

MEN'S HEALTH NETWORK in collaboration with the Congressional Men's Health Caucus

Congressmen Markwayne Mullin (OK) and Donald Payne, Jr. (NJ) (Co-Chairs)

Briefing:

Men's and Boys' Mental Health Issues: Gateways to Opioid and Drug Abuse?

Agenda

I. Opening Remarks

- Ana Fadich, MPH, CHES – Introduction
Vice President, Men's Health Network, Chair, APHA Men's Health Caucus
- Congressman Donald Payne, Jr. (Confirmed), *Tenth District, New Jersey*
- Congressman Markwayne Mullin (Invited), *Second District, Oklahoma*

II. Speakers

- Eric Murphy, PhD
*Program Chief
Depression and Suicide Related Behaviors Program, National Institute of Mental Health (NIMH)*
- **Wizdom Powell, PhD, MPH, MS**
Director
Health Disparities Institute, University of Connecticut
- Gregory Tau, MD, PhD
*Faculty, Child and Adolescent Psychiatry
Columbia University Medical Center*
- Nathaniel Counts, JD
*Senior Policy Director
Mental Health America*

Disrupting the Single Story about Mental Health Disparities in Boys and Men: *Contextualizing Male Opioid and Drug Abuse*

Wizdom Powell, PhD, MPH
Congressional Briefing
January 30, 2018



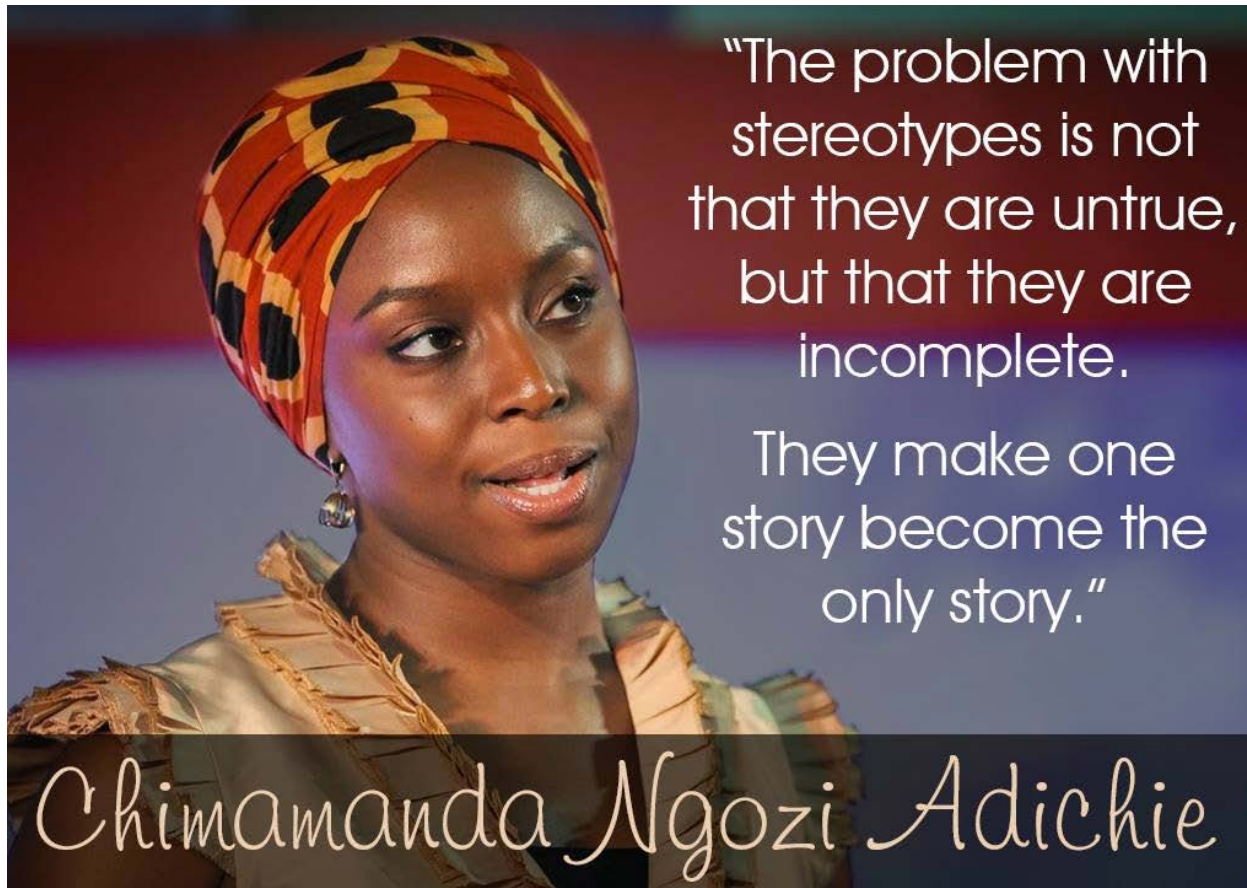
APA Working Group on Health Disparities in Boys and Men

- ▶ Wizdom Powell, PhD , MPH, Chair
- ▶ Arthur Blume, PhD
- ▶ Stephanie Cook, DrPH, MPH
- ▶ Will Courtenay, PhD
- ▶ Derek Griffith, PhD
- ▶ Perry Halkitis, PhD, MS, MPH
- ▶ Waldo Johnson, Ph,D
- ▶ Eric Mankowski, PhD
- ▶ Arik Marcell, M.D.
- ▶ Randy Quinones-Maldonado, PhD
- ▶ Roland Thorpe, PhD
- ▶ Daphne Watkins, PhD



The Dangers of a Single Story:

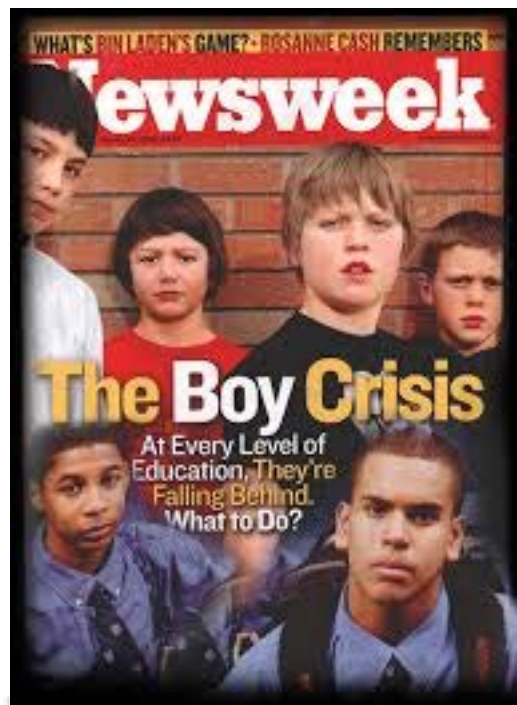
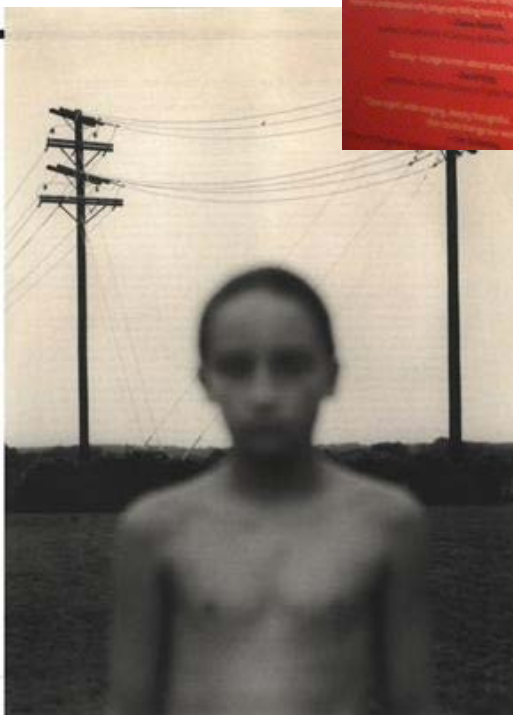
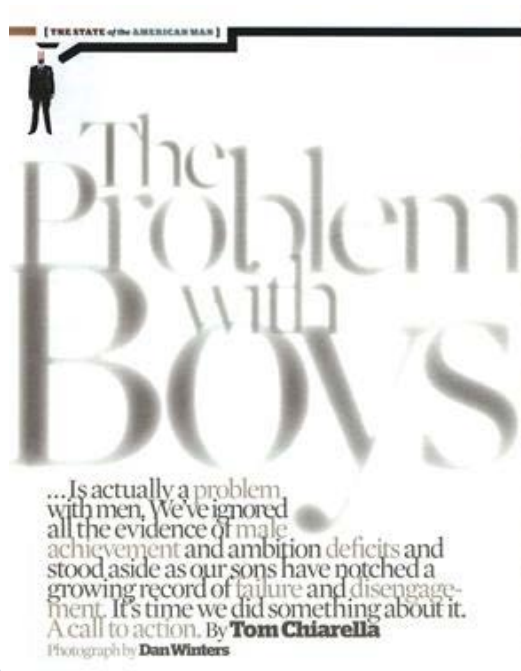
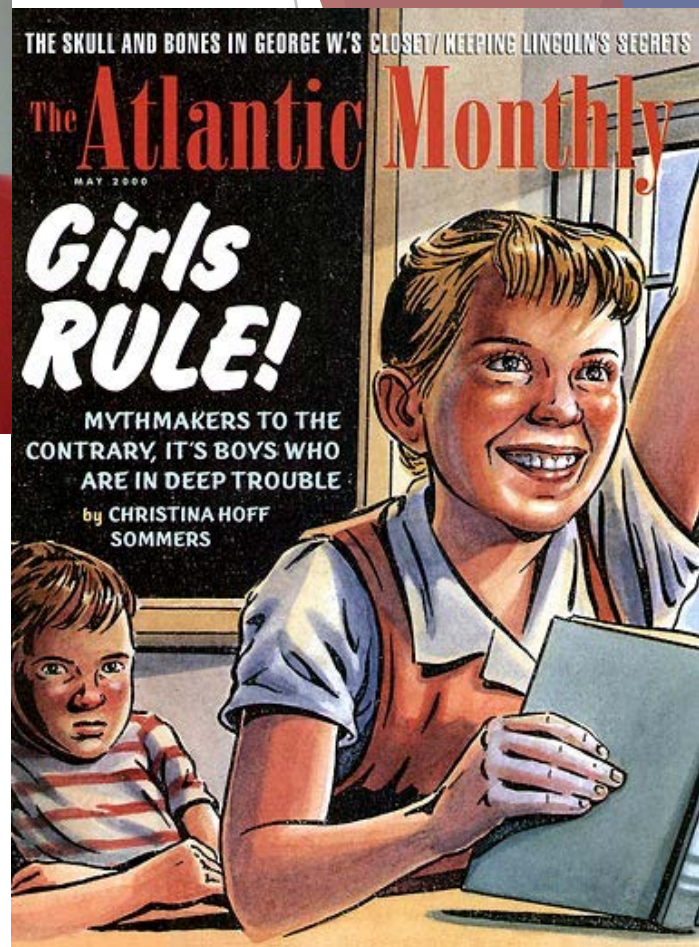
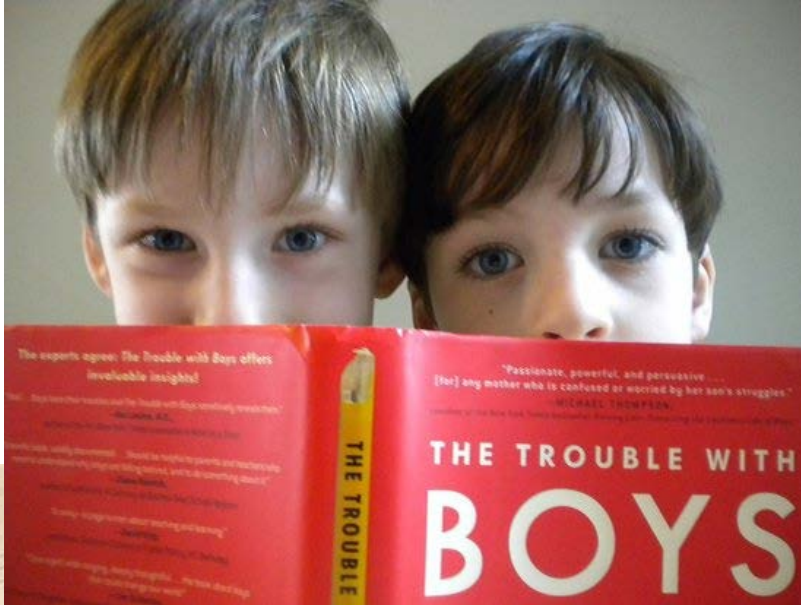
The stories we tell about Boys and Men



- ▶ Single stories:
 - ▶ Tell incomplete and isolated truths
 - ▶ Flatten lived experiences
 - ▶ Emphasize stereotypes

The Dangers of a Single Story:

The stories we tell about Boys and Men



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The Whole Story About The Health of Boys and Men

Women are Sicker, Men Die Quicker

TABLE A2

Life Expectancy at Birth for Population Estimates and Projections, by Race-Hispanic Origin and Sex: 1965-1970, 2015-2020 and 2060-2065

In years

	Men			Women		
	1965-1970	2010-2015	2060-2065	1965-1970	2010-2015	2060-2065
White	67.8	77.0	84.5	75.2	81.6	87.5
Black	60.4	72.2	81.4	67.9	78.3	85.4
Hispanic	67.8*	79.2	84.6	75.2	84.0	87.5
Asian	67.8*	77.0	84.6	75.2	81.6	87.5
American Indian/Alaska Native	61.1	72.5	81.7	68.4	78.6	85.6
Two or more races	67.8*	76.9	84.4	75.2	81.7	87.4

*No separate data available; the values shown in this table and those used in generating the population estimates are assumed the same as for the white population (see text).

Note: Whites, blacks, Asians and American Indian/Alaska Native include only single-race non-Hispanics. Asians include Pacific Islanders. 2 or more races are multiple-race non-Hispanics. Hispanics are of any race.

Source: Based on United States Life Tables: 1959-61, U.S. Decennial Life Tables for 1969-71, United States Life Tables, 2010 (National Center for Health Statistics) and 2014 National Projections (U.S. Census Bureau)

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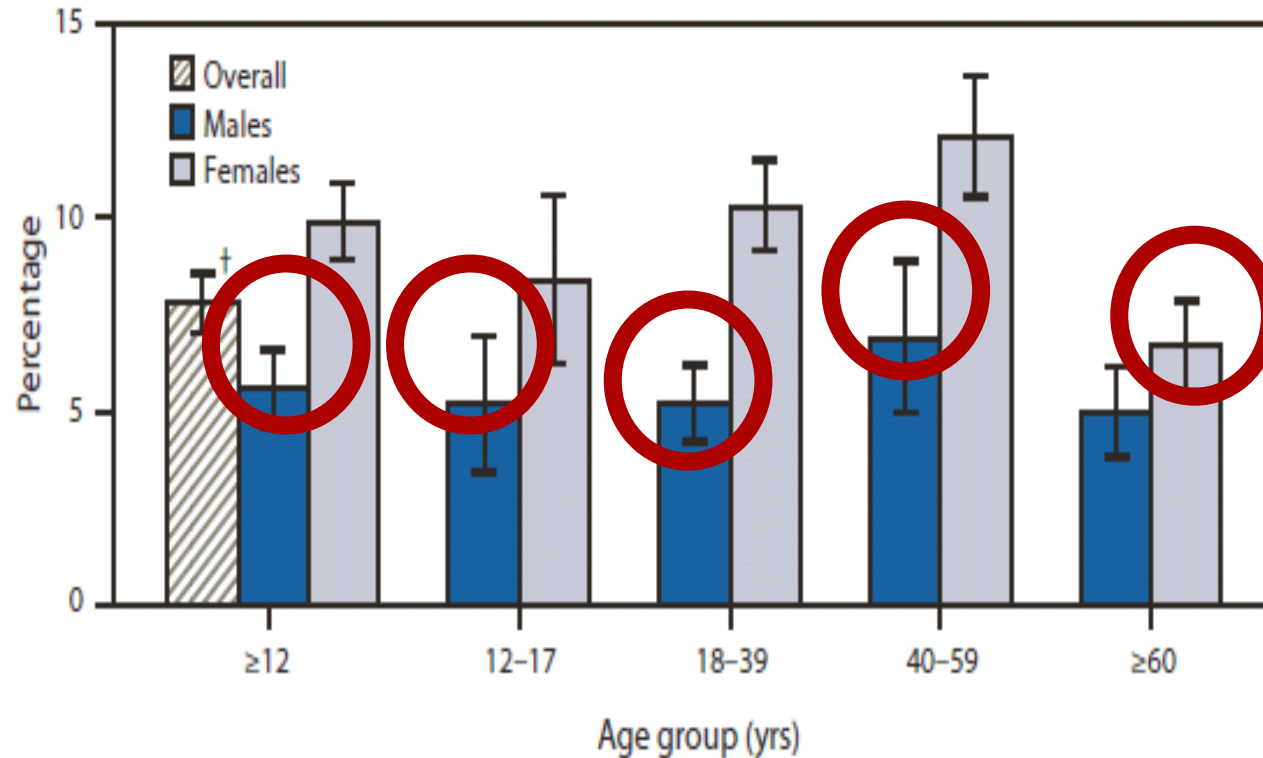
Even as sex differences in life-expectancy gaps narrow, **males in the U.S. continue to live shorter lives than women** and they have consistently lived shorter lives than their global peers since 1980.

The Whole Story About The Health of Boys and Men

Men have Higher Suicide Rates than Women

- ▶ Men are diagnosed with depression less often than women
- ▶ Men have higher rates of suicide completion than women

Current Depression * for Persons Aged ≥12 years, by Age group and Sex — United States, 2007-2010



Source: National Health and Nutrition Examination Survey, 2007-2010 (Depression Rates Figure); National Vital Statistics System (Suicide Rates Figure).



The Whole Story About The Health of Boys and Men

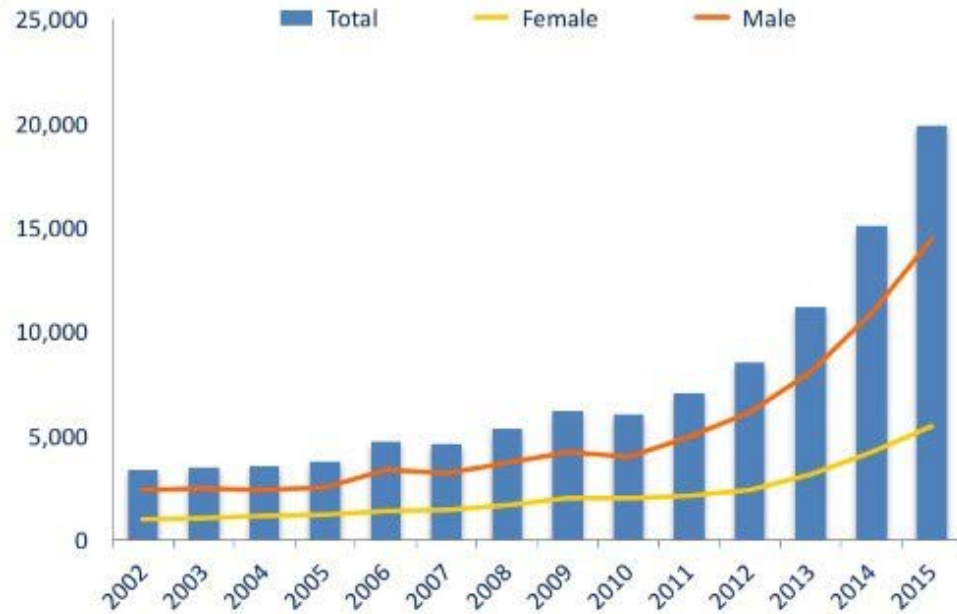
Men in the U.S. Have the Highest Rates of Drug Overdose Deaths

NIH National Institute on Drug Abuse



National Overdose Deaths

Number of Deaths from Heroin and Non-Methadone Synthetics (captures illicit opioids)



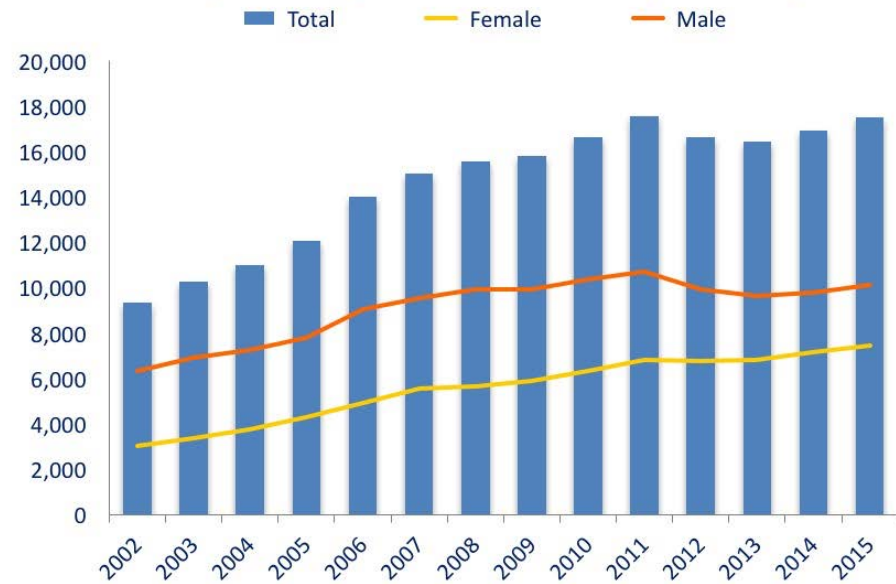
Source: National Center for Health Statistics, CDC Wonder

NIH National Institute on Drug Abuse



National Overdose Deaths

Number of Deaths from Prescription Opioid Pain Relievers (excluding non-methadone synthetics)



Source: National Center for Health Statistics, CDC Wonder



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The Whole Story About The Health of Boys and Men

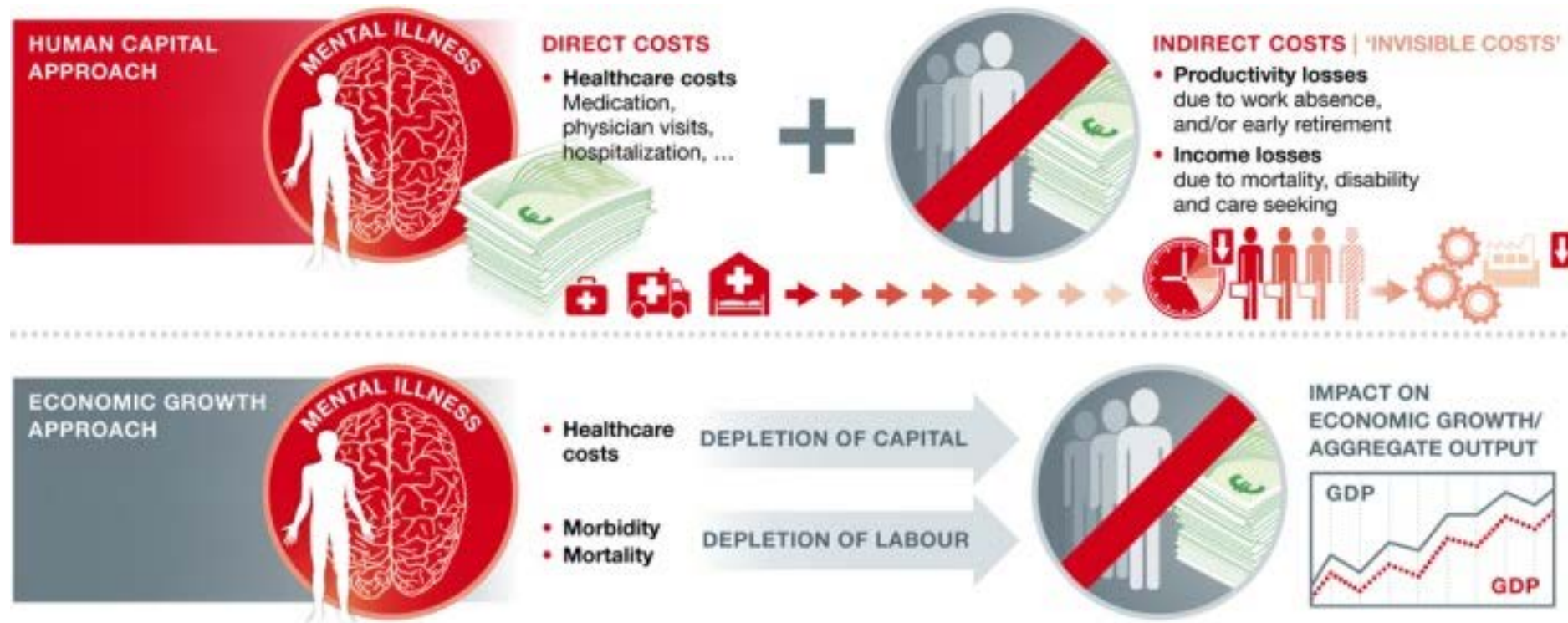
Boys and Men are Uniquely Vulnerable to Stress and Trauma

- ▶ Boys are more negatively affected by early environmental stress, inside and outside the womb, than are girls.
- ▶ Despite lower PTSD rates, men are more frequently exposed to traumatic events.
- ▶ Highest rates of opioid use disorders among individuals reporting traumatic events exposure and PTSD (Lawson et al., 2013).



The Economic Costs of Mental Health Disparities in Boys and Men

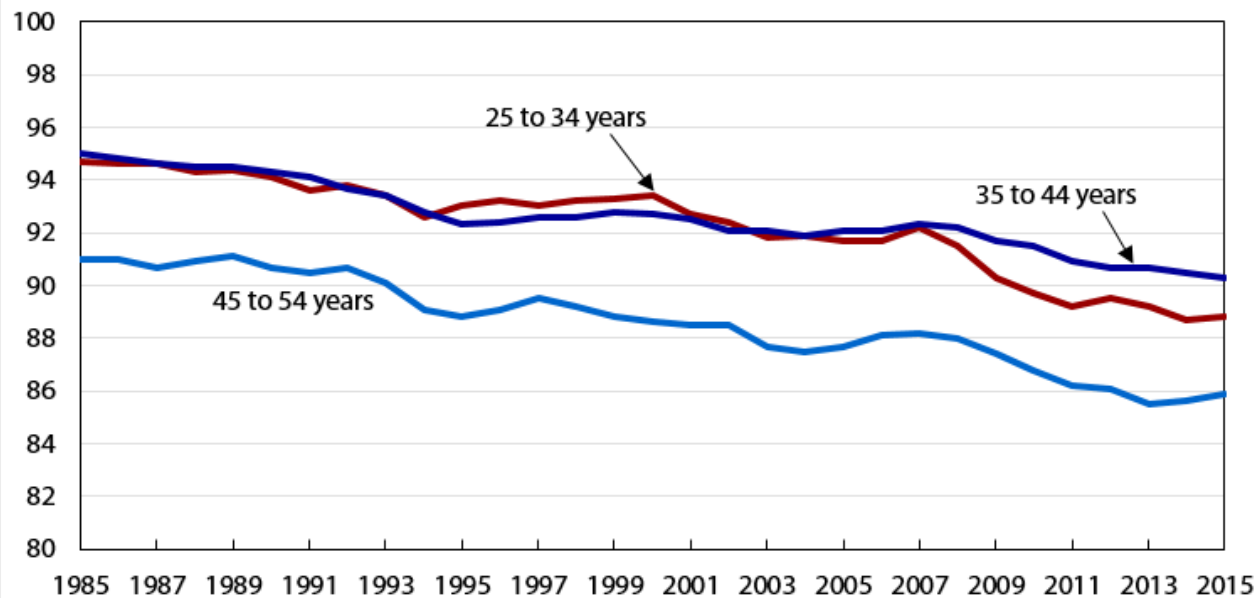
- ▶ Mental health challenges have **direct costs** on healthcare spending and **indirect costs** on worker productivity and income.
- ▶ Mental health challenges also **negatively impact economic growth**.



Source: Trautmann, S., Rehm, J., & Wittchen, H. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders? *EMBO Reports*, 17(9), 1245–1249.

The Economic Costs of Mental Health Disparities in Boys and Men

Figure 10. Labor force participation rates of men in selected 10-year age groups, annual averages, 1985–2015



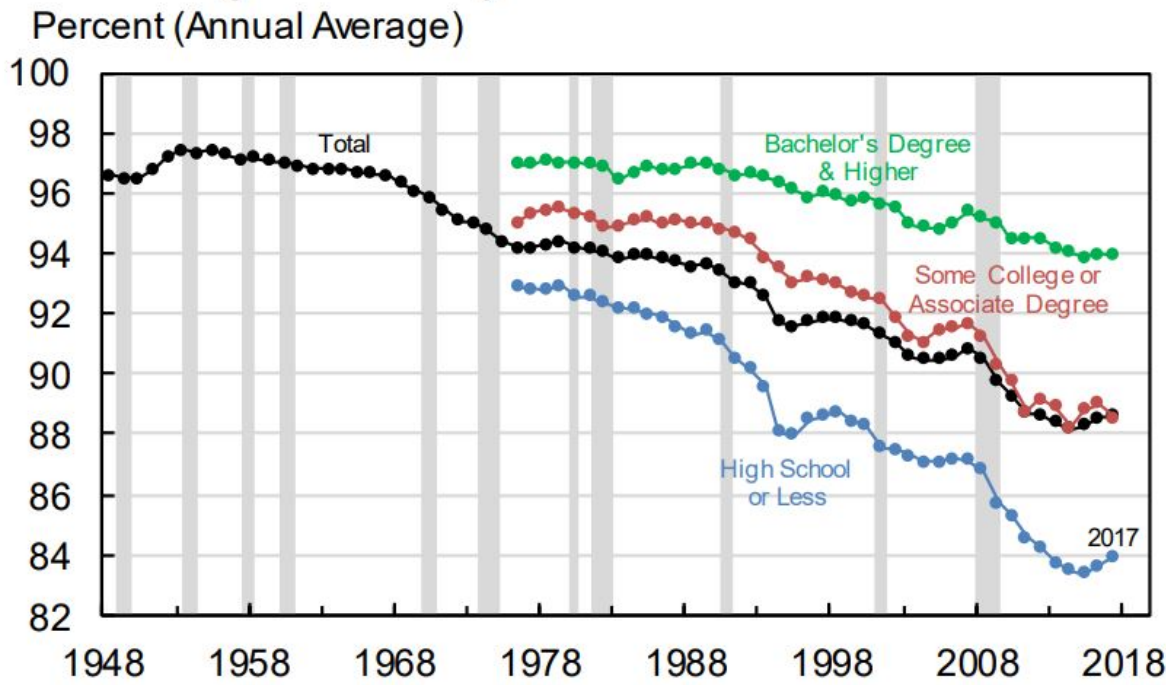
Source: U.S. Bureau of Labor Statistics, Current Population Survey.

Over the past six decades, there has been the slow decline in the labor force participation rate of men 25–54.



The Economic Costs of Mental Health Disparities in Boys and Men

Figure 5: Labor Force Participation Rate for Men Ages 25-54 by Educational Attainment



Note: Annual averages of monthly data from the Current Population Survey. 2017 represents the average of data from January through May. Shading denotes recession.
Source: Bureau of Labor Statistics; National Bureau of Economic Research; author's calculations.

Nearly half of working age men not in the labor force take opioids daily.

From: Krueger, Alan B. (2017) "Where have all the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate."



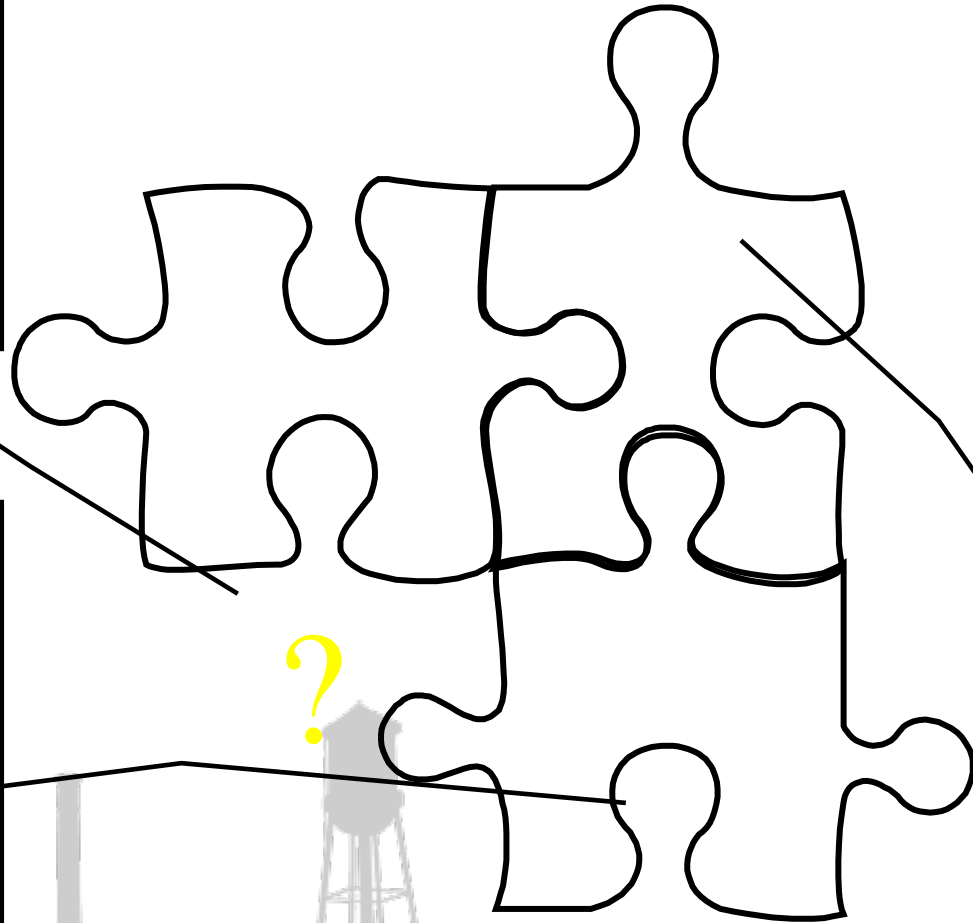
Why Do Mental Health Disparities in Boys and Men Exist?

Common Behavioral Explanations

Males have a more difficult time detecting and labeling emotions.

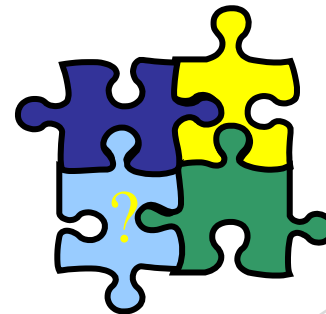
Males are reluctant to disclose physical and mental health problems.

Males delay health screenings and wait longer to seek acute medical and mental health attention.



Missing Pieces of the Male Mental Health Disparities Puzzle

Limited focus on the role played by inequitable distribution of power, opportunity, and social determinants that uniquely compromise the mental health of socially disadvantaged boys and men.

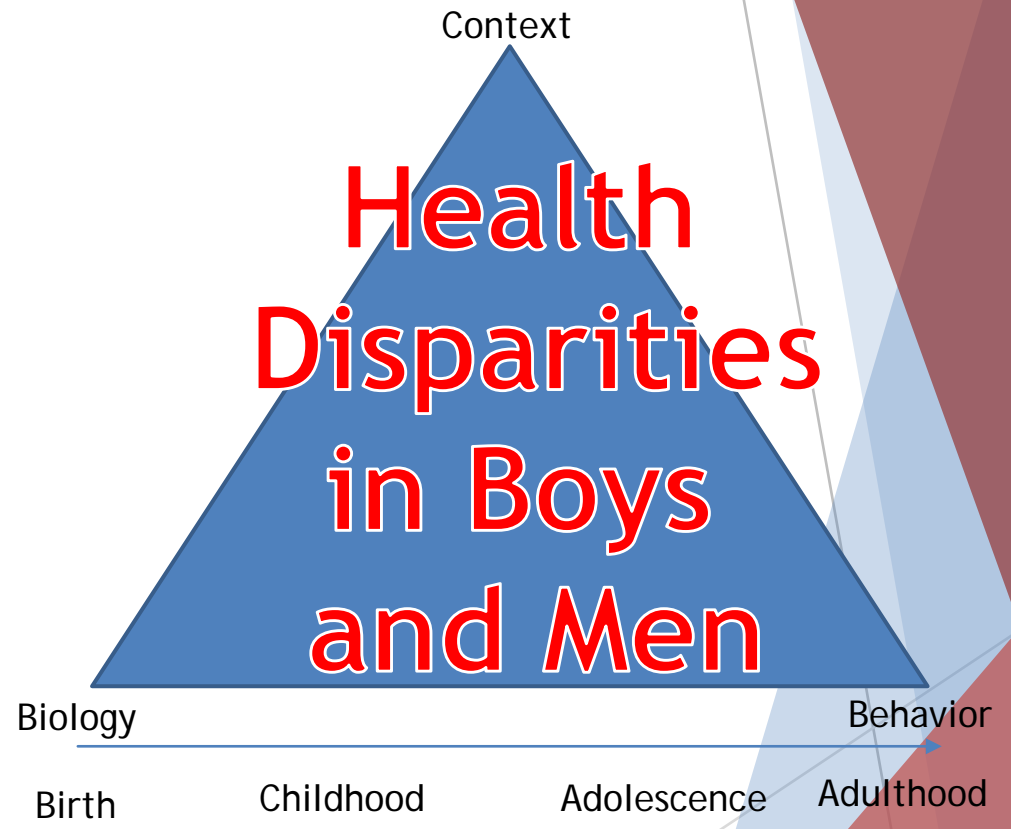




Re-framing Mental Health Disparities in Boys and Men

Key Assumptions & Approaches

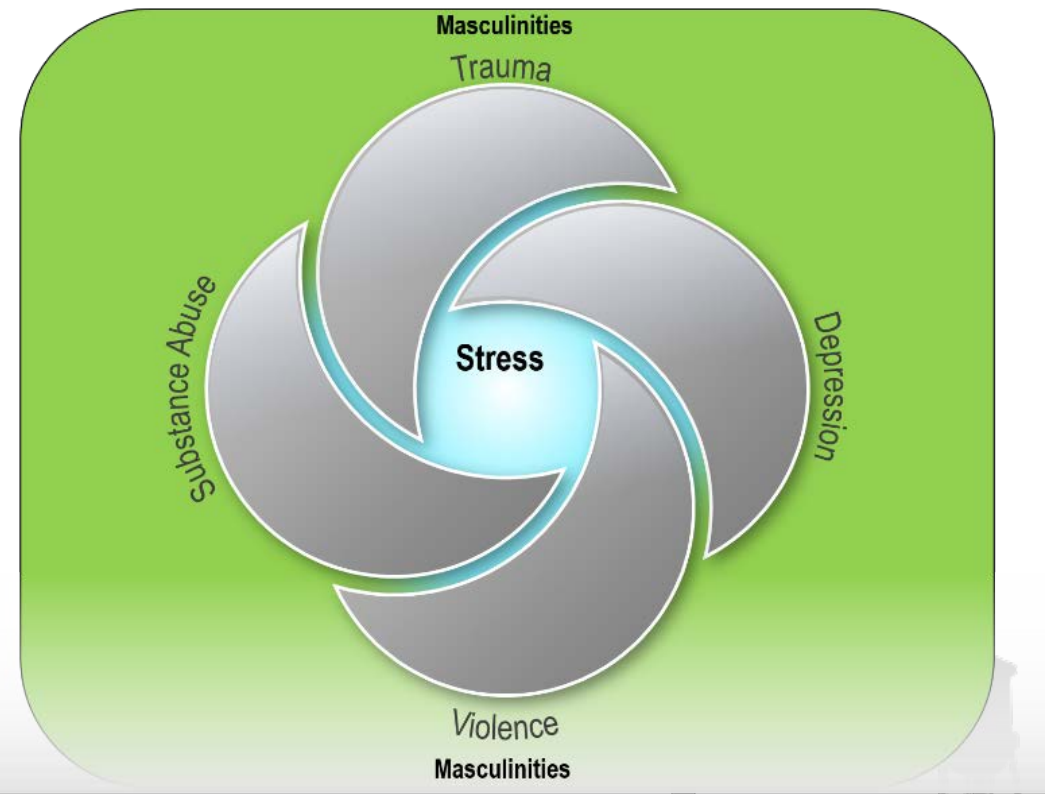
- ▶ Risk for health disparities **form in childhood and can continue as boys and men age.**
- ▶ While genetics and individual health behaviors are important, **disparities are primarily determined by the social conditions** in which people are born, grow, live, work, and age.





Re-framing Mental Health Disparities in Boys and Men

Stress as a Fundamental Cause



Stress is a cross-cutting social exposure **at the epicenter of male health behavior** and **core driver of health disparities** in boys and men.

Stress effects on health **occur directly through physiological pathways and indirectly through health behaviors** and practices (Wenzel et al., 2002; Williams, 2003).



Re-framing Mental Health Disparities in Boys and Men

Why Masculinities Matter

- ▶ Pressure to **“be a man about it”** impacts men’s risk-taking and stress response.
- ▶ Men are socialized to value the display of physical/mental toughness.
 - ▶ **“Boys Don’t Cry”**
 - ▶ **“Take It Like a Man”**
- ▶ Men with more rigid definitions of masculinity also report more substance use.





Re-framing Mental Health Disparities in Boys and Men

Defining Masculinities

Masculinity refers to shared cultural expectations or standards about how males should behave.

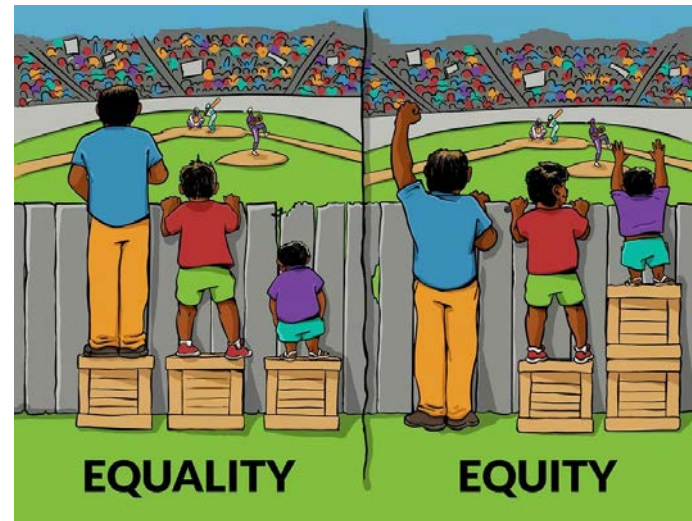
(Levant & Richmond, 2006)

- ▶ Multidimensional, **plural**, and situational.
- ▶ Precarious (i.e., it **must be fought for and won**) and failure-prone.
- ▶ Socially constructed and **not rooted in biology or personality** characteristics.



Why Focus on Socially Disadvantaged Boys and Men?

Health disparities are even more pronounced among groups of **boys and men who have not had full and equitable access to opportunities for securing socioeconomic power and stability** even in contrast to other males in the U.S.





Defining Socially Disadvantaged Boys and Men

*Socially disadvantaged boys and men are in a more precarious social position because they are marginalized in one social identity domain (e.g., **race/ethnicity and sexual orientation**) and presumed to be privileged in another (e.g., gender).*

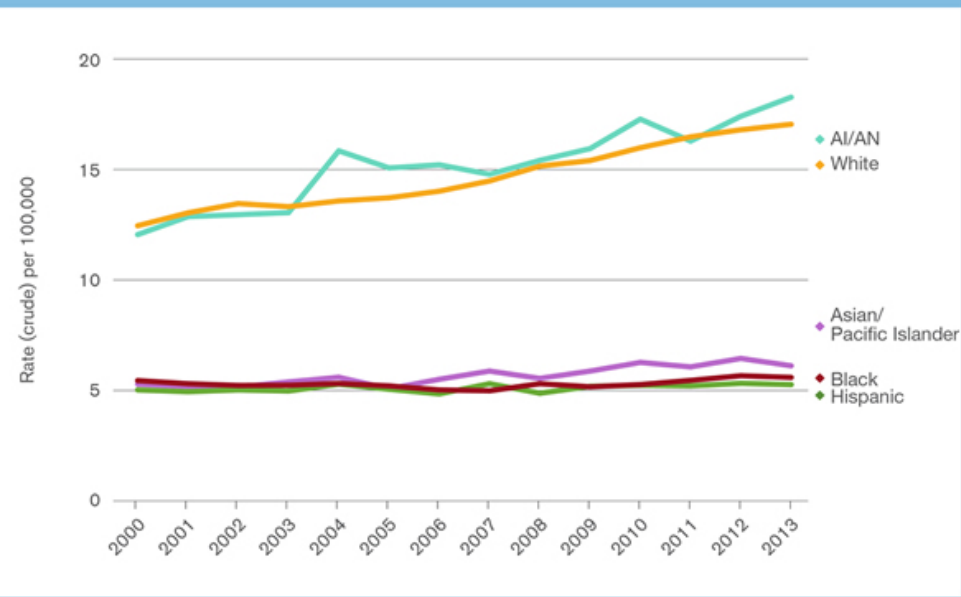


Why Focus on Racial/Ethnic Minority Males?

Higher Suicide Rates among American Indians and Alaska Natives

Some of the highest suicide rates in our country are among American Indian/Alaska Native males.

Rate of Suicide by Race/Ethnicity, United States 2000–2013



Source: WISQARS Fatal Injury Reports, 1999–2013

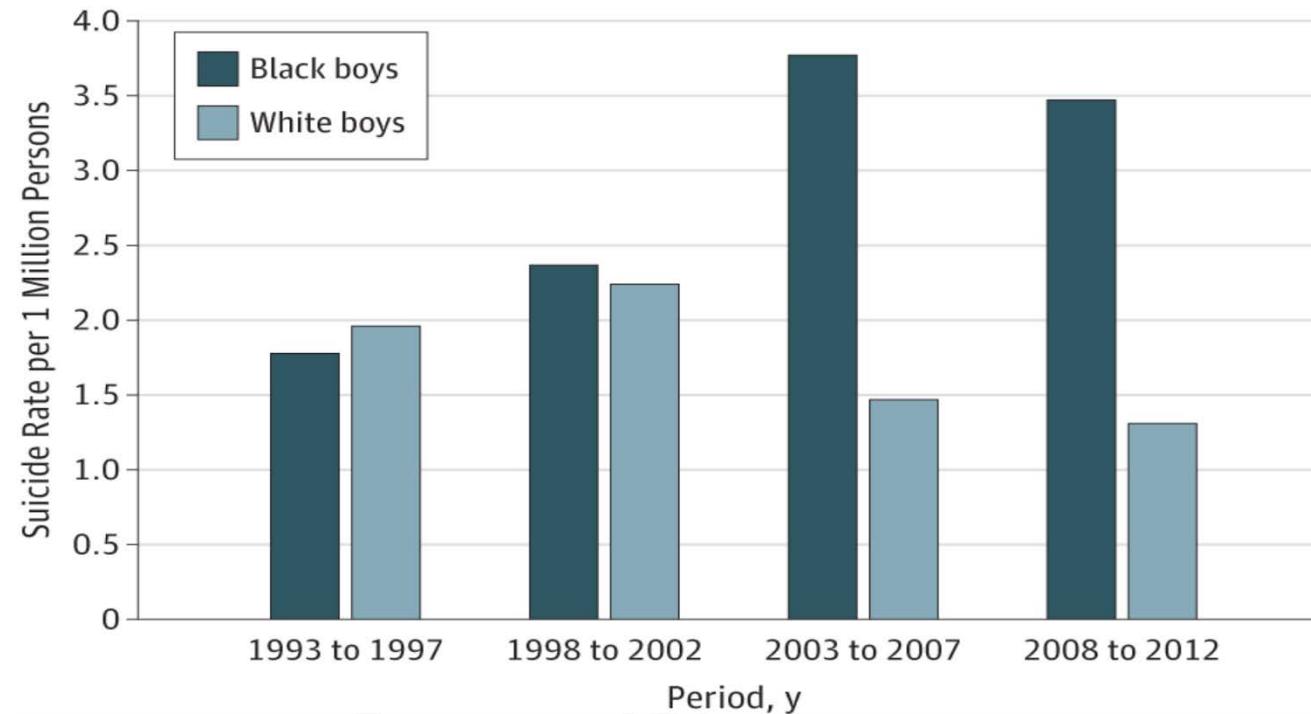


Why Focus on Racial/Ethnic Minority Males?

Recent Increases in Suicide Rates among 5 to 11 year-old Black Boys



From: **Suicide Trends Among Elementary School–Aged Children in the United States From 1993 to 2012**



JAMA Pediatr. 2015;169(7):673-677.

doi:10.1001/jamapediatrics.2015.0465 Date of download: 8/4/2015

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Why Focus on Racial/Ethnic Minority Males?

Opioid Crisis Largely Overlooked in Black and Hispanic Men

- ▶ Steepest escalation in drug overdose deaths occurred among non-Hispanic Blacks (particularly those between the ages of 45-64).
- ▶ From 2012 to 2015, cocaine overdose deaths were almost as common in black men as prescription opioid deaths in white men.

"While overdose death rates are highest among non-Hispanic whites, the increase among African-Americans and Hispanics is alarming and deserves greater public health attention."

-Dr. Brandon Marshall, Brown University



Source: Shiels MS, Freedman ND, Thomas D, de Gonzalez AB. Trends in U.S. Drug Overdose Deaths in Non-Hispanic Black, Hispanic, and Non-Hispanic White Persons, 2000–2015. *Ann Intern Med.*



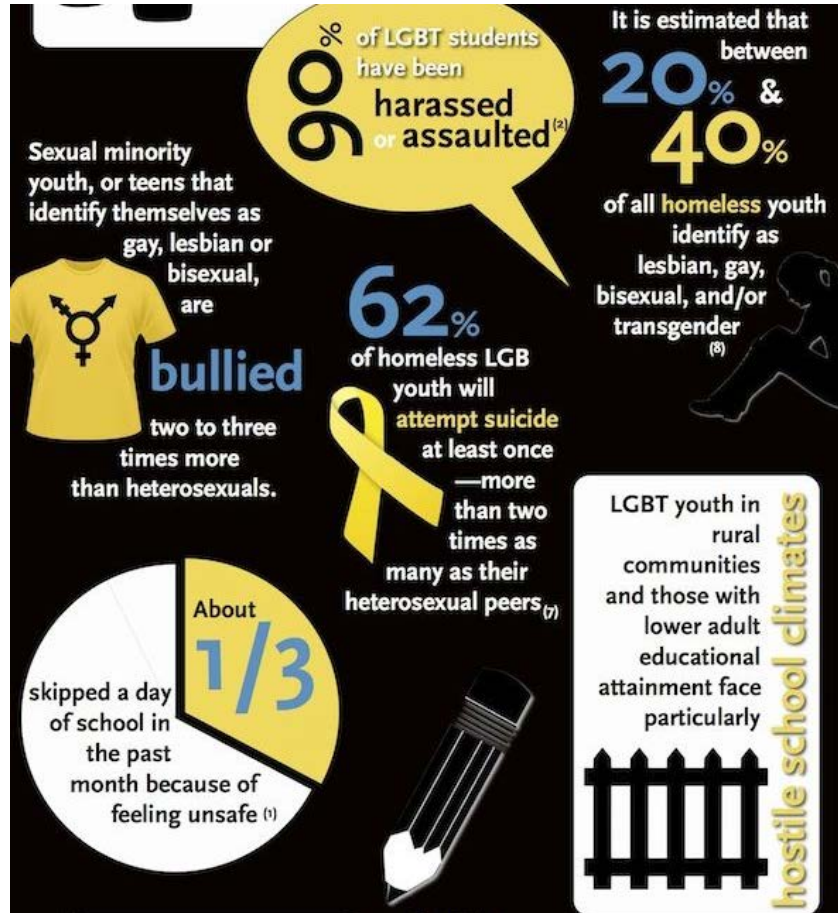
Why Focus on Sexual Minority Boys and Men?

Heightened Risk of Bullying & Harassment Associated with Substance Abuse

Sexual minority boys and men are **more likely to experience mental health problems than heterosexual males** (Lick, 2013).

Sexual minority boys and men are **heightened risk for substance use, abuse, and dependence.**

Sexual minority boys and men are also **victims of hate crimes that increase risk for substance use and abuse.**



5/24/16

Public Policy Recommendations

- ▶ Leverage policy opportunities to **expand programs that can assist boys and men who are re-entering communities from prisons and jails.** This includes providing masculinity- and trauma- informed care and services while incarcerated and after release.
- ▶ Harness existing policy opportunities (e.g., Medicaid expansion) **to expand behavioral health care access and coverage for boys and men.**
- ▶ Redress child welfare/support programs to **support father involvement in socioemotional development of non-residential children.**





Practice, Training, & Education Recommendations

- ▶ Provide **training to psychologists and other healthcare providers working with racial/ethnic and sexual minority males** to ensure that they are highly competent and skilled in gendered approaches to care delivery.
- ▶ Incorporate **comprehensive assessments that include screening for physical, medical, and mental health concerns during primary healthcare visits.**
- ▶ Provide **implicit bias and trauma detection training for early childhood and secondary educators** working with racial/ethnic and sexual minority males.



Final Thoughts



Focusing on eliminating men's mental health disparities is not a zero-sum proposition.

Men's mental health disparities have significant familial and intergenerational impacts.



Contact Information

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