

EXECUTIVE SUMMARY

Making Connections for Mental Health and Wellbeing Among Men and Boys in the U.S.

Introduction

While the risks and stresses of American society today present significant challenges for the mental wellbeing of boys and men, there is strong evidence that a range of community-based prevention and early intervention strategies offer considerable promise for addressing these challenges.

In early 2014, in a report commissioned by the Movember Foundation, Prevention Institute examined the landscape of mental health in the United States and, in particular, of the mental health and wellbeing of boys and men. The analysis, based on dozens of interviews and an extensive literature review, confirmed that mental health problems are pervasive and extensive in the U.S., and that while overreliance on a medical model and drug therapies may contribute to high rates of mental health diagnoses, there are additional underlying factors to consider. The analysis revealed that certain aspects of American society—including conditions in the socio-cultural, physical/built, and economic/educational environments—have an adverse impact on mental health and wellbeing.

Narrow definitions of masculinity and high expectations for men to be “in control” and to “go it alone” intensify isolation and put men at high risk for mental health problems, which sometimes manifest as alcohol and other substance abuse. Boys and men of color may be at even higher risk due to multi-generational trauma, higher exposure to poverty, fewer economic opportunities, higher rates of incarceration, more exposure to violence, and longtime institutional and governmental policies and practices that have stripped many men of cultural identity, and in some cases, of land. Similarly, military service members and veterans experience trauma and its effects at a higher rate as a result of exposure to ongoing war, loss, and injuries.

At the same time, effective strategies are emerging to leverage the power of communities and connection to change the community conditions that inhibit men’s and boys’ mental wellbeing. Examples include strategies that incorporate the growing understanding of trauma and its impact; elevate indigenous-based approaches to healing; and recognize the power of effective prevention and resilience-based approaches that engage men and boys in the places where they are active and comfortable. These strategies reframe solutions to match the challenges; a public health problem requires a public health solution.



Demographics and Background Data

Men's mental health has received increasing attention in the last several years. While this attention has expanded knowledge about the subject in general, much has yet to be understood. For example, while research shows disparities in mental health among different groups of men, information on what accounts for these differences is in some cases limited or in dispute.

In the U.S. overall, trauma and its associated symptoms of mental and psychological illness are more prevalent than in most other countries in the world. An estimated 70% of adults in the U.S. have experienced a traumatic event at least once in their lives and up to 20% of these people go on to develop post-traumatic stress disorder (PTSD).

According to World Health Organization 2007 data, the U.S. has the world's highest rates of mental illness. Although equal numbers of men and women meet criteria for psychiatric disorders during their lifetimes, men are at greater risk for many disorders and are less likely to receive treatment.

Compared to whites, people of color are at equal or greater risk for mental health concerns. For example, boys and men of color may be at especially high risk due to multi-generational trauma, higher exposure to poverty, fewer economic opportunities, higher rates of incarceration, and more exposure to violence. Moreover, people of color are less likely to be correctly diagnosed or to receive needed mental health services.

Military service members, veterans, and their families experience trauma-related symptoms at a disproportionate rate. They not only experience ongoing war, loss, injuries, and fear, but also disruption of social connections in deployment and again in discharge from service. Only about half of returning service members seek treatment for their mental health needs, and of those, only half receive adequate care.

The risk for depression and anxiety disorders as well as alcohol and substance dependence among lesbian, gay, and bisexual people in the U.S. is at least 1.5 times higher than it is for the general population. Lesbian, gay, bisexual, and transgender individuals report more experiences with violence, PTSD, and discrimination in the workplace, and less access to health insurance than the general population.

Findings about the U.S. Landscape: Key Themes and Emerging Trends

A. On mental health and mental illness: The most common understanding of the term “mental health” equates it with mental illness. This framing leads to a medical model approach with a focus on treatment, or “mental health care,” rather than prevention.

- A focus on treating individuals for particular disorders overlooks the social, community, and environmental factors that may influence an individual's mental health outcomes.
- The expansion of healthcare coverage through the Affordable Care Act has been both a win – by extending coverage to many who were previously uninsured – and a challenge, as it emphasizes the medical model approach to addressing mental health concerns.

B. On trauma: There is a growing understanding about trauma and its impact on health and mental health; this informs an increasing understanding that mental health and physical health are interrelated.

- Trauma is pervasive and has a significant impact on development, health, and wellbeing.
- Young men of color, recent immigrants, and refugees are disproportionately affected by various forms of trauma and adversity including violence, poverty, incarceration, lack of access to healthcare, marginalization, and low social status, which can create chronic stress on the body.
- Trauma-informed practices are emerging as a critical strategy in healthcare settings and educational institutions and environments. These practices infuse knowledge about the impact of trauma into existing interventions and into the skills and knowledge of practitioners, and promote healing.

C. On the mental health system: The mental health system is a fragmented delivery system that lacks the capacity to handle the range of mental health needs in the United States.

- There is no unified mental health system. Mental health services and support are delivered in multiple sectors (public and private) and no real coordination, focal point, or central intelligence exists.
- The mental health services delivery system focuses on treating individuals with serious mental illness. An emerging focus on prevention and early intervention is not adequately resourced or supported.
- The current system cannot meet the need for treatment or for prevention and early intervention services. Beyond general capacity, there are specific concerns about the capacity to meet the needs of men, particularly of boys and men of color and veterans, in a culturally appropriate way.
- Underlying mental health-related problems can result in involvement in other systems, such as criminal justice and child welfare, which do not adequately address the underlying issue.
- The concept of prevention has begun to emerge, along with the understanding that addressing mental health applies to everyone, not just those with acute mental illness.
- An increasing emphasis is being placed upon drawing on indigenous knowledge and customs to develop the most effective and culturally relevant approaches to addressing mental health-related needs for the diverse array of cultures and people present in the U.S.
- Additional funding is needed to support the mental health system; California's Mental Health Services Act serves as a model for other states.

D. On mental wellbeing in the U.S.: Many conditions in the U.S., including but not limited to growing inequality and an unstable economy, contribute to stress, sadness, fear, and anxiety. Promoting resilience is emerging as a key protective factor for mental wellbeing.

- Many people in the U.S. live in daily chronic stress. Increased environmental threats, including climate change, political upheaval, and local, regional, and global conflicts, contribute to a sense of risk and uncertainty.
- The growing gap between the rich and poor in the U.S. – the largest wealth and income gap in the world – is a major source of stress.

- Resilience, or the ability to recover from and/or thrive despite the prevalence of risk factors, is a critical protective factor for mental wellbeing. Resilience can be fostered in individuals, families, and communities.

E. On men and boys: Male socialization and limited definitions of masculinity put males at risk for being mentally unhealthy and for not seeking care or treatment when it could be helpful.

- The socialization of men and boys in the U.S. is at odds with advancing the mental health and wellbeing of males. From a very young age, boys learn that they shouldn't cry or complain; they should be self-reliant; and they should tough out pain and hardship. This self-reliance is reflected in the tendency to seek help late, if at all.
- Disconnection and isolation – from community, peers, family, children, and culture – are major factors that undermine men's mental health. Although men are as likely as women to suffer from psychiatric disorders, men are less likely than women to receive help for mental health problems or for substance abuse.
- For many men, especially those from communities with low average income or communities of color, experiences with toxic stress and trauma get transmitted across generations.
- Traditional mental health supports aren't well suited to men. Support often comes in other forms, such as talking to peers and participating in activities, such as sports or drumming, that relieve stress and promote resilience and wellness.
- Men frequently don't have coping strategies to deal with trauma and loss, which can manifest as substance abuse, chronic health conditions, depression, and violence.
- A focus on the mental health of men and boys is gaining momentum, with states and organizations across the country targeting efforts to address and improve the wellbeing of men and boys.

F. On prevention and early intervention: There is strong evidence that prevention and early intervention can make a difference, but these approaches are underused, under-resourced, and misunderstood.

- Due to the dominant treatment-oriented approach to mental health in the U.S., prevention strategies have been under-researched and underexplored.
- Prevention programs are effective but are not at scale. Despite growing interest in prevention, there aren't adequate resources to implement these programs.
- Population-level prevention strategies are not well developed despite the analysis that underlying and community-level conditions are among the key issues impacting men's mental health and wellbeing. These conditions include racism, poverty, the wealth gap, gender socialization, mass incarceration, the failing educational system, and criminalization of substance use and mental health problems.
- Early intervention is also critical, and the biggest opportunities – and challenges – relate to screening for risk factors associated with trauma.

G. On stigma and stigma reduction: Stigma is complex and a major barrier.

- Stigma impacts everyone's mental health. Public stigmas around mental health problems can reduce opportunities for employment, social connections, and other life goals. Individuals experiencing self-stigma carry shame and worry and may avoid seeking needed services.
- Contact with individuals from the stigmatized group may have the greatest impact on reducing stigma, particularly when the individuals who deliver the stigma-reduction message share cultural or other backgrounds, such as military service.

Making Connections: An Analysis of What Is Needed to Enhance the Mental Health and Wellbeing of Men and Boys in the U.S.

The systems and institutions that serve men and boys are fragmented and disjointed, mirroring many men's experience of being disconnected, and highlighting the need to make connections in support of men's mental health and wellbeing.

Key Needs

Connect mental wellbeing to community-level approaches: Because current approaches don't adequately account for underlying contributors to mental health problems, there is a need to promote community-wide strategy development that engages public and private partners in comprehensive solutions. Focusing at a community level allows for a population-level approach at a tangible size. Community-level strategies can counter how cultural, structural, and institutional barriers play out at the local level to impact systems, norms, opportunities, and therefore, men's mental health. They also can provide a mechanism to be protective against trauma as well as promote healing from it.

Connect with men and boys where they are: Since men are less likely to seek help and are less comfortable with traditional approaches, it is critical to understand the approaches that work for them – for instance, focusing strategies on the places where men and boys spend their time, the people with whom they interact, and the things they enjoy doing. Similarly, it's important to have skilled and trained mental health supports in community places where men already are, such as coffee shops, cafes, bars, barbershops, gym clubs, and workplaces.

Connect men and boys: High levels of trauma (including multi-generational) and toxic stress accentuate the need to support healing and address multi-generational trauma, particularly in communities of color. This can be achieved by fostering coping skills, supporting social-emotional learning (including understanding and expressing feelings, help-seeking skills, peer-listening skills), and developing pro-social skills in young boys.

Re-connect men and boys to cultural identity and expanded notions of masculinity: Connecting boys and men of color to their cultural identity is an important piece of healing and wellbeing. Celebrating one's own heritage, culture, and traditions nurtures a sense of belonging, place, and purpose, and can build resiliency and enhance one's ability to cope with and recover from trauma and chronic stress.

Connect systems and institutions to mental health and wellbeing and each other: Current systems and institutions that serve men and boys need to be transformed to support positive mental health outcomes. This includes embedding effective strategies within the practices of institutions, systems and services; and creating a focal point for advancing coordinated strategy.

Conclusion

Mental health problems are pervasive, and go beyond diagnosable mental illness. Fear, anxiety, sadness, loss, trauma – and an inability to process and cope with these and a lack of supports – are part of the fabric of everyday life for too many men and boys. When these problems are not addressed or prevented in the first place, they can become toxic in the body, affecting physical health or manifesting in behavior problems such as substance abuse, impulse control, and violence, which too often result in negative outcomes that only exacerbate the underlying problems. A public health epidemic demands a public health solution. Promising strategies, including indigenous and lay people approaches, are emerging to improve conditions in the socio-cultural, physical/built, and economic/educational environments; foster resilience and connection; and support mental healing and wellbeing for men and boys.