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# Male Mental Health: A Literature Review

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## Summary

- Research indicates that the trajectory and development of mental health issues differ between males and females. It is typically reported that the onset of mental health difficulties arises in females at an earlier age and greater severity in comparison to males.
- Yet the rates of death by suicide in males is much larger. The loss of a peer from suicide is a particular risk factor which is a specific predictor of risk for males. Questions surrounding the effective measurement of mental health difficulties which capture the externalising nature of male mental health issues has been raised.
- A key feature within male mental health is the lack of help seeking behaviour, and this is driven by cultural expectations of males. Help seeking threatens the strong masculine identity and therefore can result in feelings of shame. The resulting stigma therefore leads to help-avoidance.
- Behaviour changes techniques have been implemented to target increases in help seeking behaviour. These focus on utilising different processes such as providing information from perceived role models to help reduce mental health stigma as well as addressing male stereotypes by reframing help seeking as a form of positive masculinity.

## Trajectory and development

Evidence surrounding gender differences in mental health typically suggest that females experience a greater severity of mental health difficulties at a younger age (Dekker, Ferdinand, van Lang, Bongers, van der Ende, & Verhulst, 2007). Clinical evidence suggests that the incidence of mental health difficulties is greater for females across age groups and that the incidence peaks at age 15 for females and age 17 for males respectively (Breslau, Gilma, Stein, Gmelin & Miller, 2017).

The Health and Wellbeing Census Scotland (Scottish Government, 2023) in part mirrors the international evidence. The census highlighted that girls were more likely to report lower mental wellbeing scores within the Warwick Edinburgh Mental Wellbeing Scale and higher difficulties scores within the Strengths and Difficulties Questionnaire compared to boys.

Further evidence from Ball et al., (2023) examined gender differences in mental health prescribing rates, as well referrals and rejections to Child and Adolescent Mental Health Services (CAMHS).

Examination of the data illustrated key gender differences:

- On average, monthly mental health prescription rates for boys were higher than girls. These increased rates were prevalent in the younger years for boys and consisted mostly of medication used to treat ADHD. Medications for girls were mostly issued in the older ages and were aimed at treating depression.

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- Referral rates prior to the first COVID lockdown remained relatively similar for boys and girls. Following the first COVID lockdown, referral rates increased for girls and fell slightly for boys.
- There is an increasing rate of CAMHS referrals for younger aged boys up until age 11, where this rate steadies out. An increasing trend also follows girls up until age 12, where there is then a significant increase in referrals.
- Higher rates of rejected referrals for CAMHS were associated with boys and have increased over time.

### Suicide

A paradoxical feature of the evidence however lies in the rates of death by suicide. There is a consistent trend that there is a significantly higher rates of substance misuse and death by suicide in young males in comparison to females (Patton, Darmstadt, Petroni & Sawyer, 2018). This can be replicated across the world, with the World Health Organisation (2017) highlighting that males are 1.8 times more likely to die by suicide than by females.

A systematic review (Miranda-Mendizabal et al., 2019) examining pre-disposing factors highlighted that for both males and females, adversity was a significant predictor of suicidal behaviour. Notably, gender specific risk factors were also highlighted such as dating violence in females and the loss of a peer by suicide in males. It was also noted that males are more likely to die by a more violent means of suicide in comparison to females.

A driver which is often referenced in contributing to these deaths by suicide is the cultural expectations of males (Rice, Purcell & McGorry, 2018; Patton et al., 2018). Higher rates of stigma and help seeking can be seen as a threat to masculine identity. When young men are faced with perceived threat to masculine identity, they are more likely to experience shame as opposed to females.

Shame is a particularly strong driver of the motivational phase as highlighted within the Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour (O'Connor & Kirtley, 2018). Notably, adolescence is a time where these gender stereotypes can become entrenched (Rice et al., 2021). It is therefore worthwhile considering what mechanisms and interventions that can be provided in adolescence to mitigate risk, particularly post school. As Van Droogenbroeck, Spruyt and Keppens (2018) note, young adult males aged 20-25 tend to experience higher levels of psychological distress compared to their adolescent males aged 15-19.

### Identification and intervention

Research has highlighted that perceived shame arising from cultural expectations surrounding males ultimately reduces help seeking behaviour. But these cultural expectations may affect the way in which male mental health difficulties present and subsequently are identified and here lies the suggestion that there is an element of mental health masking in males (Rice et al., 2018). This may in part come from the lower levels of modelling from male role models which stems from the cultural expectations and associated shame in help seeking. This may in turn make it difficult to identify and report emotions as a pre-condition to sourcing subsequent support strategies and services.

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In combination with the issues of emotional literacy and masking, there is also that of higher rates of externalising behaviours such as aggression and substance misuse (Patton et al., 2018). Some have suggested that depression in males is nosologically different in comparison to females (Rice et al., 2018). Evidence highlights the need to improve identification of mental health difficulties in males, hence the development of specific instruments to identify male depression which focus on externalising behaviour and emotion suppression (Herreen, Rice and Zajac, 2022). But the literature also highlights the need for practitioners and services to be knowledgeable of the socio-cultural dimensions of male mental health development. Including how the role of masculine identity can affect young male mental health and to critically evaluate their own assumptions of masculinity, including the perceived notions of how adolescent males 'ought to act' (Boerma, Beel, Jeffires & Ruse, 2023). Without this evaluation, need may go amiss and the probability of disengaging from current and future therapeutic services will increase.

Nonetheless, specific interventions have primarily focussed on increasing help seeking behaviours in males. A review of interventions (Sagar-Ouriaghli, Godfrey, Bridge, Meade & Brown, 2019) highlights an array of behaviour change techniques (BCTs) which focus on different processes to promote help seeking in males (Figure 1). These processes map onto key themes within help seeking literature which can ultimately improve help seeking in males.

These BCTs also provide a lens to which there is scope for services to consider their design and approach to engaging young males. This is highlighted with the need to consider a pro-active approach (Rice et al., 2018) to supporting young males in their help seeking behaviour in ways which can align with their interests, in environments that are safe and harness the positive aspects of masculine socialisation (Rice et al., 2021). Reframing masculinity and considering the cultural expectations of males can not only help develop male help seeking behaviour, but also address other areas linked to traditional masculine identities such as violence and sexual health risks (Patton et al., 2018).

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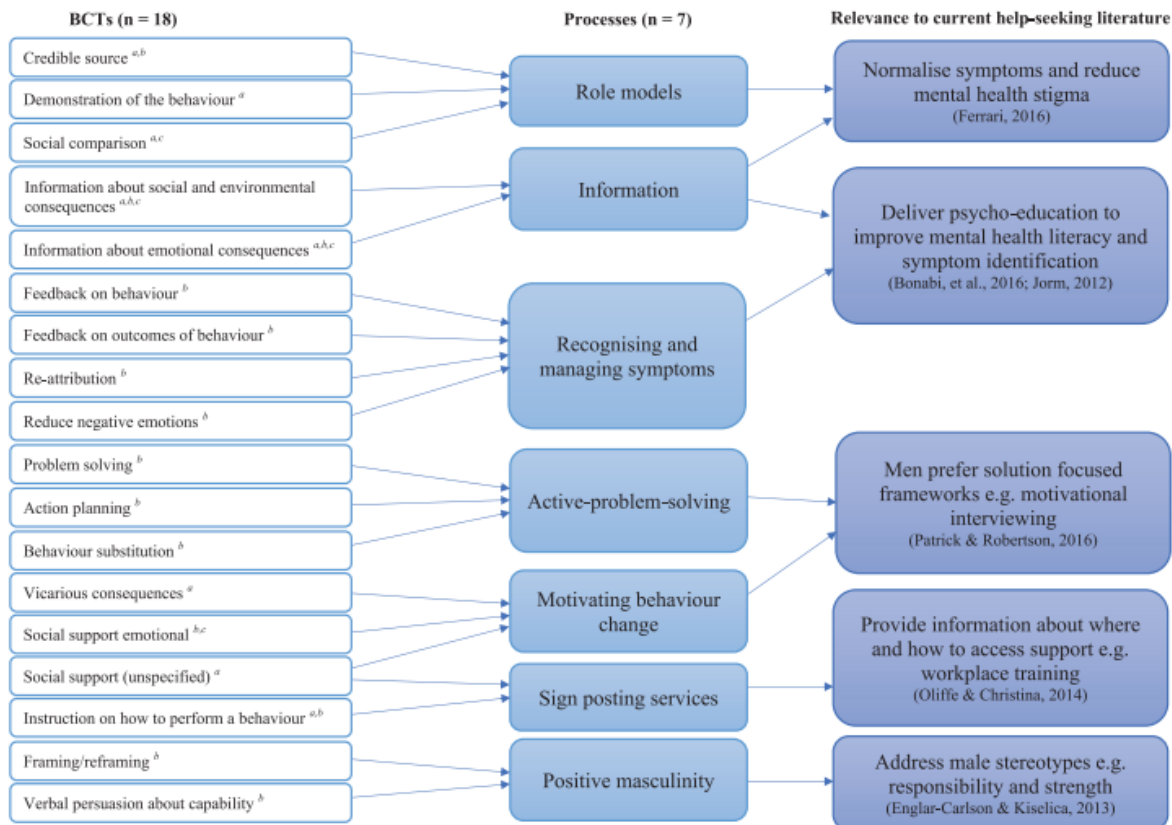


Figure 1. Behaviour Change Techniques, Processes and links to help seeking literature.

### Conclusion

To summarize, research indicates that there are gender disparities in the progression of mental health difficulties. The way young males present, recognize, and seek help for their mental health is influenced by the cultural beliefs that men should be tough, dominant, and not show vulnerability. These expectations may hinder healthy help-seeking behaviours amongst males. However, interventions aimed at modifying behaviour and encouraging help-seeking have proven effective. It is important to raise awareness of the social and cultural factors involved in male mental health development and consider these within the implementation of any intervention, as well as introduce appropriate behaviour change techniques early on as preventative measures to mitigate risk, particularly during adolescence and post-school years.

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