

## Behavioral Aspects of Depression and Anxiety in the American Male: Identifying Areas for Patient-centered Outcome-oriented Needs, Practices, and Future Research.

### Conference Report Summary

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This report is based on an expert panel convened in May 2019 by the Men's Health Network (MHN) and partially funded by the Patient-Centered Outcomes Research Institute (PCORI) Engagement Award Initiative (EAIN12780). The content does not necessarily represent the views PCORI, its Board of Governors, or Methodology Committee. The conference was held to examine what is known about behavioral health conditions in boys and men and how they are identified and managed by clinicians and those in the community who interact with boys and men. The full report describes the national tragedy of the growing rate of suicide among boys and men. The paper is based on a conference of 25 internationally recognized medical and social experts and activists in the area of men's health, mental health and suicide.

Recent national statistics from the Centers for Disease Control (CDC) show that males are up to 7 times more likely than females to commit suicide. Most stunningly suicide is the 6<sup>th</sup> leading cause of death for males and the 14<sup>th</sup> leading cause for females in the US. "This tragic disparity is, in part, the direct result of poor male-focused screening tools for behavioral health issues that lead to suicide in men," says Dr. Sal Giorgianni, senior science advisor for MHN and primary author of this report. In the community, the ability to identify and triage boys and men at risk also is lacking, "Few, if any clinicians and community leaders are receiving adequate training to identify, interrupt, triage, and manage mental health issues in boys and men." While mental- and behavioral-health screenings for women and girls are covered for free under the ACA annual Well-Woman Visit, there is no Well-Man Visit to provide comparable yearly screenings for men and boys.

Among the topics covered by this panel in this 64-page report are the:

- nature of mental and behavioral health issues in boys and men
- structure of how and why behavioral health issues in males are very different from the experience of women
- lack of male oriented tools and programs for alerting health professionals and community leaders who interact with boys and men about potential issues
- nature and extent of the relationship of depression, anxiety and related conditions to violence against self and others
- impact social isolation of Millennial males may play in feeding depression and suicide and
- role substance abuse, including opiate abuse plays.
- panel recommendations on key next steps to address this crisis and need for additional male oriented outcomes research

#### Panel Discussion Summary

The panel discussed in depth many of the potential root causes of the crisis in behavioral health and suicidality in American boys and men. As part of the discussion, the panel looked at the various factors and theories as to why the overall health disparity exists and in particular those factors that relate to the recent qualitative and quantitative

trends. The panel discussed various American cultural influences, including those from the media, sociologic, demographic, racial, and economic factors that are important underpinnings of behavioral health issues. There was broad discussion about the pervasiveness of behavioral health issues across many environmental boundaries, including in schools, the workforce, and military, and the adverse impact these have on homes, community, business, and our nation. This includes a discussion about the many reasons why boys and men of some minority groups are more frequently and more intensively effected by these conditions.

Two particularly important areas of discussion were, the various sociocultural influences that drive the issue, including the lack of a fundamental "emotional descriptive lexicon" for many boys and men, and the significant and overpowering impact that stigma plays to impeding recognition and management of behavioral health issues. Many of the panel members noted significant differences in how boys and men display signs of depression and potential suicidality and how many of these outward signs are often misconstrued and interpreted as preferred self-isolation, shyness, or, all too frequently, criminality. The panel also discussed the impact of substance abuse as both part of the cause of depression and a symptom of the problem.

The evolving and increasingly problematic landscape of managing depression in the community setting and in the workplace was also reviewed. Among the findings there was a general consensus that one of the first places where behavioral health issues can and should be picked up is outside the clinical setting, including at home, in the workplace and in educational institutions. Those who interact with boys and men in these settings have an important role to play in correctly recognizing, providing "emotional first-aid" for, and triaging males who may be suspected of behavioral health issues into the health care system before a personal or community devastating event occurs. While there are numerous opportunities for family, friends, educators, community leaders, coaches, and employers to help boys and men with emotional hurt, there are also many impediments. These include lack of awareness of the problem and valid signals, no vocational training in recognition, issues of privacy, lack of support,

training and development of skills, and, very importantly, a lack of skills, systems, or guidance in triaging to needed next steps. The panel provided several examples of ways these issues in the community are being addressed but also called for enhanced efforts across environments to broaden outreach and triage. The panel also discussed the need for research and documentation, appropriate to the community, to help better understand and evaluate the outcomes and effectiveness of programs at this level.

Several of the clinicians spoke about the importance of behavioral health screening to the overall care of boys and men. Topics covered included the disconnect between reimbursement and the realities of screening and care for diagnosed behavioral health conditions, the lack of male-specific diagnostic and screening tools in general and particularly the lack of tools designed specifically to reach various male subpopulations, the impact of the male-unfriendly health care environment, poor education and training in addressing behavioral health issues in general and specifically in boys and men, and lack of meaningful guidelines to guide both screening priorities and its timing across the male lifespan. Compelling data were discussed by the group concerning the lack of behavioral health guidelines in medical encounters; lost opportunities, in part driven by the lack of covered annual “well-man” medical visits similar to that offered to all women; and the lack of trained behavioral health providers, particularly in family practice environments.

Representatives of various patient advocate groups in attendance, such as the National Alliance on Mental Illness, National Black Men’s Health Network, Mental Health America, and the Southern Plains Tribal Health Board, discussed their frustrations with the poor state of preventing, recognizing, and managing behavioral health issues in boys and men for their constituencies. Several of these representatives talked about the significant harm that has come to individuals, families, and communities because of poor behavioral health care.

During the discussion on key aspects of addressing these important issues, MHN outlined several of its recommendations to enhance the intersection of male patients and providers.

Finally, the panel discussed the potential links between behavioral health issues and violence and other forms of

criminal behavior. Many panelists expressed their deep concern that, because of sociologic prejudice and fundamentally poor understanding of depression in males at both the community and professional levels, all too many males are moved into the criminal justice system rather than into an active health care or community support environment. Although this adversely impacts all boys and men, it has a particularly extensive and devastating impact on those from dysfunctional living environments, those from low socioeconomic circumstances, and ethnic and racial minorities.

### Next Steps

The panel discussed key areas of focus as important next steps to take to address this issue and stem the trend of increasing behavioral health issues and suicide in boys and men. Broadly, these are:

1. Systematically and extensively review the appropriateness of current screening tools with a specific focus on their effectiveness for boys and men and their utility in the clinical and nonclinical settings;
2. Critically reevaluate national professional, clinical, and community guidelines for screening across the lifespan of boys and men.
3. Develop and implement professional degree programs and postgraduate educational and training programs to better enable clinicians across all health care disciplines to care for boys’ and men’s behavioral health.’
4. Develop meaningful quality metrics for individual practices and health systems, including federal systems, to evaluate behavioral health care for boys and men.
5. Create health-related legislation to support the fundamentals of well-care for boys and men across the lifespan.
6. Better define the role of telemedicine and telehealth technologies’ ability to provide screening, ongoing care, and patient and community support in addressing behavioral health issues.
7. Embark on a series of public and private sector collaborative programs to better understand the link between signs and symptoms of behavioral health in boys and men and interactions with the criminal justice system.

**[FULL TEXT OF THIS REPORT CAN BE ACCESSED ELECTRONICALLY AT](http://www.menshealthnetwork.org/library/depression-anxiety-males-report.pdf)**  
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### About Men’s Health Network (MHN)

MHN is an international non-profit organization whose mission is to reach men, boys, and their families where they live, work, play, and pray with health awareness messages and tools, screening programs, educational materials, advocacy opportunities, and patient navigation. For information on MHN’s programs and activities, visit them at [menshealthnetwork.org](http://menshealthnetwork.org), on Twitter (@MensHlthNetwork), and on Facebook ([facebook.com/menshealthnetwork](https://www.facebook.com/menshealthnetwork)), or call 212-543-6461.

\* NCHS Data Brief No. 350, September 2019: Mortality Patterns Between Five States With Highest Death Rates and Five States With Lowest Death Rates: United States, 2017.