EXPLORING NORTHERN BRITISH COLUMBIAN FIREARM OWNING MEN'S EXPERIENCES AROUND ACCESSING MENTAL HEALTH TREATMENT

by

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Abstract

Firearm owning men appear hesitant to access mental health services in Canada. This is an issue as firearm related deaths are overwhelmingly caused by male suicide and by men killing their domestic partners. Encouraging access to services may limit the number of these deaths. However, no research has been undertaken directly asking men about their experiences in seeking out mental health treatment.

This research is aimed to understand what firearm owning men experience when seeking out mental health treatment. The purpose of this study was to gain insight into why men may be hesitant to access services, and to consider what approaches may encourage them to access services.

This research was limited to the geographical area of Northern BC. This study also may not have been able to connect with men who felt the most hesitancy due to their reluctance to engage with myself due to his professional affiliation.

This thesis used primary and secondary data. The primary data was collected via semi-structure qualitative interviews done with six firearm owning men living in Northern British Columbia. The secondary data was from a variety of sources obtained via relevant literature, academic databases, government publications, and online sources. The thesis was an exploratory qualitative study using semi-structured interviews and thematic analysis.

This research suggests that men value their firearms for extrinsic and intrinsic reasons. The majority of men had some hesitancy towards accessing services, with the major obstacle being concern over losing their firearms and how this would impact their lives. Suggestions to increase the likelihood of men accessing treatment are aimed at general practitioners and legislators with special emphasis on the government developing clearer processes.

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Thanks is also owed to the Prince George Rod and Gun Club for their assistance in recruiting participants. I reached out to several firearm organizations in Canada, and they were the only ones who agreed to participate in this research. I sincerely hope that this thesis is of some benefit to the members of the club.

Lastly, my deepest appreciation to the participants of this study. This study could not have occurred without your involvement. It is not lost on me that I asked you to speak about a difficult topic and to talk to me about often deeply personal issues that you have faced. I owe each of you a debt of gratitude that cannot be easily repaid. It is my hope that this research can be a launch pad for further and more in-depth studies into an important issue.

Chapter 1: Introduction

Suicide is the leading cause of firearm related death in Canada amongst men (Government of Canada, 2022). Concerning women, around 30% of firearms deaths are the result of them being killed by their male domestic partner (Government of Canada, 2022). It is my belief that men who own firearms may be less likely to access early mental health services. Prior to this study, this belief was admittedly anecdotal. The belief was based on many conversations with gun owning men and social media posts made by members of various online firearm related communities. I am involved with both local sport shooting and hunting groups as well as online historically focused firearms communities. In all such communities, there is often talk of how reluctant men are to access helping services whenever the topic arises. This study explored this phenomenon by speaking with Northern British Columbian men to understand how they view mental health services. The research question for this study was "What are the Experiences Northern British Columbian Firearm Owning Men Face in Accessing Mental Health Treatment?"

There are some extant legislative barriers for gun owners when accessing mental health services. The federal Firearms Act (1995) states that a firearms license can be revoked or denied if an individual has

> been treated for a mental illness, whether in a hospital, mental institute, psychiatric clinic or otherwise and whether or not the person was confined to such a hospital, institute or clinic, that was associated with violence or threatened or attempted violence on the part of the person against any person (s. 5.2).

The language in this section is very broad and all-encompassing; Pirelli (2018) notes that a mental health issue associated with violence does not equate to causation of violent behaviour.

Almost any mental illness could be seen as associated with violence as per the Diagnostic and Statistical Manual 5 (DSM-5). This issue around the difficulty in defining mental illnesses that are associated with violence is addressed by Pirelli in their 2018 study. This point remains true for the DSM-5TR as well; the issues raised by Pirelli (2018) are not addressed in any of the revisions made (Bradley et al., 2023). This broad association may be a contributing factor explaining some of the hesitancy explored later in this research. Further, research concerning the effectiveness of firearms legislation at reducing violence is mixed. The research suggests some legislative approaches show empirical success while others appear to be motivated by public opinion (Barber et al., 2019; Barry et al., 2018; Pirelli, 2018). It is possible that there are extant legislative barriers but exploring these barriers in depth was outside of the scope of this study.

Definition of Terms

Firearm Violence

Firearm violence is a complicated notion. In general, firearm violence refers to its use in homicide or suicide (Pirelli, 2018). Some of the literature focuses on mental health and firearm related violence in reference to mass shooting events (Bonk, 2014; Barfield, 2020; Barklage, 2017). This thesis is predominately focused on the use of firearms by men to complete suicide or against female domestic partners. These are the two most prevalent firearm related deaths in Canada (Statistics Canada, 2021; Statistics Canada, 2022). When firearm violence is mentioned in this paper, it will generally be referring to these two phenomena unless otherwise specified.

Firearm owner

In this study, a firearm owner is anyone who has a possession and acquisition licence (PAL). This would be approximately 2.2 million individuals in Canada (RCMP, 2020). Anyone who wishes to posses a firearm in Canada must have a PAL or a recognized equivalent such as a

firearm acquisition certificate (Firearms Act, 1995). There are several additional licence provisions that can be added to the PAL; for example, a restricted licence provision on a PAL allows for the purchase of firearms that are not purchasable with only a PAL. This licence is colloquially known as an RPAL. The only exemptions to this law are for law enforcement, active military, and a few other exempt persons (Firearms Act, 1995, s. 5-8).

Hesitancy

In this study, hesitancy refers to an individual's unwillingness to seek out or engage with any form of recognized mental health service or treatment that results in avoiding voluntary mental health care.

Canadian

While this research focused on Northern British Columbian men, Canadian identity is still an important consideration. Canadian in this context is any individual who lives in Canada and identifies as a Canadian. This is because the PAL is not restricted to Canadian citizens. Non-residents, permanent residents, and even foreign nationals may apply for and hold a licence (Firearms Act, 1995; RCMP, n.d). As I wanted this study to best reflect the Canadian situation, it was important that my study participants had some self-concept of being Canadian. Non-resident opinions, feelings, legislation, or beliefs concerning firearms and mental health treatment may not be relevant to the Canadian situation; for example, Americans tend to believe that firearms are a fundamental and intrinsic right (Kopel et al., 2003; Joslyn, 2020). Ensuring that my participants self-identified as Canadian contributed to the study being as relevant to the Canadian context as possible. Due to the potential importance of a Canadian identity, even though the participants will all be from Northern BC, they are referred to in the study as "Canadian".

Northern British Columbia

Northern British Columbian men, generally residing in the Prince George area, participated in this study. Northern, remote, and rural are complicated and nuanced terms in Canada. The terms are often used interchangeably (Brownlee et al., 2019) and there is ongoing debate as to what these terms mean to both academics and residents of these areas (Schmidt, 2017). For the purpose of this study, Northern British Columbia will refer the four census boundary regions that geographically make up the northern most parts of British Columbia: the Cariboo, the North Coast, the Nechako, and the Northeast (Government of BC, 2023). I understand the complex nature of defining these areas in these broad terms and this definition is not indicative of any disregard for the unique sociocultural elements that exist in these areas. Its use is highlighting some similarities but does not suggest complete homogenization.

Interpartner Violence (IPV)

IPV can occur across a broad spectrum including emotional, financial abuse, physical, and controlling behaviours, all in a wide variety of settings (Howard et al., 2010). This thesis does not differentiate between the varied types and will instead be focused on IPV as a singular phenomenon. Terms such as domestic violence or domestic abuse may be used in reference to literature on a case-by-case basis. My preferred term is *interpartner violence* as this most accurately portrays the complex phenomenon.

Men

Men are defined as anyone who self-identifies as a male. PAL licences and applications only have gender options for male or female (RCMP, n.d.). As such, anyone who identifies as a male on their identification, regardless of sex assigned at birth, would be represented in the statistics as male.

Masculinity

Masculinity is a nebulous and abstract concept. Some authors suggest that masculinity must be broken down into branches to fully conceptualize it. In their 2009 study, Anderson suggests that there is a profound difference between orthodox and inclusive masculinity. Almassi (2022) agrees and identifies that masculinity must be separated into toxic and non-toxic forms to provide an accurate definition. McKegney (2014) acknowledges the breadth and scope of masculinity but instead offers a broader lens. He believes that masculinity should be defined as

> a tool for describing the qualities, actions, characteristics, and behaviours that accrue meaning within a given historical context and social milieu through their association with maleness, as maleness is normalized, idealized, and even demonized within a web of power-laden interpenetrating discourses. (p. 11)

I believe that this definition was suitable for this study as it recognizes the complex nature of masculinity, considers the intersections of many social constructs, and is heavily based on the perceived meaning of masculinity. Further, this definition best aligns with my own concept of masculinity and is utilized throughout this study.

Mental Health Issues

Mental health is known to exist along a broad and complex continuum (Zemojtel-Piotrowska et al., 2018). Diagnosis pertaining to issues in one's mental health is far from an exact science (APA, 2023). The use of terminology reflects this uncertainty in practice, literature, and society (Hinde & Mason, 2020). Different terms such as psychiatric issues, disorders, mental health issues, and diagnoses are used in this thesis. These will be in reference to how the issues were described in the literature on a case-by-case basis. My preferred term is *mental health issue*, as this term addresses the varied and nebulous nature of mental health.

Mental Health Treatment

The definition for mental health treatment was borrowed directly from the Firearms Act (1995). This act suggests that an individual has sought out mental health treatment if they

> Have been treated for a mental illness, whether in a hospital, mental institute, psychiatric clinic or otherwise and whether or not the person was confined to such a hospital, institute or clinic, that was associated with violence or threatened or attempted violence on the part of the person against any person (s. 5.2b).

I chose this definition due to the relevance it has to this study. This piece of legislation is the guiding force behind firearm removal, and its existence guides how the government engages with the issue of mental health and firearms in Canada.

Significance of the Issue

Primarily, this study explored men's experiences in order to both expand the literature base around firearms and mental health and to illuminate any barriers that might be present. Understanding what firearm owning men experience when considering mental health treatment could have many potential benefits. Primarily, this study may assist those who believe they would benefit from some form of intervention to access it on their own terms. This study could also allow for the better fostering of relationships between mental health professionals and the firearm owning community.

While the benefits of accessing mental health services are broad, there are two areas of potential benefit as most important due to their severity in society. These issues are inter-partner violence (IPV) perpetrated by men against women and male suicidality. Cumulatively these two issues account for over 80% of firearm deaths in Canada (Government of Canada, 2022).

Interpartner Violence

IPV across Canada is a serious issue. In the vast majority of instances, it is men inflicting violence against their female partners; approximately 80% of reported cases of IPV list men as the perpetrator (Conroy, 2021). Firearms are sometimes involved in IPV. When a firearm becomes involved in IPV related instances it dramatically increases the likelihood that the woman will be seriously injured or killed (Government of Canada, 2022; McPhedran & Mauser, 2013). This is an issue that affects women far more frequently than men. Over one third of women killed by firearms in Canada were shot by their partner compared to only 2.2% of men (Statistics Canada, 2022). This suggests that women are over 15 times more likely to be shot by their partners than men. While women are the survivors of these crimes, men are far more likely to be the perpetrator than women.

Mental health treatments for perpetrators of IPV has some clinical backing. Some studies suggest that men with mental health issues are more likely to be perpetrators of IPV (Burns et al., 2022; Cohen et al., 2022; Howard et al., 2010). Shorey et al. (2012) found that men who are suffering from post-traumatic stress disorder (PTSD) and depression often engage in IPV against their female partners. More recently, the Lancet Psychiatry Commission noted that men with mental health issues are more likely to be perpetrators of IPV (Oram et al., 2022). Early access to treatment may help reduce the rates of violence perpetrated by men against their female partners (Chantler et al., 2019; Tol et al., 2019). Trevillion et al. (2016) suggest that current approaches to IPV engage only the survivors of IPV and that if we are to improve mental health services related to IPV more attention must paid to the perpetrators. Lorenzetti et al. (2022) goes further and insists that the “the participation of men is critical to preventing domestic violence” (p. 28). As

men are far more likely to be the perpetrators of IPV, preventing its occurrence would reduce the likelihood of adverse events occurring by addressing the root causes of the problem.

Suicidality

Suicide by firearm is a problem both internationally (Cerqueira et al., 2018; Vars, 2020) and in Canada (Government of Canada, 2022; Langmann, 2021; Lester & Leenaars, 1993). Suicide is by far the leading cause of firearm death in Canada; approximately 80% of firearm deaths in Canada are due to suicide (Government of Canada, 2022). Compared to their female counterparts, men are four times more likely to commit suicide by any means (Creighton et al., 2018) and are thirteen times more likely to complete suicide by firearm in Canada (Government of Canada, 2022). Men attempt suicide less often but are much more likely to complete suicide. This higher rate of completion may be in part due to the methods they utilize; men predominately use more effective methods of suicide such as firearms and hanging (Conner et al, 2019).

While it is unclear if firearm ownership contributes to suicide (Anestis & Daruwala, 2018; Pirelli, 2018), some studies suggest that ownership of and access to firearms increases likelihood of completion of suicide (Pirelli, 2018; Raifman et al., 2020; Vitt et al., 2018). This increased likelihood is due to the lethality of firearms and their relative ease of use as a method of suicide; an impulsive suicidal thought can be acted on quickly without time for reconsideration and with a very high probability of success (Pirelli, 2018). Firearms are the most lethal and effective form of suicide. The use of a firearm in a suicide attempt has a 90% success rate while the next two on the list, drowning and hanging, are only 56% and 52% successful respectively (Conner et al, 2019).

If men are not accessing these services then they cannot provide the potential benefits we may see. IPV and suicidality are notably extreme cases. The majority of individuals who access

counselling or other services are simply in need of some assistance. Early access to treatment options could address some of these issues. However, this research illuminated what the participants of this research considered important when accessing mental health treatment. This data could assist policy makers, practitioners, and academics develop methods to encourage firearm owners to seek out early, voluntary mental health services and reduce the number of preventable firearms deaths in Canada.

Personal Position

I position myself as a firearm owning man living in Northern British Columbia who approached this exploratory qualitative study from a lens heavily influenced by symbolic interactionism. I value my firearms extrinsically as they are important tools for me to engage in hunting and sport shooting. Both of these activities are important components of how I view myself. I am also an acute social worker currently employed at the hospital in Prince George. As such, I value and attach a deep importance to mental health treatments as a sometimes-integral component of someone's wellbeing. I firmly believe in these treatments' efficacy and their importance.

As a Canadian man who owns firearms, participants shared some similar experiences to my own that emerged as the research progressed. As I shared certain demographics with the participants, reflexivity was an integral component in this study (Berger, 2015; Creswell & Poth, 2018). I was mindful to not attach my own preconceived ideals and emotions around an experience onto a participant's statements. Participants came to share their truths as they see them and I attempted to be earnest in my interpretations of their words. It would be idealistic to assume that my own experiences had no impact on the research. I was mindful of this fact and utilized my own personal attachments as a driving force to foster research of the highest ethical

standard. The exact steps of how I engaged in reflexivity and maintained awareness of my biases will be more thoroughly discussed in Chapter 3.

Assumptions

There are several assumptions in this study. The first was that firearm owning men are indeed hesitant to access mental health treatment. I was unable to locate any literature explicitly discussing this phenomenon from the perspective of firearm owners themselves, and this assumption was based on numerous interactions I have had with various firearm owners. The assumption that firearm owning men may have hesitancy was based on these interactions. The second assumption was that the ownership of firearms contributes in some manner to increased hesitancy to access mental health treatment. There is no shortage of individual factors that can contribute to a hesitance to access treatment, and it was assumed that the ownership of firearms is another such factor.

Summary

The aim of this chapter was to discuss the rationale behind this study and its importance. Suicide by firearm is an established issue in Canada and there may be some hesitancy to accessing mental health services amongst firearm owning men. Terms were defined in order to establish what meaning they hold in this study and the potential significance of this study in addressing firearm related deaths was discussed. Finally, it discussed some of the assumptions made by this researcher in the undertaking of this study. Mental health and firearms in Canada are a prevalent issue. This chapter aims to establish context that will guide the rest of the thesis's path. The following chapter expands on the issue by exploring the extant literature base around firearms and mental health in Canada.

Chapter Two: Literature review

Introduction

The purpose of this literature review is to provide some context around firearms and mental health research, policy, and practices. Typical intervention strategies around firearms and mental health are discussed. These can be broadly categorized into legislative-based strategies and clinical practice-based strategies. This chapter aims to also provide background for the reader and pertinent legislation will be discussed. The predominance of legislation as an intervention over clinical practices is discussed. Finally, extant literature is reviewed to explore potential barriers that have already been theorized as possible reasons for firearm owning men's hesitancy when considering accessing mental health treatment.

Fundamentals of Firearms and Mental Health Research

There is much extant literature on mental health and firearms. However, limited amounts of it discuss the reasons behind resistance of firearm owners in seeking out help. Much of it the literature comes from the United States (US) with less on the Canadian side; this is likely due to gun violence being a more pronounced issue in that country (Pirelli, 2018). Nonetheless, it is possible to utilize this data to still create some general assumptions. There is very little literature on the Northern British Columbian situation. This lack of literature is possibly due to the federal nature of firearm statistics. Where possible in this document Canadian literature has taken prominence.

Violence is the topic of much of the research surrounding firearms and mental health. It is often focused on asking if mental health is the cause of firearm related violence. The current literature is mixed and suggests that mental health issues and firearm violence are not well understood. Complex psychiatric issues may contribute to increased homicides and suicides

(Hildreth, 2009; Pirelli, 2018) or they may not (Ahonen et al., 2019; Canady, 2022; Large et al., 2011; Leshner, 2011; Lu & Temple, 2019). The general consensus, however, is that access to a firearm dramatically increases the likelihood of using it successfully to complete suicide or homicide (Ahonen et al., 2019; Canady, 2022; Large et al., 2011; Leshner, 2011; Lu & Temple, 2019). There is a large focus as well on public perception. In the US, many people believe that mental health issues are the root cause of gun violence (Anestis & Daruwala, 2021; Sargent & Newman, 2021; Vargas et al., 2020). This belief is shared by many American gun owners who believe that mental health issues are causal to many of the shooting deaths in their country (Barry et al., 2018). It is not clear if this belief is shared by the Canadian population.

There is little research on the Canadian side around firearms and mental health, but it is possible that some American data may be relevant to the Canadian situation. The databases consulted were the PubMed Central, ResearchGate, and University of Northern British Columbia (UNBC) Library databases. I could find no literature that discussed firearms owners' perceptions around accessing mental health services in these databases.

Intervention Strategies

Legislative

Current approaches to limit the negative effects of firearm and mental health related issues take two main paths: legislation/policy-based approaches or clinical treatment (Barber et al., 2019; Barry et al., 2018; Government of Canada, 2022; Langmann, 2021; Pirelli, 2018). Legislative and policy-based approaches appear to be the most common approach in the literature. Advocates for legislative approaches exist in the public, government, and scholarly domains (Cook & Ludwig, 2019). The research concerning the effectiveness of firearms legislation is mixed. Some interventions show empirical success while others may be motivated

by public opinion (Barber et al., 2019; Barry et al., 2018; Pirelli, 2018). Barber et al. (2019) suggest that legislative approaches are only effective when they "build on the strengths and values of the communities and individuals most affected by firearm suicides: gun owners and their families" (p. 1700).

Despite the above, legislative and policy-based approaches are the most common method of addressing firearm violence. Denial of ownership or removal from possession is the most common intervention method (Langmann, 2021). This denial is often accomplished via legislation. In Canada individuals are required to submit information when applying for a firearms licence verifying that they have never sought out mental health treatment (Firearms Act, 1995). In the United States a National Instant Criminal Background Check System (NICS) review is undertaken whenever an individual purchases a firearm (Bonk, 2014). Both systems are aimed at denying an individual who has been treated, voluntarily or otherwise, for a mental illness associated with increased risks of violence from obtaining a firearm.

In a search of multiple databases, no indication of the exact steps that are taken in Canada to remove an individual's firearms are clearly stated. Based on the legislation, any person may report an individual whom they have concerns about to either the Canadian Firearms Programme or the police. If firearms are to be physically removed from a person's residence, the police will do so. If the individual's firearms are seized and officers believe their licence should be suspended, the matter must go in front of a provincial court judge (Firearms Act, 1995). Specifics were not able to be determined and exact procedures were not able to be obtained by myself. It is unclear if the exact proceedings are guarded information or if they are simply not published for public use.

There are multiple reasons for why an individual can lose their firearms licence in Canada. These reasons vary from “risk to self” to “court ordered prohibition/probation” (RCMP, 2022, p. 18). In 2022, 923 individuals were denied a PAL out of over 430,000 new licence and renewal applications; 182 were for “mental health” and 197 for “potential risk to self” (RCMP, 2022, pp. 16-18). A further 3,315 licences were revoked out of an existing 2.2 million; 556 were for “mental health” and 443 for “potential risk to self” (RCMP, 2022, p. 18). The rate of removals and denials are actually quite low: 0.136% of existing licences were removed and less than 0.24% of new licence applications were rejected.

Determining the percentages that involved mental health concerns was somewhat of a challenge. This commission does not definitively define the reasons given for removal or denial. We do not have exact definitions that show distinct boundaries or limitations which makes concrete analysis difficult. Only “mental health” and “potential risk to self” were included in the final percentages. “Mental health” and “potential risk to self” are separate. This could suggest several different things: mental health may be referring to more broad concerns such as depersonalization or issues with cognition whereas “potential risk to self” may include specifically suicidal concerns.

Further, it is possible that “provided false information” may be related to mental health as well as people could have lied about their mental health history. It is also possible that individuals included in “potential risk to others” could be having some form of mental health crisis (RCMP, 2022). Mental health may have played some part in these areas, but this is highly speculative, and in the interest of accuracy it has been excluded from the percentages given. As such, by a conservative estimate, at least 41% of denials and 30% of removals were related to mental health.

Legislation is a common tool used for firearms and mental health safety. However, there are three key issues that legislation is not able to address. First, background checks are limited by record sharing (Vars et al., 2022). The NICS does not have access to an individual's medical records limiting its efficacy (Bonk, 2014). In the case of the Canadian approach, the PAL application process requires that the applicant voluntarily disclose if they have received mental health services (RCMP, n.d.). Background checks conducted by the provincial Canadian Firearms Officer (CFO) are limited to an individual's criminal record (Bill C-21, 2023). The RCMP and the CFO would not have access to an individual's medical or private counselling records and thus may be unaware of an individual's history. These processes rely entirely on voluntary self-disclosure. The only exception would be if an individual were detained by the RCMP under provincial or territorial mental health regulations; BC's Mental Health Act (1996), for example, allows RCMP officers to detain and transport individuals in crisis to a medical facility under Section 28. This would result in a police record that could be seen in a background check. Background checks are limited by their access to information.

Further still, these checks can only occur on individuals who have a valid PAL for their firearms. As noted previously, there are 2.2 million people with a PAL in Canada (2020). However, a study conducted by Public Safety Canada (2022) on 2200 firearms owners revealed that 10% of respondents to the survey identified not having a PAL. This number may not be fully accurate, as respondents may not have answered honestly, fearing legal ramifications. However, if this number is to be believed, then in addition to the 2.2 million reported licence holders there are at least an additional 220,000 individuals who own firearms without a valid PAL. These individuals cannot be assessed by the current system as it is reliant on individuals having a valid PAL before the background check can begin.

Second, legislative approaches can only focus on an individual's mental health history. This neglects to consider two issues concerning men's mental health: the issue of detection and the fact that mental health issues can develop at any time. Symptoms or signs of suicide can often be difficult to detect; Lewiecki and Miller (2013) report that over 80% of suicide victims in the United States were not treated for a psychiatric condition. In men, this number may be even higher; men are half as likely to be diagnosed with issues of depression or suicidality when compared to women (Bryde Christensen et al., 2022). Men in the midst of a mental health crisis may show fewer signs than women. They tend to display less indicators of the turmoil they may be feeling and instead engage in detrimental coping mechanisms such as increased risk taking, substance abuse, or isolation (Brownhill et al., 2005; Herdiansyah et al., 2023). A study conducted by Morin et al. (2019) reports that traditional methods of detecting depression in male gun owners were likely ineffective; less than 50% of 2131 patients in the study who had attempted suicide displayed symptoms associated with or were formally diagnosed with a psychiatric disorder connected with increased rates of violence.

Legislative approaches also cannot address the issue of men developing mental health issues after obtaining firearms. For example, depression in men can develop or remain undetected for years (Creighton et al., 2017; Stromberg et al., 2010). Mental health issues may arise later in life after the check has occurred. Again, this is an especially relevant issue in men; men aged 45-60 have the highest rates of suicides when compared to other age groups (Monette, 2012; Varin et al., 2021). A man may pass his licensure test in his early twenties and not develop serious psychiatric issues until his forties. Current legislative approaches are unable to address this issue as they only prevent acquisition of firearms and cannot effectively address current possession.

Finally, legislative approaches contribute to the problems we see around hesitancy to access services. The Firearms Act (1995) states that a firearms license can be revoked or denied if an individual has

> been treated for a mental illness, whether in a hospital, mental institute, psychiatric clinic or otherwise and whether or not the person was confined to such a hospital, institute or clinic, that was associated with violence or threatened or attempted violence on the part of the person against any person. (s. 5.2)

The language in this section is very broad and all-encompassing; as stated previously, Pirelli (2018) notes that a mental health issue associated with violence does not equate to causation. Almost any mental illness could be seen as associated with violence as per the DSM-5 (Pirelli, 2018), and this may be a contributing factor that explains some hesitancy. The legislative approach involves the removal of firearms from the individual's possession. Firearm owning men report that their ownership of guns is of deep importance. Men may view "firearm ownership and use as integral and enduring aspects of their life, closely bound to their identity, occupation and self-esteem" (Wand et al., 2014, p. 674). Kalesan et al. (2016) reported that men in the United States indicated that a loss of their guns would affect both their social and filial standings, and Stroud (2012) reported that men have a deep connection between their ownership of firearms and masculine self-image. A man may see the removal of his firearms as a threat to both his status and his masculinity, then avoid seeking out help based on this belief. It is possible, therefore, that legislation acts as a barrier in its own way.

Clinical route

Clinical treatment options are far less frequently mentioned in the literature. The focus of prevention is often on changing legislation (Canady, 2018; Metzl et al, 2021). This focus on

legislation is despite the fact that mental health treatments show solid promise in reducing suicidality amongst firearm owners (Barber et al., 2019; Betz et al., 2022; Jager-Hyman et al., 2019; Vars, 2020), especially when the treatment is both voluntary and early (Acosta et al, 2013; Ly et al, 2019). Much of the evidence concerns treatment of depression, and it is widely accepted that any modality that has shown efficacy in treating depression is suitable for use amongst firearm owners (Barber et al., 2019; Betz et al., 2022; Jager-Hyman et al., 2019; Ly et al, 2019; Vars, 2020). Mental health treatments for individuals who own firearms can be beneficial even when the person does not have a diagnosed mental illness. Miller and VandenBos (2020) note that many incidents of firearm violence are due to "psychological and behavioural issues" and are not correlated with any diagnosed mental health issue (p. 168). The primary clinical treatment appears to be attempting to address the underlying mental health issue, often depression, which contributes to negative outcomes.

There does not appear to be any preferred modality for use with firearm owners; cognitive behavioural therapy (Vars, 2020), dialectical behavioural therapy (Bantjes et al., 2021), and motivational interviewing (Carter et al., 2016) are all used with individuals who are at risk of firearm violence. Bantjes et al. (2021) suggests that depression or anger are two important components to address when working with firearm owning men. Bantjes and their colleagues (2021) posit that the above feelings often play a part in firearm related violence and suggest that any treatment modality can be effective as long as they can address feelings of depression or anger. Instead of a specific modality, additional training for counsellors is often recommended (Betz et al., 2022; Bryan et al., 2021; Sale et al., 2018; Valenstein et al., 2018). There are several different training programmes targeted towards counsellors, health care providers, clinicians, and even individuals involved in the firearms industry. Counselling Against Lethal Means (CALM)

training aims to provide clinicians with practical skillsets on how to speak with firearm owners about temporary relinquishment of firearms (Betz et al., 2022) and PREVENTS is a programme that provides training to counsellors who work specifically with veterans who are at a higher rate for suicide by firearm (Lemle, 2020). These training programmes generally appear to have three common themes: Lethal Means Safety, increased use of risk assessments, and specific communication skills for working with American firearm owners.

Lethal Means Safety.

While practice considerations for working specifically with firearm owners are not as common in the literature as legislative options, there are few methods that are suggested for use in practice. Lethal Means Safety (LMS) is one such method. This process has individuals who feel suicidal or homicidal either remove their firearms from their home or change their storage habits. Simultaneously, these individuals engage with mental health services to reduce the risk of an impulsive suicide (Sale et al., 2018). It is widely accepted amongst mental health researchers that easy access to and availability of firearms dramatically increases the chance that violence will occur (Betz et al., 2022, Langmann, 2021; Lemle, 2020; Sale et al., 2018), and LMS targets this risk factor. Part of its efficacy is due to the fact that it addresses impulsive, unplanned violence; a key factor relating to firearms is how simply and effectively they can be used in a homicide or suicide (Betz et al., 2022; Jager-Hyman et al., 2019; Langmann, 2021; Lester & Lenaars, 1993). While there is often some hesitancy amongst firearm owners around surrendering their firearms, this is not always the case. In a study of 667 veterans in the United States, Valenstein et al. (2018) reports that 65.7% of those interviewed would willingly participate in an LMS programme if it was temporary in nature. LMS can involve safer storage measures within an individual's residence. Individuals who are currently at risk can keep their

firearms in their homes. Instead of surrendering the firearms, they either lock them up or render them temporarily inoperable (Jager-Hyman et al., 2019). The use of trigger locks, gun storage safes, firing pin removal, other temporary alterations, or a locked storage area are suggested to accomplish this (Betz et al., 2022; Lemle, 2020).

If there is a concern that in-house LMS methods will not be sufficient, temporary removal of firearms from the person's home has been suggested. Valenstein et al. (2018) encourages clinicians to discuss firearm safety with patients to develop pre-emptive safety plans that aim to "voluntarily limit access during high-risk periods" that can be triggered if such a risk becomes apparently (p. 82). Alternative storage arrangements can be organized with family, friends, or other community members (Bryan et al., 2021). In some jurisdictions, private or public organizations such as universities, police stations, shooting ranges, or health clinics even have designated storage spaces for firearms (Lemle, 2020). Some areas in the United States have created comprehensive maps of voluntary, short-term storage areas where individuals at risk of suicide can store their firearms. The Colorado Firearm Safety Coalition (2023) maintains one such map of these storage areas in their state and has contact information on their website for interested parties. I was unable to locate any such programs in existence in Canada. Limiting access to firearms is a commonly used technique to limit firearm related deaths.

Risk Assessment Use.

Increasing the frequency of risk-assessments is also recommended. While risk assessments are recommended for use with any client who is at risk of committing violence, their increased use amongst firearms owners is suggested due to the increased lethal risk that living with a firearm brings (Betz et al., 2022; Bryant & Arditti, 2019; Wintemute et al., 2016). Wand et al. (2014) encourages more frequent and in-depth risk assessments be undertaken with clients

who possess firearms. This can include using standardized risk assessments such as the Columbia-Suicide Severity Rating Scale regularly and evaluating the need for further measures accordingly (Wand et al., 2014). Individuals scoring high on these assessments may require more intrusive measures such as the removal of firearms by law enforcement or involuntary psychiatric treatments (Austin & Lane, 2018; Miller & VandenBos, 2020).

Communication Skills.

Many of the articles involving firearms and mental health covered the importance of how clinicians discuss firearms with their clients. Many authors acknowledge the fact that firearm owners may be very hesitant to speak with professionals about their guns due to the fear that this will result in a removal, judgement, or them being added to some form of registry (Jager-Hyman et al., 2019; Langmann, 2021; Miller & VandenBos, 2020; Valenstein et al., 2018). A study conducted with firearms retailers, safety instructors, and law enforcement officials echoes these concerns; the professionals consulted in this study consistently mention they believed that firearm owners do not trust mental health professionals and that firearm owners avoid contact with mental health professionals if at all possible (Jager-Hyman et al., 2019). Pirelli and Witt (2017) suggest that firearm ownership is often split along political lines, and that firearm owners may fear that mental health clinicians, whom they view as opposed to gun ownership, will misunderstand their reasons for owning guns. Bryan et al. (2020) notes that firearm owners may be initially hesitant to speak to clinicians about firearms in general, and that this silence can sometimes contribute to negative outcomes in the long run.

To address this issue, almost all the articles consulted discussed the importance of having conversations about firearm safety with owners (Austin & Lane, 2018; Betz et al., 2022; Bryant & Arditti, 2019; Jager-Hyman et al., 2019; Langmann, 2021; Miller & VandenBos, 2020; Perilli

& Witt, 2017; Valenstein et al., 2018). There is a distinct emphasis on remaining non-judgemental, keeping clients involved in the process, and approaching conversations from a place of caring (Betz et al., 2022; Jager-Hyman et al., 2019; Langmann, 2021; Miller & VandenBos, 2020; Valenstein et al., 2018). Jager-Hyman et al. (2019) reports that approaching conversations around firearms in "an empathic manner and without explicit orders about what to do may be particularly effective" (p. 698). Miller and VandenBos (2020) counsel that conversations about firearms should be "respectful, informed, and tailored to each individual patient's needs" or the clinician runs the risk of the client refusing to engage in further treatment. (p. 169). Bryan et al. (2020) acknowledges that discussion about firearms can be difficult for both clinicians and clients, but states that clients tend be "very open to talking about [firearm safety] when it is approached in a non-judgmental way" as opposed to from a place of judgement (p. 958). To accomplish this, Pirelli and Witt (2017) suggest that practitioners engage in reflexivity to see if they may hold biased views towards firearm owners.

To further increase the likelihood of engagement by clients, many authors suggest that clinicians who work frequently with firearm owners gain some additional knowledge on the fundamentals of firearm ownership. Miller and VandenBos (2020) suggest that clinicians attempt to understand the "symbolic aspects of a gun and the personal meaning for the patient of owning and possessing a gun" (p. 170). Valenstein et al. (2018) discusses how if a clinician determines a client may be a risk, they should attempt voluntary LMS measures before any other options unless there is an immediate risk. Pirelli and Witt (2017) go even further. They suggest firearm owners have a distinct subculture, and that clinicians who work with firearm owners should develop a basic understanding of this as a form of cultural competence. Jager-Hyman et al. (2019) agrees with this, suggesting that a basic understanding of gun culture may help combat

the assumption held by firearm owners that "clinicians are not reliable sources for information about firearms and are not likely to be familiar with or accepting of firearms or firearm culture" (p. 698).

In general, practice considerations for working with firearm owners are not as common as legislated approaches in the literature. There are a few methods that are suggested for use in practice, but legislative removal appears to be the final result of many interventions. There are some clinical methods for working with firearm owners to reduce the risk of deaths. However, practical methods for working with firearm owners are dwarfed in comparison by policy and legislative suggestions.

Legislative Predominance

Legislation and policy are definitively the primary approach to reducing mental health related firearm deaths. There is a distinct gap in the literature around how to work with firearm owners to enhance mental health interventions. This may be in part due to the varied nature of mental health treatment; clinical approaches vary based on practitioner training, state and province requirements, and funding (Valenstein et al., 2018). It is also possible that the increased use of legislated approaches may be due to public influence. Firearm violence is an often-politicized phenomenon, and policy makers are frequently influenced by public perceptions (Barry et al., 2018; Barry et al., 2013; Meszaros, 2017). In both literature and society, perceptions of individuals with mental health issues who own firearms tend to be negative as well. Gun owners with mental health issues are only presented as dangerous to themselves and others (Barfield, 2020; Barklage, 2017; McGinty et al., 2014); Bonk's 2014 thesis is even entitled "Denying the Dangerous" (p.1). This 2014 thesis focuses on how government agencies can "prevent firearms from entering the hands of the dangerously mentally ill" (p. 1).

Public views echo the belief that gun violence is often a mental health problem rather than a social one (Barry et al., 2018; Bonk, 2014; Chantler, 2020; Langmann, 2016). Mass shooting events or suicides are often portrayed as caused by individuals with mental health issues. Anne Coulter, a prominent conservative political analysist in the United States, said in 2013 “Guns don’t kill people, the mentally ill do” (as cited in Leyton, 2018). Even gun owners themselves often hold this view; Barry et al. (2013) reports that 74.5% of 2703 American gun owners surveyed supported firearm bans for individuals who had threatened, not attempted, self-harm.

This perception of those with mental health issues being inherently dangerous is despite some evidence that suggests the opposite. Ahonen et al. (2019) discusses that individuals with psychiatric disorders are far more likely to turn firearms on themselves than others. Lu and Temple (2019) agree, pointing out that access to firearms is a far more reliable predictor of violence than mental health issues. Leyton (2018) goes further, providing evidence that suggests individuals with psychiatric disorders are less violent statistically than those in the general population. The only exceptions Leyton (2018) identifies is violence towards oneself and violence towards domestic partners; in these cases, individuals with psychiatric disorders tend to be more violent than those without psychiatric disorders. The perception that mental health issues are the root of problem muddies the debate around addressing the issue of firearm violence and paints those with mental health concerns as root causes rather than individuals who may need help. This may be a contributing factor to why restrictive policy is the foremost approach to addressing issues of mental health and firearms.

Factors Possibly Contributing to Hesitancy

There is either an extreme paucity or no extant literature on why firearm owning men refrain from accessing mental health services. As previously established, there is a recognition that gun owners do tend to be more hesitant to accessing mental health treatments. There is likely no one singular factor that will be the root cause of this hesitancy. However, this hesitancy may be due to several potential factors that can be seen reflected in the legislation.

Maleness or Masculinity

Masculinity is identified as a prominent barrier related to firearm ownership. As previously established, men in general are already much less likely to access mental health services compared to women (Chatmon, 2020; Hom et al., 2015; Sagar-Ouriaghli et al., 2019). While it is still not clear exactly why this is the case (Hom et al., 2015), the stigma attached to help seeking may disproportionately affect men. Rural Canadian men reported that they were worried about being perceived by family, friends, and employers as weak if they sought out services (Creighton et al., 2017), and Oliffe et al. (2016) reports that men felt "embarrassed and ashamed" at the prospect of seeking help (p. 308). This may translate over to hesitancy; Anestis (2017) relays that men were reticent to engage in LMS methods with friends, family, or official agencies out a fear of "outing themselves" as being in need of help (p. 1701).

Some of the literature connects hesitancy to a societal concept of masculinity (Möller-Leimkühler, 2002; Seidler et al., 2016). A 2022 study by Li and Gal suggests that men who do engage with mental health services are perceived as "less masculine" by both men and women; this study suggests that women were actually more likely to hold this belief than men (p. 430). Oliffe et al. (2016) agrees, reporting that over a third of individuals surveyed in their study reported having stigmatized views of men who had depression. Men may also feel emasculated

when asking for help with suicidality and depression. McKenzie et al.'s (2022) scoping review of mental health and stigma amongst men found that public stigma around men's access to mental health could often develop into self-stigma as well.

The issue of hesitancy to access support may be exacerbated when firearms come into the picture. While this is not a deeply explored area, some authors suggest that men connect their self-concept of being masculine with firearm ownership (Borgogna et al., 2022; McDermott et al., 2021; Stroud, 2012). Firearms are an outward display of masculinity that become intwined with a man's self-concept, and their belief of others' perceptions, of their masculinity (Borgogna et al., 2022). Carlson (2015) suggests that hegemonic masculinity and firearm ownership are deeply tied together; men own firearms in order to "assert social relevance by embracing a duty to protect" (p. 388). Stroud (2012) agrees and points out that men attribute aspects of their masculinity to being able to protect their family with firearms. Since the predominant method of suicide prevention involves the removal of firearms from an at-risk individual, it is plausible that men could perceive the loss of firearms as an attack on their masculinity.

Heritage:

Men may view the potential removal of firearms as an attack on their heritage. Canada has a long history of firearm ownership. Firearms came over with the earliest settlers, and were often traded with Indigenous peoples (Borh, 2014). They were an integral component in the fur trade; this was a key factor in North American colonization and still holds importance to trappers today (Innis & Ray, 2017). In the modern era, hunting with firearms is a recognized cultural component in both white settler and Indigenous cultures (Frolick, 2016; King & Furgal, 2015). Miner and Manore (2007) report that men who hunt or trap often do so not out of necessity, but out of a belief that it is an important cultural tradition. Hunting and trapping are especially

relevant within Indigenous contexts. Many, if not all, Indigenous groups have fundamental spiritual, cultural, and practical connections to hunting (King & Furgal, 2014). Indigenous rights to hunt are even constitutionally protected (Constitution Act, 1982, s. 35); this even allows them some exemptions to firearms laws (Bill C-21, 2023). If individuals connect hunting with firearms to an integral component of their cultural self-concept, it makes sense they would wish to avoid their removal. This is even more important for individuals who still rely on hunting as a food source, especially in rural areas (Frolick, 2016; King & Furgal, 2014). While firearm ownership is no doubt a highly politicized phenomenon, many men who own firearms see them as simply facets of their everyday lives (Das et al., 2021). They are normalized as tools for use in hunting (King & Furgal, 2014) or as symbols of their heritage (Miner & Manore, 2007). For these reasons, firearm owners may view removal of their guns as an attack on their heritage.

Gun Culture and Political factors:

Politics can play a part in hesitancy. While exact data are not available, gun owners in Canada are more likely to identify as conservative (Jonas, 2021; Maher, 2021). Conservative political parties are much more likely to be perceived as pro-gun than those with more leftist leaning philosophies; this may contribute to the increased rates of firearm owning men who own identify as conservative (Brown, 2021). Some literature suggests that conservatives are more likely to distrust health agencies, counselling, or other institutions offering mental health services (Ravenelle et al., 2021). They may also be less likely to both believe in the efficacy of and engage in seeking out mental health supports (DeLuca & Yanos, 2018; Han et al., 2018; Waitz-Kudla et al., 2019). Men's political ideology could also be a contributing factor around hesitance.

Academics have suggested that firearm owners share some form of culture (Das et al., 2021; Homsher, 2001; Squires, 2000); Wyant and Taylor (2007) even differentiated between

protection-minded and hunting or sporting minded gun cultures. Men can ascribe significant importance to these cultures; Kalesan and their colleagues (2016) address that some men in the United States identified they would lose social status if they did not own guns. Further still, firearm owners may to view gun ownership as a fundamental right (Kopel et al., 2003; Joslyn, 2020). While this is a well-known American phenomenon (U.S. Const. amend. II), it also exists in Canada. A prominent Canadian firearm lobby is called the Canadian Coalition for Firearms Rights (CCFR, 2022). Frequent and repeated interaction with a sub-culture of individuals that holds these beliefs may contribute to the hesitancy noted.

Firearm ownership, especially in rural areas, may be seen as normalized (Kopel et al., 2003; Joslyn, 2020). The ownership of firearms for hunting (King & Furgal, 2014) or cultural reasons (Dal et al., 2021; Wyant & Taylor, 2007) may also contribute to the hesitancy we see. If firearms are seen by owners as simply normal parts of their lives, they may feel that seeking out mental health treatment threatens aspects of their social lives and how they view themselves.

The literature suggests that firearm violence and mental health is a relatively complicated issue. Methods that aim to address the issue of firearm violence and mental health are predominately legislatively focused with clinical approaches taking a back seat. Legislative approaches suffer from some deficits which may limit their efficacy, and some literature hints at the fact that firearm owners may be hesitant to access mental health treatment. Potential factors that may contribute to the hesitancy we see are briefly discussed in the literature, but not overtly studied. This thesis looks to add to this already extant literature by more deeply exploring the experiences of firearm owning men who are considering accessing mental health treatment. In the following chapter, research design will be discussed .

Summary

This chapter explored the existing literature on firearms and mental health. Some fundamental information was provided to help provide context to this complex issue. The literature review focused on the two main intervention methods in addressing firearm violence: legislative and clinical strategies. Of the two, it appears that legislative approaches are most often used. The issues with legislative strategies were discussed as they cannot always be the most reliable intervention strategies on their own. Factors that may be contributing to the hesitancy to access services amongst male firearm owner were discussed. These factors were often touched on in the literature but not overtly explored. Further, these identified factors were usually noted by academics or other professionals. This study aimed to add to the existing literature basis by speaking with firearm owning men themselves about their own experiences. The following chapter covers the methodology and methods used in this study.

Chapter Three: Methodology and Methods

Introduction

This chapter discusses the methodology and methods used in this thesis. First, methodology is discussed. Symbolic interactionism will be briefly discussed, and how it influences this studies lens. The concept of thematic analysis will also be discussed in broad strokes. Second, the methods section is covered. Steps taken during the data collection and data analysis stages will be illustrated. Special focus on the exact steps of Braun and Clarke's six-step thematic analysis (2006) outline are detailed. Finally, some graphics illustrating the steps in a visual manner are displayed.

Methodology

The methodology for this study took a generalist qualitative exploratory approach. The study was exploratory in nature. Qualitative research was chosen as it is best suited to exploring the nature of the research question posed. The research question aimed at exploring a concept that would likely not be easily quantifiable; namely what firearm owning men face when considering accessing mental health treatment. Qualitative research was chosen due to its known benefits when attempting to study what an individual is thinking, feeling, or experiencing (Rendel et al., 2019). What these men experience would be difficult to accurately quantify, and any attempt to do so could result in the loss of important context that accurately defines these experiences (Rendel et al., 2019). This qualitative study can more deeply and fully examine the what, how, and why behind firearm owning men's experiences and relay this information in a way which more accurately reflects the complexity of human behaviours.

Exploratory studies are often conducted when little or no data exists on a topic with the goal of generating new knowledge (Rendel et al., 2019; Timonen et al., 2018). The exact goals of

exploratory studies are not always clear at the outset of the research commencing and may develop later during and even after the research process is concluded (Timonen et al., 2018). Exploratory studies can assist in clarify exactly what should be looked at when conducting study on a topic (Rendel et al., 2019). An exploratory focused lens was chosen due to relative paucity of literature on the topic of this study, and with the hope that it will provide clarity into the phenomenon for the benefit of future studies on this topic.

Symbolic Interactionism

The theoretical background of this study was based around symbolic interactionism (SI). A key component of SI is that individuals understand themselves, others, and their reality through cyclical interactions with others (Mead, 1934). SI places heavy emphasis on communication as foundational to an individual understanding themselves, others, and society. Communication, and the reaction by others to said communication, provides people with a framework on how they are to live their lives (Mead, 1934). For example, a man may interact with his father, a person whom he views as a masculine figure, and thusly build up his own concept of what a man is as maleness is socially understood and codified. He will then dress, act, and interact with the world based on how they understand a man should act (Carter & Fuller, 2015).

SI theorists believe that the mind, the self, and society are three separate but intertwined components of being that contribute to an understanding of oneself (Blumer, 1969; Carter & Fuller, 2015). The mind is described as thought processes based on around our social interactions that aim to resolve problems, the self is an aspect of our own self-awareness and self-image based off our interactions with others, and society is an inner and outer influential force

composed of everchanging symbols created and passed on via socialization (Blumer, 1969; Mead, 1934).

From an SI perspective, how a firearm owner understands themselves, relates to their environment, and develops their beliefs will influence how they interact with their reality. Interactions with other firearm owning men may create and develop the concept that seeking out mental health treatment is a sign of weakness (Borgogna et al., 2022; McDermott et al., 2021; Stroud, 2012). They may have developed an image of self as a hunter, and the threat of having their firearms removed may be seen as an attack on their self-image. Further still, interactions with other firearm owners could solidify beliefs in the inefficacy of mental health treatment. Seeing as some academics have suggested that firearm owners have a form of sub-culture (Das et al., 2021; Homsher, 2001; Squires, 2000), repeated interaction with other gun owners who hold political, ideological, or social beliefs around accessing mental health treatments may result in an individual believing that it is socially unacceptable for him to access these treatments.

Thematic Analysis

This study used thematic analysis as its primary method of data analysis. It was generalist in approach but relied heavily on thematic analysis of interviews. Thematic analysis is a process in which a researcher manually analyzes the data sets searching for patterns to develop into themes (Butler-Kisber, 2018).Thematic analysis is often utilized when a researcher wishes to interpret and make sense of a phenomenon, involve participants in the analysis of data, and identify subjective experiential information (Braun & Clarke, 2006). It is more than simply summarizing data, but aims to identify “the underlying ideas, assumptions, and conceptualisations, and ideologies, that are theorised as shaping or informing the semantic

content of the data" (Braun & Clarke, 2006, p. 84). This will be discussed in more detail later in the methods section of this paper.

The use of thematic analysis was beneficial for this study for several reasons. It was consistent with the my goal of involving participants in the research process, exploring the subjective experience of male gun owners, and identifying some major themes around gun owners seeking out mental health treatment. Thematic analysis specifics will be discussed in more detail in the methods section.

The approach taken in this study was consistent the overall goal of the study: to explore what experiences firearm owning men may face when considering mental health treatment. The SI based lens along thematic analysis was beneficial when exploring what male gun owners considering mental health treatment may experience. The SI perspective will be discussed further in the discussion section of this thesis.

Methods

Data Collection

Data was collected in the form of in-depth interviews with firearm owning men currently residing in Northern British Columbia. Recruitment was focused on finding firearm owning men who were willing to talk about their perspectives on seeking out mental health treatment. Purposeful sampling procedures were utilized. I reached out to various firearm related agencies and organizations. Ultimately, only the Prince George Rod and Gun Club assisted myself in recruitment via the distribution of flyers to their email list. They were not involved with any participant interactions aside from the sending of these emails.

Potential participants reached out to me via UNBC email. They were provided general information on the study, and if they were interested in further participation they filled out a

consent form. Interviews were conducted either via Zoom or at UNBC depending on which the participants preferred. Ultimately, six men participated in this study. Men were given pseudonyms from a random name generator. Several men requested new names as the names were similar enough to their own or to those they knew. These were re-randomized and were accepted by the men.

The interviews ranged in length from 00:45:36 to 01:33:48. The interviews started with a short script that discussed study goals, processes, confidentiality, provided informed consent, and my position as a researcher. The study had broad scripted main questions (Appendix F). These semi-structured questions were asked in every interview but were open-ended in nature in order to encourage free-flowing conversation towards topics that participants believed important to the pertinent topics. As such, many other prompting questions were utilized as potential themes emerged dynamically during the interview.

The questions posed may seem broad, but this was on purpose. Jacob and Furgerson (2012) suggest questions are to be "big and expansive" (p. 4) to encourage a free-flowing conversation. I believe the questions worked well with a symbolic interactionist focus due to their emphasis on cooperation and consensus in determining reality (Amineh & Asl, 2015). The questions listed in Appendix F are only the guiding questions and may not reflect all of the questions that were asked during the interviews. The questions were piloted for use with two of my MSW cohort classmates. Changes to the questions were made after these interviews. The nature of the changes was to shift the questions towards being more open and expansive instead of more linear as the original questions had been. These changes were made to be more consistent with the suggestions made by Jacob and Fergerson in their 2012 article.

After the interview, summarizing questions were used to reduce the risk of unconscious editing and to offer an opportunity for any final relevant statements to be made. Contact information was relayed at this point for the purpose of member checking.

Data Analysis

The open exploratory qualitative approach aims to identify and explore key themes identified by research participants. This study followed generalist exploratory qualitative guidelines (Creswell & Poth, 2018; Timonen et al., 2018). The method of analysis followed thematic analysis outlined by Braun and Clarke's 2006 article. Braun and Clarke (2006) outline six-steps to be followed during qualitative data analysis. These steps do not necessarily have to be conducted in a rigid set order, but generally consist of familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining themes, and writing up (Braun & Clarke, 2006). This process is a recursive research process and the researcher may return to a step even after commencing a new one (Braun & Clarke, 2006). An Excel spreadsheet was used to keep track of the time spent on each step in order to broadly illustrate the amount of time spent on each section of the research process. A graph of this spreadsheet can be seen below in Figure 2.

Familiarization with Data.

Initial data analysis began during the interviews phase via memoing which noted important concepts during the actual conversations. Much of the familiarization occurred during the transcription process. Following the interviews, each data set was manually transcribed in the case of the in-person meetings. Zoom meetings were transcribed using Zoom's transcription software but were manually edited afterwards to ensure accuracy. Both in-person and Zoom transcriptions were evaluated numerous times to promote accuracy. After all of the interviews

were accurately transcribed, the transcripts were read and re-read with the goal of attaining a throughout understanding of the data.

Generation of Initial Codes.

After I was familiar with the data, initial codes were generated. Data was manually evaluated for recuring insights or patterns that emerged. Transcripts were read and any quotes that appeared to hold meaning relating to what firearm owning men experienced when considering accessing mental health treatment were highlighted and codified in an initial master code list. During this first period, 168 codes were created via an inductive coding approach. Codes were reviewed and revised over several iterations. Codes which were similar or did not have enough data to support them were combined with other, more accurate codes. This led to a total of 57 codes being added to the master code list. These codes were then analyzed to determine if they portrayed anything significant about the data that connected to the central research question.

Searching for Themes.

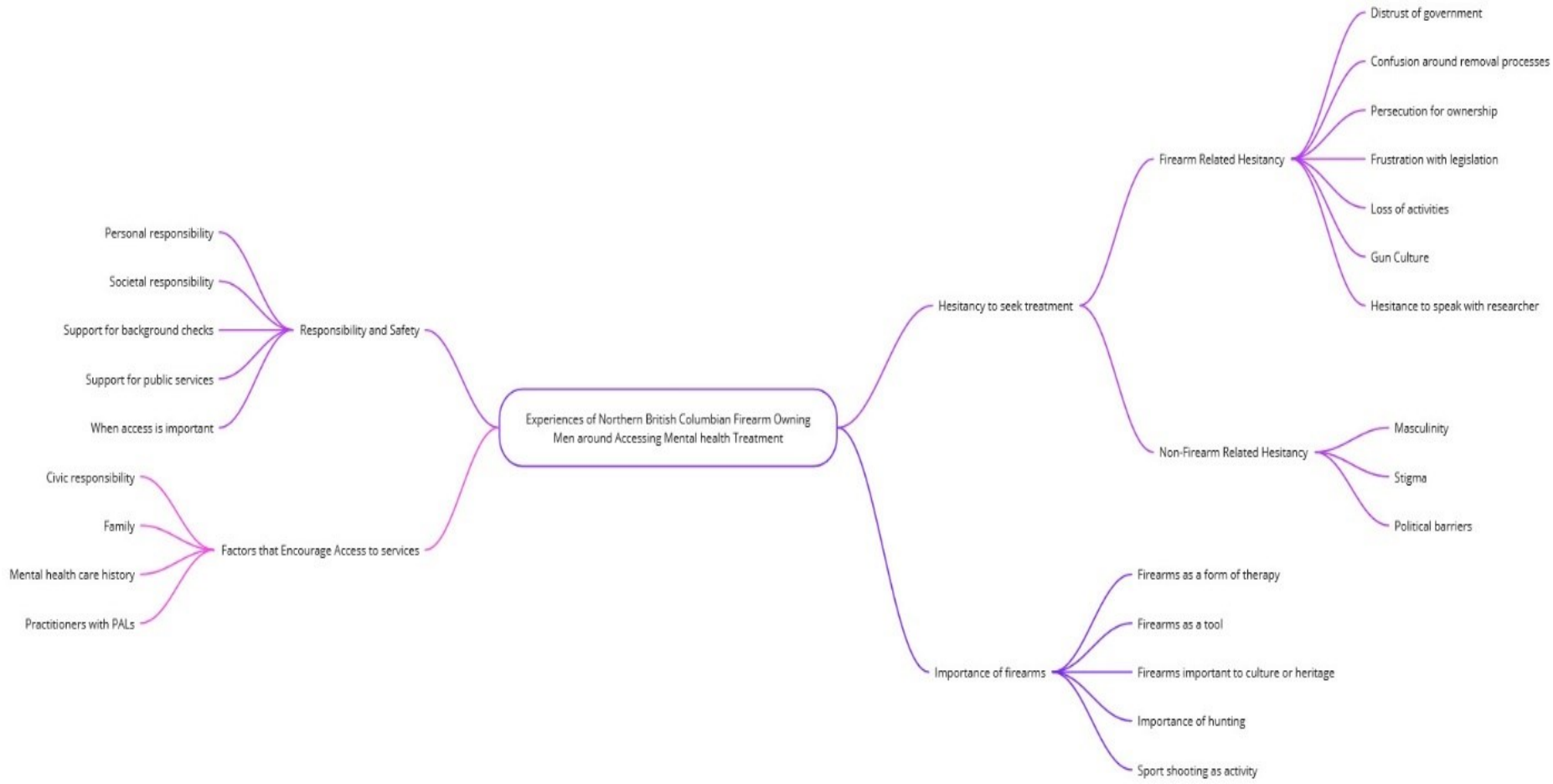
Once codes had been created, themes were sought out and an initial thematic map was created. Initially 12 themes were created. These preliminary themes were reviewed and any that were too diverse, not supported by enough data, not relevant to the purpose of the study, or could be broken down into subthemes were reorganized or discarded. This involved two levels of analysis. First, extracts for each theme were reviewed to see if they formed a coherent pattern. If not coherent, the data sets were removed or relegated to a more appropriate theme. The second level involved comparing the now completed themes to the entire data set. This was done to compare the trustworthiness of individual themes to the entire data set and ensure all relevant data was codified.

Reviewing and Defining Themes.

Themes were defined and refined by comparing them with previous data extracts and constructing them in a "coherent and internally consistent account" (Braun & Clarke, 2006, p. 92). This process involved having a detailed written analysis for each code that aimed to identify what it may contribute to the central research question. At the end of this review, 4 themes, 1 with two subthemes, remained. The thematic map was updated into its final form which can be seen in Figure 1 below.

Figure 1

Final Codes and how they Correspond to Final Themes and Sub-Themes

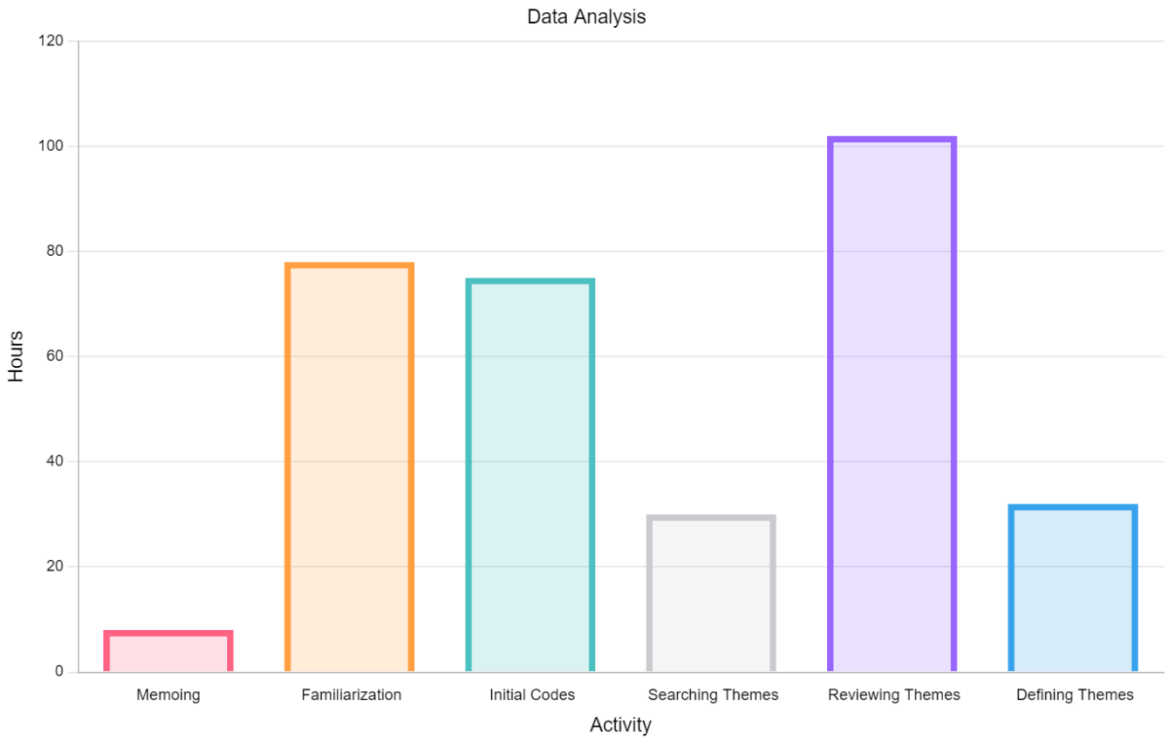


Note. This graphic depicts a mind-map of finalized codes, and how they corresponded to individual themes and subthemes. The purpose of this graphic is to provide deeper insight into the themes and sub-themes by expanding on why they were chosen to reflect the data that was analysed. This is not an exhaustive overview of all codes that were ultimately rejected or merged.

This process did not follow a straightforward, linear path. Reviewing of codes was often interrupted to go and generate new codes as data analysis progressed, Further, the master code list was frequently updated with new codes. In all, the majority of the time spent was on reviewing of themes. An Excel spreadsheet that documented the time spent on each of the 6 steps that Braun and Clarke (2006) discussed was kept, and its resulted can be view in Figure 2.

Figure 2

Time Spent in Data Analysis



The final portion of data analysis involved the production of the report that aims to tell the complex story of the data related to the central research question and contain enough data to support the prevalence of the issue (Braun & Clarke, 2006).

Demographics

Ultimately, six men participated in this study. They each participated in one approximately one hour long semi-structured interview located either on the UNBC campus or remotely over Zoom. In the interest of confidentiality, the specifics of their social demographics will be spoken of in very vague terms. Participants were given randomized pseudonyms. Social demographics were purposefully not attached to these pseudonyms to promote increased confidentiality as several participants indicated concern over being outed. Several participants noted concern that if someone recognized them based on their social demographics, their historical or current issues with mental health might be reported to the CFP. Other indicators of a concern around being reported to the CFP will be discussed more in Chapter Four.

Confidentiality was often a concern for the men involved in this study. As such, demographics will not be attached to a participant in order to decrease the likelihood that that men will be recognized. The participants were all adult men ranging in age from their early twenties to late middle age. Four participants were located within the city of Prince George, one in a more rural northern community, and one in a semi-rural community nearer to the central interior. Concerning professions, two were employed in finance and business sectors, two worked in skilled trades, one was retired, and one was a clergyperson. All had some form of post-secondary education. All had children and were either in or had been in long-term relationships.

All of the men owned firearms for recreational purposes and currently held PALs. Three of the participants indicated they primarily owned firearms for hunting purposes and three for sporting purposes. All the participants had accessed some form of mental health treatment at one time and two were currently still on psychotropic medications prescribed by a physician.

Ethical Considerations

In this thesis, steps were taken to pursue research of the highest ethical standard. The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) was often consulted when conducting this research (Government of Canada, 2023). The TCPS 2 places emphasis on the importance of informed consent, confidentiality, and relationships between participants and the researcher (Government of Canada, 2023). To address informed consent, a lengthy and detailed information and consent form (Appendix B) was distributed to potential participants prior to their engagement in the research process. This consent form contained information on the studies purpose, goals, design, and expected outcomes. The form further discussed where and how data would be stored, what the steps to promote confidentiality were, and how data may be utilized. Further consent was obtained verbally prior to each research interview to promote the concept of ongoing consent, and consent was once again sought during the member checking portion of this research as well.

Confidentiality was a distinct concern in this research. As previous established in the literature review, it is theorized that firearm owning men have some hesitancy to engage with mental health professionals. Elements of this hesitancy were seen in this study and will be discussed in more detail in Chapters Four and Five. Some elements of confidentiality have already been discussed in this chapter such as the use of pseudonyms for participants and not attaching specific demographic information to pseudonyms. Protocols for secure data management were followed including the use of secure cloud-based storage systems and only having participants real names in a master pseudonym list stored in password protected folder. To further promote confidentiality, participant's real names were not shared with anyone outside of myself, thesis drafts were checked with participants to determine if deanonymizing

information was present, and elements of certain quotations by participants were edited to remove possibly compromising information.

In qualitative research, the relationship between a researcher and participants is a important consideration. In qualitative research, it is not uncommon for a researcher to have access to potential research populations prior to any planned research beginning (Government of Canada, 2023, p. 188). This was certainly the case in this thesis. Prior to this research beginning, I was involved in both sport shooting and hunting as hobbies. I was exposed to discussions by male firearm owners around their mental health, and what they were experiencing. This was made clear to the University of Northern B.C.'s Research Ethics Board (REB) in my original thesis proposal, but all of the participants in this research had no previous relationship to myself prior to the commencement of this study.

Prior to the commencement of the study, a research proposal was submitted to the University of Northern B.C.'s Research Ethics Board (REB). This thesis was reviewed and approved by the University of Northern B.C.'s REB.

Evaluative Criteria

To increase trustworthiness, detailed procedures concerning the collection and analysis of data were followed. Steps to promote trustworthiness were based on Ahmed's 2024 article. Ahmed (2024) suggests that to increase trustworthiness a researcher should aim to ensure their research is credible, transferrable, dependable, and confirmable (p. 2).

Credibility

A key component of credibility is building trust with the research participants (Ahmed, 2024). I endeavoured to do this by clearly articulating that I am both a mental health professional and a firearm owner prior to the research commencing (Appendix D). This even extended to me

showing potential participants my firearms licence when asked. Sharing common demographics with the research participants helped to foster trust between myself and the participants. This trust is reflected in several participant statements included in the Chapter Five. Ahmed (2024) also suggests that reflexivity must be engaged in to promote credibility. Due to its importance, reflexivity will be discussed in detail in the following section.

Transferability

Ahmed (2024) further reports that transferability requires thick, rich descriptions of participants, research methods, and contextual information. In regard to participant descriptions, I have provided some general demographics for the purpose of transferability. These demographics are not as specific as they could be, but this was done in order to promote confidentiality. Research methods have been presented in a through and detailed manner in this chapter, and efforts to provide contextual information are present in the literature review, definitions of terms section, Chapter Four, and Chapter Five.

Dependability

Dependability involves methodological documentation in which a researcher clearly documents the rationale, steps, and reasonings behind research design choices (Ahmed, 2024, p. 3). Methodological documentation is most overtly discussed in Chapter Three in order that this thesis could be repeated if necessary. Further, a data management plan and study design plan was created and submitted to the research ethics committee prior to this thesis's being approved for study. These plans could be reviewed to determine exact procedures taken.

Confirmability

Confirmability is often achieved via peer debriefing, member checking, and the keeping of a reflexive journal (Ahmed, 2024). Peer debriefing in this study occurred as I relied on the

feedback of my supervisory committee. Member checking also occurred to further promote trustworthiness by verifying the accuracy of my own interpretations. Participants were contacted via email and asked to review the interpretations of the data. Six of the six participants responded to these member checking requests. All of the participants indicated that they felt their perspectives were accurately portrayed, and did not request any changes to my interpretations. Finally, a reflexive journal was maintained during this thesis. Reflexivity will be more thoroughly discussed in the following section.

Critical Subjectivity

Critical subjectivity is often undertaken in qualitative research. Cain and their colleagues (2023) defined critical subjectivity as "the process of reflexively deconstructing our own beliefs, biases, subjectivities, experiences, identities, and more, in order to understand our core beliefs and then share those beliefs with our readers" (p. 337). Cain and their fellow academics (2023) suggested that researchers ask themselves how their beliefs impact study design, what evidence they find to be worthy, how the researcher's identity may impact research, and which findings does the researcher find most intriguing (pp.340-345).

To engage in critical subjectivity, I asked myself these questions and engaged in meta-analysis before, during, and after the studies conclusion. How my identity may have impacted this study was previously discussed in the personal position portion of this thesis earlier in the introduction section.

A key component of critical subjectivity involved considering the impact of two of my own pertinent demographic characteristics. These characteristics are my own firearm ownership and that I am a mental health professional. These two components of my identity exist in a dichotomous relationship. I enjoy the activities that owning firearms allows me to engage in,

value certain firearms for their historical significance, and hold some hesitancy when considering accessing mental health treatment. I also believe in the efficacy of mental health treatment and as a professional want to encourage people to access it voluntarily and without fear of potential reprisals. It is possible that this dichotomous relationship has resulted in a specific focus on two concepts prevalent in this study: that firearm owning men are hesitant to access mental health treatment due to fear of losing their firearms and a focus on less intrusive methods of safety around firearms and treatment. My identities as both a firearm owning man and a mental health professional have impacted this study from the very beginning. Efforts to limit this bias are discussed below.

As an individual, by and large I find that I tend to gravitate towards quantitative data as being my preferred form of evidence. I do not mean to imply that I believe qualitative data is less than quantitative data, but that as an individual I find quantitative data easier to comprehend and base beliefs on accordingly. However, in the case of this phenomenon I posit that qualitative data holds extreme importance. A quantitative study could not have delved deeply into what firearm owning men actually experience when considering accessing mental health treatment; this is also the extant gap in the literature. A qualitative study was the best method for filling this gap while gaining valuable insight into the experiences of this phenomenon from those who are most impacted by it. While I personally gravitate towards quantitative data in general, I believe that a qualitative approach was best suited to this studies purpose.

Reflexivity

To further the critical subjectivity component of this study, I engaged in reflexivity. Reflexivity is the process in which a researcher examines their own lived experiences, beliefs, and values to see how they may influence the research process (Ahmed, 2024; Berger, 2015). I

engaged in the process of reflexivity to be as transparent about how my own personal life experience may shape the interpretation of the data. Reflexivity was engaged in throughout the entire research process. Engaging in reflexivity in qualitative research can be complex to portray. The purpose of reflexivity in this study leaned more towards a positivist approach in that the purpose of reflexivity was to limit researcher bias (Jamieson et al., 2023). A small component of this involved being transparent about how my personal experiences and position may have impacted the research. This was discussed earlier in the critical subjectivity section of this thesis. A further step was taken by discussing this positionality with research participants before the research began in the form of disclosure about my profession and personal ownership of firearms. Steps were also taken to ensure that participants were aware of what the purpose of the research was, what potential benefits may come from the research, and how their data will be utilized. These steps were aimed at helping create a research environment that fostered informed consent and accessibility (Jamieson et al., 2023).

Further reflexivity was engaged in during the actual research interviews wherein I asked clarifying questions about participant statements. These clarifying questions were aimed at attempting to limit the amount of researcher bias. In my journalling, I noted that it I could often relate to the participants when they discussed the value that they attached to their firearms. Further, I also noted that I too felt a form of form of hesitancy to engage with mental health professionals as I knew it could put my firearms at risk. I attempted to balance these beliefs by verifying via member checking that my own personally held biases did not dilute participants truths. I included opinions that differed from my own, notably one participant who reported that he held no firearm related hesitancy to accessing mental health services at all.

Reflexivity also occurred in the data analysis stage of this thesis. Transcripts were compared to detailed field notes in an effort to be self-critical during analysis (Jamieson et al., 2023). As previously discussed, member checking was an additional portion of this process. Member checking allowed for participants to provide further insight into their own statements and my interpretations of them.

Summary

This thesis follows generalist qualitative exploratory study guidelines. Methodologically, it is influenced by SI and uses thematic analysis as a primary analytical tool. Symbolic interactionism is a valuable perspective when looking at how individuals interpret, and subsequently react, to their lived reality. Used in conjunction with SI, thematic analysis helped to identify pertinent themes and explore them in depth. Data collection and analysis heavily followed the six steps outlined in Braun and Clarke's 2006 paper on conducting thematic analysis. Transcripts were analysed and codified before eventually being turned into themes that aim to paint a picture that accurately portrays what firearm owning men experience when considering mental health treatment. Throughout this entire process, I engaged in reflexivity in an effort to both acknowledge researcher bias and limit subjectivity. Finally, member checking helped by ensuring that participants had the opportunity to comment on if they felt that their statements were being accurately relayed.

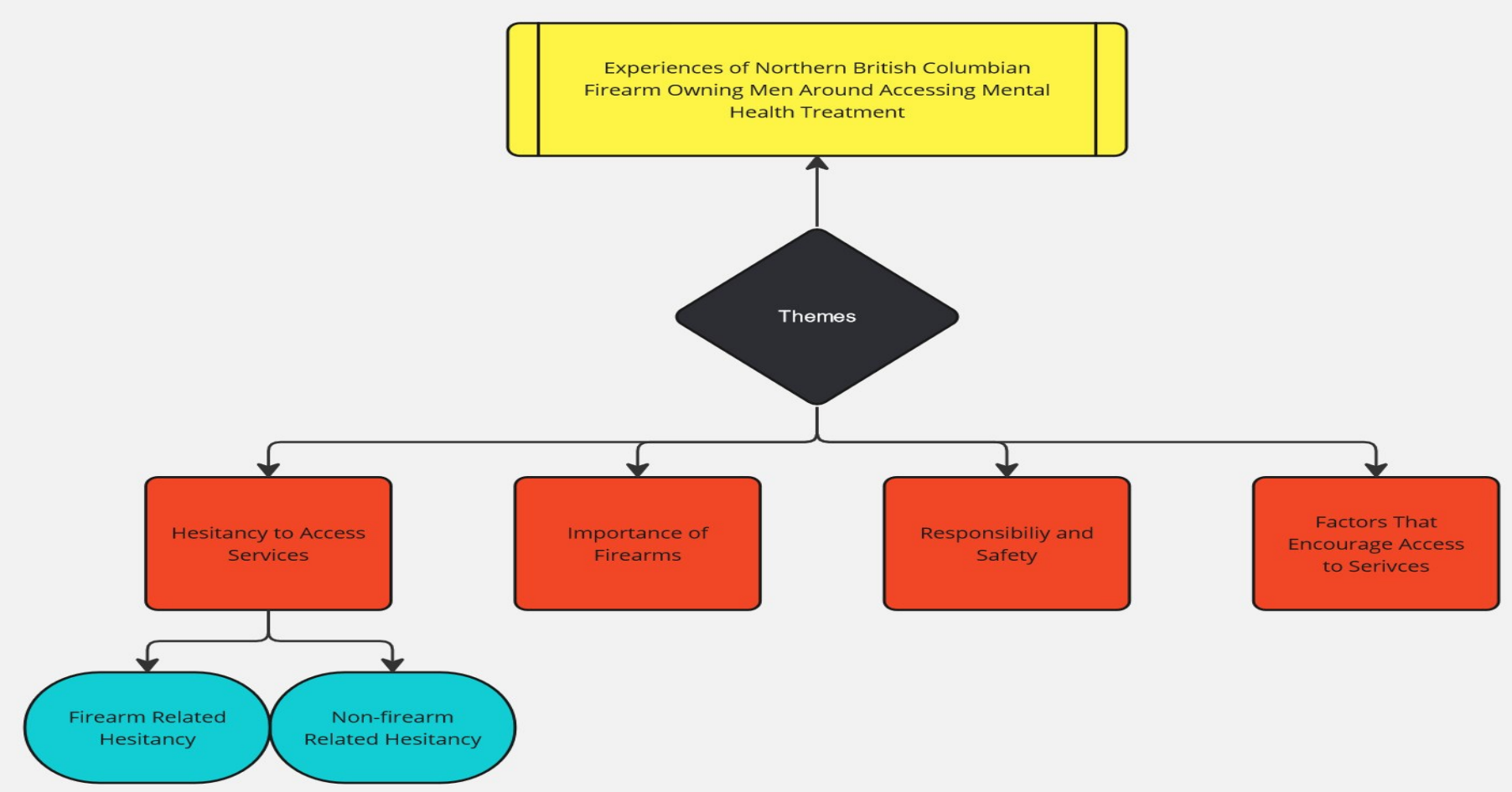
Chapter Four: Findings

Introduction

This chapter identifies the main themes discovered during the research process. First, a general background of the research participants' social demographics are discussed. Second, the four main themes that emerged during the research process are described: hesitancy to access services, importance of firearms, responsibility and safety, and factors that encourage access to services. Hesitancy to access services is broken into to two sub-themes: firearm related hesitancy and non-firearm related hesitancy. The main themes and sub-themes are all interconnected. The themes and sub-themes do not exist in a vacuum and may influence each other. For example, while the importance of firearms is a separate theme, it is connected to hesitancy to access services in that the value men attach to their firearms was reported to increase hesitancy. Thematic analysis of this study indicates that these themes are present when the research participants consider mental health treatment.

Figure 3

Themes



Note. This figure illustrates the four themes and two subthemes that emerged from the analysis of the data set.

Theme One: Hesitancy to Access Services

Reluctance to access mental health treatment was a commonly reported theme in this study. Two sub-types of hesitancy were noted: hesitancy that was distinctly connected to firearm ownership and hesitancy that is not dependant on firearm ownership. The men interviewed all reported some degree of hesitancy around accessing services. Three of the men interviewed reported having significant hesitancy and that they would likely not access services until they felt it was absolutely necessary. Participants further spoke about how they believed that men in general were less likely to access services. Numerous factors were identified that contribute to this reported hesitancy. These factors can be broadly categorized into two sub-themes: firearm related hesitancy and non-firearm related hesitancy.

Firearm Related Hesitancy

A key sub-theme in this study was that many firearm owning men reported they are hesitant to access mental health treatment as they fear this will result in the loss of their firearms. Of the six participants, three identified the fear of losing their firearms as a significant barrier. Two additionally identified it as a moderate barrier, and one as having a "marginal influence, if at all" (W. Watson, personal communication, 2024)

Lee Ward noted that hunting was an important social, cultural, and practical aspect of his life. When discussing the possibility his licence could be removed by accessing mental health services he noted that "to have that taken away would be a major blow to the life I'm trying to build for myself and for my family." (L. Ward, personal communication, 2024). Lee noted that this hesitancy was also present during the disclosure period of the PAL application process and spoke about his experience in receiving a phone call from the Canadian Firearms Programme concerning his disclosure of his prior contact with mental health services.

> I thought I had given them all the information. I think they sometimes will call just to give a final kind of sum up and clarify some stuff. They asked the most questions about that. So, I was definitely in that moment concerned that my struggle with mental health previously in my life was going to be a barrier to my experience and enjoyment of firearms in the future. That was definitely an experience that left a negative taste in my mind about how they will judge me based on my previous experience. (L. Ward, personal communication, 2024)

Three participants endorsed being highly hesitant to engage with any one in the mental health field. Billy spoke with his family doctor about having some difficulties around his mood and recalled,

> You know, when I broke the conversation with him, it's like, dude, like, you know, 'I'm very hesitant to have this conversation because my firearms and the activities that surround them and my family.' He said 'OK well, If I start you on an antidepressant, I need to make a referral to a psychiatrist. That's probably 6 to 8 weeks out.' Well, that makes me nervous. (B. Barnes, 2024)

He further noted that he "wouldn't have had the conversation if [he] felt like there was too much scrutiny put on owning firearms" (B. Barnes, Personal Communication, 2024). Kevin Hall noted that he had not been asked about his firearm ownership during his interaction with a mental health professional. However, he did note that if the topic had come up he would have ended the relationship.

> Clearly, that would have been an impediment to if they said 'Oh, are you coming to counseling and do you own a firearm?' You know, if they ask that question, then it would be 'Oh, oh, OK, no. I don't need counseling'. Right there. Like I did mention before, there

> is that hesitancy to get help…because of the consequences or unintended consequences that could happen because of it…I can see myself doing that, saying 'No, I'm not going to get help because I don't want to risk losing something that I want'. It's a huge investment in time and effort and equipment lost for - for what? Because I need help? That's kind of like a penalty for trying to do the right thing…And I think that that's is a barrier. I think that is an impediment to people who need help or want to get help from taking that decision, or maybe prolonging it too long so that the decision can't be made till they're too far down the rabbit hole (K. Hall, personal communication, 2024)

Kevin noted that he felt gun related barriers delayed early access to treatment. Gregory Sanchez indicated he was of a similar opinion.

> I am absolutely certain that there are gun related barriers. I'd be interested in the results of your study because I think that anyone who is actively using their firearms in some way in their life, month to month, depending on seasons of course, will know that if they access those services they're risking their firearms. I think that's absolutely so. That's why I agreed to talk to you about it, I think that's a concern. (personal communication, 2024)

Gregory did not exclude himself, noting that after purchasing his firearms he became more cautious about interacting with his physician.

> At that point, I realized that if I said anything to my doctor about mental health, that if I said it in the wrong way where I forced him to mandatorily report me, that they be coming and picking up my rifles and pistols and taking it all away from me. And they're not famous for returning them (G. Sanchez, personal communication, 2024).

Of the six participants, three of them identified that their ownership of firearms would or had actively impeded them from accessing mental health services. Additionally, two others noted

that it was a concern but that it would not limit their contact with a mental health professional if they believed it was important. In addition to their own personal experiences, many of the men noted that there appears to be a hesitancy present amongst gun owners in general. Gregory Sanchez noted that at his sport shooting events the topic of mental health and firearms is shot down almost immediately after coming up.

> I don't know about your personal experience, but when I associate with my friends who own firearms, if the topic of mental health ever comes up it takes like 30 seconds before someone says ‘I would never go because they're going to take my guns’. I've heard that at so many sport shooting meets. ‘Don’t tell your doctor nothing’. Full shutdown. (G. Sanchez, personal communication, 2024)

The three participants that noted they did not have significant hesitancy indicating they felt they were in the minority amongst gun owners. William Watson noted that he did not believe that his ownership of firearms was a barrier to access for himself but indicated that he thought this was uncommon.

> I would absolutely assume that there is a large component of self-induced barriers to access. Where, you know, they are associated to gun ownership, culture and sort of the aspects of that… You never want to make assumptions. But it it's easy to put the various elements together to draw a conclusion… It's reasonable to say that it's a segment of society that would be less likely, I think. (W. Watson, personal communication, 2024)

Lee Ward expressed that in his work as a clergyperson in a small community he had encountered this hesitancy several times. He noted that, while not a mental health professional, members of his congregation would speak with him about aspects of their wellbeing.

> I see that being a reason why they wouldn't talk to a counselor…I don't know that I would value my firearms over that sort of thing. I guess my relationship with firearms, my priorities are different than maybe some men's priorities that way. Like, I'm not going to live and die by the gun. It's not my perspective. But I can see how it would stop people from going to a counselor if they felt like it was going to threaten that aspect of their lives. I see it sometimes. (L. Ward, personal communication, 2024).

Todd Walker stated he would seek treatment if he felt he needed it but noted that he felt this was not the norm.

> I think I have a pretty nuanced opinion. At this point, you know, I think, yeah, I think guns are just things, even if it meant all of my guns being taken away, I probably would. I'd probably feel like if I need to go, then I need to go. But I think that's not a common opinion in the gun world… gun culture, it's sort of like a machismo thing. (T. Walker, personal communication, 2024).

All of the men who did not have significant hesitancy to access services did acknowledge that they felt there was a large segment of gun owners who did have this hesitancy.

The men who participated in this study discussed feelings of frustration around certain firearms laws and feeling persecuted for their ownership of firearms. Predominately, this frustration was directed at the current Liberal Federal government under Justin Trudeau and the many changes to firearms laws since 2021 (Bill C-21, 2021). Billy Barnes expressed a belief that "this government is doing their very best at achieving full civilian disarmament in Canada… It seems like the politicians are all just trying to push it on…. the guns. No more guns in society and this will right itself." (Personal communication, 2024). He noted that he felt somewhat persecuted for firearms stating

> There is such a huge, almost a priority it seems, to vilify firearms generally and anybody that would use them recreationally. Like. ‘Why do you need that?’… And you know when you talk about the stress, or if you get kind of depressed… This one thing that gives me some kind of like joy, like some kind of passion in your life, when it feels like the majority of people, certainly on the TV, are saying ‘You don't need to do that’, that's the frustrating part. And that's what really sort of raises the hackles. (B. Barnes, personal communication, 2024)

Billy was not alone in this belief. Kevin Hall agreed noting that he was “kind of feeling under siege for being as responsible a citizen as I can be. It's irritating and frustrating… I do feel that I'm being a bit of a target, or a victim if you want, for political gain.” (personal communication, 2024). Interestingly, only one of the six participants directly endorsed themselves as being conservative. Kevin Hall further reported that he was a conservative but believed that this did not impact his access to treatment, stating “as far as the services, like the actual delivery of services, I think they're quite good (personal communication, 2024).

Gregory Sanchez stated he was “extremely left-wing, if anything” (personal communication, 2024) but noted that he still held frustration towards the current liberal government around firearm laws. Gregory recounted that in conversations about firearms he frequently used a metaphor. In this metaphor, Gregory discusses how he feels changing firearm laws are impacting his ability to practice sport shooting with his local group.

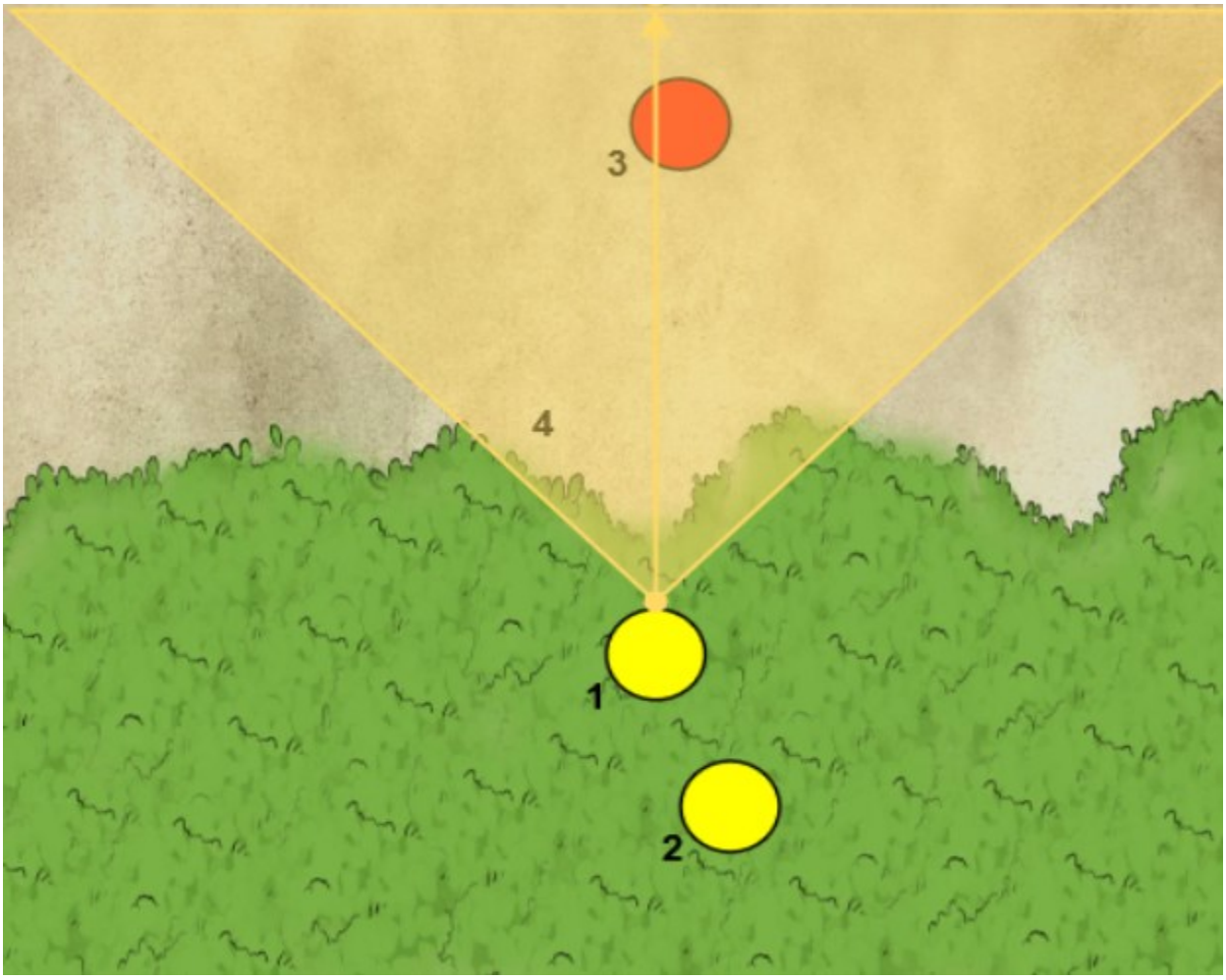
> I have this feeling that this is a northern issue. The rural urban divide in in politics… In my frustration with the Trudeau government's latest banning of everything, I've been using the metaphor of a golf club. Not the golf club that you hold in your hand. But a club, where men and women go to fire projectiles. You don’t get to drink while you're

> doing this, and there's range officers making absolutely sure you don't break 90 (degrees). It’s a good time. And I feel like they are trying to take all of that away. (G. Sanchez, personal communication, 2024).

The above passage may require some clarifying information for those not as familiar with shooting sports. Gregory is comparing his sport shooting to a golf club. There is both a competitive sporting and social component to these activities. He notes that individuals participate in both forms of clubs for these purposes. He also comments on range safety officers who are present at the event to limit the risk to other shooter and bystanders. When he mentions the concept of breaking 90 degrees he is referring to how these range safety officers monitor the shooters who are handling firearms to ensure they do not point the firearm more than 90 degrees away from the target. Figure 4 illustrates this point visually.

Figure 4

Visual representation of sport shooting



Note. This visual displays what a sport shooting event may look like to provide context for Gregory's statement (G. Sanchez, personal communication, 2024). Item 1 is the shooter themselves. Item 2 is the Range Safety Officer (RSO). They are responsible for ensuring that safety measures to limit the risk of injury are followed. While specifics vary between disciplines this generally includes ensuring weapons are pointed down range, stopping shooting if necessary, ensuring safe handling procedures are being followed, and monitoring the shooter to ensure they do not point their weapon accidentally away from the target. Item 3 is the target itself. Item 4 is a visual representation of 90 degrees in front of the shooter. In certain disciplines, firearms are not

to be aimed past this 90-degree point. This is to ensure that if the firearm is discharged accidentally it is aimed at the target and away from any bystanders. When Gregory Sanchez comments on breaking 90 (personal communication, 2024) he is referring this.

Gregory comments on how he feels this activity is being threated by the changing legislative landscape and the current Liberal government. Despite noting his stated leftist tendencies, Gregory still expressed frustration towards the Liberal government around firearm laws.

Non-Firearm Related Hesitancy

Participants expressed that they also faced barriers that were non-firearm related. Several of the participants recounted how elements of masculinity impacted their access to services. Billy Barnes noted that while battling depression and an alcohol use disorder he avoided treatment.

> I was feeling very- I guess depressed is the right word. My depression manifests, not in… It is sadness, but it's more like self loathing. Like I'm not good enough. I'm not worthy, I'm not suicidal. Yeah, I could never, ever check out on my daughters. Ever. Or my wife for that matter. So, it's not an option. Just living with the pain of how much I didn't like myself was the only option... I felt it for very many, many, many years.... But you know, there's that old toxic masculinity. Man up. Deal with it. Don't be a pussy, etc. (B. Barnes, personal communication, 2024).

William Watson noted that his firearm ownership did not play a significant part of his hesitancy and spoke about how his hesitancy was most influenced by his generational perspective around masculinity.

> Prior to (counselling), I would say that my opinion was to the negative, derogatory, toxic masculinity end of the spectrum. And then I needed them, and then I grew up. And now I

> understand that as an educated, responsible adult sometimes they're necessary…. the hesitancy was more aligned with the perception of weakness and of needing help, instead of just being able to sort my own shit out… It was more associated to machismo and growing up in a generation where gender-based roles and gender-based expectations of behavior, I think, applied to me personally more than specifically the trigger of 'Oh, I'm a gun owner.' I think for my generation for sure and probably for others, that it's even just bringing it up that requires a degree of vulnerability, right? (W. Watson, personal communication, 2024).

The concept of masculinity as a barrier was shared by Kevin Hall.

> I still think there's probably more of the stigma for men getting help than women. And it kind of goes against the 'Oh I'm a man' macho ideal that you're supposed to present, and I'm not sure that that holds water as much as it did in the past. I do still think there tends to be a hesitancy as it looks like maybe weakness… If I was going to kill myself, I'm not going to tell anybody I'm just going to do it. Otherwise, you're not going to do it. You're crying for help. And I think that doesn't tend to be how men do things. (personal communication, 2024).

Participants concepts of societal masculinity were also identified as barriers. William Watson noted that barriers were also socio-economic.

> I did come from a place of privilege in the sense that access to these resources was never a concern, you know. And there is there's a difference between something that's gonna cost you a hundred bucks and something that's covered by work, you know, and that needs to be recognized. I'm coming from educated middle class. That all makes it easier to access resources like this, and to understand why I need to access resources like that.

> So, the socioeconomic factors are gonna be an important component. (W. Watson, personal communication, 2024).

Participants also acknowledged that non-firearm related barriers were present in their considerations around accessing mental health services.

Theme Two: Importance of Firearms

While reflecting on accessing mental health services, the participants often spoke about why they owned firearms and what it meant to be a firearms owner. Three participants gave their primary reason for owning firearms as related to hunting and the other three indicated their primary motivation for using firearms was for recreational or sporting purposes. Lee Ward indicated that he owns firearms for hunting purposes. Reflecting on bear hunting, Lee noted that his hunting was tied to his faith in God.

> I certainly find a lot of relaxation being in the forest, in the bush… As a man who is of faith, it does bring me out into the into nature that I believe God made, and to harvest an animal. I like what many First Nations, and I don't think this is necessarily in general what every First Nations person believes, but kind of one of the things that's been impressed upon me is that when you take from the world it's not supposed to be kind of a 'Hi. I shot 5 bears, and now I'm a hero'. You know, it's like 'No… These things are given to us as a gift by God and they're given to us to be used.' So, for me to take a bear or to take a moose, It's not… I wouldn't say necessarily sacred experience, because I don't want to go that far, but I'd say it's like this is a meaningful thing to me. I'm not abusing my privilege. I'm using my privilege to both be feeding my family and also to help with conservation. I think that's another one of those kind of important pillars that I've kind of come to appreciate… (L. Ward, personal communication, 2024).

Gregory Sanchez also noted that being in the woods held a form of therapeutic appeal to him.

> There's being outdoors. The Japanese call it a forest bath. Don't know if you're familiar with that phrase. I love that idea so much… I had a trap line when I was 16. A land-based living, Right, it's more than just going out there and wandering around and feeding the grizzlies with your left foot. It's drawing your livelihood that way. It changes something inside of you too. (G. Sanchez, personal communication, 2024).

Lee Ward noted that he hunted for two main reasons: the practical aspect of attaining food and the further element of connecting with his heritage.

> I guess the main purpose is just, you know, fill up a freezer for the winter. It's also my way of reconnecting with kind of my roots into a degree. My family's from a small town originally… My grandpa was a logger so very much out in the bush all the time, and you know, they lived off of their garden and off of hunting to a large degree. So, for me you know, it is to provide for my family, and also to connect with that part of my heritage. Heritage and hunting, those are the big things that that firearm ownership brings to me. It kind of evokes in my in my heart. (L. Ward, personal communication, 2024).

Sport shooting as an activity was also commented on. Billy Barnes noted that it was the "number one recreational pursuit that I have" (personal communication, 2024). He further went on to comment on the emotions that it evoked in him.

> For me, it's not just a pastime. It's really an integral part of my life… I choose not to golf. I choose not to watch hockey. I'm not that guy. I'm the guy that's in my lab. I'm the guy that's on the range. I'm the guy that's instructing some people when they ask me to take them out, introduce them to the sport. That's what I do. So, for me, it's absolutely intertwined with almost my identity. (B. Barnes, personal communication, 2024).

Similar to those who cited hunting as a primary motivator for owning firearms, Billy also indicated he found sport shooting to be therapeutic.

> I am particularly focused on long range precision. Now it's very therapeutic. I have a, you know, what I call a study or the lab in my in my home and I build my own ammunition there… I'm in deep with the shooting sports. And it's the cerebral and that sort of meditative element of it that really appealed to me, not to mention the community of the gunnies. They're really salt of the earth bunch, most of them. If you're a gunny like me, it's really it's part of your Zen. Even if that makes no sense to the anti-gunners, it's part of our Zen. Imperilling that Zen, I think, causes greater harm to be honest. (B. Barnes, personal communication, 2024).

Kevin Hall similarly commented on his enjoyment of long-range precision shooting and reloading.

> Just for fun, just for recreation. And the interest in the learning a new skill. Like, with the reloading and stuff like measuring the powder, measuring the bullet weight, the finding out what the ballistic coefficient is. You know, It's a learning activity in a sense and it's very technical. You know, just to get it as precise as you can. Yeah, it's a lot of fun… The reloading, that component came in when I was trap shooting heavy. Just go out trap shooting, and there was like five of us that would once a week and do the trap shooting back… way back in the day. And that was so much fun. Relaxing, even. (K. Hall, personal communication, 2024).

Both Kevin and Billy commented on how sport shooting was both a relaxing and social activity for them. Some of the firearm owning men mentioned that owning firearms was a component of a protector/provider mindset. Billy Barnes indicated that he believed a component

of masculinity was being a “protector and provider, and those are the 2 words that come to mind.” (personal communication, 2024). He indicated that this mindset had really come into being when his wife became quite ill.

> My wife was diagnosed with a severe illness at about this time in 2012. The sickest person in the province of BC at the time…. nearly killed her. And it was in the nights in that room, in that hospital room, when everything else is quiet. And I'm thinking about my responsibility as a man and as her husband, and probably soon as a father... But when I start thinking about external threats, physical threats to you know, really hit me in those moments when I saw her fighting for her life against something she couldn't control and thus began that sort of more vigilant, protector focused mindset (B. Barnes, personal communication, 2024).

Other men commented more on the provider aspect of ownership, especially related to hunting. Lee Ward previously mentioned that his ownership of firearms was connected to his concept of being a provider for his family. He expanded on this further.

> Maybe one day I'll be a good enough hunter that I can take an animal for my family, and also another animal to give away, so that I can help the people around me that are unable to get meat from the field, or, you know, don't have enough money to buy it at the store. That's kind of a far dream for me, because I'm not here yet. I'm kind of satisfied being able just to provide for myself a little bit. (L. Ward, personal communication, 2024).

Being a protector or a provider was often a key theme in firearm ownership

Theme Three: Responsibility and Safety

The concept of responsibility and safety came up unprompted in every interview with every participant. Every participant noted that these two concepts were integral components of

firearm use. Safety was discussed by every participant I interviewed. In general, this involved support for firearm safety laws, safe use of firearms, and support for removal of firearms if an individual has violent tendencies. Todd Walker commented on how he viewed his ownership of firearms as a personal responsibility.

> A firearm is a tool to do a thing. That thing is inherently violent, you know. Shooting an animal is violence… It's all about responsibility. It's firearm safety, it's responsibility in terms of like knowing you're going to hit an animal when you pull the trigger at it and you're not going to maim It. It's safe storage. It's cleaning your guns… I think about firearms as a way to throw lead really far, really fast. And that's dangerous. That's totally dangerous. And just like how I care about workplace safety, you know, I care about firearm safety in the exact same way. I really think of firearm ownership as primarily, first and foremost, the responsibility to not hurt yourself and others (T. Walker, personal communication, 2024).

Todd commented on how he viewed firearms ownership and use as a privileged responsibility, noting that care needed to be taken during their use. Lee Ward even suggested that firearm owners have a responsibility not only in action but in communication.

> I think it's the responsibility of every gun owner and person who maybe works with something dangerous to not be flippant in their words. You know, to not say things that could make other people nervous. Because it'll help us when someone's being serious, to actually make a very swift judgment on that. (L. Ward, personal communication, 2024).

In discussing the possibilities of removal, firearm owning men commented that they did believe some people should not own firearms. Billy Barnes noted that he supports background checks and removals for individuals who showed propensity for violence:

> As I've said, I don't mind having ongoing eligibility because, you know, if I just snap and lose it and beat my wife and kids and that causes the police to attend my home, I should not have firearms, right? Full stop. So, if you're an ass and you're violent? Should not have them. That simple. I understand people's concerns. If I had been presenting violently, or if I had been, you know, if there was some sort of evidence that maybe I was about to come unhinged a little bit? Totally. Sure. But I just needed some help, man. (B. Barnes, personal communication, 2024).

Billy showed some support for background checks but noted that he felt seeking help should not be a sole reason for removal.

William Watson agreed with background checks and equated it once again to responsibility. "I absolutely recognize that we must have some manner of system, some manner of control over devices that can cause a lot of harm and that is a part of responsible gun ownership… acknowledging that." (W. Watson, personal communication, 2024). Lee Ward indicated that he felt mandatory licencing was an important safety component of firearm use.

> I feel like there needs to be a system. And our system I feel like is very safe. I especially like the fact that it has training connected with it. Anyone can fire a firearm to a degree. And to set a statute that says you must know how to do that safely before you can own one, I think is really important. We do training for, you know, machinery, heavy duty equipment, and so that we can operate our firearms safely. Firearms are a tool just like any other tool. So, if you know how to use it safely, I think you're in good company. (L. Ward, personal communication, 2024)

The firearm owning men in this study overwhelmingly supported some form of background checks and mandatory training for licencing purposes.

In addition to responsible use of firearms, many men commented on how they felt a component of responsible firearm use was seeking out help if needed. Todd Walker noted that he believed a part of responsible gun ownership would be seeking out help if needed: “If a guy legally purchased a firearm and he has a mental health crisis, you should very, very much want him to go seek medical care... That's true whether a guy owns firearms or not. Just, it should be available to people you know?” (T. Walker, personal communication, 2024). Gregory Sanchez agreed. He touched on both personal responsibility and societal responsibilities around owning guns.

> Gun ownership is maximally responsible in a societal way… It's certainly very personal, maximum personal responsibility, yeah, but it's broader than just personal. Personal responsibility is me making sure I don't shoot myself. But there's also a responsibility to not shoot others, so it's bigger than just me. (G. Sanchez, personal communication, 2024).

Gregory noted that it was important for firearm owners to be mentally healthy.

Theme Four: Factors that Encourage Access to Services

During the interviews, participants discussed what may make them more likely to seek out mental health treatment. Several participants commented on how they felt they would be more likely to access mental health care if the practitioner was themselves a firearms owner. This even extended to the study itself. Three of the six participants asked to see my firearms license prior to beginning the interview. Kevin Hall, upon seeing this my PAL, commented that, “If you didn’t have that, I would have walked” (personal communication, 2024). Some firearm owning men appeared much more likely to discuss their mental health status with a practitioner who owned firearms themselves. Billy Barnes spoke in detail about his experience in seeking out mental health support from his family doctor:

> Like I said early on, I wouldn't have had the conversation if felt like there was too much put on the owning of firearms. So, I went and I talked to my doctor. Now, I would not have talked to my doctor if my doctor was sort of on the record as a gun grabber or didn't understand the lifestyle, but my doctor is one of these elite mountain hunters. Just luck of the draw. (B. Barnes, personal communication, 2024).

Billy even expressed that this extended to his participation in this study stating, “I asked you the first question (asking if I had a PAL) for a reason. It can be very frustrating trying to have a conversation with somebody who has no concept of what we're actually talking about, and you very clearly do. If you have an RPAL you know exactly what we're talking about.” (B. Barnes, personal communication, 2024).

Kevin Hall had also asked to see my firearms licence prior to the interview. He spoke about who he would prefer to see if he sought out treatment saying, “I don't want a politician to judge. Somebody who has a PAL who is in the counseling position or in a profession like that. Has the credential, has both the knowledge of firearms and the professional training.” (K. Hall, personal communication, 2024). Both Kevin and Billy commented on how they were more comfortable speaking with a professional who was knowledgeable about firearms.

All of the individuals who participated in this study had some form of previous contact with the mental health profession. These interactions varied in scope from regular contact with psychiatrists and counselors to a one-time trauma debriefing seminar. Gregory spoke about his experience in seeking out mental health care after the death of his father:

> When my father passed away in 1999, I went into a deep depression, might call it clinical. I was away from work for five weeks. Four weeks of that I spent in a rocking chair, looking out my living room window at an elm tree. And just couldn't shake it. Eventually, ended up

> on Paxil, I think it is? The anxiety drug. My ex-wife got me in touch with a psychiatrist, and he used the mega vitamin therapy… and it really helped. Having read a few books, I think that you have three choices: Medication, meditation or counseling. I've been counseling since I was a student in 1985. Which really helped me a great deal. (G. Sanchez, personal communication, 2024).

William Watson also shared his experience with a mental health professional.

> My experiences with mental health were flat line at nothing until I experienced a what was for me a traumatic conclusion to a marriage and that that really shook me foundationally, and left me in a place where I realized, without any doubt or any room for negotiation, that I absolutely needed professional assistance with my mental health and well being. And so I was, because of the severity of that situation, I was left without option, and was not in a position where I could allow those sort of generational influences to be like, 'Oh, I'll just sort this out'. It was like 'No dude, you are not sorting anything out. You need help.' And so, I sought it. And after that it made it easier to recognize situations where professional help would be an of assistance. And it really became a relationship where I was able to recognize mental health service providers as assets that actually made my life easier. (W. Watson, personal communication, 2024).

William Watson expressed that he gained a new appreciation for counselling after attending sessions.

Several participants commented on the importance of their families when considering mental health care. Billy Barnes indicated that his perception that he was neglecting his duties as a father was the driving force behind him seeking out treatment:

> It was back when I was drunk since I was never around anybody. Never around. I was hungover and not available and not present and like just being a piece of shit …. laying on the couch all day, put the kids in front of the screen, that kind of thing. That was the stuff that really began to hurt. Again, I was still, you know, functional. I was getting to work. I was keeping up my responsibilities, but I wasn't doing it in a healthy manner. My kids were losing out. I cannot go on this way. This is not fair to my wife, certainly not fair to my children. So, for me, it was about having that realization that I was a piece of shit, and it was time to do something about it. So, family mostly. Yeah, not for me so much as for them. (B. Barnes, personal communication, 2024).

Billy was not alone in this belief. Gregory Sanchez also noted that his hesitancy could be overcome if his children believed he needed to seek treatment:

> If I really felt like I had to go to my doctor, I'd feel pretty nervous about that now. I'd have to get to a place where a child said 'Gee, Dad, you really should go maybe get some Prozac.' At that point I would. (G. Sanchez, personal communication, 2024).

Several participants noted that they would seek out help if they felt they were impacting their families.

Summary

This research located four key themes in the experiences of Northern British Columbian firearm owning men when they considered accessing mental health treatment. Hesitancy to access services was reported to be related to both firearm and non-firearm factors. Men further reported that their firearms were of deep importance to them for cultural, practical, and even therapeutic reasons. The participants emphasised the importance of safety and responsibility in relation to firearm use. Several protective factors including families, and mental health

practitioners having knowledge of firearms were also identified. These themes will be further explored in the discussion section.

Chapter Five: Discussion

Introduction

The main purpose of this study was to explore the experiences of Northern British Columbian firearm owning men face when considering accessing mental health treatment. This chapter discusses the findings suggested by this study and their importance to current and future clinical practice, to future research, and to how government bodies could improve the general public understanding of firearms policy. This discussion is based on findings generated from the six semi-structured interviews that occurred during this research.

Benefits of Firearm Ownership

Men who owned firearms frequently spoke about what being a firearms owner meant to them. Firearms were reported as being important to men both intrinsically and extrinsically; this is consistent with the literature (Wand et al, 2014). However, previous studies did not discuss the exact reasons behind why men enjoyed their firearms.

One of the chief reported extrinsic reported benefits of firearms was their connection to what brought men joy. The two main ways this was achieved was from sport shooting or their use in hunting; this is consistent with the only two reasons an individual can own firearms in Canada (Firearms Act, 1995). The way that this joy was accomplished varied somewhat between participants but generally involved a connection to a community, engaging with nature, a connection to their culture and heritage, or even as an enjoyable hobby.

Connections to community are important for wellbeing (Palis et al., 2020). The importance of socialization and community are crucial to mental wellbeing and has been very heavily researched recently; there is no shortage of literature that discusses the impact that the COVID-19 pandemic and subsequent quarantine had on individuals' mental health (Cooper et

al., 2021; Sommerlad et al., 2022; Wirkner & Brakemeier, 2024). The literature notes that men utilize their firearms socially and their loss could impact or dissolve social relationships (Kalesan et al., 2016). This goes beyond the original concerns for loss of simple social standing discussed by Kalesan et al. (2016) and is concerned with the loss of protective social relationships. These relationships were created and fostered around the use of firearms and the potential loss of firearms jeopardizes these relationships. This finding suggest that the potential loss of firearms could impact not just social status but important social relationships for men.

Contact with the natural world while hunting was discussed by the men as being hugely important to their general wellbeing. This is well supported by the literature (Astell-Burt et al., 2023; Mellor et al., 2022). Gregory Sanchez's comment about a "forest bath" (personal communication, 2024) is quite astute; a systematic review of forest walking found that it was highly beneficial for people's mental health (Okoro et al., 2024). Hunting allows for men to be in nature and absorb these benefits. While several participants acknowledged that the loss of their firearms would not explicitly prevent them from being involved in nature, it would reduce the amount of time they would spend in it as hunting was the primary reason they went into nature. Furthermore, the act of hunting itself was often reported as an important component; the three participants who hunted noted that it was an important component of their identity connected back to their heritage, culture, and in one circumstance faith. Hunting with firearms was important both extrinsically and intrinsically to the research participants.

Extrinsically, men reported valuing their firearms for their use in activities that brought them joy. A 2020 study done in the United States suggested that people who had a firearm in their home reported increased happiness compared to those who did not (Hill et al., 2020), but the study attributed this to alternative variables. Gun owners tended to more likely to married

which was seen as more important to happiness than firearm ownership (Hill et al., 2020). This study appears to be very well lain out, and I agree with its results that people who own guns are not happier than those who do not. However, there is a large amount of subjective data that gun owners are happy when they can utilize their firearms (Cunningham et al., 2000; Dowd-Arrow, 2019; Warner, 2019), and this study joins those studies in those findings.

The men who participated in this study also reported their firearms were a source of joy for them. It should be noted that the participants of this thesis were not assessed for happiness or depression via any instruments. Firearms are not instant sources of happiness for any person, but for these participants they are highly important. The importance of firearms to their users is consistent with the established literature (Cunningham et al., 2000; Dowd-Arrow, 2019; Warner, 2019). It should be noted that the above study did not evaluate if loss of firearms would be harmful to happiness, and it is likely that the removal of firearms from someone who values them would impact their overall happiness.

Previously, the literature only focused on the fact that men spoke positively about their firearm use. It did not explore the reasons why. Understanding why firearms are important to men is crucial to understanding why they may be hesitant to access services. Firearm owning men reported deriving joy from their ownership of firearms, and that their loss would be damaging to their mental health. Billy Barnes expressed this in a very succinct manner, stating that he felt removal of his firearms was “imperilling that Zen” (personal communication, 2024). This protective factor has not previously been identified in the literature, and could be an important contributor to the hesitancy men have when considering accessing mental health treatment.

Intrinsically, the men felt that ownership of firearms was often connected to their own identity and masculine concept, self-concepts of safety and responsibility, and their own views of culture and heritage. This is relatively well known in the extant literature (Kachel et al., 2024;Kalesan et al., 2016; Stroud, 2012; Warner & Thrash, 2020). In essence, ownership of firearms was connected to aspects of their identity and self-concept. Heritage, culture, and protector or provider mindsets and how they contributed to identity formation were discussed in this study. These phenomena are well established in the literature (Frolick, 2016; Kachel et al., 2024; Kalesan et al., 2016; King & Furgal, 2015). This study does not differ from those findings but does reinforce their importance.

Firearm ownership was reported as being important to men's self concepts around tradition, heritage, culture, and a protector or provider mindset. This is discussed more in depth in the section on what encourages access to services. Understanding the symbolic importance of firearms to men is an important component of working with them (Miller &VandenBos, 2020), and this study reinforces that fact. Firearm ownership was important to research participants for both tangible and for more nuanced reasons.

Firearm Related Hesitancy

Five of the six research participants indicated that they had some form of reluctance to seek out mental health treatment as they were concerned about losing their firearms. This hesitancy varied in severity but was present in all but one of the participants in these interviews. The hesitancy discussed had several contributing factors. As discussed above, it is in part due to the fact that the potential removal of firearms was a threat to both men's sources of joy and their own self concepts. There were other components as well. Firearm owning men reported feeling persecuted for owning firearms. They reported feeling as though society in general was opposed

to their ownership of firearms, and that there is an effort taken by the government to remove their access to firearms. This is not solely in regard to mental health related removals. There appears to be a general consensus amongst the participants of this study that the government and society in general is coming to remove their firearms.

The belief that firearm ownership is being restricted is not without its merits. Historically, many models, varieties, and patterns of firearms were prohibited in the 1970s, 1980s, and 1990s (Firearms Act, 1995). More recently in 2020 an order in council banned over 1500 models and variants of firearms which was then put into legislation in 2023; this legislation was further amended to restrict handguns by making the purchase, inheritance, or transfer of them illegal (Bill C-21, 2023). These efforts are tangible attempts to remove firearms from the individuals who own them. Concerning firearms and mental health, the rhetoric present in literature and elements of society at large are often profoundly negative (Barfield, 2020; Barklage, 2017; Bonk, 2014; McGinty et al., 2014).

Potentially, this contributes to a state of hypersensitivity around firearm removal which in turn leads to the hesitancy that we see reflected in the participants of this study. In general, this was not targeted directly at counselling or medical services but a concern for the policy and legislation that guided these services. The men did not have a concrete understanding of what the removal process actually is beyond the fact that seeing a practitioner puts them at risk. This is quite understandable as the exact processes are not easily and clearly discussed, and the legislation governing removal is quite vague about what can constitute a possible removal for mental health reasons (Firearms act, 1995, s. 5.2b). While men were not aware of the exacting specifics of the legislation that could result in the loss of their firearms, they were aware of the

existence of some form of government policy that could result in the loss of their firearms if the accessed services.

Based off the statements made by the participants, this study suggests that there is potentially a culture amongst gun owners that is distrustful of government and believes they are out to take their firearms. This may tangentially extend to mental health professionals and especially those who work for government programmes. This is evidenced in some of concerns noted about “gun-grabbers”. Repeated interactions between gun owners creates a concept, which based on previously discussed literature and legislation is not entirely inaccurate, that accessing mental health treatment leads to them risking their firearm ownership. Gregory Sanchez noted that conversations around had concerning mental health treatment amongst gun owners usually resulted in “ ‘Don’t tell your doctor nothing’. Full shutdown” (personal communication, 2024) which evidences this concept. The frustration and concern over numerous firearm bans has translated over to a hesitancy to access services.

Interestingly, this hesitancy was not directed at mental health professionals in general. The men in this study did not want government officials involved in this process but did state that in general they had confidence in the practitioners. This news is actually somewhat positive: this study suggests that participants believe that services may be beneficial but do not wish to access them out of concern for losing their firearms. However, it should be recognized that every participant in this study did have some form previous and positive contact with mental health services that likely heavily contributed to this belief.

The literature that discusses gun culture generally is divided into two main subgroups: sporting focused, which includes hunting, and protection focused cultures (King & Furgal, 2015; Wyant & Taylor, 2007). This was reflected equally in this study with an even split between

participants into these two subcultures. The literature on gun culture is mostly from the United States. Canada likely shares some cultural similarities concerning firearms but it is distinct as well. Todd Walker, who was raised in the United States, supported this by commenting on the differences between the two (personal communication, 2024).

It should be noted that some of the literature comments on gun culture and masculinity. There is likely a distinctly masculine aspect towards firearm ownership (Kalesan et al., 2016; Stroud, 2012). Masculine concepts and notions created, reinforced, and re-evaluated in groups may increase hesitancy (Chatmon, 2020; Hom et al., 2015; Sagar-Ouriaghli et al., 2019). Seeing how firearm ownership tends to be a traditionally masculine activity, it is possible that firearm owners tend to have a masculine self-concept that increases hesitancy; this is especially relevant when we consider the protector or provider beliefs.

However, there are two important considerations within this realization. The first is that the men commented on masculinity in relation to societal norms as a whole and not simply in relation to firearms. It is unclear if people who own firearms view themselves as more “manly” than those who do not, and it is equally unclear if masculine self-concepts that increase hesitancy are present regardless of the ownership of firearms. While firearm ownership may potentially be connected to increased notions of masculinity, more research on this topic would be needed to say this conclusively.

Secondly, while men are by far the majority it must be noted that many women are firearms licence holders themselves; Public Safety Canada reports that there are over 200,000 female PAL holders in 2022 (Government of Canada, 2022). Firearm ownership is not based solely on gender identity. Hunting and other sport shooting activities are not solely relegated to men and it is possible that women may also hold their firearms in high regard. It is entirely

possible that female firearm owners may also feel hesitant to access services. This study did not include women, however, and this idea can only be speculated upon. This will be discussed further in the limitations section. Masculine concepts were reported as a barrier for the participants when considering accessing services, but these concepts seem to exist independently from firearm ownership.

The concern around access may lead to participants not accessing services until their condition has progressed significantly which denies them the chance to access services early on; this is especially concerning given that early access to services is associated with better treatment outcomes (Acosta et al, 2013; Ly et al, 2019). Ownership of firearms was reported by participants as additional barrier that limits their access to mental health services.

Traditional barriers

There are no shortage of barriers that limit men's access to mental health services, and firearm owning men are not immune to other barriers. Firearm owning men commented on these as well.

Political alignment can be a barrier for men to access mental health. However, in this study it was not as much of a barrier as some literature suggests (DeLuca & Yanos, 2018; Han et al., 2018; Waitz-Kudla et al., 2019). It is theorized that many gun owners are conservative (Jonas, 2021; Maher, 2021), but only one individual directly indicated they were conservative. Two men distinctly noted they leaned quite left politically. It may be that while in general politically conservative men have increased odds of hesitancy compared to others, where firearms are concerned this hesitancy is not as closely related to politically ideology. In this case, the hesitancy is not based so much on politics as it is on the ownership of firearms. However, it also must be noted that conservative men are less likely to engage with mental health

professionals (Jonas, 2021; Maher, 2021) which may have limited their involvement in this study.

Other barriers that were commented on were socioeconomic, generational pressures, and societal masculine concepts. These are all very typical barriers faced by men in general (Borgogna et al., 2022; Creighton et al., 2017; Seidler et al., 2016) and were likely additional barriers that would exist regardless of firearm ownership. This suggests that firearm ownership is an additional barrier for participants and that other factors that generally affect men are still present.

As discussed earlier, it is possible that masculinity and firearm ownership are tied together. Even if they are not, certain elements of masculinity continue to be somewhat of a barrier to accessing services. Several men commented on elements of toxic masculinity that they believe are present in society at general, and limit access to services. This was especially present in people who were older in age. The three participants who were over 40 years old tended to speak more about this when compared to the three younger men. Positively, many of the men commented on the belief that this generational concept is slowly shifting and men may not be as hesitant as previous generations (de Mendonca Lima & Ivbijaro, 2013; Elshaikh et al, 2023). Notably, this could suggest that masculine concepts around firearm ownership are not as strong a contributor to hesitancy when compared to the other factors identified in both this thesis and previously discussed literature. Men reported being less concerned with being seen as weak or emasculate than they were losing their access to their firearms and thus the loss of activities that bring them joy. While masculinity may have been a component, it was likely not the driving motivation for the hesitancy reported in this study.

What Encourages Access to Services

The men in this study reported being more likely to access services if the practitioner themselves has firearm knowledge. This is heavily reinforced by the fact that three participants asked to see my PAL and their statements around how important my licence was to their willingness to engage with me. This is supported by one additional study (Jager-Hyman et al., 2019), but as previously acknowledged this area does suffer from a distinct lack of literature. Jager-Hyman et al.'s study did not speak with firearm owning men themselves, but the comments made by the participants in this thesis reinforce the validity of their findings.

There are two possible reasons that firearm owning men may feel more comfortable talking with firearm owning practitioners. The first is that men feel more understood by a practitioner who owns firearms. This could be seen as a component of rapport building or feeling understood; both are important counselling components when working with firearm owning men (Betz et al., 2022; Jager-Hyman et al., 2019; Langmann, 2021; Miller & VandenBos, 2020; Valenstein et al., 2018). Several of the men I interviewed referenced this fact, and they felt that I could relate to their own beliefs of the importance of their firearms. The men reported feeling a practitioner who owns firearm may be better able to empathize with their position.

Secondly, some of the men reported believing that firearm owning practitioners are less likely to be "gun-grabbers". This would reduce their perceived risk of losing their firearms while simultaneously allowing them to access services they want. It was suggested in some of the literature that mental health disciplines may be viewed as generally full of individuals who anti-gun tendencies (Jonas, 2021; Maher, 2021). Seeing a practitioner who is themselves a firearm owner may alleviate some of these concerns and create a more welcoming environment.

A second factor that encouraged access was the notion of responsibility. A sense of civic responsibility around safety and responsibility has been very briefly discussed before in the literature. A qualitative study of 4-H sports shooters found that civic responsibility was an important component in reducing accidental firearm injury (Trinka et al., 2023) but this topic was not overtly explored. The results of this thesis study suggest that these participants take pride in their responsibility. Similar to Carson's theory that firearm ownership may be a way to project certain ideological beliefs (2015), it is tangible way of showing that they are responsible and good citizens. This is something they report taking pride in and holds deep importance; a responsible and safe citizen may have the potential to do harm but does not do so out of a sense of personal and societal responsibility. Gregory Sanchez comments on this when he speaks about firearm ownership being "maximally responsible in a societal way" (personal communication, 2024).

This responsibility and safety focused mindset extended to mental health care; participants in this study all reported that they do not want to be a risk to themselves, families, and society in general. Unfortunately, a large segment of this study reported they feel heavily discouraged from accessing mental health treatment due to the potential loss of their guns. This creates a moral conundrum, probably best emphasised by Kevin Hall's statement of "being punished for doing the right thing" (personal communication, 2024). A sort of cognitive dissonance occurs: accessing treatment may be the responsible thing to do, but in order to do so these men risk losing access to activities that they believe benefit them.

Participants also discussed how their families would be a primary motivator for them to seek out treatment. This is plausibly tied into the protector/provider mindset. A man may not be as concerned with the impact his mental health is having on himself but will become more

concerned if he is impacting those closest to him. This could be connected back to notions of masculinity as well; the concept of a stoic and unshakeable man are widely discussed in the literature and usually in solely negative contexts (Chatmon, 2020; Hom et al., 2015; Sagar-Ouriaghli et al., 2019). This concept has several pertinent implications. Positively, it may be that men who are hesitant to access treatment may do so for their families. While other aspects of masculinity likely increase hesitancy, the concept of being a protector/provider to their families could reinforce when men view it is important to access mental health treatment. Negatively, men without solid family support may not have this encouragement. This suggests that times of divorce or other events that may limit a man's access to their families are especially dangerous and is even supported by some literature (Oliffe et al., 2022). The protector/provider mindset around firearm use is a double-edged sword.

Northern Context

This study involved men who all lived in Northern British Columbia. It is likely that this factor heavily influenced the results of this study. However, it was not discussed at length. Gregory Sanchez directly noted that he felt that the issue of hesitancy was more prevalent in the North (personal communication, 2024). Both Lee Ward and William Watson commented on this belief more tangentially. Lee noted that his hunting with firearms was partially related to him reconnecting with his family roots (personal communication, 2024) and William reported that hunting with firearms was something that his family did intergenerationally (personal communication, 2024).

While we do not have government sources, it is theorized that in the North there are higher rates of firearm ownership when compared to more southern, metropolitan areas. Surveys suggest that firearm ownership rates in rural areas tend to be much higher; 67% of households in

the Yukon and Northwest Territories surveyed reported owning firearms compared to only 15% in Ontario (Government of Canada, 2022). Further surveys suggest that rural households are 15 times more likely to own firearms compared to households in cities with a population of over 1 million (Government of Canada, 2022). The literature also suggests that firearm ownership is more normalized in rural areas compared to urban ones (Dal et al., 2021; Kopel et al., 2003; Joslyn, 2020).

Based off the literature and some participants statements, firearm ownership is likely much more common and normalized in Northern BC than in more urban areas. If firearms do increase hesitancy to access services, this could result in firearm related hesitancy to access services being a more pronounced issue in the North when compared to the Lower Mainland. This hesitancy could be another barrier that complicates the already difficult access mental health services in rural areas in Canada; rural areas tend to have fewer professionals, issues around transportation, and longer waitlists for services (MacLeod et al., 2022; Herron et al., 2020; Hurley et al., 2024).

Symbolic Interactionist Perspective

As previously established, participants reported being hesitant to access services. When analyzed from a symbolic interactionist (SI) perspective two main elements became apparent. First, all of the participants mentioned they believed that in general there was a culture of hesitancy present amongst firearm owning men. From a symbolic interactionist viewpoint, cultures and groups influence each others' beliefs and realities through repeated interactions with each other. From this viewpoint, it is logical that repeated interactions with other men who share hesitancy can reinforce this hesitancy (Mead, 1934). This ties heavily into the concept of the "looking-glass self" in SI. The concept of the "looking-glass self" posits that humans watch how

people react to their actions, interpret that reaction, and create a concept of self based on that interpretation (Mead, 1934). As such firearm owning men who discuss mental health with their social circle and run into a negative reaction will create a concept that they as firearm owners do not seek out mental health services. Gregory's comment about his sport shooting conversations is a prime example of this negative reaction. He recalls that people are hesitant to speak about mental health in general and mentions that if the topic comes up, it is to discuss not accessing services (G. Sanchez, personal communication, 2024). This interaction then results in the creation of both an individual and societal level concept that firearm owners do not access mental health care. This is further reinforced by the notion that reality is a created via consensus (Blumer, 1969; Mead, 1934). If your immediate social circle dictates that mental health services will result in the removal of firearms, this can be constructed into a true reality.

Secondly is the importance of objects. In SI, the term objects is not solely relegated to material possessions. Concepts such as family, social institutions, and political organizations can be considered objects. A key principle involving objects is that people act in in a manner towards these objects based on the subjective meaning they have attached to them (Blumer, 1969). Based on this research's findings and much of the literature (Kopel et al., 2003; Joslyn, 2020; Trinka et al., 2023), firearm owning men attach importance to their firearms for a variety of reasons. The men in this study noted that firearms were important for their culture and heritage (W. Watson, personal communication, 2024), spirituality (L. Ward, personal communication, 2024), and joy (B. Barnes, personal communication, 2024; G. Sanchez, personal communication, 2024).

With this in mind, the reported hesitancy makes logical sense. Accessing mental health treatment does carry a risk of losing one's firearms (Firearms Act, 1995). If firearms are highly valued, one may be hesitant to access services as it could result in the loss of items that hold deep

meaning. It is important to note however that this did not prevent the men interviewed from accessing mental health services at times. In two cases, this was likely due to them attaching higher importance to other objects in their lives. Lee Ward reported that he placed heavy emphasis on the importance of honesty and that led him to disclose his past mental health history during his PAL application (personal communication, 2024). Billy Barnes noted that he eventually sought out services after he felt that his family was being impacted by his mental health (personal communication, 2024). In these cases, the subjective value attached to the objects of honesty and family were higher than the importance attached to the firearms. The SI perspective suggests that both the consensual creation of reality amongst firearm owners and the meaning attached to firearms contribute to hesitancy to access treatment.

Implications for Research and Practice

Firearm owning men's experience in seeking out mental health treatment is a relatively unexplored area. Minimal research about this topic was located in my research review and prior to this study none directly spoke with firearm owners themselves about their experiences. The findings of this research suggests that firearm related hesitancy may be a significant barrier faced by men living in Northern British Columbia. However, this study was quite small in scope and can not establish prevalence or significance, but it may have relevance to other locations. A larger Canada-wide study that aims to establish prevalence and evaluate how much of an impact firearm related hesitancy has when compared to other barriers would be highly beneficial.

Further, research aimed at women may also be beneficial to see if this is a gendered issue or more related to firearm ownership. Other research which compares firearm owning men's hesitancy to that of the general male population could also be explored. This may help determine how significant a barrier firearm ownership is versus other concepts such as masculinity.

As was previously suggested in some literature, practitioners in high ownership areas should consider taking the firearms licencing course or researching firearm ownership. This would be in order to gain an understanding of what the formal processes for ownership are and to gain insight into why someone may wish to own firearms. This is complicated by the fact that there is no public data on prevalence of firearm ownership rates in Canada but it is assumed that more rural areas have greater ownership rates (Government of Canada, 2022; Joslyn, 2020). As such, it would likely be beneficial for rural practitioners especially to consider some form of firearm training or education.

Practitioners who work with individuals who own firearms may also benefit from considering the importance of the protector/provider mindset when working with men who own firearms. Working with men, the chief goal may be to attempt to help them benefit their own wellbeing. Reframing this to demonstrate how by helping themselves they also assist those closest to them could work by aligning better with their held beliefs. It is important to note that this does not mean disregarding how men feel and solely asking them to engage for their families. It instead ties into held beliefs around their own positive masculine notions and works within them to establish the importance of treatment. Simultaneously, practitioners working with firearm owning men should be especially cautious when working with men who do not have close family connections. During these periods, it may be of benefit to work with men to explore options such as LMS or increase the use of risk assessments.

Many participants were distrustful of government involvement. This does complicate matters somewhat; practitioners in government positions may be subject to increased hesitancy and even those that are not will still be bound by reporting requirements. If a firearm owner does reach out to engage it may be beneficial to have a frank conversation about what the limits of

confidentiality are, alternatives to legal involvement such as LMS, and some self-disclosure that shows the practitioner has some understanding of the importance of firearms to the owner. This may allow for the potential client to retain some control, avoid the possibility of them feeling surprised by interventions, and help further build a counselling relationship.

Federal legislation, specifically section 5.2b of the Firearms Act (1995), around removal has vague language and is unclear in scope. Its language is broad and does not provide clear indicators for practitioners. This is consistent with Canadian legislative and judicial practices (Department of Justice Canada, 2015). However, in this case this vagueness and breadth is likely confusing for both practitioners and potential clients. The sweeping use of language seen in the legislation around what can constitute a mental illness that is "associated with violence or threatened or attempted violence" (Firearms Act, 1995, s. 5.2b) gives practitioners very little direction. Further, the legal process of removal is not clearly lain out. Even the "2022 Commissioner of Firearms Report" (RCMP, 2022) suffered from this; broad terms without clear delineation made it difficult to determine exactly how many firearm removals in 2022 were directly related to mental health issues.

I was unable to locate any publications on what the exact steps around removal might be. Legislation should be re-written to include more specific language and direction for practitioners. Exact processes should be communicated to owners so they are more aware of what exactly the process involves. This could involve a publication from a federal organization around what the legal process for removals entail in plain language. It could be published for reference by both practitioners and firearm owners themselves. The vague language and unclear practice standards around firearm removal are issues for both professionals and firearm owners themselves.

Limitations

This study was limited to only to the geographical area of Northern British Columbia. It is possible that my professional and educational background discouraged some potential participants from engaging in this study. This is quite understandable as men who are hesitant to speak with a mental health professional are unlikely to speak to one about that hesitancy. I received some emails during the recruitment phase of this study that support this view; several emails directly indicated that potential participants did not wish to speak with me due to my academic and professional connections. All of the men who I spoke with had some form of previous contact with mental health services which likely contributed to their willingness to speak with me.

Chapter Six: Conclusion

Mental health treatment, especially when it is early and voluntary, can be a life saving measure. Even in less extreme circumstances it can help people struggling with life altering issues to restore aspects of their general wellbeing. Firearms are dangerous and firearms ownership with severe mental health issues is dangerous as well. This is widely acknowledged by all my research participants, and by myself as an owner, as a fact not in dispute. However, they are more than just tools to inflict violence and are connected with aspects of self-concept, joy, and heritage for the men who use them. Gun owners appear to weigh the value of their firearms and as such avoid seeking treatment to maintain their lifestyle. Having mental health issues should not necessarily result in the loss of firearms.

In my discussions with firearm owning men, it became apparent just how hesitant some of them were to engage with me due to my professional practice in mental health. The men often reported a sort of cognitive dissonance around wanting to seek out help but not wanting to risk the loss of their firearms. I could relate to this feeling. I value my own firearms and the activities they allow me to do. Having to risk the potential loss of these activities, which I find to be beneficial for my own mental health, in order to seek out help is I difficult task to consider. The further revelation that the men were far more willing to engage with a provider who has some form of firearm knowledge was also impactful to me. In my future practice when working with men, I may use more clinical judgement around disclosing my own ownership of firearms if I believe that it could help foster a therapeutic relationship.

Firearm ownership is not the only consideration around accessing mental health treatment. Access to supports are almost always complicated by some sort of barrier and firearm ownership is only one of many. A goal of researcher, practitioners, and legislator should be to

reduce barriers in all their forms. Current methods of removal suffer from lack of information and do not always focus on treating underlying mental health issues. An effective way of increasing firearm owning men's access to mental health services would be to provide services that they willingly access. Previously, this issue had not been discussed with those it impacted the most: men who own firearms. This study is beneficial in that regard as it heard from them what they viewed as the most important issues to consider.

This area is still relatively unstudied in Canada. This study is hardly definitive and only scratched the surface of this important issue. Further studies, as well as some of the practical approaches discussed above, could go a long way in increasing engagement and potentially saving lives.

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Appendix A: NDAs for Use with Supervisory Committee

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Confidentiality and Non-Disclosure Agreement

This study, tentatively titled *Exploring Northern British Columbian Firearm Owning Men's Experiences Around Accessing Mental Health Treatment* is being undertaken by John Munt at the University of Northern British Columbia ("UNBC"). The study has 3 objectives:

1. To explore what barriers may exist that limit men who own firearms access to mental health treatment.
2. To develop suggestions for policy and practice approaches to address the issue of said hesitancy.
3. To expand the literature base on *what* men who own firearms in Canada experience when considering seeking help, and open avenues for further research.

Participants will be given key codes in order to protect privacy, and no personal identifier will ever be shared. These will be deleted once data analysis is completed. The data will be stored on a password protected computer in an encrypted folder and on One Drive or SYNC software in a password protected encrypted file. It may be stored on a device such as a USB or SSD for short-term transport but will be deleted immediately afterwards.

I, agree as follows:

1. To keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the Principal Investigator(s).
2. To keep all research information in any form or format secure while it is in my possession.
3. I will not use the research information for any purpose other than (Intentionally left blank, to be filled in as required)
4. To return all research information in any form or format to the Principal Investigator(s) when I have completed the research tasks.
5. After consulting with the Principal Investigator(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the Principal Investigator(s) (e.g., information stored on computer hard drive).

Recipient

(Print name)	(Signature)	(Date)

Principal Investigator:

John Munt		
(Print name)	(Signature)	(Date)

If you have any questions or concerns about this study, please contact: Lisa Kyle, lisa.kyle@unbc.ca

Appendix B: Information/Consent Form

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Information Letter / Consent Form

November 9, 2023

Exploring Canadian Firearm Owning Men's Hesitancy Around Accessing Mental Health Treatment

I. STUDY TEAM

Who is conducting the study?

Faculty Supervisor:

Dr. Lisa Kyle, PhD, Assistant Professor of Social Work
UNBC School of Social Work
University of Northern British Columbia
lisa.kyle@unbc.ca

Student Researcher

John Duncan Steell Munt, MSW Candidate
UNBC School of Social Work
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This research is conducted as part of John Munt's graduate studies and will contribute to the development of a thesis for the partial fulfilment of the requirements of a master's degree of Social Work. The completed thesis will be a public document and will contain data from the study conducted. The thesis will not contain any personal identifiers, such as names, but may contain statements made to the researcher. Participants will be given key codes in order to protect privacy, and no personal identifier will ever be shared. These will be deleted once data analysis is completed. The data will be stored on UNBC One Drive servers and on SYNC software. It may be stored on a device such as an encrypted and password protected USB or SSD for short-term transport but will be deleted immediately afterwards.

II. SPONSOR

Who is funding this study?

The funding for the Tim Horton's gift certificates (see section VIII) will come from John Munt's Graduate Entrance Research Scholarship (GERS).

This study has no other funding.

III. INVITATION AND STUDY PURPOSE

Why are we doing this study?

You are being invited to participate in this research study because you are a Canadian man who currently possesses a valid purchase and acquisitions licence (PAL) and own firearms. We are conducting this study to explore what male firearm owning men in Northern BC experience when considering mental health treatment. Participation in this study is entirely voluntary and you are under no obligation in any way to participate. If you do agree to participate, you may ~~any time~~ withdraw from the study and refuse to answer anymore questions. Consent will be ongoing, meaning that at any time prior to John Munt's thesis defence you will be able to withdraw from the study without any repercussion. You will be asked to give written consent to participate via this document, verbal consent prior to your interview, and may be asked during any other interactions you have with the researcher. You will not be able to withdraw from the study after John

Munt's thesis defence, or after the study is published as a thesis. If you ~~accept~~ agree to be in this study, you may also refuse to answer any questions for any reason.

IV. STUDY PROCEDURES

What happens if I say "Yes, I want to be in the study"?

If you agree to participate in this study, you will be asked to engage in a one-hour interview with the student researcher. You are under no obligation to answer any question you do not want to. Aside from answering questions, there are no other requirements from you for this study. The interviews will be recorded digitally by audio and video. These recordings will not be shared with anyone but the primary researcher and his supervisor, John Munt and Dr. Kyle. John will have sole access to the recordings. They will be stored on his personal password protected computer in an encrypted file and in an encrypted folder on SYNC. After a period of five years, all the recordings will be destroyed. There are no plans to use these recordings for any other purpose than this study.

How much time would be required?

The researcher would like to speak with you once for approximately one hour. This can occur either in person or over Zoom at your preference.

You will also be contacted by the researcher via email for the purpose of "member checking". Member checking is a process in which the researcher will reach out to you to share their interpretations of your statements to ensure that they reflect exactly what you meant by them, to ensure that quotes used in the thesis maintain your confidentiality, and to enhance the validity of the final thesis.

Where will the study be conducted?

The study will be conducted in one of two places that you choose. The interviews could take place over Zoom, or the interviews could take place in a private room at the UNBC campus organized by the student researcher.

V. POTENTIAL RISKS OF THE STUDY

Is there anyway participating in this study could harm you?

This study may include questions around mental health treatment and general wellbeing. Some of these questions may be upsetting to you. If at any point you feel that the questions are causing you undue emotional or psychological distress, you may reach out the researcher and they will assist you in finding mental health supports. The researcher will have a list of ~~such support~~ crisis intervention services that will be provided to you. If you believe that less acute services may be beneficial to you, please reach out to your local community health centre or a mental health professional in your area. We wish to remind you that you have the right to refuse to answer any question you do not feel comfortable with, and to end you participation with the study at any time without any repercussions.

VI. POTENTIAL BENEFITS OF THE STUDY

We do not think the study will help you directly in anyway. However, in the future, you and others like you may benefit by having policy and/or practice around mental health and firearms enhanced. We would like to use this study to suggest better, less barrier ridden means of helping Canadian firearm owning men access mental health supports without fear of consequences.

VII. ANONYMITY AND CONFIDENTIALITY

How will your identity be protected?

For the purpose of this study, name, email, ethnicity, gender, nationality, possession of a PAL, and geographic location will be collected by the primary researcher from the research participants. All of this information will be stored on a master code list which will be stored on John Munts personal password protected computer in an encrypted file, on an encrypted folder using SYNC or on UNBC One Drive Software.

Participant names will never be disclosed to anyone but the primary researcher and his supervisor. All research participants will be given pseudonyms chosen at random via a name generator. This will be assigned

to a master code list, and the code list will be stored on John Munt's personal computer in an encrypted file. All other research documents will contain on the participants pseudonym only and will never contain participants names. Participants will not be identified by name at any point in the study documents, excepting the master code list and audio-video recordings. Further, the final study will not contain any participants names.

Participant emails will never be disclosed to anyone but the primary researcher. They will also never be used for any purpose other than to email the research participant concerning information pertinent to the study itself.

Ethnicity will only be disclosed in generalized terms. Research participants exact descriptions of their ethnic background will not be disclosed. This information will only appear on the master code list.

Participants gender will be disclosed as part of this study, as this study is to be conducted only individuals who identify as men.

Participants nationality will be disclosed, as this study is to be conducted on individuals who self-identify as a Canadian.

Participants possession of a PAL and ownership of firearms will be disclosed in the study, as this study is on individuals who own firearms. No other information around the PAL such as PAL number or picture of PAL will be kept by the researcher.

Participants exact locations will never be disclosed. This information will only appear on the master code list. Participants will only ever have their locations disclosed in vague terms such as "rural", "urban", or "Northern".

If you have any concerns about collecting of your information, you are not under any obligation to share specifics.

Zoom meetings will be conducted using John Munt's UNBC Zoom account. The meeting invitations will be sent to the participants emails only. These meetings will be recorded, but the data will never be shared. All data will be stored on John Munt's personal password protected computer in an encrypted file, on an encrypted folder using SYNC or on UNBC One Drive Software.

In person meetings will be conducted in a private, booked meeting room at UNBC. John Munt will be the only individual, aside from the participant, present for these interviews.

Who has access to the study data?

Only John Munt and his immediate supervisor Dr. Lisa Kyle will have access to the study data. Only John Munt will have access to participants specific demographics. John Munt's supervisory committee may have access to the data, but none of the personal identifiers such as name, location, email, etc.

When might you breach confidentiality?

Confidentiality will be breached under John Munt's Duty to Report under BCCSW regulations or under the Child, Family, and Community Services Act (RSBC 1996) if in the interested of public safety. If at any time during the study you disclose neglect or abuse of a child, or if you make threats of violence towards yourself or others, the researcher will be legally bound to report this to the appropriate authorities. At no other time will your identity be disclosed to anyone.

VIII. COMPENSATION (If applicable)

Do I get paid for this?

We will not pay you for your time in the survey. However, after the completion of the interview we will be pleased to offer you a 40$ gift certificate to the great Canadian culinary institution Tim Hortons.

IX. STUDY RESULTS

Where will this study be published?

This study will be reported in a graduate thesis and may be published in academic journal articles or books. If you would like a copy of the completed thesis, please inform John Munt and he will supply you with either a mailed copy to your home address or an electronic copy to your email address.

X. CONTACT FOR INFORMATION ABOUT THE STUDY

Questions, Concerns or Complaints about the project

If you have any questions, concerns, or complaints about any area of the study, please reach out to either John Munt at jmunt@unbc.ca or Dr. Lisa Kyle at lisa.kyle@unbc.ca

XI. CONTACT FOR CONCERNS OR COMPLAINTS

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the UNBC Office of Research at 250-960-6735 or by e-mail at reb@unbc.ca.

XII. PARTICIPANT CONSENT AND SIGNATURE PAGE

Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on your life.

• Your signature below indicates that you have received a copy of this consent form for your own records.
• Your signature indicates that you consent to participate in this study.

I have read or been described the information presented in the information letter about the project:

YES NO

I have had the opportunity to ask questions about my involvement in this project and to receive additional details I requested.

YES NO

I give permission for any quotes made by myself in the interviews to be published in the final thesis document.

YES NO

I understand that if I agree to participate in this project, I may withdraw from the project at any time up until the report completion, with no consequences of any kind.

YES NO

I agree to be recorded for the express purpose of this study only.

YES NO

I have been given a copy of this form.

YES NO

_____ _____

Participant Signature Date

(Or Parent or Guardian Signature)

_____

Printed Name of the Participant (or Parent or Guardian) signing above.

Appendix C: Organization Recruitment Letter

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

To whom it may concern,

This email is a request for your organizations assistance with a project I am conducting as a part of master's degree in social work from the University of Northern British Columbia, under the supervision of Dr. Lisa Kyle. The title of my research project is "Exploring Canadian Firearm Owning Men's Hesitancy Around Accessing Mental Health Treatment" The purpose of this study is to determine what Canadian men with guns experience when considering accessing mental health services. It is our hope that the knowledge and information gathered from this study may help to influence mental health policy. The goal would be to utilize this research to make men feel more comfortable accessing mental health treatment without fear of repercussion.

I would like your assistance in reaching out to the many men who participate in your organization's activities. I firmly believe that these people have unique conceptions and experiences relating to mental health and their ownership of firearms. During this study, I will be conducting interviews with firearm owning men regarding how they feel about accessing mental health services. They will not be asked whether they have or are accessing mental health services. At the end of this study, the publication of my thesis will share this knowledge with academics, researchers, mental health professionals, and members of the public.

I would like your assistance is distributing electronic flyers to people involved with your organization. Contact information for me and my supervisor will be included.

Participation in this study is strictly voluntary. Everyone will make their own decision on whether or not to participate. All participants will be informed and reminded of their rights to participate or withdraw before any interview, or at any time in the study prior to John Munt's final thesis defence. Participants will receive an information letter including detailed information about this study, as well as a consent form.

To support the findings of this study, quotations and excerpts from the stories will be labelled with pseudonyms to protect the identity of the participants. Names of participants will not appear in the thesis or reports resulting from this study. Personal identifiers will not be used.

If you wish the identity of your organization to remain confidential, a pseudonym will be given to the organization.

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact me by email at jmunt@unbc.ca or Dr. Lisa Kyle at lisa.kyle@unbc.ca

I hope that the results of my study will be beneficial to your organization, to gun owners and their families, as well as the broader research community. I very much look forward to speaking with you and thank you in advance for your assistance with this project.

Yours sincerely,

John Munt
Master's Candidate
Department of Social Work
University of Northern British Columbia
Dr. Lisa Kyle, PhD.

Assistant Professor
Department of Social Work
University of Northern British Columbia

Organization Permission Form

We have read the information presented in the information letter about a study being conducted by John Munt in partial fulfilment of the requirements for a master's degree in social work from the University of Northern British Columbia, under the supervision of Dr. Lisa Kyle. We have had the opportunity to ask any questions related to this study, to receive satisfactory answers to our questions, and any additional details we wanted.

We are aware that the name of our organization will only be used in the thesis or any publications that comes from the research with our permission.

We were informed that this organization may withdraw from assistance with the project at any time. We were informed that study participants may withdraw from participation at any time without penalty by advising the researcher prior to the final thesis defence date.

We have been informed this project has been reviewed by, and received ethics clearance through a University of Northern BC's Research Ethics Board and that questions we have about the study may be directed to John Munt at jmunt@unbc.ca or Dr. Lisa Kyle at lisa.kyle@unbc.ca

John Munt
Master's Candidate
Department of Social Work
University of Northern British Columbia
Dr. Lisa Kyle, PhD.
Assistant Professor
Department of Social Work
University of Northern British Columbia

We agree to help the researchers recruit participants for this study from among the families who are users of the program and services of the ***[name of organization].***

□ YES □ NO

We agree to the use of the name of the ***[name of organization]*** in any thesis or publication that comes of this research.

□ YES □ NO

If NO, a pseudonym will be used to protect the identity of the organization.

Director Name: _____ (Please print)

Director Signature: _____

Board of Directors Representative Name: _____ (Please print)

Board of Directors Representative Signature: _____

Witness Name: _____ (Please print)

Witness Signature: _____

Date: _____

Appendix D: Participant Recruitment Letter

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Hello,

My name is John Munt, and I am a Masters of Social Work student working under Dr. Lisa Kyle of the Social Work department at the University of Northern British Columbia. I am contacting you in regard to an upcoming study I am conducting for the partial fulfillment of my graduate level thesis. The reason that you have received this email is that we are studying Canadian firearm owning men's experiences when considering accessing mental health treatment. If you are a Canadian man living in Northern BC who has a valid Purchase and Acquisitions license (PAL) and owns firearms, you are eligible for this study. We are currently inviting people to participate in this study.

In this study, you would be asked to speak with the student researcher, John Munt, once for about one hour. These sessions will be video and audio recorded. John would like to ask you a number of questions about how you may feel concerning mental health treatment, counselling, or therapy of any kind. You will not be asked if you have accessed or are currently accessing mental health services. You could choose to meet with John Munt in person at the University of Northern British Columbia if you are located in or nearby Prince George or you would join a Zoom meeting with him. Participation in this study is strictly voluntary. You would have the right to refuse to answer any questions, and to withdraw from the study at any time without repercussion. In appreciation of your time commitment, upon completion of your interview you will receive a $40 gift card for the great Canadian culinary icon Tim Hortons.

This study has been reviewed and approved by UNBC's Research Ethics Board.

If you are interested in participating, please contact me at jmunt@unbc.ca and list your top three choices for when you would like to participate. I will send a confirmation email informing you that you have been appointed one of your chosen time slots. If you have any questions about this study, please feel free to reach out to my email as well.

Sincerely,

John Munt.

Appendix E: Interview Questions List

Preliminary Script:

Before we get started, I would like to share a little information with you about the study and myself just so you have enough information about what were doing here. This study is looking at male firearm owning men who live in Northern BC, and their experiences around considering or accessing mental health treatment. I am going to ask you a few set questions, and then some follow-up questions that depend on the direction the conversation goes. I may ask for clarification about some things as well. I am hoping that this study can help us better understand what gun owners think about the mental health process in Canada, and that this could be used to further our understanding of how to better adapt the process to meet their needs. The only known risk of this study is that you may be asked to speak about some topics that may make you feel uncomfortable. This interview does concern mental health topics, and I'll be sending you a list of resources you could access if you feel the need to. You have the right to refuse to answer any questions for any cause, and to withdraw from this study at any time without repercussion. Concerning confidentiality, your name, location, or any personal identifiable information will not be published anywhere. The only information that may be published will be de-identified statements you may make, the fact that you own guns, and that you are a Canadian man living in Northern BC. Your personal information won't be shared with anyone other myself, and you'll only be referred to by a code name in all documents except one that will be kept by myself in an encrypted, password protected file. The only time that I may have to breach confidentiality is if I am legally obligated to so. If you threated to harm anyone or yourself, I would have a duty to report it.

A little background about me, I'm currently a student in the MSW programme at UNBC. I also work at the PG hospital as an acute social worker- some of my work at the hospital does surround mental health. I also own restricted and non-restricted firearms, mostly for hunting purposes and because I really enjoy the historical aspects of firearm development.

Do you have any questions before we begin?

Opening question:

Can you tell me a little bit about yourself?

Main questions:

What does being a gun owner mean to you?
What is main reason you own firearms?
What do you think about mental health services and agencies?
When might it be important for someone to seek out mental health treatment?
Do you see any barriers for accessing mental health services as a firearm owner?
Do you have any hesitancy around accessing mental health treatment because you own firearms?
What would be your concerns about accessing mental health treatment?
Would you seek out help if you thought you needed it? Why or why not?

Summarizing Points:

Summarize participants statements and ensure that I am correctly understanding them.
Is there anything else you'd like to tell me about this topic?
Is there anyone else I should speak to?
Are there any other questions I should be asking?

Thank you for taking the time to meet with me today. I want to remind you again that no personal identifiers will be shared with anyone outside of this interview. I'm going to send you an email with my contact information on it as well as a link to an e-gift card for Timmies. It will also have a list of mental resources in case you need them. I might email you in the future to check some of your statements with you to make sure I am accurately understanding your perceptions.

Appendix F: Mental Health Resource List for BC

24/7 Mental Health Resource List For BC		
Organization:	**Contact Info:**	**Information:**
Provincial Crisis Line Suicide Hotline	1-800-784-2433	Available anywhere in the province 24/7. For urgent assistance with suicidal thought.
310Mental Health Support	310-6789	Available anywhere in the province 24/7. Emotional support and resource information.
Talk Suicide Canada	1-833-456-4566	Available anywhere in the province 24/7. For urgent assistance with suicidal thought
Local emergency services	911	Contact for immediate assistance if worried for the safety of yourself or others.

Important Note: These resources are for crises only and may not be suitable for less acute situations. If you are not in crisis, but still believe you require some help, please reach out to your local community health team or a mental health professional in your community.

Appendix G: Recruitment Flyer

RESEARCH PARTICIPANT OPPORTUNITY

Searching for research participants for a study involving Firearm Owning Men

Researchers at the University of Northern British Columbia are looking for participants into a study on what barriers may exist that limit male gun owners' access to mental health treatments. This study will be published in the form of a thesis, but no personal information will be released. If interested, please email John Munt at the provided email address.

UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

YOU QUALIFY IF YOU:

IDENTIFY AS A CANADIAN MAN LIVING IN NORTHERN B.C.

ARE 18+ YEARS OLD

HAVE A VALID PAL AND OWN FIREARMS

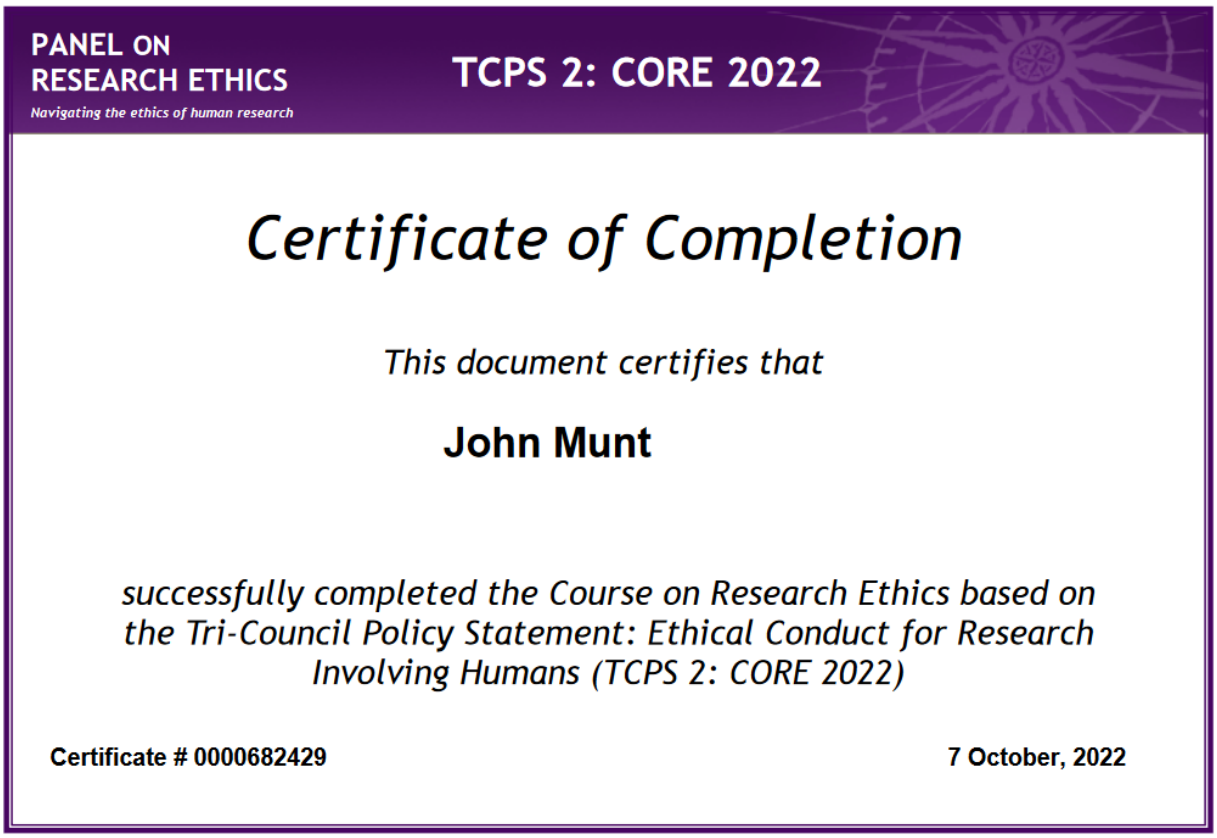
ARE WILLING TO MEET FOR AN INTERVIEW VIA ZOOM OR IN PERSON IN PRINCE GEORGE

JOHN MUNT
Student Researcher
MSW Candidate, UNBC
School of Social Work

jmunt@unbc.ca

Dates and Times for interviews are flexible.

Appendix H: TCPS 2



PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE 2022

Certificate of Completion

This document certifies that

John Munt

successfully completed the Course on Research Ethics based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2: CORE 2022)

Certificate # 0000682429 **7 October, 2022**