BARRIERS FACED BY YOUNG MEN IN SEEKING PROFESSIONAL HELP FOR
MENTAL HEALTH CONCERNS

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Abstract

What mental health needs is more sunlight, more candor and more unashamed conversations.
Mental health forms an integral part of the overall health and well-being of people. Men in our country are facing so many issues, but aren't able to open up and express. This research explored barriers and solutions to professional help seeking for mental health problems among young men. In this study we tried to focus on the deeper understandings of challenges faced by young Indian men in seeking professional help for their mental health concerns. The purpose of this research was to carry out an exploratory study which was qualitative in nature and used thematic analysis as the method for analyzing the data. Data collection took place through virtual one on one semi structured interview. The themes developed were grouped into three major categories, starting with which focused on the issues faced by men in general, the barriers that actually stopped them in seeking professional help and lastly the solutions proposed by the participants. Limitation of this study is that, it being conducted on very few participants which makes it very difficult to generalize to a bigger population.

Keywords: young men, Indian men, mental health, psychological distress, seeking help.

Introduction

Health is generally in lay man language considered as the state of being free from any kind of illness or injury, it could be either a man's physical or mental conditions. The World Health Organization in 1948 officially defined health as "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Further it made some clarifications that "A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities" (Felman, 2017).

WHO defined health as - complete state of physical, mental and social well-being, not merely the absence of disease (Constitution, n.d.). Rather than defining health as the absence of illness, heath is recognized to be an achievement involving balance among physical, mental and social well-being. According to a report by world health organization, (2002) during adolescence, boys have a much lesser chance of depression and eating disorders, and engage more in suicide attempts than girls. Afifi, (2007) in their research article have mentioned that gender differences clearly exist, even where the socioeconomic gradient may not be strong. "Unmarried and separated/divorced men have higher overall admission rates to mental health facilities than women in the same marital status categories. In contrast, married women have higher admission rates than married men. Gender, like other stratifies, does not operate in isolation. It interacts in an additive or multiplicative way with other social markers like class and race" Afifi, (2007, p. 2). Bhatt, (2019) in his website stated that the situation of psychological organizations and clinics in our country is extremely poor. Mental health forms an integral part of the overall health and well-being of people.

In India depression is the problem experienced by majority of the population of the country. A big factor in this issue is the damaging stigma around mental health problems. One in four people experiences a mental health problem each year, yet the stigma around them is greater than with physical illness and this stigma tends to affect men disproportionately, and societal expectations and traditional gender roles are thought to play a big part in this. Stigma is when someone sees you in a negative way because of a particular characteristic or attribute (such as skin color, cultural background, a disability or a mental illness). When someone treats you in a negative way because of your mental illness, this is discrimination. For people with mental health issues, the social stigma and discrimination they experience can make their problems worse, making it harder to recover" (Department of Health & Human Services, 2015). "Many people believe that people with mental ill health are violent and dangerous, when in fact they are more at risk of harming themselves than harming other people." (Department of Health & Human Services, 2015).

Men are not immune to mental health issues and the concept of 'manliness' as being strong and in control can mean it is seen as a weakness to ask for help. As mentioned before men are not immune to mental health issues, hence there are some common mental health conditions among men are anxiety disorder, depression, post-traumatic stress disorder, schizophrenia and majorly substance abuse. They are mostly asked to behave like the perfect role models and be the breadwinners and to be strong, dominant and in control. While these aren't inherently bad things, they can make it harder for men to reach out for help and open up. Higher rates of suicide are also found in minority communities including gay men, war veterans, men from BAME backgrounds, and those with low incomes. This may be because they experience lots of well-known risk factors for suicide: socioeconomic hardship, unemployment, relationship breakdown and lack of social support. (*Men and Mental Health*, 2020)

Review of literature

Gaiha et al., (2020) explored the magnitude and manifestations of public stigma, and synthesized evidence of recommendations to reduce mental-health-related stigma among young people in India. A total of six thousand seven hundred and sixty seven participants were selected who met the criteria. According to the researchers of the study in India common dis-honor associated with mental health concerns particularly affects help-seeking among young people and they found that compared to adults, young men don't ask for support for their mental health issues due to different factors and unknown to understand mental health problems and lack of awareness regarding psychological treatments. Finally ended by stating that among young men included in the study, 1/3rd had little awareness and dismissive attitudes, and 1/5th intended to or had actually differentiated against a person with psychological distress and a majority of the young population potentially recognized mental health problems only if they were acute.

Deb et al., (2016) in their study examined the association between postgraduate students' academic environment, living arrangements, personal issues, and depression for which seven hundred and seventeen students were selected through the multistage cluster sampling method. For which the content was collected through a specially formed a questionnaire and a standardized university student's depression inventory. Their findings declared that the young men were suffering from moderate, severe, and huge severe depression and Gender-wise contrast of depression scores demonstrated statistically no significant differences. This finding contradicts with some of the previous study findings where female students were reported to be suffering from more depression in comparison with male students. Then concluded the study that though the majority of the students were doing well, a proportion of them were severely depressed. ***McKenzie et al., (2018,)*** in their study they tried to understand the interplay between masculinity, men's social connections and this impact on their mental health and for which a total of 15 life history interviews were taken with men in the community. They used a theoretical framework of gender relations to analyze the interviews of men and their findings provided that some men differentiated between their social connections with men and women, further some men had a wish to be independent, and not accepting any kind of support, whereas others established support networks from which they could happily ask for help.. They finished their article by explaining the designs of social connectedness among men are huge and vast, challenging the social science literature that frames all men's social relationships as being largely rigid, and men as less able and less interested as compared to women in connecting emotionally and seek for supportive relationships with respectable others.

Method

The purpose of this research was to carry out an exploratory study which was qualitative in nature and used thematic analysis as the method for analyzing the data. Thematic analysis is a method of analyzing qualitative data. It is usually applied to a set of texts, such as interview transcripts. We closely examines the data to identify common themes – topics, ideas and patterns of meaning that come up repeatedly. Data collection took place through virtual one on one semi structured interview with the help of Skype video call due to the on-going pandemic situation. On arrival ground rules, the style of questioning and session procedure was explained to participants. Notes were taken by the researcher throughout on "barriers" to be referred to later during the discussion on solutions. The recorded

interview was transcribed which helped us to familiarize with the data thoroughly; with which themes were framed and mapped as per the analysis. Then searched the relationship between themes for barriers and solutions. Themes were then named, defined and further analyzed to answer the research question. The sample consisted of five male participants living in both Urban and Rural locality in India, were selected through purposive sampling which sought to include participants from geographical and ethnic backgrounds that reflected the diversity of the population being studied to some extent. In our country, young adults are suffering from various psychological issues and this has led to the increase of suicides and depression. India is considered as one of the major depressed countries in the world. Young adults, specifically men aren't coming up and expressing their feelings and problems. This leads us to study the reasons why men find it difficult to seek help from others. In this study we expect to discover the barriers faced by young men in seeking professional help for psychological discomfort and also to explore ways by which they can tackle those barriers that are relevant in their respective realities.

The sample consisted participants living in both Urban and Rural locality in India, were selected through purposive sampling and their data was collected through virtual one on one semi structured interview with the help of Skype video call due to the on-going pandemic situation. The interview started with some basic details of the participants including their early schooling and their regional information. In this qualitative research we used the method of thematic analysis to analyze the data collected through the interview. Thematic analysis is process of extracting themes from the transcripts by closely examines the data. Before the interview process the participants were informed about their voluntary participation, their right to withdraw without adverse consequences, possible benefits of taking part in research. Anonymity was ensured though the removal of identifiers and most importantly all the data were stored confidentially. All data were stored confidentially and participants were informed of the potential for future publication of the findings.

Result

Table-1 Themes

CODES	THEMES EMERGED
Unknown of Mental health	Need for education
Lack of thoughts	Awareness
Unaware of truth	False judgment
Uncertainty	Societal pressure
Misunderstandings	Societal norm
Peers and stamping	Stereotypes
Mocking	Family oppositions
High demands	Social inhibitions
Lack of support	Social stigma
Inaccessibility	Unavailable profession
Better people around	Positive environment
Positive advertising	Promoting mental health
Education	Awareness
Self-respect and worth	Self-love
Policies	Government initiatives
Goodness starts within	Support and empathize

In this table we have clubbed all the codes together and listed down the themes that emerged for each code and which was further used for the analysis.

Discussion and Interpretation

The purpose of this research was to carry out an exploratory study which was qualitative in nature and used thematic analysis as the method for analyzing the data. In this study we tried to focus on the deeper understandings of challenges faced by young Indian men in seeking professional help for their mental health concerns. The research question of the present study is what are the barriers faced by young men in India to seek professional help for mental health concerns and objective was to find the barriers faced by them and find solutions suitable for men to overcome the barriers.

In our country there are many people out there who aren't very aware of what is mental health and its importance and treatment exists for mental health issues this means there is severe lack of knowledge and needs awareness. The themes generated led us to understand the issues faced by the young men. The young men that is specifically between the age group of 20 to 25 are highly burdened and put down with gender-biased responsibilities and are fixed in certain commitments like a bank debt. As one of the participant quote very sadly "being the man of my family I am always questioned and expected to become financially abled as soon as possible and run a family and get settled down with marriage." They feel that they are unable to live their life according to their choice and follow their passions, they consider themselves dependent on others emotionally for taking any kind of life decisions. Another theme that emerged as an issue was to act it out, just for others happiness. That is they tend to pretend happy, content and joyful in front of their loved ones and others because by doing so they avoid unwanted arguments, fights, quarrels and discussions that has no direction towards their life satisfaction. They doesn't seems to be happy and satisfied by the life they are currently living. Very important issue faced by men, is that they are unable to express, this is what is highlighted by most of the men who participated in the study. Some mentioned that they fear that their issues can become content for gossip and face huge trust issues in and around their surroundings. Another participant claim that he faced adjustment issues very severely when he had to move to another city for his current job. That made him very nervous and anxious at work which ultimately affected his performance.

The themes discussed so far explained the issues faced by men. New we can look into the factors and barriers faced by men in seeking professional help, which is answering the research question and the objective of our study.

First and the foremost barrier was their "False Judgment", that is that they had lots of misunderstanding regarding the profession, some of the commonly mentioned assumptions are they charge a lot (treatment is expensive), they don't understand (psychologists can't understand), my parent don't understand, how will they help me out. These are some of the most common and repeated assumptions they hold about a mental health practitioner. Second theme that emerged was fear of getting tagged for so and so condition, and this will ultimately become their identity. Due to this many are unable to convey their feelings, emotions and concerns to their own friend circle itself. "Young men may learn from their peer group that professional help seeking is a sign of weakness, and fear that this behavior could cause them rejection and ridicule from the group" Lynch et al., (2016).

Throughout the transcript one most evidently clear theme that evolves is the pressure that society puts on their individual self is quite traumatizing for them. The phrase that men generally fear is "log kya kahenge" (what will people say). Some men sadly expressed that people judge them without knowing their struggle and pain they have gone travelled throughout. Another sub theme that emerge from the above theme is the societal stigma and the following theme all of them are interconnected. People with mental health problems say that the social stigma attached to mental ill health and the discrimination they experience can make their difficulties worse and make it harder to recover. India being such a vast and diverse country and unite together at stereotyping people of the society. By stereotyping we infer that a person has a whole range of characteristics and abilities that we assume all the members of the group have. Through the entire process of interview almost all the men mentioned certain kinds of stereotyping they are subjected such as men are always strong, men can do anything and set such high standards for them. Due to such stereotypes they feel ashamed and guilty if they don't fulfill such comments and customs.

This is kind of a sub theme for the above discussed themes, when there is societal stigma and stereotyping of people, discrimination and avoidance is the result. This is one of the common hurdle that popped up was what if I'm avoided, what if they don't talk to me anymore…

Fear of being avoided and discriminated from the group creates conflicts within themselves. The feeling of being discriminated from the group or a lot cause further severity to their mental peace, claimed a participant. A lot of young men are emotionally and financially dependent on their family and face huge difficulties in opening up and expressing their emotions, feelings and problems. Due to this they fear how their parents will react. Another important aspect that revolves around this theme is there is lack of support from their family- parents don't believe and understand the concepts such as mental health concerns. Instead criticize them for using too much of social media and get influenced into unnecessary thoughts. The surprising hurdle was the lack of availability. Men during the process of interview claimed that they aren't aware of psychologists in and around them. Also some said that they aren't aware of the benefits of the treatment and isn't accessible to them. Even some said that they don't know who psychologists actually are, how to behave in front of them. The research claims that Indian population doesn't have equal distribution of mental health practitioner. "India has 0.75 Psychiatrists per 100,000 populations, while the desirable number is anything above 3 Psychiatrists per 100,000" (Garg et al., 2019).

According to an estimate by the World Health Organization (WHO), mental illness makes about 15% of the total disease conditions around the world. The same estimate also suggests that India has one of the largest populations affected from mental illness. As a result, WHO has labelled India as the world's 'most depressing country'?

Moreover, between 1990 to 2017, one in seven people from India have suffered from mental illness ranging from depression, anxiety to severe conditions such as schizophrenia, according to a study. It is no exaggeration to suggest that the country is under a mental health epidemic. Through reading the transcripts we get to know that the first and foremost reason for India to lose its mental health is the lack of awareness and sensitivity about the issue. There is a big stigma around people suffering from any kind of mental health issues. They are often tagged as 'lunatics' by the society. This leads to a vicious cycle of shame, suffering and isolation of the patients. Also, there is a serious shortage of mental healthcare workforce in India. The first and foremost reason for India to lose its mental health is the lack of awareness and sensitivity about the issue. There is a big stigma around people suffering from any kind of mental health issues. In our country there are many people out there who aren't very aware what is mental health, its importance and treatment exists for mental health issues. School should come up with classes and subject that promotes and facilitate the importance of health that comprises of both physical and mental health equally. There is a high need of imparting knowledge and awareness to the young kids and children so that the upcoming generation understands and respects their body and pay attention to both mental and physical health equally. Many participants stated that a consistent and secular mental health education program in schools, beginning in early childhood, could lead to the normalization of professional help seeking: "It's [school] where a kid spends most of his life . . . and if everyone is able to know that if someone talks to someone, that's fine . . . it becomes part of normal life". Mental health situation in India demands active policy interventions and resource allocation by the government. We also need steps to connect the patients with each other by forming a peer network, so that they could listen and support each other. Moreover, people experiencing mental health problems should get the same access to safe and effective care as those with physical health problems. Just like one has life insurance which covers physical issues, health concerns and accidents. People should have mental health insurance or the life insurance should cover mental health concerns as well. Mental illness must mandatorily be put under the ambit of life insurance. This will help people to see mental illness with the same lens as they use for physical diseases. Once there is sensitivity to the topics related to mental health, we will get to make sure people start accepting the mental health issues as well as physical health concerns. While early steps in this direction have been taken by the Government, the problem requires to be dealt on war footing. We need a constant stream of funds for educating and creating awareness about mental health and chronic issues around it. We need campaigns that promote mental health and to live satisfied happy stressful lifestyle. This will help them address mental issues in a timely and effective manner and live a stress-free life. The campaign will also encourage people to talk about their mental well-being and reach out to a therapist or psychiatrist, in case they need to do so. Timely intervention, awareness about the issue, availability of professional help and appropriate policies is the only way to improve the situation. It is thus imperative to believe and propagate that people with mental illness deserve to live their lives with dignity and confidence. It requires a collaborative public-private-social partnership to change things considerably.

Conclusion

The themes developed were grouped into three major categories, starting with which focused on the issues faced by men in general, the barriers that actually stopped them in seeking professional help and lastly the solutions; this was proposed by the participants themselves when asked about how they would like to challenge themselves in tackling the reasons stated by them during the interview process. A huge task has been given to the government to bring up with initiatives and strategies that could help them overcome the challenges and create awareness regarding the mental health and psychological treatments. Though this study was completed successfully, one of the major limitation of this study is that, it being conducted on very few participants which makes it very difficult to generalize to a bigger population in a country like ours. Further study could be done on the other aspects of men as in biological make up and different cultural backgrounds of men that hinders them from seeking help in general.

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