

# Aurora Healthcare

## Men's Mental Health

### Aim

Australian men experience high rates of mental illness but often delay seeking help. This fact sheet equips GPs with practical tools to detect and manage men's mental health issues, reduce stigma, and facilitate timely intervention.

### Learning Objectives

1. Identify common but often under-reported symptoms of depression, anxiety, substance use, and mood disorders in men.
2. Understand gender-specific presentations and help-seeking barriers.
3. Know when to escalate care to psychiatry, inpatient care or community supports.

### Introduction

Australian men are facing a silent crisis. While they are statistically less likely to be diagnosed with mental illness than women, they are over three times more likely to die by suicide (1). Many men also self-medicate with alcohol or drugs, with nearly 1 in 4 engaging in risky drinking behaviour (2). Despite these figures, men are less likely to seek help from health professionals for mental health concerns (3).

For general practitioners, this presents a critical challenge—and a powerful opportunity.

Men often present differently. Rather than openly discussing emotional distress, they may appear irritable, fatigued, withdrawn, or report somatic symptoms like sleep disturbance or chronic pain. These subtle cues can mask underlying depression, anxiety, trauma, or substance use disorders (4).

GPs are often the first—and sometimes only—health professional a man will open up to. Your ability to recognise the warning signs, create a safe space for disclosure, and intervene early can be life-changing. With stigma, masculinity norms, and low mental health literacy continuing to create barriers to care, GPs play a frontline role in shifting the narrative on men's mental health from silence and shame to connection and recovery (5).

### Key Issues on Men's Mental Health

#### Prevalence:

1 in 8 men will experience depression and 1 in 5 will experience anxiety during their lifetime (3).

#### Suicide:

Men account for over 75% of suicide deaths in Australia. Middle-aged and older men are most at risk (2).

#### Substance Use:

Men are more likely to engage in risky alcohol use and illicit drug use, often as a form of self-medication.

#### Help-Seeking:

Stigma, traditional masculinity norms, and minimising symptoms mean men often delay or avoid accessing care.



Assessment and Management



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### Escalation Criteria

#### Criteria for Escalating Treatment

##### 1. Diagnostic Uncertainty or Complexity

- The diagnosis is unclear, or involves multiple comorbid conditions (e.g. substance use, PTSD, personality disorder).

##### 2. Treatment Resistance

- The patient has not responded to first-line treatments (e.g. antidepressants, psychotherapy) after an adequate trial period.
- Persistent or worsening symptoms despite adherence to the mental health treatment plan.

##### 3. Specialist Interventions Needed

- Consideration for complex medication management (e.g. antipsychotics, mood stabilisers).
- Suitability for specialised therapies not readily available in primary care (e.g. trauma-focused therapy, intensive day programs).

##### 4. Functional Impairment or Deterioration

- Significant decline in work performance, relationships, or daily functioning.
- Ongoing or escalating distress impacting quality of life despite GP-level interventions.

##### 5. Risk Factors and Safety Concerns

- The patient presents with suicidal ideation, self-harm, or risk of harm to others – these patients require urgent assessment and should be referred or presented to the nearest public hospital emergency department or mental health triage service.

**Referrals can be made to a specialist or directly to an Aurora Healthcare hospital. Our assessments team can support with finding a suitable Specialist for admissions.**

#### Key Takeaways

- Men may present with physical symptoms (e.g. fatigue, pain, sleep issues) instead of emotional language.
- Common conditions include depression, anxiety, substance use disorders, and suicidality—often overlapping.
- Somatic and behavioural cues (anger, withdrawal, risk-taking) may signal underlying mental distress.
- Use validated tools like K10, PHQ-9, and suicide risk screening to guide diagnosis and care.
- Substance use may mask psychological issues, especially in men coping with trauma or stress.
- Risk factors for suicidality in men include unemployment, relationship breakdown, and social isolation.
- Tailor language and approach—focus on functionality, stress, and problem-solving to increase engagement.
- Refer early to psychologists, psychiatrists, or social workers via a Mental Health Treatment Plan (MHTP).
- Support is available via services like MensLine, Beyond Blue, Head to Health, and HealthPathways.
- Follow-up is essential—check in on progress and encourage persistence with care plans or therapy.

#### Note:

This content has been reviewed by Dr Dan Mihaesi Psychiatrist at Aurora Healthcare. This guide is intended to support GPs in providing practical, effective mental health care for male patients. Always tailor interventions to individual patient needs and consult specialist services when required.

#### References

1. Australian Bureau of Statistics (ABS). Causes of Death, Australia, 2022.
2. Australian Institute of Health and Welfare (AIHW). Alcohol, tobacco & other drugs in Australia. 2023.
3. Beyond Blue. Men's mental health. 2023.
4. Royal Australian College of General Practitioners (RACGP). Mental health care in general practice. 2021.
5. Australian Men's Health Forum (AMHF). Mental Health & Men. 2022.

Your Local Aurora Health Facilities

