American Journal of Men's Health
July-August 1–2

DOI: 10.1177/1557988320936504
journals.sagepub.com/home/jmh
SAGE

The Crisis in Male Mental Health: A Call to Action

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This is the first in a series of six planned editorials that will address the ever-growing problem of mental health issues in boys and men. This editorial series is based on a landmark conference "Behavioral Health Aspects of Depression and Anxiety In the American Male" (BHADAAM) published by the Men's Health Network in 2019 (Giorgianni & Brott, 2019), which brought together 25 highly regarded experts in mental health and men's health. The program was held in May 2019 by the Men's Health Network and funded, in part, through a Patient-Centered Outcomes Research Institute Engagement Award Initiative (EAIN-12780). This editorial series will present additional important perspectives on the core issues/concepts/themes of the conference and, most importantly, bring to the fore action items to address a problem, which is devastating to so many individuals and to our nation.

AJMH has a long and proud history of providing important new information, perspectives, and research in this area. Since its inception in 2007, *AJMH* has published more than 70 peer-reviewed papers focusing on male depression and related mental health conditions. These have spanned a broad array of circumstances, clinical conditions impacting the mental health of boys and men around the world, and assessment scales and tools for reliable and accurate risk assessment and diagnosis of depression in boys and men as well as papers on cognitive–mental treatments.

This conference provided a forum to conduct a needed, timely national dialogue to advance the health of men in our country. This editorial series is designed to provide a window into these issues and, more importantly, cogent approaches to address them. Approximately every 8 weeks *AJMH* will publish an editorial on this topic, which is based on the report of the BHADAAM conference.

Mental health issues can be an especially problematic area for society. Defining exactly what constitutes deliberate unlawful behavior, immorality, or conduct resulting from involuntary brain dysfunction is often challenging. Unlike most other medical illnesses, there are usually few specific objective and measurable factors by which to establish diagnosis. Unlike most physical health disorders, mental health disorders are frequently and dramatically stigmatized. Afflicted boys and men may be labeled crazy, leading to them being ostracized or ashamed, which compounds the problem, and reluctant to seek help with all too often fatal outcomes. These issues in the general population are magnified in boys and men who are more reluctant to talk about emotional hurt and less likely to see a healthcare provider, who have been acculturated to not discuss most health issues with their family, their circle of friends, or colleagues, and who generally do not seek medical help until it is "too late." Men are told they are not supposed to cry or show their emotions outwardly, that they are supposed to be self-reliant, to not ask for help, and that any illness, mental or physical, is a sign of weakness and a source of personal shame. For men and boys, these problems can be amplified by cultural expectations that men be stoic. These acculturated attitudes have important impacts on the ability to identify boys and men at risk at both the community and clinical levels.

The Centers for Disease Control and Prevention (CDC) report, *Suicide Rising Across the US: More Than a Mental Health Concern*, published in June of 2018 (CDC, 2018) sent shock waves through many quarters of the mental health, health professions, and men's health advocacy communities because of its unprecedented findings. The report found an increase in U.S. suicides of more than 30% in half of the states since 1999, with a national-level model-estimated average annual percentage change for the overall suicide rate to have increased 1.5%. The report also looked at the association between diagnosed metal health conditions and successful suicides. The results were startling. Nearly half of those who commit suicide have no known mental health condition.

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Compared with those with known mental health conditions, those *without* a prior history of any mental health diagnosis were more likely to be male (83.6% vs. 68.8% female) and belong to a racial/ethnic minority. Statistics from the CDC (2018) show that males are up to seven times more likely than females to commit suicide and male suicides are more likely to be more violent to the both the suicide victim and others. Most stunningly, suicide is the 6th leading cause of death for males and the 14th leading cause for females in the United States.

Managing these emergent mental health issues in America's boys and men remains a significant challenge, as evidenced by the continual increase in truly tragic outcomes including addiction, depression, suicide, and violence. Many experts believe that the continued social and clinical problems that are well documented and continuing are related to several critical factors including the patterns of how and when boys and men access health care services, how they perceive mental health and its stigmas in their socioeconomic strata, poor reimbursement for clinical screening services, poor community and family awareness and systems to recognize and help boys and men at risk, and the lack of national consensus guidelines and screening tools designed to meet the needs of boys and men.

The importance of renewing our national commitments at both the community and clinical levels to addressing this issue cannot be overemphasized or dramatized. This is of particular importance because of the broad impact of the COVID-19 pandemic on the socioeconomic circumstances as well as the physical and mental health of boys and men. We only need to look at the news or look around our communities or reflect on those boys and men who have tragically not been able to get kind, compassionate, and competent care and who have become social burdens or have taken their own lives out of desperation or a misguided need to find "a solution." Men's health has a great impact on society as a whole that we are only beginning to recognize. Unnecessary illness and disability among men lead to diminished work productivity, greater work absenteeism, and employers incurring the expenses of training replacement workers. Families may be impacted with increased health-care expenses in the face of reduced ability to earn. Jails have taken the place of many U.S. mental hospitals, leading to costly but ineffective interventions.

Key areas of focus as important next steps are as follows:

1. Systematically review the appropriateness of current screening tools with a specific focus on their effectiveness for boys and men and their utility in both the clinical and nonclinical settings
2. Critically reevaluate national professional, clinical, and community guidelines for screening across the life span of boys and men
3. Develop and implement professional degree programs and postgraduate educational and training programs to better enable clinicians across all health-care disciplines to care for boys' and men's behavioral health
4. Develop meaningful quality metrics for individual practices and health systems, including federal systems, to evaluate behavioral health care for boys and men
5. Create health-related legislation to support the fundamentals of wellness care for boys and men across the life span;
6. Better define the role of the ability of telemedicine and telehealth technologies to provide screening, ongoing care, and patient and community support in addressing behavioral health issues
7. Embark on a series of public and private sector collaborative programs to better understand the link between signs and symptoms of behavioral health in boys and men and interactions with the criminal justice system

We urge all who care for and care about boys and men in our society, and across the globe, to consider the perspectives, calls to action, and key steps to address this ever-growing problem outlined in these editorials. We encourage readers to write Letters to The Editor to discuss and debate this important topic. We also would like to receive information on initiatives that could impact the mental health of boys and men, including those that are related to the COVID-19 pandemic and the mental health impact on males. We urge those who craft and fund research initiatives to dedicate significantly more of their resources to male-focused research, including work that covers the diversity of contemporary male life experiences. We ask those in the public and private sectors to understand the impact the health disparity that has developed in males and to increase programs and services specifically crafted and delivered to boys and men.

We hope that you find this editorial series informative and, equally important, that it inspires you to take action.

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References

Centers for Disease Control and Prevention National Center for Injury Prevention and Control. (2018, June 7). *Suicide rising across the US: More than a mental health concern*. https://www.cdc.gov/vitalsigns/suicide/index.html.

Giorgianni, S. J., & Brott, A. (2019). Conference summary: *Behavioral aspects of depression and anxiety in the American male* – An expert panel report. Men's Health Network.