



Male depression: A more targeted approach

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Context

In Quebec, 9.9% of women and 5.9% of men present symptoms of major depression¹. Although depression is closely linked to suicide², the distribution of depression among women and men suggests a discordant relationship. In fact, women are nearly twice as likely to be diagnosed with depression, while men experience a suicide rate that is three to four times higher³. One possible explanation is that men suffering from depression are often underdiagnosed^{4, 5}.

Depression and men: a hidden problem

Some men experience and express depression in a way that is consistent with commonly used criteria (e.g. DSM-IV, Beck Depression Index)⁴. Others face symptoms that are consistent with male social norms, including somatic complaints, difficulties related to job performance and social withdrawal⁴, which are often missed when applying the screening criteria generally used. In addition, men who suffer from depression are less likely than women to seek help and when they do, many do not receive proper care and treatment^{5, 3}.

Depression is a very confronting experience for men who believe they should always be strong, in control and hide any vulnerability. Those who perceive a large gap between what they are as men and what they should be, face a gender role conflict, a situation associated with depression and suicide risk^{6, 7}. Asking for help means revealing the problem, this may lead to stigmatization from peers, or the individual himself. Some men believe the consequences of "self-medication" (e.g. alcohol and drug abuse) are preferable to the consequences of being stigmatized³. On the other hand, men with more flexible beliefs on masculinity are less at risk in terms of mental health.

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Main screening criteria for depression in men

In addition to direct symptoms found in traditional measurement scales, external manifestations and precipitating factors or events must be considered when screening for depression in men^{4, 8}.

Direct symptoms (*acting in*) :

- depressed mood (sometimes unexpressed) and difficulty concentrating;
- anxiety, stress accumulation or greater difficulty coping;
- disruption of sleep and appetite;
- physical and somatic symptoms, often fatigue and lack of energy;
- feelings of exhaustion, emptiness, worthlessness and hopelessness;
- suicidal thoughts, plans or attempts.



Externalization (acting out) :

- loss of interest in hobbies, or conversely, overinvesting in work, sports or other activity;
- adopting self-destructive behaviours (e.g. high-risk physical activities, thrill seeking);
- self-medicating with excessive alcohol or drugs;
- using compulsive behaviours as an excessive distraction (e.g. sex, pornography, gambling);
- irritability, appearance or increase in sudden anger, increased interpersonal sensitivity, which can be accompanied by aggressive behaviour including violence towards loved ones;
- social withdrawal, isolation, or conversely, overinvesting in social activities.

Precipitating factors or events :

- rigidity, especially in terms of gender roles;
- feelings of rejection in a significant relationship, separation or loss of a loved one;
- death or serious illness of a loved one;
- job loss, current or future economic difficulties;
- loss at the physical level or learning of serious illness;
- pressure from a third party with a feeling a hopelessness.

Intervention approaches

Interventions must help us to identify groups that are particularly vulnerable such as military forces returning from a mission, young fathers, prison populations, Aboriginal people, men with low level of education, men in poverty, gay men, men in rural communities and, in general, men who express a traditional and rigid view of masculinity^{3, 7}. Research shows that, for all these groups, it is important to be proactive rather than wait for them to seek help⁵. In addition, virtual services can be used to reach out to men who are concerned about confidentiality, stigma associated with depression, or who are reluctant to ask for help in person.

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Socially, prevention campaigns for depression can draw from suicide prevention campaigns conducted by the Centre de prévention du suicide du Saguenay, which claims that asking for help is a sign of courage. For example, "Demander de l'aide c'est fort !" (Asking for help is being strong!), or the U.S. campaign, "Real Men. Real Depression.". These campaigns use male roles as a lever for intervention. Recovery is then enhanced through connections with others, including family, friends and professional services.

Several research trends (positive psychology, salutogenic approach, force model) not only build on the importance of considering men's problems, but they also pay special attention to solutions, such as the positive aspects of masculinity and men's positive contributions to society as a whole. By making these factors of men and masculinity more visible, we can expect to minimize apprehension regarding services and promote a positive experience of help demand.

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