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Review article

Adolescent and Young Adult Male Mental Health: Transforming System Failures Into Proactive Models of Engagement

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A B S T R A C T

Adolescent and young adult men do poorly on indicators of mental health evidenced by elevated rates of suicide, conduct disorder, substance use, and interpersonal violence relative to their female peers. Data on global health burden clearly demonstrate that young men have a markedly distinct health risk profile from young women, underscoring different prevention and intervention needs. Evidence indicates that boys disconnect from health-care services during adolescence, marking the beginning of a progression of health-care disengagement and associated barriers to care, including presenting to services differently, experiencing an inadequate or poorly attuned clinical response, and needing to overcome pervasive societal attitudes and self-stigma to access available services. This review synthesizes key themes related to mental ill health in adolescent boys and in young adult men. Key social determinants are discussed, including mental health literacy, self-stigma and shame, masculinity, nosology and diagnosis, and service acceptability. A call is made for focused development of policy, theory, and evaluation of targeted interventions for this population, including gender-synchronized service model reform and training of staff, including the e-health domain. Such progress is expected to yield significant social and economic benefits, including reduction to mental ill health and interpersonal violence displayed by adolescent boys and young adult men.

IMPLICATIONS AND CONTRIBUTION

Urgent investment is needed to address the poor indicators of mental health outcomes for adolescent boys and young adult men. Service delivery systems, based on youth mental health models, are identified. Future directions, including policy and theory development, attention to nosology, and broader cultural issues, are emphasized.

Adolescent boys and young adult men are an underserved population relative to their mental health needs [1]. For those in the 16–24 age range, population estimates suggest that only 13.2% of young men experiencing a recent mental health problem will access mental health services [2]. Current Australian data indicate that suicide is, by far, the leading cause of death for young men, with male suicide accounting for 24.4% of *all* deaths of young people aged 15–24 years [3]. Similar statistics are noted in other Western nations [4–6], where young men are among the least likely to seek mental health help [7]. Given that the development of mental ill health in adolescence and emerging adulthood

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Table 1
Top causes of global death, YLDs, and DALYs in young people 15–19 years and 20–24 years

	2013 Top 5 causes of death—males (females)		2013 Top 5 causes of YLDs—males (females)		2013 Top 5 causes of DALYs—males (females)	
#	15–19 Years	20–24 Years	15–19 Years	20–24 Years	15–19 Years	20–24 Years
1.	Road injuries (self-harm)	Road injuries (self-harm)	Skin diseases (depressive disorders)	Back, neck pain (depressive disorders)	Road injuries (depressive disorders)	Road injuries (depressive disorders)
2.	Interpersonal violence (road injuries)	Self-harm (road Injuries)	Back, neck pain (skin diseases)	Depressive disorders (back, neck pain)	Skin diseases (skin diseases)	Skin diseases (back, neck pain)
3.	Self-harm (HIV/AIDS)	Interpersonal violence (tuberculosis)	Depressive disorders (back, neck pain)	Skin diseases (skin diseases)	Back, neck pain (back, neck pain)	Back, neck pain (skin diseases)
4.	Drowning (tuberculosis)	Tuberculosis (HIV/AIDS)	Conduct disorder (iron deficiency)	Other disorder, substances (migraine)	Interpersonal violence (iron deficiency)	Interpersonal violence (iron deficiency)
5.	HIV/AIDS (fire, heat, hot substances)	Drowning (fire, heat, hot substances)	Anxiety disorders (anxiety disorders)	Drug use disorders (anxiety disorders)	Depressive disorders (self-harm)	Depressive disorders (self-harm)

Source: Mokdad et al. (2016). Global burden of diseases, injuries, and risk factors for young people's health during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*, *387*(10036), 2383–2401.
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DALY = disability adjust life year; YLD = year lost due to disability.

impacts on the most economically productive years of life [8], there is a convincing socioeconomic rationale for improving mental health service access for young men. Although broad health and mental health outcomes among boys and young men are substantially worse than those for girls and young women, this gender-based disparity has received relatively little global attention [9]. The unmet mental health needs of adolescent boys and young adult men are especially concerning for specific populations, including sexually diverse young men, those from culturally diverse backgrounds, and young men engaged with the justice system [10–12]. To better address mental ill health in adolescent boys and young adult men, the right cultures of mental health care must be developed and provided [13]. These models should be developmentally appropriate and youth- and male-friendly [14–16], and should focus on increasing young men's service engagement. Such progress will be facilitated by focused development of both policy and theory related to young men's mental health.

This review synthesizes key themes related to mental ill health in adolescent boys and young adult men. We contend that young men often present to services differently or not at all, that our systems tend to provide an inadequate response, and that pervasive societal attitudes stymie help seeking. Recommendations for prevention, intervention, and research are then provided.

Review of the Relevant Literature

Mental ill health impacts and inequalities for young men

Globally, mental ill health is the single most critical issue facing young people [13], and early detection and intervention are key to influencing trajectory and preventing life course recurrence [17,18]. The first onset of mental ill health typically occurs in the years of adolescence and emerging adulthood [19]. For a significant proportion of adolescent boys and young adult men, symptom onset marks the beginning of a life course persistent pattern of mental ill health [20], impacting across the life span in broad domains, including social adjustment, functioning, and economic productivity [21]. With rising rates of adolescent and young adult mental ill health forecast to translate to unprecedented demand for services, the Lancet's Commission on Adolescent Health has called for major investment into prevention and intervention for this population [22].

Analysis of the global burden of disease statistics (see Table 1) shows that, next to road injuries, intentional self-harm (i.e., suicide) and interpersonal violence account for the greatest proportion of deaths in men aged 15–25 years [23]. Arguably, a high proportion of young men's deaths attributable to road injuries intersects with mental health domains, including impeded impulse control, risk taking, or substance misuse [24–26], factors often implicated in the expression of psychological distress in young men [27–29]. Global statistics also show that, for adolescent boys aged 15–19 years, depressive and conduct disorders are the third and fourth top causes for years lived with disability, whereas for men aged 20–24 years, depressive disorders, other mental disorders, and drug use disorders are within the top five causes of years lived with disability [23].

Although the global burden of disease data clearly demonstrates that young men have a markedly distinct health risk profile relative to their female peers, there are also substantial gender-specific mental health impacts. For example, conduct disorder, for which the burden of disease is substantially greater for adolescent boys and young adult men relative to women [30], is related to future offending behavior and victimization of others, in addition to general mental and physical health status and poorer academic achievement [20,31]. Further, one in every three deaths among adolescent boys within low- to middle-income countries in the Americas is attributable to interpersonal violence [32], and although it is not possible to directly attribute mental ill health as the causative factor in all of these deaths, a confluence of related factors, including emotion regulation and impulsivity, prescriptive gendered attitudes, the presence of peers with antisocial values, and easy access to psychoactive substances, are implicated [33]. Indeed, problematic substance use, including patterns of abuse and dependence, is comparatively high for adolescent boys and young adult men relative to their female peers [34], and is associated with substantial social and economic impacts [35]. Stark gender differences also exist for longer-term outcomes associated with psychotic disorders, which tend to emerge earlier among men in comparison with women. Relative to women, men with psychosis are more likely to have comorbid substance use disorders, are more likely to experience homelessness, and are less likely to be engaged in evidence-based psychological therapy [36].