Survey on men's health, well-being and perceptions of suicide – Island of Montreal



Final report submitted
to the Regroupement des Organismes pour Hommes de l'Île de Montréal

som | September **2026**

Table of contents

3	Background and objectives
5	Study methodology
6	Respondent profile
7	Study highlights
11	Section 1 – Health status and well-being
24	Section 2 – Masculinity and gender norms
29	Section 3 – Suicide: ideation, behaviours and acceptability
39	Section 4 – Help-seeking behaviours and use of resources
50	Conclusions

Appendices

1	Detailed methodology
2	Indexes
3	Questionnaire

Background

The Regroupement des organismes pour hommes de l'Île de Montréal (ROHIM) works to promote men's health and well-being. It advocates a positive approach and a better understanding of men's lived experience in order to strengthen services tailored to the realities men face.

As part of its mission, ROHIM works, among other things, by creating, pooling and integrating research resources that improve knowledge of the male condition and of the services offered to men.

Objectives

The survey aims to:

- Measure men's mental and physical health status;
- Document the prevalence of suicidal ideation and behaviours;
- Identify the factors that facilitate consulting psychosocial workers and, more broadly, health professionals;
- Assess the use of certain resources;
- Explore attitudes related to masculinity;
- Compare perceptions by first official language spoken and by region.

Thank you to the project partners

CPSM Centre de prévention du suicide de Montréal

CRISE Centre de recherche interdisciplinaire sur le suicide et ses enjeux éthiques

Pôle d'expertise et de recherche EN SANTÉ ET BIEN-ÊTRE DES HOMMES

Douglas Research Centre / Centre de recherche

McGill

Université Laval

CHSSN Secrétariat aux relations avec les Québécois d'expression anglaise Québec

Regroupement provincial en santé et bien-être des hommes

Québec

Financement de la Direction régionale de santé publique de Montréal

ROHIM Regroupement des Organismes pour Hommes de l'Ile de Montréal

Study methodology

Target population

Quebec men aged 18 or over.

Sampling

A random sample was drawn from SOM's panel. External panels completed the recruitment to reach certain under-represented profiles.



Data collection

Online survey conducted from April 22 to May 15, 2026.

Questionnaire

The questionnaire was developed by ROHIM, then reviewed, translated and programmed by SOM.

The questionnaire was available in French and English.

The final version is presented in Appendix 3.

Notes

This report focuses on the 1,742 respondents from the Island of Montreal. The "all" base therefore corresponds to this group. However, results for respondents from elsewhere in Quebec are also presented in order to compare them with the overall results for the Island of Montreal. For this purpose, green indicates a significantly higher difference and pink a significantly lower difference.

The + or - signs, or the colours green or pink, indicate a statistically significant difference, higher or lower, between the group cited and all other respondents from the **Island of Montreal**.

The charts are accompanied by tables detailing the results by:

- first official language spoken (FOLS):
  - French; (FR);
  - English; (EN);
- Santé Québec territorial zone in Montreal:
  - Ouest (O);
  - Centre-Ouest (C-O);
  - Centre-Sud (C-S);
  - Nord (N);
  - Est (E);
- as well as respondents outside these zones.

Respondent profile

Weighted profile, base: all, n: 1,742, unless otherwise indicated

Region	
Ouest	18
Centre-Ouest	17
Centre-Sud	18
Nord	21
Est	26

First official language spoken Multiple answers possible	
French	57
English	43

Languages known well enough to carry on a conversation	
French only	17
English only	7
French and English	76

Age	
18 to 24 years old	12
25 to 34 years old	20
35 to 44 years old	18
45 to 54 years old	16
55 to 64 years old	15
65 years old or over	19

Parent of children, whether or not they live with the respondent	
Yes	39
No/No answer	61

Household size Base: all, excluding non-response, n: 1,734	
1	28
2	34
3 or more	38

Marital status	
Married or in a common-law relationship	50
Separated or divorced	6
Single	42
Prefer not to answer	2

Sexual orientation	
Straight	79
Homosexual	13
Other	7
Prefer not to answer	1

Current occupation Base: all, excluding non-response, n: 1,665	
Full-time work or studies	59
Part-time work or studies	11
Looking for work	4
At home	23
On sick leave	3

Education Base: all, excluding non-response, n: 1,739	
High school or less	41
College	16
University	43
Other	<1

Household income Base: all, excluding non-response, n: 1,618	
Under $40,000	21
$40,000 to $59,999	12
$60,000 to $79,999	18
$80,000 to $99,999	14
From $100,000 to $149,999	19
From $150,000 to $199,999	9
$200,000 or more	7

Percentage of income spent on housing	
Less than 30%	43
30% to 50%	35
More than 50%	13
I don't know/I prefer not to answer	9

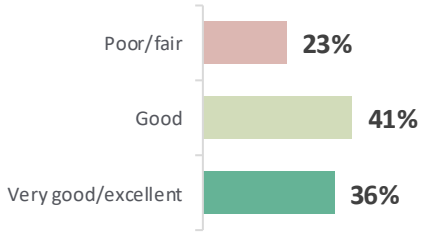
Born in Canada	
Yes	77
No	23
Prefer not to answer	<1

Time lived in Canada Base: respondents born outside Canada, n: 346	
Less than 5 years	11
Between 5 and 10 years	23
More than 10 years	66

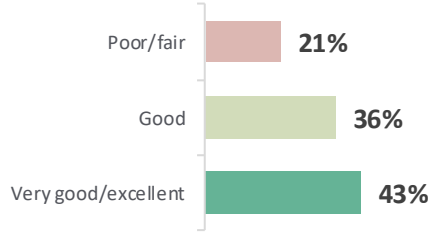
Study highlights

Health status and well-being

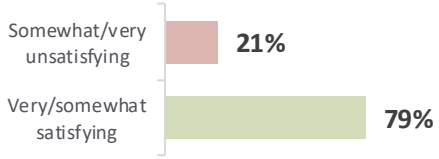
Physical health



Mental health

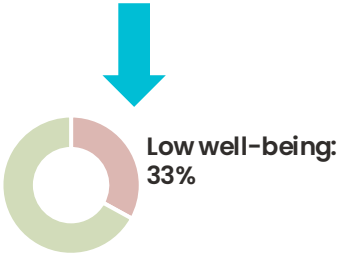


Satisfaction with social life



Psychological well-being

	Most of the time + all the time
I felt good and in a good mood	47%
I felt calm and peaceful	46%
My daily life was filled with interesting things	39%
I woke up feeling refreshed and alert	35%
I felt full of energy and vigorous	35%



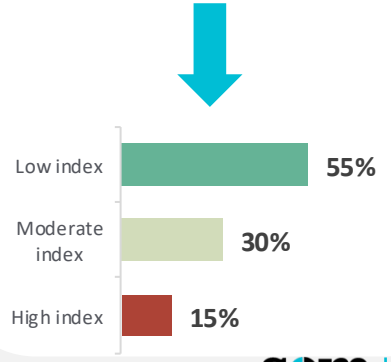
Well-being at work

	Always + often
I have a hard time feeling enthusiastic about my work	22%
At work, I feel mentally exhausted	21%
When I work, I have trouble concentrating	17%
At work, I sometimes overreact without meaning to	14%



Psychological distress

	Most of the time + all the time
Nervous	16%
So tired that everything is an effort	14%
Depressed	12%
Restless or unable to sit still	11%
Desperate	9%
Good-for-nothing	9%

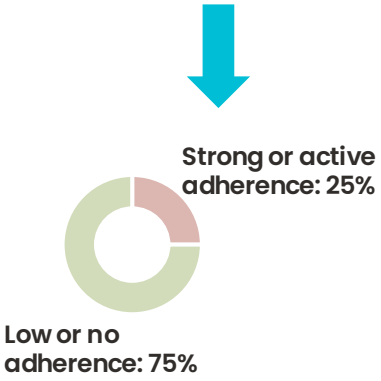


Study highlights (continued)

Masculinity and gender norms

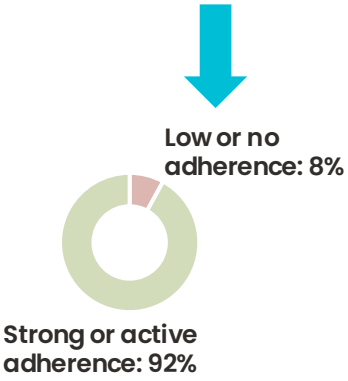
Traditional masculine gender norms

	Agreement
A young man should try to be physically fit, even if he isn't muscular	60%
Boys should prefer playing with trucks somewhat rather than with dolls	40%
Men should watch football games rather than soap operas	24%
Men shouldn't be too quick to tell others that they care about them	23%
The boss should always be a man	15%



Positive masculinity

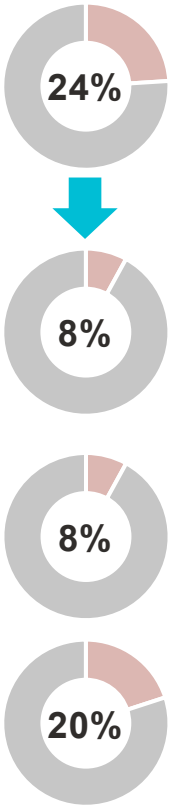
	A lot + completely
Cares about the safety of others	74%
Motivated to succeed	59%
Emotionally stable	56%
Brave	48%
Maintains physical fitness	38%



Study highlights (continued)

Suicidal thoughts and attempts

Perceptions of suicide



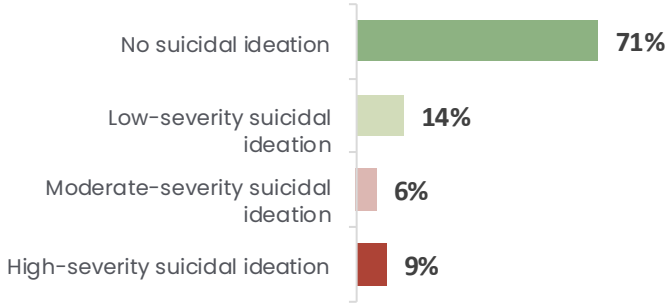
Have seriously thought about killing themselves or taking their own life

Thought about it in the past 12 months

Have attempted suicide or tried to take their own life

Considers suicide an acceptable option in certain situations

Suicidal thoughts severity index



Perceived importance of reasons for continuing to live

	Very + somewhat important
Not wanting to cause pain to my family or my loved ones	86%
The feeling of having responsibilities toward my children or other people who are important to me	84%
Believing that I have the personal ability to cope with my difficulties	83%
Fear of harming myself	60%
My personal, moral, or religious values that oppose suicide	57%

Study highlights (continued)

Help-seeking behaviours and use of resources

Factors that facilitate consulting a psychosocial worker

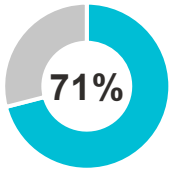
Likelihood of consulting a psychosocial worker if...	Somewhat + very likely
Your doctor told you to consult	72%
Your spouse told you to consult	61%
You were thinking about suicide	57%
You were going through a marital separation	43%

Top 3 resources used during suicidal thoughts Base: respondents who have considered suicide	
Healthcare professionals in the public system	31%
Healthcare professionals in the private sector	24%
Suicide prevention helpline	16%

Top 3 most helpful sources of support or activities for mental health difficulties	
Support from family or friends	26%
Mental health professionals	14%
Sports or physical activity	13%

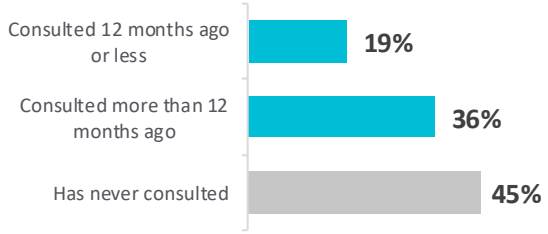
Top 4 most important factors when consulting a professional	
Having an ongoing relationship with the same psychosocial worker	20%
Feeling that the counselor can really help you solve your problem	16%
Being able to see a psychosocial worker quickly if needed	16%
Free or low cost	14%

Seeing a doctor

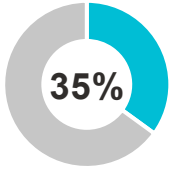


Saw a doctor in the past year

Consulting a psychosocial worker



Talking about mental health issues



In the past year, spoke to someone about a personal mental health issue

Top 3 people respondents spoke to about their mental health issue	
Close friend	61%
Spouse or partner	49%
Psychologist/therapist/other mental health professional	30%
Family doctor	30%

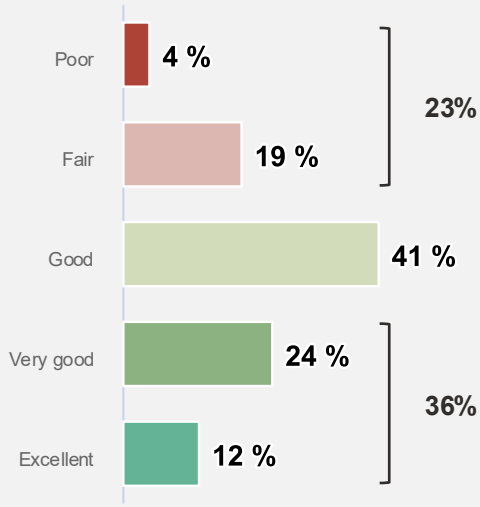


1. Health status and well-being

- Physical and mental health
- Satisfaction with social life
- Psychological well-being
- Psychological well-being index
- Well-being at work
- Burnout index
- Frequency of certain physical or mental states
- Psychological distress index

Physical health

Q11. In general, would you say that your physical health is:
Base: all, excluding non-response, n: 1,733



	% FOLS		% CIUSSS zone					% region
	FR n: 1,189	EN n: 544	Ouest n: 374	Centre-Ouest n: 284	Centre-Sud n: 361	Nord n: 345	Est n: 369	Outside IoM n: 1,171
Poor/Fair	21	26	25	19	25	26	21	18
Good	44	36	36	38	41	43	44	48
Very good/Excellent	35	38	39	43	34	31	35	34

Only one third (36%) of men on the Island of Montreal consider their physical health to be very good or excellent.

A few differences are notable:

- Montrealers are proportionally more likely to rate their physical health as poor or fair than those living elsewhere in Quebec (23% versus 18%);
- A link is observed between income and physical health. Men with a modest household income are proportionally less likely to report excellent or very good physical health (under $60,000, 26% versus 54% among those with an income of $200,000 or more). A similar observation can be made for education (high school diploma or less, 29% versus 44% among university graduates);
- Likewise, those for whom suicide is an acceptable option in certain situations (28% versus 39%) stand out on the low side;
- So do men without children (33% versus 41% among fathers).

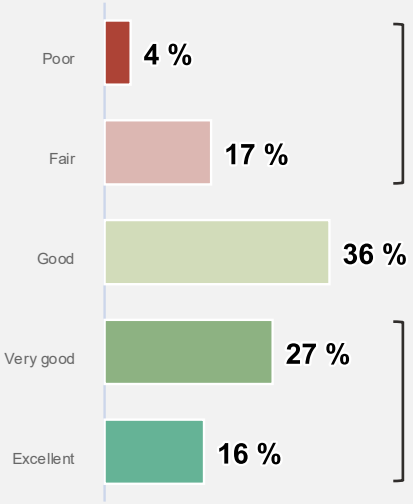
Physical health (continued)

Q11. In general, would you say that your physical health is:
Base: all, excluding non-response, n: 1,733

Answer choice	Overall result %	The following subgroups are proportionally less likely to report excellent or very good physical health
Excellent or very good	36	– Poor/fair mental health (7%) – Low well-being index (13%) – Low or no adherence to positive masculinity (13%) – Has considered suicide (20%) – Very/somewhat unsatisfying social life (22%) – Moderate distress index (24%) – High distress index (26%) – Household income under $60,000 (26%) – Considers suicide an acceptable option (28%) – High school diploma or less (29%) – At risk of burnout (31%) – Has no children (33%)

Mental health

Q12. In general, would you say that your mental health is:
Base: all, excluding non-response, n: 1,733



		% FOLS		% CIUSSS zone					% region
		FR n: 1,189	EN n: 544	Ouest n: 374	Centre-Ouest n: 284	Centre-Sud n: 361	Nord n: 345	Est n: 369	Outside IoM n: 1,170
21%	17 %	17	27	25	26	18	21	17	18
	36 %	39	33	27	34	37	41	40	33
43%	27 %	44	40	48	40	45	38	43	49
	16 %								

Two out of five Montrealers (43%) report excellent or very good mental health. Unlike physical health, no significant gap is observed between Montrealers and men living outside the Island.

It is observed that:

- Men who rate their physical health as poor or fair stand out very strongly on the low side: only 16% of them report very good or excellent mental health, versus 79% among those reporting very good or excellent physical health;
- In addition, and as for physical health, those who consider suicide an acceptable option in certain situations (28% versus 49%) as well as the less affluent (household income of $60,000 or less, 33% versus 56% for an income of $200,000 or more) stand out on the low side;
- Those aged 25 to 34 are among the least likely to consider themselves in very good or excellent mental health (32% versus 63% among those aged 65 or over).

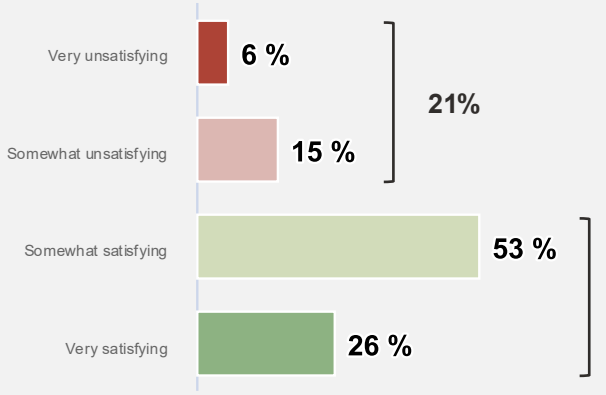
Mental health (continued)

Q12. In general, would you say that your mental health is:
Base: all, excluding non-response, n: 1,733

Answer choice	Overall result %	The following subgroups are proportionally less likely to report excellent or very good mental health
Excellent or very good	43	– Low or no adherence to positive masculinity (11%) – Low well-being index (12%) – High distress index (15%) – Poor/fair physical health (16%) – Low-severity suicidal ideation (17%) – Very/somewhat unsatisfying social life (18%) – Has considered suicide (21%) – Moderate distress index (22%) – High-severity suicidal ideation (24%) – Considers suicide an acceptable option (28%) – At risk of burnout (30%) – 25 to 34 years old (32%) – Household income under $60,000 (33%)

Satisfaction with social life

Q13. In general, how would you rate your social life, that is, the relationships you have with the people around you (family, friends, acquaintances, etc.)?
Base: all, excluding non-response, n: 1,716



	% FOLS		% CIUSSS zone					% region
	FR n: 1,175	EN n: 541	Ouest n: 375	Centre-Ouest n: 279	Centre-Sud n: 358	Nord n: 340	Est n: 364	Outside IoM n: 1,162
21%	21	21	31	21	20	16	19	17
79%	79	79	69	79	80	84	81	83

The majority of residents of the Island of Montreal report being satisfied with their social life (very or somewhat, 79%). Nevertheless, this result conceals sometimes substantial gaps, with certain subgroups being less satisfied:

- Respondents who rate their mental (50%) or physical (62%) health as fair or poor;
- Those with a low well-being index or a high psychological distress index (59% each);
- Men with a low household income (under $40,000, 68%) as well as those living in the Ouest zone of the Island (69%).

Satisfaction with social life (continued)

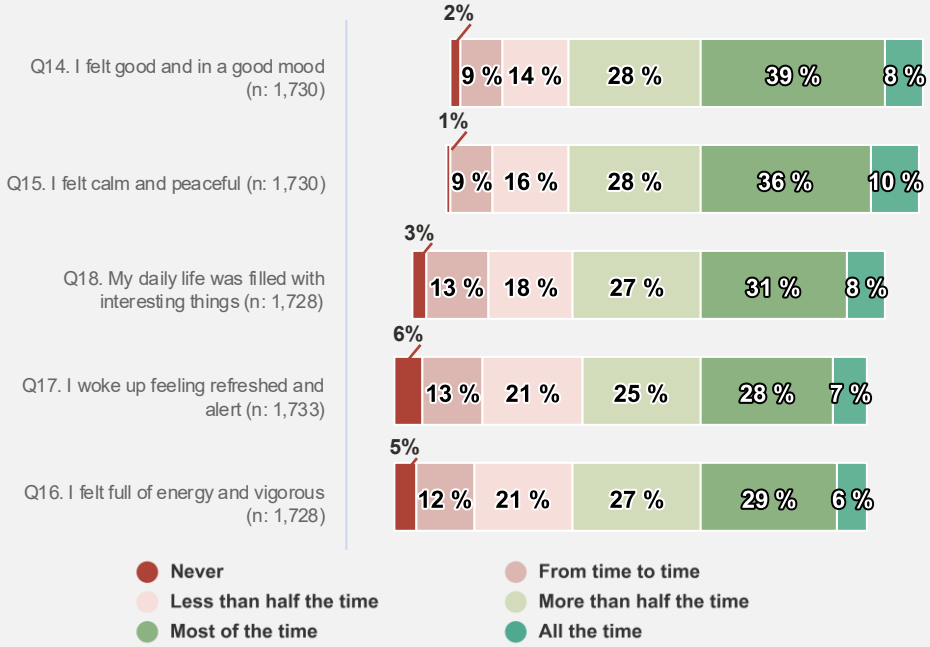
Q13. In general, how would you rate your social life, that is, the relationships you have with the people around you (family, friends, acquaintances, etc.)?

Base: all, excluding non-response, n: 1,716

Answer choice	Overall result %	Other subgroups that are proportionally less likely to report being very or somewhat satisfied with their social life
Very or somewhat satisfying	79	– Low or no adherence to positive masculinity (45%) – Poor/fair mental health (50%) – Low well-being index (59%) – High distress index (59%) – Poor/fair physical health (62%) – Low-severity suicidal ideation (63%) – High-severity suicidal ideation (65%) – Has considered suicide (66%) – Household income under $40,000 (68%) – Lives alone (72%) – 18 to 34 years old (74%) – At risk of burnout (74%) – High school diploma or less (75%) – Has no children (75%)

Psychological well-being

Q14-18. Over the past two weeks, how often have you experienced or felt each of the following situations:
Base: all, excluding non-response



	% most + all the time	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q14. I felt good and in a good mood (n: 1,730)	47	52	41	48	35	49	46	54	57
Q15. I felt calm and peaceful (n: 1,730)	46	49	41	46	41	48	40	52	57
Q18. My daily life was filled with interesting things (n: 1,728)	39	45	30	37	30	40	38	45	44
Q17. I woke up feeling refreshed and alert (n: 1,733)	35	39	31	34	34	38	32	39	41
Q16. I felt full of energy and vigorous (n: 1,728)	35	39	30	33	34	37	31	39	39

Men on the Island of Montreal show mixed psychological well-being.

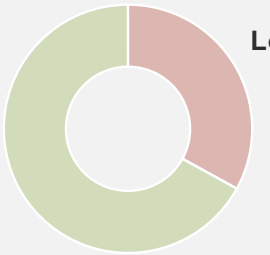
In fact, fewer than half of them report having felt calm and peaceful over the past two weeks (most of the time or all the time, 46%) or good and in a good mood (47%). Moreover, agreement is even lower for the statements on energy and vitality: barely one third felt full of energy and vigorous (35%) or woke up feeling refreshed and alert (35%), and only 39% report that their daily life was filled with interesting things.

Montrealers with low or no adherence to positive masculinity stand out very strongly on the low side (7% to 15% depending on the question). Lower proportions are also recorded among those with a more modest household income (under $40,000 or under $60,000 depending on the statement) as well as among those who rate their physical or mental health as poor or fair.

It should also be noted that those living outside the Island of Montreal stand out on the high side for the first three statements.

Psychological well-being index

Q14-18. Psychological well-being index.
Base: all, excluding non-response, n: 1,715



Low well-being: 33%

Moderate to high well-being: 67%

% FOLS		% CIUSSS zone					% region
FR n: 1,180	EN n: 535	Ouest n: 372	Centre-Ouest n: 279	Centre-Sud n: 357	Nord n: 342	Est n: 365	Outside IoM n: 1,150
29	38	35	37	29	31	33	24

The subgroups below are proportionally **more likely** to show a **low well-being index**:

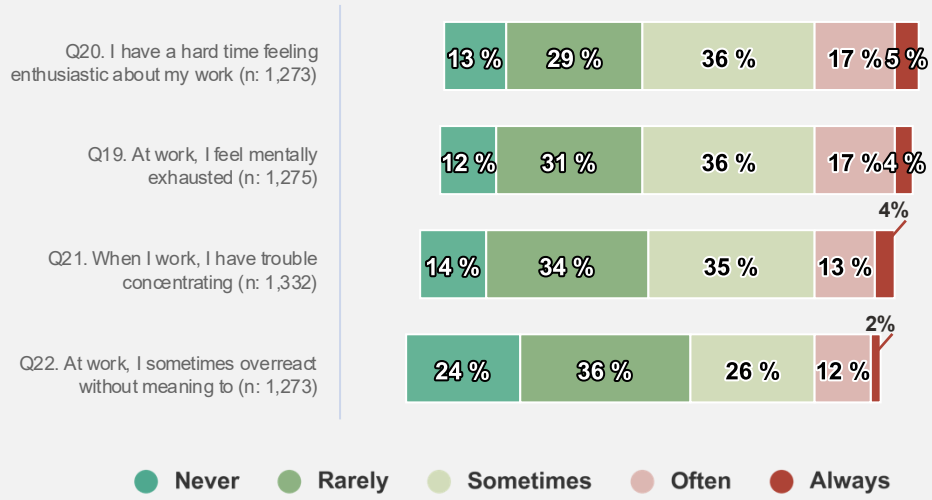
+ Low or no adherence to positive masculinity (76%)
+ Poor/fair mental health (74%)
+ Poor/fair physical health (62%)
+ Very/somewhat unsatisfying social life (62%)
+ Has considered suicide (58%)
+ Low-severity suicidal ideation (58%)
+ High distress index (56%)
+ Moderate-severity suicidal ideation (54%)
+ High-severity suicidal ideation (53%)
+ Moderate distress index (52%)
+ Household income under $60,000 (46%)
+ At risk of burnout (42%)
+ Considers suicide an acceptable option (42%)
+ High school diploma or less (41%)
+ 45 to 54 years old (40%)
+ Has no children (38%)

One third of men on the Island of Montréal fall into the low well-being category, which is significantly higher than among men living outside the Island.

Note: the calculation method for this index is available in Appendix 2.

Well-being at work

Q19-22. How often do you experience each of the following situations?
Base: all, excluding non-response



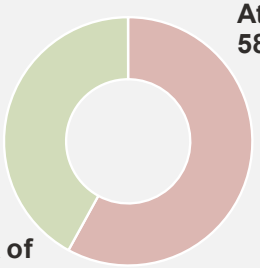
	% often + always	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q20. I have a hard time feeling enthusiastic about my work (n: 1,273)	22	20	26	20	29	28	15	22	20
Q19. At work, I feel mentally exhausted (n: 1,275)	21	20	21	16	23	25	18	21	16
Q21. When I work, I have trouble concentrating (n: 1,332)	17	16	18	13	21	15	15	19	13
Q22. At work, I sometimes overreact without meaning to (n: 1,273)	14	14	13	11	21	12	11	14	10

One in five Montrealers reports always or often having a hard time feeling enthusiastic about their work or feeling mentally exhausted. These results do not differ appreciably from those observed outside the Island.

Men with a high distress index are proportionally very likely to report frequently experiencing mental exhaustion at work (71%) or a lack of enthusiasm (61%).

Burnout index

Q19-22. Burnout index.
Base: all, excluding non-response, n: 1,223



At risk of burnout: 58%

Low or no risk of burnout: 42%

% FOLS		% CIUSSS zone					% region
FR n: 809	**EN** n: 414	**Ouest** n: 252	**Centre-Ouest** n: 224	**Centre-Sud** n: 248	**Nord** n: 246	**Est** n: 253	**Outside IoM** n: 866
51	65	50	71	60	58	50	52

The subgroups below are also proportionally **more likely** to be at **risk of burnout**:

+ High distress index (99%)
+ High-severity suicidal ideation (96%)
+ Poor/fair mental health (81%)
+ Low-severity suicidal ideation (78%)
+ 18 to 24 years old (78%)
+ Low well-being index (76%)
+ Has lived in Canada for 5 to 10 years (75%)
+ Somewhat/very unsatisfying social life (74%)
+ Moderate distress index (74%)
+ Has considered suicide (73%)
+ Poor/fair physical health (72%)
+ 35 to 44 years old (68%)
+ Strong or active adherence to traditional masculine norms (67%)
+ Household of 3 or more people (64%)

Overall, three out of five men on the Island of Montreal are at risk of burnout. Higher proportions are observed among men in the Centre-Ouest zone (71%) and among English-speaking men (65%).

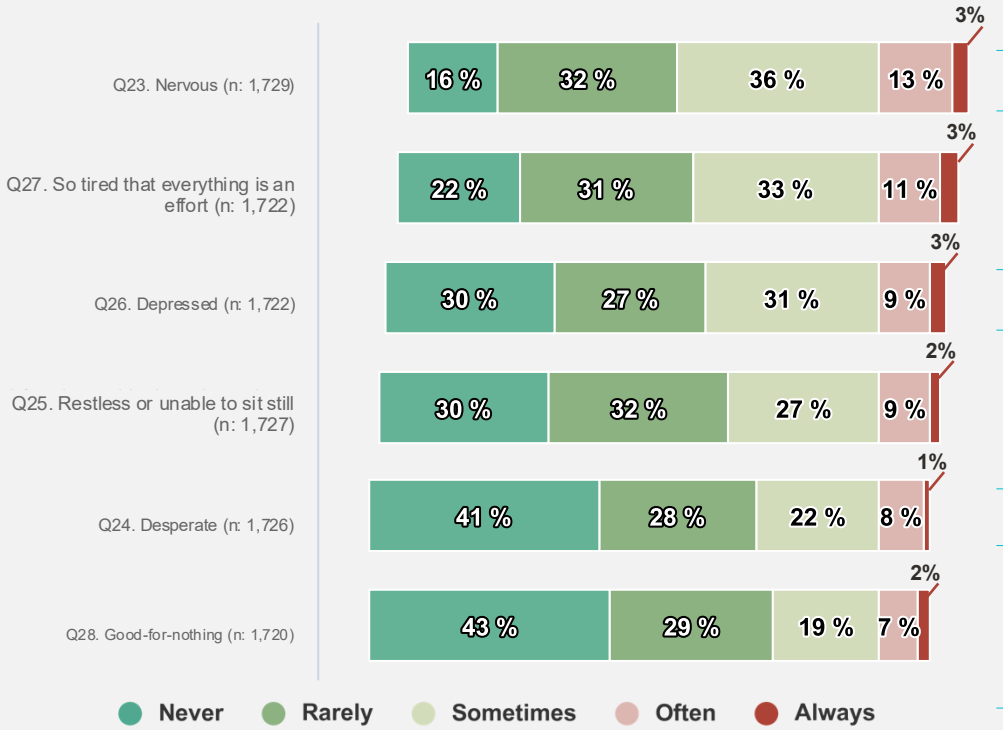
The link with mental health appears marked: almost all respondents with a high distress index (99%) or high-severity suicidal ideation (96%) are at risk. Those who rate their mental health as poor or fair (81%) also stand out clearly.

Finally, the youngest respondents (18 to 24 years old, 78%) are proportionally more at risk.

Note: the calculation method for this index is available in Appendix 2.

Frequency of certain physical or mental states

Q23-28. Over the past month, how often have you felt…?
Base: all, excluding non-response



	% most + all the time	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q23. Nervous (n: 1,729)	16	16	16	19	15	16	12	17	14
Q27. So tired that everything is an effort (n: 1,722)	14	12	16	14	17	10	15	14	10
Q26. Depressed (n: 1,722)	12	9	14	14	12	11	11	10	9
Q25. Restless or unable to sit still (n: 1,727)	11	9	14	13	17	9	8	9	5
Q24. Desperate (n: 1,726)	9	8	10	9	8	9	7	9	7
Q28. Good-for-nothing (n: 1,720)	9	6	12	11	9	6	10	7	6

A very small minority of Montreal men (1% to 3%) felt one or another of the six physical or mental states measured all the time during the month preceding the survey. Nevertheless, between 9% and 16% of them experienced one or another of these states frequently. For reference, in January 2021*, 11% to 18% of Montreal men had answered most of the time or all the time.

Certain subgroups stand out with sometimes markedly higher proportions of men who experienced each of the six states always or most of the time:

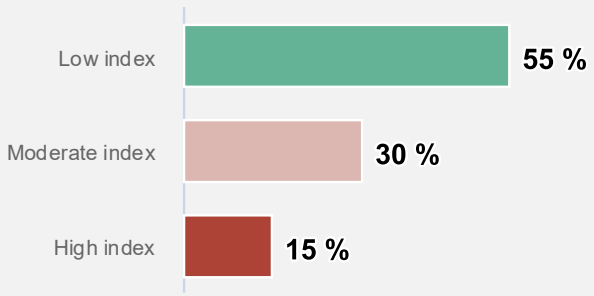
- those who have considered suicide (16% to 31%) or who show high-severity suicidal ideation (40% to 53%);
- young men (most often those aged 18 to 24).

English-speaking men stand out on the high side for frequently feeling restless or feeling good-for-nothing. Conversely, those living outside the Island of Montreal are proportionally less likely to report feeling depressed (10%) or tired (5%).

* Survey conducted by SOM on behalf of the Comité régional en santé et bien-être des hommes de la région de Montréal in January 2021. As that survey was carried out during the COVID-19 pandemic, the results are not directly comparable.

Psychological distress index

Q23-28. Psychological distress index.
Base: all, excluding non-response, n: 1,699



	% FOLS		% CIUSSS zone					% region
	FR n: 1,176	EN n: 523	Ouest n: 366	Centre-Ouest n: 277	Centre-Sud n: 358	Nord n: 337	Est n: 361	Outside IoM n: 1,152
Low index	61	47	55	46	58	56	58	65
Moderate index	27	35	27	35	30	31	29	23
High index	12	18	18	19	12	13	13	12

The subgroups below are also proportionally **more likely** to show a **high distress index**:

+ High-severity suicidal ideation (62%)
+ Poor/fair mental health (40%)
+ Low or no adherence to positive masculinity (40%)
+ Has lived in Canada for less than 5 years (36%)
+ 18 to 24 years old (29%)
+ Very/somewhat unsatisfying social life (29%)
+ Has considered suicide (28%)
+ Household income under $40,000 (28%)
+ Has lived in Canada for 5 to 10 years (28%)
+ At risk of burnout (26%)
+ Low well-being index (25%)
+ Strong or active adherence to traditional masculine norms (25%)
+ Poor/fair physical health (23%)

Over the past month, more than one in seven Montreal men experienced high psychological distress, based on the answers given to the preceding questions. This result does not differ appreciably from that recorded outside the Island. However, the proportion of men showing a low index is significantly lower than elsewhere in Québec (55% versus 65%).

Men who have considered suicide (28%) as well as those with high-severity suicidal ideation (62%) stand out clearly on the high side and should obviously receive particular attention.

In addition, a few sociodemographic characteristics stand out among men with a high psychological distress index:
- Immigrants, whether recent (less than 5 years, 36%) or longer-settled (5 to 10 years, 28%);
- Young men aged 18 to 24 (29%);
- The less affluent (household income under $40,000, 28%);
- English-speaking respondents (18%).

Note: the calculation method for this index is available in Appendix 2.

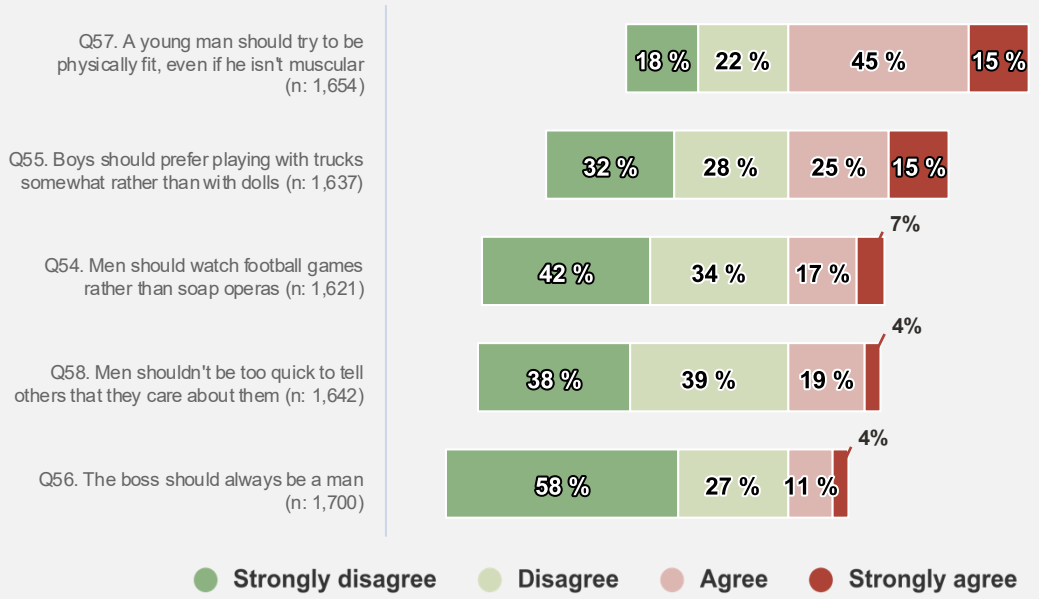


2. Masculinity and gender norms

- Adherence to traditional masculine gender norms
- Traditional masculinity index
- Positive masculinity
- Positive masculinity index

Adherence to traditional masculine gender norms

Q54-58. Please indicate your level of agreement with the following statements:
Base: all, excluding non-response



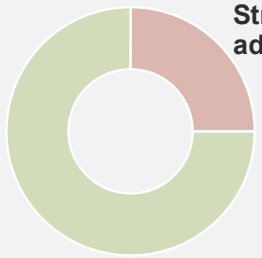
	% agreement	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q57. A young man should try to be physically fit, even if he isn't muscular (n: 1,654)	60	49	75	66	75	47	58	58	41
Q55. Boys should prefer playing with trucks somewhat rather than with dolls (n: 1,637)	40	35	45	45	44	26	41	40	33
Q54. Men should watch football games rather than soap operas (n: 1,621)	24	20	30	26	31	17	22	25	17
Q58. Men shouldn't be too quick to tell others that they care about them (n: 1,642)	23	19	27	25	30	19	17	24	16
Q56. The boss should always be a man (n: 1,700)	15	11	19	14	22	10	14	12	9

The statements assessed obtain agreement proportions that vary widely depending on their nature. The majority of men surveyed (60%) agree with the traditional norm on physical endurance. Likewise, two out of five Montrealers are favourable to gendered preferences in children's play. In contrast, the last three statements obtain markedly lower results.

Montrealers agree significantly more with all five statements than those living outside the Island. A link with the first official language spoken is also observed: English-speaking respondents stand out on the high side for each of the statements. In addition, respondents born outside Canada stand out on the high side for four of the five norms. The larger immigrant population in Montreal than in the rest of Quebec could explain, at least partially, why such differences in perceptions emerge between the Island and the rest of Quebec.

Traditional masculinity index

Q54-58. Traditional masculinity index.
Base: all, excluding non-response, n: 1,465



Strong or active adherence: 25%

Low or no adherence: 75%

% FOLS		% CIUSSS zone					% region
FR n: 1,008	**EN** n: 457	**Ouest** n: 301	**Centre-Ouest** n: 251	**Centre-Sud** n: 310	**Nord** n: 292	**Est** n: 311	**Outside IoM** n: 1,014
21	32	32	32	15	23	27	15

The subgroups below are also proportionally **more likely** to show **strong or active** adherence to traditional masculine norms:

+ High-severity suicidal ideation (54%)
+ Has lived in Canada for 5 to 10 years (51%)
+ High distress index (42%)
+ Born outside Canada (36%)
+ At risk of burnout (33%)
+ 35 to 44 years old (33%)
+ Very good/excellent physical health (31%)
+ Has one or more children (32%)
+ Straight (30%)
+ Does not consider suicide an acceptable option (29%)

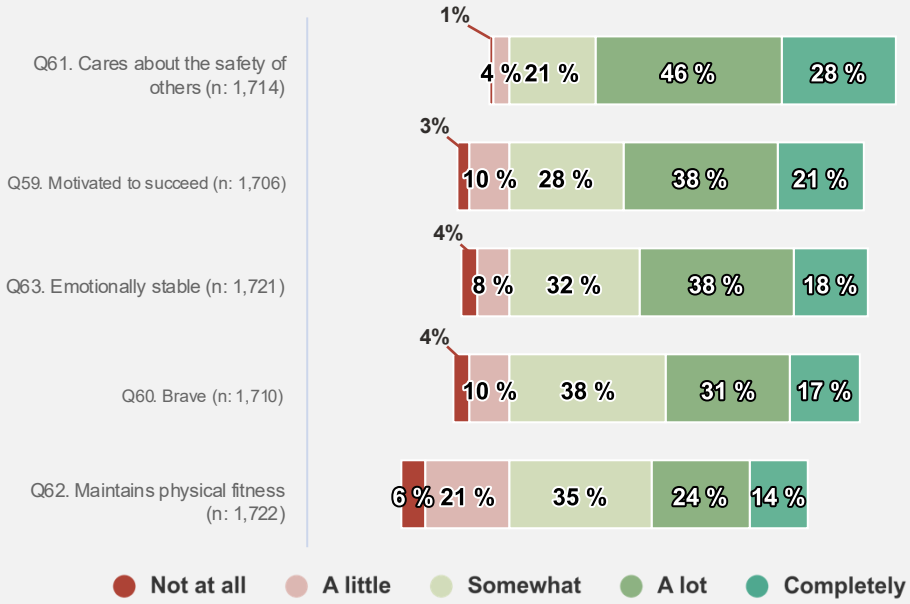
The traditional masculinity index confirms the findings from the previous page: Montrealers adhere more to traditional masculinity than the rest of Quebec (25% versus 15%).

It is worth noting that more than half (54%) of those with high-severity suicidal ideation, and 42% of those with a high distress index adhere strongly or actively to these norms.

Note: the calculation method for this index is available in Appendix 2.

*Positive masculinity

Q59-63. Indicate to what extent each of the following statements is characteristic of your personality:
Base: all, excluding non-response



	% a lot + completely	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q61. Cares about the safety of others (n: 1,714)	74	77	72	80	68	73	72	78	80
Q59. Motivated to succeed (n: 1,706)	59	63	53	56	62	59	57	60	67
Q63. Emotionally stable (n: 1,721)	56	61	49	58	52	55	52	61	64
Q60. Brave (n: 1,710)	48	53	43	46	49	50	47	50	56
Q62. Maintains physical fitness (n: 1,722)	38	40	36	34	47	34	34	42	36

In terms of positive masculinity, the range of results is rather pronounced. While three quarters of Montrealers state that caring about the safety of others characterizes their personality completely or a lot, this result drops to about six out of ten for feeling motivated to succeed or emotionally stable. Bravery and maintaining physical fitness are even less widespread (48% and 38%).

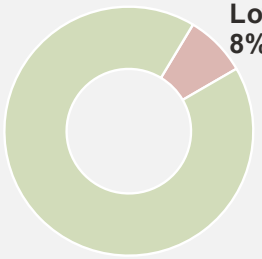
Following the same logic as for adherence to traditional masculine norms, men on the Island of Montreal this time stand out on the low side for each of the statements, with the exception of the one concerning physical fitness.

Finally, men in poorer physical or mental health as well as those with a low well-being index rank lower for each of the statements. English-speaking men, for their part, stand out on the low side for three of the five statements.

*The notion of positive masculinity refers to certain norms and attitudes sometimes associated with favourable effects on health, well-being or psychological adjustment. We measured them in order to document the extent to which men adhere to them. However, their effects vary according to context and degree of adherence, and are not necessarily positive in all situations, particularly when they are expressed in a very rigid or extreme manner.

Positive masculinity index

Q59-63. Positive masculinity index.
Base: all, excluding non-response, n: 1,675



% FOLS		% CIUSSS zone					% region
FR n: 1,151	EN n: 524	Ouest n: 364	Centre-Ouest n: 277	Centre-Sud n: 347	Nord n: 335	Est n: 352	Outside IoM n: 1,139
7	10	10	8	8	8	7	5

The subgroups below are proportionally **more likely** to show **low or no** adherence to positive masculine norms:

+ Poor/fair mental health (25%)
+ High distress index (23%)
+ Moderate-severity suicidal ideation (23%)
+ Very/somewhat unsatisfying social life (21%)
+ Poor/fair physical health (21%)
+ Low well-being index (19%)
+ Has considered suicide (17%)
+ Household income under $40,000 (15%)
+ Considers suicide an acceptable option (14%)
+ Lives alone (13%)
+ Has no children (11%)

The index reveals that a very large majority of Montrealers adhere to positive masculinity actively or strongly. Nevertheless, they once again stand out on the low side compared with the rest of Quebec (95%).

Among those classified as having low or no adherence, we again find profiles potentially in poorer mental health.

Note: the calculation method for this index is available in Appendix 2.

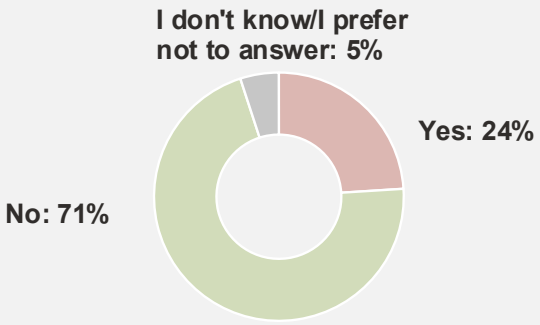


3. Suicide: ideation, behaviours and acceptability

- Suicidal thoughts and attempts
- Suicidal thoughts severity index
- Acceptability of suicide
- Perceived importance of reasons for continuing to live

Suicidal thoughts and attempts

Q29. Have you ever seriously thought about killing yourself or taking your own life?
Base: all, n: 1,742



% FOLS		% CIUSSS zone					% region
FR n: 1,193	EN n: 549	Ouest n: 376	Centre-Ouest n: 287	Centre-Sud n: 363	Nord n: 347	Est n: 369	Outside IoM n: 1,171
24	22	23	24	19	23	26	23

The subgroups below are proportionally **more likely** to have answered "yes":

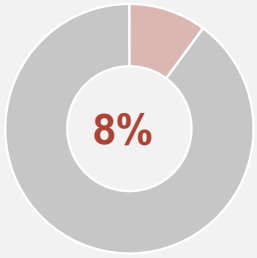
+ Low or no adherence to positive masculinity (51%)
+ Poor/fair mental health (46%)
+ High distress index (45%)
+ Poor/fair physical health (42%)
+ Low well-being index (42%)
+ Very/somewhat unsatisfying social life (38%)
+ Moderate distress index (34%)
+ Homosexual (32%)
+ Household income under $40,000 (32%)
+ High school diploma or less (31%)
+ At risk of burnout (30%)
+ 18 to 34 years old (29%)
+ Has no children (28%)

One quarter (24%) of men on the Island of Montreal have seriously thought about suicide. This result is high overall, but reaches particularly worrying proportions in certain subgroups. In particular, half (51%) of respondents with low or no adherence to positive masculinity, or whose mental health is precarious (46%), have thought about taking their own life.

Suicidal thoughts and attempts (continued)

Q30. Did this occur in the past 12 months?
Base: all, n: 1,742*

The chart shows the proportion of "yes"



% FOLS		% region	% CIUSSS zone				
FR n: 1,193	EN n: 549	Outside IoM n: 1,171	Ouest n: 376	Centre-Ouest n: 287	Centre-Sud n: 363	Nord n: 347	Est n: 369
8	9	8	10	7	4	6	10

% age group					
18–24 years old n: 41	25–34 years old n: 126	35–44 years old n: 215	45–54 years old n: 243	55–64 years old n: 374	65 years old or over n: 743
17	8	9	5	4	4

About one in ten Montrealers (8%) reports having considered suicide in the past 12 months. Higher proportions are recorded in the following subgroups:

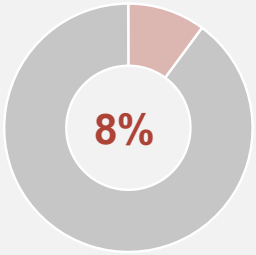
- High distress index (23%);
- Low or no adherence to positive masculinity (23%);
- Poor/fair mental health (21%);
- Very/somewhat unsatisfying social life (18%);
- Poor/fair physical health (17%)
- 18 to 24 years old (17%).

* This question was asked only to respondents who stated they had seriously thought about suicide (Q29=yes). It is reported here for all respondents in order to assess the result for the entire target population.

Suicidal thoughts and attempts (continued)

Q31. Have you ever attempted suicide or tried to take your own life?
Base: all, n: 1,742*

The chart shows the proportion of "yes"



% FOLS		% region	% CIUSSS zone				
FR n: 1,193	**EN** n: 549	**Outside IoM** n: 1,171	**Ouest** n: 376	**Centre-Ouest** n: 287	**Centre-Sud** n: 363	**Nord** n: 347	**Est** n: 369
7	9	10	4	7	8	8	10

% age group					
18–24 years old n: 41	**25–34 years old** n: 126	**35–44 years old** n: 215	**45–54 years old** n: 243	**55–64 years old** n: 374	**65 years old or over** n: 743
7	11	7	8	9	4

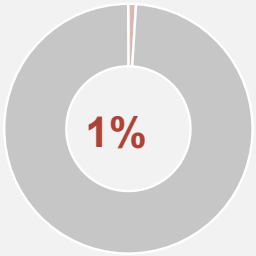
Likewise, 8% of Montrealers have seriously considered suicide.

* This question was asked only to respondents who stated they had seriously thought about suicide (Q29=yes). It is reported here for all respondents in order to assess the result for the entire target population.

Suicidal thoughts and attempts (continued)

Q32. Did this occur in the past 12 months?
Base: all, n: 1,742*

The chart shows the proportion of "yes"



% FOLS		% region	% CIUSSS zone				
FR n: 1,193	**EN** n: 549	**Outside IoM** n: 1,171	**Ouest** n: 376	**Centre-Ouest** n: 287	**Centre-Sud** n: 363	**Nord** n: 347	**Est** n: 369
1	1	2	1	2	<1	2	2

% age group					
18–24 years old n: 41	**25–34 years old** n: 126	**35–44 years old** n: 215	**45–54 years old** n: 243	**55–64 years old** n: 374	**65 years old or over** n: 743
2	2	2	1	<1	1

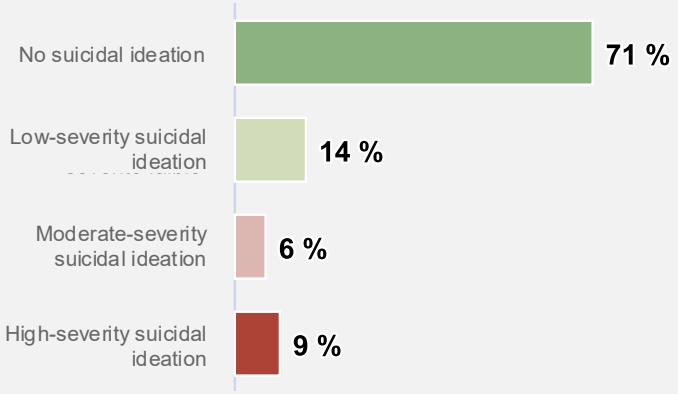
Across all Montreal men, 1% report having attempted suicide or tried to take their own life in the past 12 months.

Those showing strong or active adherence to traditional masculine norms stand out on the high side (5%).

* This question was asked only to respondents who stated they had seriously thought about suicide (Q31=yes). It is reported here for all respondents in order to assess the result for the entire target population.

Suicidal thoughts severity index

Q34-38. Suicidal thoughts severity index
Base: all, excluding non-response, n: 1,695



	% FOLS		% CIUSSS zone					% region
	FR n: 1,169	EN n: 526	Ouest n: 364	Centre-Ouest n: 278	Centre-Sud n: 354	Nord n: 339	Est n: 360	Outside IoM n: 1,143
No suicidal ideation	75	65	72	64	76	76	68	77
Low-severity suicidal ideation	16	11	11	17	14	12	15	13
Moderate-severity suicidal ideation	4	8	6	6	3	4	7	3
High-severity suicidal ideation	5	16	11	13	7	8	10	7

The subgroups below are also proportionally **more likely** to show **high-severity suicidal ideation**:

+ High distress index (42%)
+ Has lived in Canada for 5 to 10 years (24%)
+ Has considered suicide (20%)
+ Strong or active adherence to traditional masculine norms (20%)
+ Poor/fair mental health (19%)
+ Low or no adherence to positive masculinity (18%)
+ At risk of burnout (17%)
+ Very/somewhat unsatisfying social life (16%)
+ Low well-being index (16%)
+ 25 to 34 years old (16%)

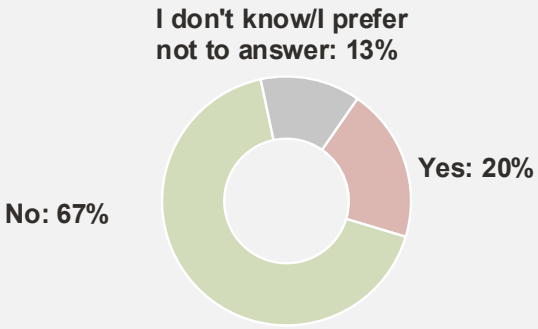
One in ten men on the Island of Montreal shows high-severity suicidal ideation. This proportion rises to one in six among English-speaking respondents.

Respondents with low or no adherence to positive masculinity also stand out on the high side. This result confirms the idea that these respondents have more suicidal thoughts.

Note: the calculation method for this index is available in Appendix 2.

Acceptability of suicide

Q39a. In your opinion, is suicide an acceptable option in certain situations?
Base: all, n: 1,742



% FOLS		% CIUSSS zone					% region
FR n: 1,193	**Other** n: 549	**Ouest** n: 376	**Centre-Ouest** n: 287	**Centre-Sud** n: 363	**Nord** n: 347	**Est** n: 369	**Outside IoM** n: 1,171
21	18	18	18	26	14	22	21

The subgroups below are proportionally **more likely** to have answered "yes":

+ Has considered suicide (41%)
+ Low or no adherence to positive masculinity (34%)
+ Poor/fair physical health (29%)
+ Poor/fair mental health (28%)
+ Moderate distress index (27%)
+ Low well-being index (26%)
+ Has no children (23%)

One in five men on the Island of Montreal (20%) considers suicide to be an acceptable option in certain situations. Only two out of three men (67%) express a clear refusal.

Two out of five respondents (41%) among those who have considered suicide find that suicide can be an acceptable option. This suggests a link between considering suicide acceptable and having thought about it.

Acceptability of suicide (continued)

Q39b1. In what situations do you think suicide is an acceptable option?
Base: respondents who think suicide is an acceptable option, n: 376
Multiple answers possible*

	%
In the case of an incurable illness	84
When a person is experiencing persistent psychological distress	43
When a person sees no solution to their problems	25
When a person feels like a burden to their loved ones	24
In the event of significant losses (job, relationship, social status)	16
Other	8
I don't know/I prefer not to answer	4

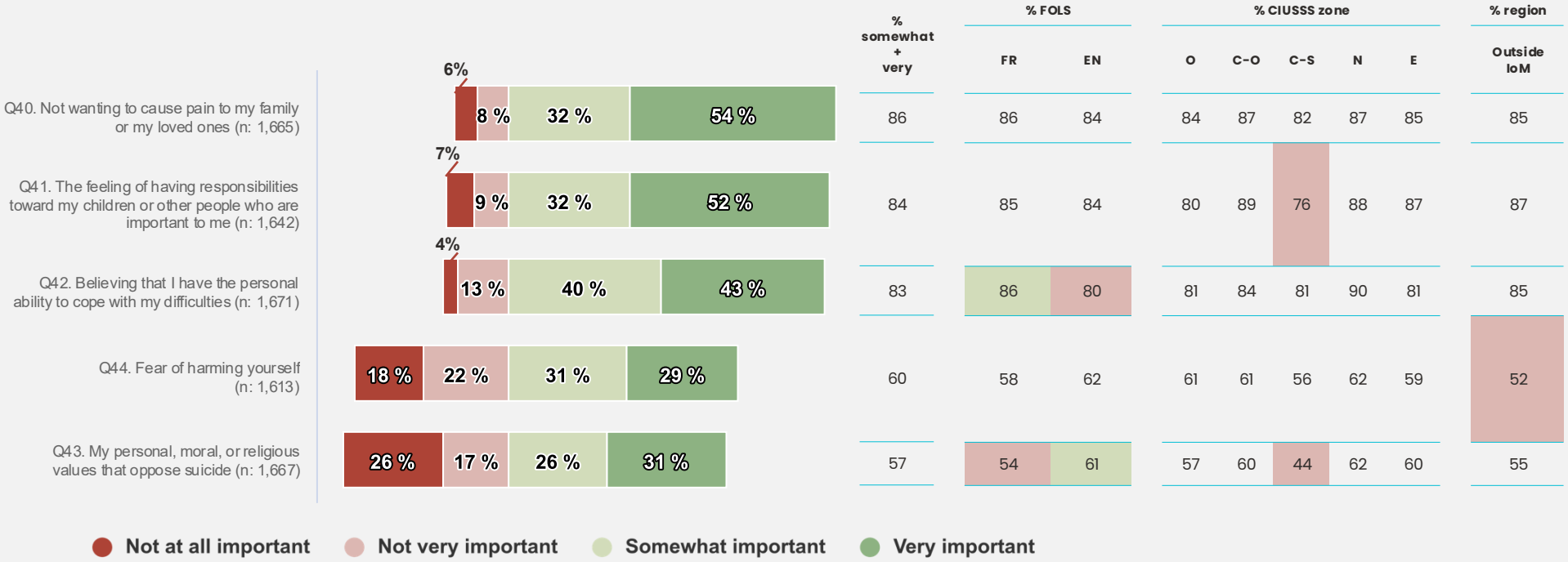
Incurable illness stands out by far as the most frequently cited reason to justify suicide. Almost all (94%) men living alone give this reason. This reason also predominates among respondents aged 55 or over (90%).

Although incurable illness also dominates in this subgroup, two out of five men (42%) among those showing strong or active adherence to traditional masculine norms nonetheless consider that feeling like a burden to their loved ones justifies suicide.

* As respondents could give more than one answer, the total exceeds 100% and the percentages cannot be added manually.

Perceived importance of reasons for continuing to live

Q40-44. To what extent does the following represent an important reason for you to continue living, even during very difficult times?
Base: all, excluding non-response



	% somewhat + very	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q40. Not wanting to cause pain to my family or my loved ones (n: 1,665)	86	86	84	84	87	82	87	85	85
Q41. The feeling of having responsibilities toward my children or other people who are important to me (n: 1,642)	84	85	84	80	89	76	88	87	87
Q42. Believing that I have the personal ability to cope with my difficulties (n: 1,671)	83	86	80	81	84	81	90	81	85
Q44. Fear of harming yourself (n: 1,613)	60	58	62	61	61	56	62	59	52
Q43. My personal, moral, or religious values that oppose suicide (n: 1,667)	57	54	61	57	60	44	62	60	55

Not wanting to cause suffering to one's loved ones and the sense of having responsibilities toward others are considered important reasons for continuing to live (more than four out of five Montrealers). The personal ability to cope with one's difficulties obtains a similar level of importance. In contrast, fear of hurting oneself and personal values are appreciably less important in respondents' eyes (three out of five).

This suggests that the reasons for continuing to live are more relational than self-protective.

Once again, men with low or no adherence to positive masculinity stand out on the low side, and this for four of the five statements presented.

Perceived importance of reasons for continuing to live (continued)

Q40-44. To what extent does the following represent an important reason for you to continue living, even during very difficult times?
Base: all, excluding non-response

Statement	Very or somewhat important %	Other subgroups that are proportionally less likely to find the statement very or somewhat important	
Q40. Not wanting to cause suffering to my family or loved ones (n: 1,665)	86	– Low or no adherence to positive masculinity (63%) – Very/somewhat unsatisfying social life (73%) – Poor/fair physical health (79%)	– Lives alone (79%) – Low well-being index (81%) – Has no children (81%)
Q41. The sense of having responsibilities toward my children or other people who matter to me (n: 1,642)	84	– Low or no adherence to positive masculinity (59%) – High-severity suicidal ideation (66%) – Very/somewhat unsatisfying social life (72%) – Lives alone (72%) – Poor/fair mental health (73%) – Household income under $40,000 (73%)	– Poor/fair physical health (76%) – Considers suicide an acceptable option (76%) – Has considered suicide (77%) – Low well-being index (78%) – Has no children (78%)
Q42. Believing that I have the personal ability to cope with my difficulties (n: 1,671)	83	– High-severity suicidal ideation (56%) – Low or no adherence to positive masculinity (67%) – Very/somewhat unsatisfying social life (71%) – 18 to 24 years old (71%) – High distress index (75%)	– Household income under $40,000 (75%) – Poor/fair physical health (76%) – Poor/fair mental health (76%) – Low well-being index (78%) – At risk of burnout (79%)
Q44. Fear of harming yourself (n: 1,613)	60	– Considers suicide an acceptable option (51%)	
Q43. My personal, moral, or religious values that oppose suicide (n: 1,667)	57	– Low or no adherence to positive masculinity (29%) – Considers suicide an acceptable option (32%) – Has considered suicide (42%) – Homosexual (42%) – Very/somewhat unsatisfying social life (44%)	– Poor/fair physical health (46%) – Poor/fair mental health (47%) – Low well-being index (49%) – Low or no adherence to traditional masculine norms (51%) – Has no children (53%) – Born in Canada (54%)

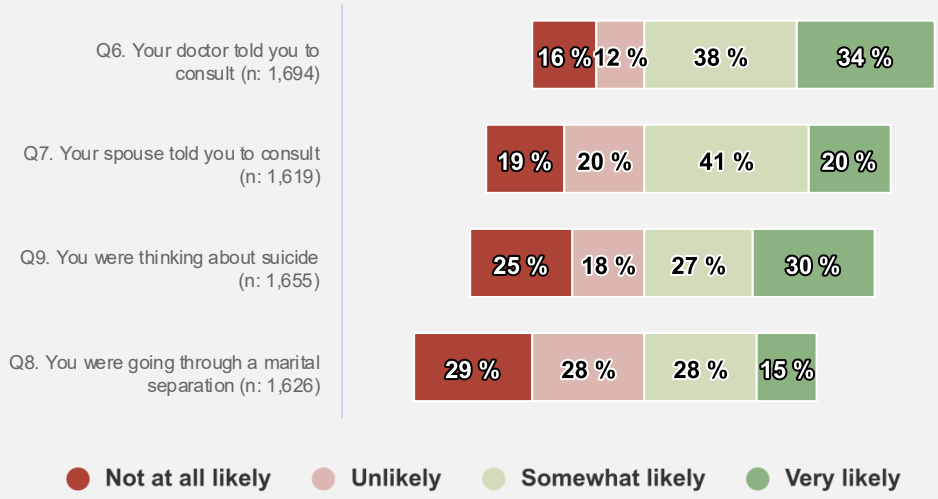


4. Help-seeking behaviours and use of resources

- Factors that facilitate consulting a psychosocial worker
- Most important factor in deciding to seek help
- Seeing a doctor
- Consulting a psychosocial worker
- Resources used during suicidal thoughts
- Talking about mental health issues
- Sources of support for mental health difficulties
- Use of online resources

Factors that facilitate consulting a psychosocial worker

Q6-9. How likely would you be to consult a psychosocial worker if…?
Base: all, excluding non-response



	% somewhat + very	% FOLS		% CIUSSS zone					% region
		FR	EN	O	C-O	C-S	N	E	Outside IoM
Q6. Your doctor told you to consult (n: 1,694)	72	73	70	67	73	74	72	72	77
Q7. Your spouse told you to consult (n: 1,619)	61	59	63	60	62	60	62	60	66
Q9. You were thinking about suicide (n: 1,655)	57	56	59	54	60	58	59	54	59
Q8. You were going through a marital separation (n: 1,626)	43	39	47	41	54	41	43	36	41

Seven out of ten Montrealers (72%) report that it would be very or somewhat likely that they would consult a psychosocial worker if their doctor recommended it. If the recommendation came from their spouse or partner, however, the likelihood drops to 61%.

However, barely three out of five men (57%) would turn to a psychosocial worker if they were thinking about suicide, and 43% if they were going through a marital separation.

Factors that facilitate consulting a psychosocial worker (continued)

Q6-9. How likely would you be to consult a psychosocial worker if…?
Base: all, excluding non-response

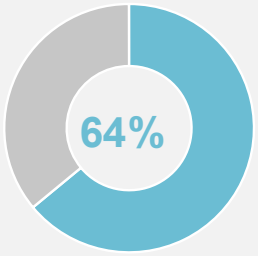
Statement	Very or somewhat likely %	Other subgroups that are proportionally less likely to answer very or somewhat likely
Q6. Your doctor told you to consult (n: 1,694)	72	– Low or no adherence to positive masculinity (58%) – Strong or active adherence to traditional masculine norms (61%) – Household income under $40,000 (61%) – Has never considered suicide (69%) – Straight (69%)
Q7. Your spouse told you to consult (n: 1,619)	61	– Household income under $40,000 (45%) – High school diploma or less (53%) – 55 years old or over (56%) – Has never considered suicide (58%) – Straight (58%)
Q9. You were thinking about suicide (n: 1,655)	57	– Household income under $40,000 (43%) – Has lived in Canada for more than 10 years (46%) – 65 years old or over (50%) – High school diploma or less (52%) – Has never considered suicide (53%) – Straight (54%)
Q8. You were going through a marital separation (n: 1,626)	43	– 55 years old or over (32%) – Low distress index (34%) – Very good/excellent mental health (35%) – High school diploma or less (36%) – No suicidal ideation (37%) – Has no children (38%) – Straight (40%)

Seeing a doctor

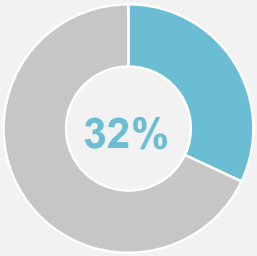
Q46. In the past year, have you seen your family doctor?
Base: all, n: 1,742

Q47. In the past year, have you seen a doctor in a walk-in clinic or the emergency room?
Base: all, n: 1,742

The charts show the proportion of "yes"



Seeing a doctor in the past year:
71%



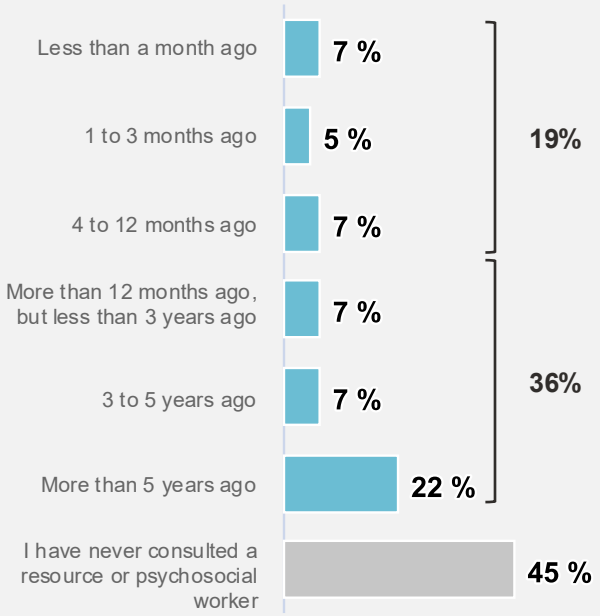
% FOLS		% CIUSSS zone					% region
FR n: 1,193	**EN** n: 549	**Ouest** n: 376	**Centre-Ouest** n: 287	**Centre-Sud** n: 363	**Nord** n: 347	**Est** n: 369	**Outside IoM** n: 1,171
73	70	72	72	66	74	72	72

Seven out of ten Montrealers (71%) saw a doctor in the past year, whether their family doctor or a walk-in doctor.

Young men (18 to 24 years old, 49%) as well as recent immigrants (less than 5 years, 33%) are markedly less likely, proportionally, to have seen a doctor in the past year. The same applies to full-time workers or students (68%) and to respondents without children (66%).

Consulting a psychosocial worker

Q45. When was the last time you consulted a resource or a psychosocial worker?
Base: all, excluding non-response, n: 1,671



	% FOLS		% CIUSSS zone					% region
	FR n: 1,154	EN n: 517	Ouest n: 362	Centre-Ouest n: 278	Centre-Sud n: 342	Nord n: 332	Est n: 357	Outside IoM n: 1,133
Less than a month ago	7	7	7	7	7	7	7	7
1 to 3 months ago	5	5	5	5	5	5	5	5
4 to 12 months ago	7	7	8	17	3	10	1	1
More than 12 months ago, but less than 3 years ago	7	7	8	7	7	7	7	7
3 to 5 years ago	7	7	7	7	7	7	7	7
More than 5 years ago	22	19	13	15	25	19	32	27
I have never consulted a resource or psychosocial worker	45	48	52	42	46	43	42	46

More than two out of five Montrealers (45%) have never consulted a resource or psychosocial worker, and only one in five (19%) consulted one in the past 12 months.

A few significant differences are worth noting:

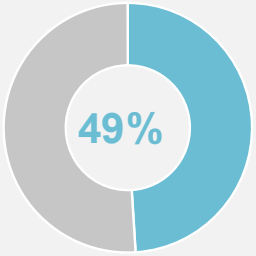
- Distress index and burnout: it is encouraging to see that these particularly at-risk subgroups are proportionally more likely to have consulted recently. Nearly half (48%) of those with a high distress index consulted in the past 12 months. This result rises to 27% among those at risk of burnout;
- Mental health and social life: respondents who rate their mental health as poor or fair as well as those dissatisfied with their social life stand out on the high side (37% and 31% respectively);
- Suicide and suicidal ideation: Montrealers who have considered suicide or who show high-severity suicidal ideation are also proportionally more likely to have consulted in the past 12 months (35% and 59%).

Consulting a psychosocial worker (continued)

Q48. In the past year, have you seen a psychosocial worker at a CLSC or medical clinic?
Base: respondents who consulted a psychosocial worker in the past 12 months, n: 208

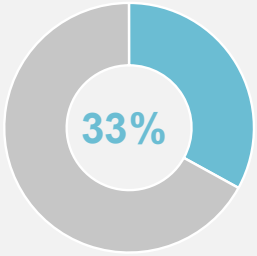
Q49. In the past year, have you seen a psychosocial worker at a community organization?
Base: respondents who consulted a psychosocial worker in the past 12 months, n: 208

The charts show the proportion of "yes"



% FOLS		% region
FR n: 143	EN n: 65	Outside IoM n: 132
52	46	52

% CIUSSS zone				
Ouest n: 32	Centre-Ouest n: 44	Centre-Sud n: 43	Nord n: 52	Est n: 37
54	44	58	46	47



% FOLS		% region
FR n: 143	EN n: 65	Outside IoM n: 132
32	33	37

% CIUSSS zone				
Ouest n: 32	Centre-Ouest n: 44	Centre-Sud n: 43	Nord n: 52	Est n: 37
33	28	28	36	39

Respondents who consulted a psychosocial worker in the past 12 months did so mainly at a CLSC or medical clinic.

Few significant differences are worth noting for these two questions, which suggests that these consultation settings attract all types of profiles. That said, men with a high distress index are proportionally more likely to have consulted at a CLSC or medical clinic (67%). The same applies to those not born in Canada (66%) or with a low household income (under $40,000, 72%).

* This result must be interpreted with caution due to the small number of respondents (n<30).

Consulting a psychosocial worker (continued)

Q10. If you were going through an emotionally difficult time and decided to consult a professional, which of the following factors would be the most important to you?
Base: all, n: 1,742

	%
Having an ongoing relationship with the same psychosocial worker	20
Feeling that the counselor can really help you solve your problem	16
Being able to see a psychosocial worker quickly if needed	16
Free or low cost	14
That the psychosocial worker speaks your language	9
Proximity to your home	6
The option to see a counselor referred by someone you trust	4
The low risk of running into someone you know in the waiting room	2
Knowing that the counseling process will be short (not long-term)	1
None of these options is important	6
I don't know/I prefer not to answer	6

Men on the Island of Montreal place the most importance on continuity of the relationship.

Although free or low cost ranks only fourth, those with a potentially at-risk profile place more importance on this factor. This is the case, among others, for:

- Those who rate their mental health as poor or fair (25%);
- Those with a high distress index (24%);
- Those who report their physical health as poor or fair (22%);
- Those who are very or somewhat dissatisfied with their social life (22%).

Resources used during suicidal thoughts

Q33a. Have you ever used any of the following resources in relation to your suicidal thoughts?
Base: respondents who have considered suicide, n: 385
Multiple answers possible*

	%
Healthcare professionals in the public system	31
Healthcare professionals in the private sector	24
Suicide prevention helpline	16
Emergency	13
Artificial intelligence tools	11
Info-Social (811)	9
Chat or text helpline	8
Crisis centres	8
I don't remember/I prefer not to answer	35

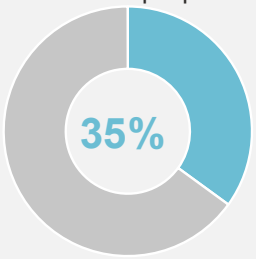
Montrealers who have considered suicide turn mainly to healthcare professionals, whether in the public system or the private sector.

* As respondents could give more than one answer, the total exceeds 100% and the percentages cannot be added manually.

Talking about mental health issues

Q50. In the past year, have you spoken to anyone about a personal mental health issue you have experienced (for example: significant stress, anxiety, depression or another emotional difficulty)?
Base: all, n: 1,742

The chart shows the proportion of "yes"



% FOLS		% region
FR n: 1,193	EN n: 549	Outside IoM n: 1,171
34	35	30

% CIUSSS zone				
Ouest n: 376	Centre-Ouest n: 287	Centre-Sud n: 363	Nord n: 347	Est n: 369
30	38	36	34	34

One third (35%) of men on the Island of Montreal have spoken to someone about personal mental health issues. Several potentially at-risk profiles are more likely to have talked about them:

- High (58%) or moderate (45%) distress index;
- Moderate-severity (56%) or low-severity (52%) suicidal ideation;
- Poor/fair mental health (51%);
- Very/somewhat unsatisfying social life (48%);
- Poor/fair physical health (46%);
- Low well-being index (45%)
- Homosexual (44%);
- At risk of burnout (42%).

Young men (18 to 24 years old) also stand out on the high side (51% versus only 16% of those aged 65 or over).

Q51a. Please indicate the people you have spoken to about this
Base: respondents who talked about mental health issues in the past year, n: 475
Multiple answers possible*

	%
Close friend	61
Spouse or partner	49
Psychologist/therapist/other mental health professional	30
Family doctor	30
Parent	29
Brother or sister	23
Coworker	12
Psychiatrist	9
Other family member	8
Acquaintance	7
Someone else	10

Even more than their partner, those who talked about their mental health issue turned mainly to close friends (61%).

While the two main answers (close friend and spouse/partner) remain the same among those who have considered suicide, the latter talked about it more with a psychologist or another mental health professional (40%) or with a family doctor (38%) than other respondents.

* As respondents could give more than one answer, the total exceeds 100% and the percentages cannot be added manually.

Sources of support for mental health difficulties

Q52. Which of the following types of support or activities has been most helpful to you in coping with mental health challenges?
Base: all, n: 1,742

	%
Support from family or friends	26
Mental health professionals	14
Sports or physical activity	13
Religious or spiritual support	6
Participation in a peer group	2
Online communities	1
None of the above	10
I have never had any mental health issues	22
I don't know/I prefer not to answer	6

Q53. If you were to experience mental health difficulties in the future, who or what would you turn to first
Base: all, n: 1,742

	%
Support from family or friends	34
Mental health professionals	30
Sports or physical activity	11
Religious or spiritual support	7
Online communities	1
Participation in a peer group	1
None of the above	7
I don't know/I prefer not to answer	9

One quarter (26%) of Montrealers report that support from family or friends was the most helpful in coping with their mental health difficulties.

Among those who have considered suicide or who rate their mental health as poor or fair, mental health professionals follow closely (22% and 20% respectively vs 30% and 25% for support from loved ones).

If they were to experience this type of difficulty, one third (34%) of respondents would turn to family or friends, and three out of ten (30%) to a mental health professional.

Use of online resources

Q64a. Which of the following online resources have you used to improve your psychological well-being or to cope with a mental health issue?
Base: all, n: 1,742
Multiple answers possible*

	%
YouTube videos	19
Websites related to mental health	14
Artificial intelligence tools (e.g. ChatGPT, Copilot, Gemini)	13
Podcasts	9
Online forums or discussion spaces (e.g. Reddit, Discord)	7
Social media groups	7
Mental health apps	7
Online therapy platforms	5
Anonymous chat services	5
None of the above	52
I don't know/I prefer not to answer	6

Half of Montrealers have used one or another of the online resources proposed. Compared with other men, those with a potentially more at-risk profile are proportionally more likely to have consulted websites related to mental health:

- Moderate-severity (44%) or high-severity (26%) suicidal ideation;
- Has considered suicide (22%);
- High (25%) or moderate (20%) distress index;
- Poor/fair mental health (21%);
- Low well-being index (19%).

* As respondents could give more than one answer, the total exceeds 100% and the percentages cannot be added manually.



Conclusions

Conclusions

Physical and mental health that leaves a significant share of Montreal men in a vulnerable situation
Only one third (36%) of men on the Island of Montreal consider their physical health to be very good or excellent. As for mental health, only two out of five men (43%) rate it as very good or excellent. Moreover, behind these relatively low percentages lie particularly vulnerable subgroups: men with a modest household income (under $60,000) are markedly less likely, proportionally, to consider themselves in good physical (26%) or mental (33%) health. Those with a low well-being index or a moderate to high distress index, as well as those with low or noadherence to positive masculinity, also show significantly lower results. Those aged 25 to 34 also stand out on the low side for mental health. These data are a reminder that the overall health of Montreal men is unevenly distributed and that certain profiles require sustained attention.

Moreover, while the majority of Montrealers are satisfied with their social life (79% very or somewhat satisfied), some of the same potentially at-risk subgroups show lower satisfaction: men who rate their mental (50%) or physical (62%) health as fair or poor, those with a low well-being index (59%) or a high distress index (59%) and men with a low household income ($40,000 or less, 68%), to which are added respondents from the Ouest zone of the Island (69%).

Psychological well-being that could be better
Over the past two weeks, barely about half of Montreal men report having felt, most of the time or all the time, calm and peaceful (46%) or in a good mood (47%). The statements on the interesting nature of daily life (39%), energy (35%) or vitality (35%) are even less widespread. Furthermore, compared with those living outside the Island, Montrealers are proportionally less likely to have frequently experienced the first three states.

As a result, one third (33%) of men on the Island of Montreal fall into the low psychological well-being category, which is significantly higher than among men living outside the Island (24%). This tends to indicate potentially even greater needs for psychological support resources on the Island of Montreal than elsewhere in Québec. In addition, low well-being is particularly pronounced among men with low or no adherence to positive masculinity (76%), those whose mental health is fair or poor (74%) and those with low- to high-severity suicidal ideation (53% to 58%).

Finally, one in seven Montreal men (15%) shows a high psychological distress index, a proportion that does not differ significantly from what is observed outside the Island, but which contrasts with the lower proportion of men showing a low distress index (55% on the Island versus 65% elsewhere). Recent immigrants (less than 5 years: 36%), young men aged 18 to 24 (29%) and the less affluent (household income under $40,000: 28%) are proportionally more likely to show a high distress index, as are English-speaking respondents (18%). These findings underscore the importance of taking socioeconomic and cultural determinants into account in the delivery of mental health services.

Burnout: a widespread phenomenon, more marked among English-speaking respondents and in the Centre-Ouest zone
Three out of five Montreal men (58%) are at risk of burnout. Men in the Centre-Ouest zone (71%) and English-speaking men (65%) stand out on the high side. The links with mental health are striking: almost all respondents with a high distress index (99%) or high-severity suicidal ideation (96%) are at risk of burnout. Young men aged 18 to 24 (78%) and those who have considered suicide (73%) also stand out on the high side. These results suggest that burnout could be an important factor for men's mental health, and that a preventive approach in the workplace could be useful.

Conclusions (continued)

Adherence to traditional masculine norms more widespread on the Island, with repercussions for mental health
One in four Montreal men (25%) adheres strongly or actively to traditional masculine norms, compared with only 15% outside the Island. Respondents born outside Canada (36%) and English-speaking respondents (32%) stand out on the high side. This result is all the more concerning given that more than half (54%) of those with high-severity suicidal ideation adhere strongly or actively to these norms. A higher gap also prevails among those showing a high distress index (42%), which highlights a link between traditional masculinity and mental health.

Positive masculinity: a solid identity anchor, but more fragile on the Island than in the rest of Quebec
Conversely, the vast majority of Montreal men (92%) adhere strongly or actively to positive masculinity. However, low or no adherence is higher on the Island (8% versus 5% outside).

Caring about the safety of others is the most widespread positive value (74% associate it a lot or completely with their personality). The components related to bravery (48%) or maintaining physical fitness (38%) are much less so. Profiles with unfavourable health indicators (poor or fair mental or physical health, low well-being, unsatisfying social life, at risk of burnout) systematically stand out on the low side for these last two positive masculinity traits. This finding suggests that supporting and strengthening the positive dimensions of male identity could be a relevant protective lever for the most vulnerable men.

Suicide: a concerning reality that potentially affects one in four Montréal men
One quarter (24%) of men on the Island of Montréal have seriously considered killing themselves, a high result that masks even more critical situations for some. Among those with low or no adherence to positive masculinity, this proportion reaches 51%, and rises to 46% among those whose mental health is precarious. Across all respondents, about one in ten (8%) states that this occurred in the past 12 months. In addition, again one in ten men (8%) states having attempted to take their own life. These data are a reminder that acting on suicidal thoughts remains a reality for a significant proportion of Montréal men, and that increased vigilance is necessary, particularly among the most exposed subgroups.

Suicidal ideation is present
One in ten Montreal men (9%) shows high-severity suicidal ideation, a proportion that rises to one in six (16%) among English-speaking respondents.

The acceptability of suicide and reasons for living: a contrasting picture
One in five Montreal men (20%) considers suicide an acceptable option in certain situations, mainly in the case of an incurable illness (84%) or persistent psychological distress (43%). This result is concerning, especially knowing that two out of five respondents (41%) among those who have considered suicide find this option acceptable. Conversely, the reasons for continuing to live are above all relational: not causing suffering to one's loved ones (86% consider it very or somewhat important) and the sense of having responsibilities toward one's children or other important people (84%) rank first. These relational anchors could be valuable levers in suicide prevention interventions with men, notably by valuing and strengthening social ties.

Conclusions (continued)

Consulting a psychosocial worker: still too rare, despite real needs
More than two out of five Montreal men (45%) have never consulted a resource or psychosocial worker, and only one in five (19%) consulted one in the past 12 months. This picture is concerning in light of the levels of distress observed in the study. There are however encouraging signs: among men with a high distress index, nearly half (48%) consulted recently, and those with high-severity suicidal ideation are also proportionally more likely to have done so (59%). Continuity of the relationship with the psychosocial worker is the factor considered most important in facilitating consultation (20%), ahead of the certainty of being genuinely helped (16%) and sufficient availability (16%). For the most vulnerable men, being free or at low cost takes on increased importance. These results make the case for the development of a stable, accessible and prompt service offering, particularly for at-risk men.

Uneven use of healthcare professionals, with populations less likely to consult
Seven out of ten Montrealers (71%) saw a doctor in the past year, whether their family doctor or a walk-in doctor. That said, certain groups remain under-represented: young men aged 18 to 24 (49%), recent immigrants (less than 5 years, 33%), full-time workers or students (68%) and those without children (66%). The results also show that a medical recommendation remains an important lever in encouraging a man to consult a psychosocial worker (72% very or somewhat likely). In contrast, only 57% would turn to a psychosocial worker if they were thinking about suicide, and barely 43% if they were going through a marital separation, two contexts that are nonetheless destabilizing. These results underscore the important role of doctors as a gateway to mental health services, and the need to better equip men to recognize their own need for help.

Informal networks and family: the first resources mobilized in the face of mental health difficulties
One third (35%) of Montrealers spoke to someone about a mental health issue in the past year, turning above all to close friends (61%) or their spouse or partner (49%). Mental health professionals (30%) and family doctors (30%) rank third. Furthermore, in the event of future difficulties, 34% would turn first to family or friends, and 30% to mental health professionals.

Digital resources: a complementary tool
Half of Montreal men have used at least one online resource to improve their well-being or cope with a mental health issue. Men with the most at-risk profiles (high-severity suicidal ideation, high psychological distress, precarious mental health) stand out on the high side for consulting mental health websites.

Putting it in perspective: acting on the determinants of vulnerability to improve the health of Montreal men
Taken together, the data collected from men on the Island of Montreal paint a nuanced but overall concerning picture. While a majority of men report being in good health and satisfied with their social life, significant vulnerabilities are concentrated in specific subgroups: low-income men, young adults aged 18 to 34, recent immigrants, English-speaking men and those with low adherence to positive masculinity. Across the board, these groups show less favourable health indicators, higher distress, an increased prevalence of suicidal ideation and more limited use of services.

These results support ROHIM's mission by confirming that the male condition in Montreal cannot be understood in a uniform way.



Appendix 1: Detailed methodology

Detailed methodology

Survey design

Target population

Quebec men aged 18 or over.

Survey frames

- SOM's . This is a mainly probabilistic panel made up of internet users essentially recruited at random through our telephone surveys of the general adult population.
- Non-probabilistic external panels.

Sampling plan

Sampling plan with regional stratification. An external panel was used to reach certain subgroups of respondents in sufficient numbers, notably English speakers, young people and less educated individuals.

In total, the 2,913 completed questionnaires are distributed as follows:

Stratum	Total	Ouest of the Island of MTL	Centre-Ouest of the Island of MTL	Centre-Sud of the Island of MTL	Nord of the Island of MTL	Est of the Island of MTL	Elsewhere in Québec
Completed questionnaires	2,913	376	287	363	347	369	1,171

Questionnaire

The questionnaire was developed by the client, then reviewed, translated and programmed by SOM.
The questionnaire could be completed in French or English.
The final version of the questionnaire is presented in Appendix 3.

Data collection

Collection period

From April 22 to May 15, 2026.

Interview mode

Self-administered online questionnaire.
Email invitations managed by SOM for the and by external suppliers for the external panels.
Web collection on SOM's servers.

Web collection results (detailed results are presented on the following page)
Response rate: 42.7% for active panelists of the Or panel.

Detailed methodology (continued)

DETAILED ADMINISTRATIVE RESULTS
Active panellists of SOM's Gold Panel

RESPONSE RATE CALCULATION

WEB SURVEY RESULTS		Email indicating refusal to answer	0
Sample size	3,725	Unsubscribed	1
Target number of interviews	0	Interview rejected following quality control	2
INVITATIONS SENT		**TOTAL UNITS REACHED (C)**	1,750
Invitations sent (A)	3,725	**UNITS NOT REACHED**	
Email address on the blacklist	29	Remote email server not responding or experiencing problems	0
Failure when sending the email	0	User quota exceeded	1
RESPONDING UNITS REACHED		Detected by spam filters	0
Completed questionnaires	1,359	Other unrecognized return messages	28
Outside the target population	11	Total units not reached (D)	29
Access when a quota is reached	221	**NON-EXISTENT UNITS**	
Total responding units reached (B)	1,591	Invalid email (user@)	1
UNITS REACHED LATE		Invalid email (@domain)	0
Access when collection for the stratum is complete	0	Duplicate	0
Access when collection is complete	0	Total non-existent units (E)	1
NON-RESPONDING UNITS REACHED		**ACCESS RATE (C/(A-E))**	**47.0%**
Drop-out during the questionnaire	156	**RESPONSE RATE AMONG UNITS REACHED (B/C)**	**90.9%**
Automatic email (respondent away)	0	**RESPONSE RATE (B/(A-E))**	**42.7%**

Detailed methodology (continued)

Weighting and processing
Weighting was carried out on the basis of adults, taking into account the variables listed below, for four major regions of Québec (Island of Montréal, elsewhere in the Montréal CMA, Québec City CMA and elsewhere in Québec):

- Age distribution (18–24 years old, 25–34 years old, 35–44 years old, 45–54 years old, 55–64 years old, 65 years old or over);
- Mother tongue (French only/other and English only/other for the Island of Montréal, and French only/other for elsewhere in Québec);
- Education (none/high school/DVS, college, university);
- CIUSSS region for the Island of Montréal.

Population data used: 2021 census.

Method: multivariate weighting with 10 iterations using the iterative proportional fitting method is carried out to ensure a faithful representation of all these distributions.

The data were processed using the specialized software package MACTAB.
The results for each question are presented according to a banner that includes the variables relevant to the analysis of the results.

Margin of error
Given that a significant portion of the sample is non-probabilistic (people who first volunteered to take part in the panels), the calculation of margins of error does not apply. The results are not statistically generalizable to the target population.



Appendix 2: Indices

Indices

This appendix details the calculation methods for the six indices covered in the body of the report.

Well-being index (Q14 to Q18)

- Calculation method: the well-being index was calculated by adding up the answers to each of the questions, assigning the following scores: never=0; from time to time=1; less than half the time=2; more than half the time=3; most of the time=4; all the time=5. An average was then calculated.
- The resulting scores therefore range from 0 to 5. A score below 2.6 indicates low well-being. A score of 2.6 or higher indicates moderate to high well-being.

Burnout (Q19 to Q22)

- Calculation method: the burnout index was calculated by adding up the answers to each of the questions, assigning the following scores: never=1; rarely=2; sometimes=3; often=4; always=5. An average was then calculated.
- The resulting scores therefore range from 1 to 5. A score below 2.38 indicates a low or no risk of burnout. A score of 2.38 or higher indicates a risk of burnout.

Psychological distress index (Q23 to Q28)

- Calculation method: the psychological distress index was calculated by adding up the answers to each of the questions, assigning the following scores: never=0; rarely=1; sometimes=2; most of the time=3; all the time=4. An average was then calculated.
- The resulting scores therefore range from 0 to 24. A score of 0 to 7 indicates a low distress index, 8 to 12 a moderate distress index, and 13 or more a high distress index.

Suicidal thoughts severity index (SIDAS-FR) (Q34 to Q38)

- Calculation method: the suicidal thoughts severity index was calculated by adding up the answers to each of the questions (scale from 0 to 10). Note that the score is reversed for Q35 (over the past month, to what extent have you been in control of these suicidal thoughts?). In addition, where the respondent gives 0 (never) as the answer to Q34 (over the past month, how often have you had suicidal thoughts?), a score of 0 is assigned to the respondent for this index.

- The resulting scores therefore range from 0 to 50, and are then grouped into the following brackets:
    - 1 to 12 - low-severity suicidal ideation: currently has suicidal ideation, but appears able to control it and does not present a short-term risk of acting on it. Must nonetheless be assessed and their distress must be addressed.
    - 13 to 19 – moderate-severity suicidal ideation: has serious ideation currently or in the past month. Has probably not made a suicide attempt recently.
    - 20 to 50 – high-severity suicidal ideation: has very likely made a suicide attempt in the past month and has frequent suicidal ideation that is difficult to control, causing high distress and having an impact on their life. Must be able to reach a psychosocial worker quickly, without any waiting time.

Indices (continued)

Adherence to traditional masculine gender norms (Q54 to Q58)

- Calculation method: adherence to traditional masculine gender norms was calculated by adding up the answers to each of the questions, assigning the following scores: strongly disagree=1; disagree=2; agree=3; strongly agree=4. An average was then calculated.
- The resulting scores therefore range from 1 to 4. A score below 2.5 indicates low or no adherence to traditional masculine gender norms, whereas a score of 2.5 or higher indicates strong or active adherence to traditional masculine gender norms.

Positive masculinity (Q59 to Q63)

- Calculation method: adherence to positive masculinity was calculated by adding up the answers to each of the questions, assigning the following scores: not at all=1; a little=2; somewhat=3; a lot=4; completely=5. An average was then calculated.
- The resulting scores therefore range from 1 to 5. A score below 2.5 indicates low or no adherence to positive masculinity, whereas a score of 2.5 or higher indicates moderate or strong adherence to positive masculinity.



Appendix 3: Questionnaire