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# YOUNG MALE HEALTH: MENTAL HEALTH

By the time most American adolescents reach the age of 13 they've stopped seeing a pediatrician – over 80% of all pediatric visits are by children under 13.<sup>1</sup> Less than half of adolescent and young adults have primary care visits within the last year.<sup>2</sup> Males are less likely than their female counterparts to seek care.<sup>3,4,5</sup> Females have a relatively seamless transition with age with gynecologists accounting for 23-42% of AYA female preventive visits.<sup>6</sup> For males, however, there is no similar continuity of care. On the whole, with the exception of episodic school exams, sports physicals and visits to the ER, once they leave the pediatrician's office adolescent and young adult males are left outside of our health care system, a pattern that extends into adulthood.

Yet, according to the US Centers for Disease Control and Prevention, young males, or males within the age range of 10 to 27, are at higher risk than their female contemporaries for:

- Certain eating and body disorders
- Certain sexually transmitted infections, including HIV
- Violence and trauma, including homicide
- Abuse of certain substances
- Certain mental health conditions, including ADHD and autism spectrum disorders
- Suicide
- Accidental injury

# **MENTAL HEALTH**

Adolescent and young adult males are at elevated risk for a number of mental health conditions. Young males may also express certain mental health disorders in ways that are very different from females. Certain behaviors that are indicators of mental health disorders among young males, as distinguished from young females, are conduct disorder, substance use and interpersonal violence and elevated rates of suicide. Additionally, norms of masculinity can lead to complicating factors such as stigma among young males surrounding help-seeking behaviors for mental health disorders.

Among the conditions for which young males are at high risk are ADHD, certain depressive and anxiety disorders, disruptive mood disorder and schizophrenia.

# **ADHD**

Teenage boys are up to four times more likely to be diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) than girls. Symptoms are divided into two categories: inattention and hyperactivity and include behaviors like inability to sustain attention, difficulty organizing tasks and activities, excessive activity or internal restlessness.

- ADHD and depression were common conditions for early adolescents who completed suicide.<sup>7</sup>
- Untreated ADHD and school failure may lead to absenteeism, substance abuse and family and peer conflict. There may be inappropriate risk-taking behaviors.
- Boys with hyperactivity are often labeled as behavior problems in school and are disciplined as such, which can interfere with their getting appropriate help and cause impairment of self-esteem and self-worth.

### **DEPRESSION**

- In young males, depressive symptoms and depression are common. In 2017, 21.4% of high school males reporting feeling sad or hopeless.
- Young males may express certain mental health disorders in ways that are very different from young females. One example of how a mental health condition is expressed differently by gender is depression. Whereas, among young females, depression is typically manifested by "internalization," among young males it is manifested by "externalization;" that is, among young females, depression is often expressed through, self-doubt, sadness and withdrawal, whereas, among young males depression is often expressed through anger, risky behaviors and violence.

 A decrease in school performance, increasing conflict with parents and authority, loss of interest in activities or

frequent disruptions in sleeping patterns could be symptoms of depression.

Depressive disorders can co-occur with many other disorders and males less often seek help for these conditions.



### **CONDUCT DISORDERS**

- Disruptive, impulse control and conduct disorders all tend to be more common in males than females.
- Males have higher rates of fighting, school discipline problems and poor school performance.<sup>8</sup>
- Poor school performance is one of the most important predictors of criminal behavior.
- Since the average age of male youth involvement in crime is 16, it is important to talk with the young male about things such as conflict resolution and impulse control. These discussions along with reasonable behavioral expectations should begin before adolescence.
- In 2017 the rate of completed suicide of males aged 15 to 24 was four times that of their female peers, a relative rate that is historically consistent.<sup>9</sup>
- In 2017 suicide rates for adolescents aged 15 to 19 years were the highest recorded rate since 2000; that suicide rate was especially high in males.<sup>10</sup>

### **RESOURCES**

Mens Mental Health [https://www.mhanational.org/infographic-mental-health-men]

Anxiety and Depression in Men [https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/anxiety-and-depression-in-men]

Men and Depression [https://www.apa.org/monitor/2015/12/numbers]

<sup>&</sup>lt;sup>1</sup> Bocian AB, Wasserman RC, Slora EJ, Kessel D, Miller RS. Size and age-sex distribution of pediatric practice: a study from Pediatric Research in Office Settings. Arch Pediatr Adolesc Med. 1999.

<sup>&</sup>lt;sup>2</sup> Rand, Cynthia M, Goldstein, Nicolas P.N.Patterns of Primary Care Physician Visits for US Adolescents in 2014: Implications for Vaccination. Academic Pediatrics. Volume 18, Issue 2, S72 - S78.

<sup>&</sup>lt;sup>3</sup> Lau JS, Adams SH, Boscardin WJ, et al. Young Adults' Health Care Utilization and Expenditures Prior to the Affordable Care Act. J Adolesc Health. 2014;54:663-671.

<sup>&</sup>lt;sup>4</sup> Callahan ST, Cooper WO. Gender and Uninsurance Among Young Adults in the United States. Pediatrics. 2004;113:291-297.

<sup>&</sup>lt;sup>5</sup> Fortuna RJ, Robbins BW, Haterman JS. Ambulatory Care Among Young Adults in the United States. Ann Intern Med. 2009;151:379-385.

<sup>&</sup>lt;sup>6</sup> Rand, Cynthia M, Goldstein, Nicolas P.N.Patterns of Primary Care Physician Visits for US Adolescents in 2014: Implications for Vaccination. Academic Pediatrics. Volume 18, Issue 2, S72 - S78.

<sup>&</sup>lt;sup>7</sup> Suicide Prevention Resource Center. Suicide Among Children and Early Adolescents. 2017.

<sup>&</sup>lt;sup>8</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2017. 2018.

<sup>&</sup>lt;sup>9</sup> Miron O. et al. Suicide Rates Among Adolescents and Young Adults in the United States, 2000-2017 JAMA. 2019. <sup>10</sup> Ibid