

Unmet need for mental healthcare among men in Sweden Gendered pathways to care

Akademisk avhandling

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Avhandlingen baseras på följande delarbeten

- I. Olsson S.*, Hensing G., Burström B., & Löve J.
Unmet need for mental healthcare in a population sample in Sweden: a cross-sectional study of inequalities based on gender, education, and country of birth. *Community Mental Health Journal*. 2020:1-12.
- II. Olsson S.*, Burström B., Hensing G., & Löve J.
Poorer mental well-being and prior unmet need for mental healthcare: a longitudinal population-based study on men in Sweden. *Archives of Public Health*. 2021; 79 (1):1-13.
- III. Blom S., Lindh F., Lundin A., Burström B., Hensing G., & Löve J.
The role of gender and low mental health literacy for unmet need for mental healthcare: a cross-sectional population-based study in Sweden. *Manuscript*.
- IV. Hensing G., Blom S., Björkman I., Bertilsson M., Martinsson J., Wängnerud L., & Löve J.
Differences in how women and men in a Swedish general population sample think about sick leave: a cross-sectional vignette study. *Manuscript*.

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**SAHLGRENKA AKADEMIN
INSTITUTIONEN FÖR MEDICIN**



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Gendered pathways to care

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Abstract

Aim: Depression and anxiety disorders have a lifetime prevalence of about 10% among men in high-income countries but many do not seek and receive the care that they need. The aim of this thesis was to explore gendered pathways to care focusing on unmet need for mental healthcare among men in Sweden at three steps: 1) not perceiving a need for mental healthcare despite symptoms indicating a clinical need for care, 2) refraining from seeking mental healthcare when perceiving a need for it, 3) perceiving care as insufficient when seeking it.

Methods: Unmet need for mental healthcare, at any time in life, was investigated using cross-sectional and longitudinal questionnaire data from population-based samples (n=3987, n=1240, n=1563). Thoughts on sick leave for depression were investigated using a vignette study in a self-recruited sample (n=3147). Bivariate and multivariable regression analyses were conducted to investigate group differences.

Results: Men were more likely than women to 1) not perceive a need for mental healthcare despite symptoms indicating a clinical need for care, 2) refrain from seeking care, and 3) perceive the care as insufficient. Those with secondary education were more likely than those with university education to refrain from seeking care. Men who had refrained from seeking care, or perceived the care as insufficient, had poorer mental well-being than men who had not, but the difference did not persist after one year. Men with low mental health literacy were most likely to not perceive a need for mental healthcare, and refrain from seeking care, followed by both men with high mental health literacy and women with low mental health literacy. Least likely were women with high mental health literacy (reference). The vignette study showed that men were more likely than women to think that sick leave for a person with symptoms of depression was not reasonable, and the gender difference was partly explained by more stigmatizing attitudes towards depression among men.

Conclusion: The results indicate that men have a higher risk of unmet need for mental healthcare at multiple steps on the pathway to care. Men with low mental health literacy and secondary education seem particularly vulnerable. This indicates that pathways to mental healthcare are gendered, i.e., impacted by gendered structures related to masculinities, and that some groups of men face greater barriers at these pathways. The healthcare system should review how its design and communication can contribute to mitigate these gendered inequalities. There is especially a need for outreach strategies considering that not perceiving a need for mental healthcare seems to be a major barrier.

Keywords: Unmet need, Barriers to care, Mental health services, Common mental disorders, Depression, Mental health literacy, Stigma, Gender, Masculinity