

Clinical Toolkit

At Risk Group: Young Men

Young men have the lowest rates of help-seeking of any demographic group. Moreover, their mental health difficulties are more likely to go unnoticed by others as they may present differently to other demographic groups, and may not clearly fit diagnostic criteria. This document aims to outline some of the issues that young men face that prevent them from accessing support.

Low rates of help-seeking

Young Australian males have the lowest rates of help-seeking of any demographic group across the lifespan, and the lowest rates of awareness of available mental health organisation and services. This is particularly pronounced for young same-sex attracted men, those from Aboriginal or Torres Strait Islander backgrounds, and those living in rural and isolated areas. The low rates of help-seeking behaviour contribute to poorer mental health outcomes in this group, including higher rates of risk-taking, antisocial behaviour, substance abuse and suicide. **Suicide is the second leading cause of mortality in young men** after accidental death.

Poor detection of mental health issues

There is growing recognition that mental health difficulties often present differently in young men to young women. Young men are more likely to present with anger and externalising behaviours including risk-taking behaviours, and substance use; rather than other internalising symptoms (e.g. sadness, anxiety;

Baker & Rice, 2017). These symptoms are less likely to be recognised as indicators of psychological distress and may not fit current diagnostic classifications of mental health disorders. As a result, in addition to low rates of help-seeking, there is poor recognition of mental health difficulties among young men (Baker & Rice, 2017). This makes it difficult to estimate the true prevalence of mental health difficulties among young men with reported figures likely to be underestimates.

Incidence of mental health issues in young men

Between adolescence and young adulthood, anxiety, depressive, and attention-related disorders are the leading causes of disability for young Australian males. In any one year, 1/10 young Australian males experience suicidal thoughts, and 1/5 young Australian males feel as though life is barely worth living.

The fact that young men have lower rates of mood disorders than young women, but higher rates of suicide suggests that depression is underdiagnosed in young men (Baker & Rice, 2017).

“*Yep, I think it is the stigma that society puts on guys to not cry and not show emotions; and that if you talk about your problems or acknowledge that you have problems in the first place, you are automatically gay or feminine or less of a man; and that’s intimidating too - like, it just proves how insecure boys are to even acknowledging the fact that they are insecure in the first place.*”—
headspace young person, male, aged 16

Barriers to accessing services

Poor detection of mental health difficulties in young men (both by health professionals and the community more broadly) is an important barrier to care. Moreover, young men tend to disconnect from healthcare services upon entering adolescence, and this often continues throughout early and middle adulthood. This could be due to a number of reasons:

- Males tend to experience greater ridicule and social punishment for engaging in non-traditional gendered behaviours, such as displaying vulnerable emotions, seeking help, or expressing hurts. As a result, they often feel the need to conceal vulnerability and maintain independence
- Young men who have grown up with strong traditional norms around masculinity may struggle to identify their own emotions and make sense of their internal experiences making it difficult to recognise when they need support
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- Many men report being unaware of services that are available to them, have little time to access services, or fail to believe that a healthcare provider can help with their symptoms
- In particular, mental health practitioners have been identified as the least accessible sources of mental health support by young men
- Men may experience barriers to seeking help from health professionals when they perceive other men in their social networks as disparaging the process.
- Cost or presumed cost can also play a role in young men not seeking help
- There can also be fear and uncertainty regarding acceptance of differences (i.e. cultural, sexuality)

How to get young men to engage?

Contrary to women and girls, there are currently no guidelines or recommendations around engaging and working with young men and boys, which may contribute further to clinicians not being well equipped to keep young men engaged with a service. Orygen published a policy paper in 2017 calling for more work in this space: [Keeping it real: Reimagining mental health care for all young men](#) (Orygen, 2017).

Young males require priority mental health targeting, reconfiguring notions of help-seeking as un-masculine and reflective of personal weakness.

Building rapport at the initial contact of a young male in a clinical service is the crucially important to encourage them to engage with the service.

Provide young males with flexibility throughout the intake process, including less formal options, an initial introductory engagement-focussed session. Providing different options for accessing care (e.g. face-to-face or online) is also recommended

Resources for men:

[Beyondblue](#)

[Blackdog Institute](#)

Resources for clinicians:

[Orygen webinar: engaging young men in mental health settings](#) (2016)

References

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