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[Why Is It That 4 Times More Men Than Women Commit Suicide?](#)

Current depression therapies are not targeting them

"Men come from Mars, and women from Venus", that's why they feel and behave differently. A new University of Western Sydney research showed that current depression treatments are not very successful with men as they are developed targeting especially women. "Men and women cope with and receive treatment for depression in distinct ways. Australia's suicide rate currently shows men are four times more likely to commit suicide than women," said Dr Zakaria Batty from the School of Psychology. "Part of the reason for this alarming rate is that men aren't accessing the therapy services available because the services are not adequately targeting men's needs." The research carried on 400 male subjects detected an array of factors hampering successful treatments for depression, like men's behavior of denying vulnerability, that impedes them to openly search for help. "Fears of mental health stigma in the community, and lack of support to seek therapy from family and friends, often prevent men from accessing treatment. Education is an important factor in reducing this stigma and appropriate messages about mental health should be taught to boys at an early age and circulated throughout the community for everyone," said Batty. But the way men cope with depression is also a task for health professionals. "Out of 746 referrals to psychologists only 30% of these were for men. GPs say this is because men are less likely to visit their doctor, and even when they do, are less likely to talk about psychological problems because of mental health stigma. However, the men who did receive psychological treatment found it very beneficial, suggesting that more discussion and information about mental health services may increase men's willingness to seek help," said co-author Professor Jane Ussher from the UWS School of Psychology, who also has recently been involved in a research with the Nepean Division of General Practitioners. "Men tend to use medication for depression because they can avoid the stigma and emotional expression associated with counseling therapy. However GPs and therapists can accommodate men's preferences for treatment, and need to consider that taking the step to seek counseling is a real milestone for many men - one that needs to be encouraged as a strength", Batty added. "By changing common names for therapy treatment men may be more likely to access help and complete treatment with success. Where men might shirk from the prospect of attending 'counseling', they may be open to attending 'classes', 'workshops' or 'seminars'."