

Managing Men's Mental Health



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Over the past two years, the Covid-19 pandemic has brought added attention to mental health and mental illness. Both the pandemic itself and the public health restrictions it necessitated have had a significant impact on psychological wellbeing. This article focuses on men's psychological wellbeing and mental health, as well as common mental illnesses, such as depression, and suicide. These were important issues before the pandemic, but the past two years have brought added challenges that require us to pay increased attention to mental health.

The difference between unhappiness, stress and mental illness

It is useful to start by noting the difference between the understandable stresses of life on the one hand, and mental illness on the other. Pharmacists who are familiar with their customers will often identify when a customer is stressed, unhappy, or distressed. During the pandemic, virtually everybody's wellbeing came under pressure at various points, as family members fell ill, tests results were awaited, or public health restrictions were tightened. Most people were stressed, upset or anxious for periods of time. Many sought informal support from family, friends and professionals with whom they were familiar: GPs, counsellors, pharmacists and others.

Many of these problems are largely understandable, especially during a pandemic. Most of these issues are best addressed by

changing our lifestyles as best we can, watching our diets, getting more exercise, reaching out to family and friends, and finding activities that absorb us, like running, gardening, reading or knitting. Reflective pursuits such as mindfulness, meditation and yoga can be especially beneficial. For many people, these activities will help them through the difficult times that we have all faced over the past two years.

These stressful experiences in our day-to-day lives are, however, different to mental illness. Mental illness occurs when our distress exceeds our personal and family resources, when we are disabled to a significant degree by our symptoms, and when we need to reach beyond our immediate circle for assistance and support. Depression is one example of a mental illness that commonly exceeds our usual ability to cope, and requires additional treatment.

Features of depression

Depression is one of the most common mental illnesses among both men and women. The symptoms of depression vary significantly between individuals. The symptoms and signs depend on the person's general character, their life situation, any stresses triggering their depression, and various other factors.

For most people, key symptoms of depression include low mood or feeling down; loss of interest and enjoyment in usual activities; reduced energy, with fatigability and diminished activity; notable tiredness after slight effort; reduced concentration and attention; diminished self-confidence and self-esteem; thoughts of guilt and unworthiness; bleak, pessimistic views about the future; feelings of helplessness and hopelessness; ideas or acts of self-harm; disturbed sleep, and changes to appetite.

For a diagnosis of depression, rather than stress or unhappiness, these symptoms should, for the most part, be present for two weeks, but shorter periods are reasonable if the symptoms

are of rapid onset or unusually severe. Everybody is different, but this is the most common picture of depression: low mood, hopelessness, and various physical disturbances, such as loss of appetite, poor sleep, and diminished libido.

Women are diagnosed with depression more often than men. There are likely to be many reasons for this, but it is relevant that men are less likely to seek help for depression, stress and substance misuse. The reasons for this include prevailing perceptions of social norms for men, reluctance to talk openly, and a tendency for men to downplay symptoms. It is useful to bear these factors in mind if you feel that someone is depressed and might be reluctant to confide. This is particularly important owing to one of the most concerning consequences of depression: self-harm and suicide.

Self-harm and suicide in men

Deliberate self-harm is the intentional infliction of non-fatal harm on oneself. It includes methods such as self-cutting and overdosing. Suicide is intentional self-killing and it features in every society for which there is recorded history. Non-fatal deliberate self-harm is more common among women compared to men, but completed suicide is more common among men.

Risk factors for non-fatal self-harm, in addition to female gender, include younger age, poor social support, major life events, poverty, being unemployed, being divorced, mental illness and previous deliberate self-harm. Risk factors for suicide, in addition to male gender, include poor social support, major life events, chronic painful illness, family history of suicide, and previous deliberate self-harm. Suicide is also associated with major depression (long-term risk of suicide: 10-15%), bipolar affective disorder (10-20%), schizophrenia (10%) and alcohol dependence syndrome (15%). For both deliberate self-harm and suicide, availability of means is significant (e.g. availability of tablets to take overdoses).

How common is suicide, and what are the rates in men and women? The 2019 Annual Report of the HSE National Office for Suicide Prevention (NOSP) indicates that there were 421 completed suicides

in Ireland in 2019, yielding a rate of 8.6 per 100,000 population per year. The 2019 data are, however, provisional and subject to change. Official data for 2016, including late registrations, indicate that there were 506 suicides in 2016, yielding a rate of 10.7 per 100,000 population per year.

The NOSP report points out that "it is not easy to compare suicide rates among European counterparts because of the variations in registration and reporting systems in different jurisdictions. Nevertheless, Eurostat provides comparisons using standardised death rates". In 2017, "the overall rate of suicide in Ireland was the 9th lowest rate of 33 countries". However, "the rate of suicide of age 15-19 year olds in Ireland was the 13th highest rate of 31 countries".

The ratio of male to female suicide in Ireland is 3:1, according to the provisional 2019 data, with 317 male suicides compared to 104 female suicides. Official data for 2016 also show a substantial male excess, with 403 male suicides compared to 103 female suicides. Men who are at particular risk likely include those who have experienced trauma, employment problems, marital breakdown, financial problems, substance misuse or mental illness.

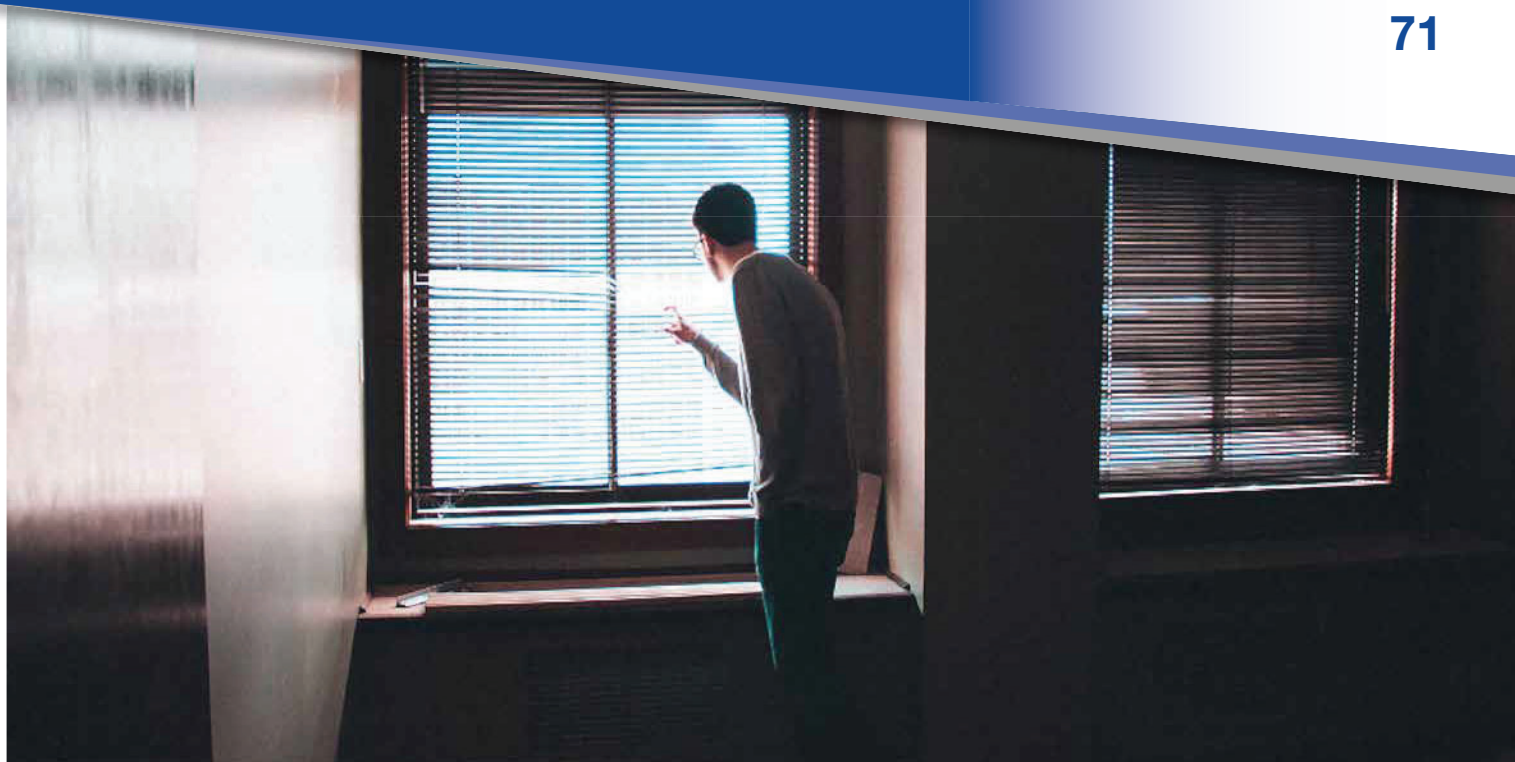
Treating depression

Individuals with depression commonly require assistance and support in order to deal with their symptoms, enter recovery, and maintain wellness into the future. In the first instance, it is important that the individual with depression is able to talk openly about their symptoms, without fear of criticism or judgment.

It is also important that any issues relating to alcohol or other drugs are identified at the outset and, if possible, resolved: treatment of depression is rendered extremely difficult in the presence of alcohol or drug misuse. These problems occur in both men and women, but are more common among men.

Treatment of depression is based on a bio-psycho-social approach to management; i.e. there are "biological" treatments (such as medication), psychological treatments, and social interventions.

Cognitive-behaviour therapy (CBT) focuses on the use of cognitive



strategies (i.e. strategies related to thinking patterns and habits) and behavioural strategies (i.e. strategies related to actions and behavioural habits), in an effort to re-frame depressive thoughts, enhance coping strategies, reduce symptoms, and promote recovery. CBT is effective in the management of depression, generalised anxiety disorder, panic disorder, social phobia and post-traumatic stress disorder.

Biological treatments for depression include administration of medications and treatment of co-existing medical or substance-related disorders. Most guidelines now recommend newer antidepressants (such as selective-serotonin re-uptake inhibitors) as first-line treatments for depression, ahead of older ones (such as tricyclic antidepressants). Newer agents are safer and have fewer side effects, although adverse effects can occur and should be discussed beforehand.

Approximately two-thirds of patients with moderate or severe depression respond to the first antidepressant prescribed. In these patients, the medication should be continued for six to nine months after recovery from a single depressive episode. For individuals who have experienced multiple depressive episodes, there is evidence to support continuation of treatment for up to two years.

If there is no or insufficient response to the first antidepressant prescribed after several weeks, it is recommended to either increase the dose, switch to a different antidepressant, or engage in a broader re-consideration of options. In

the event of poor response after a second antidepressant, alternative treatment strategies may be required, possibly involving specialist mental health services.

For everyone with depression, a consideration of the social environment and social re-engagement is an essential step on the road to recovery. Self-help groups and organisations such as Aware (www.aware.ie) are very helpful. For men, in particular, Men's Sheds offer psychological support and social outlets, and can be accessed through the Irish Men's Sheds Association (<https://menssheds.ie>).

Alcohol and other substance misuse in men

Alcohol and other substance misuse are substantial problems among both men and women, but are more common among men. The Healthy Ireland Survey 2018 found that "male drinkers (54%) are more likely than female drinkers (19%) to binge drink on a typical occasion". In addition, "out of men who drink, 67% of those aged 15-24 and 64% of those aged 25-34 binge drink on a typical occasion".

This problem is not confined to alcohol: men are also more likely than women to enter specialised treatment for cannabis, cocaine, heroin and amphetamine misuse. Therefore, while alcohol and substance misuse present problems for both men and women, they likely make a particular contribution to the higher rate of suicide among men.

Treatment for alcohol misuse or dependence is provided through local addiction services which can be accessed following referral

by a GP, psychiatrist or other health professional, as well as through self-referral in certain circumstances. Abstinence is the usual and most sensible goal of treatment. The precise supports offered depend on the stage of the person's addiction, their readiness for change, their general life circumstances, and their previous experiences of treatment.

For acute detoxification from alcohol, hospital admission is considered if there is a high risk of delirium tremens or seizures, or if the person is otherwise vulnerable (e.g. a child, cognitively impaired, or severely lacking social support). For many people, however, detoxification is just as effective if it occurs as an outpatient, using reducing doses of a medication such as chlordiazepoxide (for symptoms of acute alcohol withdrawal), appropriate medical supervision, and psycho-social or family support.

Treatments for drugs other than alcohol depend on the drug in question, but often include CBT, motivational interviewing and self-help groups, as well as specialist clinics and residential care. The precise strategies vary according to the substance in question, the person's history, and the social and family circumstances in which the problem developed and is sustained.

Conclusion: minding men's mental health

Men experience a broad range of mental health problems ranging from stress and unhappiness to severe depression and schizophrenia. This article highlights some of the more common issues: depression, suicide and substance misuse.

Taking a broader perspective, it is useful to remember that maintaining good mental health involves not only preventing and treating mental illness and substance misuse, but also taking positive steps towards wellness. Exercise, diet and social connection all matter. Men experience particular difficulty speaking about emotional and psychological problems, and seeking assistance when needed. This is a pity and it highlights the need for pro-active strategies to improve men's mental health.

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Sources and Further Reading

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