



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 taking on this role, any admission that they need help with mental health issues 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. Studies show that 72% of these male inmates have two or more mental health disorders.

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, Australian 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.

How do the genders compare?

When it comes to gender comparison, many countries find that women are more likely to have a commonly occurring mental health disorder, such as anxiety or depression, than men.

In the USA in 2014, it was found that 14.1% of adult males had a common disorder, compared to 21.8% of females. However, substance abuse disorders were not taken into account. The same study also found that males were less likely to have a serious mental health disorder, 3.1% of males compared to 5% of females. This trend is also seen in the UK, where one in five females is thought to have a common mental health disorder, compared to one in eight males.

In the USA and UK, men have been found to be more likely to suffer from substance abuse ...

The story in Canada is slightly different as studies have found that 10% of males experienced symptoms of mental health disorders or substance dependency, compared with 11% of females. This suggests a much more even gender distribution of conditions than those seen in other developed nations.

When it comes to the use of mental health services, in the UK males are 50% more likely to be detained and treated compulsorily; implying a greater number of males may have serious mental health conditions, or a bias in the detention of males. Males being more likely to be detained is not only seen in the UK, as a New Zealand study also showed that males were far more likely to be subjected to The Mental Health Act. When service access is voluntary, the gender differences tend to go in the opposite direction. In the UK, males make up only 36% of the users of the NHS IAPT service, which is a first line treatment process for common disorders such as anxiety. Australian males also tend not to seek treatment for anxiety disorders; studies show only 11% of Australian males seek anxiety treatment, in comparison to 18% of females.

There are some areas where men do access treatment more frequently than females. Whilst females are more likely to discuss mental health problems with a primary health care professional, males are more likely to disclose problems with alcohol. Males are also more likely to seek specialist treatment and in-patient care when required. Although there may be bias here, as in most cases specialist care is only available after initial treatment is unsuccessful and males tend to not take up the initial care, as we have previously discussed.

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. In the USA and UK, men have been

found to be more likely to suffer from substance abuse and illicit substance use. In Australia, studies have found that men are twice as likely to suffer from substance use problems, and in the UK, the gender discrepancy increases, with studies suggesting that UK males are almost three times more likely to become alcohol dependent.

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 have been found to be three times 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.





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. The UK has found that in males under the age of 35 years old, suicide is the number one cause of death. On the opposite side of the world, the region of New South Wales in Australia mimics this finding, with suicides having overtaken car accidents as the leading cause of death since 1991. Suicide has also been found to be the leading cause of death in males aged between 20-44 years old in Japan, highlighting that this issue is not exclusively associated with a Western lifestyle.

Deaths by suicide are not evenly distributed amongst the genders; far from it. In 2013 a UK survey found that, in those over the age of 15 years old, 78% of suicides were male. In Japan, 71% of suicides have been found to be male, and in Canada the situation is even bleaker, with estimates suggesting that four out of five suicides are males. These figures are damning and highlight the need for further research and treatment programmes in the area of male suicide.

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 www.shawmind.org

For further information about all aspects relating to mental health please visit our website or follow us on Twitter or Facebook.



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