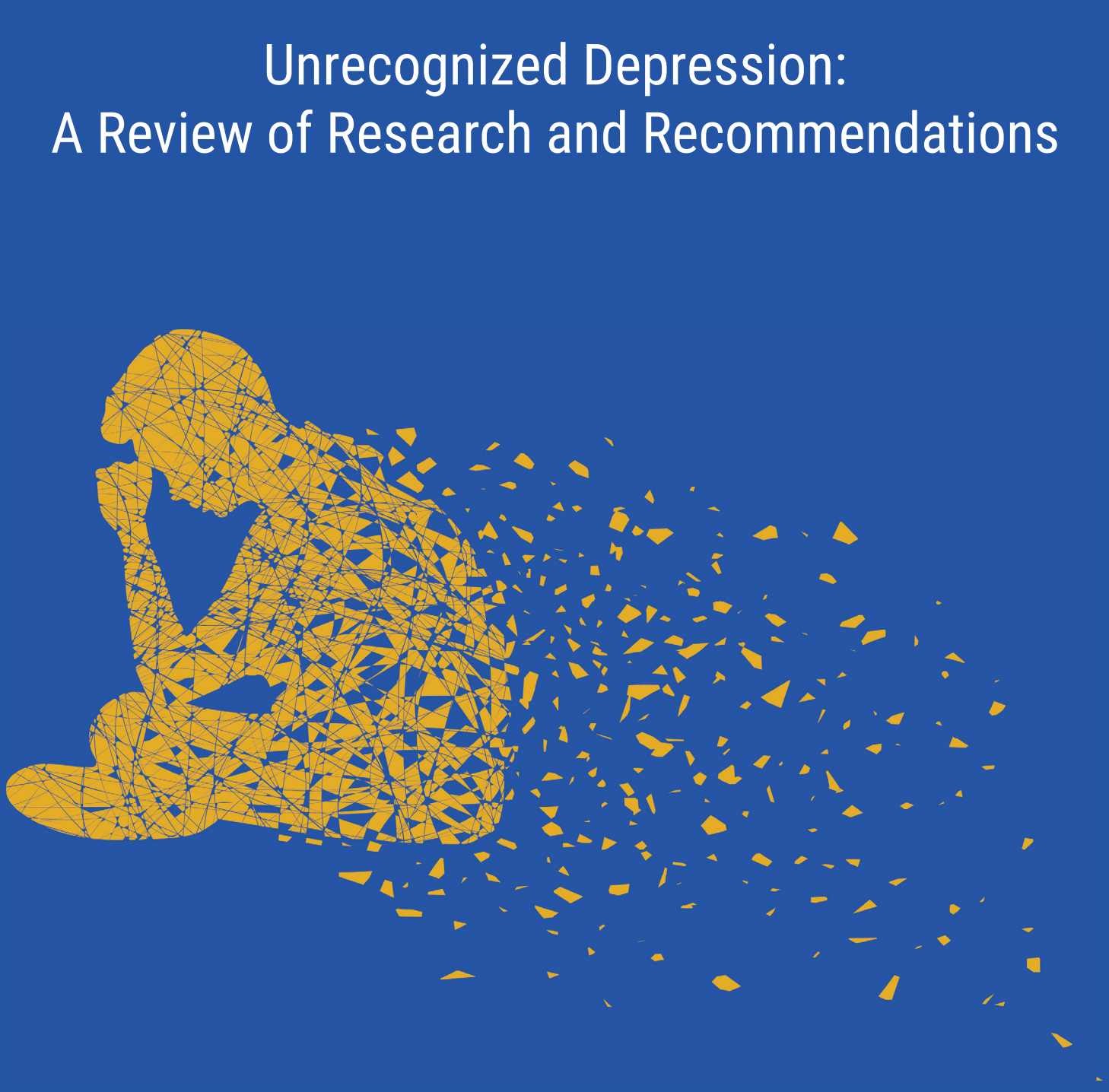
The State of Health of Adolescent and Young Adult Males in the United States

Unrecognized Depression: A Review of Research and Recommendations



The Partnership for Male Youth

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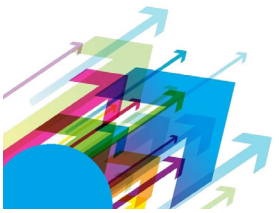
About The Partnership for Male Youth



Founded in 2013, The Partnership for Male Youth is a broad-based partnership of leaders and organizations from a range of disciplines that deal with issues that impact the health of adolescent and young adult (AYA) males. Our disciplines include medicine, psychology, education, and juvenile justice, among others. All of our work is informed through the involvement of young males themselves. The Partnership's mission is to work with and on behalf of adolescent and young adult males to optimize their health and ensure that they thrive. The Partnership strives for a world in which adolescent and young adult males are valued as assets and where their health and wellbeing are promoted.

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Executive Summary

This review examines the problem of unrecognized depression in AYA males and highlights the need for further work to explore how the causes and manifestations of depression can vary by gender and also its intersections with, for instance, race, ethnicity, socioeconomic status, and sexuality. The research literature suggests that we can improve our ability to recognize depression in AYA males by understanding the risk factors for depression in AYA males, considering male-specific symptoms and coping mechanisms that can mask depression, developing tools for assessment that account for male-specific symptoms, and adopting a culturally-sensitive, individualized approach to mental healthcare. As our ability to recognize and respond to depression in AYA males also depends on their willingness to talk about their vulnerable feelings and seek help, it is also important to facilitate their access to information about mental health, address their fears and concerns about mental illness, challenge masculine norms that lead them to restrict their emotionality and self-disclosure, and expand their social support networks.

Depression in AYA males continues to be unrecognized, underdiagnosed, and misdiagnosed, with personal and relational consequences as well as social and economic costs. Approaches that conceptualize this problem in terms of individual-level choices have proven to be effective only in the short-term (Knai et al., 2018). Instead, it is imperative to adopt a systems approach that casts the problem as a product of a complex, multifaceted system wherein individual, relational, social, cultural, political, and historical factors interact with and affect each other (Knai et al., 2018). Just as social behaviors reflect both the person and the situation (Ross & Nisbett, 2011), the problem of unrecognized depression in AYA males results from personal choices that are influenced by situational and/or societal constraints. In order to bring about real and sustainable changes, we must empower AYA males to know and say how they feel, but also overhaul the systemic structures — including social norms, cultural beliefs, and institutional practices — that can obstruct their efforts to do so. By acknowledging the lives and experiences of AYA males to be inextricably embedded within their interpersonal relationships as well as their sociocultural contexts, we lay the vital foundation for supporting their mental health.

Unrecognized Depression in Adolescent and Young Adult Males in the United States: A Review of Research and Recommendations

Among American youths, rates of depression have increased over the past decade, with 17.2% of high school students reporting persistent feelings of hopelessness and sadness in 2017 (CDC, 2018). Despite greater awareness and concern about mental health in recent years, depression continues to be widely unrecognized in adolescent and young adult (AYA) males (i.e., ages 10-24 years). As compared with their female peers, high school males have as low as half the rates of depression and suicidal behaviors (e.g., seriously considering suicide, making a suicide plan, and attempting suicide) but up to three times the rate of suicide completion (APA, 2018a; CDC, 2018; Miron et al., 2019). The discrepancy between AYA males' low rates of depression and high rates of suicide suggests that their depression is often underdiagnosed or misdiagnosed. Unrecognized depression in AYA males can have devastating personal and relational consequences when it leads, for instance, to anger, risky behavior, violence, decline in school performance, loss of interest in activities, impaired relationships, self-harm, and suicide (JED Foundation, 2018). There are also social and economic costs when unrecognized depression results in the loss of AYA males' independence and productivity.

This research review examines the problem of unrecognized depression in AYA males through a relational framework that emphasizes the centrality of relationships in boys' and men's lives (Gilligan, 1996; Gilligan et al.,1990), acknowledges their need and desire for emotional connection (Chu, 2020; Chu & Gilligan, 2019; Way, 2011), and highlights how disconnections— from themselves (e.g., when they suppress emotions they perceive to be socially unacceptable) and from others (e.g., when they are unable to develop emotionally close relationships) — can hinder their mental health and happiness (Way et al., 2018). Drawing from research literature, this review outlines ways to improve our ability to recognize depression in AYA males, and to promote help-seeking behaviors and other adaptive coping strategies in AYA males experiencing depression, so that practitioners, educators, youth advocates, parents, and others who have AYA males' best interests at heart can better support their healthy development.

Ways to Improve the Recognition of Depression in AYA Males

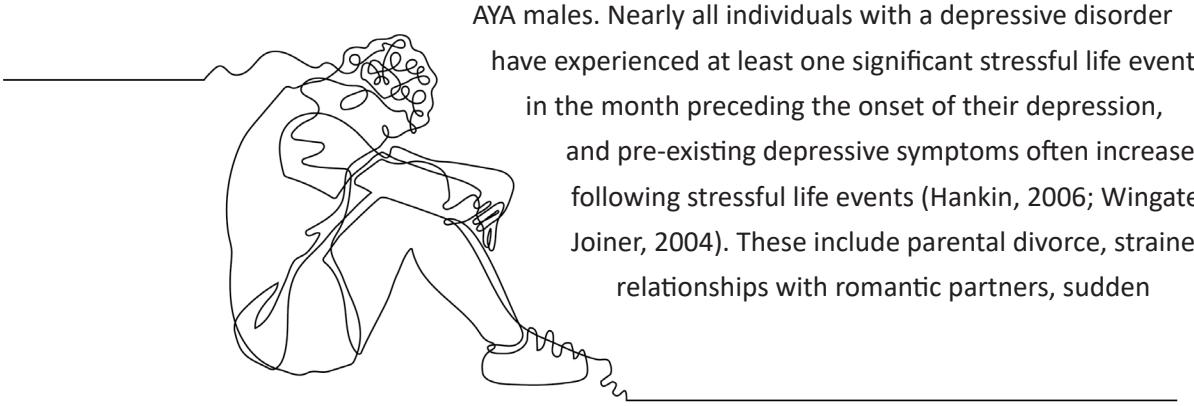
A key to recognizing and responding to depression in AYA males is knowing what to look for, which requires that we deepen our knowledge about how depression can manifest in this population. This includes understanding the risk factors for depression in AYA males, considering male-specific symptom presentation and coping mechanisms that can mask depression, developing tools for assessment that account for male-specific symptoms, and adopting a culturally-sensitive, individualized approach to mental healthcare.

Understand the Risk Factors for Depression in AYA Males

Among AYA males, individual risk factors for depression include heredity, especially when the onset occurs during or after adolescence (Hankin, 2006), insecure attachment and excessive reassurance-seeking during childhood (Abela et al., 2005), higher levels of dependency on others (e.g., parents and peers) during adolescence (Hankin, 2006), personality traits, like neuroticism (American Psychiatric Association, 2013), and idiosyncrasies such as rumination (Broderick & Korteland, 2002), self-criticism (Blatt & Zuroff, 1992), and the tendency to make negative inferences about life experiences and oneself (Hankin, 2006). Chronic or disabling medical conditions such as diabetes, epilepsy, seizures, morbid obesity, and cardiovascular disease also increase the risk for major depressive disorders (APA, 2013; Hankin, 2006).

Developmental changes can be another risk factor. For instance, AYA males may be susceptible to depression during late adolescence and early adulthood as they increasingly assume adult responsibilities and experience smaller social networks, fewer intimate relationships, and less communication with friends and family (APA 2018b; Morales-Vives & Dueñas, 2018; Way, 2011). In addition, hormonal changes during puberty and early or late maturation can contribute to emotional distress, poor psychosocial adjustment, antisocial behaviors, and depressive symptoms (Benoit et al., 2013; Ge et al., 2003).

Another clue to recognizing the risk for depression in AYA males is the presence of comorbid disorders. These include substance-related disorders, panic disorder, obsessive-compulsive disorder, and borderline personality disorder (APA, 2013), which often precede the onset of depression. These also include Social Anxiety Disorder (Epkins & Heckler, 2011; La Greca & Harrison, 2005) and eating disorders and body image distortions (Blashill & Wilhelm, 2014), which often co-occur with depression in adolescent boys and place them at risk through early adulthood for elevated levels of depression. Furthermore, Comorbid Tic Disorder and Oppositional Defiant Disorder, which occur more frequently in boys (Sørensen et al., 2005), and bipolarity, which challenges the stereotype that depression presents solely as listlessness (Dilsaver & Akiskal, 2005), can help to identify boys who may be prone to depression.



Environmental risk factors also can contribute to depression in AYA males. Nearly all individuals with a depressive disorder have experienced at least one significant stressful life event in the month preceding the onset of their depression, and pre-existing depressive symptoms often increase following stressful life events (Hankin, 2006; Wingate & Joiner, 2004). These include parental divorce, strained relationships with romantic partners, sudden

illness or injury, death of a loved one, and other personal disappointments and loss (Bouma et al., 2008; Hankin, 2006; Patton et al., 2003; Wingate & Joiner, 2004). Experiences of trauma, such as witnessing violence (Bell et al.,2013) and being abused or bullied (La Greca & Harrison, 2005; Scarpa et al., 2010), also play a significant role in and can have lasting impacts on mental health (APA, 2018a; APA, 2013). Experiences of loneliness (Cacioppo & Patrick, 2008) and difficult transitions like becoming a teenage father (Quinlivan & Condon, 2005; APA 2018a) are also associated with depression.

Other significant risk factors for depression include experiences of discrimination (e.g., on the basis of race, ethnicity, and/or other identity categories), social inequities, and their consequences. For instance, LGBTQ+ youth who experience internalized stigma, stress from hiding and coping with a marginalized identity, parental rejection, hostile peer interactions, bullying, and gender-based violence are vulnerable to depression (Hall, 2018). Likewise, Black males who perceive their future opportunities to be limited (Hawkins et al., 1998), their neighborhood to lack social capital, and their kinship to offer little social support (Stevenson, 1998) are more susceptible to depression than their peers (Lindsey et al., 2006). Furthermore, AYA males with low socioeconomic status who experience on-going stressors, such as attending poorly funded schools (Coley et al.,2019) and having limited access to health care (APA, 2018b), are at greater risk for depression.

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Consider Male-Specific Symptoms and Coping Mechanisms

Gender differences in depressive symptoms begin to appear by early adolescence (Khesht-Masjedi et al., 2017). Internalizing symptoms, or behaviors that are directed inward and generally not disruptive to others, are more commonly recognized as depression and align more closely with its presentation in girls and women. These include feeling sad or hopeless, being withdrawn or disinterested in activities that were once pleasurable, losing one's appetite, having difficulty concentrating, and undergoing sleep disruptions (APA, 2013; Cole & Davidson, 2019). Externalizing symptoms — including antisocial, aggressive behaviors that are typically directed outward (e.g., irritability, violence, substance abuse) — are lesser-known indicators of depression and more common in boys and men (APA, 2018a; Dilsaver & Akiskal, 2005). Failure to account for externalizing symptoms can therefore contribute to the problem of unrecognized depression in AYA males.

The coping mechanisms that AYA males often employ to manage emotional distress can mask depression and also contribute to underdiagnosis and misdiagnosis. Adolescents often respond to emotional distress by seeking social interactions (e.g., with friends, romantic partners, family members, and teachers) and utilizing distractions (e.g., engaging in exercise, listening

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to music, consuming media, sleeping) (Twenge, 2017; Twenge et al., 2018; Wisdom & Barker, 2006). However, compared to their female counterparts, AYA males are less likely to seek social support (Malooly et al., 2017) and more likely to try to distract themselves (Broderick & Korteland, 2002). Moreover, AYA males may engage in maladaptive coping mechanisms, such as using alcohol or other substances (Addis, 2008) and practicing self-harm (Brownhill et al., 2002; Silverman et al., 2018), in efforts to manage their emotional distress (Seidler et al., 2016).

These male-specific coping mechanisms are consistent with and may be influenced by socially prescribed norms of masculinity. As one 15-year-old boy explains, "It's not that guys aren't supposed to cry because it's not macho, it's just that things aren't supposed to affect guys the way they really do" (Wisdom et al., 2007, p. 153). AYA males also understand that there are consequences to deviating from group and cultural norms of acceptable behavior. As another 15-year-old boy observes,

> *There are a lot of boys that just don't want to come out and say [they are depressed] . . . because they'll be made fun of if they just have problems. They don't think it would do any good . . . and they'll hide it . . . they push it back, act like it's not there, so it doesn't show up. (Wisdom et al., 2007, p. 154).*

Although coping mechanisms that center on avoidance may enable AYA males to alleviate their emotional distress temporarily, they risk reflecting unresolved tension inwards, generating feelings of hopelessness and low self-worth, inhibiting help-seeking, and prolonging and/or exacerbating depressive symptoms (Agoston & Rudolph, 2011; Malooly et al., 2017).

AYA males may lack guidance for what to do when they inevitably are affected by things and want to talk to someone

Furthermore, these strategies of emotional detachment can make it difficult even for close family and friends to recognize and respond to their depression, and may inadvertently deprive AYA males of the very relationships that can help them to manage their emotional distress more effectively (Ofonedu et al., 2013). As a result, AYA males may lack guidance for what to do when they inevitably are affected by things and want to talk to someone (e.g., Chu, 2005; Way, 2011).

Develop Tools for Assessment That Account for Male-Specific Symptoms

Traditional screening tools for depression, which tend to focus on symptoms that are more common to females, may be inadequate for use with AYA males. For instance, the DSM-5 (APA, 2013) uses diagnostic criteria for depression that were originally based on the experiences of European American women and focus on self-reported emotions (APA, 2013; Perkins et al., 2014). Likewise, the national Youth Risk Behavior Survey uses a single question about sadness or hopelessness to measure mental health in high schoolers (CDC, 2018). Criteria for and measures of depression rarely consider externalizing symptoms, like risky behavior (CDC, 2018; Perkins et al., 2014), which are more typical of depression in AYA males. Gender-sensitive assessment tools that account for male-specific symptoms and coping mechanisms, as well as group differences in

symptomatology and coping among AYA males, could help address the systemic gender bias in psychotherapy that prevents many AYA males from receiving accurate diagnoses of depression (APA, 2018a).

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Marginalized AYA males may be especially vulnerable to underdiagnosis and misdiagnosis due to underrepresentation in clinical care and research, as well as negative stereotypes around their symptom presentation (APA, 2018b; Ofonedu et al., 2013). For instance, when Black youths display externalizing symptoms of depression, they are frequently misinterpreted as expressing inappropriate anger and labeled as "acting out" (Ofonedu et al., 2013). This could explain the tendency for those who display externalizing symptoms to receive worse care for their depression than those who display internalizing symptoms (Stiawa et al., 2020). Likewise, Black men living in low-income urban environments, who may feel compelled to assume a "cool pose" (Majors & Billson, 1992) and consequently underreport vulnerable feelings like sadness or despair (Perkins et al., 2014), are more susceptible to having their depression underestimated (Perkins, 2014). Moreover, when Black people do seek help, stereotypes about their greater resilience can cause others to take their pain less seriously (Ofonedu et al., 2013).

Adopt a Culturally-Sensitive, Individualized Approach to Mental Healthcare

Therefore, a key strategy for improving the recognition of depression in AYA males is to adopt an approach that considers how gender can intersect with other identities—including race, ethnicity, socioeconomic status, and sexuality—to influence symptom presentation, coping mechanisms, help-seeking, and intervention preferences (Parent et al., 2018). Tailoring mental healthcare services to acknowledge and accommodate to group and individual differences among AYA males can prevent their feelings of alienation and embarrassment when seeking treatment, reduce dropout rates, and increase treatment efficacy (Seidler et al., 2018). One way to implement a culturally-sensitive, individualized approach to assessing and treating depression in AYA males is to supplement the self-report measures used in screening tools with one-on-one interviews to learn about their personal history. These interviews would allow clinicians to interpret self-reported symptoms of depression within the contexts of the individual's experiences and circumstances (Perkins et al., 2014), which could increase the accuracy of assessments. These interviews could also help clinicians to connect with AYA males on a more personal level.

One way to implement a culturally-sensitive, individualized approach to assessing and treating depression in AYA males is to supplement the self-report measures used in screening tools with one-on-one interviews to learn about their personal history.

Another way to understand and meet the needs of more AYA males is to increase the diversity of mental healthcare providers, so that individuals are more likely to be matched with clinicians with whom they can easily identify and relate. Some AYA males may feel more comfortable talking with clinicians who share their ethnic identities, languages, and/or cultural beliefs, values, and customs (Han & Pong, 2015; Perkins, 2014). They may also be more likely to trust, accept help from, and follow the advice of someone who has had similar experiences with mental health issues. As one 15-year-old boy explains,

> *[I'd like to know that] at one point in [the provider's] life they had something kind of similar so they're not just coming from [the point of view of] someone who's never really had serious depression, who doesn't even know what it felt like, trying to diagnose it or trying to help you when they have no idea. (Wisdom et al. 2006, p. 139).*

Clinicians who represent diverse perspectives, experiences, and cultural knowledge may have a better chance of recognizing depression in AYA males who have been marginalized and underserved within the mental healthcare system

AYA males are more likely to be open and honest with clinicians whom they believe can understand what they are going through and provide treatments that are practical and relevant to their lives. Clinicians who represent diverse perspectives, experiences, and cultural knowledge may have a better chance of recognizing depression in AYA males who have been marginalized and underserved within the mental healthcare system. In turn, greater representation among both clinicians and clients can strengthen our collective understanding of how depression can manifest across groups and individuals, improve our ability to recognize and treat depression in a wider range of AYA males, and — by normalizing the possibility that "people like me" can be respectfully and successfully treated for depression — encourage help-seeking among AYA males who may require but are not yet in treatment.

Ways to Promote Help-Seeking in AYA Males

Actions that can promote help-seeking behaviors and other adaptive coping strategies in AYA males include facilitating access to information about mental health, addressing their fears and concerns about mental illness, challenging masculine norms that restrict emotionality and self-disclosure, and expanding their social support networks.

Improving our ability to recognize and respond appropriately to depression in AYA males also involves making it easier for them to recognize their own emotional distress and to seek the help they need. In other words, progress requires not only that we know what to look for but also that they are able and willing to show it. Actions that can promote help-seeking behaviors and other adaptive coping strategies in AYA males include facilitating access to information about mental health, addressing their fears and concerns about mental illness, challenging masculine norms that restrict emotionality and self-disclosure, and expanding their social support networks.

Facilitate Access to Information About Mental Health

Ensuring that AYA males have information about depression — including its various forms, symptoms, and treatment options — is crucial to enabling healthier behaviors. Healthcare is one important avenue to disseminate knowledge about mental health to AYA males, who often lack continuity of healthcare (Courtenay, 2011). Whereas reproductive health visits can undergird the transition from pediatric to adult care for AYA females, AYA males become less likely with age to have a regular source of health care (Department of Health and Human Services, 2009) and to receive the professional help they need (Wu et al., 2001). This remains true even when reproductive and other sex-specific conditions are excluded (e.g., Mansfield et al., 2003). A requirement for AYA males to continue their annual well visits throughout adolescence and young adulthood (e.g., in order to register for school or participate in sports or other activities) can create opportunities to provide them with information about mental health and to screen for depression, which experts recommend for individuals ages 12 and older (Zuckerbrot et al., 2007).

Whereas reproductive health visits can undergird the transition from pediatric to adult care for AYA females, AYA males become less likely with age to have a regular source of health care and to receive the professional help they need

It is especially important to focus on vulnerable and underserved populations of AYA males whose experiences with racial inequities and socioeconomic disparities can place them at greater risk for depression (Adkins et al., 2009; APA 2018b; English et al., 2014; Kim et al., 2011; Lorenzo-Blanco et al., 2016; Sangalang & Gee, 2015), and make them more likely to resort to using maladaptive coping mechanisms and less likely to seek professional help (APA, 2018b). For instance, Black males who believe that treatment is ineffective and that depression is an inevitable part of life tend to express more skepticism towards mental health services (Ofonedu et al., 2013). Marginalized AYA males may also believe that good treatments that are available to others will not be available to them (APA, 2017; Lindsey et al., 2006), or they may not trust the treatments when they are offered (APA, 2018b). As a result, Black adolescent boys tend to rely on family members — most often their mothers (Lindsey et al., 2006) — to discern and discuss their depressive symptoms (Lindsey et al., 2010), instead of seeking professional help. To reduce the barriers to help-seeking, it can help to provide information about logistical matters, such as the variety of services that are available (e.g., in-person counseling, telephone hotlines, online resources), how to use them, and how much they cost. When working to increase AYA males' access to quality care, it is also important to consider the issues and experiences that can lead them to distrust the healthcare system.

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Address Fears and Concerns About Mental Illness

An important place to start is by allaying the fears and concerns that AYA males may have about requesting and accepting support for mental health issues. These include stigmas surrounding mental illness, as well as their desires to appear "normal," protect their privacy, and maintain their autonomy.

Stigmas around mental illness include personal stigmas, such as one's own negative attitudes about depression, and perceived social or cultural stigmas, as when one's family or community expresses negative views of depression (Abdullah & Brown, 2011; Han & Pong, 2015; Perkins, 2014; Rao et al., 2007). The stigmatization of mental illness can make it difficult for AYA males to acknowledge their depression and exacerbate the burdens of those who already face prejudice and discrimination (Gary, 2005). Marginalized AYA males may be especially susceptible to underreporting, as indicated by their high rates of suicide and suicidal behavior (APA, 2018b; CDC, 2018; Ofonedu et al., 2013; Perkins, 2014; Perkins et al., 2014). For example, Black adolescent boys who report greater fear of stigma and its impact on their social connections are less likely to seek professional help for managing their depression when they believe their families and peers would disapprove (Lindsey et al., 2006).

Given the stigmas around mental illness, AYA males may hesitate to seek help for fear of undermining their sense (or appearance) of normalcy. Like most people, AYA males crave validation and acceptance. At an age when they are establishing their identities, AYA males may be eager to prove—to themselves as well as others—that they are normal

Given the stigmas around mental illness, AYA males may hesitate to seek help for fear of undermining their sense (or appearance) of normalcy. Like most people, AYA males crave validation and acceptance. At an age when they are establishing their identities, AYA males may be eager to prove—to themselves as well as others—that they are normal (Lindsey et al., 2006). When they believe that their experiences of depression confirm that they are "screwed up," the risk of being labeled abnormal can lead them to avoid talking about their mental health issues (Epstein et al., 2010), to ignore or downplay their symptoms, and to initially dismiss the diagnosis of depression (Wisdom et al., 2006). The decision to keep their emotional distress to themselves may shield them (to some extent) from scrutiny and judgement, but comes at a cost when their depression consequently goes unnoticed and they do not receive the support they need. To counter this inclination, it can help to reassure AYA males that everyone experiences emotional distress and it can help to talk with someone about it (Wisdom et al., 2006).

On a related note, AYA males may worry that other people will be unsympathetic to their experiences and dismissive of their concerns, and consequently censor their expression of vulnerable feelings. As one 15-year-old male recalls,

> *I was always afraid that [the clinician was] going to say, 'It's stupid or it's dumb that you feel that way,' about being depressed, [like] 'That's not a reason to get depressed' and I didn't want them to say stuff about things I felt because I didn't want to feel stupid. (Wisdom et al., 2006, p. 139).*

The experience of having someone listen to them with empathy could reassure them that their feelings matter and may, in fact, be normal reactions to stressful situations. Perhaps more importantly, it lets them know that they are not alone. Addressing these and other concerns that AYA males may have about seeking help can make them more likely to reach out, to feel comfortable talking about their troubles, and to have a positive experience when they do engage with mental healthcare services.

Concerns about privacy and uncertainty about confidentiality can also discourage AYA males from seeking help. Many teens express a preference to speak privately with their doctor, instead of being accompanied by their parents, and find it easier to be forthcoming if they trust that their self-disclosures will be kept confidential (Wisdom et al., 2006). Healthcare professionals can address these issues by setting aside time during every appointment for a private consultation and by explaining which types of self-disclosures can remain confidential (i.e., within legal parameters, particularly if they are minors) (Wisdom et al., 2006). Likewise, anyone to whom AYA males might turn for help — including family, friends, and community leaders — can vow to protect anonymity, practice discretion, and thereby create safe spaces for AYA males to talk about personal matters.

AYA males may also be concerned about maintaining their autonomy and having options for treatment. Some AYA males assume that if they disclose feelings of depression, they will inevitably be prescribed an antidepressant. Those who have had — or know someone who had — bad experiences with taking medication may be especially wary. As one 17-year-old male in treatment recalls, "I felt I shouldn't need a pill . . . to make me feel. [pause] There was a reason [I was depressed]. It's better to confront the reason than cover things I feel. It just felt artificial and I didn't like that." (Wisdom et al., 2006, p. 139). AYA males may also be reluctant to take medication if they attribute their depression to situational factors and external stressors that could be mitigated through psychological and social interventions and would not be resolved by simply taking medication. As another 17-year-old male in treatment suggests,

Some AYA males assume that if they disclose feelings of depression, they will inevitably be prescribed an antidepressant. Those who have had — or know someone who had — bad experiences with taking medication may be especially wary.

> *I think that maybe some of the doctors shouldn't be so dependent on the medicines like Paxil and Zoloft, Prozac, that maybe there should just be some types of programs where people can think. A*

lot of depression may stem from loneliness or being singled out, so instead of pushing them towards drugs maybe you should push them toward a YMCA or a summer camp or something … somewhere they can have people their own age who can relate to them. (Wisdom et al., 2006, p. 140).

As knowledge about medication and counseling is strongly associated with a willingness to seek treatment (Chandra et al., 2009), it can help to provide AYA males with more information about the causes of depression and opportunities to discuss various possibilities for treatment. Even if prescribing medication turns out to be the best option (e.g., for treating certain types of depression), involving AYA males in decision-making can make them more amenable and more likely to cooperate with the proposed course of action (Elwyn et al., 2000; Goss et al., 2008).

Challenge Masculine Norms That Restrict Emotionality and Self-Disclosure

To the extent that AYA males feel pressure to prove their masculinity by eschewing femininity, masculine norms that emphasize control and self-reliance can lead them to restrict their emotionality and stifle their expression of vulnerable feelings, like sadness, that are "feminizing" and associated with powerlessness.

A gender-sensitive approach considers how social constructions of masculinity (e.g., ideas about what it means to be a "real" boy or man) can influence how AYA males present and cope with depressive symptoms. This is essential to understanding and engaging effectively with AYA males. To the extent that AYA males feel pressure to prove their masculinity by eschewing femininity, masculine norms that emphasize control and self-reliance can lead them to restrict their emotionality and stifle their expression of vulnerable feelings, like sadness, that are "feminizing" and associated with powerlessness (Seidler et al., 2016). As one Black adolescent boy explains,

If you ask for help, or if you cry, or if you look emotional, if you feel depressed, that means you're soft. If you're soft, then you're gay and you're not hard and not tough. You can't let anybody know that you're soft. (Lindsey et al., 2006, p. 54).

Under these circumstances, AYA males may exhibit hypermasculine behaviors, such as setting higher thresholds for expressing their pain (Möller-Leimkühler, 2002) and choosing to suffer in silence instead of talking to someone who can help them (Courtenay, 2011; Gerdes & Levant, 2017; Robertson et al., 2015; Seidler et al., 2016), to compensate for "unacceptable" feelings that threaten to emasculate them. Internalized expectations to adhere to masculine norms can also influence how AYA males respond to treatment, when they do seek professional help for their depression (Berger et al., 2013; Courtenay, 2011; Seidler et al., 2018).

Just as masculine norms that emphasize restrictive emotionality and excessive self-reliance can exacerbate depression (APA 2018b), limit help-seeking, and lead to maladaptive coping strategies (Seidler et al., 2016), it is possible to leverage positive masculine qualities to promote preventative self-

care measures and adaptive coping strategies that foster health and well-being (Gerdes & Levant, 2017; Robertson et al., 2015; Seidler et al., 2016). For instance, framing mental health care in terms of masculine strengths — like responsibility, goal-setting, and autonomy — and emphasizing their ability to impact their mental health can reduce the stigma of seeking help for mental illness, improve their outlook, and motivate their cooperation with treatment (Seidler et al., 2016). Likewise, referring to therapy as "coaching" and treatment as a way to "regain control" of their mental health (Emslie et al., 2006) allows AYA males to ask for and accept help without jeopardizing their masculine identities (Robertson et al., 2015). Given that many boys and men view "doing" and problem-solving as empowering (Robertson et al., 2015), AYA males may also be encouraged to know that depression is something that can be managed and treated, instead of a permanent condition (Berger et al., 2013). In sum, introducing multiple, fluid masculinities to challenge and replace narrow, fragmented, and often harmful constructions of masculinity enables AYA males to become more proactive in addressing their mental health needs while also preserving their manhood (Seidler et al., 2018).

Framing mental health care in terms of masculine strengths — like responsibility, goal-setting, and autonomy — and emphasizing their ability to impact their mental health can reduce the stigma of seeking help for mental illness, improve their outlook, and motivate their cooperation with treatment

Expand the Social Support Network of AYA Males

Social support can help to alleviate the risks for and effects of depression by fostering positive identity formation, particularly among marginalized groups (APA 2018b; Davis & Stevenson, 2006; Mandara et al., 2009; Patil et al., 2018; Rogers et al., 2015), healthy resistance and resilience in response to racism and discrimination (Stein et al., 2016), and the kinds of emotionally close relationships that have been linked to both mental and physical well-being (Resnick et al., 1997; Way, 2011). Just about any group activity — such as clubs, sports, and other extracurricular activities — can be structured to build community and offer opportunities for AYA males to share how they are feeling, bond with each other, enhance their self-esteem, and develop their sense of having a valued male identity (Ehrmann & Jordan, 2011; Robertson et al., 2015; Wilkins, 2015). Less traditional venues can also help to connect AYA males to social support and information about mental health. For example, one program focuses on barbershops as a mediary and, by training barbers in active listening and empathy, has had success in helping Black men better understand mental health and feel more comfortable talking about mental illness (Daniel, 2019).

Expanding the network of people on whom AYA males can rely for social support also increases the number of people who might

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notice their emotional distress and check in with them. Although only a trained clinician can formally diagnose depression, everyone can play a useful role in recognizing depressive symptoms in AYA males and showing them how to get the help they need. Family members, friends, and acquaintances are usually the most likely to detect something amiss, express their concern to the individual, and refer him to get professional help. However, school personnel — including teachers, coaches, counselors, and the school nurse or psychologist — can also check in regularly with students to show support for their well-being.

To be clear, this is not about training people to offer counseling or treat depression. Rather, the goal here is to educate AYA males and their communities about mental health so that everyone understands when and how to ask for or offer help, and no one with depression is left to struggle on their own.

Healthcare providers in other specialties (e.g., dentists, optometrists) whom AYA males see regularly could also help, for instance, by including a few items on their patient questionnaires about changes in mood and/or simply asking people how they are doing and really listening to their responses. These are small changes that can be easily incorporated. To be clear, this is not about training people to offer counseling or treat depression. Rather, the goal here is to educate AYA males and their communities about mental health so that everyone understands when and how to ask for or offer help, and no one with depression is left to struggle on their own.

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