

ORIGINAL RESEARCH

Alternative Approaches for Health, Mental Wellbeing and Suicide Prevention for Boys and Young Men

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Abstract: There is considerable current policy debate and public discourse about the nature of health, wellbeing and suicide in boys and young men. Unfortunately, little of the discussion seems to be founded on established models of best practice for working with young males in this space. Further, arguments proffered, and decisions made regularly tend to omit the voice of young males from the process. For optimal health outcomes and suicide prevention to be achieved for young males and subsequently across their whole lifespan, substantial evidence needs to be gathered and considered in establishing benchmarks for policy, funding, and service delivery. The article will explore some of the established literature that covers this area, as well as emerging research that is adding to current knowledge as the article looks at the emerging non-medical alternative approaches such as mentoring as an early intervention, the impact of social determinants of health and collaborative group-based activities and also a change in media content from highlighting hegemonic/toxic masculinity to more positive emotional stories of men showing a resilient attitude to life's problems. The article discusses a growing need to move away from medical approaches especially in the case of attention-deficit hyperactivity disorder that is 3-9 times more prevalent amongst young boys who are diagnosed with it than girls. There is a need to find a more balanced physical/medical health and mental/emotional wellbeing approach for young men to deal with the transition from boyhood to manhood.

Keywords: Male; Suicide; Mentoring; Social Determinants of Health and Social Work

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1. Introduction

On many levels, boys and young men are over-represented in indicators of poorer health and under-represented in help-seeking figures. Gray & Daraganova (2018)(1) found that girls were more likely to seek help than boys and young men if they had an emotional or personal problem, depressive symptoms, anxiety symptoms, and self-harming behaviour. Similarly, findings by Hall and colleagues (2019)(2) saw that girls who reported experiencing a serious problem were more likely than boys to seek help. It is also clear that young men are at particular risk of suicide. In Australia alone, it is the

second leading cause of death for males aged 15-19 (ABS, 2019)(3). Suicidal ideation is an important risk factor but is poorly understood among adolescent males. King and colleagues (2020) examined associations between conformity to masculine norms and suicidal ideation in adolescents and found that greater conformity to norms regarding heterosexuality reduced the odds of reporting suicidal ideation(4). Blakemore (2003) also discussed sex norms that are seen by children as both acceptable and non-acceptable, finding that children from an early age start to look at where they fit in relation to society and their norms(5). Kagesten and colleagues (2016) carried out a systematic review of eighty-two studies across North America and Western Europe and found that interpersonal influences such as family and peers are central influences on young adolescents (ages 10-14)(6). These gender socialisation processes differ for boys and girls, however

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the role of community factors such as schools and media are less clear.

Connell (2005) stated that adolescence is not a fixed stage in a lifecycle and adolescent boys' and young males' lives and emotions, would not be categorically distinct from adolescent girls(7). But when a society's dominant gender ideology insists on the absolute difference of masculinity from femininity, a developmental dilemma is created. This turns out to be a characteristic problem not just for boys and young men, but for males in what Arnett (2004) referred to as emerging adulthood(8). One common solution – though not the only one – is to exaggerate the enactment of masculinity as a way of 'doing difference'. Klomek, Sourander & Gould (2010) also found that both sexes have a markedly different risk profile(9). Bullying and peer victimization are risk factors for later suicidality, especially when there is comorbid psychopathology, and they propose that children who are involved in bullying behavior should be actively screened for psychiatric problems and suicidality. They also found that there were still not enough studies that include cyberbullying— an emerging and very important area of research.

According to Amin, Kagesten, Adebayo & Chandra-Mouli (2018), the health of adolescent girls has been the focus of attention because of the disadvantages that they face globally, even though boys transitioning into adolescence also face distinct risk factors that can lead to an increase in violence, HIV/AIDS, and suicide(10). The study looked at the often-ignored determinant of gender and the gender socialisation of boys and young males to adopt unequal or stereotypical attitudes related to masculinities. Granato, Smith & Selwyn (2015) posited an interpersonal theory that to die by suicide a person must be unafraid of death and able to tolerate the physical pain involved in suicide(11). This capability for suicide is acquired via repeated exposure to painful and provocative life events, which has been proposed as a potential mechanism by which men come to be at higher risk of death by suicide compared with women. The study examined the degree to which masculine gender norms might encourage men to engage in painful and provocative life events and, therefore, experience greater acquired capability. A sample of 583 male and female university students completed a self-report where the results indicated that masculine gender norms of success, power, and competition; restrictive emotionality, work and family conflict indirectly influenced acquired capability via their relationship with painful and provocative life events. However, this argument seems contrary to the accepted wisdom that suicide is a search for a means to end contemporaneous pain.

Further, this dualistic approach to gender has distinct drawbacks. Cleary (2012) underpinned his study with a presumption that binary notions of male and female emotions lack substance, but that the expression of emotions is gender-

specific and constrained in some social localities(12). This inquiry, based on in-depth interviews with 52 young Irish men who had made a suicide attempt, examines suicidal behavior at the individual level. The findings demonstrate that these young men experienced high levels of emotional pain but had problems identifying symptoms and disclosing distress and this, along with the coping mechanisms used, was linked to a form of masculinity prevalent in their social environment. Coleman (2015) continued this argument in a study of 2,431 young adults, and found that stereotypical masculinity was associated with suicidal ideation, second only in strength to depression, including when monitored for other risk factors(13).

According to a UK study by Ayton, Rasool & Cottrell (2003), whereas adult suicide can be linked to factors such as unemployment and social deprivation, suicide amongst children and young people is less understood(14). The Study looked at 730 young people who were admitted to hospital for self-harm and concluded that socio-economic deprivation as a cause of deliberate self-harm should also be factored into primary and secondary prevention programs for those programs to be successful. Mac An Ghail, & Haywood (2012) questioned the viability of using normative models of masculinity for explaining boys' and young males' behaviors and suggests that researchers in the field of gender and suicide consider how boys' genders may be constituted differently(15). First, it is argued that studies that use masculinity tend to reduce the formation of gender to the articulation of power across and between men and other men and women. Secondly, they argue that approaches to understanding young males' behaviors are simplistically grafting masculinity as a conceptual frame onto boy's attitudes and behaviors. It finally focusses on the ways that boys and young males engage in friendships. The significance of this is that we need to question how notions of communication, integration and isolation, key features of suicide behaviors, are framed through the local production of friendships.

The American Psychological Association (APA) (2018) recommend specific guidelines that enhance gender and culturally sensitive psychological practice with boys and young men that address gender role conflict(16). Langhinrichsen-Rohling, Friend & Powell (2009) made the point that professionals who rely on non-fatal expressions of suicide will continue to fail to identify adolescent males to be at risk of suicide because females are more likely to report suicide ideation and attempts across all cultural groups(17). Clinicians and other professionals should utilize more indirect measures of suicide proneness rather than rely on direct self-reporting tools, because while cultural and gender differences have been posed as risk factors for suicide, they have been mainly isolated from each other. They should be analyzed in terms of how they operate together. An under-

pinning framework incorporating intersectionality would be most useful here, as it is important to take into account the intersections of social structural dimensions including factors such as age, class, gender, cultural background, cultural dispossession, diverse sexual identity, employment and education. It is in these intersections that marginality presents the biggest risk to mental health issues, suicidality and access to services.

One of the major activities within social and youth work practice has been to focus on the need for increased access to services, preventative measures and enabling people with limited resources to access services with the most effective solutions (Prince et al. 2007)(18). The global population of young men find it hard to overcome the challenges in achieving their wellbeing despite many efforts of professionals. Rickwood and co-workers (2007) emphasized a need for an alternative approach, and this need is still current(19). Many researchers have reported that help-seeking of males is much less than females in Australia (Smith et al, 2006, 2007; Black Dog Institute, 2018; Macdonald, 2006; McGorry et al., 2011)(20-24). However, Rickwood et al. (2012) reported that 30% of young males within the 16-24 age group sought professional help for mental health problems while females within the same age group sought help at a slightly higher rate at of 31%(19). Preliminary findings from Hall, Jones, Jaffar and Capobianco (2020) supported this report, where 60% of young men surveyed reported they were comfortable talking about their feelings, and that 23% reported having sought help from a mental health professional(25). Yet despite these reports, suicide in young people across Australia remains a major concern for public health professionals. The ABS (2019) reported that 38.4% of suicides are by young Australians in which young males accounted for 17.3 per 100,000 deaths, while young females accounted for only 7.2 per 100,000(3). Rickwood and Braithwaite (1994)(26) stated that help-seeking is a complex psycho-social activity, which might highlight the vulnerability of individuals by both gender and age. There is enough evidence that traditional health practices have managed to create structural barriers around cultural norms and masculinity showcasing men as dominating figures in the society, which can limit people from seeking help (Macdonald, 2006)(23). McGorry and colleagues (2011) stated that unlike the physical health problems which are more likely to occur in later life, mental health problems are very commonly developed at a young age(24). The stigma attributed to stereotypical masculine characters such as tough, strong, brave, heterosexual and being in control can also have a negative effect on emotional wellbeing and help-seeking behaviors of young men (Kagesten et al., 2016)(6). It is also important to acknowledge that social determinants such as trauma from negligence or abuse, family separation, history of violence in the family, social isola-

tion, lack of support and opportunities and macro-level factors such as low numbers of male-friendly services or limited number of male carers can heavily impact on the health and wellbeing of adolescents (Macdonald, 2006)(23).

Basterfield and colleagues (2014) contended that there are many complex layers involved in the understanding of masculinity, including social connections(27). The current pathological model and medicalisation of behavioural problems is causing a long-term negative effect on children and adolescents. For example, Rey and Sawyer (2003) stated that the prescription of attention-deficit hyperactivity disorder (ADHD) drugs has not contributed to a reduction of mental health disorders and youth suicide in Australia(28). This deficit model needs to be counterbalanced by a strengths-based approach; what Macdonald (2006) names as 'salutogenic' as opposed to pathogenic; that also takes into consideration the voice of young males themselves – something that is underutilized in the debate(23). Hall et al (2020) strongly advocated for this approach, and early indications in their scoping study of 15-16-year-olds were that young males comprehend the difference between the frameworks. In this regard, alternative approaches stemming from an intersectional, social determinants model may offer insight into improving the health and wellbeing of boys and young males(25).

2. Alternative approaches

The path from boyhood through adolescence to early adulthood is a crucial life stage requiring increased research focus on what strengths facilitate a healthy transition. To date, much public discourse and policy priority around boys' and young males' health has been developed from an evidence-base with a narrow focus. There is certainly anecdotal support around what does and does not work when seeking to improve the health of young males. Frontline workers with boys and young males, such as youth workers and teachers, bring a great deal of commitment, energy, and passion to their role. In both formal and informal contexts, and with flexible service delivery, they respond to crises through supportive and trusting relationships (Hall & Hall, 2003)(29). However, the dearth of solid evidence bases beyond individualistic or pathogenic responses points to the strong need for research to fill this gap. Nascent efforts in this area provide indicative findings in relation to the alternative approaches listed below in Table 1.

3. Focus on social determinants

Social determinants play a significant role on the health outcomes of Australian men, and failure to acknowledge these factors can contribute to an unequal health outcome be-



Table 1: Alternative approaches to health of boys and young males.

Social determinants of health	Mentoring as early intervention
Non-medical strategies	Group activities
Advocating for change in media content	Community-generated mechanisms

tween males and females and also between different groups of males (Macdonald, 2006)(23). Social and youth workers with a critical lens and a holistic approach have a significant role in reducing the rate of suicide as men and young males are overrepresented in the data. It is important to expand the evidence about multiple types of approaches, as mental illness is not the only factor that contributes to the high suicide rates in Australia. Guntuku (2020) stated that factors such as unemployment, family breakdown, accumulated stress, separation from children, loss of land or livelihood and intergenerational trauma in Aboriginals are major contributing factors to suicide(30). Although, there is evidence suggesting that the social determinants and ecological factors play a significant role in health outcomes, they have been neglected in published Health Policies neglect. There has to be a greater priority for culturally appropriate services to address the needs of Indigenous/First Nations young people. Guidance from elders and mentoring from cultural ceremonies have had some success in reducing the stigma and isolation among young indigenous Australians (Macdonald, 2010)(31). However, there is a need for all social and youth workers to take the path of advocacy to bring policy changes to reduce the gap between Indigenous and non-Indigenous young people. Price & Dalgleish (2013) point out that this is particularly the case when considering accessibility of health and support services for young males(32).

4. Early Interventions – Mentoring

There are organizations working at the community level in Australia to address the emotional and wellbeing needs of young males. For instance, Top Blokes Foundation addresses the anti-social and risk-taking behavior by facilitating boys and young men to engage in difficult conversations. These peer-led mentoring programs run for either 8 or 16 weeks in schools, exclusively for boys to address issues such as Anger Management, Help-seeking, Alcohol and Drugs, Healthy Relationships, Masculinity, Sexual Health, Fatherhood, Racism and Peer Pressure (Top Blokes Foundation, 2019)(33). The evaluation of this mentoring program has indicated that 83% of the participants indicated an improvement in their self-confidence and 80% of the participants reported they had learnt a new technique to engage better with peers and teachers (Top Blokes Foundation, 2019)(33).

Panthers on the Prowl Building Young Men's Program ad-

resses the specific needs of young males through a 16-week program that covers topics such as relationships, developmental goals, communication, respect and community engagement. A scoping study by Joseph and Hall (2016) found that a healthy transition to adulthood was fostered by program messages about manhood which were all positive – encouraging respect, responsibility and hard work(34).

These projects have had very positive results and met the benchmarks that Hartley (2004) proposes for youth mentoring such as highly variable formats, varying communication styles and diverse purposes(35). As Rhodes (2008 p.37) highlighted, 'mentoring programs can vary on a multitude of dimensions (e.g., duration, intensity, integration with other services, target populations, approaches)'(36). It is important for both practicing workers and students to consider these multi-dimensional factors that contribute to the development of wellbeing in young men. Ando and colleagues (2018) stated that characteristics of emotional intelligence such as expression and management of emotional feelings impact external factors such as help-seeking(37). Shifting the focus from psychological illness to these contributing factors will lead to emotional wellbeing and subsequently to a reduction in risky/negative behavior and suicides. Following on from Joseph and Hall's scoping study (2016)(34), recent doctoral research by Joseph (2021) found significant value for young males transitioning to adulthood of a 'dynamic group mentoring model' which enables multiple safe and significant relationships to be developed between young male participants and a diverse range of community mentors(38). The impact of the program on communication, respectful relationships and life aspiration is clear and the program has begun to develop a site of resistance to the dominating versions of masculinity which emanate from hypermasculine sporting arenas and corporate entities involved in associated social initiatives. The challenge is that, while anecdotally these programs are proving to be successful and helping hundreds of young people, there have been no public policy or funding opportunities to undertake formal evaluations, and determine whether these projects can be funded and replicated to benefit young male health on a broader level.

5. Group activities and advocating for change in media content

Along with addressing the contributing factors, social and youth workers also need to focus on activities which are collaborative, group based with a short-term goal-oriented intervention, which can improve the health outcomes among males (Seidler et al., 2016)(39). Similarly, there is a need for advocating for change in media content across the spectrum on how it highlights hegemonic/toxic masculinity. This media focus is masking the need to work with men on issues such as masculinity and suicide. Highlighting positive stories and stories where men are showing emotions, can tremendously increase the rate of help-seeking in young males (Giaccardi et al., 2017)(40). A research project conducted by Western Sydney University and South West Sydney Local Health District has successfully published the stories of men belonging to culturally and linguistically diverse (CALD) population groups to showcase the resilience among men and encourage men to share their experiences with other people. The act of storytelling in this way appears to be having a positive effect on both storytellers and audiences. The potential applicability of such an approach to young males is evident although it would have to meet current ethical practices.

6. Non-medical interventions

Pellow and Solomon (2011) reported that symptoms of ADHD influence cognitive, behavioral, emotional and social functioning(41). They also stated that boys are 3-9 times more at risk of being diagnosed with ADHD than girls, such highlighted behavior directs them to seek long-term medical treatment. Affleck et al. (2018) stated that the reliance of stimulants and medication on children should be stopped and ADHD should be de-medicalized to seek alternative psychosocial therapies(42). Psychosocial therapies may take a longer to reach an outcome, but they are more sustainable alternatives to avoid over-diagnosis and over-prescription of drugs for behavioral problems. Along with boys and young males, parents should also be empowered and encouraged to seek alternative therapies which invite children to learn and manage their behavior (Pellow & Solomon, 2011)(41). However, there is limited data available on how psychosocial alternatives for ADHD are successful, which could be because of the influence, lobbying and economical power of the pharmaceutical industry. Hall et al (2020) further identified that there is a generational shift beginning to occur whereby young males are seeing the importance of balancing physical/medical health and mental/emotional wellbeing(25).

7. Community-driven strategies

There are significant community-driven activities that can have a positive impact on the health and wellbeing of boys and young males, but these might not necessarily be considered as health service provision. For example, Hall and co-workers (2020)(25) showed that 65% of boys used sport and exercise as a way to manage stress, and Swann et al (2018) identified sports as a vehicle for mental health support with coaches, parents, peers and sporting role models as stakeholders in supporting mental health(43). Hall (2011) likewise identified sport participation as a key component of building connection and resilience for young males(44). Short and colleagues (2019) made a similar case for the use of music, whether that be an incidental interest or active participation(29). Further, according to Hlambelo (2015), the health impact of Men's sheds is unmistakable with increased social connection and increased cortisol levels resulting from participation. Even though predominantly focusing on middle aged and older men, sheds could also be testing grounds for building intergenerational connections between younger and older men, that would mutually benefit health and wellbeing and prevent suicidality(45).

8. Conclusion

Young men's' health and wellbeing are a significant issue. Those who work in the health and welfare sector with young men have a significant role in reducing the unequal health outcomes in society by identifying the gaps in the current approach and advocating for change with an alternative approach. The funding and resource allocation in male health is currently focused on medical models such as crisis help and mental health symptoms, whereas priority should be focused on contributing factors such as stigma around masculinity, help-seeking behavior, media content, peer pressure and negative childhood experiences. Taking a social determinants framework and situational approach can bring down the risky and negative behaviors in young men, reduce the youth suicide rates and help them transition to healthy manhood/fatherhood. However, the change should start with building the evidence around young men and their prospect of health and wellbeing, as currently there is limited evidence demonstrating effective work practice around the needs of young men and their health.

9. Appendix

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9.2. Conflict of interest

Authors declare no conflict of interest.



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