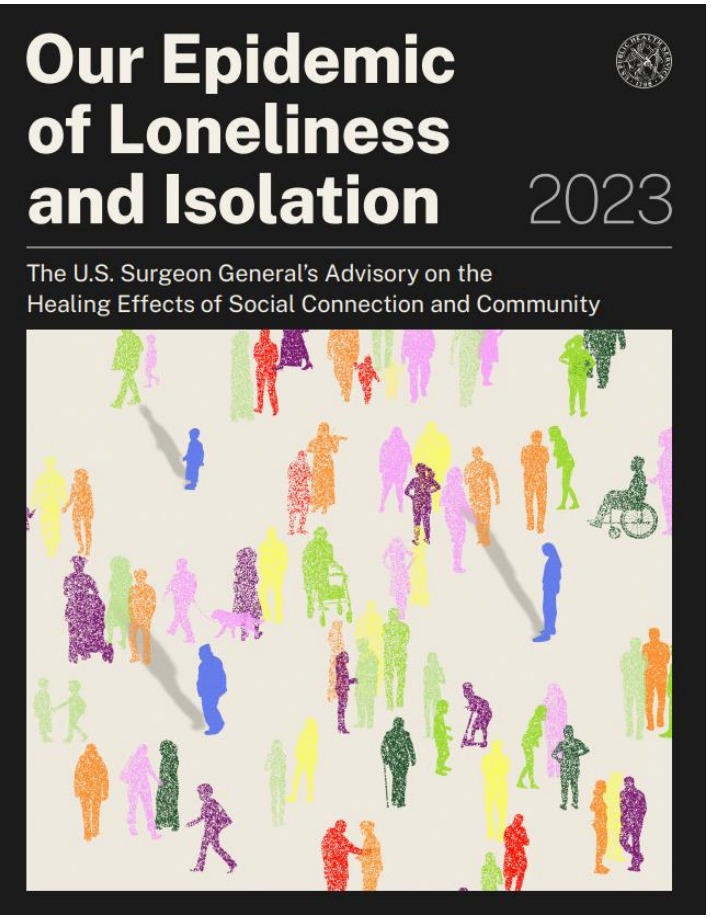
Women and prostate cancer support groups: The gender connect?☆

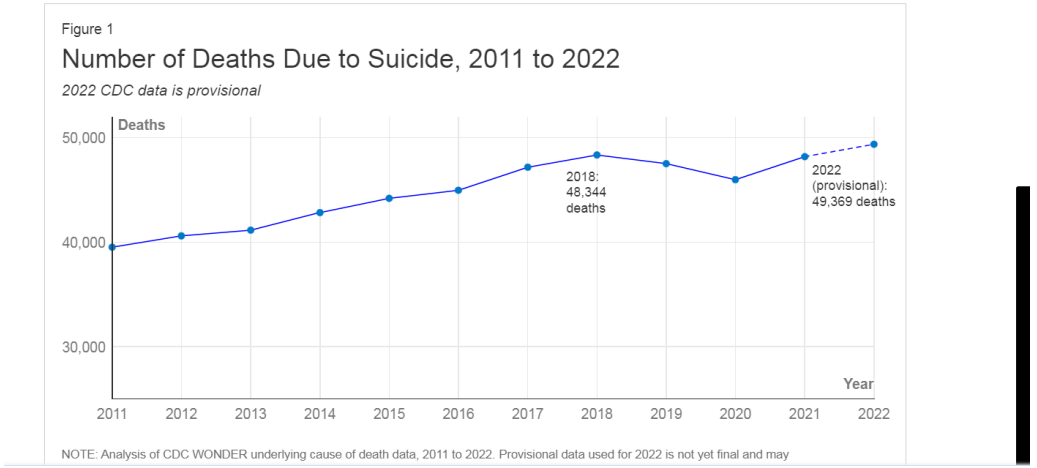
Joan L. Bottorff [a,*], John L. Oliffe [b], Michael Halpin [b], Melanie Phillips [b], Graham McLean [b], Lawrence Mroz [b]

[a] University of British Columbia Okanagan, Faculty of Health and Social Development, 3333 University Way, Kelowna, BC, Canada V1V 1V7
[b] University of British Columbia, Vancouver, BC, Canada

Available online 27 December 2007

Peer mutual-help for mental health





A L E C

Ask

Start by asking how he's feeling. It's worth mentioning any changes you've picked up on. Maybe he's spending more time at the bar, has gone quiet in the group chat, or isn't turning up to social events. Whatever it is, he's just not himself.

A L E C

Listen

Give him your full attention. Let him know you're hearing what he's saying and you're not judging. You don't have to diagnose problems or offer solutions, but asking questions lets him know you're listening.

A L E C

Encourage Action

Help him focus on simple things that might improve how he feels. Is he getting enough sleep? Is he exercising and eating well? Maybe there's something that's helped him in the past – it's worth asking.

A L E C

Check In

Suggest you catch up soon – in person if you can. If you can't manage a meet-up, make time for a call, or drop him a message. This helps to show that you care; plus, you'll get a feel for whether he's feeling any better.

The Feels

Thinking about after you have those conversations, how do you feel? It's kind of embarrassed. It's like, you want to hide for a second. Again, it's that vulnerability thing. It's, you're vulnerable in the moment, and if the moment's passed, you're like, "Oh, was that too much? Did I say too much? What are they going to think? What are they going to say next time?" and you just want to hide for a second.

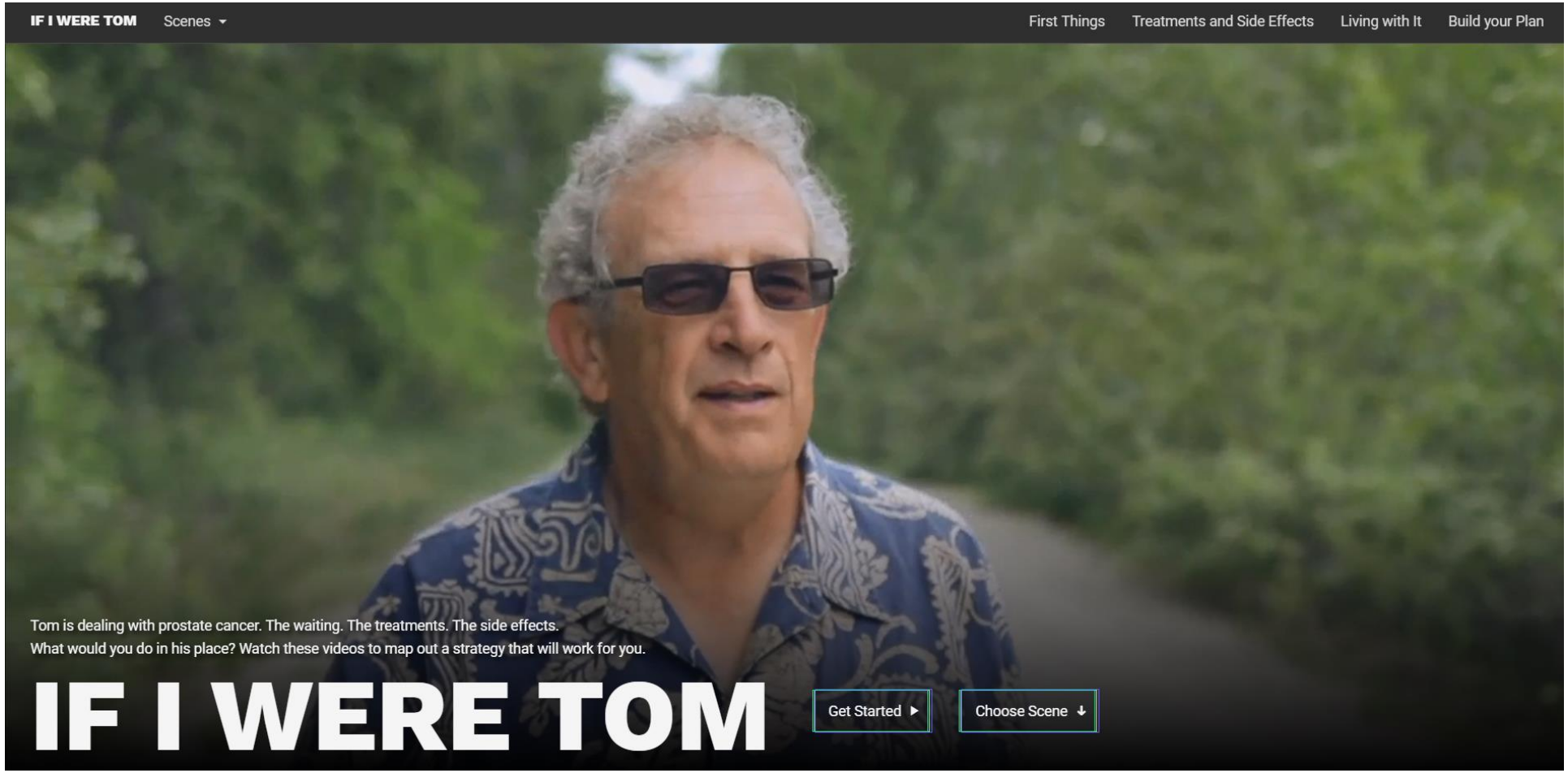
Men connect by ‘doing’

MEET STEVE

Steve has been smoking and drinking more than usual. He's been talking about how much his life sucks, and how he feels like a burden.

If you have a friend like Steve, it's time to step up and offer your support.

www.ifiweretom.ca



HEADSUPGUYS

FIND A THERAPIST DONATE NOW

DEPRESSION IN MEN SUICIDE IN MEN SELF CARE BUILD A SUPPORT TEAM ARTICLES & STORIES FOR FRIENDS & FAMILY

FOR MEN. ABOUT MEN.

HEADSUPGUYS IS THE WORLD'S LEADING MEN'S MENTAL HEALTH RESOURCE

TAKE SELF CHECK NOW

FIVE HABITS TO START NOW

Pick one and start today

1 MAP YOUR WEEK

WHY: You can't change what you don't notice. Seeing what lifts or drains you makes it easier to schedule more good stuff in.

HOW: For 3 to 4 days, use a notepad or notes app to write down your main activities. Rate each from 1 (drains me) to 5 (boosts me).

EXAMPLE: Skipped lunch = 1. Coffee with a mate = 4. Spot the patterns, then plan more 4s and 5s into your week.

2 LOCK IN ONE POSITIVE ACTIVITY

WHY: Specific plans work better than vague intentions. Even one scheduled activity can bring structure and energy.

HOW: Pick something realistic and put it in your calendar. Commit to it.

EXAMPLE: "Walk the dog after dinner Monday and Thursday" or "kick a ball around with the kids after work on Tuesday."

3 STICK TO YOUR PLAN ON LOW MOOD DAYS

WHY: Mood follows actions. If you wait to feel better first, you stay stuck.

HOW: On low days, just start. Completion isn't the goal – getting going is.

EXAMPLE: Planned to cook? Chop an onion. Planned to go to the gym? Put your kit on and drive there. Momentum kicks in once you move.

4 BREAK ONE JOB INTO STEPS

WHY: Big jobs can look like mountains. Small steps get you moving.

HOW: Pick a task you've been dodging. Break it down to the tiniest first step and do it today.

EXAMPLE: Garage a mess? Step 1 = chuck empty boxes in recycling.
Emails piling up? Step 1 = reply to one message.

5 PLAN FOR PRESSURE POINTS

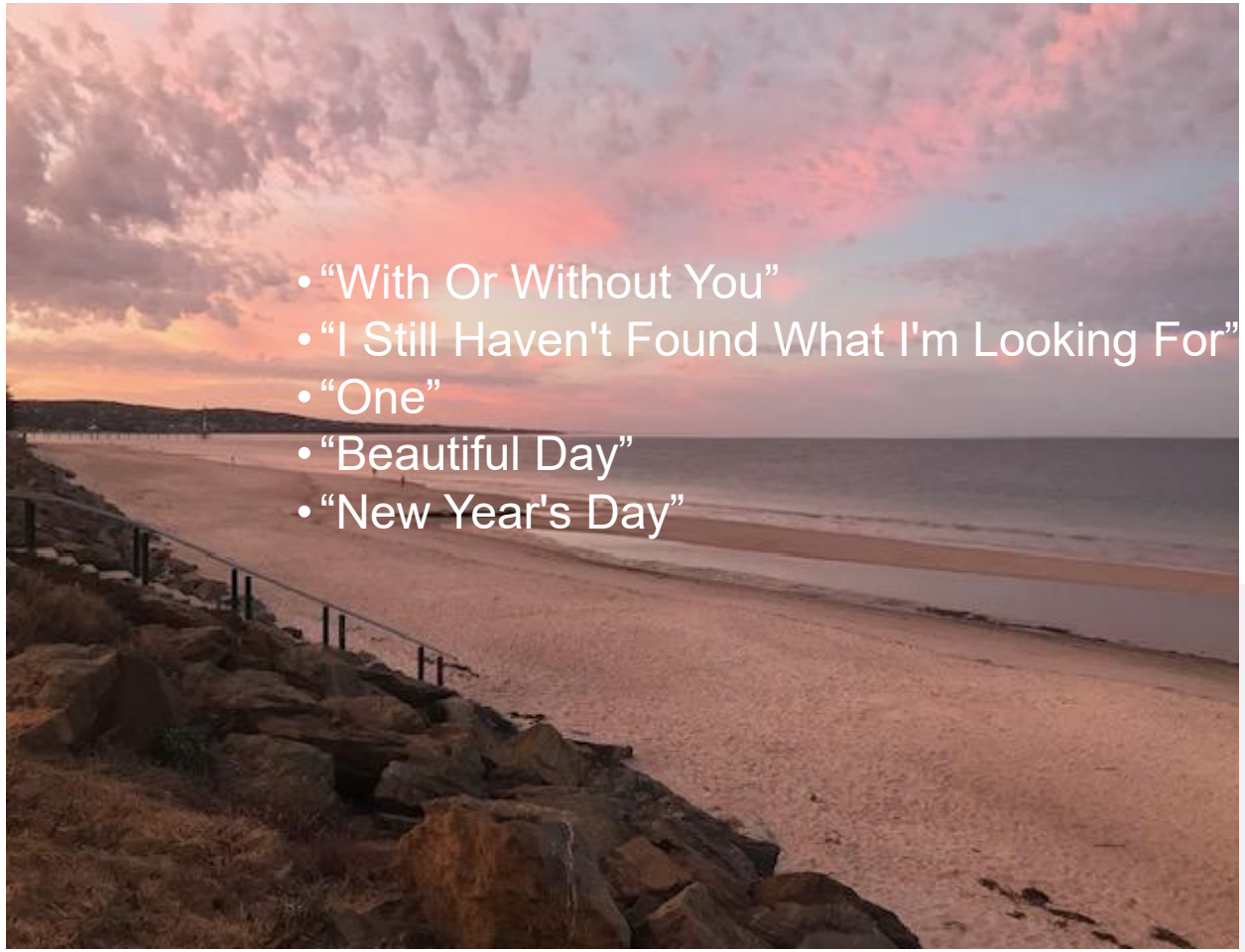
WHY: Stress scrambles your thinking. Having a default plan keeps you steady.

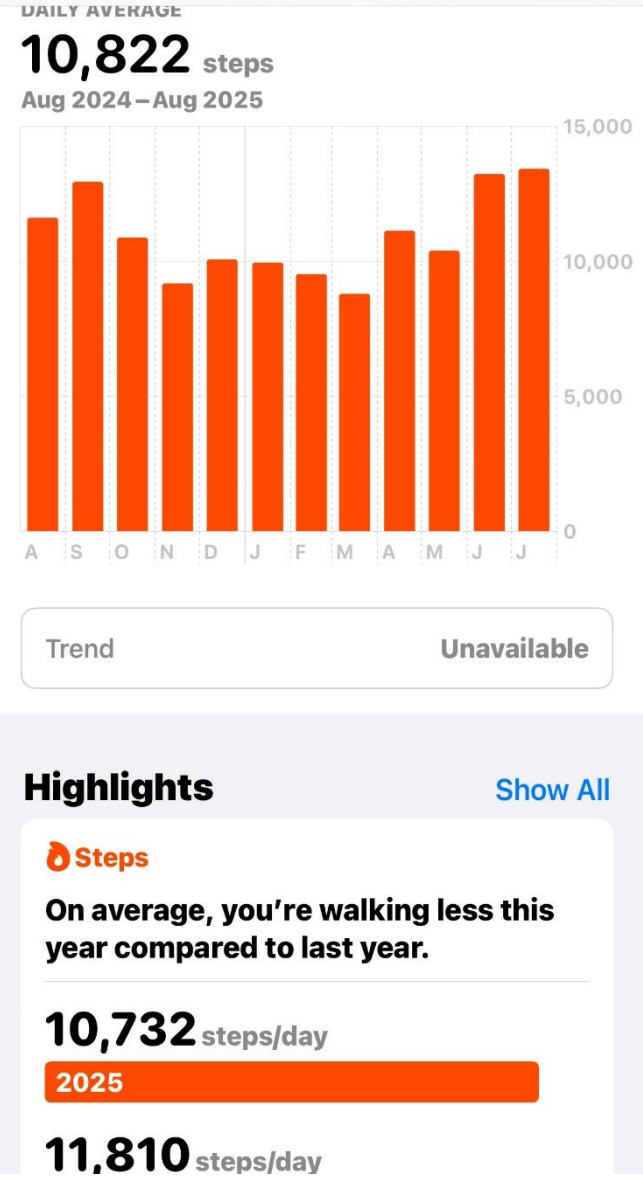
HOW: Think ahead to a likely flashpoint. Plan two helpful actions in advance.

EXAMPLE: Got a brutal week ahead? Plan "5-min break every hour" and "call a mate Friday after work." No thinking needed when you're in it.

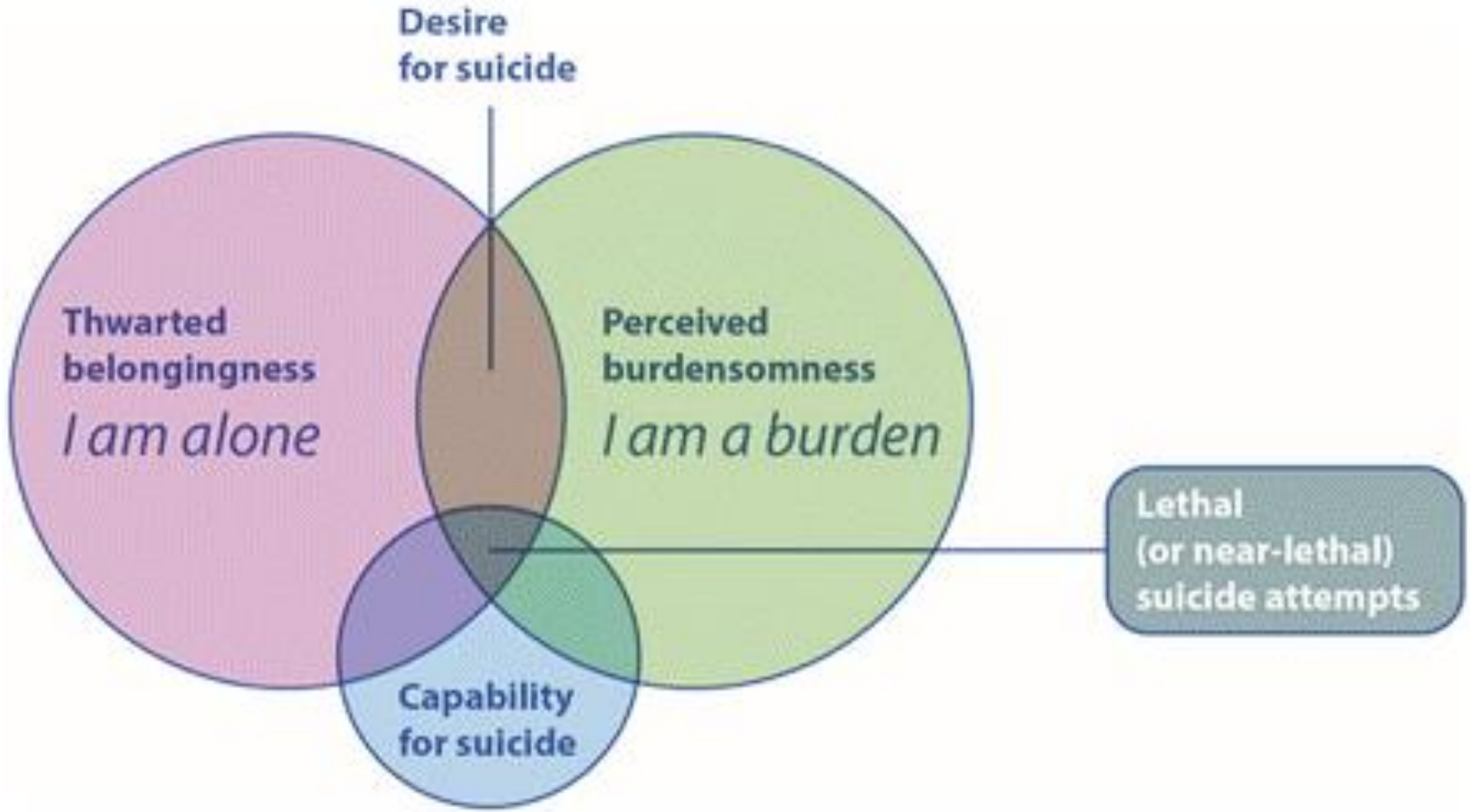
Content by Prof. Paul Galdas, September 2025

20 minute – 5 song run/walk

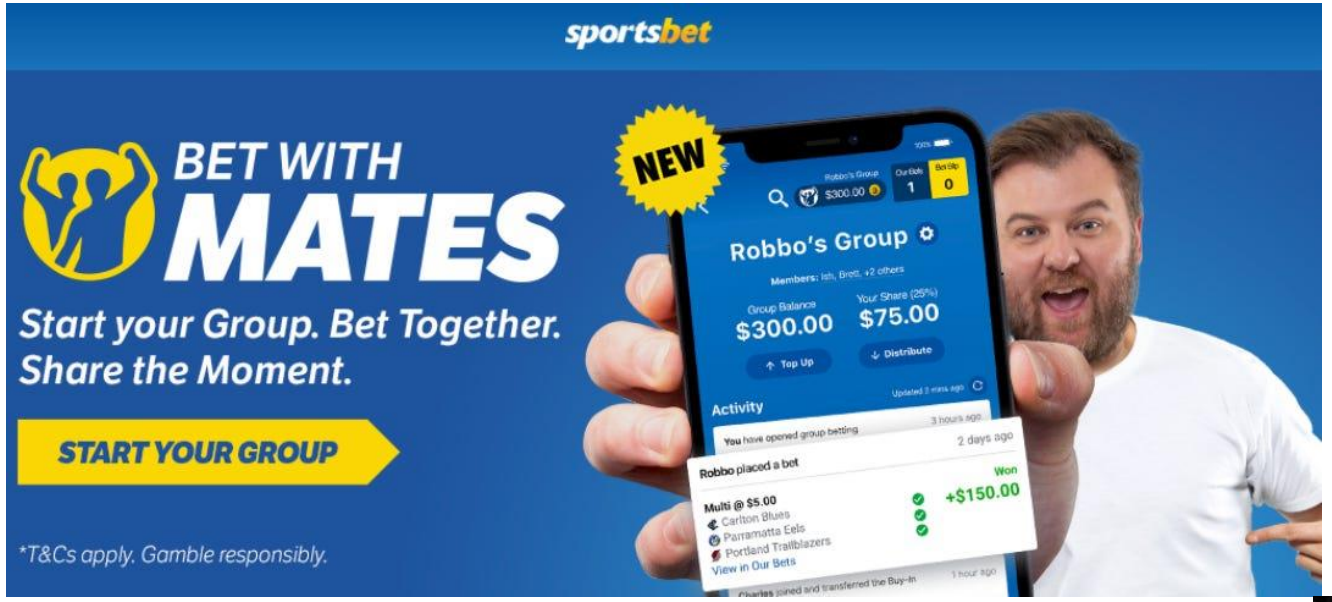




Equity, Diversity and Inclusion (EDI)



Gambling and social media are the new addictions…



Ahead of the Q&A – my questions for you are;

- How will you sense Jimmy's pain?
- What are you going to say and do?

Say what…

Jimmy leaves early for work these days, and he seems to be staying late even though he doesn't need the overtime. He is also withdrawing from friends and family, and he is distant from his wife. He's been changed by the prostate cancer diagnosis – his thoughts are scattered and he is distracted and edgy, especially round the time of the PSA checks.

Ahead of the Q&A – my questions for you are;

- How will you sense Jimmy's pain?
- What are you going to say and do?

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