

MALE MENTAL HEALTH

OVERCOMING STIGMA

Whilst the media continues to report on the subject of men's mental health, this subject remains one of the most difficult challenges facing society and will most likely continue to face for some time. For this reason male mental health should continue to receive the necessary attention and decisive ongoing action.

The latest Annual Mental State of the World Report 2022 from Sapien Labs was published in March 2023. This report is part of the Global Mind Project and included 407,959 responses from 64 countries in 9 languages. The survey measured mental well-being using a scale on a spectrum from "distressed" to "thriving". In between these two poles were struggling, enduring, managing, and succeeding. The study questionnaire considered five functional dimensions: drive and motivation, mood and outlook, cognition and social self, and the mind-body connection. The researchers also recorded information on demographics, lifestyle factors, traumas and adversities to evaluate the key drivers of risks.

According to this report South Africa ranks and remains one of the worst countries regarding mental health together with the United Kingdom and Brazil. South Africa shows the greatest proportion of respondents who are distressed or struggling. The purpose of this report is to provide policymakers a basis for

the more effective management of population mental well-being through evidence-based social policy and interventions. Against this background one should understand the current state of male mental health/wellness in South Africa.

The most recent suicide worldwide report with 2019 data was published by the World Health Organization in 2021. In this report, South Africa ranked 10th worst worldwide with the highest rate of suicides, i.e. 23.5 per 100 000 people. Of the 13 774 suicides reported in South Africa, 10 861 were men whilst 2 913 were women, translating to a rate of 37,6 per 100 000 for men and 9,8 per 100 000 for women. These statistics highlight the fact that South African men are five times more likely to die by suicide than woman calling us to urgent action. As is well known, suicide rates in South Africa are poorly reported and the figures might even be higher.

Already in 2011, Bilsker and White published an article with the appropriate title of 'The Silent Epidemic of Male Suicide' in the British Columbia Medical Journal. They blame the cause on the lack of public awareness, a paucity of explanatory research, and the reluctance of men to seek help for suicide-related concerns. Finally, they write that only by breaking the silence, building public awareness, refining explanatory frameworks, implementing preventive



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strategies, and undertaking research will this epidemic be overcome. Paying attention to all these aspects will require a concerted and comprehensive effort from all stakeholders. One of the causes of the reluctance of men to seek help has been linked to stigma.

The stigma surrounding men's mental illness has been described as having wide-reaching and profound consequences. Stigma negatively impacts men's mental health help-seeking and the use of appropriate services. Although much has been written about

stigma, Corrigan & Watson identify the impact of stigma as twofold, i.e. public stigma as the reaction that the general population has to people with mental illness, and self-stigma as the prejudice which people with mental illness turn against themselves. Both public and self-stigma may be understood in terms of three components: stereotypes, prejudice, and discrimination explained in **Table 1**.

McKenzie and Oliffe et al. published a review of men's experiences of mental illness stigma across the lifespan. Synthesizing the literature, they identified common threads of stigma experienced by men going through diverse mental illness challenges. Aspects of public (social) stigma were highlighted which in turn drove their experiences of self-stigma. Men who anticipated, perceived, and internalised mental illness-related stigma faced a range of consequences. Those consequences included a reluctance to access and engage with mental health services, poor treatment adherence, employment issues, social disconnection, intensifying suicidal behaviour, and heightened risk for severe mental illness. Furthermore, their review findings confirm the links between gender, masculinity, and mental illness stigma.

Strategies for changing public stigma are complex and need a long-term societal strategy and approach. Corrigan & Watson propose three approaches: protest, education, and contact. Through protest the media should stop reporting inaccurate representations of mental illness and the public should stop believing negative views about mental illness. Protest is unfortunately a reactive strategy because it attempts to diminish negative attitudes about mental

Table 1:
Comparing and Contrasting the Definitions of Public Stigma and Self-stigma

Public stigma	
<i>Stereotype</i>	Negative belief about a group (e.g., dangerousness, incompetence, character weakness)
<i>Prejudice</i>	Agreement with belief and/or negative emotional reaction (e.g., anger, fear)
<i>Discrimination</i>	Behaviour response to prejudice (e.g., avoidance, withhold employment and housing opportunities, withhold help)
Self-stigma	
<i>Stereotype</i>	Negative belief about the self (e.g., character weakness, incompetence)
<i>Prejudice</i>	Agreement with belief, negative emotional reaction (e.g., low self-esteem, low self-efficacy)
<i>Discrimination</i>	Behaviour response to prejudice (e.g., fails to pursue work and housing opportunities)

illness but mostly fails to promote more positive attitudes that are supported by facts.

The second approach is through education. By providing accurate mental health information the public can make more informed decisions about mental illness. Research has shown that persons with a better understanding of mental illness are less likely to endorse stigma and discrimination.

Lastly, stigma can be further diminished when members of the general public meet and interact with persons with mental illness, who are for instance able to hold down jobs or live as good neighbours in the community. Research has clearly shown an inverse relationship between having contact with a person with mental illness and endorsing psychiatric stigma.

Self-stigma clearly affects a person's self-esteem, self-confidence, and self-efficacy. The reaction of people with self-stigma may be either with indifference

or anger. Anger as a reaction to social stigma may energise individuals and they will forcefully react to the injustice. This kind of anger often empowers people to change their roles in the mental health care system. They become more active participants in their management and treatment plans and get involved in improving the quality of healthcare services. In summary, ways in which people with mental illness cope with self-stigma needs to be addressed.

Men's mental health is a significant, complex yet often overlooked issue where stigma plays a pivotal role. Improving men's mental health should include reducing stigma together with addressing all mental health issues in men. Above all men should be encouraged to seek help when needed. Ultimately, men's mental health is a pressing issue that requires an integrated societal, governmental, and healthcare response.

References available on request. 