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Men and depression

Background

It is often reported that men have lower rates of depression than women, but this does not necessarily signify better overall mental health in the male population.

Objective

This article discusses the presentation of depression in men and how it may differ from that of women. It also provides strategies for improving the assessment of depression in men.

Discussion

Men's lower overall rate of depression than women reflects a number of issues, including psychosocial barriers to seeking help. Depression rates vary according to age groups, and certain subgroups of men may be particularly vulnerable. Men often display different symptoms and behaviours in response to depression and experience anxiety disorders less frequently. Men's greater risk taking and substance abuse have health outcomes that can impact on depression later in life. Women have greater emotional literacy and are more likely to volunteer how they feel, while men are more likely to do something about their negative affect. While men are usually wary about talking about their depression, they will discuss their feelings if provided with a safe environment in which to do so.

■ It is often reported that men have lower rates of depression than women; however, this does not necessarily signify better overall mental health. For example, the actual experience in established episodes of unipolar depression is similar for both genders. In a study of men and women presenting with diagnosed episodes of major depression,¹ gender differences were related to levels of arousal and anxiety disorders, both higher in women,² and repertoires for dealing with depression rather than depressive symptoms *per se*. There are also no differences in established episodes of melancholic depression, where rates are equal or higher in men.³ The differences are more in how the depression is expressed and dealt with by the individual.⁴ The differences in rates of unipolar depression vary with a number of psychosocial factors such as unemployment, single marital status and presence of heart disease, all affecting men.⁵ Similarly, there are no gender differences in rates or experience of bipolar depression, but men are more likely to present with a manic episode at first onset and display different comorbidity patterns, ie. substance abuse and 'acting out' behaviours.⁶

Community studies in Canada⁷ and New Zealand⁸ report that men consistently have lower rates of anxiety and depressive disorders, but when all psychiatric disorders (including substance use disorders) are combined, lifetime prevalence rates of mental illness are the same. These studies also consistently find higher rates of depression in people who are unemployed, socially disadvantaged, using substances (especially tobacco and alcohol) and with medical comorbidity,¹ all of particular relevance to men.

Rates of depression in men at their different life stages

Boys are reported as having higher or similar levels^{9,10} of self reported depressive symptoms to girls.¹¹ A meta-analysis based on 61 424 children aged 8–16 years in 310 samples, found that from 8–12 years of age boys scored slightly higher than girls on depression scores, but this difference was not statistically significant.¹² A study¹³ of children aged 10–12 years explored



patterns of depressive symptoms and behaviours and found that girls reported more internalising and more negative self esteem, while boys reported more externalising and more school problems, ie. 'bad behaviour'.

Between the ages of 13 and 15 years girls start having more depressive problems than boys,¹⁴ a gender discrepancy which is greatest between 15–18 years.^{12,15,16} The gender difference is greatest in the child rearing years, when women's rates of anxiety disorders and major depression are highest. However, rates of depression are highest in men who:

- have anxiety disorders of early onset
- are single
- are socially isolated
- are medically ill, and
- display alcohol or substance abuse.

As men grow older, their overall rate of depression is influenced by their higher mortality. Depression seems to have a greater effect on adverse outcomes for cardiac disease in men.¹⁷

The peak suicide rate for men is the 20–40 years age range – due in part to substance use and high rates of impulsive behaviour in younger men.^{18,19} However, studies show that men aged 65 years and over have the highest suicide rate of any age group.²⁰ However, the absolute number of suicides in the older population is generally low relative to natural death in this age category.²¹ Therefore, while the largest number of suicides occurs among adult populations aged 25–44 years, the highest rate of suicides occurs among older adults.²²

Women report how they feel, men, what they do

Women are more likely to articulate their distress and seek help. Men consistently have higher rates for certain risk taking behaviours such as drug and alcohol abuse, road rage and suicide.¹⁸ These factors probably account for the lack of gender disparity in lifetime rates when all psychiatric syndromes are considered.

A qualitative study²³ asking, 'What is men's experience of depression?' confirmed the gender differences in the expression of depression. Some of men's experience (eg. irritability, emotional withdrawal) lay outside the standard diagnostic criteria for major depression: men are less likely to cry, overeat, self soothe, and much less likely to talk about it or seek help.^{4,24} Instead they are more likely to withdraw socially, abuse substances and use risk taking behaviours.¹⁸ This implies that some behaviours can be expressions of 'being depressed' in men who are not always aware of how they 'feel'. The 'big build' model²³ (Figure 1) provides an understanding of the emotional build up that occurs if there is no emotional recognition or release.

Emotional repression,^{25,26} as well as increasing the likelihood of alcohol and substance abuse and risk of self harm, is associated with a range of medical illnesses, including heart disease, sudden cardiac death and hypertension. The association of cardiovascular disease and depression is bidirectional: those with vascular disease and hypertension have higher rates of later onset 'vascular

Figure 1. 'The big build': escalating effects of emotional repression

The 'big build'	Literature focused on men and 'depressive equivalents'
Stepping over the line [deliberate self harm]	suicidal ideation/attempt, deliberate self harm aggression and alcohol abuse as significant predictors of severity of suicidal ideation
Hating me, hurting you [feelings of aggression towards self and others]	effect on mental health of men's partners increase in intensity or frequency of angry outbursts, rage, and violence towards the self and others, strongly associated with substance use
Escaping 'it' [escape behaviour]	sexual affairs/encounters drug and alcohol abuse, also increases risk of anxiety and depressive symptoms gambling binge drinking
Numbing 'it' [self-medication]	self-medication, withdrawal, watching TV
Avoiding 'it' [avoidant behaviour]	overinvolvement with work negative effect of stress in men sickness absence

Adapted from: Brownhill S, Wilhelm K, Barclay L, Schmied V. 'Big build': Hidden depression in men. Aust N Z J Psychiatry 2005;39:921–31

depression',^{27,28} with decreased cognitive performance and rates of spontaneous recovery. Depression increases the morbidity and mortality from cardiovascular disease, especially in men,²⁹ and routine screening has been recommended in patients with coronary artery disease.³⁰

So how do we detect depression in men?

Studies that explored men's views about mental health and physical health issues highlighted men's stoicism, reluctance in talking about health issues, and poor relationships with their doctors, pointing to challenges in detecting depression in men.⁴ Men tend to present with vague or general types of health related questions or complaints. They are less direct and hope the doctor will 'guess' the problem without them having to volunteer it.³¹

Barriers to seeking help

Barriers to men seeking help for depression include:

- feelings of weakness and vulnerability
- fear
- denial, and
- personal beliefs (including a sense of immunity and immortality or difficulty relinquishing control).³²

Strategies to help overcome barriers

Strategies to help overcome these barriers and assist the general practitioner in the assessment process include:

- be respectful when considering specific fears. These may include loss of control, concerns about being seen as weak and vulnerable, concerns about perceived homosexuality
- check understanding – 'Let me see if I have understood... have this straight; Let me summarise what you have said... is that correct? Have I missed anything important?'
- encourage discussion with others – 'What will you tell your partner about what we've discussed?'

Prompt sheets designed to assist men in communicating their depression to their GP are available (Figure 2, see Resources).

Figure 2. Checklist for men's mental health³³

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for men only

Please fill in this form and hand it to your doctor at consultation. The answers you give are building blocks for you and your doctor to discuss health and related issues. Thank you!

HEALTH

How would you rate your **physical health**?
(please circle)

Poor Fair Good Excellent

How would you rate your **emotional health**?

Lousy Not bad Pretty good Feeling great

When was the last time you saw a doctor?

Why are you seeing the doctor today?

WORK

Are you employed? Yes ☐ No ☐

What is your usual **occupation**?

Years in your present job:
How **satisfied** are you at work?

Not at all Not very Fairly Very

FAMILY

Do you have a **partner**?
If so, how is the relationship working for you?


It's not Could be better Working well

Do you have **kids**?
If so, how is your relationship with him/her/them working for you?

It's not Could be better Working well

Are you having any **major problems** at home? If yes, please state:

Who are the **main people** in your life at present (family, mates)? (please write their names on the arrows)



Who is your **main support person**?

What have been your **best and worst life events**?

Please tick the boxes over the page ➡

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Your name: _____ Age: _____

Take 'in the past month' as a guide, but some of these issues may be over a longer time period.	YES	NO
	[Please tick ✓]	
Is work getting on top of you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you coping with the demands of family life?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had less interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use recreational drugs or alcohol to boost your mood or self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is your use of drugs or alcohol becoming a problem for you and/or your relationships?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone commented that you're not your 'normal' self?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been wanting to be on your own, more than usual?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been more angry, resentful, critical, or aggressive towards other people or animals?	<input type="checkbox"/>	<input type="checkbox"/>
Do things easily trigger you to explode with anger or frustration?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been doing things that are 'out of character'?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been thinking that things are becoming increasingly out of your control?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been taking risks that might injure yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>
Have your sleeping patterns changed for the worse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been having more 'aches and pains' than usual?	<input type="checkbox"/>	<input type="checkbox"/>
Has your interest in sex decreased?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been lacking energy or just couldn't be bothered?	<input type="checkbox"/>	<input type="checkbox"/>
Have your eating habits changed for the worse?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been thinking a lot about regrets or sad events in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been feeling down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>

Please hand to the doctor ➡

Tailoring treatment to men's needs

Treatment of depression in men follows the general principles of:

- psychoeducation
- behavioural strategies
- psychological therapies, and
- antidepressant medication as appropriate.

However, the delivery of these components needs to take into account different experiences of depression and different communication styles. Men are more generally accepting of 'learning new tools to deal with stress' than 'support for emotional needs', and men who are not psychologically literate will respond to psychoeducation that focuses on 'need for change in lifestyle risk factors'. Evidence about effects of depression on health, especially cardiac disease, can assist in gaining agreement for the use of antidepressants.

Men often do well with cognitive behavioural therapy (CBT) and problem solving techniques. There are good internet based programs available that can assist in this process (see *Resources*).

Remember:

- Be proactive in providing early intervention for boys and adolescents in distress
- Be proactive about smoking, substance abuse and gambling – all involved as cause and effect of depression
- Both heterosexual and gay men can engage in sexual risk taking while suffering from depression.

Conclusion

Lower rates of depression in men are not explained by superior mental health, but rather by a combination of factors related to: the differences in the expression of depression in men that are outside the standard diagnostic criteria for major depression, male methods of help seeking, personal beliefs, social context, and access to health services. Men who repress their emotions and are unable to articulate their distress and identify depression in themselves are more prone to a range of medical illnesses, including heart disease, sudden cardiac death, hypertension, as well as alcohol and substance abuse and risk of self harm. When consulting with male patients it is important to keep these considerations in mind, and to be aware that presentations with vague symptoms, general health problems, cardiovascular issues, and alcohol and substance use concerns may be indicators of depression.

Resources

- ClimateGP.tv provides clinician prescribed and supervised treatment programs for people with depression, generalised anxiety disorder, panic disorder and agoraphobia, and social phobia. Available at www.climate.tv
- Mood Gym is a free validated self help program to teach cognitive behaviour therapy skills to those vulnerable to depression and anxiety. Available at <http://moodgym.anu.edu.au>
- Beyondblue patient education information and resources. Available at www.beyondblue.org.au



- Men's health 'prompt sheet'. Available at www.blackdoginstitute.org.au/docs/9.MenFormenonlypromptsheet.pdf
- Reach Out Central is a free web based self help program targeting young men aged 16–24 years. Available at www.reachout.com.au
- Australia's Youth National Mental Health Foundation portal. Available at www.headspace.org.au/
- Black Dog Institute. Fact sheet on depression in adolescents and young people. Available at www.blackdoginstitute.org.au/docs/Depressioninadolescentsandyoungpeople_000.pdf
- Rowe L, Bennett D. You can't make me: Seven simple rules for parenting teenagers. Sydney: Doubleday, 2005
- Biddulph S. Manhood: An action plan for changing men's lives, 3rd edn. Sydney: Finch, 2002
- A free booklet, 'Taking care of yourself after retrenchment or financial loss' is available from beyondblue. Available at www.beyondblue.org.au.

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