Survey on men's health, well-being and perceptions of suicide – all of Québec



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

som | September **2026**

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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

Financement de la Direction régionale de santé publique 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 covers all 2,913 survey respondents, that is 1,742 from the Island of Montréal and 1,171 from elsewhere in Québec. Results between these two territories are highlighted and compared throughout the report. 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.

The charts are accompanied by tables detailing the results by:

- first official language spoken (FOLS):
  - French (FR);
  - English (EN).
- as well as respondents from the Island of Montréal (IoM) and those outside the Island of Montréal (outside IoM).

Respondent profile

Weighted profile, base: all, n: 2,913, unless otherwise indicated

Region	
Island of Montréal	24
Elsewhere in Québec	76

First official language spoken Multiple answers possible	
French	83
English	17

Languages known well enough to carry on a conversation	
French only	33
English only	2
French and English	65

Age	
18 to 24 years old	10
25 to 34 years old	16
35 to 44 years old	17
45 to 54 years old	15
55 to 64 years old	18
65 years old or over	24

Parent of children, whether or not they live with the respondent	
Yes	45
No/No answer	55

Household size Base: all, excluding non-response, n: 2,905	
1	22
2	43
3 or more	35

Marital status	
Married or in a common-law relationship	60
Separated or divorced	8
Single	31
Prefer not to answer	1

Sexual orientation	
Straight	86
Homosexual	7
Other	5
Prefer not to answer	2

Current occupation Base: all, excluding non-response, n: 2,768	
Full-time work or studies	57
Part-time work or studies	10
Looking for work	4
At home	27
On sick leave	2

Education Base: all, excluding non-response, n: 2,904	
High school or less	55
College	18
University	27
Other	<1

Household income Base: all, excluding non-response, n: 2,698	
Under $40,000	18
$40,000 to $59,999	14
$60,000 to $79,999	16
$80,000 to $99,999	14
From $100,000 to $149,999	20
From $150,000 to $199,999	10
$200,000 or more	8

Percentage of income spent on housing	
Less than 30%	49
30% to 50%	33
More than 50%	8
I don't know/I prefer not to answer	10

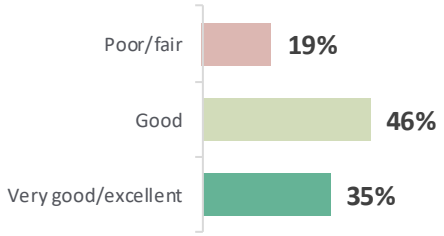
Born in Canada	
Yes	89
No	11
Prefer not to answer	<1

Time lived in Canada Base: respondents born outside Canada, n: 407	
Less than 5 years	14
Between 5 and 10 years	16
More than 10 years	70

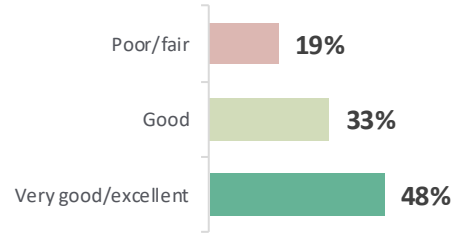
Study highlights

Health status and well-being

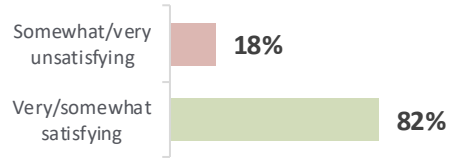
Physical health



Mental health

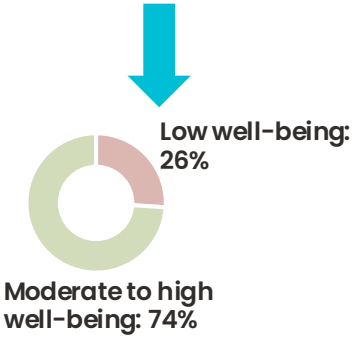


Satisfaction with social life



Psychological well-being

	Most of the time + all the time
I felt good and in a good mood	55%
I felt calm and peaceful	54%
My daily life was filled with interesting things	43%
I woke up feeling refreshed and alert	39%
I felt full of energy and vigorous	38%



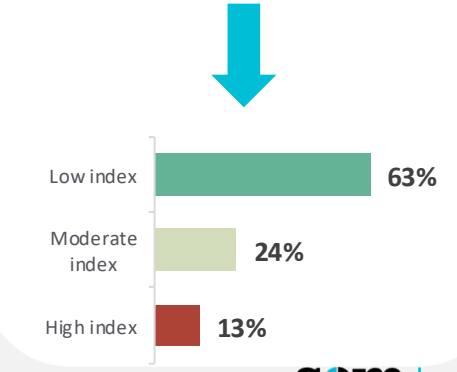
Well-being at work

	Always + often
I have a hard time feeling enthusiastic about my work	20%
At work, I feel mentally exhausted	17%
When I work, I have trouble concentrating	14%
At work, I sometimes overreact without meaning to	11%



Psychological distress

	Most of the time + all the time
Nervous	15%
So tired that everything is an effort	11%
Depressed	9%
Good-for-nothing	7%
Desperate	7%
Restless or unable to sit still	6%

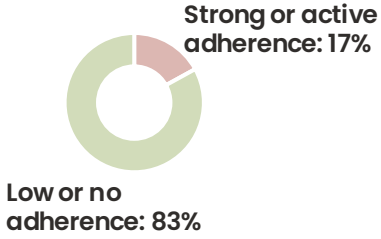


Study highlights (continued)

Masculinity and gender norms

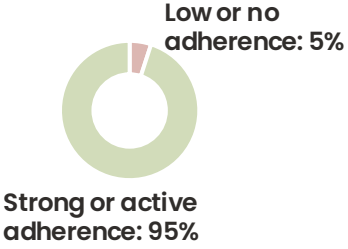
Traditional masculine gender norms

	Agreement
A young man should try to be physically fit, even if he isn't muscular	46%
Boys should prefer playing with trucks somewhat rather than with dolls	34%
Men should watch football games rather than soap operas	18%
Men shouldn't be too quick to tell others that they care about them	18%
The boss should always be a man	10%



Positive masculinity

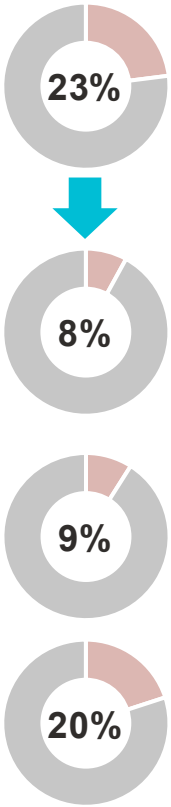
	A lot + completely
Cares about the safety of others	78%
Motivated to succeed	65%
Emotionally stable	62%
Brave	55%
Maintains physical fitness	37%



Study highlights (continued)

Suicidal thoughts and attempts

Perceptions of suicide



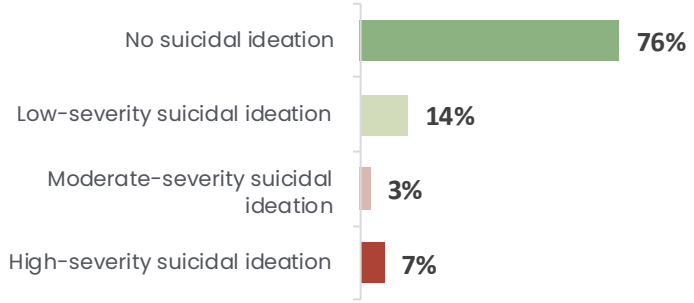
Have seriously thought about killing themselves or taking their own life

Thought about it in the past 12 months

Have attempted suicide or tried to take their own life

Consider suicide an acceptable option in certain situations

Suicidal thoughts severity index



Perceived importance of reasons for continuing to live

	Very + somewhat important
The feeling of having responsibilities toward my children or other people who are important to me	86%
Not wanting to cause pain to my family or my loved ones	85%
Believing that I have the personal ability to cope with my difficulties	85%
My personal, moral, or religious values that oppose suicide	55%
Fear of harming myself	54%

Study highlights (continued)

Help-seeking behaviours and use of resources

Factors that facilitate consulting a psychosocial worker

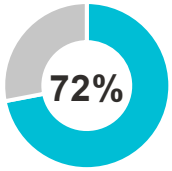
Likelihood of consulting a psychosocial worker if...	Somewhat + very likely
Your doctor told you to consult	76%
Your spouse told you to consult	65%
You were thinking about suicide	58%
You were going through a marital separation	41%

Top 3 resources used during suicidal thoughts Base: respondents who have considered suicide	
Healthcare professionals in the public system	34%
Healthcare professionals in the private sector	25%
Suicide prevention helpline	19%

Top 3 most helpful sources of support or activities for mental health difficulties	
Support from family or friends	26%
Mental health professionals	15%
Sports or physical activity	13%

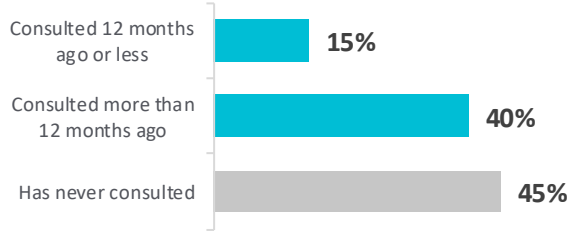
Top 3 most important factors when consulting a professional	
Feeling that the counselor can really help you solve your problem	21%
Being able to see a psychosocial worker quickly if needed	21%
Having an ongoing relationship with the same psychosocial worker	19%
Free or low cost	11%

Seeing a doctor

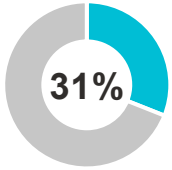


Saw a doctor in the past year

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	57%
Spouse or partner	55%
Parent	31%

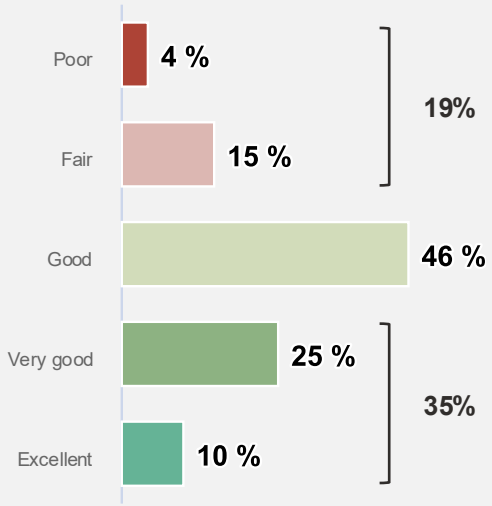


1. Health status and well-being

- 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: 2,904



	% FOLS		% region	
	FR n: 2,301	EN n: 603	IoM n: 1,733	Outside IoM n: 1,171
Poor/Fair	18	24	23	18
Good	47	42	41	48
Very good/Excellent	35	34	36	34

Two out of ten Quebec men rate their physical health as poor or fair. Men living on the Island of Montréal consider themselves to be in poorer physical health (23% versus 18%).

Certain subgroups are markedly less likely to consider themselves in excellent or very good physical health:

- Those whose mental health is poor or fair (9%) as well as those with low or no adherence to positive masculinity (10%);
- Men with a low well-being index (12%), a high distress index (17%) or who are dissatisfied with their social life (19%);
- Finally, those who have considered suicide (21%), who are at risk of burnout (24%) or who consider suicide an acceptable option (26%) also show lower proportions.

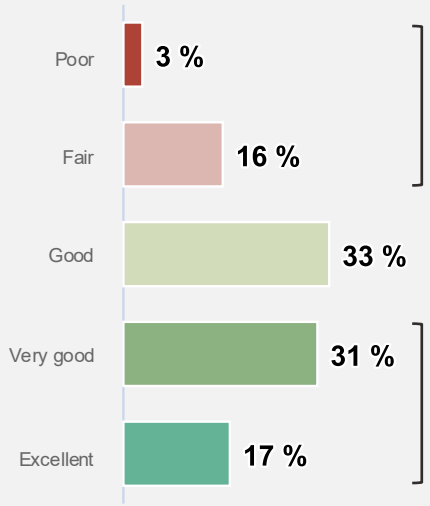
Physical health (continued)

Q11. In general, would you say that your physical health is:
Base: all, excluding non-response, n: 2,904

Answer choice	Overall result %	The following subgroups are proportionally less likely to report excellent or very good physical health
Excellent or very good	35	– Poor/fair mental health (9%) – Low or no adherence to positive masculinity (10%) – Low well-being index (12%) – Moderate-severity suicidal ideation (14%) – High distress index (17%) – Very/somewhat unsatisfying social life (19%) – Has considered suicide (21%) – Low-severity suicidal ideation (21%) – Moderate distress index (22%) – At risk of burnout (24%) – Considers suicide an acceptable option (26%)

Mental health

Q12. In general, would you say that your mental health is:
Base: all, excluding non-response, n: 2,903



		% FOLS		% region	
		FR n: 2,300	EN n: 603	IoM n: 1,733	Outside IoM n: 1,170
19%	Poor / Fair	17	28	21	18
	Good	34	30	36	33
48%	Very good / Excellent	49	42	43	49

One in five Quebec men (19%) considers their mental health to be poor or fair. Men living outside Montréal do not stand out, unlike what is observed for physical health.

A few findings emerge:

- English-speaking men are markedly more likely to rate their mental health as poor or fair;
- Barely 16% of men with poor or fair physical health report excellent or very good mental health, versus 82% among those reporting very good or excellent physical health;
- As for physical health, men with a high distress index (9%), those with low or no adherence to positive masculinity (9%) or with a low well-being index (11%) are proportionally less likely to report excellent or very good mental health;
- Certain sociodemographic profiles: among others those aged 18 to 44 (35%), homosexual men (36%) or those with a more modest household income ($60,000 or less, 40%) stand out on the low side.

Mental health (continued)

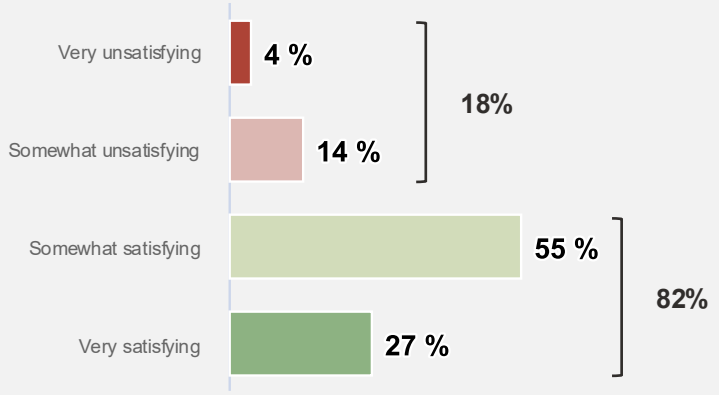
Q12. In general, would you say that your mental health is:
Base: all, excluding non-response, n: 2,903

Answer choice	Overall result %	The following subgroups are proportionally less likely to report excellent or very good mental health
Excellent or very good	48	– High distress index (9%) – Low or no adherence to positive masculinity (9%) – Low well-being index (11%) – Poor/fair physical health (16%) – Moderate distress index (16%) – Low- or moderate-severity suicidal ideation (17%) – High-severity suicidal ideation (18%) – Very/somewhat unsatisfying social life (21%) – Has considered suicide (23%) – At risk of burnout (27%) – Considers suicide an acceptable option (33%) – 18 to 44 years old (35%) – Homosexual (36%) – Lives alone (39%) – Household income under $60,000 (40%) – Has no children (44%)

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: 2,878



	% FOLS		% region	
	FR n: 2,278	EN n: 600	IoM n: 1,716	Outside IoM n: 1,162
18%	17	20	21	17
82%	83	80	79	83

Four out of five Quebec men (82%) are satisfied with their social life, but there is room for improvement since only 27% are very satisfied.

Behind these overall results, several subgroups are markedly less satisfied:

- Quebec men with low or no adherence to positive masculinity (41%);
- Men with high-severity suicidal ideation (51%) or who have considered suicide (67%);
- Those who rate their mental (57%) or physical (64%) health as poor or fair;
- Young men aged 18 to 24 (73%).

Satisfaction with social life (continued)

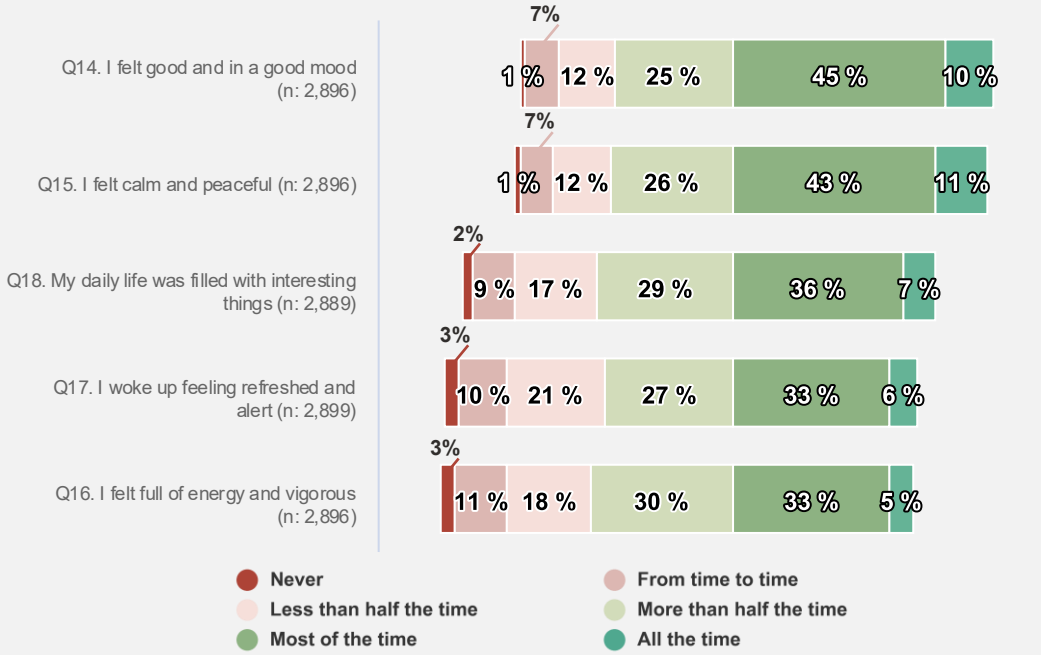
Q13. In general, how would you rate your social life, that is, the relationships you have with the people around you (family, friends, acquaintances, etc.)?

Base: all, excluding non-response, n: 2,878

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	82	– Low or no adherence to positive masculinity (41%) – High-severity suicidal ideation (51%) – Poor/fair mental health (57%) – Low well-being index (60%) – High distress index (61%) – Poor/fair physical health (64%) – Has considered suicide (67%) – Moderate-severity suicidal ideation (68%) – Considers suicide an acceptable option (73%) – 18 to 24 years old (73%) – At risk of burnout (74%) – Moderate distress index (74%) – Low-severity suicidal ideation (75%) – Household income under $40,000 (75%) – Has no children (79%)

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		% region	
		FR	EN	IoM	Outside IoM
Q14. I felt good and in a good mood (n: 2,896)	55	57	42	47	57
Q15. I felt calm and peaceful (n: 2,896)	54	56	44	46	57
Q18. My daily life was filled with interesting things (n: 2,889)	43	45	32	39	44
Q17. I woke up feeling refreshed and alert (n: 2,899)	39	42	29	35	41
Q16. I felt full of energy and vigorous (n: 2,896)	38	39	33	35	39

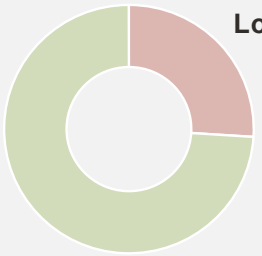
The psychological well-being of Quebec men varies considerably depending on the dimension examined. More than half report having felt good and in a good mood (most of the time or all the time, 55%) or calm and peaceful (54%) over the past two weeks. In contrast, only two out of five men always or often woke up feeling refreshed and alert (39%) or felt full of energy (38%).

English-speaking respondents stand out on the low side for four of the five statements. Conversely, men living outside the Island of Montreal stand out on the high side for the first three statements.

Men with poor or fair mental health (6% to 15% depending on the statement), those with low or no adherence to positive masculinity (9% to 17%) and those with a high distress index (11% to 23%) systematically stand out on the low side, and markedly so.

Psychological well-being index

Q14-18. Psychological well-being index.
Base: all, excluding non-response, n: 2,865



Low well-being: 26%

Moderate to high well-being: 74%

% FOLS	
FR n: 2,273	**EN** n: 592
25	34

% region	
IoM n: 1,715	**Outside IoM** n: 1,150
33	24

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

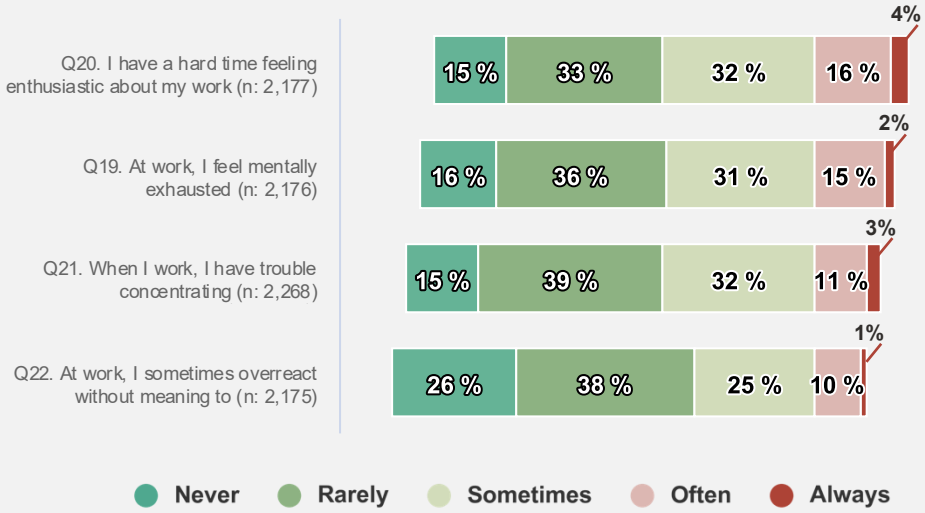
+ Poor/fair mental health (75%)
+ Low or no adherence to positive masculinity (71%)
+ High distress index (68%)
+ Very/somewhat unsatisfying social life (59%)
+ Poor/fair physical health (58%)
+ Moderate-severity suicidal ideation (56%)
+ High-severity suicidal ideation (55%)
+ Low-severity suicidal ideation (53%)
+ Moderate distress index (51%)
+ Has considered suicide (49%)
+ At risk of burnout (42%)
+ Homosexual (42%)
+ Considers suicide an acceptable option (40%)
+ Household income under $60,000 (37%)
+ 35 to 44 years old (35%)

One quarter (26%) of Quebec men show low well-being. Among others, English-speaking men (34%) and Montrealers (33% versus 24% among the others) show higher proportions.

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



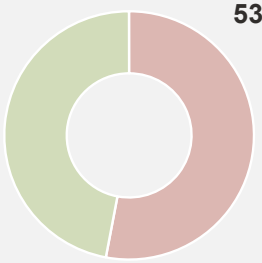
	% often + always	% FOLS		% region	
		FR	EN	IoM	Outside IoM
Q20. I have a hard time feeling enthusiastic about my work (n: 2,177)	20	19	24	22	20
Q19. At work, I feel mentally exhausted (n: 2,176)	17	16	23	21	16
Q21. When I work, I have trouble concentrating (n: 2,268)	14	12	21	17	13
Q22. At work, I sometimes overreact without meaning to (n: 2,175)	11	9	20	14	10

One in five Quebec men reports always or often having a hard time feeling enthusiastic about their work and nearly one in six (17%) reports feeling mentally exhausted. Difficulty concentrating (14%) and unintentional overreactions (11%) are somewhat less frequent.

Men with a high distress index are markedly more likely to report frequently experiencing all four situations (41% to 56% depending on the statement). It is worth noting that immigrants stand out on the high side for several statements. Recent immigrants (5 years or less) stand out for mental exhaustion (48%). Immigrants who have lived in Canada for 5 to 10 years experience more difficulty concentrating (33%) or have more overreactions (31%).

Burnout index

Q19-22. Burnout index
Base: all, excluding non-response, n: 2,089



At risk of burnout: 53%

Low or no risk of burnout: 47%

% FOLS		% region	
FR n: 1,626	**EN** n: 463	**IoM** n: 1,223	**Outside IoM** n: 866
51	63	58	52

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

+ High distress index (91%)
+ High-severity suicidal ideation (86%)
+ Poor/fair mental health (84%)
+ Moderate-severity suicidal ideation (83%)
+ Low well-being index (81%)
+ Moderate distress index (81%)
+ Low-severity suicidal ideation (80%)
+ Has lived in Canada for 5 to 10 years (79%)
+ Low or no adherence to positive masculinity (77%)
+ Very/somewhat unsatisfying social life (76%)
+ 18 to 24 years old (75%)
+ Poor/fair physical health (73%)
+ Has considered suicide (71%)
+ Strong or active adherence to traditional masculine norms (66%)
+ 25 to 44 years old (65%)
+ Considers suicide an acceptable option (60%)
+ Has no children (58%)

Half of Quebec men are at risk of burnout. The proportion does not differ appreciably depending on whether one lives on the Island of Montreal or outside it. However, a greater risk is recorded among English-speaking respondents.

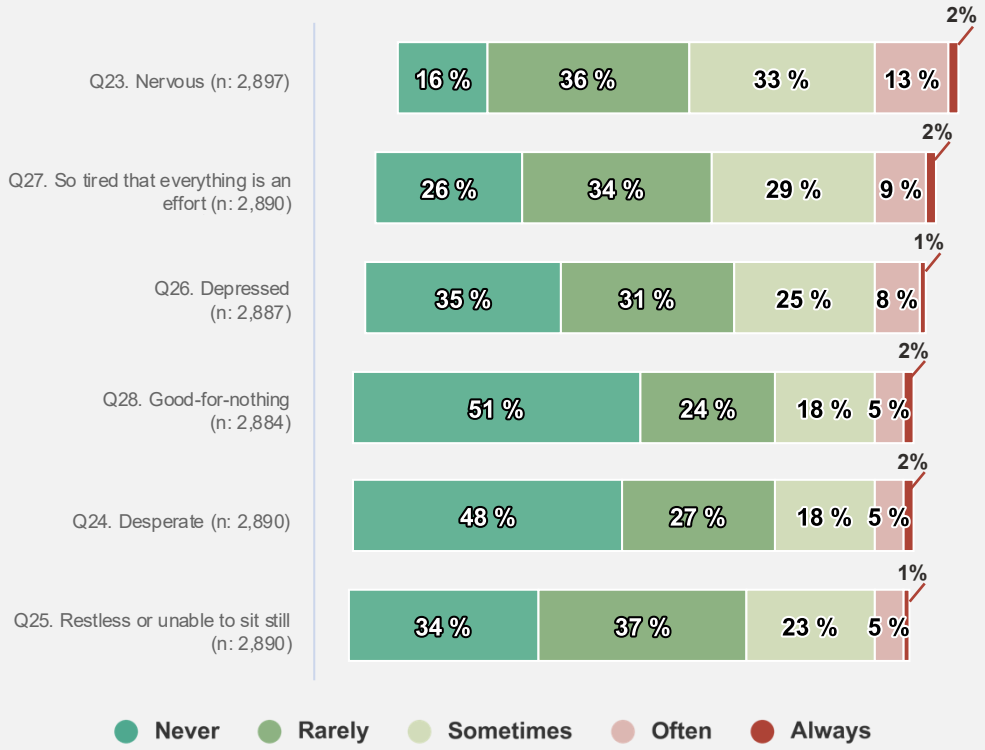
A link with mental health also appears to be confirmed among Quebec men as a whole. The vast majority of respondents with a high distress index (91%) or high-severity suicidal ideation (86%) are at risk. Those who rate their mental health as poor or fair (84%) also stand out as being more at risk.

Finally, the youngest respondents (18 to 24 years old, 75% or 25 to 44 years old, 65%) 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		% region	
		FR	EN	IoM	Outside IoM
Q23. Nervous (n: 2,897)	15	13	20	16	14
Q27. So tired that everything is an effort (n: 2,890)	11	10	18	14	10
Q26. Depressed (n: 2,887)	9	7	19	12	9
Q28. Good-for-nothing (n: 2,884)	7	5	15	9	6
Q24. Desperate (n: 2,890)	7	6	12	9	7
Q25. Restless or unable to sit still (n: 2,890)	6	5	12	11	5

Few Quebec men (1% to 2%) felt one or another of the six physical or mental states measured all the time during the month preceding the survey. Nevertheless, 6% to 15% of men experienced one or another of these states frequently. For reference, in January 2021*, 8% to 12% of Quebec men had answered most of the time or all the time.

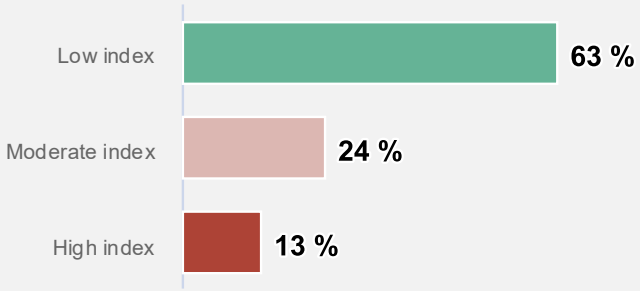
Certain subgroups stand out on the high side for each of the statements, and sometimes strongly so:

- English-speaking respondents report having felt four of the six states measured all the time or most of the time;
- Men who consider their mental (15% to 43%) or physical (13% to 30%) health to be poor or fair;
- Those who have considered suicide (14% to 28%), or who show high-severity suicidal ideation (25% to 49%);
- Young men (aged 18 to 24 or 34 depending on the statement).

* 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: 2,851



	% FOLS		% region	
	FR n: 2,270	EN n: 581	IoM n: 1,699	Outside IoM n: 1,152
Low index	66	49	55	65
Moderate index	24	26	30	23
High index	10	25	15	12

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

+ High-severity suicidal ideation (62%)
+ Poor/fair mental health (48%)
+ Moderate-severity suicidal ideation (46%)
+ Low or no adherence to positive masculinity (37%)
+ Has considered suicide (33%)
+ Low well-being index (32%)
+ Poor/fair physical health (30%)
+ Very/somewhat unsatisfying social life (29%)
+ Low-severity suicidal ideation (28%)
+ 18 to 34 years old (26%)
+ Household income of $40,000 or less (26%)
+ At risk of burnout (24%)
+ Considers suicide an acceptable option (24%)
+ Strong or active adherence to traditional masculine norms (23%)
+ Has no children (17%)

Over the past month, one in eight men experienced high psychological distress, based on the answers given to the preceding questions. While no significant gap is observed between men on the Island of Montreal and those in the rest of Quebec for high distress, the latter are more likely to show a low index.

High distress is concentrated among men who may be more vulnerable. It rises to 62% among those with high-severity suicidal ideation and nearly one in two in the case of poor or fair mental health (48%) or moderate-severity ideation (46%). These subgroups may therefore require close attention.

From a sociodemographic standpoint, certain profiles stand out for psychological distress:
- Young men aged 18 to 34 (26%);
- The less affluent (household income of $40,000 or less, 26%);
- English-speaking respondents (25%).

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

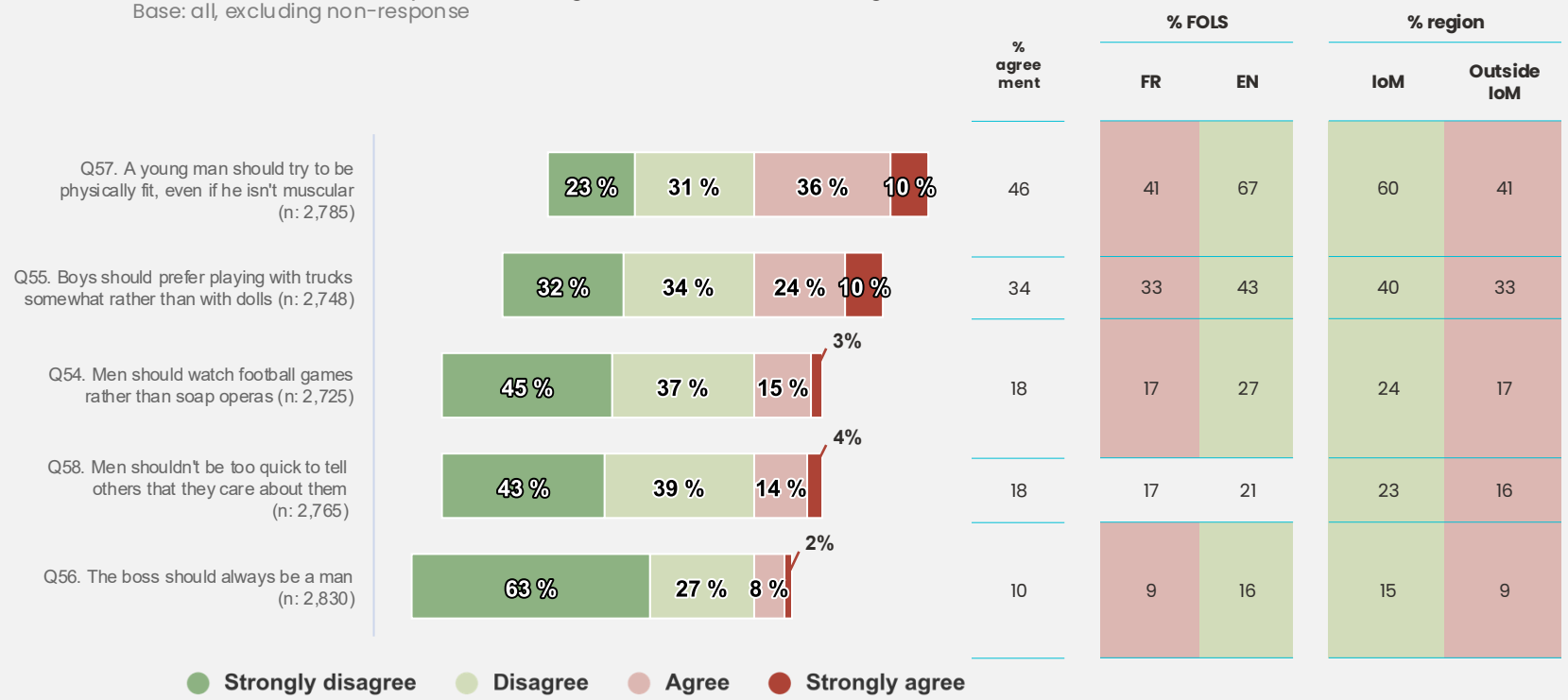


2. Masculinity and gender norms

- 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		% region	
		FR	EN	IoM	Outside IoM
Q57. A young man should try to be physically fit, even if he isn't muscular (n: 2,785)	46	41	67	60	41
Q55. Boys should prefer playing with trucks somewhat rather than with dolls (n: 2,748)	34	33	43	40	33
Q54. Men should watch football games rather than soap operas (n: 2,725)	18	17	27	24	17
Q58. Men shouldn't be too quick to tell others that they care about them (n: 2,765)	18	17	21	23	16
Q56. The boss should always be a man (n: 2,830)	10	9	16	15	9

The level of agreement varies widely from one statement to another, which suggests a nuanced relationship with traditional masculine norms. One in two Quebec men (46%) considers that a young man should try to be physically fit even if he isn't muscular, and one third (34%) still associates children's play preferences with gender. In contrast, the last three statements receive markedly less support: the idea that the boss should always be a man is agreed with by only one respondent in ten (10%).

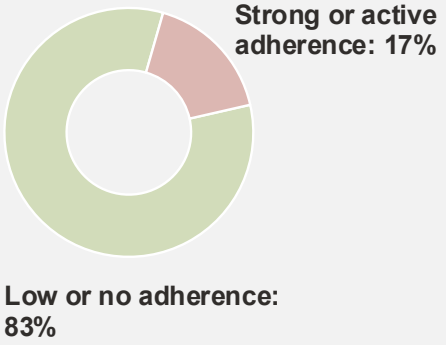
Language of expression and region influence perceptions:

- Adherence increases among English-speaking men for four of the five statements, and markedly so for some;
- Montrealers adhere more than men in the rest of Québec to all the statements, with the gap reaching nearly double for the statement on the boss (15% versus 9%).

In addition, higher agreement proportions are recorded among men born outside Canada and among young men (18 to 24 years old, for three of the five statements).

Traditional masculinity index

Q54-58. Traditional masculinity index.
Base: all, excluding non-response, n: 2,479



% FOLS		% region	
FR n: 1,971	EN n: 508	IoM n: 1,465	Outside IoM n: 1,014
15	28	25	15

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

+ Has lived in Canada for 10 years or less (53%)
+ High-severity suicidal ideation (48%)
+ Born outside Canada (34%)
+ 18 to 24 years old (32%)
+ High distress index (30%)
+ At risk of burnout (23%)
+ University graduate (22%)

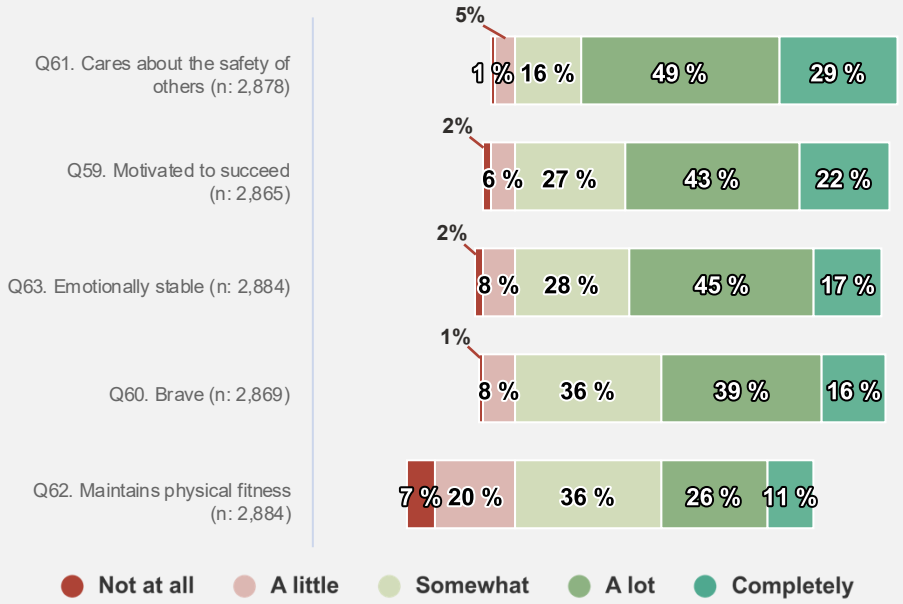
Summarized as an index, the results confirm that adherence to traditional masculinity is present though moderate. One in six (17%) adheres to it strongly or actively. Nevertheless, Montrealers stand out on the high side (25% versus 15% outside the Island).

It is worth mentioning that one in two immigrants who has lived in Canada for 10 years or less (53%) and half of those with high-severity suicidal ideation (48%) 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		% region	
		FR	EN	IoM	Outside IoM
Q61. Cares about the safety of others (n: 2,878)	78	80	70	74	80
Q59. Motivated to succeed (n: 2,865)	65	67	56	59	67
Q63. Emotionally stable (n: 2,884)	62	64	53	56	64
Q60. Brave (n: 2,869)	55	57	45	48	56
Q62. Maintains physical fitness (n: 2,884)	37	36	37	38	36

The proportion of men who identify a lot or completely with these positive masculinity traits fluctuates markedly from one statement to another. While more than three quarters of men report caring about the safety of others, this result drops to slightly more than half for bravery (55%) or to about two out of five (37%) for maintaining physical fitness.

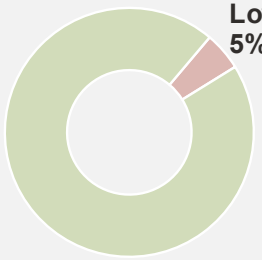
English-speaking respondents and men on the Island of Montreal adhere less strongly to positive masculinity (with the exception of what relates to physical fitness).

Finally, men in poorer health (physical or mental) as well as those with a low well-being index stand out on the low side for each of the 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: 2,814



Low or no adherence: 5%

Strong or active adherence: 95%

% FOLS		% region	
FR n: 2,235	**EN** n: 579	**IoM** n: 1,675	**Outside IoM** n: 1,139
5	9	8	5

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

+ High-severity suicidal ideation (20%)
+ Poor/fair mental health (19%)
+ Very/somewhat unsatisfying social life (18%)
+ Poor/fair physical health (16%)
+ High distress index (16%)
+ Moderate-severity suicidal ideation (15%)
+ Low well-being index (14%)
+ 35 to 44 years old (10%)
+ Moderate distress index (9%)
+ Has considered suicide (9%)
+ At risk of burnout (8%)
+ Has no children (7%)

Almost all Quebec men identify strongly or actively with positive masculinity (95%). Nevertheless, low or no adherence is somewhat more frequent among English-speaking men (9%) and Montrealers (8%).

Once again, profiles that may be more vulnerable in terms of mental health are more likely to show low or no adherence.

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

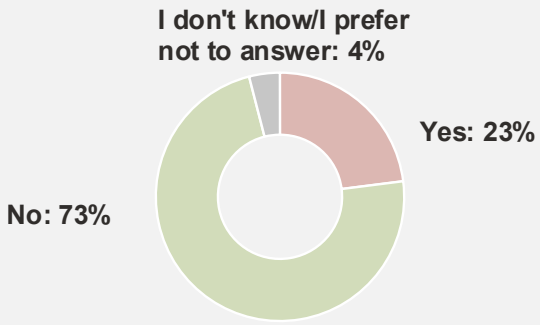


3. Suicide: ideation, behaviours and acceptability

- 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: 2,913



% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
22	31	24	23

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

+ High-severity suicidal ideation (64%)
+ High distress index (59%)
+ Poor/fair mental health (54%)
+ Moderate-severity suicidal ideation (52%)
+ Considers suicide an acceptable option (52%)
+ Low-severity suicidal ideation (46%)
+ Very/somewhat unsatisfying social life (43%)
+ Low well-being index (43%)
+ Poor/fair physical health (40%)
+ Low or no adherence to positive masculinity (40%)
+ Household income under $40,000 (37%)
+ At risk of burnout (32%)
+ Moderate distress index (32%)
+ 25 to 34 years old (32%)
+ Has no children (28%)

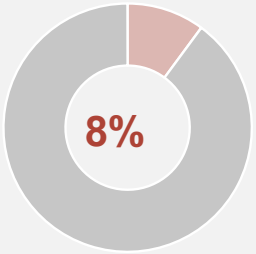
Nearly one in four Quebec men (23%) reports having seriously considered suicide, a high result in absolute terms, all the more so as certain profiles reach even more worrying proportions.

Two thirds of men with high-severity suicidal ideation (64%) and nearly six out of ten with a high distress index (59%) have considered suicide, as have more than half of those whose mental health is precarious (54%) or who consider suicide acceptable (52%).

Suicidal thoughts and attempts (continued)

Q30. Did this occur in the past 12 months?
Base: all, n: 2,913*

The chart shows the proportion of "yes"



% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
7	14	8	8

% age group					
18–24 years old n: 109	**25–34 years old** n: 201	**35–44 years old** n: 327	**45–54 years old** n: 390	**55–64 years old** n: 637	**65 years old or over** n: 1,249
21	15	9	4	3	3

About one in ten Quebec men (8%) reports having thought about suicide in the past 12 months.

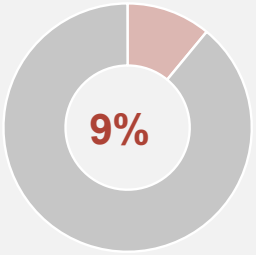
Among others, the subgroups below are proportionally more likely to have answered yes:
- High distress index (39%);
- Poor/fair mental health (30%);
- Very/somewhat unsatisfying social life (19%);
- Low or no adherence to positive masculinity (19%);
- 18 to 34 years old (17%);
- Poor/fair physical health (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: 2,913*

The chart shows the proportion of "yes"



% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
10	5	8	10

% age group					
18–24 years old n: 109	**25–34 years old** n: 201	**35–44 years old** n: 327	**45–54 years old** n: 390	**55–64 years old** n: 637	**65 years old or over** n: 1,249
11	8	15	10	9	4

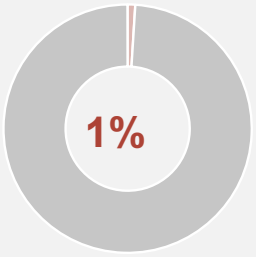
About one in ten men (9%) reports having attempted to take their own life.

* 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: 2,913*

The chart shows the proportion of "yes"



% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
1	1	1	2

% age group					
18–24 years old n: 109	**25–34 years old** n: 201	**35–44 years old** n: 327	**45–54 years old** n: 390	**55–64 years old** n: 637	**65 years old or over** n: 1,249
4	2	<1	1	1	-

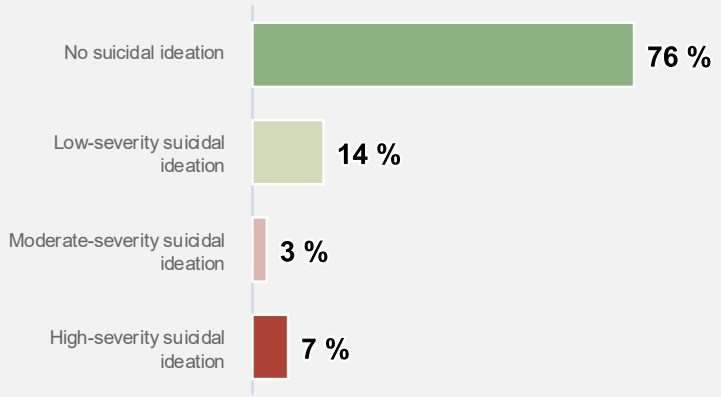
Across all men, 1% report having attempted suicide or tried to take their own life in the past 12 months.

The subgroups below are proportionally more likely to have answered yes:
- Poor/fair physical health (4%);
- 18 to 24 years old (4%);
- Strong or active adherence to traditional masculine norms (4%).

* 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: 2,838



	% FOLS		% region	
	FR n: 2,254	EN n: 584	IoM n: 1,695	Outside IoM n: 1,143
No suicidal ideation	78	64	71	77
Low-severity suicidal ideation	13	17	14	13
Moderate-severity suicidal ideation	3	7	6	3
High-severity suicidal ideation	6	12	9	7

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

+ High distress index (33%)
+ Low or no adherence to positive masculinity (27%)
+ Poor/fair mental health (22%)
+ Very/somewhat unsatisfying social life (20%)
+ Has considered suicide (20%)
+ Considers suicide an acceptable option (20%)
+ Strong or active adherence to traditional masculine norms (21%)
+ 18 to 34 years old (16%)
+ Low well-being index (14%)
+ At risk of burnout (13%)
+ Poor/fair physical health (12%)

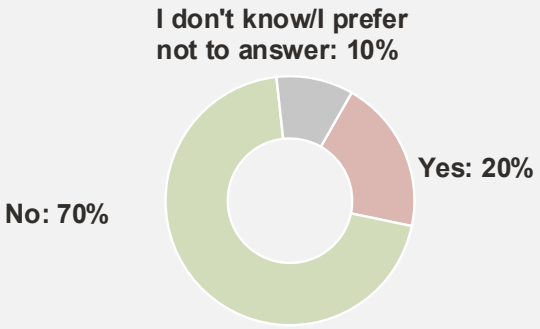
Fewer than one in ten Quebec men shows high-severity suicidal ideation. It is worth noting that this result doubles among English-speaking respondents (12%).

Respondents with low or no adherence to positive masculinity are proportionally more likely to show high-severity suicidal ideation.

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: 2,913



% FOLS		% region	
FR n: 2,305	EN n: 608	IoM n: 1,742	Outside IoM n: 1,171
20	21	20	21

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

+ Has considered suicide (45%)
+ High distress index (38%)
+ Poor/fair mental health (34%)
+ Very/somewhat unsatisfying social life (31%)
+ Low well-being index (31%)
+ Poor/fair physical health (30%)
+ University graduate (26%)

One in five men (20%) considers suicide an acceptable option in certain situations. Conversely, 70% express a clear refusal.

Acceptability rises mainly among those who have considered suicide (45%) or who show a high distress index (38%).

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: 610
Multiple answers possible*

	%
In the case of an incurable illness	84
When a person is experiencing persistent psychological distress	52
When a person sees no solution to their problems	32
When a person feels like a burden to their loved ones	26
In the event of significant losses (job, relationship, social status)	11
Other	6
I don't know/I prefer not to answer	2

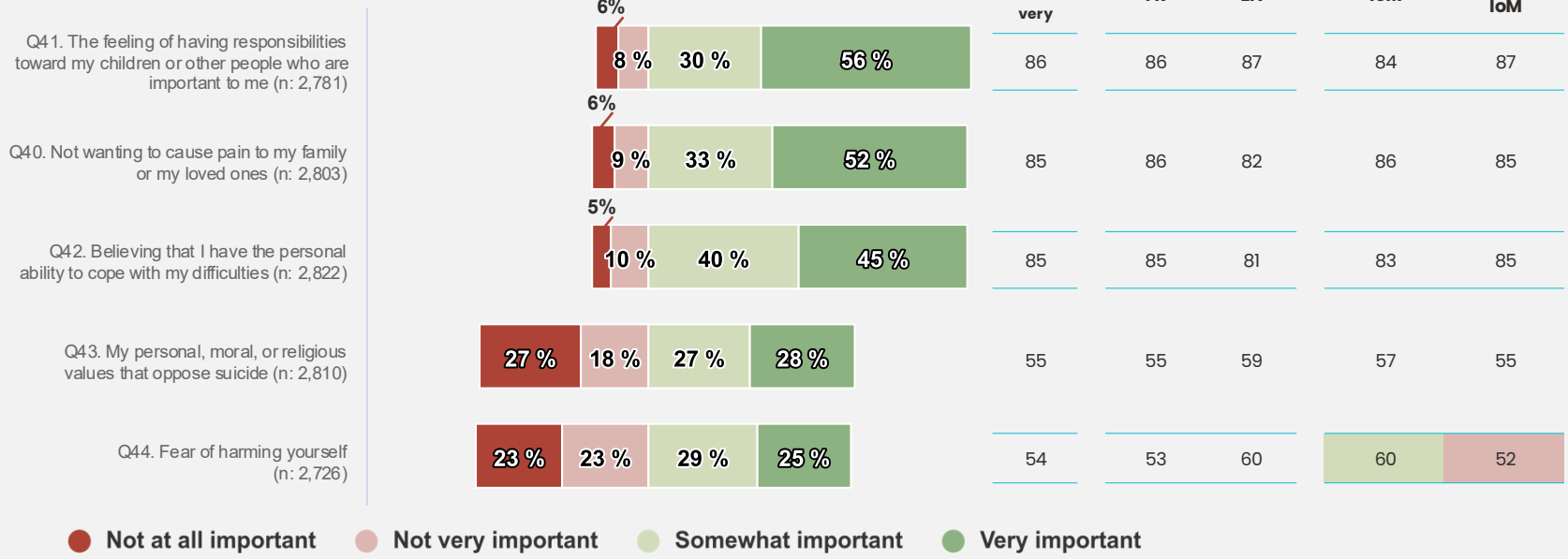
Among men who consider suicide acceptable, incurable illness is by far the most frequently mentioned justification (84%). Those in good physical (92%) or mental (91%) health are more likely to give this reason.

Persistent psychological distress comes far behind, but is nonetheless supported by one respondent in two (52%). Three quarters (75%) of young men aged 18 to 24 in fact think that suicide is an acceptable option in such a context.

* 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



	% some what + very	% FOLS		% region	
		FR	EN	IoM	Outside IoM
Q41. The feeling of having responsibilities toward my children or other people who are important to me (n: 2,781)	86	86	87	84	87
Q40. Not wanting to cause pain to my family or my loved ones (n: 2,803)	85	86	82	86	85
Q42. Believing that I have the personal ability to cope with my difficulties (n: 2,822)	85	85	81	83	85
Q43. My personal, moral, or religious values that oppose suicide (n: 2,810)	55	55	59	57	55
Q44. Fear of harming yourself (n: 2,726)	54	53	60	60	52

"Relational" reasons rank clearly first. The sense of having responsibilities toward one's loved ones (86%), not wanting to cause them suffering (85%) and confidence in one's personal ability to overcome difficulties (85%) are considered important by more than eight out of ten Quebec men. Personal or religious values opposed to suicide (55%) and fear of hurting oneself (54%) carry much less weight.

For the three most important reasons, potentially vulnerable men attach the least importance to them. Those with low adherence to positive masculinity, high-severity suicidal ideation or an unsatisfying social life stand out on the low side.

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	
Q41. The sense of having responsibilities toward my children or other people who matter to me (n: 2,781)	86	– Low or no adherence to positive masculinity (53%) – High-severity suicidal ideation (72%) – Very/somewhat unsatisfying social life (74%) – Lives alone (78%) – Poor/fair physical health (79%)	– Considers suicide an acceptable option (79%) – Low well-being index (79%) – Has considered suicide (80%) – Born outside Canada (80%) – Has no children (82%)
Q40. Not wanting to cause suffering to my family or loved ones (n: 2,803)	85	– Low or no adherence to positive masculinity (52%) – High-severity suicidal ideation (72%) – Very/somewhat unsatisfying social life (73%)	– Strong or active adherence to traditional masculine norms (77%) – Low well-being index (78%) – Lives alone (80%) – Has no children (83%)
Q42. Believing that I have the personal ability to cope with my difficulties (n: 2,822)	85	– High-severity suicidal ideation (52%) – Low or no adherence to positive masculinity (54%) – Has lived in Canada for less than 5 years (55%) – Moderate-severity suicidal ideation (68%) – High distress index (69%) – 18 to 24 years old (69%) – Very/somewhat unsatisfying social life (70%) – Has lived in Canada for 5 to 10 years (70%) – Poor/fair mental health (71%)	– Low well-being index (73%) – Considers suicide an acceptable option (73%) – Has considered suicide (76%) – Strong or active adherence to traditional masculine norms (76%) – Poor/fair physical health (77%) – Household income under $40,000 (77%) – Moderate distress index (79%) – At risk of burnout (80%)
Q43. My personal, moral, or religious values that oppose suicide (n: 2,810)	55	– Low or no adherence to positive masculinity (37%) – Considers suicide an acceptable option (37%) – Moderate-severity suicidal ideation (39%)	– Very/somewhat unsatisfying social life (44%) – Has considered suicide (46%) – Low well-being index (47%) – Low or no adherence to traditional masculine norms (52%)
Q44. Fear of harming yourself (n: 2,726)	54	– Considers suicide an acceptable option (45%) – Has considered suicide (47%)	

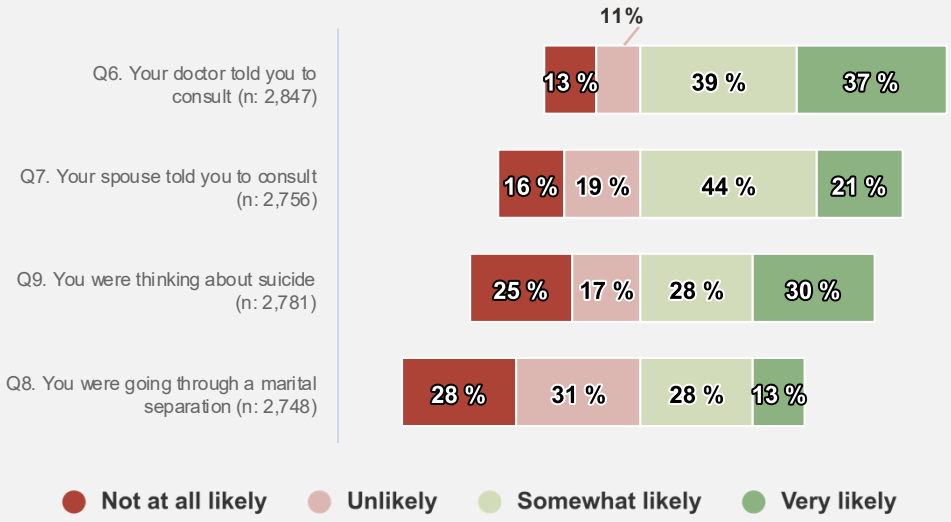


4. Help-seeking behaviours and use of resources

- 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		% region	
		FR	EN	IoM	Outside IoM
Q6. Your doctor told you to consult (n: 2,847)	76	76	71	72	77
Q7. Your spouse told you to consult (n: 2,756)	65	67	54	61	66
Q9. You were thinking about suicide (n: 2,781)	58	59	56	57	59
Q8. You were going through a marital separation (n: 2,748)	41	42	39	43	41

Three quarters (76%) of Quebec men would very or somewhat likely see a psychosocial worker on their doctor's recommendation. A recommendation from their spouse or partner follows, but only nearly two thirds (65%) would seek help.

In contrast, thinking about suicide (58%) or going through a marital separation (41%) is less likely to prompt a consultation with a psychosocial worker.

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

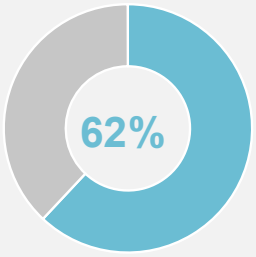
Statement	Very or somewhat likely %	Other subgroups that are proportionally less likely to answer very or somewhat likely
Q6. Your doctor told you to consult (n: 2,847)	76	– Has lived in Canada for more than 5 years (63%) – Born outside Canada (65%) – Household income under $60,000 (68%) – Has no children (71%) – Strong or active adherence to traditional masculine norms (63%)
Q7. Your spouse told you to consult (n: 2,756)	65	– Has lived in Canada for more than 10 years (51%) – Strong or active adherence to traditional masculine norms (56%) – Born outside Canada (56%)
Q9. You were thinking about suicide (n: 2,781)	58	– Strong or active adherence to traditional masculine norms (43%) – Born outside Canada (46%) – Household income under $60,000 (47%) – 55 years old or over (54%) – High school diploma or less (56%)
Q8. You were going through a marital separation (n: 2,748)	41	– 55 to 64 years old (35%) – College graduate (35%) – Has no children (35%) – Very good/excellent mental health (37%)

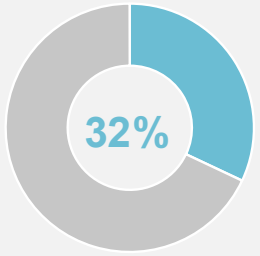
Seeing a doctor

Q46. In the past year, have you seen your family doctor?
Base: all, n: 2,913

Q47. In the past year, have you seen a walk-in clinic or the emergency room?
Base: all, n: 2,913

The charts show the proportion of "yes"





Seeing a doctor in the past year:
72%

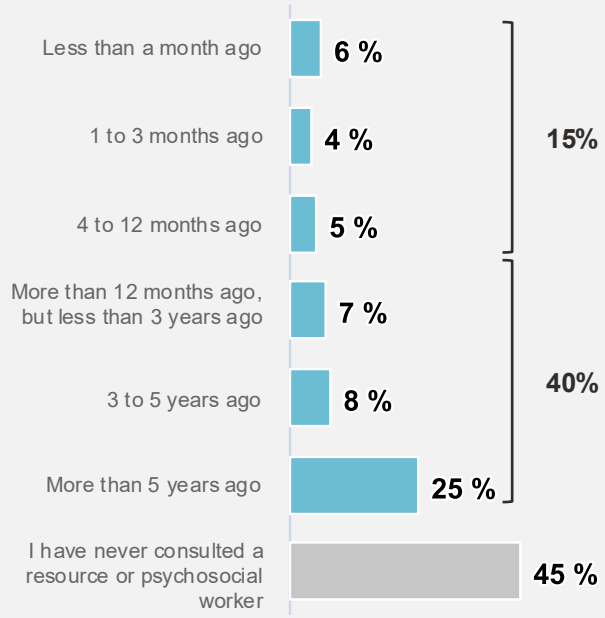
% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
71	76	71	72

Seven out of ten men (72%) saw a doctor in the past year.

Recent immigrants (less than 5 years, 25%) or less recent ones (5 to 10 years, 54%) are proportionally far less likely to have seen a doctor in the past year. Full-time workers or students also stand out on the low side, but to a lesser extent (69%).

Consulting a psychosocial worker

Q45. When was the last time you consulted a resource or a psychosocial worker?
Base: all, excluding non-response, n: 2,804



	% FOLS		% region	
	FR n: 2,230	EN n: 574	IoM n: 1,671	Outside IoM n: 1,133
Less than a month ago / 1 to 3 months ago / 4 to 12 months ago (15%)	14	20	19	13
More than 12 months ago, but less than 3 years ago / 3 to 5 years ago / More than 5 years ago (40%)	40	38	36	41
I have never consulted a resource or psychosocial worker (45 %)	46	42	45	46

More than two out of five Quebec men (45%) have never consulted a resource or psychosocial worker and barely one in seven (15%) consulted one in the past 12 months.

Certain subgroups stand out:

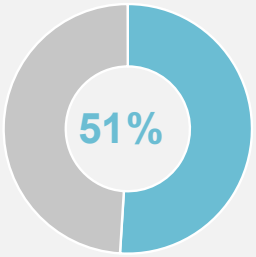
- Distress index, well-being index and burnout: these subgroups, which may prove more at risk, are proportionally more likely to have consulted recently. About two out of five men with a high distress index (37%), one quarter of those with a low well-being index (25%) and 20% of men at risk of burnout consulted recently;
- Mental health, physical health and social life: respondents who rate their mental (36%) or physical (22%) health as poor or fair and those dissatisfied with their social life (30%) are more likely to report having consulted in the past 12 months;
- Adherence to positive masculinity or to traditional masculine norms: it is reassuring to see that those with low or no adherence to positive masculinity (32%) or with strong or active adherence to traditional masculine norms (24%) are proportionally more likely to have consulted recently;
- Age: one third (33%) of those aged 18 to 24 consulted in the past year.

Consulting a psychosocial worker (continued)

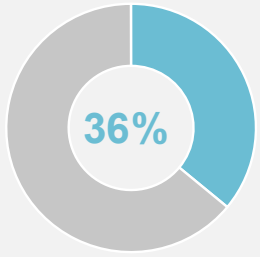
Q48. In the past year, have you seen a psychosocial worker at a CLSC or medical clinic?
Base: respondents who consulted a psychosocial worker in the past 12 months, n: 340

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: 340

The charts show the proportion of "yes"



% FOLS		% region	
FR n: 264	EN n: 76	IoM n: 208	Outside IoM n: 132
54	44	49	52



% FOLS		% region	
FR n: 264	EN n: 76	IoM n: 208	Outside IoM n: 132
37	35	33	37

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. It should nonetheless be noted that three quarters (75%) of men with high-severity suicidal ideation consulted at a CLSC or clinic, and half (49%) of those with a high distress index consulted at a community organization.

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: 2,913

	%
Feeling that the counselor can really help you solve your problem	21
Being able to see a psychosocial worker quickly if needed	21
Having an ongoing relationship with the same psychosocial worker	19
Free or low cost	11
That the psychosocial worker speaks your language	7
The option to see a counselor referred by someone you trust	5
Proximity to your home	4
The low risk of running into someone you know in the waiting room	1
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	4

Quebec men place the most importance on the psychosocial worker's effectiveness and on their prompt availability when needed. It is worth noting that these two factors obtain higher proportions among those living outside the Island of Montreal (22% versus 16% in both cases).

Even though being free or low cost is important for only one man in ten, those with a possibly more vulnerable profile attach more importance to it. This is the case, among others, for:

- Those who rate their mental (19%) or physical (17%) health as poor or fair;
- Those who are very or somewhat dissatisfied with their social life (17%);
- Those with a high distress index (17%) or who have considered suicide (17%).

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: 635
Multiple answers possible*

	%
Healthcare professionals in the public system	34
Healthcare professionals in the private sector	25
Suicide prevention helpline	19
Artificial intelligence tools	14
Emergency	12
Info-Social (811)	11
Crisis centres	10
Chat or text helpline	9
I don't remember/I prefer not to answer	36

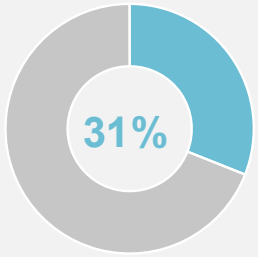
Respondents who have considered suicide turn mainly to healthcare professionals in the public system or the private sector.

* 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: 2,913

The chart shows the proportion of "yes"



% FOLS		% region	
FR n: 2,305	**EN** n: 608	**IoM** n: 1,742	**Outside IoM** n: 1,171
30	38	35	30

Three out of ten Quebecers (31%) spoke to someone about personal mental health issues. Several profiles stand out on the high side:

- Poor/fair mental health (61%);
- High distress index (60%);
- 18 to 24 years old (56%);
- Has considered suicide (54%);
- Low well-being index (54%);
- Very/somewhat unsatisfying social life (47%);
- Poor/fair physical health (45%);
- 25 to 44 years old (42%).

Although not significant, an upward trend is observed among Montrealers.

Q51a. Please indicate the people you have spoken to about this
Base: respondents who talked about mental health issues in the past year, n: 762
Multiple answers possible*

	%
Close friend	57
Spouse or partner	55
Parent	31
Family doctor	30
Psychologist/therapist/other mental health professional	29
Brother or sister	22
Coworker	16
Other family member	10
Acquaintance	10
Psychiatrist	8
Someone else	9

Men who talked about their mental health issue turned mainly to close friends (57%) or their spouse or partner.

* 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: 2,913

	%
Support from family or friends	26
Mental health professionals	15
Sports or physical activity	13
Religious or spiritual support	3
Online communities	2
Participation in a peer group	1
I have never had any mental health issues	27
None of the above	9
I don't know/I prefer not to answer	4

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

For one quarter of those who have considered suicide or who rate their mental health as poor or fair, mental health professionals obtain the same result (26%).

Q53. If you were to experience mental health difficulties in the future, who or what would you turn to first
Base: all, n: 2,913

	%
Mental health professionals	36
Support from family or friends	35
Sports or physical activity	10
Religious or spiritual support	4
Online communities	1
Participation in a peer group	1
None of the above	8
I don't know/I prefer not to answer	5

If they were to experience this type of difficulty, more than one third (36%) of respondents would turn to mental health professionals or to family or friends (35%). The other types of resources are mentioned far less often.

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: 2,913

Multiple answers possible*

	%
YouTube videos	14
Websites related to mental health	12
Artificial intelligence tools (e.g. ChatGPT, Copilot, Gemini)	9
Podcasts	7
Social media groups	6
Online forums or discussion spaces (e.g. Reddit, Discord)	6
Mental health apps	5
Online therapy platforms	3
Anonymous chat services	3
None of the above	62
I don't know/I prefer not to answer	5

Nearly four out of ten Quebecers (38%) have used one or another of the proposed online resources. This result remains below that obtained among Montrealers (48%). Among others, men with a high distress index (24%), those who rate their mental health as poor or fair (21%), or those who have considered suicide (18%) are proportionally more likely to have consulted websites related to mental health.

* 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 Quebec men in a vulnerable situation
About two out of ten Quebec men find their physical health (19%) to be poor or fair. An identical proportion rates their mental health the same way. Notably, men living on the Island of Montreal are more likely to consider themselves in poor physical health (23% versus 18% outside the Island). This gap does not, however, recur for mental health. Behind these averages, markedly more vulnerable profiles emerge: only 9% of those whose mental health is poor or fair report excellent or very good physical health, and conversely, only 16% of men in precarious physical health report excellent or very good mental health. Men with a low well-being index, a high distress index, low or no adherence to positive masculinity, or those who have considered suicide, systematically show lower results. English-speaking respondents also stand out negatively for mental health, as do those aged 18 to 44 and men with a more modest household income. These findings suggest that the health of Quebec men is experienced unevenly depending on the profile.

A satisfying social life for the majority, but fragile among those most at risk
Four out of five Quebec men (82%) report being satisfied with their social life. This reassuring result nonetheless conceals substantial gaps: satisfaction drops among men with low or no adherence to positive masculinity (41%), among those with high-severity suicidal ideation (51%) or who have considered suicide (67%), as well as among those whose mental (57%) or physical (64%) health is poor or fair. Young men aged 18 to 24 (73%) also stand out on the low side. Social isolation therefore appears to vary in step with other indicators of vulnerability.

Mixed psychological well-being
Over the two weeks preceding the survey, slightly more than half of Quebec men report having felt, most of the time or all the time, in a good mood (55%) or calm and peaceful (54%). The other dimensions remain markedly less widespread: barely more than two out of five men report having led a daily life filled with interesting things (43%), having woken up feeling refreshed and alert (39%) or having felt full of energy (38%). English-speaking respondents stand out on the low side for four of the five statements, while men living outside the Island of Montreal stand out on the high side for three of the five.
One quarter (26%) of Quebec men fall into the low psychological well-being category. This proportion rises among English-speaking men (34%) and among Montrealers (33% versus 24% outside the Island). It reaches a full three quarters (75%) among men in poor mental health, and about seven out of ten among those with little or no adherence to positive masculinity (71%) or among men with a high distress index (68%).

High psychological distress concentrated in specific profiles
Over the past month, one in eight Quebec men (13%) experienced high psychological distress, a proportion that does not differ appreciably from that obtained on the Island of Montreal (15% versus 12% elsewhere in Québec). However, men outside the Island are more likely to show a low index (65% versus 55%). High distress is clearly concentrated among men with high-severity suicidal ideation (62%), among those whose mental health is poor or fair (48%) and among those with moderate-severity ideation (46%). From a sociodemographic standpoint, young men aged 18 to 34 (26%), men with a low household income ($40,000 or less, 26%) and English-speaking respondents (25%) also stand out. These results call for taking socioeconomic profiles into account in the services offered to men.

Burnout: a risk that affects a majority of men
Half of Quebec men (53%) are at risk of burnout, a proportion similar to that observed on the Island of Montreal. English-speaking respondents stand out on the high side (63%). The link with mental health is striking. Almost all men with a high distress index (91%) and the vast majority of those with high-severity suicidal ideation (86%) are at risk, as are those whose mental health is poor or fair (84%). The youngest men also stand out (75% among those aged 18 to 24, 65% among those aged 25 to 44). A preventive approach in the workplace therefore appears relevant to preserving men's mental health.

Conclusions (continued)

Moderate adherence to traditional masculine norms
Summarized as an index, adherence to traditional masculine norms remains moderate: one in seven Quebec men (17%) adheres to them strongly or actively. English-speaking respondents (28%) stand out on the high side, as do Montrealers (25% versus 15% outside the Island). It is worth noting that one in two immigrants settled in Canada for 10 years or less (53%) and nearly half of men with high-severity suicidal ideation (48%) adhere strongly or actively to these norms. Men with a high distress index (30%) and those at risk of burnout (23%) are also among the subgroups more inclined to adhere to them, which highlights the link between a rigid conception of masculinity and psychological vulnerability.

Positive masculinity: a widely shared anchor
Conversely, almost all Quebec men (95%) adhere strongly or actively to positive masculinity. Low or no adherence nonetheless remains more frequent among English-speaking respondents (9% versus 5%), or among Montrealers (8% versus 5% outside the Island). Caring about the safety of others is the most embodied value (78% identify with it a lot or completely), far ahead of bravery (55%) and especially maintaining physical fitness (37%). Profiles with unfavourable health indicators (precarious mental or physical health, low well-being, unsatisfying social life) stand out on the low side for each of the statements. Strengthening the positive dimensions of male identity could thus be a protective lever for the most vulnerable men.

Suicide: a reality that concerns nearly one in four Quebec men
Nearly one quarter (23%) of Quebec men have seriously considered suicide. This proportion reaches much more worrying levels for some: two thirds of those with high-severity suicidal ideation (64%), nearly six out of ten among those with a high distress index (59%) and more than half of those whose mental health is precarious (54%) or who consider suicide acceptable (52%). Among all men, about one in ten (8%) states that this occurred in the past 12 months, a proportion that doubles among those aged 18 to 34 (17%) as well as among English speakers (14%). Finally, 9% of all men report having attempted to take their own life. Vigilance therefore remains essential, particularly among the most exposed subgroups.

Largely contained suicidal ideation, but notable gaps depending on profile
Fewer than one in ten Quebec men (7%) shows high-severity suicidal ideation. However, this proportion nearly doubles among English-speaking respondents (12%).

The acceptability of suicide and reasons for living: a two-sided picture
One in five Quebec men (20%) considers suicide an acceptable option in certain situations, with this acceptability rising among those who have considered suicide (45%) and among men with a high distress index (38%). When justifying this position, respondents mention above all incurable illness (84%), far ahead of persistent psychological distress (52%). Conversely, the reasons for continuing to live are primarily relational: the sense of having responsibilities toward one's children or other important people (86%), not wanting to cause suffering to one's loved ones (85%) and confidence in one's personal ability to overcome difficulties (85%) clearly dominate. Notably, certain potentially more vulnerable profiles of men attach less importance to these three reasons. These relational anchors could be valuable levers in prevention interventions.

Conclusions (continued)

Consulting a psychosocial worker is still infrequent
More than two out of five Quebec men (45%) have never consulted a resource or psychosocial worker, and barely one in seven (15%) did so in the past 12 months. This finding is striking in light of the levels of distress observed. Positive signals nonetheless emerge: men who are potentially more at risk (high distress index, low well-being, at risk of burnout) are proportionally more likely to have consulted recently, as are those whose mental or physical health is precarious. When considering the factors that would facilitate seeking help, men place the most importance on the psychosocial worker's effectiveness (21%) and their prompt availability (21%), ahead of continuity of the relationship (19%). Being free or low cost, important for one man in ten (11%), carries more weight among profiles that may prove more vulnerable. These results argue for a stable, accessible and prompt service offering.

The use of professionals could be improved
Seven out of ten Quebec men (72%) saw a doctor in the past year, whether their family doctor (62%) or a walk-in doctor (32%). Certain groups nonetheless remain behind, notably recent immigrants (less than 5 years, 25%) and full-time workers or students (69%). It should be noted that doctors are one of the factors facilitating the use of psychosocial services. Indeed, three quarters of men (76%) would consult a psychosocial worker on a medical recommendation. In contrast, only 58% would do so if they were thinking about suicide and 41% in the event of a marital separation, two contexts that are nonetheless destabilizing. Encouraging men to seek help could therefore better equip them to recognize their own need for help.

Informal networks: the first resource mobilized in the face of difficulties
Three out of ten Quebec men (31%) spoke to someone about a personal mental health issue in the past year. Several profiles stand out on the high side, including men with precarious mental health (61%), with a high distress index (60%) and those aged 18 to 24 (56%). They turned above all to a close friend (57%) or their spouse or partner (55%), with mental health professionals (29%) and family doctors (30%) following at a distance. Asked about future difficulties, 36% would turn first to a mental health professional and 35% to family or friends. As for the type of support considered most helpful so far, support from family or friends ranks first (26%), ahead of mental health professionals (15%).

Online resources: a still secondary complement
Nearly four out of ten Quebec men (38%) have used at least one online resource to improve their well-being or cope with a mental health issue, a proportion lower than that of Montrealers (48%). YouTube videos (14%) and websites related to mental health (12%) rank first. Men with the most at-risk profiles (high distress index, precarious mental health, past suicidal ideation) stand out on the high side for consulting specialized websites.

Putting it in perspective: targeting the determinants of vulnerability
Overall, the picture of Quebec men is nuanced. While a majority report being in good health and satisfied with their social life, marked vulnerabilities are concentrated in recurring subgroups: low-income men, young adults aged 18 to 34, English-speaking respondents, those with low adherence to positive masculinity and those with strong adherence to traditional norms. Across the board, these profiles accumulate less favourable health indicators, higher distress, an increased prevalence of suicidal ideation and sometimes uneven use of services. These results support ROHIM's mission by recalling that the condition of men in Québec cannot be understood in a uniform way and that targeted action on the determinants of vulnerability is required.



Appendix 1: Detailed methodology

Detailed methodology

Survey design

Target population

Quebec men aged 18 or over.

Survey frames

- SOM's Or panel. 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 questionnaire online.
Email invitations managed by SOM for the Or panel 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 panellists of the Or panel.

Detailed methodology (continued)

DETAILED ADMINISTRATIVE RESULTS
Active panellists of SOM's Or 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