THE MALE

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Mental health matters

HEALTHY MALE

Generations of healthy Australian men

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FOR MEN AND BOYS

Welcome

There's no way to sugarcoat it — the last two years has been tough going. Everyone from school kids to seniors have been through one of the most challenging experiences in recent history. As a whole, people have done extraordinarily well in the face of a global pandemic, lockdowns, homeschooling and social isolation but some people have suffered, and some people will continue to find their mental health challenged.

That's why this issue of The Male is looking at mental health, covering everything from habits to help build and maintain it, postnatal depression, body dissatisfaction and developments in male-appropriate treatment. Mental illness touches most people over the course of their lives, whether that's their own wellbeing or supporting friends or family members who are struggling. It's important to remember that good mental health isn't a switch that you turn on, it's a road that you travel with twists, turns, bumps and unmade sections.

We've made massive strides in our awareness of mental health but removing the stigma that surrounds it is still really important, especially when it comes to rural and remote communities. Growing up in the country myself, I know that everyone knows everyone and you worry about what other people think when you're seeking help. But your mental health is more important than what other people think and encouraging more men to be open about their mental health in rural and remote regions will help reduce the stigma.

Looking after your mental health is just like looking after any other part of your body and, there are plenty of things you can do to protect it and help prevent it from going downhill. The stuff you can do to help yourself can be quite simple, like talking to someone. In this edition, we also cover how helpful exercise can be for your mental health and it doesn't take much — going for a walk after work to clear your head can make a big difference to you.

If we ignore mental health concerns or put them in a box they can surface in different areas of our lives and affect us in so many different ways. An example of this is our story about how stress, anxiety and depression can impact sexual function and what you can do to manage it.

It can take courage to start a conversation about your mental health and check in with others but the outcomes of doing so can be life-changing. Regardless of restrictions easing and life returning to a bit of normalcy, we still need to look out for one another. It can be a seemingly little thing that can be enough to set you back. Please give yourself and each other a bit of a break — you've been through a lot whether you want to admit it or not.

Simon von Saldern
Healthy Male CEO

Understanding mental health

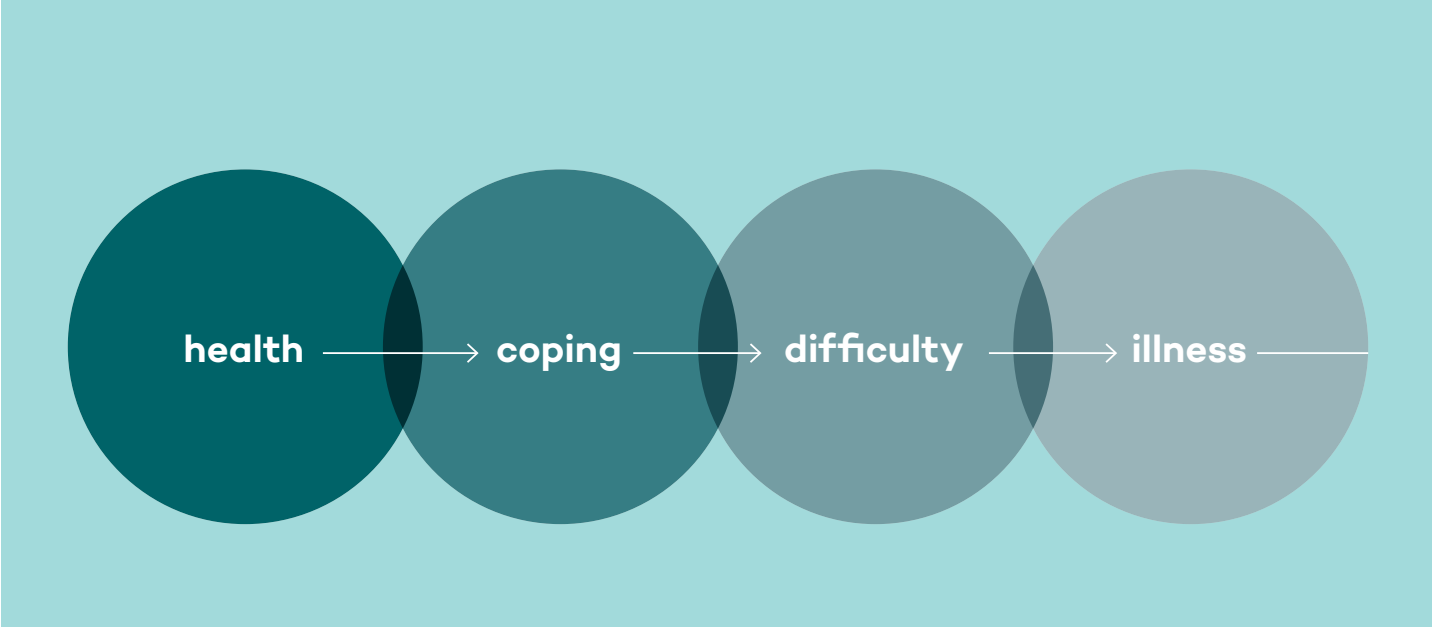
Mental health has never been more top of mind than it has in the last two years.

Since early 2020, the COVID-19 pandemic and subsequent restrictions of movement, physical distancing measures, lockdowns, loss of employment, social isolation and the added stressors of remote work and schooling have heightened psychological distress and impacted the mental health of many Australians[1]. However, this period has also seen more investment[2] and increased uptake[3] in mental health services than ever before.

From the top of news bulletins to the topic of group chats — there's greater awareness of an issue that touches most people in their lifetime, whether it's battles with their own mental health, their family members' or their mates'. Clinical psychologist and men's mental health researcher, Dr Zac Seidler, has seen the effect this has had on his clients.

"So many men have been given the okay to say, 'no, not coping' and that's the greatest benefit, if anything, of COVID-19, that it's the great equaliser," Dr Seidler says. "Everyone has had a rough time, one way or another, and has been able to complain about it and hopefully, been able to seek help as well. But the camaraderie, the togetherness, the compassion, and love that I see amongst so many of these guys, doesn't go reported."

Although mental health and illness are more widely discussed, there's still significant stigma around the issue and room for improvement



when it comes to our understanding of this complex topic — particularly when it comes to symptoms, diagnosis and treatment of men's mental illness and the role of masculinity. So here are the basics of what's going on in your brain and how to recognise when you, or someone you know, needs a hand with their mental health.

The spectrum of mental health

It can help to think about mental health and mental illness as existing on a continuum or spectrum. At one end is mental health, defined by the World Health Organisation as, "A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." It influences how we think, feel and act. There are ways to maintain your mental health and build resilience to cope with life's unexpected challenges and these include regular physical activity, good sleep, creating strong connections, drinking sensibly, limiting other drugs, eating well, making time to do things you enjoy, being open and honest about how you're feeling, and seeking help when you need it.

Even when your mental health is optimal, it's normal to feel sad, angry, lonely, stressed and anxious at times, and there will be periods in life when your mood and motivation isn't as good as you'd like. This can change day-to-day and week-to-week, often in response to life's stressors. When these feelings become persistent and interfere with your ability to lead and enjoy everyday life, that's when you might be dealing with a mental health problem that requires medical attention.

This part of the spectrum ranges from 'coping' — feeling some pressure but managing — to 'struggling' — feeling like you're not doing okay. If mental health problems aren't dealt with, they may develop into a mental illness.

Mental illness — at the opposite end of the spectrum to mental health — refers to all diagnosable mental disorders or conditions that significantly affect how a person feels, thinks, behaves and interacts with others. There are different types of mental illnesses including depression, anxiety, schizophrenia, bipolar mood disorder, personality disorders and eating disorders, and these range in severity. Mental illness can affect anyone, regardless of age, gender, geography or income. In fact, around 45% of Australians aged 16 to 85 have experienced mental illness at some point in their lives[1]. Some people may experience one episode of mental illness and fully recover, while for others it may recur throughout their lives.

There is usually no singular cause of mental illness. A number of overlapping factors increase your risk including biology (mental health is affected by your genes and related to your family history of mental illness), your current circumstances (whether that's stress at work, money problems or isolation), life experiences (such as trauma, abuse or grief), and individual coping styles.

Mental illnesses are medical conditions, just like diabetes or heart disease, and they're treatable. Recognising the early symptoms and getting effective treatment is important. If you need non-urgent help, contact your doctor and ask for a long appointment. A doctor can assess and treat many common mental health concerns and provide referrals to psychologists, psychiatrists and other mental healthcare professionals.

The state of men's mental health

"When it comes to your basic markers of how men are doing, the gender paradox of suicide

explains it really well," Dr Seidler says. "Women experience suicidal thoughts, suicidal planning, suicidal attempts, much more often than men do, their depression and anxiety rates are much higher, their help-seeking rates are much higher, and yet, men account for three quarters of all suicides in Australia."

But these statistics around gender and mental health difficulties don't paint the whole picture.

"If you include irritability, frustration, drug taking, aggression, those things that we actually think are representative of male depression, you end up with parity in prevalence rates," Dr Seidler says.

Rather than "boys being boys", problematic behaviour can be a cry for help that isn't always recognised.

More on masculinities

There is a complex and diverse range of factors that impact mental health, which can be influenced by how men experience masculine social norms. Masculinity — the set of attributes, behaviours and roles associated with men and boys — has received a bad rap in recent years with critique of its 'toxic' nature.

"The term 'toxic masculinity' is fundamentally flawed. It has no basis in science and it's really problematic," Dr Seidler says. "There are many facets of manhood that, when applied incorrectly, are toxic, but they are toxic behaviours, not toxic traits."

Boys and men are taught, implicitly and explicitly, to embody traditionally masculine traits of stoicism, strength, independence and self-reliance. These are positive traits in many parts of life but become a problem when they're practised rigidly in all contexts, particularly when it comes to looking after mental wellbeing.

"A fireman needs to be stoic, self-reliant, strong, and powerful in the face of the fire, but when he comes down, he needs to be vulnerable and emotionally communicative to overcome trauma," Dr Seidler says. "If we just have a one-size-fits-all, 'I am this bloke in all settings' approach, it really ends very badly and that's what we witness all the time." Men who more strictly conform to these masculine norms report worse mental health outcomes and reduced help-seeking[5]. Exploring and celebrating healthier masculinities is critical for improving men's mental health.

"We use the term 'masculinities' because within each man is a constantly evolving, changing, contradictory experience of masculinity that, depending on where you are, who you're talking to, who you're relating with, will shift," Dr Seidler says. "It's really important people start to embrace that, because it's when they rebel against that other version of themself, the tension comes about, and the feelings of being deficient, or broken, or not living up to something is really problematic. If we keep striving for one way of being, everybody will fail."

Social and emotional wellbeing

Many Aboriginal and Torres Strait Islander people prefer to use the term social and emotional wellbeing (SEWB) to describe the holistic range of factors that make up and influence health. It recognises their connection to the land, sea, culture, spirituality, family and community, as well as the influence of policies and past events.

Signs your mental wellbeing might need attention

- Persistent and pervasive feelings of sadness, elation, anxiety, fear or irritability
- Changes in sleep patterns
- Changes in appetite
- Loss of interest in things that were previously enjoyable
- Withdrawal from friends and activities
- Difficulty thinking and concentrating
- Excessive worries, fear or guilt
- Changes in use of alcohol and other drugs
- Thoughts and feelings that are out of the ordinary or difficult to understand, such as paranoia
- Experiencing sensations (seeing, hearing, smelling, tasting something) that others can't identify

REFERENCES

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Habits to support mental health

1 Connect

Strong relationships with mates, family members, pets, neighbours, colleagues and the wider community are essential for mental wellbeing, as they provide support, security and a sense of purpose. Spend time with loved ones or try a new hobby, club, sport or volunteer work.

2 Chat

Find someone you can talk to during a tough time and share what you're going through. Reach out to them first to ask how they're doing, and actively listen. By doing this, they're more likely to reciprocate. Ask for help when you need it.

3 Move

Exercise can improve your mood and emotional wellbeing, reduce your risk of developing mental illness and help treat a range of mental health conditions. Start with 30 minutes of movement each day, which could be a walk, working in the garden or kicking a footy with the kids.

4 Eat well

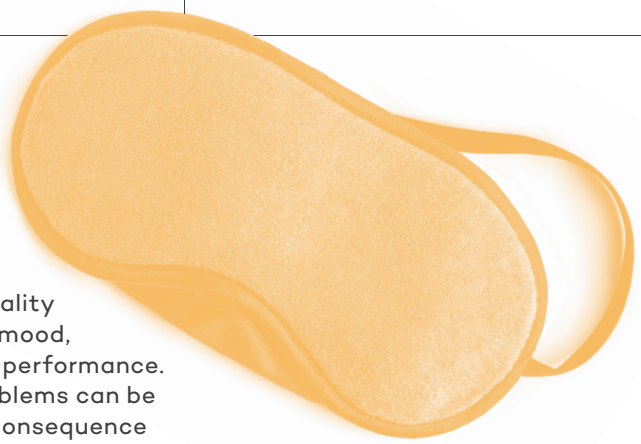
Eating a balanced diet can improve mood, energy, physical and mental health. Serving up vegetables, fruit, wholegrains, legumes, olive oil and fish, while limiting junk food and added sugar, may help prevent and treat depression.

5 Tune in

Instead of bottling up uncomfortable feelings or letting critical thoughts run rampant, take a moment, tune in with how you feel and express it. This could be through talking or writing.

6 Get outside

Whether it's a lap around your local park or a day of hiking — exposure to nature is linked to lower stress, better mood, improved attention and reduced risk of psychiatric disorders.



7 Sleep

Getting enough quality sleep can improve mood, concentration and performance. However, sleep problems can be both a cause and consequence of mental health problems. Maintain a consistent sleep schedule, put away screens well before bedtime, avoid caffeine later in the day, and get some natural light in the morning.

8 Give back

Whether it's volunteering to walk rescue dogs, joining local clean-ups, or just asking your neighbours if there's anything they need a hand with — giving back to your community can create a sense of purpose and help you connect with others.

9 Skill up

Learn a new skill or start a hobby — setting goals and challenging yourself can foster confidence, self-esteem and help you switch off. There's more to life than work and enjoying downtime is important.

10 Limit alcohol and other drugs

While they might make you feel good in the short term, excessive alcohol consumption and drug use can make your mental health worse in the long run.

Are you bogged mate?

From farming land to Indigenous communities, coastal towns to mining settlements — there's no single, stereotypical experience of living in rural and remote Australia. But these roughly seven million Australians share commonalities in the challenges they face to their mental health, including geographic isolation, limited access to healthcare, financial insecurity and environmental adversity. Although the prevalence of mental illness in people living outside of the major cities is similar to those living in them, the rates of self-harm and suicide are considerably higher in rural and remote areas and increase with remoteness[1].

"Getting to a place where suicide's an option, it's not a good place."

Warren Davies moved from Melbourne to rural Victoria as a teenager and took up farming after finishing school. One of the biggest catalysts for his mental health journey was Mother Nature, who he refers to as a silent business partner on his dairy farm.

"We got flooded fence line to fence line while we were establishing our family business. It had a major impact on us financially and the stress triggered some of the stuff I'd swept under the rug from the past," Davies says. "I didn't give that enough attention and just got on with the day to day and that's not the best way to deal with a mental health challenge, by working harder and keeping going."

After recovering from the flooding, managing family conflict and taking on more debt added significant stress. Then the drought hit.

"I was on a downward spiral, and it just kept getting worse as the drought got on. I started to feel shame and guilt that I was failing again," he says. "I felt like I was letting my farm down, letting my animals down, letting my family down and I just spiralled out of control until I got to a really dark place and just didn't know how to get out of it."

"Breaking down the stigma is probably the biggest thing."

Mary O'Brien has spent her whole life in rural and remote Australia, working in the agriculture industry, and was driven to start rural men's mental health initiative *Are You Bogged Mate?* after losing a number of men to suicide in her local community.

"Country people identify with getting bogged and I've used it as a comparison to mental health and depression," she says. "It doesn't matter how badly bogged we get, we always take the time and trouble to get the vehicle out, we don't set fire to the machine. Sometimes we can get ourselves out of the bog but when it's badly bogged, we need to ask someone to help."

While the tight-knit nature of rural and remote communities can be a valuable source of connection and support, it can also influence men's willingness to seek help for mental health concerns.

"It's pretty hard to rock up to your doctors where you walk into a doctor's surgery and you know everyone sitting in the waiting room and they might not know why you're there, but you do," Warren Davies says. "That plays a big part in making it harder to reach out and seek help."

Nathan Mercurio, National Program Manager for Rural and Remote Mental Health, says that greater awareness and understanding of mental health is critical.

"We want the communities to have a deeper understanding that mental health concerns are not out of the ordinary," Mercurio says. "In one footy team, there's six people that could be struggling with their mental health."

Older men are more hesitant to access mental health programs due to stigma, lack of awareness about the benefits of mental health services and the inability to access services because of geographic isolation[2]. Stigma can be compounded for Aboriginal and Torres Strait Islander people as well as those who identify as LGBTQI+.

Those who do reach out for help sometimes find it's not always easy to come by. Outside of large regional centres there can be a shortage of psychiatrists, psychologists and mental health nurses, with more remote areas seeing a shortage of GPs and community health nurses as well. Higher costs, fewer specialists, and greater distance to travel for care can also impact timely diagnosis, treatment and ongoing management of mental health conditions.

The social and emotional wellbeing of rural and remote Indigenous communities

Two thirds of Aboriginal and Torres Strait Islander peoples live in rural and remote areas[3]. As a group, our First Nations people have a particularly high incidence of challenges with their social and emotional wellbeing, with mental ill-health and psychological distress. On top of the risk factors linked to rural and remote living, ongoing marginalisation, separation from culture and land, food and resource insecurity, intergenerational trauma, disconnection from culture and family, racism, systemic discrimination, and poverty have resulted in poorer mental health for many Aboriginal and Torres Strait Islander peoples, along with their high prevalence of other chronic diseases[4,5].

Aboriginal and Torres Strait Islander leadership and engagement in culturally appropriate care is critical for better social and emotional wellbeing outcomes[6] and suicide prevention[7].

"Have the courage to reach in and start that conversation."

Independence, self-reliance and stoicism are some of the defining characteristics of rural identity and they're valuable if you're living life on the land. However, they can also be barriers to asking for help when the going gets tough[8] or starting a conversation with someone who might be struggling.

"We are the first ones to notice changes in our friends, our family and our work colleagues," Mary O'Brien says. "If they've stopped catching up with their mates, if they quit the local footy team for no reason, or suddenly withdraw from family and friends, or excess alcohol and drug use or anything that's different from the way they normally behave, these are some of the things that we can look for."

Social isolation is an important factor in mental wellbeing in people living rurally and remotely and having a support network you can call on, no matter the distance, is critical. Warren Davies found himself disconnecting from his community at his lowest points and says there needs to be more awareness and encouragement around how to intervene when someone seems 'off'.

"It does take courage, and starting that conversation is really hard," Davies says. "But if you don't the outcome can be catastrophic. You're better off just biting the bullet and reaching in, and they can say they're all right but if you think they're not right, be persistent in that conversation and keep checking in with them."

While the statistics are stark, there are opportunities for healthcare reform, like community-led mental health literacy programs and the expansion of e-health services tailored to rural and remote communities. "It is changing and I hope it's improving. Certainly, more people are talking about it now," Mary O'Brien says. "I talk to men who say, 'Oh, my father or grandfather never talked about this, but we check in with our mates now.'"

REFERENCES

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Real story

“Don’t shy away from the bits that make up who you are, even if it’s depression”

Luke Rigby is a 26-year-old business owner and management accountant based in Launceston, Tasmania. He’s an open book about his experience with postnatal depression, a condition many men don’t realise can affect them, not just their partners. Luke speaks about seeking help after the birth of his daughter Olive in 2018, the symptoms that were red flags in hindsight and why unflinching honesty is the best policy when it comes to mental health.

I was born and raised in Launceston. My mother and father split up when I was nine and then I became one of eight kids, including step-siblings, across the two family units. A big family, but one I’m not necessarily close with now and that’s something I’ve always struggled with.

Growing up I remember my parents being pretty conservative, as much as they try to be progressive now. My dad is old school and very much believes that if you’re feeling anxious or depressed, you kick yourself up the backside and keep going. I can certainly remember instances growing up when I was super anxious, and I can recognise the stresses that were there.

I’d be lying if I said the thought of getting married and having kids hadn’t crossed my mind growing up because it’s like a social institution, but I never had a romanticised version of fatherhood like, ‘I can’t wait to be dad, it’s going to be the best thing ever.’ I was more or less indifferent to whether or not I had kids.

I met my wife five years ago and she’s always wanted to be a mum. Our relationship progressed quickly in terms of relationship milestones — moving in together, consolidating bank accounts and other things like that. After 16 months together, we had a whoops-a-baby. I would have been 23 and she was 25.

My first reaction was a bit of disbelief. We had a week wait until we saw our GP and that week was the single longest week of my entire life. I spent that week feeling anxious. It didn’t actually hit home I was becoming a dad until the day we had the baby because I was experiencing the pregnancy second hand.

I made sure to be there for every scan and every appointment. I definitely felt some form

of connection to the fetus, but I was also aware it wasn't like, 'Holy shit, this is my child.' It was like, 'No, this is a ball of cells currently that's going to grow into a human being at some point.' If something had happened to my daughter, Olive, during pregnancy, I would have been hysterical. But as it was happening, I don't remember feeling an overly fond connection with her until she was born.

Being curious and asking questions, no matter how dumb they seemed at the time, gave me a lot of comfort and belonging through the pregnancy process. Whether or not you're physically going through the demands of pregnancy, you definitely are mentally, and there are secondary effects of your partner going through it.

During the pregnancy, there was a lot going on that we had to balance day-to-day. I was having family issues and my wife's mum was pretty sick. I was trying to build a career in a job that I wasn't super happy with while doing full-time uni and trying to make sure I was as supportive as possible of my wife and trying to get to all her appointments. There was a lot of overtime, no lunch breaks, and lots of fatigue. These factors exacerbated the ongoing mental health issues I had. I've been very open about my postnatal depression, but I also had a predisposition, if not minor symptoms of depression, before and during the pregnancy.

I was sort of aware of postnatal depression, but I didn't know anyone who was open about having it. I'm someone who has a degree in psychology, but I didn't recognise the symptoms of postnatal depression in myself straight away. It took close to a year of my wife, who has a history of social anxiety and depression, telling me I was showing symptoms of depression and doing her best to support me and our newborn baby. At least once a week she'd suggest I go chat to our GP and I'd be like, 'No, I'm fine. I'm fine. It's all good.' Then there might be a week or so where I make a conscious effort to pick up my game, but then there was always a relapse.

"In the moment even I couldn't recognise what was going on. In hindsight, I can. There were lots of sick days where I'd rather be at home. I struggled to get out of bed, increased weight, short fuse — a lot of the classic symptoms."

Going to talk to my GP, who I'm luckily very close to, was one of the single most nerve-wracking things I've ever done in my life, and that includes witnessing childbirth. I booked in for a 10-minute appointment and it took close to 45 minutes because I was just sobbing. I hadn't even told my wife a lot of the stuff I said to him about how I was feeling, and he was just like, 'It's classic postnatal depression symptoms.' I felt like I was not only letting myself down, but my wife and my daughter as well.

I was very real with my GP, and he was like, 'This is what we can do to get better.' There are a lot of preconceived notions about medication and antidepressants but they're not a bad thing. I am self-aware that I need it in order to be a better dad and a better husband, but I also know it's not a be-all and end-all cure.

I started telling friends and family about my postnatal depression. If a mate came over and asked, 'How are you going?' I was like, 'I'm pretty rough today. I got diagnosed with postnatal depression the other day.' Being brutally honest with myself and with the people around me, saying, 'Hey, this is me now,' leads to better conversations and helps lighten the load. So, while I might never bring it up with that person again, it's always in the back of their mind that if I'm not functioning 100%, this might be the reason why.

If you're open with yourself and listen to how you're feeling, and not fighting it, then you can pick up on the little cues that help you. It helps me to recognise when I need to go through steps in order to look after myself better, and that might be eating a bit better or going to the gym. But it could also be the fact I didn't take my meds that day or it could simply be the fact I didn't sleep well.

I might have a bad morning where I sit on the couch with my daughter running about. I'll get to lunchtime and she'll be hungry and that spurs me to get up. While I'm cooking, I might have a moment where I'm like, 'Oh, shit. I've just wasted an entire morning,' and then I know in the afternoon we might do something simple like painting and that'll make her happy, makes me happy and I feel better about the day.

We live in a world now where mental health is at the forefront of people's general health. Everyone's aware you need to take care of it. My biggest bit of advice is to be unflinchingly honest, whether that's with yourself or with your partner or with your friends and family. Don't shy away from the bits that make up who you are, even if it's depression.

Digging deeper on male body dissatisfaction

Look at any men's magazine cover, superhero action figure, or social media advertisement and you'll see a version of the male body you're unlikely to find walking down the street. Throw in our country's obsession with sport and thriving fitness culture, and you've got the ingredients for an unrealistic body ideal that men are implicitly and explicitly told to match, from a young age.

Australian eating disorder and body image organisation, Butterfly Foundation, says 90% of adolescent boys report they exercise primarily to gain muscle and two thirds make specific changes to their diet to achieve those goals[1].

When dissatisfaction with our bodies is common, men's pursuit for muscle growth is seen as admirable and the behaviours to achieve it (like restrictive diets and frequent exercise) are considered normal, it can be more difficult to draw the line between healthy habits and a diagnosable condition like an eating disorder or body dysmorphic disorder. This is made harder by the misconception that these conditions only affect females, leading to further stigma around the many men who do suffer.

Signs of body dysmorphic disorder and muscle dysmorphia in men

- Thinking about the perceived defect (like muscularity) for hours every day
- Constantly looking at your appearance or taking pains to avoid catching your reflection
- Constant dieting and overexercising that interferes with the rest of your life
- Avoiding certain activities, locations or contact with people

Signs of eating disorders in men

- Obsessive or compulsive exercise habits (e.g., working out when injured or feeling distress when unable to workout)
- Preoccupation with fitness, body shape, weight and appearance
- Restrictive dieting or eating behaviours (e.g., eliminating food groups, counting macronutrients/calories, replacing meals with fluids)
- Bingeing and/or purging
- Social withdrawal or isolation
- Heightened sensitivity to comments or criticism about body shape or weight, eating or exercise habits
- Muscle enhancing drug use

The basics of body image

Body image is how you think and feel about your body. It's not about your actual appearance, but the perceptions, beliefs and emotions attached to it. Body image starts developing in early childhood and evolves over your lifetime, influenced by the culture you live in, the media you consume, your personality and the people you're surrounded by. Sometimes you'll feel satisfied or positive about your body, sometimes you'll feel unhappy, negative or just neutral about it. Whatever the case, our body image can influence how we engage with the world and impact our mental and physical health. Ongoing poor body image or body dissatisfaction can be linked to dieting, over-exercising, eating disorders, body dysmorphic disorder, depression and anxiety.

The complexity of male body image concerns and their consequences have long been under-researched but this changing.

Eating disorders

Eating disorders are serious and complex mental illnesses characterised by disturbances to thoughts, behaviours and attitudes to food and eating, which can extend to preoccupation with exercise and body shape or weight. They can be life altering and threatening with both psychological and physiological complications.

In Australia, men are believed to make up over a third of people with eating disorders[2] but the actual percentage is likely much higher. In 2016 it was reported that less than 1% of all the body image and eating disorder research was conducted exclusively on males[3], with little inclusion of those who identify as transgender or gender diverse. LGBTQI+ adults and adolescents experience greater incidence of eating disorders and disordered eating behaviours than their heterosexual and cisgender counterparts[4]. There's also growing, and much needed, research into the prevalence of eating disorders in Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and the influence of Western body ideals.

Eating disorders can also present differently inmen when body dissatisfaction manifests in the pursuit of a muscular ideal rather than thinness and is referred to as muscularity-oriented disordered eating.

"The stigmas and stereotypes around eating disorders lead to the myth that they mostly affect women, leading to eating disorders in men often being overlooked or misdiagnosed," says Dr Ranjani Utpala, Clinical Director of Butterfly Foundation.

There's no single cause of eating disorders but your genetics, cultural influences and emotional factors all contribute. It's also important to consider specific environments that emphasise body shape and performance, like some sports.

"Young athletes such as gymnasts, runners, body builders, rowers, and wrestlers are especially vulnerable to developing eating disorders," Dr Utpala says. "These sports often expect or require the practice of weight restriction, and disordered eating can be reinforced or rewarded."

More research on the most effective interventions for men with eating disorders is needed because accessing evidence-based treatment as early as possible reduces the severity, duration and impact of the problem.

"Men tend to be quieter about their body negativity, seeking treatment less frequently or holding off on treatment for a longer time than women due to shame and stigma," Dr Utpala says. It's important to seek help immediately if you if you think you may be experiencing an eating disorder and talking with your GP is a good first step.

Body dysmorphic disorder and muscle dysmorphia

Most people have something they don't like about their physical appearance whether it's a crooked tooth or acne scars, but these thoughts don't cause a lot of distress or impact their daily life. For people with body dysmorphic disorder (BDD) — an under-recognised psychiatric condition — these perceived flaws become an intense preoccupation and can lead to extreme action to hide or fix it. Around one in 50 Australians have BDD with men and women equally affected[5].

Muscle dysmorphia (MD) is a type of BDD in which people (predominantly men) see themselves as not muscular enough. They can go to dangerous lengths for gains including strict diets, excessive exercise and androgen abuse. Illegal androgen abuse can have long-term physical and mental health impacts including cardiovascular disease, liver and brain damage, rhabdomyolysis and infertility. The current increasing rates of steroid use in our community could indicate that male body dissatisfaction is more significant than we recognise.

The condition can be difficult to catch in yourself and others when eating well and working out in moderation are considered healthy, and the pursuit of size has been normalised by the media. So, when does meticulous meal prep become a problem? If your habits are impacting your work, study, social life and/or relationships, it might be a sign something is wrong.

"Start asking, does it impair your functioning? Does it restrict your ability to live other aspects of your life?" says Dr David Castle, psychiatrist, researcher and Scientific Director of the Centre for Complex Interventions at The Centre for Addiction and Mental Health. "A lot of people get into it in an incremental way, they'll start off with [going to the gym] one hour three times a week and then they'll increase it and increase it, and then find if they have a break from it, they get quite distressed."

Men with BDD and MD don't recognise that their beliefs about their appearance are inaccurate and may not realise they have a serious but treatable condition. Often family or friends can be the first people to raise the issue.

"Some think, 'oh well, that's just vanity, how can this be a serious issue?' It's a hugely serious issue," Dr Castle says. "It has one of the highest suicide rates of any disorder — it's a tragedy, it strikes young and it's persistent and enduring."

There's limited research on treatment for BDD but medication and psychotherapy are helpful.

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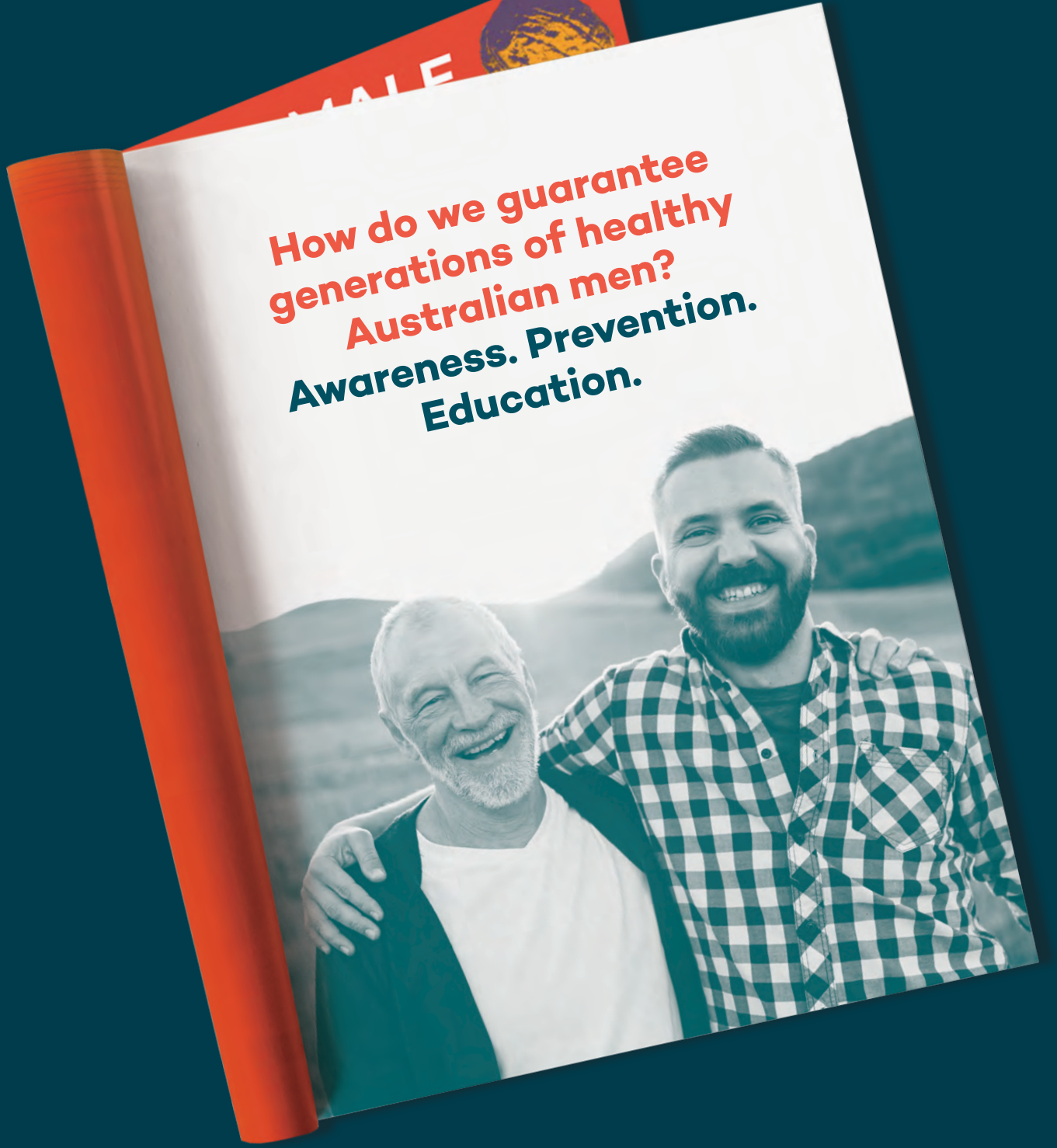

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Sex during unprecedented times

BY CHRISTOPHER BRETT-RENES

From a global pandemic to political protests, we are living in extraordinarily stressful times. Stress can permeate many aspects of our lives. Stress is our body's response to pressure — a bit of it can be tolerable or even helpful. But when there's an imbalance between the demands we face and our ability to cope with them, it can become a problem. Overwhelming and prolonged stress can increase your risk of developing mental health illnesses such as anxiety or depression.

Stress, anxiety and depression can affect our sex lives in various ways.

Sex and stress

When we experience stress our sympathetic nervous system kicks into gear and our bodies get ready to either fight the challenge or run from it. However, once the stress or threat is gone, our parasympathetic nervous system takes over to help restore our body back to its normal state. When we are exposed to prolonged stress — be it a life event like the death of a loved one, major health concerns, or living in an unpredictable global pandemic — our sympathetic nervous system is activated for much longer than usual[1,2]. Normally when the sympathetic nervous system is activated, our bodies release cortisol, which helps with our fight or flight response. Prolonged release of cortisol can reduce testosterone production, which impacts sex drive[3] and can exacerbate any pre-existing mental health issues such as anxiety, which can affect erectile performance[2,3,4].

Think about how you feel when you're stressed — irritable, grumpy, anxious, sad, or frightened. While these feelings are normal (especially in the aftermath of an unprecedented and prolonged event like COVID-19) they don't often encourage desire, intimacy and romance. So how do you manage stress (and support a healthy sex life) while navigating your way out of a pandemic? Self-care is an important factor for resilience during difficult times. Sometimes, we think of self-care as selfish or indulgent, but it helps us to persevere and to be better parents, partners, and lovers.

Move more

Movement is great not just for physical health, but also mental health, as exercise reduces levels of stress hormones, like cortisol, and stimulates the production of endorphins, promoting feelings of relaxation and optimism.

Date night

If you're still working from home, you may be seeing a lot of your partner. However, creating quality time for romance and relationships is still important. Try to do something together each week, like making a special meal together, going for a walk or watching a movie.

Communicate

If you're having a bad day, rather than lashing out or projecting it onto your partner, communicate how you're feeling. Often when couples are having issues (both in and out of the bedroom) one of the biggest factors is a lack of communication, which can lead to one or both partners feeling rejected or undesired.

Sex and anxiety

Anxiety can have a significant impact on erections and ejaculation. When we experience anxiety we get physiological symptoms, such as increased heart rate, gastrointestinal upset or sweaty palms, and anxious thoughts interrupt how your brain communicates with your penis. This can lead to a loss of erections[5], which can create more anxiety. This cycle of erectile dysfunction (ED) can lead some people to withdraw from their partners both sexually and non-sexually out of fear that if they engage, it will lead to sexual activity that may lead to ED, disappointment and rejection.

By yourself

It's important to understand that sensuality and relaxation are important components of the sexual experience. Try practising what is called "wax and wane", which is when you masturbate and allow yourself to go soft, then get hard again, and repeat. This exercise helps you to remain calm and not to panic when you do lose your erection, knowing it will come back[6].

With your partner

Sex is so much more than just penetration and performance — it's about pleasure. By its very nature, sexual performance is stressful, and this can become a major preoccupation for most men at some point in their life. This can include thoughts such as, 'Are they

enjoying it?', 'I can't come too quick!', 'Why aren't I like those porn stars?', 'Is my dick too small?', 'What do they think of me?'. It's important that men work with their partners to increase their enjoyment of sensual pleasure, which includes all of the activities that are possible during sex, such as touch and affection as well as other sexual acts such as fellatio, cunnilingus, or anilingus. For us to experience truly heightened eroticism, we need to be relaxed and to appreciate and enjoy touch[7].

Quiet your mind

Often it can be difficult to quiet your brain when you're in the midst of sex. The following tools are circuit breakers that allow you to reduce the impact of anxious thoughts and return to being present with your partner when pesky thoughts pop up.

- Activities: Use positive activities such as sex in the shower, going down on your partner, or using a toy
- Emotions: Before sex try things that change your emotional state, like watching funny online videos, or listening to upbeat music
- Push away: Use mindfulness techniques to push away anxious thoughts
- Thoughts: Actively engage in your mind to think about something else
- Sensations: Focus on sensations, such as the feeling of your partner's skin under your hand, to ground your thoughts.

Sex and depression

Depression can be characterised by marked decrease in activities that were previously a source of pleasure, such as sex.

Talk to your doctor about medication

There is a lot of stigma around using medication, however, using it may help you get your head above the waterline to engage more effectively with psychological treatment. Some antidepressants can contribute to sexual dysfunction including delayed ejaculation. If this is a concern for you, talk to your prescribing doctor as there may be alternative medications available for you. Do not stop medication without seeking professional advice.

Small, simple pleasures

Set a daily goal of doing something you enjoy. When we do something enjoyable, we experience dopamine release which helps improve our mood. Often with depression, there is a lack of motivation to partake in pleasurable things, but once we get going it gets easier and more enjoyable. Sex may not be one of these things, so communication is important. Explain to your partner what you are experiencing, as well as what your capacity is at the present moment with regard to intimacy.

REFERENCES

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The exercise effect

There are plenty of reasons to move your body, whether it's the results reflected in the mirror or the well-recognised benefits for physical health and combating chronic disease. What's increasingly evident, but largely underestimated, is the positive impact exercise has on mental health.

"Rather than being seen as a priority or something that can prevent and treat mental illness, sometimes I think it is just viewed as something that is broadly recommended or synonymous with 'healthy'," says Dr Bonnie Furzer, Accredited Exercise Physiologist and Director of Thriving in Motion. "We need to shift that perception so exercise and activity is viewed as a treatment and people are supported to engage in their treatment or take their 'exercise medicine'."

Exercise ticks plenty of boxes when it comes to helping mental health. It improves your mood, sleep, self-esteem and cognitive function, and helps to prevent or treat a range of mental health conditions. While outcomes vary depending on the condition and the way you exercise, it can have an important role in preventing and treating depression[1], which impacts one in eight Australian men over their lifetime, and may be useful for managing anxiety[2], which affects one in five men.

"When it comes to moderate to mild levels of distress, exercise is actually comparable, if not better, than the improvements we see from medication," Dr Furzer says. However, exercise isn't a replacement for necessary mental health care and should be prescribed as part of it, in addition to being used preventatively.

Moving your body doesn't just affect the muscles you flex — it changes the way your brain is structured and functions. While the exact reasons why exercise affects your mental health aren't confirmed, some of the ways it's believed to work are by:

- Increasing endorphins (the body's feel-good hormones)
- Distracting you from negative thoughts and feelings
- Improving physical health (which is linked to mental health)
- Managing your nervous system's reactivity to stress
- Improving self-efficacy
- Reducing isolation (if you're working out with a pet or other people).

The hurdles

More than half of Australians do not get the recommended amount of physical activity — a goal that can be even more challenging for those with a mental illness. Inactivity can both contribute to poor mental health and be a consequence of it, with low mood and motivation reducing your ability to get moving.

Reducing barriers that might hold you back from exercise is important. "You don't necessarily need to pay for one-on-one training sessions or expensive gym memberships – although if you can and enjoy it, these things will help – but any and all exercise is beneficial," Dr Furzer says.

Here are some tips for getting started, and sticking with exercise habits that can support your mental health.

1. Set small goals

"If you're new to exercise then starting with a 10-15 minute walk may be for you," Accredited Exercise Physiologist Sam Rooney says. "By setting small goals, you set yourself up for achievement, success and momentum." As little as one hour of exercise a week could help prevent depression[3] — that's eight minutes per day.

2. Plan in advance

Whether it's booking into an exercise class or writing your routine down for the week, "Planning in advance when and what you are going to do will take the mental burden away from deciding what to do at the time," Rooney says.

3. Recruit some support

You're less likely to hit snooze on your alarm when you're leaving a mate waiting. Use positive peer pressure to commit to regular exercise. "Research tells us that exercising with a friend boosts enjoyment, improves consistency and having someone to socialise with is always a great way to boost your mood," Rooney says.

4. Make it fun

Exercise works best when it's something you enjoy because you'll be more likely to stick with it. "It could be bushwalking, rock climbing, surfing, lawn bowls, bike riding with kids... anything that gets you moving can have benefits for your mental health," Dr Furzer says. "It doesn't matter how good running is for you, if you really hate running, it is a chore or something you dread, fair chance it is going to be very hard to regularly do it, and then there is the potential guilt and negative feelings for not doing it."

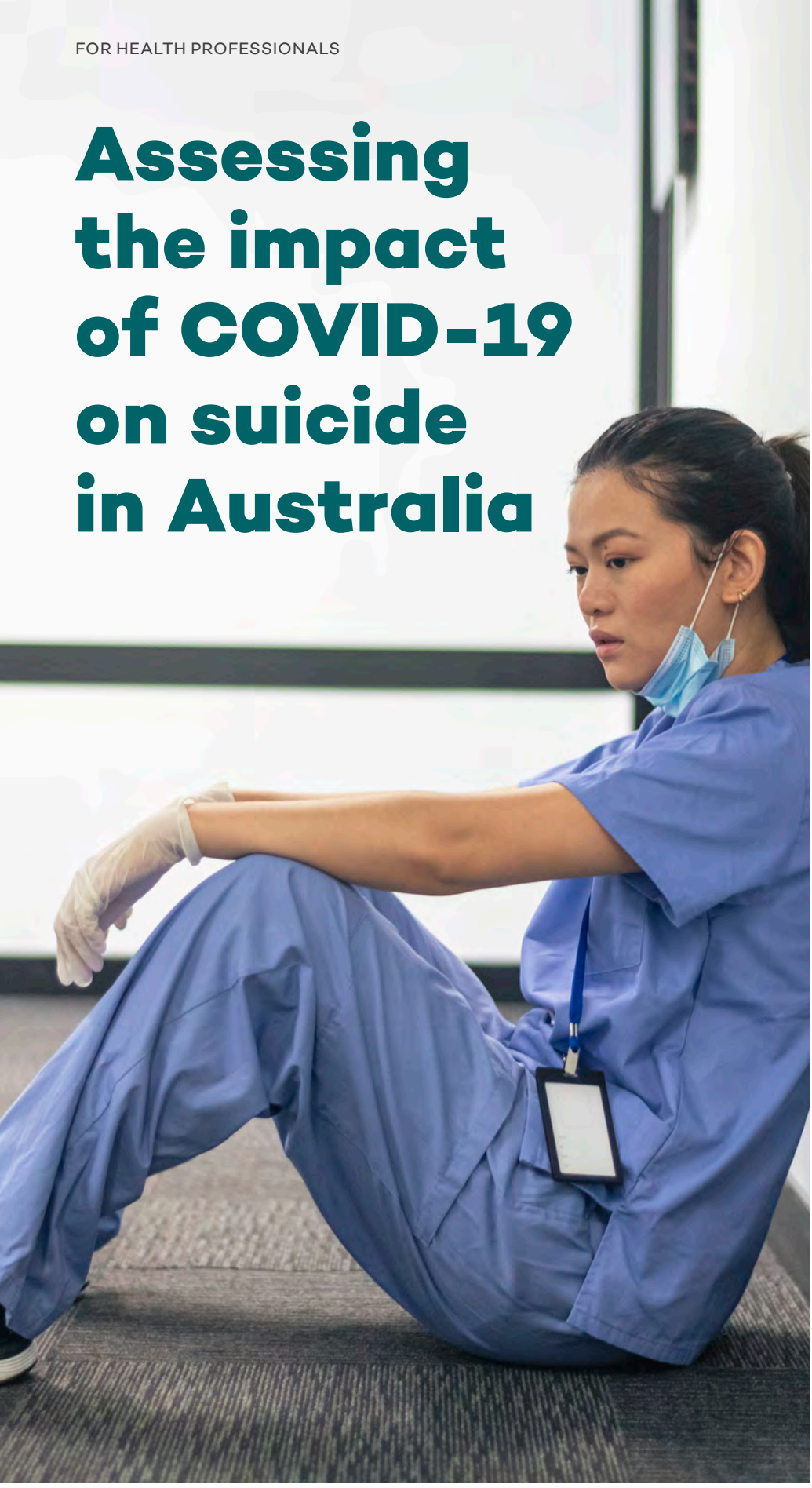
MORE INFORMATION

If you'd like expert advice, guidance and motivation, working with an Accredited Exercise Physiologist can help. Head to **exerciseright.com.au** for more information.

REFERENCES

To view the full article with references online, please scan this QR code.

Assessing the impact of COVID-19 on suicide in Australia



Our personal experiences tell us that the COVID-19 pandemic and its management affected our wellbeing, and this is backed up by analysis of available evidence. Although the data are not ideal, rates of anxiety, depression, psychological distress, and post-traumatic stress disorder are consistently higher than normal, with females, children and adolescents, and disadvantaged groups most affected[1,2,3].

It's easy to see how concerns about increasing rates of suicide stem from this situation. Early in the pandemic, mental health experts warned of an impending increase in suicides — on top of our already tragically high rates — and called for better collection and reporting of suicide statistics to help respond[4,5].

There's a lag of up to 18 months in the reporting of suicides in Australia[6] but a National Suicide and Self-harm Monitoring System is being established to reduce that lag[7]. The creation of suicide registers in all Australian states and territories is a key part of improving the reporting of suicide statistics, enabling timely, focused responses to changes in suicide rates. These registers, and the monitoring system, are particularly important for Australian males because the suicide rate for them is approximately three times higher than for females[8].

Suicide registers from Victoria, New South Wales and Queensland do not show a rise in suicide rates during the first months of the COVID-19 pandemic[9] although police reports from Queensland suggest the situation was a contributory factor in some suicides since the beginning of the outbreak[10].

The data from Australia are consistent with those from a variety of sources from around the world. Recent analysis of 'real-time' suicide data from 21 countries shows no

increase in suicides during the early months of the pandemic for any of the countries or regions examined[11]. In fact, suicide rates were lower than expected in 12 countries or regions, including NSW.

Accurate and timely reporting of data has been critical for managing the global COVID-19 pandemic. The public has come to expect, and appreciate, accuracy and detail in reporting of health data.

Of course, the positive news about suicide rates during the COVID-19 pandemic should not make us complacent. Perhaps the anticipated increase in suicides was averted by investments in mental health services in the early stages of the pandemic. Maybe the collective community response to the pandemic provided support or reassurance to people at risk. Hopefully the predicted rise in suicides isn't just delayed.

Data from the suicide registers in Victoria, NSW and Queensland remind us about the deficiencies in reporting of health data. Victoria is the only jurisdiction to provide up-to-date information broken down by gender. Examination of the data (see figure 1) show an apparent decrease in suicide by women over the most recent 12-month period to 30 September 2021 but no change for males. In males aged over 65 years, suicides seem to have increased from an average of 50 per year before 2020, to just over 70 per year since.

A failure to break down statistics by gender, for any health condition or outcome, can hide important information and prevent necessary responses. Information about such a profound influence on health and the effects of disease, is critical for interventions to be sufficiently tailored to properly address gender disparities in health and wellbeing.

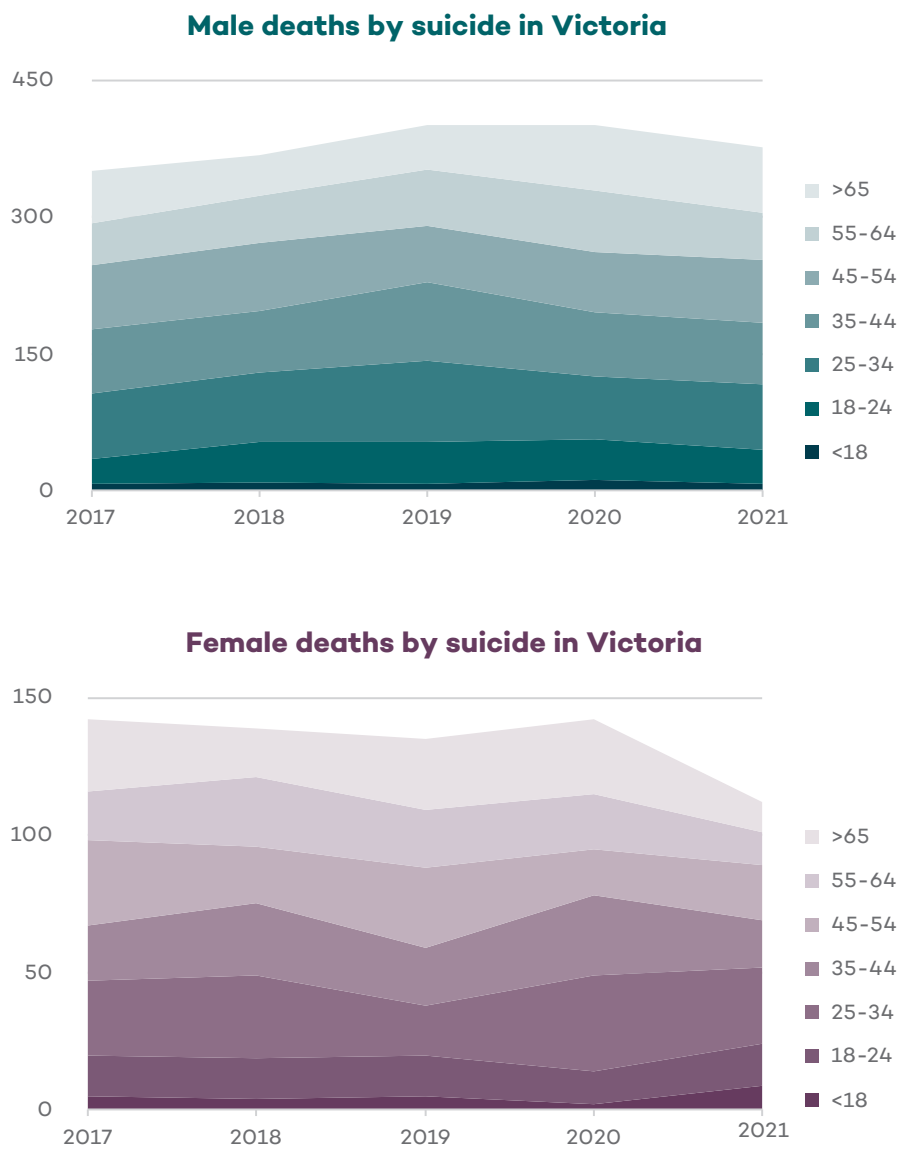


Figure 1. Death by suicide in Victoria.

If you, or someone you know is in immediate danger, **please call 000**, visit your nearest hospital or call any of the below services.

LIFELINE 13 11 14
SUICIDE CALL BACK SERVICE 1300 659 467
BEYOND BLUE 1300 22 4636

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Men in mind

The impact of untreated mental illness and globally disproportionate suicide rates in men is broad and profound. In recent years, utilisation of mental health services by men has increased[1], owing to increased awareness, greater mental health literacy and a decrease in stigma. However, there is still a need to examine men's experience with help-seeking and to develop accessible, appropriate and engaging treatment.

Getting men in the door

There is a complex and diverse range of factors that impact men's mental health, which can be influenced by how they experience masculine social norms such as stoicism, strength, control and self-reliance. These attributes are helpful in certain scenarios and can be a protective factor for mental health and bolstering self-esteem. However, these same traits can cause distress, result in denial or avoidance of a problem, or manifest in behaviour such as irritability, anger, risk-taking and substance abuse.

Men have atypical symptoms of depression. Studies that use standard tests show lower rates of depression in men than women but when accounting for atypical, externalising symptoms, there's parity in prevalence. The more men rigidly adhere to traditional social norms, the more likely they are to be depressed and the less likely they are to seek help[2].

Some of the common barriers to men seeking mental health treatment include the belief that a lot of people feel sad and down, not knowing what to look for in a psychotherapist, and a feeling like they need to solve their problems themselves[3].

Many men feel like there's a gender bias to therapy[4] and if they're dissatisfied with previous therapy, they have doubts about the effectiveness of future treatment, and an increased reluctance to disclose future distress[5]. Given that 50% of men who die by suicide have been in contact with mental health services prior to their death[6], looking at what happens once men seek help is critical.

Tailoring treatment

Gender-informed guidelines for the psychological treatment of females have been available for more than four decades but similar insights for working with boys and men have only been published in the last few years[7,8]. Despite the delay, there's now increasing focus on how mental health care can more effectively serve men and boys. This involves understanding the diverse economic, biological, developmental, psychological, and sociocultural factors that influence their mental health, how these intersect with their experience of masculinity and best-practice, male-appropriate treatment – something that's not always taught at undergraduate or graduate levels.

Male-appropriate treatment recommendations include building on men's strengths, adapting language to be more male relevant, clarifying roles and goals, and focusing on building a collaborative therapeutic relationship[9].

Dr Zac Seidler is a clinical psychological, mental health researcher and Director of Mental Health Training at Movember. His research has focused on how to create mental health services that are effective for men and account for masculinity. This has manifested in *Men in Mind* – a world-first, online training program for mental health clinicians to help them better understand and respond to men's distress and suicidality.

"I came into [my research] with all the same biases that everyone else has, which is that men don't seek help, men suck at talking about their emotions, men have an inability to describe their internal experience, and that explains the differences in prevalence rates and why there's a huge suicide rate," Dr Seidler says.

"It became very clear, very quickly that that wasn't the case and that everyone seemed to be avoiding the issue here, which is that lots of men are seeking help, and no-one's looking at what they're being offered."

However, it's not just psychologists and psychiatrists that can benefit from this knowledge, but everyone involved in a multidisciplinary approach to mental health care. This includes GPs, mental health nurses, social workers, and allied health professionals.

MORE INFORMATION

Head to **meninmind.movember.com** to learn more about who you can take part.

REFERENCES

To view the full article with references online, please scan this QR code.

Mental health care from home

The provision of mental healthcare services in Australia has been a stand-out success of our nation's response to the COVID-19 pandemic. Since the start of the COVID-19 outbreak we've seen increased prevalence of psychological distress and commensurate rises in the use of mental healthcare services, without a rise in deaths from suicide[1].

Telehealth services during the COVID-19 pandemic

At the outset of the COVID-19 pandemic, there were nearly 240,000 weekly mental health-related services funded by the Medicare Benefit Scheme (MBS). The most recent data show service utilisation 14% higher in 2021 compared to the same time of year in 2019 (before the pandemic began), at around 280,000 per week. We've come a long way since 2018, when the total use of telehealth for mental health consultations totaled 4,141 for the entire first year (0.07% of all MBS-funded psychology consultations)[2].

Throughout the pandemic, 28% of MBS-subsidised mental health service use has been provided via telehealth. In Victoria, where the COVID-19 pandemic has had its greatest impact so far, telehealth accounted for more than 60% of MBS-subsidised mental health services at its peak, in August 2020. In May 2021, as COVID-19 cases in Victoria were rising again, telehealth accounted for nearly 50% of these services.

Men aren't always great at seeking help for mental health problems and can feel let down by health services that inadvertently present barriers to engagement[3]. However, telehealth could conceivably remove some of these obstacles and enable better access for men.

Telehealth is effective for treatment of mental illness, whether it's delivered via telephone or videoconferencing[4], and is accepted by patients as an alternative to face-to-face consultations (although it might not be preferred)[5].

A substantial amount of evidence for the efficacy of videoconferencing in treating mental illness comes from studies of men, because most participants in randomised controlled trials of telehealth for mental illness are US military veterans[5].

Men's contribution to the evidence base for telemedicine for mental health care is not mirrored by their use of telehealth for mental health care. Prior to the COVID-19 pandemic, men were less likely than women to use telehealth consultations[5], consistent with their use of face-to-face services[6]. If anything, the COVID-19 pandemic has widened this gender gap. MBS-subsidised telehealth consultations for males have been less than half those of females during the COVID-19 pandemic[7].

In addition to gender, education and socioeconomic status influence use of telehealth services for mental health care — more educated and more advantaged people are more likely to utilise telehealth for psychological services and satisfaction is higher for younger people[5]. Some of the effects of these sociodemographic variables might be explained by access to, and familiarity with, enabling technologies. This possibility might explain older Australian men's apparent preference for telephone consultations for mental healthcare over videoconferencing[7].

While there's little doubt that the expansion of mental health services via telehealth during the COVID-19 pandemic has substantially increased the provision of psychological services, there's an opportunity to learn much more from this recent experience[8]. On 13 December 2021, the Hon Greg Hunt, Minister for Health and Aged Care announced that telehealth will become a permanent feature of primary health care, which has been transformational to health care delivery.

As we move more towards telecommunication services for provision of mental health care, we have an opportunity to learn more about what works and what doesn't. We will need to educate health practitioners about how to best provide services via telehealth, learn how to integrate telehealth and face-to-face services, and ensure there is equitable access to the technologies necessary for everyone to benefit[9].

REFERENCES

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TRYING TIMES:

Healthcare workers' mental health during the COVID-19 pandemic

The extraordinary demands placed on our healthcare systems and workforce during the COVID-19 pandemic have been met by heroic efforts and achievements of healthcare workers from all disciplines and specialties. Healthcare workers, and the staff that support them, have rightly been lauded (and literally applauded) for their efforts in keeping us safe during one of the most challenging and frightening events in our lives.

While the COVID-19 pandemic has seemingly waxed and waned in its risk to the health and wellbeing of most of us, the risk of infection has been a constant threat to the health and wellbeing of healthcare workers. This, coupled with work practices and personal demands, amid an environment of fear and distress, has taken a considerable toll on their mental health.

Like much of the information available about the effects of COVID-19, research data related to the effects of the pandemic on healthcare workers' mental health are only preliminary and the quality of available data is limited[1]. Undoubtedly though, healthcare workers' mental health has suffered during the pandemic. Understanding the factors that increase healthcare workers' risk of mental illness and the protective actions both individuals and organisations can take, will help improve outcomes for staff and their patients.

Measuring the toll

Data from more than 50,000 doctors, nurses and allied health practitioners across 38 studies from around the world, show mental illness in up to half of healthcare workers[1]:

- The prevalence of anxiety is 39%
- The prevalence of depression is 36%

- The prevalence of post-traumatic stress disorder is 50%
- An earlier analysis found the incidence of insomnia to be 39%[2].

Understanding the risk factors

There are risk factors for various psychological conditions healthcare workers experienced during the COVID-19 pandemic[3].

- Depression and anxiety
  - *Interpersonal factors* – Female gender, young age, poor coping mechanisms, low level of knowledge and education, previous pandemic experience, attention to negative pandemic information
  - *Institutional factors* – Frontline work, death from COVID-19 of a patient or close personal contact, high workload, less professional experience, being a nurse, lack of appropriate personal protective equipment (PPE)
- Post-traumatic stress disorder
  - *Interpersonal factors* – Female gender, young age, poor coping mechanisms, anxiety about infection
  - *Institutional factors* – Frontline work, death from COVID-19 of a patient or close personal contact, high workload, less professional experience, being a nurse, poor team cohesion
- Burnout
  - *Interpersonal factors* – Female gender, high alcohol intake, reluctance to work in a frontline role, attention to negative pandemic information
  - *Institutional factors* – Frontline work, high workload, less professional experience, lack of appropriate PPE, workplace conflict
- Insomnia
  - *Interpersonal factors* – Female gender, no tertiary education, attention to negative pandemic information
  - *Institutional factors* – Frontline work, high workload, professional role, concern for disease control.

Adding to what we know

These effects of COVID-19 on the psychological wellbeing of healthcare workers, and their associations with interpersonal and institutional factors, were predictable from previous viral outbreaks[4]. The risk factors for adverse psychological outcomes for healthcare workers during previous outbreaks are the same as those listed above. Additional risk factors from previous outbreaks include:

- *Interpersonal factors* – Being a parent of young children, having a lifestyle impacted by the outbreak, lower income, chronic physical disease, pre-existing mental illness, history of substance misuse
- *Institutional factors* – A lack of compensation for staff.

Protective factors that decrease the risk of psychological problems were also identified[4]:

- *Interpersonal factors* – Taking frequent short breaks from clinical duties and having adequate time away from work, having the support of peers and family
- *Institutional factors* – Positive feedback to staff, effective institutional support (e.g., adequate PPE, sufficient training, proven protocols to ensure staff safety), clear communication with staff, and staff support procedures.

Many of the things that individual healthcare workers and their employers can do to prevent the damaging effects of COVID-19 on mental health are straightforward and inexpensive to implement. Fundamentally, healthcare workers need to, and have a right to, feel safe.

What comes next

As the pandemic has progressed, we have learned a great deal about the virus, the disease it causes, and effective ways to prevent and treat COVID-19. These advances have served to protect healthcare workers to some extent, as they have the rest of us.

We will likely live with the SARS-CoV-2 virus for the rest of our lives, long after these initial waves of the COVID-19 pandemic have passed. For healthcare workers, COVID-19 will likely influence their clinical practice forever. These people, who have performed their duties while fearing for the safety of themselves and their families and kept the majority of us safe from COVID-19, will likely bear an emotional and psychological cost for some time.

We must ensure the provision of effective and enduring support for healthcare workers and implement what we have learnt, so that they can not only enjoy the success of their efforts and our profound gratitude but be safe and well while they do the same for us.

REFERENCES

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