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MALE MENTAL HEALTH



It may seem bizarre that we have chosen to discuss male mental health separately. After all, you may think that mental health in general covers males. To some degree you would be correct.

Males will show the same symptoms as females for a vast number of disorders. However, there are some distinct differences in the ways that males seek treatment and react to symptoms that make for worthy discussion.

One of the major issues with male mental health is the potential that the statistics regarding instances are inaccurate, for a number of reasons. Firstly, in many cultures, males are meant to fulfil a 'manly' role, and by is (incorrectly) seen as a sign of weakness. This is highlighted in studies that have found males are more likely to take time off work for physical issues, but less than one in five will take time off work for anxiety or low mood. The second factor is males sometimes express their symptoms differently than females. Males may exhibit emotional distress in more aggressive ways that do not fit with the conventional diagnosis of mental health issues. They are also more likely to use substances to deal with stress. These behaviours are more likely to lead them to have contact with correctional services instead of the medical services they require. In fact, 95% of the prison population is male, with mental health disorders being common in this setting.

The incorrect statistics themselves also have a detrimental effect on male mental health. These lower levels of prevalence may have contributed to the finding that mental health in males tends to receive lower priority levels in the research community. They may also impact the diagnosis that a patient receives, which perpetuates the statistical problem. For example, women are thought to be nine times more likely than their male counterparts to have an eating disorder. This may bias a clinician against diagnosing a male who shows eating disorder symptoms as having this disorder. The statistics may also prevent a male seeking treatment. After all, if a male has read that depression is twice as likely in women, then they may decide against reporting their symptoms; either due to incorrectly assuming the symptoms do not fit the diagnosis or due to feelings regarding masculinity.

Gender Differences in Mental Health

Males typically have higher rates of externalizing behaviours and symptoms, such as aggression, violence, antisocial behaviour, whereas women often have higher rates of internalizing behaviour, such as anxiety and depression (Smith et al., 2018).

This is due to a variety of factors in gender differences, including neurology, hormones, social expectations, help seeking and socioeconomic status. The impact of measurement bias (this being an inadequate survey assessment of male mental health experiences) may also underrepresent males in the estimated levels of depression and anxiety in community and clinical samples.

Males are also less likely to seek treatment for mental health than women (Parent et al., 2018), which may also affect the prevalence rates for conditions such as depression and anxiety, which supposedly occur more in women.

Men have been found to be more likely to suffer from substance abuse ...

Conditions more prevalent in males

There are a number of conditions that do tend to appear more frequently in a given gender. Below is a selection of conditions more prevalent in males. It is important to keep in mind that whilst these may be more prevalent in one gender, this does not mean they do not occur in the other gender. For instance, whilst post-partum depression is most commonly associated with females, a Canadian study has found that new fathers can also be vulnerable to this condition. It is therefore important to remember that instances of any condition amongst any gender should be treated with seriousness and the utmost care.



Substance Abuse and Alcohol Dependence – The pattern of substance abuse and alcohol dependence being more common in males is seen in a number of countries worldwide. Men have been found to be more likely to suffer from substance abuse and illicit substance use (Affleck et al., 2018).

Psychotic Illness and Schizophrenia (Onset) – Whilst evidence suggests that psychotic illnesses and schizophrenia affect the genders equally, there is good evidence to suggest that males are likely to have an earlier onset of symptoms. This has contributed to the current situation in Canada, where an increasing number of young and middle aged men are being hospitalised for schizophrenia.

Antisocial Personality Disorder – Men are more likely to be diagnosed with an antisocial personality disorder. This is supported by the level of male prisoners seen in prisons worldwide, as it is widely regarded that the majority of prisoners are suffering with this disorder. This is because externalizing symptoms and behaviours, such as substance abuse, violence and antisocial behaviour are more common among males (Smith et al., 2018).

Suicide

If you are suffering from suicidal thoughts, then it is imperative that you seek professional help as soon as possible. The reluctance of males to seek mental health advice may be one contributing factor to the increasing global problem of male suicide. This problem is not isolated to one region or culture and is unfortunately not showing any signs of relenting. In fact, suicide amongst males is the leading cause of death in a number of regions. Approximately 3 in 4 deaths from suicide are from men (ONS, 2019). Male suicide increases with age and peaks in the late 40's (Bilsker et al., 2018). This is linked to numerous mental health issues which men face, such as depression, substance use and a reluctance to seek help among men.

If you are suffering from suicidal thoughts, or believe you know somebody who is suffering, then please seek medical advice immediately. You can find more information and a selection of helpline numbers on our website.

For further information about all aspects relating to mental health please visit our website.



References

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's Mental Health: Social Determinants and Implications for Services. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 63(9), 581-589. <https://doi.org/10.1177/0706743718762388>

Bilsker, D., Fogarty, A. S., & Wakefield, M. A. (2018). Critical Issues in Men's Mental Health. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, 63(9), 590-596. <https://doi.org/10.1177/0706743718766052>

McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018). Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice. *American journal of men's health*, 12(5), 1247-1261. <https://doi.org/10.1177/1557988318772732>

Office for National Statistics (2019). Suicides in England and Wales: 2019 Registrations. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations>

Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwartz, E. N., & Jobe, T. (2018). Men's Mental Health Help-Seeking Behaviors: An Intersectional Analysis. *American journal of men's health*, 12(1), 64-73. <https://doi.org/10.1177/1557988315625776>

Smith, D. T., Mouzon, D. M., & Elliott, M. (2018). Reviewing the Assumptions About Men's Mental Health: An Exploration of the Gender Binary. *American journal of men's health*, 12(1), 78-89. <https://doi.org/10.1177/1557988316630953>

Stiawa, M., Müller-Stierlin, A., Staiger, T., Kilian, R., Becker, T., Gündel, H., Beschner, P., Grinschgl, A., Frasch, K., Schmauß, M., Panzirsch, M., Mayer, L., Sittenberger, E., & Krumm, S. (2020). Mental health professionals view about the impact of male gender for the treatment of men with depression - a qualitative study. *BMC psychiatry*, 20(1), 276. <https://doi.org/10.1186/s12888-020-02686-x>



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Rev. 3.0 JUN 2024