Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

- Call 877-820-7831 before 11:00 a.m.
- Enter passcode 107633#, when prompted.
- Questions may be asked, if time allows.
- To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
- Ask questions for the presenter, about their presentation.

- The link to the evaluation for today’s presentation is on the WPPNT webpage, under today’s date: https://www.dhs.wisconsin.gov/wppnt/2019.htm
Men & Mental Health

• Study after study suggests that the demand for mental health services is continuing to grow
Men & Mental Health

• 50% of U.S. adults will develop at least one mental illness during their lifetimes – all walks of life, all levels of society (CDC, 2011)

• 450 million people worldwide suffer from mental health concerns (World Health Organization, 2012)

• Well over half of these individuals do not receive the needed care (Patel, 2012)
Men & Mental Health

• Even with the number of individuals not receiving care for mental health concerns, the demand/need for mental health care is growing

• UW – University Health Services (UHS), 18% increase in individual counseling services over the past two years – That’s almost an additional 2000 therapy appointments in the last two years

• UHS has experienced a 25% increase in total services offered (e.g., individual and group therapy, psychiatry, care management, etc)
Men & Mental Health

- Self-identified men are less likely to seek help during adolescence and young adulthood: only 13% of young men aged 16 to 24 years seek help when experiencing mental health concerns

- Whereas, 31% of female identified individuals of the same age seek mental health services (Ellis, Collin, & Hickie, 2013)

- When it comes to seeking help from mental health professionals, young men are the least likely of all demographics to seek help (Barney, Griffiths, Jorm, & Christensen, 2006)
Men & Mental Health

- Factors associated with poorer help-seeking practices in men are complex:
  - Poorer help-seeking practices
  - Less knowledge about mental health
  - More mental health stigma
  - Alternative mechanisms to cope with emotional and physical pain (e.g., alcohol, drugs, and aggressive behavior) (Brooks, 2001)

Hegemonic masculine traits stand as a barrier: (e.g., emphasis on independence, suppression of emotions, unwillingness to demonstrate vulnerability)

To be seen to endure pain and to be strong and resilient about mental health or emotional concerns has been identified as key to preserving masculinity (Ellis, Collin, and Hickie, 2013)
Men & Mental Health

• Conceptions of what it means to be healthy:
• Dominated by references to physical fitness and diet, perhaps viewing a narrow conception of health (Ellis, Collin, & Hickie, 2013)
• Word mental health had overwhelmingly negative connotations (“insanity”, “being crazy”, “mental institutions”, and “unstable people”)
Men & Mental Health

• Attitudes towards help-seeking:

• Barriers fell into four categories: notions of masculinity, communication barriers, the role of self-help strategies, and perceptions of current mental health services (Ellis, Collin, & Hickie, 2013)

1) Masculinity
   • Must be strong and not show emotion
   • Help seeking associated with weakness and a loss of manhood

“To seek help is almost an admission of weakness. You may not want to show that weakness to certain people, because that might change their opinion of you”
Men & Mental Health

2) Communication barriers
   • Uncomfortable talking about their problems with a friend or professional

   “Talking about your problems is not really an accepted thing. Guys don’t really want to feel like girls”

3) The role of help-seeking strategies
   • Dealing with one’s problems was preferable to seeking help from others

   “People have different mentalities. Mine is I can resolve my issues myself, so I don’t need to seek help”
Men & Mental Health

4) Perceptions of mental health services

• Negative attitudes in relation to mental health professionals (e.g., counselors and psychologists)

• Low confidence and lack of trust in mental health providers ability to maintain confidentiality and to help (Ellis, Collin, & Hickie, 2013)

• Questions about motives (e.g., mental health professionals have a financial incentive to keep clients coming back to therapy)
Reflections From My Work

• “This is not a place where I’m going to cry”

• “If you see me on the street, pretend like you don’t know me”

• “I was always told that it is better to talk to my pastor, than a counselor”

• “You don’t really care about me, right? Isn’t it your job to pretend like you care”? 
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• Brief, but important mentions...
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• It is important to consider how the intersection of sex/gender identity and other salient identities can have implications for mental health.

• A few related mentions...
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“The Pew Research Center released a poll that shows 58 percent of Latinx identified individuals characterize racism as a significant problem, along with 73 percent of African Americans (nbcnews.com).”
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• The chronic strain associated with the experience of racism has been implicated in the development of several stress-related diseases (e.g., high blood pressure, stroke, cardiovascular disease)
• Chronic strain of racism - psychiatric disorders (e.g., substance abuse and depression), low self-esteem, and lower levels of life satisfaction (Broman, 1997; Utsey, 1998).
• Additionally, racism embedded in society and enacted by individuals, institutions, and systems can act as chronic stressors for people of color (Franklin-Jackson & Carter, 2007)
Men & Mental Health

• Research suggests that LGBTQ+ individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTQ+ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.

• As compared to people that identify as heterosexual, LGBTQ+ individuals are 3 times more likely to experience a mental health condition (mhanational.org).
Reflections from My Work

“Movember”

• Addressing men’s mental health concerns during the month of November
• Facilitating small group discussions promote education and empowerment
• Hopefully these discussions serve as safe spaces where men’s mental health concerns are normalized (you are not the only one experiencing these things)
• Support men in developing the language to speak to their internal reactions (feelings)
• Examine ways in which some traditional conceptions of masculinity interfere with engaging in help seeking behaviors
Reflections From My Work

“Movember” Cont’d

• Explore the significance of intersectionality (e.g., sex and race)
• Examine the unique considerations that might impact men of color (e.g., impact of racism/discrimination on mental health, perceived/real barriers that might exist due to one’s identity)
• Reflect on the meaning of useful support and community
Recommendations

1) Define and make distinctions for mental health services/providers (e.g., psychologists, psychiatrists, individual therapy, group therapy)

2) Action-based interventions: focusing on shifting behavior and stigma (e.g., solution-focused)

3) Increasing mental health literacy and proactive coping methods
Recommendations

4) Leveraging traditional masculine traits, rather than mitigating them (e.g., expansion of conceptions of strength)

5) Encourage support and community building

6) Mental health practitioners should examine their own biases. Explore how their beliefs and practices might work to oppress others. This work is important for the individual and the system/institution.