



Gender differences in the relationships between mental health symptoms, impairment, and treatment-related behaviors among college students

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Abstract

This study examined gender differences in factors associated with mental health treatment-related behaviors to gather information on why some individuals are more likely to seek treatment than others. Responses from college students who participated in an online survey indicated that males and females respond differently to self-reported mental health symptom measures. Females indicated greater ranges of symptoms that were not necessarily indicative of a clinically meaningful mental health problem. Clinicians using patient-reported symptom measures should consider gender differences in responses to avoid over or under diagnosing disorders, and use additional diagnostic and evaluative criteria in conjunction with patient-reported symptom measures.

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1. Introduction

Mental illness affects a significant portion of the population, with over 46% of adults living in the United States suffering from a mental illness at least once in their lifetime (Kessler,

Berglund, Demler, Jin, & Walters, 2005a). In a given year, 26% of U.S. adults will experience a mental illness, and 6% will experience a severe mental illness (Kessler et al., 2005b). The most common mental health illness among U. S. adults are anxiety and mood disorders, with 29% and 21% of adults experiencing one of these disorders one during their lifetime, respectively (Kessler et al., 2005a). Unfortunately, mental illnesses and severe mental illnesses have become increasingly more common in the United States (CDC, 2011a). Between 2009 and 2010 alone, there were 90,000 additional diagnoses of severe mental health

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disorders compared to the previous year (U.S. Census, 2010; U.S. Department of Health and Human Services, 2012).

Despite the large proportion of individuals who will experience a mental illness, mental health treatment is extremely underutilized. According to the U.S. Department of Health and Human Services' National Survey on Drug Use and Health (2008), only 13% of the entire U.S. adult population is seeking treatment for a mental health problem. Furthermore, only approximately 30% of people experiencing a mental health issue, and 40% of people experiencing a severe mental illness, seek treatment (Kessler et al., 2005b).

Failure to seek treatment for mental illnesses has impacts beyond continued, and potentially magnified, mental health symptoms. Individuals currently experiencing mental disorders are more likely to experience unintentional and intentional accidents, are more likely to use tobacco and alcohol, are more likely to experience co-occurring physical health issues, and experience higher rates of suicide (CDC, 2011a, 2011b; U.S. Department of Health and Human Services, 1999).

Underutilized mental health treatment also has societal impacts, such as homelessness, missed work, and emergency health care costs (Insel, 2008; U.S. Conference of the Mayors, 2008). According to Insel (2008), a leading neuroscientist in the National Institute of Mental Health (NIMH), mental disorders cost the U.S. over \$300 billion annually, which is over twice the cost mental disorders in the U.S. in the previous decade. Furthermore, Insel (2008) estimates that mental disorders account for 6% of the entire U.S. health care budget annually. Given the interpersonal and societal impact that untreated mental illness can have on society, it is imperative to gather more information on how to increase the likelihood that individuals experiencing mental health issues will seek treatment.

In an attempt to gain a better understanding of who experiences mental health issues and factors related to seeking treatment, previous studies have investigated demographic differences in illness prevalence and treatment efforts. For example, according to the U.S. Department of Health and Human Services (2012), although mental illness can be found across all ethnicities, ages, genders, and geographic locations, mental illnesses and severe mental illnesses are most frequently reported among college aged (18-25 years old) females. College can be an especially vulnerable developmental period for the onset of mental health problems (Zivin, Eisenberg, Gollust, & Golberstein, 2009). New pressures and challenges can create or magnify stress and anxiety for some people. For many people, college coincides with classic transitional ages to adulthood and their first time living away from home for an extended time with increased expectations for independence, even among those who do not attend college. Given this, it is not surprising that the age of onset for some of the more common psychiatric illnesses also coincides with this critical developmental time (Kessler et al., 2007).

Previous research has also shown that older adults, females, Caucasians, and those experiencing a severe mental illness are most likely to seek treatment (Kataoka, Zhang, & Wells, 2002; U.S. Department of Health and Human Services, 2012; Wells, Klap, Koike, & Sherbourne, 2001). Furthermore, previous research on gender differences in seeking treatment

for depression has shown that males may be less likely to seek treatment due to masculine stereotypes such as "toughness" (O'Loughlin et al., 2011).

However, these investigations do not provide the whole story on differential trends associated with seeking treatment as they have primarily focused either on differences in symptoms or treatment, and not on differences in the association between symptom severity and seeking treatment. For example, in a 2002 study focused on gender differences in depression, researchers identified gender differences in relation to specific depression-related symptoms (such as the presence of anxiety, change in appetite, etc.), the relationship between severity of symptoms and impairment in functioning, and seeking treatment. However, the researchers failed to link gender differences in symptom severity to gender differences in help seeking behaviors (Angst et al., 2002). In addition, an article by Goodlier (2014) released by Thomson Reuters, suggests the possibility that previously believed differences in depression rates between males and females may not be as reliable as previously thought, specifically due to differences in symptom reporting. These articles highlight a severe gap in current research, which has failed to investigate gender differences in the associations between symptom severity and impairment in daily functioning and/or seeking treatment.

In order to understand why some individuals are more likely than others to seek treatment, it is important to investigate how associations with seeking treatment vary across groups. The current study attempts to provide further information on demographic differences in seeking treatment by investigating gender differences in how symptom severity and functioning impairment are associated with seeking treatment among college students. Given the previous literature outlining gender differences in the prevalence of severe mental illnesses as well as differences in the willingness to report symptoms, the authors predicted that associations between self-reported mental health symptoms and treatment-related behaviors will differ significantly between males and females. More specifically, it was hypothesized that females may be more likely to report experiencing mental health-related symptoms, but higher ranges of symptoms among women would be less predictive of actually experiencing a mental illness.

2. Methods

2.1. Participants

Participants were recruited from San Diego State University's (SDSU) Sona Experimental Management System (SEMS) between September 2011 and May 2013. Undergraduate psychology students at SDSU were compensated with research credit for their participation in this study, to be applied towards their psychology class requirements. All participants completed the study online via the SEMS system. The online survey consisted of different question modules that assessed a variety of mental health issues, such as attitudes, knowledge, and symptoms. The order of module presentation was randomized for each participant.

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