

Meeting men's mental health needs during COVID-19 and beyond: a global health imperative

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The COVID-19 pandemic has produced a global mental health crisis whose scope and severity are becoming increasingly apparent.^{1,2}

While women and girls, men and boys, are all affected, we argue that the crisis among men warrants close attention given potential impacts on global public health, as well as the unique and gendered responses required to meet men's needs.³

As researchers focused on men and masculinities, we have seen how men's mental health and well-being can affect outcomes across the areas of gender-based violence (GBV), sexual and reproductive health (SRH), HIV and AIDS, and maternal and child health. Men's mental health issues and illnesses contribute to poverty and the stress of poverty, and unhealthy coping mechanisms—especially substance abuse and violence—have cascading consequences for men themselves and the people around them.^{4,5} These factors, in turn, cause poor SRH, family planning, maternal mental health and child nutrition.⁴ Moreover, men are less likely than women to seek help for mental health concerns, which can also be more difficult to detect.⁵

Our analysis of data from the COVID-19 Trends and Impact Survey⁶ paints an alarming picture of the scale of the problem among men worldwide. Online serial cross-sectional surveys were conducted with over 12 million Facebook users aged 18 years and older in 115 countries (with sampling weights applied to increase representativeness of the adult population in each country),⁷ from May 2021 to September 2021.⁶ Results showed that on average across countries, 36.8% of men reported feelings of depression (figure 1), and 33.8% reported feelings of anxiety. In addition, 43.9% and 67.5% reported worrying about food insecurity and household finances, respectively. For each

Summary box

- ⇒ The mental health crisis among men worldwide during the COVID-19 pandemic warrants close attention given potential long-term impacts on global public health, as well as the unique and gendered responses required to meet men's needs.
- ⇒ We share recent data from online surveys with over 12 million adults across 115 countries that underscore the scale of the mental health crisis among men, including reported feelings of depression and anxiety, as well as worries about food insecurity and household finances.
- ⇒ The data further suggest that many men consider mental health a priority and are asking for support.
- ⇒ We call for the expansion of evidence-based, acceptable and scalable solutions to promote mental health among men, families and communities.

indicator, prevalence was markedly higher among younger men and steadily decreased among successively older age groups. For example, 44.0% of 18–24-year-old men worldwide reported feelings of anxiety, compared with 22.8% among ages 55 years and older. Prevalence also varied substantially between countries—reported feelings of depression, for instance, ranged from 18.2% in Denmark to 64.2% in Turkey (figure 1). Of note, women also experienced a high (and similar) prevalence for each indicator.

The data further suggest that many men consider mental health a priority and are asking for support. Men ranked 'How to maintain my mental health' among the top COVID-19-related topics they wanted more information about (global mean 30.2%; 12.6%–46.1% across countries)—alongside COVID-19 variants (37.0%) and treatment (35.9%).

Recognition of the burgeoning crisis among men—and gaps in available resources—is

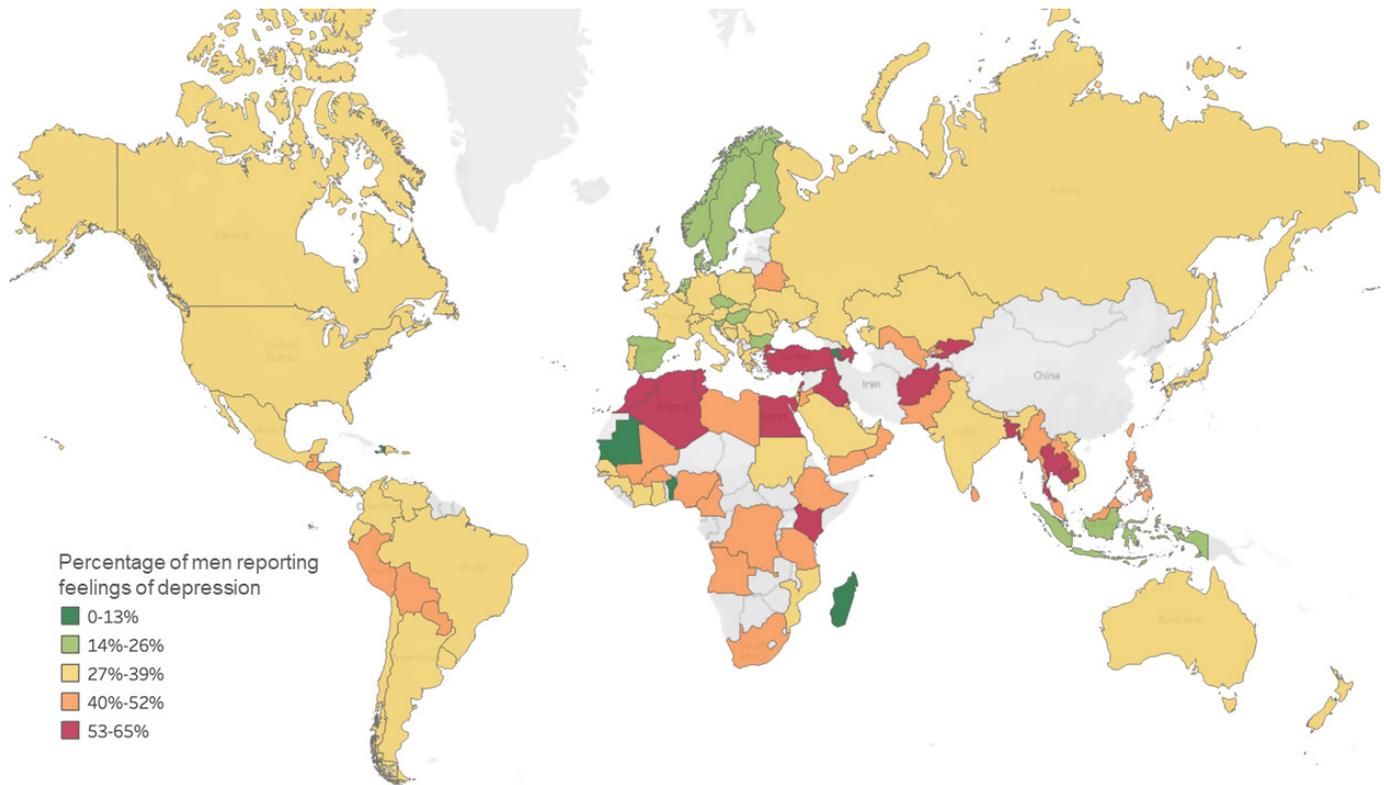


Figure 1 Percentage of men reporting feelings of depression, by country. Data shown are from 1 September 2021 to 15 September 2021; similar percentages ($\pm 2\%$ – 3%) were reported since May 2021. Countries shown in grey do not have data. Statistical weights were applied to reflect age and gender distributions of each country.⁷ Depressive feelings was measured by the question, ‘During the past 7 days, how often did you feel so depressed that nothing could cheer you up?’ (except in the USA where the measure was: ‘In the past 7 days, how often have you felt depressed?’), with depression indicated by responding ‘some of the time’, ‘most of the time’ or ‘all of the time’. (Anxiety was measured in a similar fashion, with the question wording ‘During the past 7 days, how often did you feel so nervous that nothing could calm you down?’ except in the USA where the measure was: ‘In the past 7 days, how often have you felt nervous, anxious or on edge?’).

evident from initiatives being launched by local governments and civil society alike. The ‘Línea Calma’ (Calm Line) hotline in Bogotá, Colombia, offers men a space to identify, express and manage their emotions, support for mitigating substance abuse and partner violence, and referrals to suicide prevention services.^{8 9} In Tanzania, ‘Men Men Men the Podcast’, a platform for men to talk about mental health challenges they face, has seen its popularity soar during COVID-19.⁸ And in Lebanon, ABAAD, an organisation which prioritises care for GBV survivors, has launched remote workshops for men on managing anger and stress.¹⁰

Such mounting evidence about this crisis requires an urgent global response. First and foremost is addressing social and economic vulnerabilities long known to be fundamental drivers of poor mental health⁴ and which have been exacerbated during the COVID-19 pandemic.^{1 2} At the most basic level, this requires ensuring food, housing and financial security. In addition, the mental health crisis—along with men’s willingness to seek support—highlights the renewed salience of longstanding calls by global mental health experts to drastically scale up mental health services for men, families and communities.^{4 11} Decades of work have demonstrated how to deliver effective care for the most common

mental health issues and illnesses (such as depression, anxiety, post-traumatic stress and substance abuse) in affordable and acceptable ways, even in low-resource settings (while ensuring specialist services for the most severe and enduring conditions).⁴ Particularly notable is the shift toward decentralisation of mental health-care, mainly by having peer counsellors or community health workers deliver psychosocial interventions.^{4 12} For example, the Common Elements Treatment Approach combines treatments for a range of mental health issues and illnesses into a single model, adaptable to the unique situations of each person or family and readily implementable by lay providers.^{12 13} Such strategies may in fact be particularly well-suited to meeting the unique needs of men, who typically have less consistent interactions with the formal health system than women, may anticipate greater stigma from accessing mental health services, and frequently prefer talking to men with similar backgrounds and experiences.^{8 14} The recent explosion of online mental health support services also shows promise to reach large numbers (especially young people), including men who may perceive such services to be less stigmatising and more convenient than in-person services.^{14 15} Research evaluating effectiveness, implementation practices and equity of access

will be critical as these types of interventions roll out within GBV, SRH, HIV/AIDS, parenting, early child development and other global health programmes, as well as more broadly.

With the necessary global will and investment in evidence-based and readily scalable solutions, we can have an immense impact on mental health among men, families and communities struggling during the pandemic, as well as on long-term global health outcomes.

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