



# Clinical Toolkit

At-Risk group: Young Men

Young men have the lowest rates of help-seeking of any demographic group. This document aims to outline some of the issues that they face, and why they don't get help.

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.

## 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.

*“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

Upon entering adolescence, males tend to disconnect from healthcare services, 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
- 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.

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

Resources for men:

<https://www.mantherapy.org.au/>

### References

- Rickwood, D. (2012). Entering the e-spectrum. *Youth Studies Australia*, 31(4).
- Mathews, R., Hall, W. D., Vos, T., Patton, G. C., & Degenhardt, L. (2011). What are the major drivers of prevalent disability burden in young Australians. *Med J Aust*, 194(5), 232-235.
- Courtenay, W. H. (2003). Key determinants of the health and well-being of men and boys. *International Journal of Men's Health*, 2(1), 1-30.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American psychologist*, 58(1), 5-14.
- Vandello, J. A., Bosson, J. K., Cohen, D., Burnaford, R. M., & Weaver, J. R. (2008). Precarious Manhood. *Jrnl Person Soc Psychol*, 95(6), 1325.
- Jorm, A. F., Kelly, C. M., Wright, A., Parslow, R. A., Harris, M. G., & McGorry, P. D. (2006). Belief in dealing with depression alone: Results from community surveys of adolescents and adults. *J Affect Disorders*, 96(1), 59-65.