


# COVID-19 and MENTAL Health: Addressing Men's Mental Health Needs in the Digital World

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## Abstract

The COVID-19 pandemic continues to be a source of stress and have important mental health implications for all persons but may have unique implications for men. In addition to the risk of contracting and dying from COVID-19, the rising COVID-19 death toll, ongoing economic uncertainty, loneliness from social distancing, and other changes to our lifestyles make up the perfect recipe for a decline in mental health. In June 2020, men reported slightly lower rates of anxiety than women, but had higher rates of depressive symptoms and suicidal ideation. As of September 2020, men sought mental health care at a higher rate than women for family and relationships, with year-over-year visits up 5.5 times and total virtual mental health care visits monthly growth in 2020 was up 79% since January. Because men are not a homogeneous group, it is important to implement strategies for groups of men that may have particularly unique needs. In this paper, we discuss considerations for intervening in men's mental health during and in response to the COVID-19 pandemic, including current technology-based cyberpsychology options.

## Keywords

Mental health, men's health, pandemic, COVID-19, help-seeking behaviors

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The COVID-19 pandemic continues to be a source of stress and have important mental health implications. In addition to the risk of contracting and dying from COVID-19, the rising COVID-19 death toll, ongoing economic uncertainty, loneliness from social distancing, and other changes to our lifestyles make up the perfect recipe for a decline in mental health. One fifth of U.S. adults are experiencing high levels of psychological distress (Keeter, 2021), and the rates of calls into mental health services (Noguchi, 2020), domestic violence reports (Boserup et al., 2020; Evans et al., 2020), and fatal drug overdoses (Mann, 2020) have increased from prior years.

As of September 2020, one in four U.S. adults have struggled to pay bills, with about one in six having borrowed money from friends or family and one in three have withdrawn money from their savings or retirement accounts (Parker et al., 2020). These added stressors may contribute to difficulties sleeping, increases in alcohol or substance use, and the worsening of chronic conditions, which might further increase exhaustion and reduce motivation to proactively manage health and well-being

(Men's Minds Matter, 2020; Schneiderman et al., 2005). The media representation of the gendered impact of COVID-19 focuses heavily on the social and economic setbacks women experience (Alamo, 2020; Ellingrud & Segel, 2021; Parker et al., 2020), but men have also experienced some unique economic stressors during this time.

Women's increased levels of distress and worse mental health are critical and warrant attention (Broster, 2020; Kluger, 2020), but men should not be excluded from the

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conversation about the mental health implications of the pandemic. When it is discussed, men's mental health is mentioned in relation to their rates of perpetrating domestic violence and other effects on women. In addition, it is important to consider how the mental health implications of the COVID-19 pandemic are gendered in ways that affect men and may require different interventions than women. In this paper, we argue that there are unique mental health implications of the COVID-19 pandemic for men, and we suggest ways to consider gender in efforts to improve men's mental health.

## Men's Mental Health in the Era of the COVID-19 Pandemic

In June 2020, men reported slightly lower rates of anxiety than women, but had higher rates of depressive symptoms and suicidal ideation (Czeisler et al., 2020). Symptoms of depression in men tend to include aggression, engaging in high-risk activities, and utilization of alcohol or drugs (Martin et al., 2013; National Institute of Mental Health, 2017). Often, men's presentation of depressive symptoms is consistent with clinical reports, yet they may not be included in traditional diagnostic screeners or criteria (Martin et al., 2013). According to Mental Health America (Mental Health America, 2021), the rates of reporting frequent thoughts of suicide are the highest they have recorded in their 7-year history. Women are three to four times more likely to attempt suicide than men, but because men often choose more lethal means to attempt suicide, the suicide mortality rate of men is nearly four times the rate of women (Callanan & Davis, 2012).

Additionally, men tend to have fewer friendships than women and those friendships tend to be activity-based (Riggio, 2014); men sometimes experience difficulties confiding in and establishing close social connections with other men (McKenzie et al., 2018). A study in the UK reported that men spent less time on the phone or video calling with family and friends than women (47% vs 59%; Fancourt et al., 2020). Without these opportunities to create or sustain high quality friendships, men have the tendency to miss out on benefits associated with quality relationships like healthier immune systems, lower blood pressure, lessened risk of depression and anxiety disorders, improved prognosis after the diagnosis of cancer, and even decreased risk of dementia. In fact, loneliness and low social support are associated with an increased risk of heart disease (Bonoir, 2015) and are risk factors for depression, substance use, and suicide (Mental Health America, 2021).

Because men are not a homogeneous group, it is important to implement strategies for groups of men that may have particularly unique needs. During the pandemic, adults with lower incomes, those without at least a college degree, and individuals living in rural areas

may experience more stress than their economically and educationally advantaged counterparts (Mueller et al., 2021; Parker et al., 2020). Black/African Americans reported the greatest increase in anxiety and depression, and Asian and Pacific Islanders searched for mental health resources more than ever (Mental Health America, 2021). Young people, military veterans, trauma survivors, and LGBTQIA+ males have reported particularly high rates of suicidal ideation, and Native American/American Indians reported the greatest increase in suicidal ideation (Mental Health America, 2021).

Other emerging mental health disorders stem from COVID-19 hospitalization and mechanical ventilation treatment. With more men than women hospitalized for and dying of COVID-19, it is to be expected that more men may have post-traumatic stress disorder (PTSD) symptoms triggered by the experience of mechanical ventilation treatment (Janiri et al., 2021; Worsham et al., 2020). PTSD symptoms include intrusive symptoms (unwanted, recurrent memories and/or nightmares), avoidance of reminders of the traumatic event (avoiding memories, locations, people associated), effects on mood (guilt, anger, shame, loss of pleasure in activities they used to enjoy), and increased reactivity (trouble sleeping, hypervigilance). In addition to PTSD, brain fog (Fiore, 2020), delirium (Grant, 2021), and psychosis (Tamayo, 2021) have been identified as mental health implications of COVID-19.

These may be part of the long-term symptoms of COVID-19 continually being discovered as part of the long-haul consequences of infection. Men should not be ignored in this long-hauler conversation because men are less likely to get help for mood and cognitive issues even when they seek help (Parent et al., 2018).

## Addressing Men's Mental Health Needs

As of September 2020, men sought mental health care at a higher rate than women for family and relationships, with year-over-year visits up 5.5 times and total virtual mental health care visits monthly growth in 2020 was up 79% since January (Landi, 2020). Providers of traditional one-on-one therapy are struggling to meet the increased demand (Caron, 2021). Fortunately, there are technology-based therapy options that have helped to meet the need. Virtual reality has been successfully used for health and wellness (Gao et al., 2020; Leah, 2021). Other cyberpsychology options include face-to-face via video call with a real therapist (Talkspace), peer support (WeAreMore), meditation (Calm, Headspace) or cognitive behavioral therapy-inspired games (Happify).

Researchers urge caution when it comes to technology-based resources to support mental health and well-being.

“Technology should not be seen as a replacement for traditional psychotherapy, rather it offers new opportunities to support mental health as part of an overall ecosystem” (Stawarz et al., 2019). However, we know that men are less likely to engage in the traditional medical system; cyberpsychology may be an opportunity for men to sample the mental health and wellness resources available. Currently, we are unable to identify data to indicate if men are engaging with these alternatives; therefore, more research is needed to study what modalities are preferable to men to increase the likelihood that they are utilized.

Given the recent surge in technology-based cyberpsychology options, some key issues to overcome include efficacy, privacy concerns, and accessibility. There should also be standardization to app-based quality and effectiveness measures (Carlo et al., 2019). Users need to be critical of data use agreements, including health-related diagnoses, and what happens if a person using the app expresses intent to harm themselves or others (Baer, 2016). Other privacy concerns are more individual: do men have adequate technology (I.e., stable internet, webcam) to use these apps and do they have the privacy to fully disclose their thoughts and feelings without fear of someone overhearing? Importantly, these apps are not always free. While Talkspace can be reimbursed through flexible spending account (FSA) or health savings account (HSA) funds, most cyberpsychology services cannot (Talkspace, 2020). Access to support and early rehabilitation is limited for those who are unemployed, uninsured, and disenfranchised. Americans with Disabilities Act accessibility considerations also need to be included in cyberpsychology services, but there are currently no protections in the workplace for individuals experiencing poor mental health symptoms (White, 2021).

While the White House strategy for COVID-19 includes an indication of expanding mental health and wellness services, an exact plan has not yet been laid out (White House, 2021). To date, no federal plans have explicitly considered the unique needs of men. Addressing men’s mental health needs requires that we incorporate gender in intervention approaches and strategies to improving men’s mental health overall. We need to consider the impact of COVID-19 on men’s mental health because men have been uniquely affected. Expanding mental health services and offering a wider range of resources can alleviate the already over-stressed health-care system and meet men where they are.

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