The Impact of Toxic Masculinity on Adolescent Male's Self-disclosure and Help-seeking Behaviours of Mental Health

by

Dominique Nicole Sorace

A capstone submitted in partial fulfillment of the requirement for the degree of

Master of Counselling (MC)

City University of Seattle

Vancouver, BC, Canada

August 2023

APPROVED BY:

Dr. Bruce Hardy, PhD, Capstone Advisor, Master of Counselling Faculty

Marisa Lawrence, MC, RCC, Second Reader, Master of Counselling Faculty

School of Health and Social Sciences

Abstract

This capstone aims to utilize previous literature and research on patriarchy, colonialism, traditional norms and gender role expectations, societal expectations, and the existing school system to explain how they all play a role in being key determiners of whether or not an adolescent male between the ages 12 to 18 with mental health issues will self-disclose and engage in help-seeking. This capstone highlights a current gap within our Canadian education system in educating adolescents about mental health literacy and how the current system fails to reinforce positive masculine behaviours. This paper contributes to counselling psychology as it contributes to shifting views and preconceptions about men and adolescent males and their behaviours. The paper also highlights the importance of mental health professionals developing rapport, creating a safe space, and practicing male-friendly counselling within their practice.

Keywords: Gender roles, help-seeking, mental health literacy, self-disclosure, toxic masculinity.

Acknowledgments

To my dearest friend Arthur, this one is for you. You told me to keep going and chase my dreams and that you would always be rooting for me. Look where I am now. I know you are smiling down at me from up above.

To my core four friends at CityU, you have pushed me to become the counsellor I aspire to be. Thank you for being patient, kind, and honest, I couldn't have done it without you.

To Bruce Hardy, my capstone advisor who was patient throughout my writing process and time at CityU, Thank you for all of your help throughout this process.

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Chapter 1: Introduction

The issues surrounding toxic masculinity and the impact that it has on adolescent males aged 12-18 years old will be discussed in this chapter as an ongoing matter that affects their ability to self-disclose and engage in help-seeking behaviours for their mental health issues. This chapter will also highlight how toxic masculinity can be addressed within the educational system through mental health literacy and how counsellors and teachers can practice and reinforce positive behaviours that counter toxic masculinity within society. To explore such a topic in a meaningful way, individuals must be able to understand its relevance and purpose, scholarly context, and theoretical framework. To address any potential countertransference and bias, I will situate myself by including a personal positioning statement to help readers understand my worldview and perspectives on the importance of this issue. I will also offer a summary of how my topic can contribute to the field of counselling psychology by shifting our views and narratives about adolescent males, the way that counsellors work with them, and how teachers and the educational system can approach and contribute to developing mental health literacy to reduce prevailing stigma and attitudes that adolescent males encounter within society. A definition of key terms and an outline of the remainder of the paper will be presented at the end of the chapter.

Overview of Topic

Adolescence is often the most confusing time of a boy's life (Pollack, 1998). When I utilize the word *adolescence,* I am referring to those who fall between the ages of 12-18 years old. Young men often try to develop a unique sense of identity and self while being influenced by societal gendered expectations. Mental health is critical in both adolescence and young adulthood (Rickwood et al., 2014). In young men among the ages 12 to 18 years old, there is an

increase in mental health issues. It has been found that adolescent males have low rates of professional help-seeking, knowledge, and awareness of mental health resources compared to other demographic groups (Rickwood et al., 2014). This is due to the influence of toxic masculinity on their gender identity.

Toxic masculinity heavily impacts adolescent males when shaping their overall gender identity, which corresponds to how they learn to assert what is male or female based on social cues and environmental reinforcement (Marasco, 2018). Toxic masculinity is a social influence consisting of traits and behaviours that one finds detrimental to oneself and others within society (Marasco, 2018). Toxic masculinity is a repressive expression of manhood that is defined by power, status, toughness, and emotional inhibition (Neumann, 2020). Adolescents learn that preserving their toughness and strength is forefront and that emotions are a sign of weakness. The effects that toxic masculinity has over time cause shame, fear, anxiety, and role confusion for males as they often are torn between preserving their toughness and revealing their true emotions and feelings. The early influence that toxic masculinity has on adolescents and the expected gender identity they are supposed to uphold will impact their self-disclosure of mental health and willingness to seek help.

Self-disclosure is the process of sharing information about oneself with others (Mobasser et al., 2019). Self-disclosure of one’s thoughts and emotions helps foster feelings of liking, care, and trust with other people that facilitate closer relations. Adolescent males are less likely than adolescent females to engage in self-disclosure due to the prevailing stigma of weakness, which leads them to mask their emotions and avoid help-seeking behaviour (Clark et al., 2018). Lack of mental health literacy due to toxic masculinity is another factor influencing adolescent males' willingness to seek help and self-disclose (Rickwood et al., 2014). Mental health literacy can be

defined as an individual knowing available services, and symptoms, and knowing when it is time to seek help (Rickwood et al., 2014). Many adolescent males lack experience in seeking professional help and identifying and disclosing their emotions due to toxic masculinity and the fear of losing their social status. Instead, they base their understanding on prevailing stigma and stereotypes.

Mental health literacy is something that should be taught as its need is growing within society, especially for adolescent males where toxic masculinity has a high influence (Rickwood et al, 2014). It is imperative that within early adolescence, these skills are attained so that they are embedded as the adolescent continues throughout their early adulthood. Since school-based educational programs are most common in promoting knowledge to youth, utilizing psychoeducation throughout the school system would help ratify mental health literacy and ultimately improve the self-disclosure of adolescent males' mental health. Psychoeducation is an intervention that provides information, educational materials, feedback, and advice (Donker et al., 2009). Psychoeducation is an effective tool for providing information on treating and preventing mental health. My study aims to develop a psychoeducational program that will educate adolescent males on the impact of toxic masculinity and increase their awareness and knowledge of mental health symptoms and available resources around them.

Research Question and Purpose Statements

The purpose of this study is to explore how toxic masculinity has an impact on adolescent males aged 12 to 18 years old in their self-disclosure and help-seeking behaviour of their mental health. It is guided by the following research statement: *Toxic masculinity has a prevailing impact on adolescents aged 12 to 18 years old in their disclosure and help-seeking behaviour of mental health but can be reduced by providing psychoeducation on mental health literacy.*

Specifically, my research focuses on four different purpose statements that support my initial research statement. My first purpose statement is to explore how toxic masculinity has an impact on adolescent males aged 12 to 18 years old. My second purpose statement is to explore what influences self-disclosure and decreased help-seeking behaviour of mental health services among adolescent males aged 12 to 18. My third purpose statement is to determine whether mental health literacy increases adolescent males' self-disclosure and help-seeking behaviours. My fourth purpose statement is to use the research gathered to develop a psychoeducational program that will educate adolescent males on the impact of toxic masculinity and increase their mental health literacy about mental health symptoms and resources ultimately leading to an increase in help-seeking behaviour and self-disclosure.

Theoretical Framework

My proposed research statement and supplemental purpose statements are enhanced by the theoretical root of social constructivism. Lev Vygotsky coined social constructivism which proposes that humans are active participants in creating their knowledge (1968, as cited in Schreiber and Valle, 2013). Vygotsky claims that social and cultural settings are in which learning mainly takes place. Social constructivism emphasizes the importance of dyads and small groups in influencing one's knowledge and learned behaviours. For example, students primarily learn through interaction with their peers, parents, and teachers. Social constructivism claims that an individual's level of understanding is heavily dependent on interpersonal interaction and daily discussions in which successful learning and teaching is taking place. My research is entrenched in social constructivism as my research focuses on the influence of toxic masculinity and how the learned behaviours from it influence adolescent males' self-disclosure and help-seeking behaviours for their mental health issues. My research also emphasizes the importance of

teaching adolescent males and teachers about mental health literacy and how teachers can successfully introduce a discussion and lesson about it within their classrooms through the use of psychoeducation.

Contribution to the Field

Toxic masculinity has had a drastic influence and spread rapidly throughout the 21st century. Toxic masculinity was first introduced in the early 21st century, and its use of term peaked in popularity in the 1990s (Harrington, 2021). In their research, Harrington (2021) found that what is often ignored about the use of the term toxic masculinity is that it negatively portrays men. Specifically, individuals tend to associate certain behaviours and attributes with toxic masculinity, which oftentimes displays men as perpetrators and subject to criticism for harmful behaviours that they cause against others within society. From a young age, men are conditioned to adhere to these norms, standards, behaviours, and attributes, while unconsciously being aware of the harm they may cause them later. From a counselling point of view, this suffices the idea that young men who are conditioned to preserve their toughness by lacking their emotional display may then have a hard time discussing and self-disclosing their thoughts and feelings when suffering from their mental health issues. Research by Clark et al., (2018) and Seidler et al., (2018) found that over time, toxic masculinity leads to lower rates of self-disclosure and help-seeking amongst young adolescent males who have mental health concerns. Eventually, toxic masculinity can have harmful impacts on adolescent males' overall physical and mental well-being which is why it is important to address its impact within society. Addressing the impact that toxic masculinity has on adolescent males aged 12-18, can encourage positive masculinity within society and the school system. From a counselling perspective, becoming conscious of the detrimental effects that toxic masculinity has can encourage more male-friendly

counselling amongst clinicians. Counsellors can integrate and utilize male-friendly counselling by promoting men's mental health and fighting against the stigma with self-disclosure and help-seeking. Research has found that over time, the use of male-friendly counselling will improve the therapeutic alliance and overall treatment outcomes (Beel, et al. 2020). Beel et al., (2020) have found that counsellors engaging in validating and appreciating males' reluctance to disclose is important because it encourages them to disclose their feelings and distress and has been found to ultimately enrich the therapeutic relationship and trust.

Reflexivity and Positionality Statement

My interest and personal connection to mental health, toxic masculinity, and self-disclosure in adolescent males are two-fold: I have worked as an Educational Assistant with adolescent males in the school district for several years, and I have also lost someone close to me to suicide who was a male. Working as a casual Educational Assistant for both West Vancouver School District and North Vancouver School District, I have witnessed multiple patterns of behaviours amongst adolescent males. When working with adolescent males with behavioural problems (ADHD, OCD, ODD), most will keep to themselves and shy away when asked any questions about their thoughts and feelings. Working in the school system, I have also got to experience several health education courses in post-secondary settings. Not once have I seen any discussion of normalizing mental health, the discussion of the term toxic masculinity, education about recognizing symptoms, and information presented about what appropriate resources to contact when in need. From what I have witnessed so far in my role as an Educational Assistant toxic masculinity dominates the gender identity of adolescent males and a lack of proper curriculum or programming that addresses this issue.

It is also important to note that bias may influence my research topic and interpretations as a very close friend of mine took his life a few years ago. When my friend passed away, I was very triggered and upset with society and the effect that gender identity has on men preserving their toughness and masking their emotions. I felt as though he had no one in whom he could confide due to the prevailing stigma that men endure about disclosing their feelings and emotions. Maintaining awareness and acknowledging my beliefs and motivations from my friend's passing is imperative to prevent them from impacting the outcome of this research. Actively engaging in reflection and revisiting my values, beliefs, and motivations may also help counteract potential bias.

Definition of Key Terms

Behaviours

How one acts or conducts themselves, and towards others within society (Uher, 2016)

Colonialism

Colonialism is a domination of power, which involves the defeat of one person by another (Kohn and Reddy, 2006).

Education System

Also referred to as a school system or educational system, the education system comprises law, policies, and regulations; funding, resource allocations, and procedures; administrative offices, school facilities, and vehicles; human resources and staffing; and other contributing elements to the public-school sector (Volante and Jaafar, 2008).

Gender Role

In society, an individual is expected to act, speak, dress, groom, behave, and conduct themselves based on their assigned sex (Money, 1973).

Help-seeking

Help-seeking is the recognition of having a concern about one's health and constitutes an individual seeking assistance and taking actions, one of which is health service utilization such as doctors and therapists (Smith et al., 2006).

Male-friendly Counselling

Male-friendly counselling is a therapy that is customized to males to enhance their treatment engagement, retention, and overall success (Beel et al., 2020).

Mental Health Literacy

Mental health literacy is a term that was introduced in 1997 and can best be defined as an individual's beliefs and knowledge about mental illnesses and how they can utilize their mental health literacy to recognize, treat, prevent, and manage mental illness (Jorm, 2015, p. 53). Mental health literacy is used to increase awareness and attention as gaps of knowledge of mental health remain a significant issue within society and remain a neglected area.

Mental Health

Whether an individual can cope with their everyday life without stress and lack of productivity and be actively engaged within their community (Galderisi et al., 2015).

Patriarchy

Patriarchy is a form of political organization in which unequal distribution of power exists between females and males within societies, in which male's domineered. Specifically, this means that men hold mental, social, spiritual, economic, and political power over women within societies.

Psychoeducation

Psychoeducation is an intervention that provides information, educational materials, feedback, and advice (Donker et al., 2009).

Self-disclosure

Self-disclosure is the process of sharing information about oneself with others (Mobasser et al., 2019).

Stigma

Stigma is a negative stereotype that often occurs from a lack of understanding or fear (Goffman, 1963).

Toxic Masculinity

A set of attitudes gender norms, and behaviours that are stereotypically linked with or anticipated of men (Harrington, 2021).

Outline of the Capstone

The second chapter of this paper reviews existing literature separated into three main themes. The first theme pertains to the historical aspects of toxic masculinity and is supported by subthemes of colonialism, patriarchy, and gender rules and norms. and how it impacts males within society. The second theme focuses on the impact that toxic masculinity has on self-disclosure and help-seeking behaviour and is stayed by subthemes of stigma and shame, attitudes and norms, and the counselling relationship. The third theme centres on increasing mental health literacy within the school system and is followed by subthemes of the impact of limited self-disclosure and help-seeking behaviours due to limited mental health literacy, the relationship between mental health literacy and adolescent's help-seeking behaviour and attitudes, the effect that increasing mental health literacy in schools would have, and the importance of educating teachers about mental health literacy. The third chapter entails a psychoeducational workshop for

educators within the school system to utilize within their classroom to educate adolescent males aged 12-18 about mental health literacy and the impact that toxic masculinity has on it.

Chapter 2: Literature Review

Toxic masculinity profoundly affects adolescent males aged 12-18 with their help-seeking behaviour and self-disclosure of mental health problems. Specifically, this chapter provides evidence of how increasing mental health literacy within the educational system can diminish the impact of toxic masculinity on adolescent males. This is done by increasing their awareness and knowledge of mental health symptoms and resources which then leads to an increase in help-seeking behaviour and self-disclosure.

The literature presented will first examine contributors to toxic masculinity and its effects on society. It will then correlate its relationship with a lack of help-seeking behaviour and self-disclosure of mental health. Evidence-based research has found that the historical roots of patriarchy and colonialism have had an abysmal impact on males over time as they have led to the development of gender roles and norms within society. The literature will then examine the correlation between toxic masculinity and stigma and shame. It will also examine attitudes and norms, the counselling relationship, and limited mental health knowledge. This provides further evidence of how toxic masculinity has significantly impacted adolescent males' self-disclosure and help-seeking behaviour. Finally, literature evaluating the effectiveness of implementing mental health literacy within the educational system will be presented as a current gap exists within the educational system in Canada. Increasing mental health literacy in schools has been linked to a positive correlation between increased help-seeking behaviour and self-disclosure among adolescent males. Highlighting these factors, I propose that by increasing mental health literacy among adolescent males aged 12-18, an increase in self-disclosure and help-seeking behaviour will be increased. occur. This chapter concludes with a synthesis of the research and a discussion of the results with a preview of the application in Chapter Three.

Toxic Masculinity and The Impact of Patriarchy, Colonialism, and Gender

Patriarchy and Toxic Masculinity

Patriarchy has longstanding cynical effects on Western societies. Patriarchism dates to the nineteenth century when it was coined as the earliest system of power dominance between men and women (Facio, 2013). As a form of political organization, patriarchy occurs when females and males have unequal power distribution within societies. Specifically, this means that men hold mental, social, spiritual, economic, and political power over women within societies. Within our generation and culture today, men and women still receive different distributions of power. For example, within society, it is conditioned that men hold most positions of power in government (Facio, 2013); are more often seen as perpetrators of sexual and domestic violence, engage in sexism towards women, and rule most industrial and first responders occupations due to their physique and assertiveness (Batton & Wright, 2018). For example, within society, the criminal justice system in Canada is characterized by an overrepresentation of males that dominate the prison population in which offenders, victims, and workers are predominately male (Batton & Wright, 2018).

When linking patriarchy with toxic masculinity, a positive correlation exists within Canadian culture and society. In their research, Batton & Wright (2018) found that Canada has several gendered institutions which are places in which men developed and controlled. Examples of gendered institutions and roles include police officers, firefighters, and military personnel. Data from Statistics Canada (2020) has found that 80% of men make up policing in Canada, 84% make up the armed forces, and 95.6% make up the population of firefighters, leaving infinite room for women and other genders to enter these professions. Despite the push for equality in the workplace, males still dominate these professions.

Within these male-dominated professions, attitudes and behaviours of toxic masculinity are strongly enforced and practiced. A study by Ashlock (2019) explored whether gender attitudes toward police attitudes change after entering the workforce. Specifically, the study evaluates the idea that male police officers are more conservative in their gender roles than individual males not part of the police force. A cohort of male individuals was compared to men who began their careers as police officers to other men who worked in a traditional workplace. The study found that police officers tended to adhere to naturally assigned hierarchical systems. Specifically, the study found that police officers grasped and further advanced traditional masculine norms and behaviours. Authoritarianism, machismo, aggression, and cynicism were examples of attitudes and behaviours that were also practiced by male police officers.

Furthermore, men are often seen and named perpetrators of sexual and domestic violence, especially toward women. In their study, Krahé (2018), studied how intimate partner violence (physical and sexual) against women places a heavy burden on societies worldwide. Krahé (2018) claims that violence against women is a social construction. Specifically, statistics from WHO measuring 81 countries indicated the mean rate of women experiencing intimate partner violence was 30 percent. Krahé (2018) found that toxic masculinity had a large influence on sexual and physical intimate partner violence toward women. Particularly, the study found that males accept violence linked back to the patriarchal structures of society. These structures create a favourable context for men's violence against female partners. Male dominance such as assertiveness and aggressiveness enforces and sets up an expectation that men must uphold to preserve their toughness and identity.

The literature presented illustrates how patriarchy and toxic masculinity are positively linked to one another. Patriarchy has and continues to have a profound impact on male attitudes, behaviours, and belief systems. The literature also supports my initial research question of how toxic masculinity influences self-disclosure and help-seeking behaviour in adolescent males. Men are conditioned to uphold and preserve their toughness and power within society by allowing themselves to dominate certain professions. They make up most of the criminal justice system's population and engage in violent and sexual acts toward women.

Colonialism and Toxic Masculinity

Within the Canadian context, it is also imperative to address the influence that colonialism and its rootedness had on the development of toxic masculinity. Specifically, systemic structural systems empower toxic masculinity within our societies and structural systems today. In their research, Dirchel (2018) refers to systems contributing to toxic masculinity as colonial narcissism. In this system, self-absorption, arrogance, superiority, and a lack of empathy for others are identified as the core motivators when establishing hierarchical systems. Individuals entering structural systems either join the system or become isolated, especially if they have a distinct point of view. For example, men had the choice to conform to the mainstream structural system or be identified as the odd ones out within society. If you look at society and its structural systems today, White male dominance and power are everywhere. If you look at the power of the court, government offices, and any other institution that houses authority, it will be evident that most people in positions of power are White men.

Further research by Stumer (2019) ratifies the extensive influence of colonialism on toxic masculinity. Stumer (2019) elucidates that colonialism has caused a binary division between the colonizers and the colonized, between the working class and the middle class, between the

middle class and the upper class and so forth. The binary division was used to establish differences, maintain boundaries, and create power hierarchies. Humanity was divided into us and them because of the binary division: us against them. For example, research by Martinez (2019) elucidates this divide between us versus them by studying masculinity within the Latinx community, particularly LGBTQ+ men. Martinez (2019) found that toxic masculinity is influenced by colonialism. In this case, Latinx LGBTQ+ men were shamed for failing to adhere to cultural expectations and traditional masculine norms set out by their structural system. Men were rejected and hostilized by their families and communities.

The above literature demonstrates how colonialism influences toxic masculinity formulation and application. Historically and concurrently, colonialism continues to enforce a structural system in which straight, white men dominate and hold superiority and power above others in society. The literature supports my research question of how toxic masculinity influences self-disclosure and help-seeking behaviour in adolescent males. Men adhere to colonial narcissism in which self-absorption, arrogance, superiority, and a lack of empathy for others rule their structural systems and relationships within society. If men do not adhere to the cultural expectations and traditional masculine norms set out by colonialism and the idea of colonial narcissism, they will experience rejection and hostility from within their family, and community. This creates immense pressure toward conformity and compliance.

Gender Rules, Norms, and Attitudes of Adolescent Males in Society

The impact of gender norms, expectations, and attitudes within society on adolescent males is often underestimated. Adolescence is one of the most critical periods of human development (Blum et al., 2017). It serves as a lifelong foundation for future health and well-being trajectories. Even though adolescence is considered one of the healthiest periods of a

person's life, it is also a period of transition during which many behaviours, norms, and attitudes are acquired.

Specifically, in their research, Blum et al. (2017) propose that gender expectations shape early adolescence worldwide. Blume et al. (2017) conducted the *Global Early Adolescent Study* in which adolescents and parents were interviewed and asked about their understanding of being raised as a girl or boy in their community. Their research concluded that a global set of forces from schools media, parents, and peers reinforce gendered norms, attitudes, and behaviours. Among other things, they discovered that girls viewed themselves as vulnerable, but boys viewed themselves as strong and independent. Their research also found strong evidence for the unequal division of power and effect. They found a common perception of boys as predators and girls as potential targets and victims. Blum et al. (2017) research suggests that because of these gendered norms, attitudes, and beliefs, males will be more likely to engage in and be a part of physical violence. They will also be more prone to substance abuse and suicide. Blum et al., (2017) discuss the impact toxic masculinity has on adolescent males, suggesting further reasoning for their lack of disclosure and help-seeking behaviour.

Amin et al. (2018) found that adolescent boys endorse and are shaped by masculinity norms and attitudes and that gender influence is often ignored. Adolescent boys are likely susceptible and vulnerable to adopting unequal or stereotypical attitudes related to their masculinities. In their research, Amin et al. (2018) build on historical findings and bring attention to masculine norms endorsed in early adolescence. They found that young adolescents adhere to norms related to physical toughness, autonomy, and emotional fortitude. Their research further found that while adolescent males may be willing to adopt and display more feminine traits, they are guarded by their social barriers in which the fear of mockery and

shame and stigma from their peers and society dominate their control. Amin et al. (2018) research validates my initial research question. It further demonstrates the power that toxic masculinity has on shaping adolescent males' attitudes and behaviours when it comes to being vulnerable and seeking emotional support.

Interest in the adherence to stereotyped male gender roles norms, attributes, and identity, and the connected influence that they have on the internalization of behaviours and social support is growing. In their study, through systemically reviewing 29 articles and drawing common associations Exner-Cortens et al. (2021) discovered that internalization of behaviour problems and lower social support was associated with more significant endorsement of male traits and allegiance to stereotypical roles of gender. The most predominant theme revealed among their systemic reviews was emotional restriction (a gender rule norm) and higher rates of mental health consequences in terms of depression and self-esteem. Boys' adherence or rejection of stereotypical gender masculine norms was determined by their adherence or rejection to current beliefs. Another common theme found in the studies was the policing of masculinity. This was something adolescent males commonly did to minimize their emotional expressivity among their peers. This was to uphold gender role norms of stoicism, strength, control, and independence. Adolescent boys downplay and conceal physical and psychological symptoms to conform to masculine norms in front of their peers. The last common theme found was institutional expectations for masculinity in which school systems and other institutions model and determine acceptable behaviours. Hierarchy, power, and privilege were practiced within these systems. Emotional connectedness and expression were restricted by institutional expectations resulting in males endorsing stoicism and toughness. The three themes found in Exner-Cortens et al. (2021) show how toxic masculinity and gendered expectations

influence adolescent males' emotional restrictions and willingness to seek help for mental health concerns. This is due to the fear of losing their gendered identity and failure to abide by traditional masculine norms.

Adolescent Males' Self-Disclosure and Help-Seeking Behaviour

Barriers to Help-Seeking and Disclosure due to Stigma, Shame, Attitudes, and Norms

To avoid stigmatization and shame within society and from peers, adolescent males will often conform to what they perceive as normal and are reinforced by their social and structural systems. Stigma and shame play a key role in determining whether adolescent males will seek help and disclose their emotions and thoughts. Research by Grice et al. (2018) provides evidence of a strong relationship between stigma and self-disclosure. Their research investigated stigma as a factor that leads to an individual's decision whether to unveil or mask their mental health outside of the workplace. They found a strong correlation between perceptions of internal stigma and secrecy. Specifically, individuals were worried about the response from others and stated that they would feel stupid, weird, or crazy, and fear negative judgment. They also feared potential gossip, awkward questions, personal reputation costs, and receiving special treatment. Grice et al. (2018) research shows how stigma can profoundly impact one's likelihood of self-disclosing mental health issues.

In their study of self-disclosure intrinsic value in adolescents, Mobasser et al. (2019) investigated whether developmental differences between adolescent males and females occurred in their intrinsic value of self-disclosing to a target audience versus others due to the fear of stigma and shame. They concluded that male adolescents exhibited less overall value for self-disclosure than female adolescents and preferred to self-disclose to their peers and someone they did not know. It was also found that adolescent males who chose to self-disclose had less deviant

peer affiliations and engaged in less substance use, proving that self-disclosure can protect against maladaptive developmental outcomes such as severe mental health issues. Mobasser et al. (2019) provide evidence of a correlation between lack of self-disclosure and significant mental health issues among adolescent males which supports one of my initial hypotheses of how toxic masculinity impacts self-disclosure in adolescent males.

Previous research has also found that men perceive barriers to help-seeking when experiencing depression. In their study, Rice et al. (2020) studied a longitudinal sample of 117 Canadian men and their barriers to mental health help-seeking and self-reported depression symptoms. Out of 100 %, 51.3 % of the sample stated that they have historically engaged in counselling or psychotherapy. Only 8.5 % will concurrently engage in professional mental health support. An association between a low likelihood of help-seeking and men's reluctance to disclose emotional symptoms to their physician or doctor was established. They found a tendency for self-reliance and that men would rather disengage and solve their problems without support to avoid potential stigmatization and shame. Rice et al. (2020) research supplements my initial research question as it shows how toxic masculinity can influence men's resistance to self-disclosure and engagement in help-seeking behaviour from a mental health professional and shows how both stigma and shame play a significant role.

In their research, Clark et al. (2018) supplement Rice et al. (2020) research as they explored barriers to help-seeking of those with symptoms of clinical anxiety among a sample of 29 Australian adolescent males. Anxiety disorders are often the most common mental health disorder found in adolescents and are associated with an increased level of weakness rather than sickness, compared to other mental health disorders (Clark et al., 2018). It was found that the primary barriers experienced by adolescent males to engage in help-seeking behaviours included

stigma about adhering to masculine norms and experiencing a sense of shame by having to express emotions when engaging in help-seeking. Specifically, most of the sample of adolescent males attributed mental health as a secret or hidden problem that engaging in help-seeking puts them at risk of bullying or exclusion from their peers. The sample also discussed the potential embarrassment if they had to leave the classroom to speak to the counsellor. They also discussed the fear of being seen in a counsellor's office in a public setting. The sample further explored their views of help-seeking behaviour and stigma as they seek help, that seeking help would conceptualize them as weak and not macho, risking comprising their social status. Fear of being confronted by emotion and shame was present. In addition, the fear of an intense negative experience may occur because of speaking about their emotions and emotional problems to a mental health professional. Several participants of the sample disclosed lying to school counsellors and mental health professionals due to their emotions feeling too personal or intrusive to disclose. Although they recognized they needed emotional support. Clark et al. (2018) concluded that adolescent males lack information about the actual benefits or the experience of engaging in treatment and receiving help and that they fear experiencing stigma and shame. Clark et al. (2018) research provides evidence of how stigma and shame influence adolescent males' willingness to engage in help-seeking regarding their mental health concerns and how providing information about the benefits of seeking health may influence their likelihood to engage in treatment and obtain mental health support.

Recent research by Radez et al. (2021) conducted a review discussing barriers that adolescents under 18 years old experience when seeking and accessing help for their mental health. They found that adolescents' social factors and systemic and structural factors were two key identified themes among the 53 eligible studies examined. In 76 percent of the studies,

perceived stigma experienced and/or anticipated embarrassment because of sharing, related to lack of help-seeking behaviour. Radez et al. (2021) study highlights potential ways to improve access to treatment among adolescents struggling with mental health difficulties. One suggestion is to minimize the perceived mental health stigma adolescents endorse through large-scale public initiatives and psychoeducation to improve young people's mental health and help-seeking literacy. Radez et al. (2021) complement my initial research question of how implementing mental health literacy and psychoeducation can help reduce the potential stigma and shame experienced among adolescents when discussing their mental health concerns.

Adolescent males' attitudes about help-seeking behaviour are linked to toxic masculinity. In their study, Maher (2022), examined the effects of adherence to traditional masculine norms on adolescent males' mental health and help-seeking behaviours utilizing two scales: The Mental Help Attitudes Scale and The Conformity to Masculine Norms Inventory. More mental health issues are prevalent in males to conform to masculine norms and are also less likely to seek help. Maher's (2022) research studies a population of 67 Irish adolescent males and centres on whether heterosexual representation, self-reliance, and expressive control, impact help-seeking behaviour. Their study concluded that men still face stigma and ridicule over expressing their emotions as Western society feminizes them. There was a strong correlation found between the samples, as the samples' scores revealed that the more, they conformed to masculine norms the less they were willing to engage in help-seeking behaviours. Their study also found that self-reliance was the strongest predictor of lack of help-seeking behaviour based on adolescent males' scores. The results of their study show a positive relationship between toxic masculinity and the impact it has on help-seeking behaviour amongst adolescent male youth with mental health issues.

In a previous study by Liddle et al. (2011) attitudes about mental health and help-seeking among adolescent males were also studied. Their study aimed to explain the unmet need adolescent males face when discussing mental health problems and measured their help-seeking attitudes. A sample of 361 adolescent males in Australia aged 12 to 18 was used to test 16 different items. The results of the study revealed a four-factor structure: social distance, stigmatizing attitudes, confidence in accessing information, and psychological distress. Liddle et al. (2011) found that items related to social distance (societal stigma) had the strongest correlation with recent contact with a mental health patient; attitude toward help-seeking was most closely correlated with intention to seek help; stigmatizing attitudes were most closely correlated with knowledge about mental health. Their research suggests that facilitating help-seeking among adolescent males should focus on targeting attitudinal and practice barriers by promoting awareness of the mental health system. Liddle et al. (2011) findings endorse my initial research question as it provides further support for implementing mental health literacy to counter existing negative beliefs and attitudes that adolescent males endure about help-seeking for their mental health concerns.

Lack of Self-disclosure and Help-Seeking Due to the Counselling Relationship

Whether an adolescent male discloses or engages in help-seeking behaviour greatly influences whether they feel comfortable and safe enough to attend to and participate in their counselling relationship with a clinician. Previous research has found that victim-blaming is one of the most powerful factors determining male participation in counselling and behaviour within the counselling relationship (Whitley, 2018). Victim-blaming refers to how a clinician places the onus of an illness on the illness-bearer's lifestyle, behaviours, attitudes. Several scholars suggest that practitioners often utilize a deficit-based approach that emphasizes victim-blaming men.

For example, attributes of a male's health concern and its causes are associated and generalized based on men's attitudes and behaviours. In Canada, the University of British Columbia has discovered that many men under-use mental health services as they think that they are primarily set up to treat women and are inherently feminized (Kealy et al., 2021). Whitley (2018) examined research by Blisker et al.'s (2010) found that men prefer male-specific mental health programs and that different modalities should be utilized for healing. Blisker et al. (2010) argue that men should have more choices to make counselling male-friendly and responsive to men's needs. One example of this is allowing men to create different healing modalities that build on their strengths. Whitley (2018) and Blisker et al. (2010) research conveys how victim-blaming inducted by mental health professionals can hurt men's likelihood to self-disclose and seek support, which is why allowing men to have a choice in their treatment and practicing male-friendly counselling is necessary.

Limited research exists on gender-sensitive therapies for boys and men and what works for them within the mental health system. Robertson et al.'s (2015) found new evidence and knowledge about key fundamentals that make working males with mental health issues and getting them to engage in early intervention more successful. One of the key findings they uncovered is that the settings in which interventions take place are crucial to the creation of a safe space for boys and men to self-disclose. They discovered that certain settings appealed to certain groups of men/boys. For example, younger boys preferred engaging in a school setting, young and middle-aged men preferred participating in physical activity settings and virtual settings and working-aged men preferred participating in workplace settings. Men and boys participating in the right setting can reduce mental health stigma and discrimination. This makes them more likely to engage in therapy and self-disclosure. It was also discovered that

interventions should take a positive approach with male positivity being crucial to obtaining sustained engagement and involvement from boys and men. Early intervention also reduced stigma and promoted engagement among men and boys. Robertson et al. (2015) research exemplifies the importance of gender-sensitive therapy and male-friendly counselling in determining whether an adolescent male will participate in and feel comfortable enough to self-disclose counselling and other help-seeking behaviours.

When counselling adolescent males, hegemonic masculinity is often underappreciated as it influences the counselling relationship. Hegemonic masculinity refers to certain features, personalities, and behaviours that align with and demonstrate the appropriate and acceptable behaviours of adolescent boys and men (Marasco, 2018). Toxic masculinity is part of hegemonic masculinity, emphasizing traits and behaviours harmful to the self and others. Marasco (2018) claims that clinicians must consider both hegemonic and toxic masculinity. This can impact both the counselling relationship and the way boys and men perform within it. For example, Marasco (2018) suggests that a clinician's gender identity is a crucial factor to consider and that a male clinician may be able to offer a better perspective of what it means to be a man. He may also be able to model positive masculinity for their clients. The male clinician can share their perspectives, experiences, and knowledge of hegemonic masculinity using self-disclosure by sharing their different emotions and providing psychoeducation. By modelling self-disclosure and the expression of emotions the male/boy may be able to understand and modify their socially constructed nature of masculinity. Marasco (2018) also suggests that women counsellors can have a positive impact on challenging adolescent boys' and males' beliefs and behaviours rooted in misogyny. They can instead model and teach appropriate interaction with women in a prosocial way. The female clinician may point out misogynistic terminology or language that the

client is using or unaware of. She may also model self-disclosure in which the female clinician discusses how misogyny impacts women. An example of this may be how a male client says that feeling upset is for girls. The female clinician may then question their beliefs and perspectives. The research by Marasco (2018) suggests how the role and gender of the clinician have an impact on a boy and male's self-disclosure, understanding, and engagement within their counselling relationship with their clinician. Marasco (2018) highlights how toxic masculinity impacts an adolescent male's self-disclosure and help-seeking behaviour and how providing psychoeducation and challenging boys' and males' misogynistic beliefs have a positive correlation to enhancing their self-disclosure and interaction within the counselling relationship.

To better understand adolescent males' experiences and participation in therapy and the counselling relationship, Marotti et al. (2020) conducted a study exploring 5 male adolescents aged 16 to 18 who participated in short-term therapy with depression. Most of the sample revealed that talking through overwhelming feelings and problems was difficult and uncomfortable, especially when reminiscing. The sample realized that self-disclosing was challenging but helped them gain understanding as therapeutic methods helped them process and confront their painful past experiences and understand their emotions. The sample stated that they felt the therapist's stance allowed them to reflect in a way they described as non-judgmental and accepting which helped them feel more understood and facilitated their ability to reflect. Those in the sample reported that the duration, frequency, and length of therapy sessions were frustrating to them, and they wished they could obtain more therapeutic resources during therapies. This made them realize the importance of therapy, the need to use it judiciously, and how it is a helpful and relieving experience. Marotti et al. (2020) research how exposure to therapy, psychoeducation about therapy, and creating a safe space for therapy to commence are

central for adolescent males to participate in psychotherapy and self-disclose their emotions without the fear of stigma and submitting to toxic masculinity.

Increasing Mental Health Literacy

Barriers to Help-Seeking and Self-disclosure Due to Limited Mental Health Literacy

Mental health literacy is a term introduced in 1997 and can best be defined as one's knowledge and beliefs about mental illness and how it can help in future recognition, treatment, prevention, and management (Jorm, 2015, p. 53). Mental health literacy is utilized to increase awareness and attention as gaps in knowledge of mental health remain a significant issue within society and remain a neglected area. Jorm (2015) summarized Australian research and papers published. He found common themes about what is currently known about mental health literacy and what still needs to be addressed. One of the common themes found was that mental health disorders are not well recognized by people and society. This has been found to lead to delays in obtaining help and inappropriate help-seeking behaviours. It was also found that first aid skills for helping someone with mental health symptoms are deficient. How an individual responds to someone experiencing a mental disorder or mental health crisis impacts whether they seek professional help. In addition, they will feel supported by their social network. Support is crucial in adolescents when they first develop a mental health disorder due to the stigma that they endure. Jorm (2015) suggests that more research and various pieces of evidence are needed to show whether improved mental health literacy impacts people's help-seeking behaviour and whether mental health literacy improves overall mental health.

Furnham and Swami (2018) conducted a nonsystemic review of studies on mental health literacy to show individuals, policymakers, and practitioners how a lack of mental health literacy can impact poor rates for help-seeking mental disorders. It was found that individuals had

difficulty being able to label and recognize mental health issues. Being unable to identify symptoms and use correct mental health labels can negatively impact one's help-seeking behaviour for their psychiatric symptoms. Such issues can also affect communication with mental health practitioners who are known for their ability to diagnose, recognize, and treat mental health symptoms. This is if they are expressed in psychological rather than somatic terminology. The nonsystemic studies that Furnham and Swami (2018) analyzed measured their random sample's capability to identify mental health disorders by using case vignettes. Participants often failed to identify the correct problem and mental health disorder, with only 40% able to correctly identify the mental disorder. The findings from Furnham and Swami's (2018) nonsystemic review illustrate the importance of mental health literacy in which substantial education and familiarity are needed to enhance help-seeking behaviour among individuals and identify symptomology within themselves and those around them.

Adolescent males ongoingly struggle with mental health as evidenced by high rates of violence, substance use, conduct disorder, and suicide. Rice et al. (2018) conducted a review of previous literature and found that poor mental health literacy was a key social determinator leading to an increase in mental illness among teenage boys. Compared to teenage females, adolescent males struggle to recognize their mental health symptoms and have lower rates of mental health literacy. This reduces symptom management and help-seeking behaviour as they cannot access appropriate help when needed. Among school-aged adolescents, it was found that compared to females, males are less likely to correctly label depression-based case vignettes, are less likely to express concern over a peer experiencing depression and endorse less confidence when recognizing symptoms of depression. Emotional competence was another complicating factor regarding adolescent males' mental health literacy as adolescent males are less likely to

recognize and identify different emotional states and struggle when disclosing emotionally. Rice et al. (2018) analysis depicts how low mental health literacy amongst adolescent males leads to a decrease in help-seeking behaviour and self-disclosure of mental health disorders as there is a lack of emotional competence and ability to identify the symptomology of mental illness.

Mental Health Literacy and Adolescent Males Help-Seeking Behaviour and Attitudes

The effectiveness of providing and increasing mental health literacy among adolescent males is undervalued. In their study, Clark et al. (2020) utilized a sample of 1732 adolescent males aged 12-18 years with anxiety to measure their level of mental health literacy and whether masculine norms help-seeking attitudes had an impact. Mental health literacy was measured using anxiety vignettes. Participants had to recognize the symptomology of both social anxiety in the vignette Jack and symptoms of generalized anxiety disorder in the vignette Tony. It was found that participants with increased anxiety and mental health literacy could identify the symptomology. In contrast, those with lower anxiety and mental health literacy acted according to more traditional masculine norms. The study results revealed a positive association between help-seeking attitudes, behaviours, and intentions with increased mental health literacy and decreased mental health literacy with greater alignment with traditional masculine norms was associated with lower help-seeking behaviours, attitudes, and intentions. In addition, mental health literacy also predicted an increase in professional mental health-seeking behaviour by the adolescent male or on their parent's behalf. Clark et al. (2020) study illustrates how providing mental health literacy to adolescent males makes a difference in their attitudes, intentions, and help-seeking behaviour when seeking professional help for their mental health issues.

Mental health literacy programs in schools can enhance youth knowledge, attitudes, and help-seeking. In their study, Wei et al. (2013) conducted a systemic review of the effectiveness of school mental health literacy amongst youth aged 12 to 25 years old to assess whether increasing their knowledge improves help-seeking behaviours and attitudes. Findings from the four eligible studies established a substantial increase in mental health literacy based on participants' test scores. Out of the 21 studies that measured the effectiveness of reducing stigmatizing attitudes, 14 significantly reduced stigma following mental health literacy. The studies that measured actual help-seeking behaviours had mixed results finding that improved outcomes of help-seeking behaviours and attitudes depended on the type of knowledge and mental health literacy presented. Wei et al. (2013) study elucidates that increasing mental health literacy within schools can profoundly affect youth's help-seeking behaviours and attitudes. However, a gap in evidence-based research proving mental health literacy's effectiveness currently exists due to the lack of integration within the school system. It is integral that educators, school administrators, and policymakers know this current lack of research as more interventions and mental health literacy programs should be introduced within the school system. Integrating more mental health literacy programs into the school system can help determine its overall effectiveness. This will help establish a strong foundation for mental health promotion, prevention, and intervention among adolescent males.

Most literature presented thus far has found adolescence is when most mental health disorders arise (Attygalle et al., 2017). There is growing evidence that mental health problems can be transformed through early appreciation and interference by providing adolescents with mental health literacy. Attygalle et al. (2017) conducted a study in which over 1,000 adolescents between the ages of 13 and 16 were assessed for their mental health literacy after receiving

psychoeducation. The results of the study indicated that most adolescents 82% could recognize a mental health problem in an individual with depression symptoms. This was followed by 68.7% in an individual with psychotic symptoms, and 62.1% in an individual with social anxiety symptoms. Most adolescents suggested that an individual with symptoms of depression, psychosis, and social phobia would benefit from treatment and improve after receiving help. Attygalle et al. (2017) study demonstrates how increasing mental health literacy amongst adolescents is impactful as the sample was better able to recognize the symptomology of mental health problems and know when to seek help from professionals.

Increasing Mental Health Literacy in Adolescents at School

Programs within the school system need to be developed to promote mental health literacy as a lack of it currently exists based on adolescents' ability to recognize somatology and engage in help-seeking behaviours. Nobre et al. (2021) conducted a study mapping the structure and context for producing effective programs and interventions that endorse mental health literacy among students aged 10 to 19 in school settings. Nobre et al. (2021) findings suggested that mental health literacy focuses on educating the different types of mental illnesses, their symptoms, and management, and focuses on breaking the current stigma and myths that get in the way of help-seeking. Programs and interventions are recommended to be taught by adolescents ‘teachers in a classroom setting in which they have the most exposure. However, teachers' proper education and training in programmes and interventions are integral to their effectiveness. It was also found that expositive, demonstrative, and participative methodologies based on contact (direct and indirect) and informational strategies were most effective when teaching adolescents methodologies. Nobre et al. (2021) findings demonstrate the importance of utilizing the school system and educators

to educate adolescents about mental health literacy using specific methodologies, interventions, and programs.

Other supportive interventions improve mental health literacy among adolescents. Seedaket et al. (2020) found two school-based interventions that were effective in improving mental health literacy in adolescents: education stand-alone and education plus contact-based group intervention. Education stand-alone emphasizes educating about mental illness and available mental health resources for adolescents. Seedaket et al. (2020) concluded that implementing a curriculum guide was an effective education stand-by intervention among Canadian high school students. 6 modules comprised the curriculum guide: the stigma that surrounds mental health, how one understands mental health and illness, different types of mental illness, specifics of mental illnesses, one's experiences with mental illness, help-seeking, and the importance of positive mental health. Education plus contact-based group interventions are designed to foster interaction between adolescents and individuals with lived mental illness and have shown to be highly effective. Seedaket et al. (2020) found that contact-based group interventions effectively increased stigma knowledge and decreased societal stigma among adolescents. Seedaket et al. (2020) research further shows how different methods of educational interventions can be used to promote mental health literacy among adolescents within the school system.

It is imperative to further explore Canadians' approach to how mental health literacy can be successfully integrated into Canadian high schools and their curricula. In their study, Kutcher et al. (2015) measured the generalizability of teaching the *Mental Health and High School Curriculum Guide* to classroom teachers. This guide contains 6 classroom modules. The six modules focus on understanding mental health and wellness, the stigma of mental illness, the

experience of mental illness, understanding psychological disorders and their treatment, seeking help, and finding support, and the importance of positive mental health. Measuring the effects after teaching the *Mental Health and High School Curriculum Guide* to a sample of 114 adolescent students, it was found that their attitudes and knowledge toward mental health improved substantially after engaging in the six modules. The results of Kutcher et al.'s (2015) study further emphasize the importance of integrating curriculum about mental health literacy within the Canadian education system among adolescents.

Educating Teachers About Mental Health Literacy

The development of or worsening of the symptoms of psychological illness is commonly initially observed by teachers and other school personnel. To increase mental health literacy among adolescents in schools**,** educators must first become aware of mental health literacy, why it is critical, and how they can integrate it efficiently within their classrooms. Promoting mental health literacy among Canadian educators is critical when advancing and integrating school-based intervention and prevention among adolescents experiencing mental health issues. Whitley et al. (2013) reviewed the literature on mental health literacy and teachers' perceived preparedness. They also reviewed their approaches to improving mental health literacy in Canadian schools. *The Youth Mental Health First Aid Course* created by Jorm and his colleagues in Australia is Canada's most widely used resource (Jorm & Kitchener, 2011). It educates teachers and school personnel about mental health issues and how to appropriately apply tools when actions need to be taken. *The Youth Mental Health First Aid Course* has been widely used in Alberta and Ontario. It has thus far helped teachers better recognize symptoms of mental health among their students and learn what they can do to help. Whitley et al. (2013) review shows how integral it is to educate teachers and school

personnel about mental health literacy so they can effectively apply it within their classrooms. Whitley et al. (2013) also display current limitations within the school system as a standardized education program about mental health ceases to exist.

Teachers are often placed on mental health care's frontline and responsible for identifying and providing interventions. There is currently limited training given to teachers that aid in meeting the mental health needs of their students. Daniszewski (2013) explored both primary and secondary school Ontario teachers' mental health literacy in terms of their capability to provide context and help to their students. Daniszwski (2013) conducted a survey that measured comprehension, attentiveness, and comfortability levels in caring for students' mental health. Teachers reported being most aware of the range of mental health issues that children and youth experience. However, they were unaware of the necessary steps to find support and resources. It was also found that secondary school teachers placed less importance on mental health support. They were less likely to report taking more action for students 'mental health. Daniszewksi (2013) provides a concise overview of how an inadequate mental health literacy educational foundation exists within the Canadian school system. Further development of curricula is needed to enhance adolescent male well-being, self-disclosure, and help-seeking behaviour.

Mental health literacy practice and integration lie within the upcoming generation of educators. Providing a strong foundation of mental health literacy to teacher candidates during their teacher education program may enhance their ability to support and be prepared for their student's mental health needs. Dods (2016) conducted a study administering a survey was administered to over 375 Canadian teacher candidates. The survey assessed their mental health literacy before beginning the teaching program. It was found that teacher candidates reported

considerable personal and professional experience with mental health before starting their teaching program. They also reported positive attitudes toward mental health and moderate knowledge. However, the results also indicated that the teacher candidate did not feel prepared enough or competent to educate students about mental health and provide mental health support to students. Dods's (2016) study shows the importance of increasing mental health knowledge and providing experience among current teacher candidates within Canadian teacher education programs. This is so that they can gain competency in translating their knowledge and experiences into the classroom setting. According to Dods's (2016) study, developing a proper mental health training course for new teacher candidates is crucial. This is so that they can better aid adolescents in recognizing and reaching out for help for their mental health struggles. More specifically, if the behaviours of toxic masculinity and how it influences adolescent males' mental health, self-disclosure, and help-seeking behaviour are taught in curricula it may enable teachers to recognize and deter those behaviours within their classroom and role model appropriate behaviours instead.

Summary of Findings

The findings from the presented literature support my initial four purpose statements. My first purpose statement about how toxic masculinity impacts male adolescents was highlighted in the literature discussed in theme one. It was concluded that patriarchy, colonialism, and gendered rules, attitudes, and norms had an outstanding impact on the development of toxic masculinity among adolescent males. My second purpose statement of how toxic masculinity influences self-disclosure and help-seeking behaviour among adolescent males is supplemented in theme two as the literature found that stigma, shame, attitudes, norms, and the counselling relationship are two fundamental influences. My third purpose statement of how the utilization of

mental health literacy will increase adolescent males' self-disclosure and help-seeking behaviour is elicited in theme three in which the literature discusses the importance of increasing mental health literacy to dilute current stigma and attitudes about help-seeking behaviour and self-disclosure about mental health. My fourth purpose statement of the effectiveness of educating teachers about mental health literacy as they are the frontline of contact for adolescents within the school system is also elicited in theme three as the literature discussed highlighted the significance of preliminary education amongst teachers and teachers in training and how implementing curriculum about mental health can make a drastic impact.

The literature presented and its representation of my four purpose statements give rise to my fifth purpose statement of how developing a psychoeducational guide to educate adolescent males and teachers about the impact of toxic masculinity will increase their attentiveness and understanding of mental health symptoms and resources and ultimately lead to an increase in self-disclosure and help-seeking attitudes. This fifth purpose statement will be presented in chapter three.

Chapter 3: Summary, Application, Limitations, and Conclusion

Summary

The literature review suggests that currently there is a lack of mental health literacy within the current educational systems in which toxic masculinity among adolescents aged 12 to 18 years old continues to persist and impact their self-disclosure and help-seeking behaviour. The research in chapter two highlights how providing psychoeducation about mental health literacy amongst both educators and adolescent males can decrease the gendered attitudes, norms, rules, and stigma associated with speaking about emotions and feelings. The research underlined in chapter two also suggests that teachers and educators are a powerful force of knowledge and influence as they are often the frontline of contact for adolescents as adolescents tend to spend most of their adolescence at school and build rapport with their teachers over time. Before and alongside adolescent males, teachers and educators are to be trained in and given knowledge about mental health literacy so that an appropriate and effective curriculum can be implemented. This leads to my fifth purpose statement, how developing and implementing a psychoeducational program will improve mental health literacy among adolescent males and educators and reduce toxic masculinity within society over time.

Application

In writing this paper, I intended to provide mental health literacy for adolescent males ages 12-18 years old and educators in the form of a psychoeducational workshop. This workshop will provide adolescent males and educators psychoeducation regarding what toxic masculinity is, how it impacts their emotions and behaviours, and provides increased comprehension of what mental health is, the symptomology, and whom they can reach out to for support. The workshop intends to decrease the stigma and attitudes associated with toxic masculinity and the impact that

it has on adolescent males aged 12-18 years old in their disclosure of mental health and ultimately increase their help-seeking behaviours. A more detailed outline of the psychoeducational workshop can be found in the appendix (Psychoeducational Program Guide).

Workshop Topic Areas

This next section will provide more detail on how to administer the psychoeducational workshop with an approximate timeline per section alongside discussing the different topic areas outlined in the Psychoeducational Program Guide in more detail.

I would suggest administering the psychoeducational workshop with a PowerPoint so that the adolescents and educators will be able to follow concurrently with the information being relayed verbally. I recommend presenting the psychoeducational workshop to educators in a public setting such as within a classroom, a public gym, or recreational center or an open office space. However, I would present this psychoeducational workshop to adolescent males during school hours and take place in a classroom, gym, or large open area as it would increase participation and show-up rates.

Defining Toxic Masculinity

I recommend beginning the workshop by defining what toxic masculinity is so that educators and adolescent males can grasp an understanding of its importance and how it plays a role in impacting adolescent males' attitudes and behaviours. Toxic masculinity is defined in the Psychoeducational Program Guide as “a way of referring to a social influence consisting of traits and behaviours harmful to the self and others”. These behaviours and traits include repressive expression of manhood that is defined by power, status, toughness, and emotional inhibition. Boys and adolescent males learn that preserving their toughness and strength is forefront and that emotions are a sign of weakness. The effects that toxic masculinity has over time cause shame,

fear, anxiety, and role confusion for males as they often are torn between preserving their toughness and revealing their true emotions and feelings. By initiating the workshop with the definition of the workshop, I intend to grasp the attention of its relevance and hope that adolescent males and educators can gain a better understanding.

Importance of Toxic Masculinity

My intent behind this section is to explain to adolescent males and educators why they should care about toxic masculinity and how it plays a significant role over time in an adolescent's development of stigma, attitudes, and behaviours. Specifically, I would begin by highlighting the importance of how adolescence and young adulthood are critical life stages for mental health as between the ages of 12 to 18 years old, and that there is an increasing prevalence of mental health problems that often go undiagnosed and left untreated. I would then go on to explain how young men are at a higher risk of experiencing mental health issues as rates of knowledge and awareness of mental health resources are low and that they report the lowest rates of engaging in professional help-seeking. I would then go on to explain how toxic masculinity impacts the likelihood of adolescent males self-disclosing their emotions and discussing their feelings due to the fear of stigma and being labelled as weak.

How Can We Lessen the Impact of Toxic Masculinity on Adolescent Males in Society?

This next section discusses how the use of mental health literacy can lessen the impact of toxic masculinity amongst adolescent males within society. I would first define mental health literacy. Mental health literacy in the Psychoeducational Program Guide is defined as "an individual knowing available services, and symptoms, and knowing when it is time to seek help for their mental health". I would then discuss how today; mental health disorders are not well recognized by people and society. I would then go on to discuss how the lack of awareness of

mental health disorders whether it be in oneself or others, may lead to delays in obtaining help and inappropriate help-seeking behaviours. I would then provide a statistic stating that several studies have found that first aid skills for helping someone with mental health symptoms are also deficient. I will explain how mental health literacy is utilized such as within the school system amongst educators and provide an example. Lastly, I would discuss the goal of implementing mental health literacy within this current psychoeducational workshop and what it seeks to achieve by breaking existing stigma, norms, and attitudes and instead reinforcing positive masculine behaviours.

Theory of Social Constructivism and Its Relation to Toxic Masculinity

This section of my study goes into more of the historical roots behind how toxic masculinity has been and continues to be integrated and practiced within society. I will explain how the theory of social constructivism plays a part in mental health literacy and encourages toxic masculinity. I would first begin by defining what social constructivism is. Social Constructivism is a theory that claims that human development is socially constructed, and that knowledge is made through through interaction with others (Jorm, 2015). Learning will often take place in social and cultural settings rather than sole interactions. Social constructivism emphasizes the importance of dyads and small groups in influencing one's knowledge and learned behaviours (i.e., in a classroom setting). I would then go on to explain how social constructivism drives toxic masculinity as adolescent males learn through interaction with their peers what is socially acceptable and not.

So, What is Mental Health?

This section dives deeper into the realm of mental health and what it is. I would first define mental health utilizing the definition stated in the Psychoeducational Program Guide. I

would then explain mental health such as how it enhances our capacity to appreciate life, face challenges and stressors, and make healthy choices.

What are Mental Health Problems?

This section defines what a mental health problem is so that adolescent males and educators can recognize its impact. I would explain a mental health problem as a clinically significant disturbance (cognitive, emotional, behavioural, etc.) that interferes with one's enjoyment of life and interactions with society and within the environment. I would then explain in further detail some examples such as not wanting to get out of bed or being able to concentrate on schoolwork.

What is a Mental Illness?

This section defines what a mental illness is and provides examples. I would start by defining a mental illness as a condition that affects an individual's thinking, feelings, mood, or behaviours. I would then go on to provide different examples of such mental health disorders as listed in the Psychoeducational Program Guide. A lot of these disorders may be unknown to both adolescent males and educators so I would stop and ask if there are any questions or if anyone would like them to be defined further.

What are the Symptoms of Experiencing a Mental Illness?

This section emphasizes the importance of being able to recognize when one needs help. The purpose of this section is to provide different examples of symptoms so that adolescent males and educators can recognize when a mental illness may persist. Here, I will go through the different symptoms as defined in the Psychoeducational Program Guide. I would then pause here and ask if there are any questions as some people may have never experienced some of these symptoms before.

Specific Symptoms of Mental Illnesses

In this section, I delve deeper into specific symptoms of two of the most common mental illnesses experienced within society: anxiety and depression. Before explaining the symptomology behind anxiety and depression, I would discuss how prevalent it is within society and among adolescents to reduce some of the stigmas that individuals may have around it. I would then go on to explain the symptoms of anxiety. I will then go on to explain the symptoms of depression. After discussing anxiety and depression, I would ask if there were any questions before moving on to the next section.

Mental Health Self-check Tools

This section provides several self-check tools online that adolescent males can utilize if they feel they are experiencing symptomology of a mental illness. I would go through each online resource one by one, starting with HeadsUpGuys **(**HeadsUpGuys, 2023), CMHA Mental Health Meter (CMHA National, 2023), Canadian Men's Health Foundation (Canadian Men's Health Foundation, 2023), and then Man Therapy 20 Point Head Inspection (Men's Mental Health Assessment- Head Inspection, n.d.). While going through each self-check tool, I would physically click on the link that is provided and visually show how to find and utilize the self-check tool.

Is it Normal to Experience Mental Health Issues?

The purpose of this section is to provide evidence that breaks the prevailing stigma surrounding the weakness of self-disclosing and engaging in help-seeking for mental health issues. I would go through each statistic one by one and explain the relevance and importance of each statistic. I would then pause and ask if anyone has any questions about what had been stated before proceeding,

What Happens If I Do Not Seek Help?

This section emphasizes the dangers of not engaging in help-seeking behaviour and what happens if a mental illness is left untreated over time utilizing statistics and psychological academic literature. I would go through each danger one by one and reiterate the importance of help-seeking and self-disclosure. I would ask if anyone had any questions before proceeding.

Who Can I Speak to About My Mental Health?

In this section, I would ask the audience first to think about who they trust and confide in. I would then ask the audience to think about whom they may feel comfortable talking about their feelings and worries. After a few minutes of self-reflection, I would then name the list (family, friends, teachers, trusted adult, doctor, counsellor, social worker, The Canadian National Suicide Hotline).

Resources

This last section lists different online websites, therapeutic supports, and apps that are available and approachable for adolescent males to contact if they feel they need help. I would first go through the different websites and specify whether or not they are anonymous. I would click on each website to show what they are and how to navigate them. I would then go on to discuss the different therapeutic supports and state whether they are readily available, free, or require a referral by a doctor. I would also mention that there are other supports available such as private practice and would suggest that the adolescent ask a guardian if they have insurance. I would then go on to discuss different apps that are readily available as a support system and describe each of the app's purposes. I would then end the workshop by asking if there were any questions or concerns. I would also put contact information at the end of the workshop in case anyone has any questions down the road or needs help finding support.

Limitations

In researching and writing this psychoeducational workshop, I became aware of some limitations that may impact its effectiveness. First, I understand how it may be difficult for educators to get their students to engage or be attentive to the workshop due to shortened attention span and reluctance to participate due to potential social anxiety, prevailing sigma, adherence to attitudes and norms, or disinterest. Educators must keep these factors in mind when introducing the workshop and plan before implementation by creating ways to combat or reduce these factors (visuals, engagement, prizes, etc.). Another limitation that I became aware of is the retention of information. Oftentimes, people will listen to something and forget about it shortly after, especially if they are disinterested, avoidant, or have memory inhibition. The educator must make the psychoeducational workshop accessible and readily available to students and incorporate reiterating and practicing the information provided to refresh the minds of adolescents.

Another limitation that I became aware of throughout writing my capstone was the lack of literature and research in areas such as the long-term effects of toxic masculinity on mental health and the effectiveness of providing a school-based curriculum on toxic masculinity. Finding out the long-term effects of toxic masculinity would be useful to educate adolescent males on what may happen if they negate their feelings long-term. Knowing the long-term effects may encourage adolescent males to disclose and engage in help-seeking behaviour. Previous research on how implementing a school-based curriculum on the effects of toxic masculinity may have also been beneficial to further ratify the implementation of the psychoeducational workshop I illustrated. If both topics were further studied and reported, it would have provided significant evidence for my proposed purpose statements and research

question and given a better insight into how my proposed psychoeducational workshop would be effective in integrating within the Canadian educational system.

My Hopes After Integration of the Psychoeducational Workshop

I am hopeful that the information provided within the psychoeducational workshop can be applied and integrated effectively among educators and adolescent males. I hope that collectively and collaboratively, different educators in the Canadian educational system will learn and be motivated to challenge toxic masculinity within their classrooms and create a safe space where adolescent males are aware that they can seek help if they need to and come to realize that emotions are not a bad nor feminine thing to experience. What I strive to see in the near future is the integration of positive masculinity in which adolescent males aged 12 to 18 years old continue to break toxic masculinity norms, attitudes, and expectations about mental health, emotions, and feelings. I hope to see more adolescent males practice engagement in self-disclosure and help-seeking behaviours while knowing that it will not impact their character and who they are classified as within society.

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Appendix A

Psychoeducational Program Guide

The Goal of the Workshop

To further educate teachers and adolescent males aged 12-18 years old in hopes of increasing their willingness to self-disclose their mental health and engage in help-seeking behaviour.

Toxic Masculinity 5-min

Defining toxic masculinity to ensure teachers and adolescent males understand what it means.

Toxic Masculinity

Toxic masculinity is a way of referring to a social influence consisting of traits and behaviours harmful to the self and others. These behaviours and traits include repressive expression of manhood that is defined by power, status, toughness, and emotional inhibition. Boys and adolescent males learn that preserving their toughness and strength is forefront and that emotions are a sign of weakness. The effects that toxic masculinity has over time cause shame, fear, anxiety, and role confusion for males as they often are torn between preserving their toughness and revealing their true emotions and feelings.

Importance of Toxic Masculinity 10-min

Explaining to teachers and adolescent males why toxic masculinity is important and the detrimental impacts that it can have over time.

- Adolescence and young adulthood are critical life stages for mental health.
- Between the ages of 12 and 18, there is an increasing prevalence of mental health problems that often go undiagnosed and left untreated.
- Compared to other demographic groups, young men have one of the lowest rates of professional help-seeking, knowledge, and awareness of mental health resources.

- Toxic masculinity can impact the likelihood of adolescent males to self-disclose their emotions and discuss their feelings due to the fear of stigma and being labelled as weak. Adolescent males are less likely than adolescent females to engage in help-seeking behaviour from their peers or mental health services.

How Can We Lessen the Impact of Toxic Masculinity on Adolescent Males in Society?

10-min

Through Mental Health Literacy

- Mental Health Literacy pertains to an individual knowing available services, and symptoms, and knowing when it is time to seek help for their mental health.
- Currently, mental health disorders are not well recognized by people and society. This may lead to delays in obtaining help and inappropriate help-seeking behaviours. It has also been found that first aid skills for helping someone with mental health symptoms are also deficient and this has been found across several studies.
- Mental Health Literacy means providing education within the school system (teachers, peers).
- The goal of Mental Health Literacy is to break existing stigma, norms, and attitudes and reinforce positive masculine behaviours.

Theory of Social Constructivism and Its Relation to Toxic Masculinity **5-min**

Explaining how the theory of social constructivism plays a part in mental health literacy.

Social Constructivism claims that human development is socially situated and that knowledge is constructed through interaction with others. With social constructivism learning primarily takes place in social and cultural settings ratherr than solely within individuals themselves. Social

constructivism emphasizes the importance of dyads and small groups in influencing one's knowledge and learned behaviours (i.e., in a classroom setting).

So, what is Mental Health? **5-min**

Mental health can be defined as one's overall social, psychological, and emotional well-being. Mental health enhances our capability to appreciate life, navigate challenges and stressors, and make healthy choices.

What are Mental Health Problems? **5-min**

- Clinically significant disturbance (cognitive, emotional, behavioural, etc.) that interferes with one's:

  Enjoyment of life

  Interactions with society and within the environment

What is a Mental Illness? **5-min**

Conditions that affect an individual's thinking, feelings, mood, or behaviours, including:

- Depression
- Anxiety
- PTSD (Post Traumatic Stress Disorder)
- Bipolar Disorders/ Mood Disorders/Personality Disorders
- Obsessive Compulsive Disorder / Substance Use

What are the Symptoms of Experiencing a Mental Illness? **10-min**

- Feeling anxious or on edge
- Unhappiness or depressed mood
- Outburst of emotion
- Difficulties with sleep

- Appetite or weight changes
- Substance abuse
- Experiencing worthlessness or guilt
- Attempting to end one's life or planning to do so.
- Risk-taking behaviour that causes harm to themselves or other people.
- Difficulty concentrating or staying still.

Specific Symptoms of Mental Illnesses. **10-min**

Discussing a few common mental illnesses and common symptomology behind them.

Anxiety

- Frequent worry that interferes with daily life
- Withdrawal from social life
- Out-of-the-blue panic attacks
- Irrational fear and avoidance of a harmless object, place, or situation
- Fatigue, irritability, impatience, feeling on edge.
- Physical symptoms (heart pounding, flushing, shortness of breath, dizziness, sweating, headache, muscle aches and pains, feeling of butterflies in the tummy)
- Distress in social situations

Depression

- Persistent feelings of sadness
- Less attention to activities
- Having difficulty falling or staying asleep
- Difficulty thinking clearly or quickly.
- Appetite and weight changes

- Fatigue or decreased energy
- Irritability, frustration, or pessimism
- Recurrent thoughts of death or suicide
- Feeling worthless
- Feeling excessively guilty

Mental Health Self-check Tools. **10-min**

Providing online self-check tools that adolescent males can utilize if they are experiencing. symptomology of a mental illness.

HeadsUpGuys: Canadian Online resource that advocates for men's mental health. Online depression self-check screening tool.

https://headsupguys.org/mens-depression/self-check/

CMHA (Canadian Mental Health Association) Mental Health Meter: Online self-check tool that provides a check-in on one's current mental well-being.

https://cmha.ca/find-info/mental-health/check-in-on-your-mental-health/mental-health-meter/

Canadian Men's Health Foundation: Two online self-assessments of anxiety and depression.

https://menshealthfoundation.ca/mindfit-toolkit/

Man Therapy, 20 Point Head Inspection: USA Online self-check tool for men's mental well-being.

https://mantherapy.org/head-inspection/question

Is it Normal to Experience Mental Health Issues? **10-15min**

- Mental illness impacts approximately ***1.2 million*** Canadian children and youth per year in which ***less than 20 percent*** will receive appropriate treatment (Youth Mental Health Canada 2019).

Mental illness and substance use are most likely prevalent in young people aged 15 to 24 (Youth Mental Health Canada, 2019).

- The second leading cause of death for people aged 15-24 is suicide (Youth Mental Health Canada, 2019)
- ***One in five*** youth aged 15 to 17 stated that their mental health was *"fair" or "poor"* in 2019 (Statistics Canada, Canadian Health Survey of Children and Youth, 2019).
- A mental illness in ***20 percent*** of Canadians by the ***age of 25***, will have developed a mental illness (Youth Mental Health Canada, 2019).
- In Canada each year, about ***one million men*** have ***major depression*** (Canadian Men's Health Foundation, 2023).
- **SEVERE** mental health challenges in their lives are experienced by ***10%*** of Canadian men (Statistics Canada, 2012)
- Approximately ***4,000 Canadians*** take their own life each year, of those suicides, ***75%*** are men (Statistics Canada, 2012).

What Happens If I Do Not Seek Help? **10-min**

Explaining the dangers of untreated mental illness

- The longer mental health goes untreated, the harder it is to treat (Hagan, 2015).
- When mental illness becomes too strong of a challenge to deal with, the body will often bear some of the weight in which muscles involuntarily become tense, headaches prevail, and muscle pain may persist (Hagan, 2015).
- Untreated mental illness can also lead to unnecessary disability, homelessness, substance use, and poor quality of life (Hagan, 2015).

- An individual's level of judgement may also become impacted overtime, as one may believe that they are stuck and that there is no way out. Statistics Canada has found that 90 percent of suicides can be attributed to an untreated mental illness. .

Who Can I Speak to About My Mental Health? **5-min**

- Family
- Friend/'s
- Teacher/'s
- Trusted Adult
- Doctor
- Counsellor/Therapist
- Social Worker
- The Canadian National Suicide Hotline: 1.833.456.4566

Resources **10-min**

Some online/in-person/anonymous resources

Websites:

https://headsupguys.org/helpful-links/#cr (Men's Mental Health-Anonymous)

https://cmha.ca (General Information About Mental Health)

https://mantherapy.org (Anonymous Men's Mental Health)

https://mensmindsmatter.org (Emphasis on self-help/ suicide)

Therapy:

Better Help (Online- Payment Required)

https://www.betterhelp.com

Foundry BC (Free: In Person/Drop-In/Virtual, 12-24 years old)

https://foundrybc.ca/get-support/find-a-centre/

https://foundrybc.ca/virtual/ (Use App to Book)

CYMH (Child and Youth Mental Health)

https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/child-teen-mental-health (Referral Required)

Youth in B.C (Online Crisis Service)

https://youthinbc.com

Apps:

Mindfulness Meditation

The app helps an individual with meditation.

MindShift

Helps one take charge of their anxiety by encouraging relaxation and encouraging healthy ways of thinking.

Moodkit

It consists of mood-enhancing activities, focuses on identifying and challenging thoughts and beliefs, and allows you to create journal entries to promote one's well-being.