

“There may be a problem, but I’m not going because...”: Examining classes of men and their rationales for not seeking mental health treatment

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Purpose

Knowing that men are less likely to engage in mental health treatment, the purpose of this study was to examine the different factors and rationales of different groups of men for not seeking mental health treatment.

Background

- Although millions of adults experience a mental health illness each year, many do not seek mental health services (Kessler et al., 2005).
- Most notably men do not seek mental health services as often as women (Yousaf, Grunfeld, & Hunter, 2015).
- Much has been speculated about men’s help-seeking behaviors for mental health services (Andrews, Issakidis, & Carter, 2001; Hammer, Vogel, & Heimerdinger-Edwards, 2013).
- While some attribute lower rates of mental health service utilization to a gendered role conflict that associates counseling with more feminine traits (Pattyn, Verbaeghe, & Bracke, 2015), others suggest that the mental health profession may not utilize interventions that align with traditional forms of men’s help-seeking behavior (Brooks, 2010; Englar-Carlson, 2006).
- To further extrapolate the rationales of men for not seeking mental health services, this study attempted to examine the reasons provided by men that have indicated a perceived need for mental health services, yet in the end ultimately decided not to seek services.

Methods

Procedure and Design

- The National Survey on Drug Use and Health (NSDUH) 2016 data provided a national sample of 19,853 US men who were 18 years and older.
- The sample was limited to those (1) identified that they may be experiencing a mental health problem, (2) that there may be a perceived need to address the mental health problem, and (3) in the end opted not to seek mental health services. This resulted in a final sample of 836 men.

Men’s Reasons for Utilizing Mental Health Treatment.

- Utilized 15 dichotomous items describing reasons for not utilizing mental health treatment (e.g., “Could not afford the cost,” “Thought I could handle without treatment.”).

Demographic Predictors.

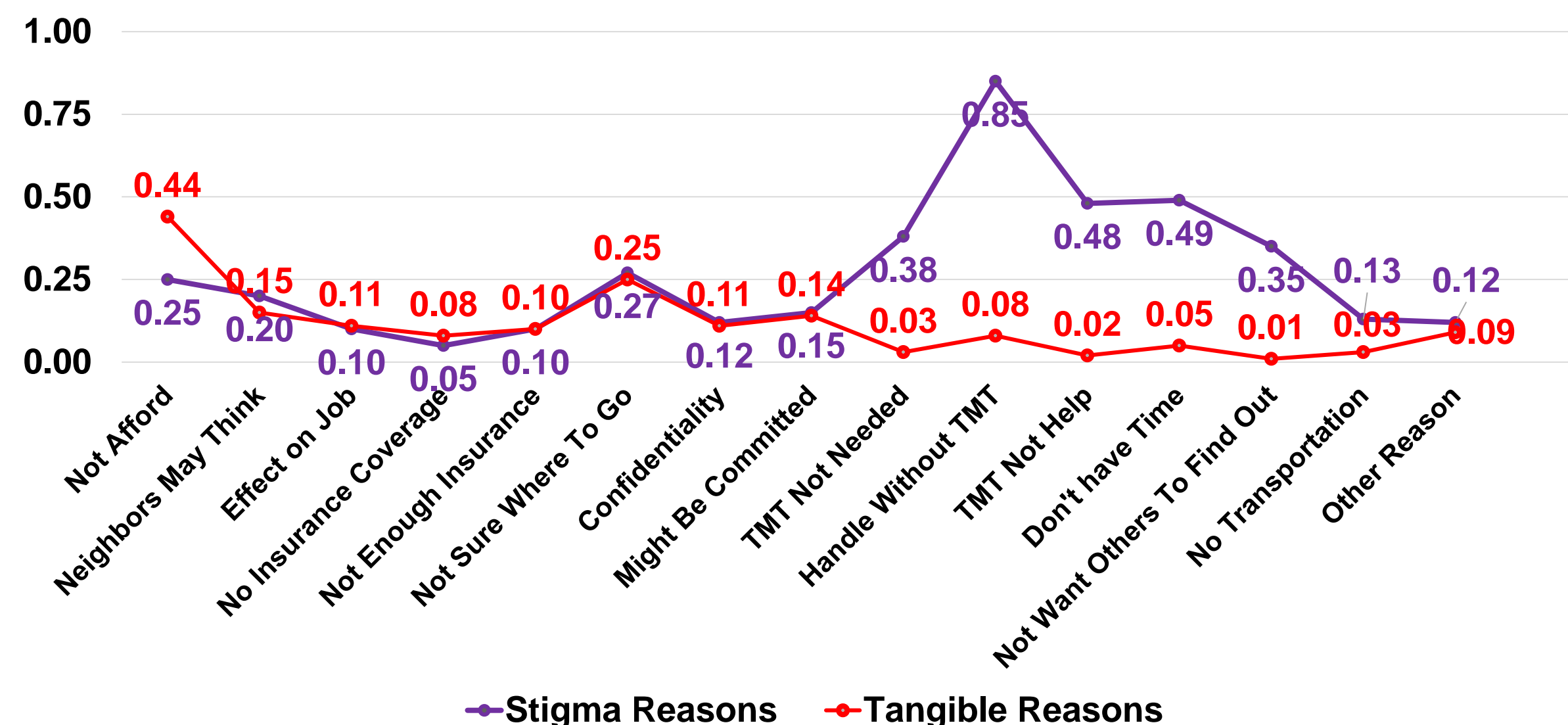
- Demographic characteristics: ages 18 to 25, married, heterosexual identity, full-time employment, poor health, military service, college degree or more, depressed, White/Caucasian, income greater than \$50,000, and living in poverty.
- Demographic predictors and mental health utilization outcomes were coded as dichotomous variables (e.g., not being able to afford the cost of mental health treatment was 0 = no, able to afford and 1 = yes, not able to afford).

Sample Characteristics (N = 836)

Name	%
Married	25.7%
Ages 18 – 25	45.5%
Heterosexual Orientation	86.3%
White/Caucasian	71.4%
Full-Time Employment Status	46.8%
Prior Military Service	8.1%
Poor Health Status	3.9%
College Degree or Higher	22.8%
Income above \$50K per Year	13.4%

Results

- Using LCA (Nylund, Asparouhov, & Muthén, 2007), a two class model fit best (LMR-RT = 645.27, $p < .05$; entropy = .81)
- **Tangible Reasons Class (76.38%):** Did not seek mental health services based on affordability and uncertainty about how to locate a mental health professional.
- **Stigma Reasons Class (23.62%):** Did not seek mental health treatment due to a belief that treatment may not be needed, they were capable of handling the problem on their own, that treatment would not be helpful, a lack of time, and not wanting others to find out about their usage of mental health services.
- Multinomial logistic regressions tested the odds of demographic descriptors of being in one class compared to another class, and controlling for marital status, full-time employment, poor health, service, and living in poverty.
 - The following demographics were significantly associated with an increase in the odds of being in the **Stigma Reasons class** compared to the **Tangible Reasons class**: **ages 18-25** (OR = 3.08, $p < .01$), **heterosexual identity** (OR = 2.11, $p < .05$), **college degree** (OR = 1.80, $p < .05$), and **income greater than \$50,000** (OR = 2.19, $p < .05$).



Note: For interpretation, the probability of not affording the cost of mental health treatment being in the Stigma Reasons class is 25% and 44% for Tangible Reasons class. TMT = Treatment.

Conclusions

- These differences in attitudes towards the value of mental health services between classes show a concerning shift in beliefs about the potential benefits of mental health treatment by younger, more educated, and higher income men.
- Mental health professionals can begin to move beyond the general notion that all men do not seek or are adverse to mental health services. Instead, there may be structural and systemic barriers such as the aspects of finances, insurance, concerns about one’s job, and confidentiality that keep men from deciding to say yes to mental health treatment.
- Differences in classes show that there still exist opportunities for mental health professionals and researchers to educate men of different ages, education and income levels, and sexual orientations about the value of mental health services.
- Such opportunities could be the use of sliding fee scales, education about the mental health system and procedures (e.g., confidentiality, insurance), and focusing on broad education efforts targeting the unique characteristics associated with each class to increase their knowledge about the value mental health services.