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Absentism of the male population in mental health care: a narrative review

Ausentismo de la población masculina en la atención de salud mental: una revisión narrativa

Absenteísmo da população masculina na assistência à saúde mental: uma revisão narrativa

ABSTRACT

Objective: To understand the main reasons why men do not seek professional help for their mental health complaints. **Method:** Review of narrative literature, adapted from PRISMA, with search for articles on PubMed, SciELO and others, in the Boolean scheme (man AND mental health) AND (adherence OR services OR risks). **Result:** There were 5,669 articles, in which 44 met the selection criteria and 15 were directly related to the problem. Via a mind map, results were grouped into five sessions: aspects of mental health in men, hypotheses for low demand, imposition of social rules, characteristics of men who do not seek help, and consequences for men's health from mental health care. **Main causes reported for absenteeism were behavioral** - since men try not to show weakness and vulnerability. **Conclusion:** Social issues and a behavioral imperative leads men to distance themselves from assistance services

DESCRIPTORS: Mental Health Assistance; Men's Health; Review Literature; Absenteeism.

RESUMEN

Objetivo: Comprender las principales razones por las que los hombres no buscan ayuda profesional para sus problemas de salud mental. **Método:** Revisión de literatura narrativa, adaptada de PRISMA, con búsqueda de artículos sobre PubMed, SciELO y otros, en el esquema booleano (man AND mental health) AND (adherence OR services OR risks). **Resultado:** Hubo 5.669 artículos, de los cuales 44 cumplieron con los criterios de selección y 15 estaban directamente relacionados con el problema. A través de un mapa mental, los resultados se agruparon en cinco sesiones: aspectos de la salud mental en los hombres, hipótesis de baja demanda, imposición de reglas sociales, características de los hombres que no buscan ayuda y consecuencias para la salud masculina de la atención en salud mental. **Las principales causas reportadas para el ausentismo fueron conductuales**, ya que los hombres tratan de no mostrar debilidad y vulnerabilidad. **Conclusión:** Los problemas sociales y un imperativo conductual llevan a los hombres a distanciarse de los servicios de asistencia.

DESCRIPTORES: Asistencia de salud mental; Salud de los hombres; Revisar la literatura; Absentismo.

RESUMO

Objetivo: Compreender os principais motivos que levam os homens a não buscarem auxílio profissional para suas queixas relativas à saúde mental. **Método:** Revisão de literatura narrativa, adaptada do PRISMA, com busca de artigos nos sites PubMed, SciELO entre outros, no esquema booleano (man AND mental health) AND (adherence OR services OR risks). **Resultado:** Encontrou-se de 5.669 artigos, no qual 44 atendiam os critérios de seleção e 15 tinham relação direta com o problema. Via mapa mental, resultados foram agrupados em cinco sessões: aspectos da saúde mental nos homens, hipóteses para baixa procura, imposição de regras sociais, características dos homens que não buscam auxílio e consequências na saúde do homem do não cuidado da saúde mental. **Principais causas relatadas para o absentismo foram comportamentais** - visto que os homens buscam não aparentar fraqueza e vulnerabilidade. **Conclusão:** Questões sociais e um imperativo comportamental leva os homens a distanciar-se dos serviços de assistência

DESCRIPTORIOS: Assistência à Saúde Mental; Saúde do Homem; Literatura de Revisão; Absenteísmo.

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INTRODUCTION

The concept of mental health involves the analysis of the human being as a biopsychosocial being, where all the relationships he has to be taken into account, such as: interpersonal relationships, with the environment and with himself. In this sense, the last few decades have been marked by an intense concern for the search for balance in various areas of life, aiming to achieve a healthy mind.¹ Among the issues raised in this context, there is a concern with the impact of sex and gender on mental health, since certain psychiatric pathologies affect men much more than women, and there is a male absenteeism in the search for services help in that area.²

Thus, the relationship between mental health and gender issues is more and more frequent today. Thus, in view of the problems related to men's health, it is urgent to understand male absenteeism in mental health issues, as well as the search for effective actions that seek to reduce these numbers. The present work is a literature review that seeks to better understand the health care standards of the male population, aiming to understand the reasons that lead men not to seek professional help for their complaints - especially those related to mental health.^{1,2}

Thus, in view of the problems related to men's health, it is urgent to understand male absenteeism in mental health issues, as well as the search for effective actions that seek to reduce these numbers.

It is possible to infer that one of the causes for the male shortage in seeking help may be related to cultural aspects and male ideals of stigmatization.³ According to Iwamoto et al., There is a congruence between constructions related to masculinity and psychological problems among men, where, in an attempt to follow pre-established norms by society of what it is to be "a man", they put themselves at risk of developing emotional problems, such as depression or alcohol abuse.³

Therefore, it is understood that seeking professional help, for mental and psychological issues, ranges from the concern with a certain problem to the acceptance of it. However, many people are reluctant to seek this type of assistance, for fear of judgment, with young men being the least likely group to seek it.⁴ This context reflects data collected by the World Health Organization (WHO), which points out that almost three times more men than women die due to suicide worldwide.⁵

This work in turn aims to understand the causes that lead to male absenteeism in mental health, to raise reflections on this topic and strategies to remedy it.

METHOD

The narrative review research process, which consisted of five phases, adapted

from the PRISMA method, carried out in July/August 2020 (Figure 1).

The descriptors chosen in the item in Phase I, of Item A of the method and used in the Boolean scheme were: (man AND mental health) AND (adherence OR services OR risks), in view of the guiding question of the investigation: causes of male absenteeism in the mental health care.

All activity was carried out with peer review between researchers and research advisor, who was the final reviewer of the work.

RESULTS

A total of 5.669 articles were found, in which 44 met the research selection criteria to find proposals that would answer the job search question; 15 of which were used in this article because they are more closely related to the theme (Figure 2).

In view of the analysis of the data found, via a mental map, the results were grouped into five sessions in order to find the solution to the is-

sue of adherence to mental health care by men.

The sessions listed by the researchers were: [1] Aspects of mental health in men, [2] hypotheses for low demand, [3] the imposition of social rules as a factor of low demand at the expense of other causes, [4] characteristics of men who do not seek help and [5] consequences for men's health from not taking care of mental health.

DISCUSSION

The studies on the results culminated in the discussions on the topic presented below.

Mental health in the male population: an overview

Among the groups that still have difficulties in seeking emotional support are men, while they carry a stigma about seeking support for mental health care, linked to negative beliefs for treatment.⁶ In this context, studies indicate that this male absenteeism when the search for health services for mental health reflects a poor practice of promoting the health of providers, classifying these services as disqualified.⁷ According to Courtenay, health services consider men as invulnerable and thus reflect a decline in the quality of care and, consequently, in greater male absenteeism for the demand for professional support with mental health care.⁸ While it is understood that a large part of these men are trying to obtain some method to deal with their mental health, and that, in a way, they are fruitless.⁹

Through Durkheim's philosophical analysis, in 1897, about suicide and its sexual differences, other philosophers started from this perspective and promoted research on the difference in the search for help between suicidal men and women. In this bias, Möller-Leimkühler brought the perspective that the external search for help for emotional conditions

Figure 1: Bibliographic search process used, containing the search and selection phases, in order to find articles that answer the research question. Adapted from the PRISMA method.

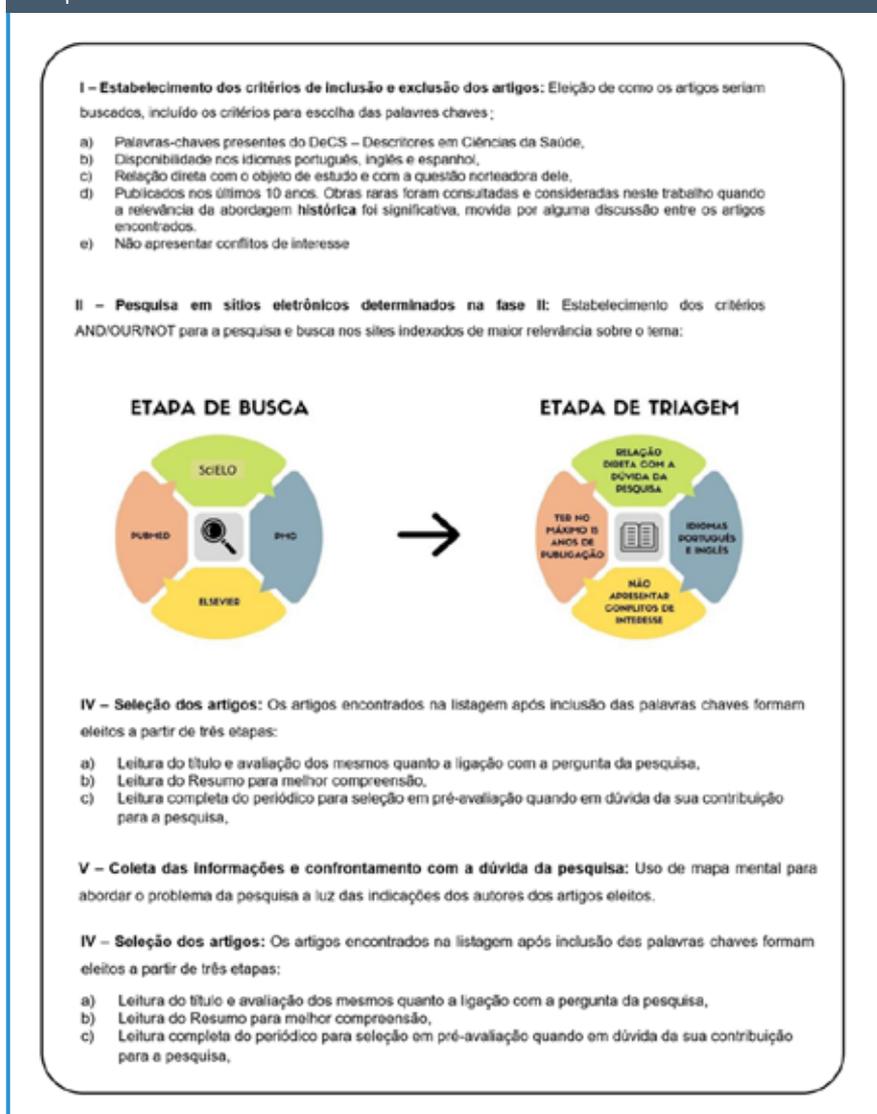
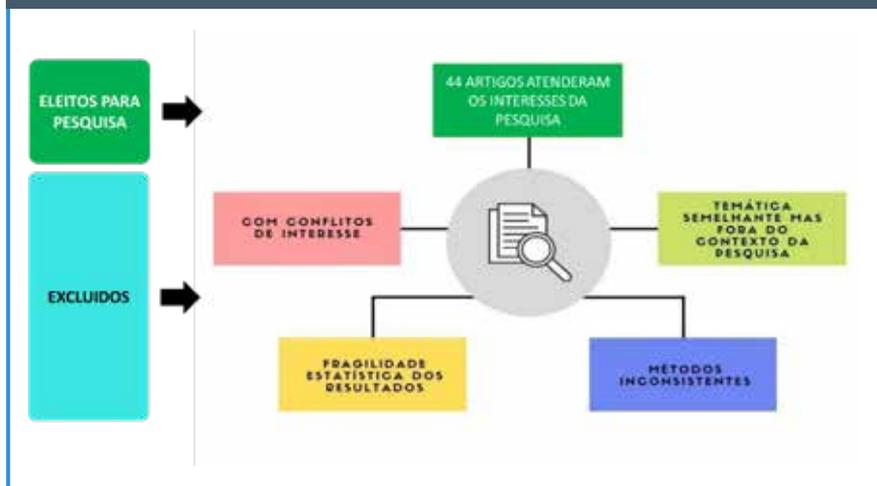


Figure 2: Results found in the search sites, with the main criteria adopted for exclusion. A total of 44 articles were selected and 15 were chosen for this research.



goes against the masculine principles of self-sufficiency. Thus, this interference of male cultural roles makes it difficult both in seeking support and in treating men with mental health.⁷

Main hypotheses of causes of the low demand of the male population in mental health care

Research indicates that the global trend towards the application of gender norms leads to the development of a masculinity mentality, whose central pillar is self-sufficiency.^{9,10} This key aspect leads men to believe that, even during the most difficult periods of their lives, they should not seek help - be it professional or in their environment - as this would be a way of showing weakness.^{9,10}

Furthermore, in addition to not seeking help, a study points to possible flaws in the health system and the health service itself - with regard to the diagnostic criteria for depressive mood disorders - claiming that the characteristic signs and symptoms do not truly understand the signs presented by men with depression.⁹

Still, the lack of openness for dialogue on the subject associated with possible childhood adversities, such as emotional abuse, can promote absten-

Thus, this interference of male cultural roles makes it difficult both in seeking support and in treating men with mental health.

tion in the search for mental health care by men.¹¹ The literature shows that abusive experiences in childhood can reflect mental pathologies in adult life.¹¹ Added to this is the fact that men avoid expressing their emotions by social norms and rules, which are reproduced in the early stages of life.³

Equally, it is important to emphasize the role of family issues regarding the problem.⁹ According to Carvalho et al., many male psychiatric hospitalizations are related to the abuse of alcohol and other drugs, and one of the causes of this situation is social pressure on men as the family's financial provider.¹² Thus, because they barely express their apprehensions and concerns, many of them look to drugs for a way out of their emotional conflicts, which consequently creates psychological problems.¹³

Finally, another reason that may contribute to male absenteeism in psychological and psychiatric health services are occupational factors. Although this factor is closely related to social and cultural contexts, there are many stressful situations that differ between genders within job offers.¹⁴

Imposition of social rules as a factor of low demand

There are several hypotheses suggested by recent literature related to the absenteeism of the male population in the search for mental health care.^{9-12,14} In view of this, it is clear that the imposition of social norms and rules is the most emphatic causal factor in the research problem, given that such social pressure aimed at men is the cause of several other hypotheses raised in the literature, such as the lack dialogue, self-sufficiency and alcohol and drug abuse.³

Main characteristics of male individuals who do not seek health services

According to research conducted in the United States, not only are beha-

vioral aspects associated with a low demand for health services, but also characteristics such as age, marital status, BMI and severity of symptoms.¹⁵ The results are indicative of older patients; not married or in a stable relationship; with normal BMI; and with more severe symptoms they tend to seek professional help more often. As younger patients; married or in a stable relationship; overweight or obese; and with milder symptoms they are not in the habit of referring to health care services as often as desired.¹⁵

Main consequences of lower demand for help in mental health care

The low demand for support for mental health care for men is related to increased suicide rates among men,

in this sense, a study carried out in Australia reports that, in 2015, more than 75% of the people who committed suicide were men.¹⁰ That said, theories were developed in order to justify the cause of this difference in suicide deaths between men and women, in which the male conventionalism in not seeking help for mental health purposes stands out.¹⁰

Furthermore, the consequences of this lack of seeking help for male mental health reflects in several ways on the quality of life of these men, so that it can result in a higher incidence of suicides, ineffective treatment of depression, increased use of substances that they harm both physical and mental health, and other factors that interfere with the well-being of these individuals. Thus,

failure to make use of health services implies worsening male mental health.⁹

CONCLUSION

It is well known that there is, in fact, a higher rate of absenteeism in the search for mental health assistance by male individuals. This problem is due to a series of factors, such as social pressure, lack of dialogue on the subject, failure in diagnostic criteria and abusive experiences in childhood. In this sense, such issues trigger worsening mental health, substance use and higher suicide rates.

Thus, it is intended, through this literature review, to promote knowledge about mental health in the male population in order to improve health care for this population group. ■

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