MALES HELP SEEKING FOR MENTAL HEALTH: AN UPDATE

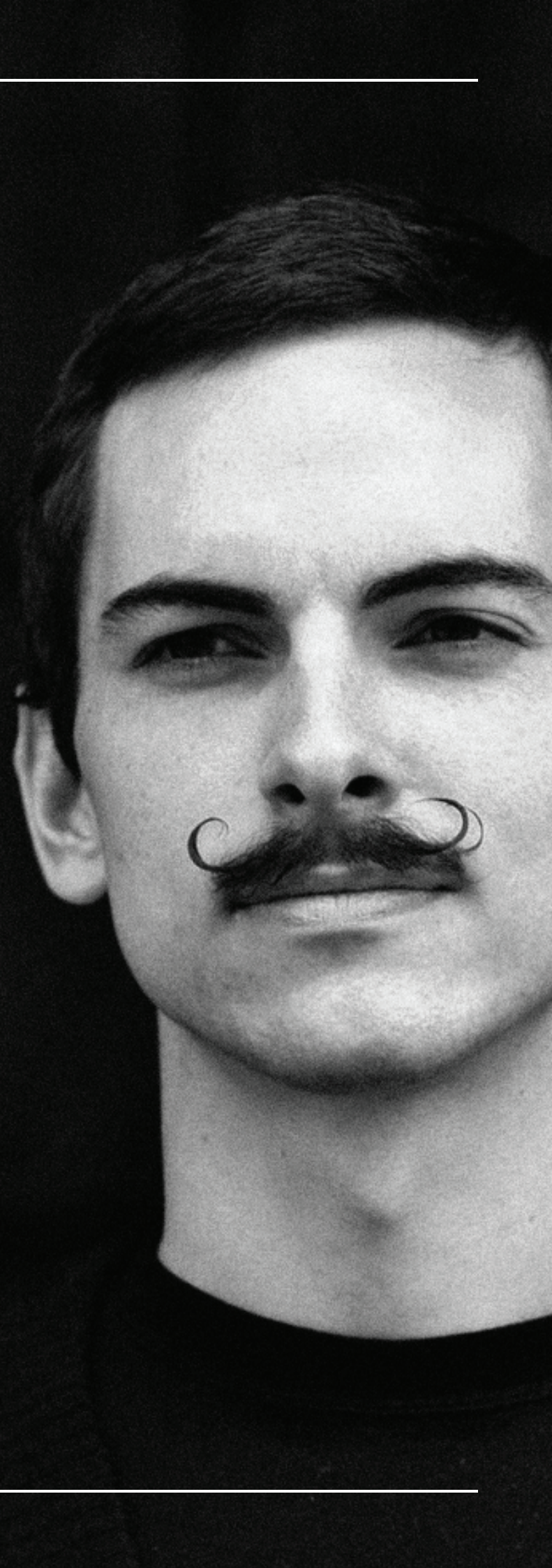
MOVEMBER FOUNDATION

In Australia, as in other countries, there is ongoing concern about the low levels of service use by males with mental and substance use disorders. Recently implemented initiatives have sought to improve help-seeking and reduce the stigma associated with mental illness in the whole population, and among males specifically. However, their effect on service utilisation among males is unknown.

The Movember Foundation commissioned a research team to provide updated estimates of the numbers of males using services for mental and substance use disorders, and to investigate factors associated with help seeking among males. The research team conducted a modelling exercise and analyses using data from a range of sources (see Box 1).

BOX 1. DATA SOURCES USED IN THIS STUDY

- Population survey data [1 2 3]
- Administrative data routinely collected by mental health services [4 5 6]
- Regular census of general practices [7]
- Mental health program evaluations [8 9 10]
- Annual population estimates [11]



KEY FINDINGS

1. MALES ARE MORE LIKELY THAN FEMALES TO EXPERIENCE SOME DISORDERS, PARTICULARLY SUBSTANCE USE DISORDERS

In a given year, around 20% of males and females in Australia will experience mental disorders (such as depression, anxiety or schizophrenia) or problems with drugs and alcohol that are clinically significant. Males are more likely than females to experience some of these disorders, and vice versa. For example nearly 10% of males will experience a substance use disorder each year compared with about 3% of females (see Box 2).

BOX 2. 12-MONTH PREVALENCE OF MENTAL AND SUBSTANCE USE DISORDERS

GENDER	DISORDER TYPE	PREVALENCE
Males	Mental disorders	14.6%
	Substance use disorders	9.5%
	Total (adjusted for comorbidity)	20.4%
Females	Mental disorders	17.9%
	Substance use disorders	3.2%
	Total (adjusted for comorbidity)	19.5%

KEY FINDINGS

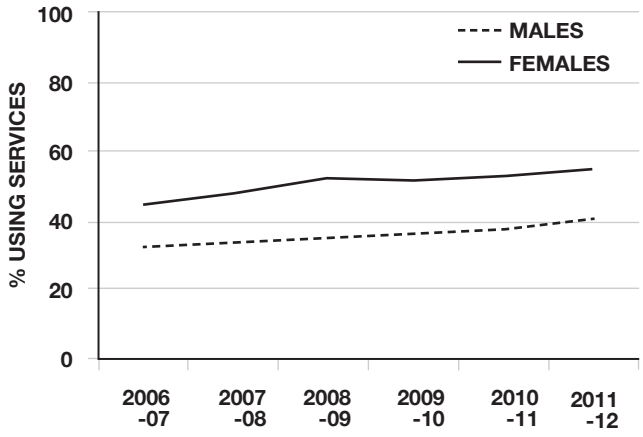
2. THE NUMBER OF MALES WITH MENTAL OR SUBSTANCE USE DISORDERS USING MENTAL HEALTH SERVICES HAS INCREASED IN RECENT YEARS

The percentage of males with mental or substance use disorders who used services for their mental health each year has increased significantly, from 32% in 2006-07 to 40% in 2011-12.

Despite this increase, fewer males used services for their mental health compared to females: 45% of females did in 2006-07 and 55% did in 2011-12.

The gender gap appears to be closing though. In 2006-07 the percentage of females using services was 41% higher than for males; in 2011-12, it was only 37% greater (see Fig. 1).

FIG. 1. PEOPLE WITH A MENTAL OR SUBSTANCE USE DISORDER USING SERVICES FOR MENTAL HEALTH, 2006-07 TO 2011-12



3. THE INCREASE IN MALES' USE OF SERVICES FOR THEIR MENTAL HEALTH IS MOSTLY DUE TO THEIR INCREASED USE OF SPECIALISED SERVICES PROVIDED THROUGH GOVERNMENT FUNDED PROGRAMS

BOX 3. CATEGORIES OF MENTAL HEALTH SERVICES IN THIS STUDY

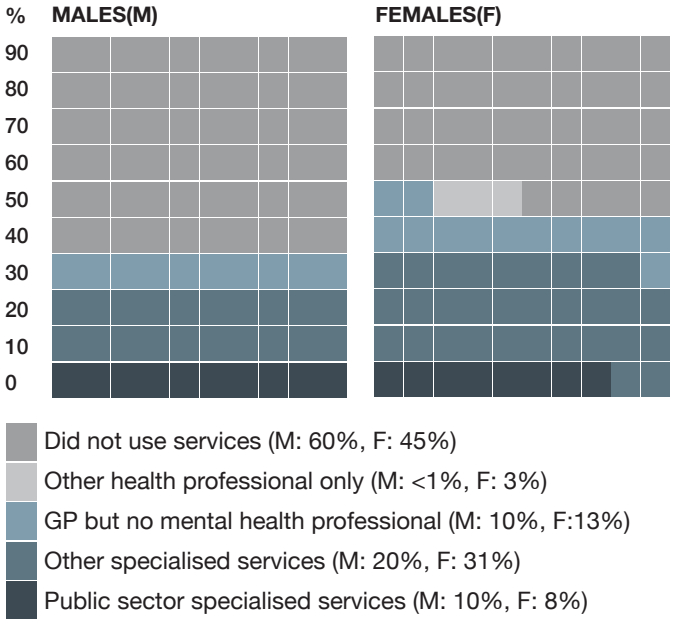
CATEGORY[a]	WHO PROVIDES THEM
Public sector specialised services	State or territory funded specialised mental health services.
Other specialised services	Mental health professionals (such as psychiatrists, psychologists, mental health nurses, and allied health professionals working in metal health settings), funded through: programs such as Better Access, ATAPS and MHNIP; Medicare rebates; private health insurance; or consumer payment.
GP but no mental health professional	GP, where the individual has not also seen mental health professional.
Other health professional only	Another health professional only, such as other medical practitioners, allied health professionals in general health settings or complementary and alternative medicine providers.

[a] Categories are hierarchically ordered and non-overlapping. For example, people seen by public sector specialised services are counted only in that category even if they also used other categories of service.

The increase in service use in males with mental and substance use disorders is mostly due to their uptake of specialised mental health services made available under new schemes including the Better Access initiative (the Australian Government initiative that provides Medicare rebates for specific mental health services delivered by eligible professionals, predominantly psychologists), the Access to Allied Psychological Services (ATAPS) program, and the Mental Health Nurse Incentive Program (MHNIP). These programs are included in the broader category of 'other specialised services' (see Box 3).

Males' use of 'other specialised services' grew by 93% between 2006-07 and 2011-12. However, females' use of these services outgrew males', rising by 115%. There was a drop (around 18% for males and 35% for females, although these figures are subject to some uncertainty) in the percentage who saw a GP but no mental health professional in the same period. Figure 2 shows the estimated percentage of males and females who used various categories of services for mental health in 2011-12.

FIG. 2: CATEGORIES OF MENTAL HEALTH SERVICES USED BY MALES AND FEMALES WITH A MENTAL OR SUBSTANCE USE DISORDER IN 2011-12



KEY FINDINGS

4. RELATIVELY FEWER MALES THAN FEMALES WITH SEVERE MENTAL DISORDERS SEEK PROFESSIONAL HELP

While the availability of mental health services may influence how many people use services, other factors also need to be considered. Analysis of data from the 2007 National Survey of Mental Health and Wellbeing1 indicates that, after accounting for age, people with severe affective, anxiety or substance use disorders were more likely to seek professional help than those with moderate or mild disorders. Worryingly, however, males with severe disorders were 46% less likely than females with severe disorders to consult a health professional. In contrast, males with moderate and mild disorders were, respectively, 34% and 38% less likely to do so.

Males with mental or substance use disorders were 35% less likely than females to consult a health professional for mental health. This did not necessarily mean that males were using other types of help; males were 24% less likely than females to rely solely on non-clinical support services (e.g., telephone counselling or internet support groups) or self-management strategies (e.g., help from family or friends, or reducing alcohol or drug intake).

5. MOST FACTORS INFLUENCING HELP SEEKING AMONG MALES ARE RELATED TO NEED

Most factors influencing help seeking are related to need, regardless of gender, for example, greater severity of illness, greater disability (number of days the person's ability to carry out usual activities was affected), number of mental disorders, having a family member with a mental disorder, and self-assessed poor mental health.

Importantly, however, some factors influence help seeking among males but not females. These include being unmarried, single parenthood, and reaction to a traumatic event in the past year. Also, among males, some factors are specifically associated with seeking help from a GP only (e.g., suicidality) while others are associated with seeking help from a mental health professional (e.g., reaction to trauma) (see Box 4).

BOX 3. CATEGORIES OF MENTAL HEALTH SERVICES IN THIS STUDY

HEALTH PROFESSIONAL CONSULTATION	SUPPORT SERVICES OR SELF-MANAGEMENT ONLY
• Greater severity of illness [a,b,c] • Number of mental disorders [a,c] • Suicidality in past year [a,b] • Reaction to trauma in past year [a,c] • Self-assessed poor mental health [a,b,c] • Family history of mental illness a • Age ≥ 30 years [a,b,c] • Unmarried [a] • Single parenthood [a] • Reliant on government benefit [a,c]	• Greater disability • Greater severity of illness • Unmarried • Not reliant on government benefit

Associated with consulting: [a], any health professional; [b], a GP but no mental health professional; [c], a mental health professional.

IMPLICATIONS

1. IMPROVING ACCESS TO SERVICES SHOULD REMAIN A POLICY PRIORITY

Recently-implemented programs have improved males' access to mental health care. However continued policy and service development efforts are required to address factors that impede help seeking among males, some targeting the whole population, and some targeting males specifically.

2. A 'GENDERED APPROACH' MAY BE BENEFICIAL

A gender-specific approach to mental health policy may be beneficial because different factors influence help seeking for males and females, some of which are linked to traditional constructions of masculinity in which help seeking may be considered a weakness. Based on this study, some areas for focus in terms of males' mental health needs might be: (1) addressing barriers to seeking professional help among males with more severe disorders; (2) promoting GPs as an appropriate avenue for seeking help for males; (3) developing strategies to assist GPs to enquire about mental health problems among males consulting for physical or mental health reasons; (3) ensuring GPs are equipped to manage suicidality; (4) researching the reasons for different service use patterns among males in certain socio-economic groups, and; (5) increasing efforts to enable partners, friends and colleagues to recognise mental health problems in males and encourage appropriate help seeking.

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