

Mental health clinicians need to better engage men with depression

October 30 2017



PhD candidate at the University of Sydney's School of Psychology, Mr Zac Seidler. Credit: University of Sydney

The approach to treating men with depression needs to change if their increased uptake of mental health services is to be successful, new

research from the University of Sydney shows.

The number of Australian men seeking clinical intervention to deal with [depression](#) has increased by approximately 10% in the last 10 years, says PhD candidate at the University's School of Psychology Zac Seidler, but men still account for three quarters of Australia's suicides. The overall number of suicides has largely remained static in that time.

In new findings published in *Australian Psychologist* Mr Seidler says [mental health](#) clinicians need to change the way they deliver treatment if it's to have an effective impact on the male suicide epidemic.

"A lot more of men now seek help but many aren't engaging with their treatment and therefore don't stay as long as they should," he said.

"With available data suggesting many men who commit suicide seek professional help beforehand, this is a critical period in many people's lives, and one we ought to be getting right."

Based on in-depth interviews with 20 Australian men suffering mild to moderate depression, Mr Seidler's research explored treatment regimens and found them wanting. Most clinicians mistakenly assumed clients understood the treatment process. Few gave their clients goals to work towards or outlined skills they could gain to deal with their depression.

"This perceived unstructured approach juxtaposed the action-oriented, functional treatment these men were seeking," Mr Seidler says.

"It would be more appropriate to use masculine traits like risk-taking and wanting to regain strength to our advantage. Men tend to want an idea of how treatment is going to work from the outset, a structured plan for working towards recovery, the power to gain skills that help them deal with depression and to feel in control of their lives."

Mr Seidler's research shows most mental health strategies have a heavier emphasis on unstructured talk therapy. While offering some short-term benefits, many men participating in his research found a lack of structure and progress to be a waste of time and money. In some cases, they found a 'talkfest' had a detrimental effect, making them angrier.

Clinicians need to think more about the processes around delivering treatment like the clinical relationship and communication, rather than the treatments themselves, Mr Seidler's paper 'Men in and out of treatment for depression: Strategies for improved engagement' concludes.

"It's a matter of fine-tuning," he says. "A concerted effort towards active and empowering treatment should decrease the burden on clinicians through shorter treatment periods using a clear, structured approach. It should also increase men's mental health literacy and equip them with the skills they need to deal with depression so they are prepared when the next crisis arises."

Mr Seidler and colleagues are currently creating a men's [mental health treatment](#) training program for clinicians (Man Island) to help address some of the practical concerns raised by this research and to help ensure men get the [treatment](#) they want and need.

More information: Zac E. Seidler et al. Men In and Out of Treatment for Depression: Strategies for Improved Engagement, *Australian Psychologist* (2017). [DOI: 10.1111/ap.12331](https://doi.org/10.1111/ap.12331)

Provided by University of Sydney

Citation: Mental health clinicians need to better engage men with depression (2017, October 30)

retrieved 6 May 2024 from

<https://medicalxpress.com/news/2017-10-mental-health-clinicians-engage-men.html>

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