



John Ogrodniczuk
John Oliffe

Manning up for men's mental illness

Depression is often positioned as a woman's disease, in part due to the recognition of a lower incidence of depression among men compared to women. However, downstream indicators including men's self harm and suicide suggest that depression may be less often diagnosed because men tend to deny illness, self monitor and treat symptoms, and avoid health services or have difficulty engaging care providers. As a result, men's depression, including how to identify and treat it, is poorly understood. This case study highlights some of the more common features of depression in men.

Keywords: men's health, depressive disorders; mental health



Case study

Don is a welder, 41 years of age, from a small rural town. He has been happily married to Joan for 18 years and they have three healthy boys. Don coaches his eldest son's football team and plays cricket in the town's C grade team. His friends describe him as a man's man, larger than life, gregarious, giving and outgoing.

Thirteen months ago, Don incurred a back injury on the job that kept him off work for 2 months. He had to stop playing cricket and coaching football. In the acute phase of his injury, Don required physical assistance from Joan, which he often commented was humiliating. Eventually, he attempted to resume welding, but recurring back pain meant he could only work intermittently. Because of this, Don would comment that he felt like a 'failure' for not being able to 'look after his family the way a man should'.

Joan noticed that Don became increasingly irritable, angry, argumentative and impatient. He began to drink a six-pack of beer each evening along with a few shots of whiskey to help him sleep. He slept and ate more than usual. He was increasingly housebound and spent a lot of time on the internet researching 'self help' back cures.

He refused to socialise. Sexual intimacy disappeared from the marriage.

Recognising that Don was 'not his normal self', Joan suggested that he see their family doctor. Don would snap back, 'What the hell can he do? My back is wrecked for good'. Don would occasionally visit the doctor for check ups on his back, but he never disclosed other health concerns.

Don grew more despondent and isolated. One Sunday, Don's wife and sons returned from church and found a note taped to the bedroom door. In it, Don explained how he felt useless and hopeless since his injury, that he was no longer a good man, husband or father, but instead had become a burden. Joan found Don lying across the bed, dead from a self inflicted gunshot wound.

This case study highlights the intersection between men's mental health, masculinity, and help seeking attitudes and behaviour. It is well documented that men seek help for mental health issues less often than women.¹

Many factors inhibit men from seeking help for mental illness and the way that men evaluate themselves as men may be a contributing factor.² Men tend to be concerned with being competitive, powerful, and successful.³ Traditional notions of masculinity mean that men are supposed to be tough and self reliant; that they manage pain and take charge of situations.⁴ It is considered a sign of weakness to need help.⁵ This can make it difficult for men to acknowledge they have a health problem, especially a mental health problem. Men's denial of illness, preference for self surveillance, and reliance on self management strategies also means that mental health issues, such as depression, often go unrecognised, sometimes until it is too late.⁶

How can GPs help?

General practitioners who see men in their practice may themselves miss the signs of depression or other mental health issues.⁷ Evidence suggests that men have difficulty articulating their problems when talking with healthcare providers.⁸

In addition, although depression affects both men and women, what men experience and how they respond is quite often different.⁹ Men tend to focus on physical symptoms. They are also more likely to say they feel 'stressed', irritable, or angry, rather than saying they feel 'down'. This is one reason why men often don't recognise that they are depressed – and neither do their GPs.

Suicide is common in men suffering from depression, whose illness often goes undetected and untreated.¹⁰ However, such tragic outcomes can be avoided. General practitioners knowing and investigating the signs and symptoms of depression in men is a critical first step.¹¹ While studies have indicated that only a minority of GPs have a specific interest in mental health¹² and are confident in providing primarily pharmacological treatment for mental illnesses,¹³ others have shown that with mental health education and training, GPs have more positive attitudes toward depression and its treatment, particularly with psychological interventions.¹⁴

To this end, the work of Hickie and colleagues with the SPHERE Project,^{15,16} which provides an opportunity for better organising ongoing education and training initiatives for treating common mental illnesses in primary care, is particularly significant.

Being aware of, and able to connect men to, various treatment options and useful resources can positively impact the lives of men and their families (see *Resources*).⁹ Professional help can include the use of antidepressant medication, psychotherapy, or a combination thereof; however, access to specialist care can be difficult.¹³

Realising the potential for helping men with depression or other mental health issues will, of course, depend on the willingness of men to acknowledge that asking for help is a sign of strength, not weakness. When men do seek help, it is also important for GPs to be aware of their own values and biases about men, as these attitudes influence men's subsequent help

seeking practices and treatment uptake.

The Australian Male Health Policy and worldwide focus on men's health research will play an important role in raising awareness and promoting social acceptability of mental health issues among men.

Resources

- *beyondblue*: www.beyondblue.org.au/index.asp
- Men's Line Australia: www.menslineaus.org.au/Home.html
- M5 Project: www.m5project.com.au
- Other online resources
 - www.heretohelp.bc.ca/
 - www.maledepression.com/
- Internet based treatments
 - www.bluesbegone.co.uk/ (for a fee)
 - <http://moodgym.anu.edu.au/welcome> (free)
- Self care resources
 - www.comh.ca/antidepressant-skills/adult/
- The Australian Male Health Policy: www.health.gov.au/internet/main/publishing.nsf/Content/phd-mens-policy.

Authors

John Ogrodniczuk PhD, is Associate Professor, Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada. ogrodnic@interchange.ubc.ca

John Oliffe PhD, is Associate Professor, School of Nursing, University of British Columbia, Vancouver, British Columbia, Canada.

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correspondence afp@racgp.org.au