

6-2022

## BARRIERS AMONG MEN SEEKING MENTAL HEALTH SERVICES

Karen Barone

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Barone, Karen, "BARRIERS AMONG MEN SEEKING MENTAL HEALTH SERVICES" (2022). *Electronic Theses, Projects, and Dissertations*. 1380.

<https://scholarworks.lib.csusb.edu/etd/1380>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact [scholarworks@csusb.edu](mailto:scholarworks@csusb.edu).

# BARRIERS AMONG MEN SEEKING MENTAL HEALTH SERVICES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Karen L. Barone  
May 2022

# BARRIERS AMONG MEN SEEKING MENTAL HEALTH SERVICES

---

A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

By  
Karen L. Barone  
May 2022

Approved by:

Thomas Davis, Faculty Supervisor, Social Work

Armando Barragán, M.S.W. Research Coordinator

© 2022 Karen L. Barone

## ABSTRACT

The purpose of the research study is to gather information regarding the opinions, ideas, thoughts, and attitudes of men regarding mental health and mental health seeking behaviors. Insight into these areas will be obtained in order to acquire sufficient information to further contribute to more positive outcomes for males in regard to mental health. Information gathered may contribute to more effective clinical work with men and engage men in healthier attitudes towards mental health.

The underutilization of services is disproportionately reflective of men not adequately being served, either by their own actions, or the actions of providers.

Significance of the findings seeks to contribute to adequate facilitation of services to men and to increase awareness among social work practitioners as to the conflict some men face in dealing with their mental health.

The research method intended for this proposed study include a general survey consisting of a Likert scale form of questioning with and two short answer questions available online via Qualtrics. All data gathered will be analyzed with statistical analysis and deemed as both qualitative and quantitative.

A proposed study such as this is significant to the field of social work and touches upon some of the core values of social work practice including social justice, service, worth of a person, and importance of human relationships. In addition, it impacts each branch of social work focus micro, mezzo, and macro levels.

## ACKNOWLEDGEMENTS

Researcher wishes to acknowledge the tireless efforts of all the many professors who dedicate their time and attention to the needs of students. Particularly Dr. Rigaud Joseph whose many lengthy course paper works prepared students for the arduous pursuits of research! Dr. Armando Barragan Jr. who is astute in his knowledge and ability to require the best of students, and Dr. Thomas Davis who exhibited patience, and always calm presence. To all my other professors who have an influence on my learning during my time at CSUSB I thank you. Finally, to my cohort members, see you in the field!

## DEDICATION

The information gathered herein is lovingly dedicated to my family.

My husband of 30 plus years and counting who has continually demonstrated his love, patience, and support throughout. To our five beautiful boys who exemplify the true nature of manhood, loving, compassionate, and conscientiousness. To our wonderful daughter who maintains her femininity despite the strong male presence she has had to contend with.

May you always live your best lives and know you will always be supported in all your endeavors including the need to seek help.

Finally, to my loving mother, who passed away in early August 2021. Her influence is the reason I am a social worker.

All my love,

## TABLE OF CONTENTS

ABSTRACT .....	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES .....	ivii
CHAPTER ONE: PROBLEM FORMULATION.....	1
Gender Discrepancies .....	1
Purpose of the Study .....	4
Significance of the Project for Social Work .....	5
CHAPTER TWO: LITERATURE REVIEW .....	7
Introduction .....	7
Prevalence of Mental Health Problems Among Men .....	7
Barriers to Help Seeking.....	10
Theories Guiding Conceptualization .....	14
Summary .....	17
CHAPTER THREE: METHODS.....	18
Introduction .....	18
Study Design .....	18
Sampling.....	20
Data Collection and Instruments.....	20
Procedures .....	21
Protection of Human Subjects .....	21
Data Analysis.....	22
Summary .....	23
CHAPTER FOUR: RESULTS.....	24

Introduction .....	24
Demographics.....	24
Societal Expectations.....	29
Solution Focused Questions .....	32
Qualitative Questions.....	34
Conclusion .....	35
CHAPTER FIVE: DISCUSSION .....	36
Introduction .....	36
Discussion .....	36
Limitations.....	42
Implications for Social Work Practice.....	42
Recommendations for Future Research. ....	43
APPENDIX A : SURVEY QUESTIONS.....	45
APPENDIX B: INFORMED CONSENT .....	50
APPENDIX C: IRB APPROVAL LETTER .....	54
REFERENCES.....	59

## LIST OF TABLES

Table 1: Demographic Characteristics of Participants .....	26
Table 2: Introspective Questions .....	28
Table 3: Societal Expectations Questions .....	31
Table 4: Solution Focused Questions .....	33

# CHAPTER ONE

## PROBLEM FORMULATION

### Gender Discrepancies

Throughout literature a common theme that emerges is that men seek help far less than their female counterparts, not only with health services, but particularly in regard to mental health (Addis & Mahalik 2003; Yousaf et al 2015; Seidler et al 2016; Thompson et al 2016; Salgado et al 2019). Not only does this under-utilization contribute to men not being serviced accordingly, but it also poses the question, “what is it about men specifically that attributes to this phenomenon?” This occurrence is only augmented by the condition of men’s health. According to the World Health Organization and the National Institute of Mental Health (2017), suicide rates were 12 times higher for men than for women. Depression, a leading cause of suicide, show increased numbers of depression for women, 5.1% compared to 3.6% of males, however, lack of utilization of services have been reported to contribute to men being inadequately diagnosed (WHO, 2017). Men suffer more chronic diseases and higher levels of early mortality and morbidity often as a result of neglected mental health services (Furman, 2013). Men tend to use drugs and alcohol in greater number than women often a result of self-medicating, and consequently develop addictions. Nearly 12% of men abused substances compared to women who were just below 7% (NIMH, 2020). Addictions and substance abuse increase the likelihood of intimate partner

violence (IPV) which men contribute more too as well as victimizing others, also a result of mental health problems (Acevedo, Lowe, Griffin, & Botvin, 2013). In addition, high rates of male incarceration are associated with mental health and substance use. More than 90% of inmates in the U.S are male according to the Bureau of Justice, 2020.

It may be that men need a liberation movement as it wasn't until after the height of the women's liberation movement, and the gay liberation movement of the 1970's that research began to look beyond biological and physiological aspects of maleness (O'Neil 1981). Research began to highlight psychological problems correlated with masculine ideology (O'Neil 2010, 2012). Endorsement of masculinity as a social construct and the internalized conflict associated with stereotypical ideals of masculinity were strongly associated with negative outcomes in health and help seeking (O'Neil 1981; Levant & Wilmer 2014; Connell 2014; Rivers 2018; Wenger 2011; Addis et al., 2016). Additionally, connections have been made between adherence to male gender norms and mental health problems including drug and alcohol use, violence, depression, anxiety, and suicide (Ellis, 2018; Heath et al., 2017; Kaya et al., 2018; O'Neil, 2008; Seidler et al., 2018; Wong et al., 2017; Yousef et al., 2015).

Men play an essential role in society and makeup half of the world's population. Their contribution is exemplified by the vital roles they fulfill as husbands, fathers, brothers, friends and partners. Yet these relationships are negatively impacted as a result of the silent suffering of men. Mental health is

directly related to social isolation, divorce, relationship disturbances, intimate partner violence, and lack of involvement in parental duties (NIMH, 2020). The World Health Organization reports millions of people, families and children are impacted by the high incarceration rates of men as men make up over 90% of the prison population. In addition, productivity and lost days of work attribute mental health particularly depression, as the number one cause of disability claims nationwide (WHO, 2017).

Literature attributes adherence to established masculine gender roles with low rates of help-seeking as well as with mental health problems including depression, anxiety, and suicide (Ellis, 2018; Heath et al., 2017; Good, et al., 1989; Kaya et al., 2018; O'Neil, 2008; Seidler et al., 2018; Wong et al., 2017; Yousef et al., 2015). Endorsement of masculine principals creates a barrier affecting men's help seeking behavior (Addis & Hoffman, 2017; Good, et al., 1989; Ellis, 2018; Kaya et al., 2018; O'Neil, 2008; Wong et al., 2017; Yousef et al., 2015). Seeking help in time of need is integral towards prevention and intervention of illness and poor health among the male population (Call & Shafer, 2018; Shafer & Wendt, 2015).

Additionally, the notion that help-seeking is a feminine quality and that adhering to such qualities is a direct threat to masculinity (Ellis, 2018; Shafer & Wendt, 2015; Cole & Davidson, 2019) is a factor of masculine gender socialization. The qualities of maleness should be expanded to include being vulnerable, asking for help, being sensitive, and having a language to express

emotion. How do we begin to make such changes that are so deeply ingrained in our society that they are not just notions adhered to by men but may also be reflective in biases of health care providers, and the expectations of significant others? Questions we may be wanting to ask ourselves as professional is, would men be more inclined to seek mental health services from of provider who specialized in men's mental health, and is there significant need to provide such a service?

#### Purpose of the Study

The purpose of the research study is to seek men's opinions, thoughts, and experiences regarding mental health and the effects of gender role socialization and its impact on men. Acquiring sufficient information may further contribute to more positive outcomes for males regarding mental health and help seeking. Specifically, what can mental health care workers do to increase facilitation? By identifying barriers to men's help seeking as well as attributes that may facilitate utilization of services assists to inform, educate, and acknowledge both disparities and ways to implement preventative and supportive methods better suited to men.

The research method intended for this proposed study include a general survey that will be available online via Qualtrics. This method was chosen primarily due to the large amount of participant potential. Researcher will be

promoting the survey through social media, emails, word of mouth as well as encouraging participants to recruit via social media.

Surveys offer the ability to describe qualities of a large population. In this way an accurate sample can be gathered with focused results in which to draw conclusions.

Anonymity of surveys is conducive to more candid answers resulting in more accurate data. Participants will have the liberty to provide honest and unambiguous responses. The survey will clearly state that answers will remain completely confidential.

### Significance of the Project for Social Work

Social workers are called to promote social justice and to value the worth and dignity of a person. Clearly, there is a deficit when it comes to men's mental health. There is currently an inequity. A proposed study such as this is significant to the field of social work and touches upon some of the core values of social work practice including worth of a person, importance of human relationships, service, and social justice. In addition, it impacts each branch of social work focus micro, mezzo, and macro levels.

Awareness of the unique needs of men as individuals can be better inform social workers to reflect on their potential biases, implement strategies to better build rapport and connect men to well suited supportive services.

Social workers can be facilitators to enhance relationships and community involvement by implementing better informed practices specific to men.

Social workers and social work practice can become more active in social justice and reform when it comes to disparities of men's gender socialization. As professionals, we should ask, what factors facilitate or serve as barriers among men seeking mental health services?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will examine research relevant to the topic by highlighting some of the circumstances unique to the inequities men face. These unique circumstances act as barriers that potentially interfere with the ability to seek mental health services. The following subsections include, prevalence of mental health problems, including suicide, depression, substance use, and violence and barriers to help seeking including gender role stereotyping, maladaptive coping, literacy, stigma, lack of confidence, and mistrust. Concluding this chapter will be theories that guide conceptualization

#### Prevalence of Mental Health Problems Among Men

Men's mental health is a crisis in the United States. The American journal of Men's Health (AJMH, 2020) list suicide, depression, addiction, and violence as prevalent and emergent issues affecting the American male. In most instances, the number of males affected outnumbers those of women. Moreover, the ways in which men express symptoms of mental health are unique to their gender.

## Suicide

Suicide is one of the leading causes of death for men. The Centers for Disease Control and Prevention (CDC), report that men are 7x's more likely to commit suicide than women and that suicide is the 6th leading cause of death for men compared to 14th for women. Alarmingly, half of suicide victims have no known mental illness and of those 83.6% were men vs. 68.8% women (CDC, 2018). Of those with suicidal ideation, the vast numbers are not engaged in any form of treatment (Hom, Stanley, & Jonier, 2015). The high number of successful suicides by men in contrast to women is exemplified by means as men are more likely to use violent methods (CDC, 2018). In 2018 firearms accounted for 50.57% of all successful suicides (AFSP, 2019 suicide statistics). It is important to note that staggering statistic is perhaps directly attributed to the underutilization of mental health services by men as compared to women (Salgado et al., 2019).

## Depression

Depression is considered another critical mental health issue for men as well as being one of the leading causes of suicide according to the World Health Organization (WHO, 2017). While it has been reported that women experience depression in the form of major depressive disorder (MDD) at greater percentages than men, 8.7% for women in the U.S. compared to 5.3% of men (NIMH,2019). Again, underutilization is concerning as well as symptomology. Recent research revealed that men experiencing MDD were more likely to

misuse alcohol and drugs as well as an increase in risk taking and impulse control. Whereas women reported greater frequency of mood change, weight fluctuation and disturbance of sleep patterns (Cavanagh, Wilson, Kavanagh, & Caputi, 2017).

### Substance Use

Men are also more likely to misuse drugs at a rate of 2-3 times higher than women (Center for Behavioral Health Statistics and Quality, 2017). Of the male population in the U.S., aged 12 years and older, 11.5% have a substance use disorder (SUD) compared to 6.4% of females. Historically, alcohol has been the most common substance abused by men with approximately 20% of men having alcohol use disorder (AUD) while female's account for 7-12%. (The Differences in Addiction between Men and Women 2020).

### Violence

Violence has a significant impact on males and their victims particularly as it pertains to Intimate Partner Violence (IPV). Men are more often contributors to IPV more so than women (Acevedo, Lowe, Griffin, & Botvin, 2013). Additionally, within the U.S. murder/suicide accounts for 72% of intimate partner homicide. Of those statistics, 94% were female victims. An annual report by the Violence Policy Center (2017), showed, that female victims accounted for 1,686 fatalities in the U.S. of this statistic, 93% of the female victims were acquainted to their male perpetrators (see article Harmful Masculinity and Violence). According to the U.S. Department of Justice 2018, males accounted for 81% of violent

offenses against other males and 73% were perpetrators of violent offences against women (Morgan, 2018). Criminal Victimization, 2018. 37.

### Barriers to Help Seeking

Barriers to help seeking for men include but are not limited to adherence to gender role stereotypes, maladaptive coping strategies, mental health literacy, stigma, and lack of confidence in the health system.

#### Gender Role Stereotypes

Statistics continually highlight the underutilization of mental health services among men as compared to women. Whereas women who received mental health treatment within a 12-month period were 24.7% for men, the treatment received only 13.4% within the same 12-month time frame (2020, September 29). Connections have been made between the adherence to masculine gender socialization norms and the lack of seeking help services particularly pertaining to American ideals such as being brave, self-reliant, stoic, unemotional, not showing weakness, or not appearing feminine (Addis & Hoffman, 2017). The idea here is that these conformities conflict with seeking help from professionals thus creating a barrier.

#### Maladaptive Coping Strategies

Maladaptive coping strategies include the use of self-administered/selected alternatives to seeking help. Men will often use other means to lessen the effects

of depression, stress, and other mental health symptoms by engaging in the misuse of drugs and alcohol, absorbing themselves in work, isolating themselves, or working out for endless hours at the gym (Mckenzie et al., 2016). Negative repercussions of such solutions as an attempt of managing symptoms on their own in particular the use of substances, increases the risk of suicide. Further, not seeking help in and of itself is considered a maladaptive behavior (Rasmussen et al., 2018).

### Literacy

Lack of mental health literacy is the unknowing or the un-acknowledging of signs, symptoms and awareness of distress. Literature suggests that if men had an awareness of symptomology and knew what warning signs to look for, they would be more inclined to seek help (Addis & Hoffman, 2017). Men who adhere to gender norms and stereotypes tend to have less literacy when it comes to mental health, additionally, men who had increased levels of depressive symptoms had also showed decreased levels of literacy (Milner et al., 2019). A study conducted in 2018 revealed that young men who attempted to identify and verbalize what they were feeling in order for others to understand were only confronted with the realization that they had neither the framework nor conceptualizations to make sense of what they were feeling (Lynch et al., 2018). Further the young men in the study went on to say that looking to their community for answers only left them with inaccurate information and judgment.

## Stigma

Stigmas are defined in Webster's dictionary as "a mark of disgrace associated with a particular circumstance, quality, or person." Additionally, stigmas can be generalized to include both individual and social. Individual stigma refers to the internalized negative self-concept perceived while social stigma refers to the negative concepts thrust upon by other individuals such as family, friends, and the larger community.

The burden of stigma negatively influences help seeking in that it violates the general principals of manhood in the gender role congruence and threatens their status as men (Mahalik & Dagirmanjian, 2019).

Stigma and embarrassment were discovered as impediments to help seeking by Oliffe et al. (2016) research that included Canadian men's acknowledgement that embarrassment would make them hesitant to seek help. Similar studies revealed the same with research on African American men (Latalova et al., 2014). Interestingly, Mackenzie et al. (2019) revealed younger men aged 18-50 had higher rates of self-stigma compared to older men 50+ in regard to help seeking for mental health.

Stigma and religious affiliation were found to be impactful. Males who identified as Catholic and were practicing their religion at least partially reported stigma in the form of the church's belief in prayer and confession as a means of help. Additionally, the families of these men report barriers to being able to communicate or manage mental health issues (Lynch et al., 2018).

### Lack of Confidence

Men's lack of confidence in the helping profession may have validation leaving men feeling unwanted or not relevant. Shafer and Bellamy, 2016 point out that the social work field lacks inclusivity necessary to optimally engage men in various areas of social work such as mental health. The helping profession of social work is primarily female dominated and over utilized by women. According to the U.S. Department of Labor, Bureau of Labor Statistics, 2016, Social work is a female dominated industry with 80% of social workers being female. It is also suggested that services tend to be more female-centric and do not consider the unique needs of men Shafer & Bellamy, 2016).

### Mistrust

While men are subject to socialization standards imposed upon by society, so too are professionals. Sagar-Ouriaghli et al., 2019, illustrates that even when men and women scored equally on tests for depression; females were more likely to be diagnosed than men. Rochlen and colleges (2010) pointed out that men report feelings of being misunderstood or unwanted by helping professionals. Yet, men who are exposed to help are done so as punitive and corrective rather than preventative measures. When men come to the aid of social workers, as a result of being mandated by the courts, often their apprehension is validated. Shafer and Bellamy (2016) point out that men are primarily served within the criminal justice, child support substance abuse, and

court mandated domestic violence systems for punitive damages only after an incident has occurred and that in many cases, female social workers bought into negative ideas of men and fathers—often categorizing them as “dangerous,” “absent,” and “unimportant.” Seidler et al. (2018) raises the concern as to whether health professionals, directly or indirectly, maintain masculine norms and transfer these notions on to clients directly by brushing off or undermining reported symptoms. Milner et al. (2019) found that male participants reported not feeling understood or acknowledged by their concerns by care providers and that this made them more inclined to not seek help. One negative experience can have a snowball effect on help seeking as male’s also report not wanting to use mental health professionals based on previous negative experiences (Lynch et al., 2017).

### Theories Guiding Conceptualization

There are many theories that guide how individuals come to find their place in the world. Specifically, to find connectedness, a sense of belonging and fitting in. This requires some conformity. Of these many theories particularly Masculine Gender Socialization and Gender Role Conflict apply here. The following describe how these models/theories have been attributed to lack of men’s help seeking.

As it pertains to Masculine Gender Socialization, social scientists attribute socialization to norms, behaviors, values, and beliefs learned and taught particularly in childhood and continue throughout life. Because gender is a component of socialization it is therefore a contributing factor to men's health. For example, particularly in the United States, men are socialized to be strong, brave, endure pain, confront danger, and be protective of loved ones. Also considered is that men are taught to "suck it up", "brush it off" further, men are encouraged to not show emotion. It is suggested that maintaining these norms are strenuous, contribute to weakened immunity, lack of reporting illness and injury and elevated levels of stress (Yoder, 2016).

In addition, the idea of having conflict of one's gender is attained by way of adhering to norms that have direct negative impact on the self or others. This limitation confines, inhibits and debilitates inclusion, acceptance of self and others (Hornigold, 2016). It is said that this psychological state is a violation of self and that the outcome leads to a restriction of personal potential. Operationally the outcomes include the following affects. Thoughts about gender roles, feelings about gender roles, how actions and responses are affected, and how unconscious motives beyond awareness effect behavior and produce conflict. Further, in context, how gender norms are deviated from, how ideologies are met or fail to meet, and experienced discrepancies between real-self and ideal-self restrict or violate the self (Hornigold, 2016).

Gender socialization begins once the parents learn the sex of their child, often prior to birth and continues throughout the lifespan. Role conformities especially as it pertains to negative ones, are steeped in the subconscious. This is detrimental.

This study will explore men's ideas and thoughts regarding their experiences and opinions pertaining to mental health. As well as gender role stereotypes that may contribute as a barrier to mental health help seeking. Need among this particular demographic has been shown to be significant. Men often suffer more extreme ramifications as a result of gender. Often symptoms go unrecognized or unattended too. Unhealthy coping mechanisms in the form of misuse or overuse of drugs and alcohol are alternatives men use in lieu of seeking a mental health professional. This has been shown to only compound problems. Overrepresentation of men in the criminal justice system is another result of drug and alcohol problems. Adherence to masculine gender stereotypes further preclude reaching out for help so much so there is a popular term (Salter, n.d.). It is the hope of research such as this that more mental health services can be attainable to men in such a way that suits their particular need.

## Summary

This study intends to explore men's ideas and thoughts regarding their opinions and experiences pertaining to mental health. As well as their opinions and experiences with gender role stereotypes that may contribute as a barrier to mental health help seeking. Need among this particular demographic has been shown to be significant. Men often suffer more extreme ramifications as a result of gender. Often symptoms go unrecognized or unattended too. Unhealthy coping mechanisms in the form of misuse or overuse of drugs and alcohol are alternatives men use in lieu of seeking a mental health professional. This has been shown to only compound problems. Overrepresentation of men in the criminal justice system is another result of drug and alcohol problems. Adherence to masculine gender stereotypes further preclude reaching out for help so much so there is a popular term (Salter, n.d.). It is the hope that research such as this will contribute to increased awareness among mental health professionals as well as increased awareness in the general population as to the unique barriers men encounter that contribute to barriers resulting in poorer outcomes.

## CHAPTER THREE

### METHODS

#### Introduction

The following chapters will support the research study of barriers that may contribute to men's mental health help-seeking. By explaining how the details of the study will be carried out, the following chapters include the study design, a description of the sample, data collection and instruments used, procedures, protection of human subjects, and finally data analysis.

#### Study Design

The purpose of this study is to better understand men's help seeking behavior and what may pose as a barrier. More specifically what factors may contribute to utilization of services so as to better employ these concepts into working practice. The study also seeks to identify barriers that impeded the utilization of services in order to help men overcome these barriers and to use the knowledge learned to improve organizational practices that may contribute to this better utilization.

This is an exploratory research project that seeks to acquire mostly quantitative data with two qualitative questions that serves to offer the participant an opportunity to answer more in-depth. The hope is to gather opinions and

experiences with enough sufficient poignant questions that will support the project and its purposes.

The reason for choosing this approach is to determine the accuracy of literature. The goal too is to obtain a range of diverse demographics that may verify accuracy of literature across multiple demographics.

This method of data collection is methodologically practical and has inherent strength. Using an online survey is practical in that it is inexpensive and other than the time involved to create the questionnaire, there is little effort. Anonymity is increased as participants are likely to be in the privacy of their own home and can be comfortable, take their time, and be honest. This technique also allows for a large population to be sampled in that respondents can be obtained through social media and other similar platforms, moreover, snowballing can occur as respondents can be a source recruiting other respondents.

Limitations of this particular methodology include interpretation issues, commitment issues, and interest. Some questions may be misunderstood or not understood at all. There may be a limitation of answers that sufficiently define the participants feeling. A participant may choose an optional answer as second best. If survey questions do not capture the interest or inquisitiveness of the participant, or if the survey is too long, boredom and loss of interest may set in. Expression of feelings are difficult to convey with one-word answers and may not encapsulate true expression.

## Sampling

Researcher used a random sample specific to the demographic of adult men. In order to obtain this an invitation was sent through social media and emails requesting participants. A link was created using Qualtrics so that participants could easily access the survey when and where they choose. Researcher also requested that each participant use their social media platform to recruit other participants.

## Data Collection and Instruments

Quantitative data was collected through the online portal survey system. Qualitative data was collected from the two short answer questions at the end of the survey. The independent variable (IV) will be defined as “help seeking” while the dependent variable (DV) will be defined as pertinent information that may either contribute to or act as a barrier to help seeking. Barriers have been identified by such items as adherence to masculine gender norms, ability to identify symptoms, and stigma.

## Procedures

Researcher received approval through the institutions internal review board, and then created a survey using Qualtrics. Researcher followed the required timeline to expedite the process. Participants were able to access the survey at the time of their choosing and access remained constant for a period of 4 weeks. A general script was created designed to pique the interest of male participants informing them that contributing to the survey may benefit to the male population that serves to educate, inform and contribute to the betterment of men's mental health.

Researcher utilized all prospective possibilities such as personal contacts, employment contacts, and the use of social media. Moreover, it was suggested that these contacts recruit others and so on.

## Protection of Human Subjects

Confidentiality and anonymity is a top priority for this project as was explained to the participants at the beginning of the survey. No personal information will be required that could directly identify participants such as name, phone number, or

address. Only pertinent information that relates directly to the research project was requested.

A general statement prior to the survey was added to inform of the stringent preapproval process through the University and the ethical standards to which it adheres. It was also explained that participants for any reason can decline participation at any time. A debriefing statement was not deemed necessary and therefore not included. Due to the nature of the online survey no measurements were taken or needed to protect against Covid-19.

### Data Analysis

All data gathered was analyzed with statistical analysis and deemed as quantitative. With the exception of the two short answer questions as those are deemed qualitative. Quantitative items selected are primarily nominal variables, while short answer are deemed categorical.

The independent variable (IV) has been identified as likely to seek or use mental health services whereas the dependent variable (DV) is identified as being barriers to help seeking.

Other variables that will be described include demographics such as age, educational status, and sexual orientation.

## Summary

The following study examined the ideas opinions and experiences of men in regards to mental health, factors that serve as barriers to seeking mental health services, as well as to explore the impact of gender role socialization on men's ability to seek mental health services. A request was made primarily through social media to pique men's interest in the project as contributing men's mental health. An anonymous survey was employed that allowed participants to complete in their time frame and their place of their choosing. Quantifiable and qualitative data was used to determine attributes that may lead to better employing men to the services of mental health professionals as well as to educate professionals on how to better serve men.

## CHAPTER FOUR

### RESULTS

#### Introduction

This Chapter will discuss the general findings of the study. A total of 50 adult male participants contributed to the survey which was posted on social media, and distributed via email. The survey was open for random participation for a four-week period of time during the month of September 2021. First, the researchers will review the descriptive statistics of the study. Secondly, the researchers will review the data analyzed. Lastly, the researchers will discuss the results of the study.

#### Demographics

In the study, there were a total of 50 adult male participants. Table 1 shows the demographic characteristics of all the participants in the study. From the 50 participants, 26.0% were aged 18-25, 22.0% were aged 26-35, 14.0% were aged 36-45, and 38.0% were age 46 and up.

Next demographic identified was race. 10.0% were African American, 54.0% were White, 2.0% were American Indian or Alaskan Native, 6.0% were Asian, and 26.0% were Hispanic. One person, or 2.0% had this information missing.

Sexual orientation identified participants as 28.0% homosexual, 66.0% heterosexual, 2.0% bi-sexual, 2.0% A-sexual, and 2.0% missing information.

Findings for level of education identified 8.0% as having a high school diploma, 30.0/5 had some college, 12.0% had an Associate degree, and 50.0% of participants had a bachelor's degree or higher.

Marital status found 60.0% single, 32.0% married, 4.0% divorced, 2.0% widowed, and 2.0% separated.

Lastly, yearly income identified participants as 18.0% earning less than 20,000, 14.0% earning 20,000- 34,999, 16.0% earning 35-49,999 22.0% earning 50,000-74,000, and 26.0% with the earnings as 75,000 or higher, 4.0% were missing.

Table 1: Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
<u>Age</u>		
18-25	13	26.0
26-35	11	22.0
36-45	7	14.0
46+	19	38.0
<u>Race</u>		
African American	5	10.0
White	27	54.0
American Indian/Alaska Native	1	2.0
Asian	3	6.0
Hispanic	13	26.0
Missing	1	2.0
<u>Sexual Orientation</u>		
Homosexual	14	28.0
Heterosexual	33	66.0
Bi-sexual	1	2.0
A-sexual	1	2.0
Missing	1	2.0
<u>Education</u>		
High School Diploma	4	8.0
Some College	15	30.0
Associate's Degree	6	12.0
Bachelor's Degree or higher	25	50.0
<u>Marital Status</u>		
Single	30	60.0
Married	16	32.0
Divorced	2	4.0
Widowed	1	2.0
Separated		
<u>Yearly Income</u>		
Less than 20,000	9	18.0
20,000-34,999	7	14.0
35,000-49,999	8	16.0
50,000-74,999	11	22.0
75,000 or higher	13	26.0
Missing	2	4.0

## Introspective Questioning

The next series of questions asks that the participants reflect on their personal experiences regarding their mental health. Here, mental health has been defined as “including, but not limited to stress, anxiety, and depression.” Respondents were asked to answer using a Likert scale of questioning and the responses were either, likely, somewhat likely, unsure, and not likely. The first questions asks, “How likely are you to recognize mental health symptoms in yourself?” The respondents identified as likely, 62.0%, somewhat likely, 34.0%, unsure, 2.0%, with one missing at 2.0%. The next questions asks, “how likely are you to talk with a family member about your mental health” 30.0% being likely, 40.0% being somewhat likely, 28.0% not likely, and 2.0% missing. Question 3 asks, “how likely are you to talk to a friend(s) about your mental health?” 40.0% were likely, 28.0% were somewhat likely, 2.0% were unsure, 28.0% were unlikely, and 2.0% were missing. Question 4 asks, “how likely are you to talk to your general doctor about your mental health?” 30.0% were likely, 38.0% were somewhat likely, 4.0% were unsure, 26.0% were not likely and 2.0% were missing. Question 5 asks, “how likely are you to seek a mental health provider for mental health symptoms?” 34.0% were likely, 30.0% were somewhat likely, 4.0% were unsure, and 30.0% were not likely, 2.0% missing. The final question in this segment asks, “how likely is it that you would know where to find a mental health provider?” 56.0% answered likely, 24.0% somewhat likely, 2.0% unsure, 16.0% not likely and 2.0% missing.

Table 2: Introspective Questions

Variable	Frequency (N)	Percentage (%)
Q1		
Likely	31	62.0%
Somewhat likely	17	34.0%
Not likely	1	2.0%
Missing	1	2.0%
Q2		
Likely	15	30.0%
Somewhat likely	20	40.0%
Not likely	14	28.0%
Missing	1	2.0%
Q3		
Likely	20	40.0%
Somewhat likely	14	28.0%
Unsure	1	2.0%
Not likely	14	28.0%
Missing	1	2.0%
Q4		
Likely	15	30.0%
Somewhat likely	19	38.0%
Unsure	2	4.0%
Not likely	13	26.0%
Missing	1	2.0%
Q5		
Likely	17	34.0%
Somewhat likely	15	30.0%
Unsure	2	4.0%
Not likely	15	30.0%
Missing	1	2.0%
Q6		
Likely	28	56.0%
Somewhat likely	12	24%
Unsure	1	2.0%
Not likely	8	16.0%
Missing	1	2.0%

## Societal Expectations

This next series of questions include six questions that ask about societal standards and expectations. Because research had identified gender role socialization and being significant factors that serve as barriers to help seeking. These include stigma, mistrust, talking about and having the vocabulary to express emotion and the use of self-medication. These questions were not specific to the respondent but rather asked opinions about how men are perceived in society in general. The questions were as follows.

Q1 “how likely is it, do you believe, societal expectations of being a man (strong, independent, fearless etc.) of being a man interfere with seeking mental health services?” 32.0% said likely, 24.0% said somewhat likely, 2.0% were unsure, 22.0% said not likely, and 20.0% were missing. Q2 “How likely is it that talking about feelings, (that include but are not limited to sadness, fear, loneliness etc.) is a barrier for men who may need mental health services?” Likely was 46.0%, somewhat likely was 24.0%, 6.0% were unsure, 4.0% said unlikely, and 20.0% were missing. Q3 asks, “How likely is it that the vocabulary men use to express their emotions (e.g., pissed off, mad) is limited and does not allow for true expression of complex feelings (e.g., vulnerable, fearful)?” Likely was 30.0% somewhat likely was 36.0% unsure was 4.0% not likely was 10.0% and 20% were missing. Q4 “How likely is it stigma, (e.g., what others might think, being labeled etc.) interfere with men seeking mental health services?” likely 40.0%, somewhat likely 30.0%, unsure 2.0%, 8.0% said unlikely, and 20.0% were

missing. Q5 “how likely is it that men have a mistrust of providers (e.g., therapist, counselors, psychiatrists)?” Likely is 28.0% somewhat likely is 34.0% unsure is 10.0% not likely is 8.0% and 20.0% were missing. Q6 asks “how likely is it that men would be more likely to self-medicate to ease mental health symptoms (including but not limited to depression, anxiety, stress, etc.) with drugs and/or alcohol?” likely 48.0% somewhat likely 28.0%, unsure 4.0%, and missing 20.0%

Table 3: Societal Expectations Questions

Variable	Frequency (N)	Percentage (%)
Q1		
Likely	16	32.0%
Somewhat likely	12	24.0%
Unsure	1	2.0
Not likely	11	22.0%
Q2		
Likely	23	46.0%
Somewhat likely	12	24.0%
Unsure	3	6.0%
Not likely	2	4.0%
Missing	10	20.0%
Q3		
Likely	15	30.0%
Somewhat likely	18	36.0%
Unsure	2	4.0%
Missing	10	20.0%
Q4		
Likely	20	40.0%
Somewhat likely	15	30.0%
Unsure	1	2.0%
Not likely	4	8.0%
Missing	10	20.0%
Q5		
Likely	14	28.0%
Somewhat likely	17	34.0%
Unsure	5	10.0%
Not likely	4	8.0%
Missing	10	20.0%
Q6		
Likely	24	48.0%
Somewhat likely	14	28.0%
Unsure	2	4.0%
Missing	10	20.0%

## Solution Focused Questions

This next series of questions ask for a yes, no, or unsure answer and ask, “do you believe mental health services could be beneficial for men?” 76.0% of the respondents answered yes, 2.0% answered maybe, 2.0% answered no, and 20.0% were missing. The next question asks, “do you believe the mental health profession appeals/advertises more to women than men? 40.0% answered yes, 28.0% answered maybe, 12.0% answered no and 20.0% were missing. The final question asks, “do you believe men would be more likely to seek mental health services from a professional who specialized in the unique needs/challenges men face in society?” 46.0% answered yes, 30.0% answered maybe, 4.0% answered no, and 20.0% were missing.

Table 4: Solution Focused Questions

Variable	Frequency (N)	Percentage
Q1		
Yes	38	76.0
Maybe	1	2.0
No	1	2.0
Missing	10	20.0
Q2		
Yes	20	40.0
Maybe	14	28.0
No	6	12.0
Missing	10	20.0
Q3		
Yes	23	46.0
Maybe	15	30.0
No	2	4.0
Missing	10	20.0

## Qualitative Questions

Participants were asked to provide a short answer to the following questions, “for you personally, has societal standards of masculinity made it difficult for you to seek help in managing feelings (e.g., stress, anxiety, depression)? Briefly describe. Here, 38 respondents provided an answer to this question or 76.0%. Of the participants that answered the question, 21 participants answered “no” although one respondent said that he receives more pressure from his family than from society. 7 participants answered “yes” to this question (.18.4%) an explained, “almost all therapists are female and extremely sexist against men” another was fearful of mandatory reporting laws and red flag laws, another reported being gay, he doesn’t get much support from anyone, another was “more likely to figure it out myself” and another reported lack of close personal relationships in a superficial world of internet and social media prevents him from help seeking. The last participant reports having to “overcome” societal standards in order to seek help.

The other questions asked, “under what conditions would you likely seek help from a mental health professional? Briefly describe.” Here, 34 respondents answered (68.0%). The majority answered that they would seek help if situations affected daily functioning, or if they were experiencing anxiety, depression, or suicidal ideation. One respondent answered that they would only seek help if the

therapist were male, one answered that only if it were discreet and had absolute privacy, another would attend if it were free, and one reports he wouldn't because he "can't trust anyone"

## Conclusion

This chapter reported the demographics of the surveyed participants and the significant findings from the data collection. The findings show that much of the information gathered is consistent with literature on biases that effect men's decision to seek help and the role of masculine gender socialization.

Demographics gathered showed that the majority of participants were aged 46 or over, white, heterosexual, well educated, and of a higher income level.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The following chapter will present an overview of the data collected from the surveys of adult male participants and its implications to the social work profession. This section will further explain the study's findings and how it relates to existing literature. Additionally, this chapter will discuss the limitations of the study, how the findings may be used to improve social work policies and practices, and recommendations for future research.

#### Discussion

It wasn't until after the height of the women's liberation movement, and the gay liberation movement of the 1970's that research began to look beyond biological and physiological aspects of maleness (O'Neil 1981). Research began to highlight psychological problems correlated with masculine ideology (O'Neil 2010, 2012). Even in present day, at the height of Black Lives Movement (BLM), there continues to be little attention to gender role socialization and its negative effects on men. Still, research maintains disparities between outcomes of mental health between men and women. According to the World Health Organization

and the National Institute of Mental Health (2017), suicide rates were 12 times higher for men than for women. Depression, a leading cause of suicide, show increased numbers of depression for women, 5.1% compared to 3.6% of males, however, lack of utilization of services have been reported to contribute to men being inadequately diagnosed (WHO, 2017). Men suffer more chronic diseases and higher levels of early mortality and morbidity often as a result of neglected mental health services (Furman, 2013). Men tend to use drugs and alcohol in greater number than women often a result of self-medicating, and consequently develop addictions. Nearly 12% of men abused substances compared to women who were just below 7% (NIMH, 2020). Addictions and substance abuse increase the likelihood of intimate partner violence (IPV) which men contribute more too as well as victimizing others, also a result of mental health problems (Acevedo, Lowe, Griffin, & Botvin, 2013). In addition, high rates of male incarceration are associated with mental health and substance use. More than 90% of inmates in the U.S are male according to the Bureau of Justice, 2020.

The first series of questions asked of participants inquires about mental health symptoms and individual reactions. For instance, men were asked how likely they are to recognize symptoms within themselves. A larger percentage or 62.0% were likely to know when they were experiencing signs of distress. Additionally, more than half, or 56.0% of the males indicated that they were likely to know where to find a mental health provider. Yet, when asked with whom they would/could confide or seek help from about symptoms, the percentage dropped

to 30.0% for likely to confide in a family member or a doctor. The percentage was slightly higher (40.0%) for those likely to confide in a friend. This finding correlates with literature suggesting that even though experiencing symptoms, and knowing what these symptoms are, and how to find a provider for mental health services, men are less likely to actively participate. As research states, that men seek help far less than their female counterparts, not only with health services, but particularly in regard to mental health (Addis & Mahalik 2003; Yousaf et al 2015; Seidler et al 2016; Thompson et al 2016; Salgado et al 2019). Slightly higher was the potential that men were more likely to confide in a friend about their distress. Here too is a reflection of the literature as it has been recognized that men may be more likely to find connection and support within the community and among peers. For instance, in Black communities, barbershops have been found to be a place where men can confide in other men. Dr. Brenna Gentile recently wrote an article in Psychology Today posted May 16<sup>th</sup>, 2021, titled *Barbershop, how an organization is reimagining the mental health system from a barber chair*. Those interviewed confirmed how the barbershop was a safe haven for confiding in others.

The next series of questions ask men about gender role socialization and on how they (men) perceive men in society, or gender role. Another noteworthy observance of the survey is that at this point when questions became less superficial, and more introspective, 10 respondents or 20.0% dropped out of the survey. Could this be reflective of difficulty in answering more introspective

questions? Research indicates, lack of mental health literacy is the unknowing or the un-acknowledging of terminology descriptive of mental health issues.

Literature suggests that if men had an awareness of symptomology and knew what warning signs to look for, they would be more inclined to seek help (Addis & Hoffman, 2017).

When asked about societal expectations and the perception that men be strong, independent, and fearless, and the likelihood that this stereotype served as a barrier to help seeking, the majority was at 40.0% likely, 30.0% somewhat likely, and 16.0% replied not likely. It may be noteworthy to mention here the demographics of those surveyed and examine its correlation. As the majority of respondents were White, heterosexual, over the age of 46 and highly educated. This is important in that particularly within the social services realm, emphasis is placed on the disparity between those most marginalized as compared to those less so. Meaning, hardship experienced by those of a higher status within society, is only multiplied by those who are more ostracized. The noteworthy correlation then seems to suggest from this research, that if the experience of older white well-educated men is in agreement with the literature of gender role socialization and the barriers it creates, this would amplify by those less fortunate. The next question in this category addresses another male barrier in regard to vocabulary and discussing feelings. A resounding 57.0% of male participants agree that talking about feelings is a barrier to help seeking. The social work profession is made up of over 80.0% females. Women have the

privilege and are socialized to talk about their feelings and have an extensive vocabulary in which to do so. This facilitates utilization of services with social workers as there is an instant understanding among females about how information is shared and confided. This is not so with males. Males may believe that therapy is talking about feelings. In agreement too is the suggestion that the vocabulary men use to express feelings is a barrier. With more than half of the respondents in agreement. Stigma was another area of concern. The burden of stigma negatively influences help seeking in that it violates the general principals of manhood in the gender role congruence and threatens their status as men (Mahalik & Dagirmanjian, 2019). The likelihood in this survey ranked high at 50.0% followed by 37.5% being somewhat likely. Combined this accounts for most all the participants in agreement that stigma is a significant barrier to men seeking help. This large percentage seems to suggest the importance of keeping up the masculine front and that seeking help may be correlated with weakness.

Rochlen and colleges (2010) pointed out that men report feelings of being misunderstood or unwanted by helping professionals. Feelings such as these lead to a mistrust in specialists. When questioned about mistrust, 35.0% of men answered likely, and 42.5% answered somewhat likely. Additionally, literature attributes bias among professionals that may account for mistrust. In the brief answer portion of the survey, one participant posits, “almost all therapists are female and extremely sexist against men” another was fearful of mandatory reporting laws and red flag laws, another reported being gay, he doesn’t get

much support from anyone. In addition to mistrust, men in the survey were asked if they perceived mental health professions appealing or advertising more to woman than men. 50.0% of the men answered yes, and 35.0% answered maybe. If this particular demographic of men who participated in this survey and deemed less marginalized by societal standards, recognize this disparity, it can only be imagined that those with less resources and opportunity are impacted in greater capacity by this deficit. This may suggest the culture of mental health largely comprised of female professionals is inadequate in incorporating an even playing field in which all feel welcomed to participate.

The final questions of the survey asks if men believe mental health services would be beneficial to men a resounding 95.0% of men believe services would be beneficial this is in spite of the fact that men feel ostracized, misunderstood, and that the profession is not inclusive of men. Finally, men were asked if they would be more likely to seek help from a professional who were trained and specialized to address the unique needs and challenges that men face in society, 57.5% of respondents answered yes, and 37.5% answered maybe. This may be indicative of the need for such a service. It may be that the social work field may better accommodate the specific needs of men, their communications styles, the biases they encounter, and what may facilitate trust, and adherence to services whereby reducing stigma and increasing men's confidence in social work practice.

## Limitations

Some of the limitations that should be taken into consideration include the platform in which the survey was distributed. Researcher used the social media platform to distribute the survey which caused limited control over who had access to the survey and who shared the survey. This resulted in limited variation among participants. The majority of participants were White, over the age of 46, educated, and of a higher income bracket. Education level in this instance may suggest knowledge of such gender bias and not necessarily experience. Additionally, in order to encourage participation to the point of completion, researcher asked brief questions opposed to an interview which may have provided more insight and led to greater depth of questions.

## Implications for Social Work Practice

This study has significant implications for professional, social workers, and social work practice. As respondent's answers seem to validate the literature that men experience bias as a result of gender role socialization. Further, as was noted, some men appear to mistrust the mental health system, feel as though they are outsiders, and the majority of therapist are female and sexist. Men also suggest that the field of mental health appeals to the female population more so than the male population and that therapy requires a discussion of feelings to

which men are not accustomed nor are they socialized in this way. Therefore, social workers and social work practice must do more to appeal to men. It is important that social workers become more knowledgeable of the disparities men face. Knowledge of male communication styles and patterns may contribute to better outcomes. Identifying stress responses, both verbal and non-verbal. Allowing ample time for processing and providing space and time for men to open up and divulge information on their own time. It is beneficial that female social workers acknowledge bias when it comes to a preference in working with female clients who may share the same communication styles and preferences. When men in the survey were asked if they would be more likely to seek help from a professional who were educated and trained specifically to meet the needs of male clients, more than half of the participants declared yes.

### Recommendations for Future Research

Future research could focus on a few important areas. First, more investigation could be looked at into the mental health perspectives of key adults in young men's lives, such as family members, wives, and educators. As these are important role models for men both old and young. Second, research would be beneficial for men who identify gay, bisexual, or transgender as they experience compounded stigma and may be the most at-risk subgroup. Third, it is clear from this research that men are willing to talk about mental health if they

were with a professional who specialized in working with men. Therefore, research into creating supportive and encouraging environments where men feel comfortable to open up. Men may be better suited to social supports when it comes to mental health. As the article by Dr. Brenna Gentile who recently wrote in Psychology Today posted May 16th, 2021, titled Barbershop, how an organization is reimagining the mental health system from a barber chair. Suggesting men are finding a “safe haven for confiding in others”. Research thus must include factors that facilitate mental health services, how and when men are more likely to confide in others so that services could focus on these areas, and to create solutions to problems they experience. Getting men to participate in research may be a limitation. As more women than men are subjects of research. What maybe a partial explanation for the imbalance in research is that women are easier to investigate. Generally, women are more willing to cooperate and are more accessible to researchers. Women typically discuss their feelings and are better able to use emotional language to express themselves. This may promote more extensive research accumulated whereby promoting better services for women. Perhaps more efforts could be made to increase research of men by meeting them in more social settings where they may be more likely to participate in studies.

APPENDIX A  
SURVEY QUESTIONS

## Demographics

What is your age in years? 18-25 / 26-35 / 36-50 / 50+

Sexual orientation? Homosexual/ heterosexual/ bisexual / A-sexual

Race/ethnicity? African American, White, Native American/Alaskan Native.

Asian, Hispanic

Highest level of education? High school, some college, AA degree, BA degree or higher

Marital status? Married, single, divorced, widowed, separated

Household yearly income? Less than 20, 000/20,000-39,999/40,000-59,999/60,000+

Considering that men face unique challenges associated with mental health, please answer the following questions:

How likely are you to recognize mental health symptoms in yourself (including but not limited to stress, anxiety, depression etc.)?

Likely, somewhat likely, unsure, not likely

How likely are you to talk with a family member about your mental health?

Likely, somewhat likely, unsure, not likely

How likely are you to talk to a friend(s) about your mental health?

Likely, somewhat likely, unsure, not likely

How likely are you to talk to your general doctor about your mental health?

Likely, somewhat likely, unsure, not likely

How likely are you to seek a mental health provider for symptoms (e.g., stress, depression, anxiety)?

Likely, somewhat likely, unsure, not likely

How likely would you know where to find a mental health provider?

Likely, somewhat likely, unsure, not likely

Considering that men face unique challenges associated with societal standards and expectations, regarding men in general, please answer the following questions:

How likely is it that societal expectations of being a man (being strong, independent, fearless etc.) interfere with men seeking mental health services?

Likely, somewhat likely, unsure, not likely

How likely is it that talking about feelings (including but not limited to sadness, fear, loneliness, etc.) is a barrier for men who may need mental health services?

Likely, somewhat likely, unsure, not likely

How likely is it that the vocabulary men use to express their emotions (e.g., pissed off, mad) is limited and does not allow for true expression of complex feelings (e.g., vulnerable, fearful)?

Likely, somewhat likely, unsure, not likely

How likely is it stigma (e.g., what others might think, being labeled etc.) interfere with men seeking mental health services?

Likely, somewhat likely, unsure, not likely

How likely is it that men have a mistrust of providers (e.g., therapist, counselor, psychiatrist)?

Likely, somewhat likely, unsure, not likely

How likely is it that men would be more likely to self-medicate to ease mental health symptoms (e.g., depression, anxiety, and stress) with drugs and/or alcohol?

Likely, somewhat likely, unsure, not likely

---

Considering that men face unique challenges when it comes to seeking mental health services, please answer the following questions:

Do you believe mental health services could be beneficial for men?

Yes/no/unsure

Do you believe the mental health profession appeals/advertises more to women than men? Yes/no/unsure

Do you believe men would be more likely to seek mental health services from a professional who specialized in the unique needs/challenges men face in society? Yes/no/unsure

In your own words please answer the following questions:

For you personally, has societal standards of masculinity made it difficult for you to seek help in managing feelings (e.g., stress, anxiety, depression)? Briefly describe.

Under what conditions would you likely seek help from a mental health professional? Briefly describe.

Created by Karen L. Barone

APPENDIX B  
INFORMED CONSENT

## Informed Consent

The study in which you are asked to participate is designed to examine the opinions, experiences, and thoughts regarding men's mental health. The study also inquires about experiences among men in regards to gender role stereotyping. As this is thought to be a barrier among men in seeking mental health services. The study is being conducted by Karen Barone, a graduate student, under the supervision of Dr. Thomas Davis, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**PURPOSE:** The purpose of the study is to examine factors, facilitators, and barriers to men's mental health seeking.

**DESCRIPTION:** Participants will be asked questions regarding demographics, personal experiences with mental health and utilization of mental health services as well as and adherence to masculine gender norms.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take about 15 minutes to complete the survey and may be longer if answering brief answer questions in more depth.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation at any time.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research which may contribute to supporting men in the area of mental health.

CONTACT: If you have any questions about this study, please feel free to contact Karen Barone at 310-699-3315

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2022.

\*\*\*\*\*

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

\_\_\_\_\_

Place an X mark here

Date

APPENDIX C  
IRB APPROVAL LETTER

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-153

Thomas Davis Karen Barone

CSBS - Social Work

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Thomas Davis Karen Barone:

Your application to use human subjects, titled "Barriers Among Men Seeking Mental Health Services" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.

Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2021-153 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair

CSUSB Institutional Review Board

ND/MG

## REFERENCES

- Acevedo, B. P., Lowe, S. R., Griffin, K.W., & Botvin, G. J. (2013). Predictors of intimate partner violence in a sample of multiethnic urban young adults. *Journal of Interpersonal Violence*, 28, 3004–3022.
- Addis, M. E., & Hoffman, E. (2017). *Men's depression and help-seeking through the lenses of gender*. In R. F. Levant & Y. J. Wong (Eds.), *The psychology of men and masculinities* (p. 171–196). American Psychological Association. <https://doi.org/10.1037/0000023-007>
- American Foundation for Suicide Prevention
- Bellamy, J. L. (2009). A national study of male involvement among families in contact with the child welfare system. *Child Maltreatment*, 14(3), 255–262.
- Cavanagh, A., Wilson, C. J., Kavanagh, D. J., & Caputi, P. (2017). Differences in the Expression of Symptoms in Men Versus Women with Depression: A Systematic Review and Meta-analysis. *Harvard Review of Psychiatry*, 25(1), 29–38. <https://doi.org/10.1097/HRP.0000000000000128>
- 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>

Creighton, G., Oliffe, J., Ogrodniczuk, J., & Frank, B. (2017). "You've gotta be that tough crusterior man": Depression and suicide in rural-based men. *Qualitative Health Research*, 27(12), 1882-1891.  
<http://doi.org/10.1177/1049732317718148>

Differences in Addiction Between Men and Women. (n.d.). Addiction Center.  
Retrieved November 15, 2020, from  
<https://www.addictioncenter.com/addiction/differences-men-women/>

D, P., & Jr, G. S. (2020). The Crisis in Male Mental Health: A Call to Action. *American Journal of Men's Health*, 14(4), 1557988320936504–1557988320936504. <https://doi.org/10.1177/1557988320936504>

Fogarty, A. S., Proudfoot, J., Whittle, E. L., Player, M. J., Christensen, H., Hadzi-Pavlovic, D., & Wilhelm, K. (2015). Men's use of positive strategies for preventing and managing depression: A qualitative investigation. *Journal of Affective Disorders*, 188, 179–187.  
<https://doi.org/10.1016/j.jad.2015.08.070>

Furman, R. (2013). Social work practice with men at risk.

Hom M. A., Stanley I. H., Jonier T. E., Jr. (2015). Evaluating factors and interventions that influence help-seeking and mental health service utilization among suicidal individuals: A review of the literature. *Clinical Psychology Review*, 40, 28–39. [PubMed] [Google Scholar]

- Hornigold, C. (2016, August 18). Operational Definition of GRC | Dr. Jim O'Neil.  
<https://james-oneil.uconn.edu/operational-definition-of-grc/>York: Columbia University Press.
- Incarceration and Health: *A Family Medicine Perspective* (Position Paper). (n.d.). Retrieved November 29, 2020, from  
<https://www.aafp.org/about/policies/all/incarceration.html>
- Kessler, R. C. (2012). The Costs of Depression. *Psychiatric Clinics of North America*, 35(1), 1–14. <https://doi.org/10.1016/j.psc.2011.11.005>
- Latalova, K., Kamaradova, D., & Prasko, J. (2014). Perspectives on perceived stigma and self-stigma in adult male patients with depression. *Neuropsychiatric Disease and Treatment*, 10(162), 1399-1405. <https://doi.org/10.2147/NDT.S54081>
- Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking, and mental health services: Exploring barriers and solutions. *American Journal of Men's Health*, 12(1), 138-149. <https://doi.10.1177/1557988315619469>
- Mahalik, J.R., & Dagirmanjian, F.R. (2019). Working-class men's constructions of help-seeking when feeling depressed or sad. *American Journal of Men's Health*, 13(3), 1-13. <http://doi.org/10.1177/1557988319850052>
- Mackenzie, C. S., Visperas, A., Ogrodniczuk, J. S., Oliffe, J. L., & Nurmi, M. A. (2019). Age and sex differences in self-stigma and public stigma concerning depression and suicide in men. *Stigma and Health*, 4(2), 233-241. <https://doi.org/10.1037/sah0000>

- McKenzie, S.K., Jenkin, G., & Collings, S. (2016). Men's perspective of common mental health problems: A metasynthesis of qualitative research. *International Journal of Men's Health*, 15(1), 80-104.  
<https://doi.org/10.3149/jmh.1501.80>
- Morgan, R. E. (2018). *Criminal Victimization*, 2018. 37.
- Nath, S., Russell, G., Ford, T., Kuyken, W., & Psychogiou, L. (2015). Postnatal paternal depressive symptoms associated with fathers' subsequent parenting: Findings from the Millennium Cohort Study. *British Journal of Psychiatry*, 207(6), 558-559. doi:10.1192/bjp.bp.114.148379
- National Institute of Mental Health. (2019). Major depression. Retrieved April 1, 2019, from  
<https://www.nimh.nih.gov/health/statistics/majordepression.shtml>
- NCADV | *National Coalition Against Domestic Violence*. (n.d.). Retrieved November 15, 2020, from <https://ncadv.org/STATISTICS>
- NIMH » Mental Illness. (n.d.). Retrieved November 22, 2020, from  
<https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- Position Statement 22: Involuntary Mental Health Treatment*. (n.d.). Mental Health America. Retrieved November 29, 2020, from  
<https://www.mhanational.org/issues/position-statement-22-involuntary-mental-health-treatment>
- Pratt, L. A. (2014). *Depression in the U.S. Household Population, 2009–2012*. 172, 8.

*Products—Data Briefs—Number 380—September 2020.* (2020, September 29).

<https://www.cdc.gov/nchs/products/databriefs/db380.htm>

Quick Statistics Results | CBHSQ Data. (n.d.). Retrieved November 29, 2020,

<https://www.samhsa.gov/data/quick-statistics->

[results?qs\\_type=nmhss&state=United%20States&year=2019](https://www.samhsa.gov/data/quick-statistics-results?qs_type=nmhss&state=United%20States&year=2019)

Rasmussen, M.L., Hjelmeland, H., & Dieserud, G. (2018). Barriers toward help seeking among young men prior to suicide. *Death Studies*, 42(2), 96-103.

<https://doi.org/10.1080/07481187.2017.1328468>

Ritchie, H., Roser, M., & Ortiz-Ospina, E. (2015). Suicide. *Our World In Data*.

<https://ourworldindata.org/suicide>

Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. L. (2019).

Improving Mental Health Service Utilization Among Men: A Systematic

Review and Synthesis of Behavior Change Techniques Within

Interventions Targeting Help-Seeking. *American Journal of Men's Health*,

13(3). <https://doi.org/10.1177/1557988319857009>

Salgado, D. M., Knowlton, A. L., & Johnson, B. L. (2019). Men's health-risk and

protective behaviors: The effects of masculinity and masculine norms.

*Psychology of Men & Masculinities*, 20(2), 266-275.

<http://doi.org/10.1037/men0000211>

Salter, M. (n.d.). *The Problem With a Fight Against Toxic Masculinity*. 3.

Seidler, Z.E., Dawes, A.J., Rice, S.M., Oliffe, J.L., & Dhillon, H.M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review*, 49(11), 106-118.

<https://doi.org/10.1016/j.cpr.2016.09.002>

*Suicide statistics*. (2019, November 15). American Foundation for Suicide Prevention. <https://afsp.org/suicide-statistics/>

Thompson, E. H., & Barnes-Langendoerfer, K. B. (2016). Older Men's Blueprint for "Being a Man." *Men and Masculinities*, 19(2), 119–147.

<https://doi.org/10.1177/1097184X15606949>

Umberson, D., & Montez, J. K. (2010). Social Relationships and Health: A Flashpoint for Health Policy. *Journal of Health and Social Behavior*, 51(Suppl), S54–S66. <https://doi.org/10.1177/0022146510383501>

Westall, R. (2017, November 8). *14 Ways Alcohol Abuse Harms Marriage*. Ria Health. <https://riahealth.com/2017/11/08/8-ways-alcohol-abuse-harms-marriage/>

Whittle, E. L., Fogarty, A. S., Tugendrajch, S., Player, M. J., Christensen, H., Wilhelm, K., Hadzi-Pavlovic, D., & Proudfoot, J. (2015, April 6). Men, Depression, and Coping: Are We on the Right Path?. *Psychology of Men & Masculinity*. Advance online publication.

<http://dx.doi.org/10.1037/a0039024>

- Wong, Y. J., Ho, M. R., Wang, S. Y., Miller, I. S. (2017). Meta-analyses of the relationship between conformity to masculine norms and mental health-related outcomes. *Journal of Counseling Psychology*, 64(1), 80–93.
- World Health Organization . (2018). Depression, Fact Sheet. Geneva: World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/depression>. Google Scholar
- World Health Organization (2017). Violence against women. Retrieved from <http://www.who.int/news-room/fact-sheets/detail/violence-against-women>  
Google Scholar
- Yousaf, O., Popat, A., & Hunter, M.S. (2015). An investigation of masculinity attitudes, gender, and attitudes toward psychological help-seeking. *Psychology of Men and Masculinity*, 16(2), 234-237.  
<https://doi.org/10.1037/a0036241>