

This is a repository copy of *Intersecting identities, diverse masculinities, and collaborative development: Considerations in creating online mental health interventions that work for men*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/208471/>

Version: Published Version

Article:

Opozda, Melissa, Galdas, Paul Michael orcid.org/0000-0002-3185-205X, Watkins, Daphne et al. (1 more author) (2024) *Intersecting identities, diverse masculinities, and collaborative development: Considerations in creating online mental health interventions that work for men*. *Comprehensive psychiatry*. ISSN 0010-440X

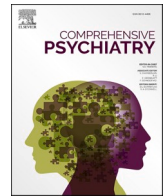
<https://doi.org/10.1016/j.comppsy.2023.152443>

Reuse

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: <https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Intersecting identities, diverse masculinities, and collaborative development: Considerations in creating online mental health interventions that work for men

ABSTRACT

Online mental health interventions have received attention for their potential to bypass barriers that stop men from seeking mental health help from a health professional. However, emerging data suggest that men's use of online mental health interventions is low, and when used, early attrition is common. In this commentary, we hypothesise that men's common lack of engagement with online mental health interventions may reflect limited attention being paid to the needs and preferences of potential users during their development. We outline a series of considerations that we believe are important to advance the development of acceptable, effective online mental health interventions for men: (1) men's diverse and intersecting characteristics, circumstances, and needs; (2) centring positive, progressive masculinities; and (3) listening to, learning from, and working in partnership with men to develop interventions. We also examine how existing online mental health interventions targeting men have engaged with these considerations. **Keywords:** men, male, mental health, e-mental health, digital health, online interventions.

1. Introduction

With almost half of all men expected to develop a mental health disorder by age 75 [1], men's significant rates of mental ill-health are in stark contrast with their low rates of professional help-seeking for these issues [2,3]. Men in western countries have cited issues including lack of privacy, embarrassment, fear, stigma related to help-seeking, a desire to look after themselves, and inconvenient appointment times and wait lists as barriers to accessing in-person mental health assistance [4–6]. Consequently, online mental health interventions (e.g., on websites or app-based) have gained traction as an alternate way for men to access help, primarily due to their potential to circumvent many of these barriers. Features of these interventions often cited as enablers include their perceived anonymity, capacity to access assistance when desired and without delay, greater autonomy and control over care, affordability, privacy, the ability to monitor symptoms over time, and no requirement to discuss their mental health with others [7–9]. However, despite their potential, emerging real-world (non-trial) data suggest that men are less likely than women to use online mental health interventions [10]. When they do engage, they are also more likely to stop using these programs prematurely [11].

Vial and colleagues [12] argue that limited uptake and engagement with online mental health technologies may reflect a lack of attention to user perspectives in their design. We consider that men's underuse of online mental health interventions may be particularly illustrative of this phenomenon. Most current interventions are gender blind – that is, they are not designed to consider men's particular needs, preferences, and circumstances, particularly those related to more progressive forms of masculinities and male identity. Men are frequently underrepresented in online mental health intervention trials and data from those who do participate are rarely analysed in a sex or gender-disaggregated manner [13]. Few studies have investigated what men want to see in online mental health programs [14]. As such, this commentary presents a series of considerations for advancing the development of acceptable and

effective online mental health interventions for men using a gender lens, highlighting promising programs from Canada, Australia, and the United States. Our aim is not to dichotomise men's and women's mental health needs [15], but rather to highlight that men's underrepresentation and under-consultation impede our understanding of their outcomes from these interventions and avenues to improve them, limiting their potential positive health and social impacts.

2. Considering men's diverse characteristics, circumstances, and needs

The World Health Organisation [16] states, “Health systems that are simply designed for everyone will be held back by being gender blind” (p. 4). We already know that sex and gender influence online mental health intervention user preferences, experiences, adherence, and outcomes [17–19]. Lack of attention to sex and gender in design, dissemination, and evaluation will likely result in interventions that do not meet the user's needs. This leads to poor intervention acceptability, reflected in low usage and poor adherence. Though male users often experience better outcomes from interventions specifically designed to suit their needs, wants, and circumstances [20], few online mental health interventions have been developed specifically for men [13,14]. However, developing these types of programs for men is complicated because men are not a homogenous group [21], and their online mental health intervention-related needs and desires will vary according to their individual experiences and circumstances. Gender, sex, and other aspects of men's identities and situations, including their age, ethnicity, cultural background, religion, sexual orientation, location, relationship status, and mental and physical health should be considered in efforts to develop acceptable, effective interventions for men [22].

The application of intersectionality is key to understanding how men's varying and intersecting characteristics and circumstances influence their expectations, experiences, and desires about online mental health interventions. Intersectionality examines multiple aspects of a

<https://doi.org/10.1016/j.comppsy.2023.152443>

Available online 13 December 2023

0010-440X/© 2023 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

man's identity that may work together to influence or disadvantage his health and wellbeing [23,24], proposing that roles and characteristics are inextricably linked and that examining these separately ignores their combined impact on factors such as social status, privilege, and marginalisation [25]. Although the burden of mental ill-health in men is often disproportionately concentrated in men from racial, ethnic, and sexual minority groups and those living with disability [23,26], there has been little research into online mental health interventions in marginalised communities [27]. This is sorely needed. Considerations of intersectionality may mean that it is most appropriate to develop entirely separate interventions that target different groups of men, based on their unique health, social, and cultural needs [21], such as in the United States-based Young Black Men, Masculinities, and Mental Health (YBMen) project [28,29] targeting young Black men and the Canadian MYBUZZ website [30] for men who sleep with men and use substances in a sexual context (Table 1). Men's preferences for online mental health interventions that suit their individual circumstances [31] suggests that their engagement is likely to be increased when information about the individual user is used to match intervention content, feedback, context, format, and/or delivery mode to their demographic, psychological, and behavioural characteristics and needs [32], both in interventions targeting 'men' more generally and those for specific populations. However, we also acknowledge the significant practical challenges (e.g., in content development, time, and monetary costs) often associated with tailoring online interventions in this manner.

Table 1
Promising programs.

Better Man: The Australian Better Man website (betterman.org.au) focuses on helping men make changes to build healthier relationships. The site includes self-assessments that generate goals and plans related to communication, values, and behaviour, as well as teaching practical communication strategies, investigating whether the user's actions in a relationship align with their values, and examining positive and negative aspects of their relationship. It was co-designed in focus groups with men's behaviour change program participants [63]. Pilot data suggest high acceptability and positive changes in intentions and confidence to seek help [64].

HeadGear: HeadGear is an Australian app using behavioural activation and mindfulness to reduce depressive symptoms in employees in male-dominated industries. Its main component is a 30-day challenge in which users complete one 5–10 minute activity per day (e.g., a mindfulness exercise); further content includes a risk assessment, mood monitoring, skills toolbox, and support helpline information [65]. Co-design workshops with workers in male-dominated industries (92% male participants) informed the language, design, and features [66]. Pilot data showed good acceptability and satisfaction [65], and a large trial (74% male) found a significant reduction in depression symptoms when compared to a control condition, but very high rates (84%) of trial attrition [67].

HeadsUpGuys: The Canadian HeadsUpGuys (headsupguys.org) website targets men with depression. It includes information and guidance for managing depression, a screening tool with feedback, men's stories about having depression, therapist directory, and information for family and friends. The site was developed by clinicians, researchers, and advocates using data from focus groups, surveys, and interviews with men with lived experience and was designed to "capitalise on men's desires for independence, autonomy, and preference for self-sufficiency". HeadsUpGuys had 1.7 million users in its first five years of operation [14].

MYBUZZ: MYBUZZ is a Canadian website-based short intervention (mybuzz.ca) for men who sleep with men and use substances in a sexual context. It contains a chat-based substance use self-assessment with feedback, access to online chat with a support worker, and information about local substance use services. The project was co-developed using a community research approach involving researchers, managers, stakeholders, and potential intervention users [30].

YBMen: The American-based YBMen Project (ybmenproject.com) focuses on young Black men's masculinity and mental health needs [29]. It is delivered as a 5–12-week, social media-based mental health education and social support program for young Black men. Daily "gender-specific, age-appropriate, and culturally sensitive prompts from popular culture" [29] related to mental health, manhood, and social support (e.g., lyrics, images, news headlines) are posted with questions to facilitate discussion, learning, skills development, and a supportive environment. The intervention is currently being adapted for Australian and Canadian contexts. Evaluations have shown reductions in depression symptoms and mental health stigma, increased mental health literacy and social support, and expanded masculine norms [28,29,68].

3. Centring positive, adaptive masculinities

We concur with others [33–37] that positive, progressive masculinities – i.e., those that work with men's diversity and strengths in advancing their mental health [34] – should be at the heart of psychological care targeting men. This includes online mental health interventions. Contemporary perspectives eschew the idea that there is one idealised form of masculinity that all men hold, unchanging, throughout their lives. Instead, it is acknowledged that men may align with multiple, diverse masculinities that can be fluctuating, flexible, and adaptive, with beliefs and behaviours changing over time and by situation [37–39]. Consideration of the diversity of men's needs, which reflect a range of masculine identities beyond traditional gender stereotypes, is crucial in developing online mental health interventions that will appeal to and engage specific groups of men, including those who are marginalised and disadvantaged [40].

Thus, interventions that attempt to appeal to men based on traditional masculine ideals or stereotypes such as aggression, dominance, risk-taking, or desire for status will hold limited appeal to diverse populations of men [34,40] and their potential harms have been highlighted [33,41]. A move away from unhealthy, restrictive notions of what men should be and do, to instead build and strengthen healthy and adaptive aspects of being a man is needed [42,43]. In this vein, various researchers have attempted to define potential components of 'healthier masculinities'. For example, Oliffe and colleagues [44] identified five health-related masculine values: selflessness, openness, well-being, strength, and autonomy. Kiselica and Englar-Carlson [37] specified ten positive aspects of traditional masculinity, including male ways of caring (caring for and protecting loved ones and friends) and male courage, daring, and risk-taking (using courage and sound judgement to take sensible risks and learning to avoid reckless behaviours). As demonstrated by Kiselica and Englar-Carlson [37], focusing on healthy, adaptive masculinities does not necessarily require deletion or demotion of the values and behaviours associated with 'traditional' masculinity. In some cases though, these ideas will need to be reshaped, by "disconnect [ing] (for instance) courage from violence, steadfastness from prejudice, ambition from exploitation" [45]. These concepts may be employed to promote men's engagement with interventions while avoiding reinforcing harmful ideas of what it is to be a man. Online interventions might also promote healthier, diverse masculinities by explicitly challenging unhealthy and maladaptive masculine stereotypes. Such 'gender transformative' approaches have garnered growing attention as a means for *reshaping* gender relations by actively challenging prevailing gender stereotypes and offering positive alternatives to effect lasting change in gender norms and health outcomes [46]. For example, the Canadian HeadsUpGuys website for men with depression (Table 1) includes content specifically busting myths about depression in men (e.g., "Myth: A guy with enough willpower should be able to 'snap out of it'. Reality: We wouldn't expect someone to fix a broken arm with sheer willpower. The same is true for depression – we have to develop new skills to beat it" [47]).

4. The importance of collaborative development

Given these considerations, we consider listening to, learning from, and working in partnership with men to be essential for understanding how intersections of identity may shape what is deemed an acceptable, effective online mental health intervention. 'Co' approaches to intervention creation and assessment (such as co-creation, co-design, co-production, and participatory design) have been increasingly utilised over the last five decades in areas including community development, public health, and health promotion [48]. Harnessing these approaches enables a move away from intervention development by academic 'experts', to interventions designed in meaningful, active collaboration with potential users [49,50]. The potential users act as experts in their own experiences and needs [51] and responsibility, power, skills, and

knowledge are shared by all participants [52]. Co approaches are underpinned by principles of empowerment, respect, collaboration, power redistribution, reciprocity, capability building, improving lives, and positive societal impacts [53,54]. In technology development, co approach work may involve understanding potential users' needs and preferences, designing and refining prototypes, discovering and fixing usability issues, and testing features and design [55,56], but will take a flexible, iterative, often non-linear approach that is driven both by the underpinning principles and the target outcome [52]. The importance of these approaches for developing online mental health interventions for men is reflected in recent guidelines for developing effective digital mental health technologies [57] and in the *5C framework* (co-production, cost, context, content, communication) for designing men's health programs [33]. The process for the development of the Australian Better Man website is a standout exemplar, with participants in men's behaviour change programs co-designing an intervention to support men in improving their relationships and communication styles. Similarly, the Australian HeadGear app for reducing depression in employees of male dominated industries was co-produced in workshops with people from this target population (Table 1).

Co approaches offer the potential to promote health equity in marginalised men, by engaging with the expertise of men whose voices are rarely heard and developing socially and culturally appropriate, trusted interventions for their use [58]. However, empowerment, equity, and meaningful benefits for the involved population must be at the forefront to fulfil those goals [53] and care must be taken to ensure that the processes of co-design do not perpetuate existing inequities [54]. For example, Butler and colleagues [53] found that optimal co-design with Aboriginal and Torres Strait Islander people required Aboriginal and Torres Strait Islander project leadership, a culturally grounded approach, mutual respect, benefit to Aboriginal and Torres Strait Islander communities, inclusive partnerships, and evidence-based decision-making. Though the use of co approaches is often associated with positive outcomes for researchers, user participants, and interventions [59], they can also require considerable time and money [60], may be challenging due to conflicting priorities and lack of linear structure [61], and care must be taken to ensure that participation is not tokenistic or burdensome [62].

5. Conclusion

In this commentary, we have outlined several important issues for developing acceptable and effective online mental health interventions for men: men's complex and intersecting identities, centring positive and progressive masculinities, and use of co approaches that engage men's own expertise and promote equity. This is certainly not an exhaustive list of considerations for these types of interventions. Instead, we aim to highlight several issues of significance and hope to stimulate further discussion between researchers, health professionals, those with lived experience, and others working in this area about creating online mental health interventions that work for men. We also recognise the recent important publication of guidelines for designing men's health programs [33] and digital mental health technologies [57], and encourage work building on these to develop best practices guides for developing acceptable and effective online mental health interventions for diverse populations of men.

Acknowledgements and funding sources

MJO was employed by funding from a Movember Social Digital Connections Challenge grant during this work. The same grant funded the article publication charge for this manuscript. Movember had no role in the writing of this manuscript or any decisions related to its publication.

CRedit authorship contribution statement

Melissa J. Opozda: Conceptualization, Writing – original draft, Writing – review & editing. **Paul M. Galdas:** Writing – review & editing. **Daphne C. Watkins:** Writing – review & editing. **James A. Smith:** Supervision, Writing – review & editing.

Declaration of Competing Interest

None.

References

- [1] McGrath JJ, Al-Hamzawi A, Alonso J, Altwaijri Y, Andrade LH, Bromet EJ, et al. Age of onset and cumulative risk of mental disorders: a cross-national analysis of population surveys from 29 countries. *Lancet Psychiatry* 2023;10:668–81.
- [2] Blumberg SJ, Clarke TC, Blackwell DL. Racial and ethnic disparities in men's use of mental health treatments (NCHS data brief no. 206). Hyattsville, MS: National Centre for Health Statistics; 2015.
- [3] Terhaag S, Quinn B, Swami N, Daraganova G. Mental health of Australian males. In: Daraganova G, Quinn B, editors. *Insights #1: Findings from Ten to Men - the Australian Longitudinal Study on Male Health 2013–16*. Melbourne: Australian Institute of Family Studies; 2020.
- [4] Lindinger-Sternart S. Help-seeking behaviours of men for mental health and the impact of diverse cultural backgrounds. *Int J Soc Sci Stud* 2015;3.
- [5] Seidler ZE, Dawes AJ, Rice SM, Oliffe JL, Dhillon HM. The role of masculinity in men's help-seeking for depression: a systematic review. *Clin Psychol Rev* 2016;49:106–18.
- [6] Swami N, Terhaag S, Quinn B, Daraganova G. Health literacy and health service use among Australian men. In: Daraganova G, Quinn B, editors. *Insights #1: Findings from Ten to Men - the Australian Longitudinal Study on Male Health 2013–16*. Melbourne: Australian Institute of Family Studies; 2020.
- [7] Borghouts J, Eikey E, Mark G, De Leon C, Schueller SM, Schneider M, et al. Barriers to and facilitators of user engagement with digital mental health interventions: systematic review. *J Med Internet Res* 2021;23.
- [8] Christensen H, Hickie IB. Using e-health applications to deliver new mental health services. *Med J Aust* 2010;192:S53.
- [9] Lal S, Adair CE. E-mental health: a rapid review of the literature. *Psychiatr Serv* 2014;65:24–32.
- [10] Sharrock MJ, Mahoney AEJ, Haskelberg H, Millard M, Newby JM. The uptake and outcomes of internet-based cognitive behavioural therapy for health anxiety symptoms during the COVID-19 pandemic. *J Anxiety Disord* 2021;84:102494.
- [11] Twomey C, O'Reilly G, Byrne M, Bury M, White A, Kissane S, et al. A randomised controlled trial of the computerised CBT programme, MoodGYM, for public mental health service users waiting for interventions. *Br J Clin Psychol* 2014;53:433–50.
- [12] Vial S, Boudhraa S, Dumont M. Human-centred design approaches in digital mental health interventions: exploratory mapping review. *JMIR Ment Health*. 2022;9:e35591.
- [13] Opozda MJ, Oxlad M, Turnbull D, Gupta H, Vincent AD, Ziesing S, et al. The effects of using psychotherapeutic e-mental health interventions on men's depression and anxiety: systematic review and meta-analysis. *Curr Psychol* 2023. <https://doi.org/10.1007/s12144-023-04968-5>.
- [14] Ogrodniczuk JS, Beharry J, Oliffe JL. An evaluation of 5-year web analytics for HeadsUpGuys: a men's depression e-mental health resource. *Am J Mens Health* 2021;15 (15579883211063322).
- [15] Addis ME, Cohane GH. Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *J Clin Psychol* 2005;61:633–47.
- [16] World Health Organisation.. Integrating gender data in health information systems: Challenges, opportunities, and good practices. Copenhagen: WHO Regional Office for Europe; 2021.
- [17] Karyotaki E, Ebert DD, Donkin L, Riper H, Twisk J, Burger S, et al. Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis. *Clin Psychol Review* 2018;63:80–92.
- [18] Smail-Crevier R, Powers G, Noel C, Wang J. Health-related internet usage and design feature preference for e-mental health programs among men and women. *J Med Internet Res* 2019;21:e11224.
- [19] Wang J, Barth J, Göttgens I, Emchi K, Pach D, Oertelt-Prigione S. An opportunity for patient-centred care: results from a secondary analysis of sex- and gender-based data in mobile health trials for chronic medical conditions. *Maturitas*. 2020;138:1–7.
- [20] Seaton CL, Bottorff JL, Jones-Bricker B, Oliffe JL, DeLeenheer D, Medhurst K. Men's mental health promotion interventions: a scoping review. *Am J Mens Health* 2017;11:1823–37.
- [21] Ellison JM, Semlow AR, Jaeger EC, Griffith DM. COVID-19 and MENTal health: addressing men's mental health needs in the digital world. *Am J Mens Health* 2021;15.
- [22] Smith JA, Watkins DC, Griffith DM. Equity, gender, and health: new directions for global men's health promotion. *Health Promot J Austr* 2020;31:161–5.
- [23] Griffith DM. An intersectional approach to men's health. *J Ment Health* 2012;9:106–12.

- [24] Griffith DM. "Centring the margins": moving equity to the Centre of men's health research. *Am J Mens Health* 2018;12:1317–27.
- [25] Hankivsky O. Women's health, men's health, and gender and health: implications of intersectionality. *Soc Sci Med* 2012;74:1712–20.
- [26] American Psychological Association. Health disparities in racial/ethnic and sexual minority boys and men. 2018.
- [27] Porche MV, Folk JB, Tolou-Shams M, Fortuna LR. Researchers' perspectives on digital mental health intervention co-design with marginalised community stakeholder youth and families. *Front Psych* 2022;13:867460.
- [28] Watkins DC, Allen JO, Goodwill JR, Noel B. Strengths and weaknesses of the Young Black Men, Masculinities, and Mental Health (YBMen) Facebook project. *Am J Orthopsychiatry* 2017;87:392–401.
- [29] Watkins DC, Goodwill JR, Johnson NC, Casanova A, Wei T, Ober Allen J, et al. An online behavioural health intervention promoting mental health, manhood, and social support for young Black men: the YBMen Project. *Am J Mens Health* 2020;14.
- [30] Flores-Aranda J, Goyette M, Larose-Osterrath C. Online intervention as strategy to reach men who have sex with other men and who use substances in a sexual context: development of the MONBUZZ.ca project. *Front Psychiatry* 2019;10:182.
- [31] Opozda MJ, Oxlad M, Turnbull D, Gupta H, Smith JA, Ziesing S, et al. Facilitators of, barriers to, and preferences for e-mental health interventions for depression and anxiety in men: Metasynthesis and recommendations. *J Affect Disord* 2024;346:75–87.
- [32] Noar SM, Grant Harrington N, Shemanski Aldrich R. The role of message tailoring in the development of persuasive health communication messages. *Int Commun Gaz* 2009;33:73–133.
- [33] Galdas PM, Seidler ZE, Oliffe JL. Designing men's health programs: the 5C framework. *Am J Mens Health* 2023;17.
- [34] Seidler ZE, Rice SM, River J, Oliffe JL, Dhillon HM. Men's mental health services: the case for a masculinities model. *J Mens Stud* 2017;26:92–104.
- [35] Seidler ZE, Rice SM, Ogradniczuk JS, Oliffe JL, Dhillon HM. Engaging men in psychological treatment: a scoping review. *Am J Mens Health* 2018;12:1882–900.
- [36] Wilson MJ. Cultivating positive masculinity is mental health promotion for boys and men. *Health Promot Int* 2022;37:daac121.
- [37] Kiselica MS, Englar-Carlson M. Identifying, affirming, and building upon male strengths: the positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychother Theor Res Pract Train* 2010;47:276–87.
- [38] Addis ME, Mahalik JR. Men, masculinity, and the contexts of help seeking. *Am Psychol* 2003;58:5–14.
- [39] Seidler ZE, Rice SM, Dhillon HM. Get angry or get even: finding balance in the discussion of masculinity and mental health. *Aust N Z J Psychiatry* 2019;53:1122.
- [40] Smith JA. Beyond masculine stereotypes: moving men's health promotion forward in Australia. *Health Promot J Austr* 2007;18:20–5.
- [41] Fleming PJ, Lee JG, Dworkin SL. "Real men don't": constructions of masculinity and inadvertent harm in public health interventions. *Am J Public Health* 2014;104:1029–35.
- [42] Englar-Carlson M, Kiselica MS. Affirming the strengths in men: a positive masculinity approach to assisting male clients. *J Couns Dev* 2013;91:399–409.
- [43] Flood M. Men and the man box: a commentary. In: Flood M, editor. *The man box: a study on being a young man in Australia*. Melbourne: Jesuit Social Services; 2018. p. 46–54.
- [44] Oliffe JL, Rice S, Kelly MT, Ogradniczuk JS, Broom A, Robertson S, et al. A mixed-methods study of the health-related masculine values among young Canadian men. *Psychol Men Masc* 2019;20:310–23.
- [45] Connell RW. *The men and the boys*. Sydney: Allen & Unwin; 2000.
- [46] Dworkin SL, Fleming JB, Colvin CJ. The promises and limitations of gender-transformative health programming with men: critical reflections from the field. *Cult Health Sex* 2015;17:128–43.
- [47] HeadsUpGuys. *Depression in men*. 2023.
- [48] Robert G, Locock L, Williams O, Cornwell J, Donetto S, Goodrich J. Co-producing and co-designing. In: Cambridge: Cambridge University Press; 2022.
- [49] Hodson E, Dadashi N, Delgado R, Chisholm C, Sgrignoli R, Swaine R. Co-design in mental health; mellow: a self-help holistic crisis planning mobile application by youth, for youth. *Des J* 2019;22:1529–42.
- [50] Slattery P, Saeri AK, Bragge P. Research co-design in health: a rapid overview of reviews. *Health Res Policy Syst* 2020;18:17.
- [51] Sleeswijk Visser F, Stappers PJ, van der Lugt R, Sanders EBN. Contextmapping: experiences from practice. *CoDesign*. 2005;1:119–49.
- [52] NIHR. Guidance on co-producing a research project. 2021.
- [53] Butler T, Gall A, Garvey G, Ngampromwongse K, Hector D, Turnbull S, et al. A comprehensive review of optimal approaches to co-design in health with First Nations Australians. *Int J Environ Res Public Health* 2022;19:16166.
- [54] Moll S, Wyndham-West M, Mulvale G, Park S, Buettgen A, Phoenix M, et al. Are you really doing 'codesign'? Critical reflections when working with vulnerable populations. *BMJ Open* 2020;10:e038339.
- [55] Bevan Jones R, Stallard P, Agha SS, Rice S, Werner-Seidler A, Stasiak K, et al. Practitioner review: co-design of digital mental health technologies with children and young people. *J Child Psychol Psychiatry* 2020;61:928–40.
- [56] De Vito Dabbs A, Myers BA, Mc Curry KR, Dunbar-Jacob J, Hawkins RP, Begey A, et al. User-centred design and interactive health technology for patients. *Comput Inform Nurs* 2009;27:175–83.
- [57] Seifert C, Vogel L, Aas B, Brandhorst I, Carlbring P, Conzelmann A, et al. How to e-mental health: a guideline for researchers and practitioners using digital technology in the context of mental health. *Nat Ment Health* 2023;1:542–54.
- [58] Brewer LC, Fortuna KL, Jones C, Walker R, Hayes SN, Patten CA, et al. Back to the future: achieving health equity through health informatics and digital health. *JMIR Mhealth Uhealth* 2020;8:e14512.
- [59] Steen M, Manschot M, De Koning N. Benefits of co-design in service design projects. *Int J Des* 2011;5:53–60.
- [60] Redman S, Greenhalgh T, Adedokun L, Staniszewska S, Denegri S. Co-production of knowledge: The future. *BMJ* 2021;372:n434.
- [61] Oliver K, Kothari A, Mays N. The dark side of coproduction: do the costs outweigh the benefits for health research? *Health Res Policy Syst*. 2019;17:33.
- [62] Farrington CJ. Co-designing healthcare systems: between transformation and tokenism. *J Roy Soc Med* 2016;109:368–71.
- [63] Tarzia L, McKenzie M, Addison MJ, Hameed MA, Hegarty K. "Help me realise what I'm becoming": men's views on digital interventions as a way to promote early help-seeking for use of violence in relationships. *J Interpers Violence* 2023;38:8016–41.
- [64] Hameed M, Tarzia L, Addison M, Tassone S, Hasandedic A, Hegarty K. Testing a digital healthy relationship tool to promote men's help-seeking for domestic violence. In: Australian Public Health Conference. Adelaide, Australia; 2019.
- [65] Deady M, Johnston D, Milne D, Glozier N, Peters D, Calvo RA, et al. Preliminary effectiveness of a smartphone app to reduce depressive symptoms in the workplace: feasibility and acceptability study. *JMIR Mhealth Uhealth* 2018;6:e11661.
- [66] Peters D, Deady M, Glozier N, Harvey S, Calvo RA. Worker preferences for a mental health app within male-dominated industries: participatory study. *JMIR Ment Health* 2018;5:e30.
- [67] Deady M, Glozier N, Calvo RA, Johnston D, Mackinnon A, Milne D, et al. Preventing depression using a smartphone app: a randomised controlled trial. *Psychol Med* 2022;52:457–66.
- [68] Watkins DC, Brown BR, Abelson JM, Ellis J. First-generation Black college men in the United States and the value of cohort-based programs: Addressing inequities through the YBMen project. In: Smith JA, Watkins DC, Griffith DM, editors. *Health promotion with adolescent boys and young men of colour*. Cham; 2023.

Melissa J. Opozda^{a,b,*}, Paul M. Galdas^c, Daphne C. Watkins^d, James A. Smith^a

^a College of Medicine and Public Health, Flinders University, Darwin, Australia

^b Freemasons Centre for Male Health and Wellbeing, South Australian Health and Medical Research Institute, University of Adelaide, Adelaide, Australia

^c Department of Health Sciences, University of York, York, UK

^d School of Social Work, National Centre for Institutional Diversity, University of Michigan, Ann Arbor, USA

* Corresponding author at: College of Medicine and Public Health, Flinders University Northern Territory, Darwin, Australia.
E-mail address: melissa.opozda@flinders.edu.au (M.J. Opozda).