

Men's mental health: coming out of the closet?

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The long-neglected problem of men's mental health may at last be beginning to receive some serious attention. Peter Baker describes the key issues, and discusses some of the approaches that are being used to raise awareness and tackle this important problem.

The persistent and grossly disproportionate burden of suicide on men – the male:female ratio in the UK is 3:1 – and the increasing willingness of high-profile men like Stephen Fry, Rio Ferdinand, Stormzy and Prince Harry to open up about their mental health has helped to push the issue onto professional and public agendas. There has also been greater interest from the voluntary sector, with organisations like Movember, CALM (Campaign Against Living Miserably) and State of Mind among those playing a leading role (Box 1).

THE SCALE OF THE PROBLEM

Severe psychotic illnesses are uncommon but are diagnosed about equally in men and women. Most diagnostic and survey data suggest that the common mental health problems (eg depression, anxiety, phobias and obsessive-compulsive disorders) are more common in women. The Adult Psychiatric Morbidity Survey, for example, suggests that all types of common mental health problems were more prevalent in



Some men may avoid counselling due to a misplaced fear of the 'Freudian couch'

women than in men in England in 2014.¹ 35% of men and 51% of women think they have had a diagnosable mental health condition at some point in their life. 20% of men and 34% of women have had diagnoses confirmed by professionals.

But such data may underestimate the extent of mental health problems in men. Men are less likely than women to recognise emotional and psychological distress in themselves or to seek treatment for mental health problems from a health professional.² It may also be that some of the symptoms of depression in men – such as alcohol misuse or antisocial behaviour – are not diagnosed as such,³ leading to the suggestion that a different set of diagnostic criteria should be used for men.⁴ The Royal College of Psychiatrists suggests that, in fact, men suffer from depression to the same extent as women.⁵

BLOG

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There are several specific mental health issues where the burden on men is very clear. Suicide is the largest single cause of death in men aged under 50.⁶ Men are more likely than women to drink alcohol at levels that pose a risk to their health, and an estimated 9% of men in the UK and 4% of women show signs of alcohol dependence.⁷ Levels of illegal drug use were higher among men than women in 2015/16, with 12% of men aged 16–59 reporting taking any drug in the last year, compared with 5% of women.⁸ In 2014, there were 2248 deaths related to drug misuse, 72% of which were in men.⁹

There are also several mental health issues that are more common in women but significantly under-recognised in men. Body image disorders are a growing problem, for example, with most British men unhappy with their muscularity, according to a study published in 2012.¹⁰ There is evidence that increasing numbers of men are misusing anabolic steroids in order to become more muscular.¹¹ Up to 25% of those showing signs of an eating disorder are male.¹² The prevalence of depression and anxiety in fathers during the perinatal period is approximately 5–10% and 5–15% respectively.¹³

According to Survivors UK, at any one time more than 1 in 10 boys aged under 16 are victims of some form of sexual abuse, and there could be over two million adult male survivors of childhood sexual abuse in the UK.¹⁴ The negative mental health effects of sexual abuse are well established. While female survivors may be more likely to internalise their emotional pain, males externalise it¹⁵ and male survivors are more likely to attempt suicide.¹⁶

There is also evidence that some specific groups of men are more likely to experience mental health problems. A recent large UK survey found that 21% of gay and bisexual men reported being depressed within the last 12 months; 17% were anxious, 7% had self-harmed and 3%

Box 1. Organisations helping men with mental health issues

THE MINDJOURNAL

Ollie Aplin grew up with a mother with bipolar disorder who killed herself when he was 17. His parents had separated when he was four, and his father remarried and moved abroad. Ollie became plagued with anxiety, panic attacks, post-traumatic stress and crippling headaches. Two years after his mother's death he suffered a mental breakdown.

He started therapy and started journaling, a journey that has led him to develop the MindJournal as a self-help book for men. Based on Ollie's personal experience and research suggesting that writing down one's deepest thoughts and feelings enables better handling of past traumas and emotional stress, the MindJournal contains a series of questions and prompts that encourage self-reflection, self-discovery and goal-setting. It is intended to be especially useful to men who feel uncomfortable with sharing their feelings with others.

www.mindjournals.com

CALM

The Campaign Against Living Miserably (CALM) is a national charity dedicated to preventing male suicide. It offers support to men who are feeling down or in crisis via a helpline, webchat and website; it seeks to challenge the cultural barriers that prevent men from seeking help when they need it; it advocates changes in policy and practice to improve suicide prevention; and it supports those bereaved by suicide.

CALM currently receives 5000 calls to its helpline each month, 80% of them from men. It also produces a quarterly men's magazine, CALMzine, that is available at TopMan stores nationwide and also in record stores, comedy clubs and gyms.

www.thecalzone.net

had attempted suicide.¹⁷ Offenders and homeless people, who are much more likely to be men, experience far higher levels of mental ill health.¹ Military personnel who served in Iraq and/or Afghanistan are also more likely to report common mental health conditions than men in general.¹⁸ Unemployed men are more at risk of mental health problems and suicide than unemployed women.¹⁹

HELP-SEEKING

Men are far less likely than women to seek help for a mental health problem. A Mental Health Foundation survey of people who have experienced mental health problems found that 28% of men said they had not

sought medical help, compared to 19% of women.²⁰ A large survey of 16- to 64-year-olds in Somerset found specifically that men with symptoms of a common mental disorder were 34% less likely than women to have sought some form of help.²¹ Only about one third (36%) of referrals to the Improving Access to Psychological Therapies programme in England in 2015–16 were for men.²²

Men's reluctance to seek help is, in part, rooted in 'masculine beliefs', which are still widely held by men, including by younger men.²³ Men who conform strongly to masculine norms tend to have poorer mental health and less favourable attitudes

towards seeking psychological help, with men who place more emphasis on self-reliance or who have sexist attitudes most at risk.²⁴

Other barriers to help-seeking include a lack of symptom awareness (eg a belief that mental ill health is signified by 'hearing voices', talking to one's self or suicidal behaviours), a misperception about antidepressants and other medication (that they are 'personality-altering'), and misunderstanding the counselling process (eg as always involving 'Freudian couches').²⁵ Primary care and other services have also not been designed or delivered in ways that many men find easy to use. This is partly for practical reasons – such as services not being available outside of 'normal' working hours – and partly because they can appear to men to be more focused on meeting the needs of women.

ENGAGING MEN IN MENTAL HEALTH

There is now an increasing body of good evidence about how men can be better engaged with mental health services. Mental health promotion for men that takes account of gender and masculinity is more likely to be effective, for example.²⁶ Settings that create safe male spaces (eg sport-related, workplaces, Men's Sheds or online) can help to promote trust, reduce stigma and normalise men's engagement in interventions. Men have responded positively to high-profile sportsmen disclosing their mental health issues, as this helps to position help-seeking as a social norm.²⁵

Using 'male-sensitive' language and activity-based approaches allows for positive expressions of emotions, facilitates social engagement and provides a base for open communication. Asking men if they have been 'struggling with' or 'battling against' pressures rather than 'feeling sad or depressed' may seem more acceptable to many, as the language is more consistent with traditional ideas of male experience and identity.²⁷ When working with men,

whether face-to-face or when producing information and marketing materials, it can be helpful to reframe help-seeking as a show of strength, taking control and a way of getting things back on track.²⁸

Men are less likely than women to recognise emotional and psychological distress in themselves

The Men's Health Forum has published a 'How To' guide for practitioners, which summarises the evidence for developing effective mental health services for men.²

The growing body of knowledge about male mental health should now be reflected in the work of policymakers and practitioners. Mental health policies, nationally and locally, must reflect the prevalence of the problems affecting men and develop appropriate strategies for prevention and early diagnosis. Practitioners can deliver services that take greater account of male sensibilities. And men themselves can take advantage of the increasing awareness and openness about mental health, the reduction in stigma, and the greater opportunities that are emerging for both self-help and professional support.

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