

Adolescent Mental Health Supports for Males

by

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Abstract

Adolescent male mental health is a topic that is rarely discussed in the psychological world due to its stigma and lack of representation within the literature. This Capstone analyzes and reviews supports for mental health professionals to address adolescent male ages 13 to 17 mental health concerns. Although mental health is a new topic that is continuously being researched, it is evident that there is a lack of support for adolescent males who have significant mental health problems. There is a stigma associated with male mental health that is prominent in society that cause males to hide their mental health conditions due to fear of societal pressures. Adolescence is a time of self-discovery and utilizing peer support as an influence for behaviors and decisions. It is a time where individuals discover who they are, and males often feel the societal pressure to behave a certain way which leads to significant problems in adulthood. This Capstone will highlight the best theoretical approaches to working with adolescent males as well as the incorporation of physical activity to provide an alternative support. This Capstone will introduce a lesson plan for schools or community centers to support adolescent males by incorporating cognitive behavioral therapy and physical literacy to support mental health.

Keywords: adolescent, attachment, CBT, health, mental health

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Chapter One

According to the Canadian Mental Health Association (2023), in Canada, between 2022 and 2023, youth and young adults between the ages of 16-24 reported higher rates of depression and anxiety than adults. The Canadian Mental Health Association observed that male youth and young adults take part in harmful consumption of alcohol more often compared to females of the same age. Youth are more likely than adults to access mental health services; youth between the ages of 16 to 24 years are 25.5% more likely to access these services. Although youth have access to more services than adults, male youth are the lowest among youth to access mental health services.

According to Statistics Canada (2024), about one in five youth who felt their mental health was good or better in 2019 no longer felt that way in 2023. Recent findings indicated the decline in perceived mental health was more pronounced amongst older teens who were transitioning to young adulthood through the pandemic but still highlight the decline in mental health for youth. The research suggested that girls are more likely than boys to report their mental health decline; therefore, the stats do not give an accurate depiction of adolescent males' mental health. According to Statistics Canada's research, mental health decline is less common among younger children, and the reports of decline were more common among youth aged 12 to 17. Statistics Canada stated that females ages 13 to 17 have more research regarding their mental health and support that can be accessed for these services.

It is important to acknowledge the impact that early intervention has on mental health, specifically for individuals who are suffering from severe mental health disorders. The research highlighted the importance of early intervention in teens and how it can support their mental health moving forward into adulthood. However, the findings indicated a lack of knowledge

around adolescent male mental health, which is causing gaps in mental health services that are affecting adolescents in schools, community programs, and therapeutic environments.

Purpose Statement

Therefore, the research question is: how do we support adolescent males ages 13-17 with their mental health? This Capstone aims to develop an understanding of teen male mental health in a school or community environment that provides a group mental health approach. The lack of support for teen males has been identified, and this Capstone's significance will produce a concrete and well-developed option for teen males. The group therapy approach is beneficial to the development of peer relationships for teen males, as well as developing a sense of community within men's mental health. Teen male mental health is a topic not broached in the literature often; therefore, reflecting the gap in services accessible to this demographic is a topic that needs to be explored.

This Capstone aims to analyze existing literature regarding services available for teen males and the appropriate requirements to support their mental health needs. Through the literature, evidence has been found to support the findings that physical activity within the development of therapy will help promote more conversation around adolescent male mental health. Chatmon (2020) noted that "toxic masculinity is the demonstration of masculinities that are enforced by restriction in behaviours (e.g. crying, fear) based on gender roles that amplify existing power structures that favour the dominance of men" (p. 2). A better understanding of the correlation between young males and the benefits of physical activity to support their mental health will be explored. Through the literature, a better understanding of the correlation between young males and the benefits of physical activity to support their mental health will be explored. Oliffe et al. (2011) explained, "For example, the National Institute of Mental Health's 'Real men. Real depression' campaign incorporates masculine ideals of courage, strength, and physical

fitness to garner men's help-seeking and self-management (i.e., it is brave to ask for help)" (p. 451).

This Capstone will support counsellors and mental health professionals working with teen males aged 13 to 17 to understand the challenges young males face and how to provide support for their clients. This Capstone also aims to identify the lack of research that is present on male mental health and will inform researchers of the gaps that are present in the field of male mental health, specifically ages 13 to 17. Although there are some sources and research regarding this specific client, it is evident through this Capstone that more research needs to be applied to this area. Clinicians working with adolescent males will be able to identify the challenges that their clients face and how they can support this clientele.

Through the literature review, mental health therapists will be able to understand the best theoretical approach when working with adolescent males and the use of group settings to promote therapeutic healing. Mental health therapists will obtain knowledge regarding best practices with the specific clientele and the challenges when working with a group that has less research to support therapeutic techniques. The researchers will also be able to identify the areas that could be explored with this clientele, such as group therapy and sports therapy. Research can also identify the benefits of therapy for adolescent males and how it can affect their development into adulthood. Longitudinal studies would be beneficial to observe the effects of therapy on adolescent males and their harm reduction with substances, anger issues and other mental health disorders.

Although there are services offered for males throughout Canada, there are no specific services for adolescent males in Alberta. In the collection of data, most services are provided for adult males or elderly males throughout Alberta. Therefore, the question guiding the research would be, what are the services that can be provided within Alberta to support adolescent males'?

mental health? Menand.ca is a website that provides men with access to mental health services across Canada. According to the Men & (n.d.) website, men can look for local support based on their region and needs. This website provides resources for men across Canada, allowing them to access services within their communities. There are also online seminars to educate men on mental health issues such as anxiety and depression. Finally, this website provides resources to support professionals working with males and how to seek additional support for your clients. Although this is a great resource for men, it is unclear if these services support youth.

Theoretical/Conceptual Framework

The theoretical approach when working with adolescents can vary in effectiveness. The focus of this Capstone will work within the cognitive behavioural therapy (CBT) mode, with an attachment theory focus. According to Beck (2011), CBT is based on several core principles, including psychological problems based on unhelpful ways of thinking, psychological problems are learning patterns of helpful behaviours, and people with psychological problems can learn better ways to cope with symptoms. These approaches are effective for adolescents as they provide a direct understanding of thoughts and actions while also being able to dive into the connections and relationships teens possess. Counsellors using CBT can work with the distortions of the individual to identify their thought patterns. Through my experience as a teacher, I have heard that teens are often viewed as selfish and self-centred; therefore, being able to identify the cognitive distortions that the teen has can help the development of effective therapy. Working with male teens using a CBT approach will help identify their thinking patterns and put action into their behaviours. Through the literature reviews, the use of CBT will be explored in correlation with its use with teens. Oud et al. (2019) highlighted that although CBT is effective, there is limited evidence to show the effectiveness of CBT with youth and children.

CBT is a modality that is easily adaptable and has been proven to work with adolescents for a multitude of presenting problems. Although working with young people, it is important to ensure that other factors are being taken into account for the whole treatment of the youth. Parental involvement, culture and development of the youth need to be taken into account when working with youth using a CBT model. Halder and Mahato (2019) stated, “It can be said that CBT can be used as an effective treatment for many childhood and adolescent mental health conditions as the first line of treatment, provided the familial, cultural, and compatibility perspectives are appropriately considered” (p. 281).

Attachment theory is an approach that benefits teens by building healthy relationships with peers and adults in their lives. According to Bowlby and Solomon (1989), attachment theory is built on object relations principles with the primary need for relationships and relational structure of self. Attachment theory connects attachment styles from an early age and how they influence current relationships. Bowlby and Solomon defined attachment theory as a beneficial theory when working with adolescents to understand relationships better. Teens value their peer connections more than any other connection in their lives; therefore, providing a group mental health experience will help build the young males’ experiences. According to Delgado et al. (2022), during adolescence, friends and peers become a primary developmental environment, which fosters good psychological adjustment.

Social learning theory is another modality that will be explored when focusing on adolescent males. According to Kwon and Telzer (2022), social learning theory categorizes how social behaviours are acquired and internalized by focusing on mechanisms of social learning, interactions with social groups, imitation, reward or punishment and labelling behaviours as good or bad. According to Xu et al. (2022), adolescents who share and understand each other’s

feelings help enhance peer secure attachment. Adolescents who show empathy for their peers play an important role in developing healthy peer attachment.

CBT, attachment theory, and social learning theory have their limitations; therefore, it is important to include these limitations in the research and how these limitations may be addressed when applying them to working with adolescent males. Although the focus will be to highlight the positive components of these theories, it is also imperative to highlight some setbacks or limitations that may affect the development of youth and how this may impact their therapeutic journey. Identifying strengths and limitations when applying theoretical approaches to therapy is important to identify hurdles that may present and how to navigate these hurdles moving forward. The value of combining these three theories will help develop a well-rounded approach that pulls strengths from a variety of strategies that will enhance the therapeutic experience for the client. As adolescents are complex and presented with a multitude of contributing factors, having multiple theories will allow the therapist to address multiple presenting problems.

CBT, attachment theory, and social learning theory are all important theoretical practices that can support adolescent male mental health through a diverse and well-researched lens that can support adolescents. Although these theories have their strengths and limitations, the benefits of these three theories encompass the ever-changing nature of adolescents, as they are all flexible regarding a variety of strategies and support that can be implemented within the theories. CBT, attachment theory, and social learning theory all provide the therapist with a good understanding of the whole client and use thought patterns, social interactions, nature and nurture and behaviours to work with the clients to help identify solutions for presenting problems. Adolescence is a time of complex emotional, cognitive, and social pressures; therefore, these three theories will help the therapist understand the priority and intensity of the presenting problem of the adolescent male.

The adolescent years are a complex time in an individual's life where multiple factors contribute to influencing their mental health. Therefore, a multi-theoretical lens is used to address the complexities and diversities of adolescents. Attachment theory and social learning theory both address developmental considerations that adolescents experience through this transitional stage of their life, and the importance of peers and social acceptance and how these factors connect with their mental health. This is different from CBT as the therapist identifies thoughts and behaviours that reflect the influences put on adolescents and how they are processing these outside influences to adapt their behaviours and thoughts to align with societal expectations.

The benefit of a multi-theoretical approach is to enhance the therapeutic experience for the youth by providing a multitude of strategies and support. According to Herres et al. (2023), adding strategies from CBT to target interpersonal factors can help improve parent/adolescent attachment. Therefore, affirming that a multi-theoretical approach using components of CBT, attachment theory, and social learning theory will help develop relationships within the adolescents' lives that will help develop more secure attachments and support the facilitation of therapeutic strategies. Combining these theoretical approaches provides multi-layered support for adolescents to succeed in overcoming obstacles that may be associated with therapy.

Methodology

The focus of this Capstone will be adolescent male mental health between the ages of 13 and 17. Using Google Scholar as a database to access multiple articles and literature, the literature was then analyzed with a focus on schools or community programs that look at a variety of socioeconomic and culturally diverse youth. Finding literature reviews to support the use of physical activity and its effect on mental health will help illuminate the variety of supports offered to adolescent males. Throughout this Capstone, mental health supports that are available

to adolescent males will be highlighted, and the lack of resources for mental health supports will be examined.

Another key question that can be explored through the literature reviews would center around how teens feel supported by their school communities and their recreational communities, specifically for their mental health. Hoover and Bostic (2021), reviewed the scientific data on policies and practices in school mental health documents and the collaboration between education and the mental health systems to support student mental health. Since adolescents spend the majority of their day in school, it is important to identify the current research that highlights the benefits of mental health programs in school. It is also important to note the importance of adults in adolescence, including teachers, coaches, and other safe adults.

Through the literature review, the key themes will be explored to identify the research that supports the implementation of CBT, attachment therapy, and social learning theory in adolescent males. The literature review will highlight the components of these modalities concerning adolescent mental health and some of the limitations of these methodologies when working with adolescents. As noted in the literature review, most research is centered around adults and their response to these treatments, and the evidence is minimal for adolescents.

Another limitation of the research is the lack of evidence of the effectiveness of these modalities in Canada. According to Foulkes et al. (2018), children and adolescents are more likely to change their prosocial behaviours as a result of social influence, including peers. Although their study was done in Turkey, it shows the use of social learning theory in response to adolescent delinquency and the strategies that support the youth. According to Moksnes and Reidunsdatter (2019), gender does not have a strong influence on the development of self-esteem, although girls may be more likely to internalize their problems than boys, and boys have been reported to have a higher threshold of problematic experiences. The lack of mental health

support for adolescent males will be addressed in the literature review, as many sources have minimal data on males compared to females.

The Literature Search Methodology

The literature reviews and research collected will be analyzed according to themes that are present throughout the research. These themes will be separated into major theories, supports that are currently available for adolescent males, the lack of resources for adolescent males, the use of physical activity to promote mental and physical well-being and the importance of supporting adolescent mental health to reduce adulthood disorders. Separating the research based on theme will help provide an accurate understanding of the purpose of the Capstone while highlighting gaps in research regarding this particular subject. Although there were many articles researching it is important to identify that more research can be found regarding this topic, although there is not a lot of research done in Canada.

The strategy behind the literature research was to find evidence to support best practices used when working with adolescents, both female and male, to see the differences and similarities between genders. Also, finding modalities that fit with alternative therapeutic approaches was important to understand the variety of therapies that can be brought into working with adolescents. Although the Capstone focuses on Alberta, when searching for literature, it was important to include research from across Canada as well as other countries to find more evidence regarding modalities and best practices with young clients. When researching literature regarding stigma and stereotypes in male mental health, the research was primarily centered around adult males. Therefore, the search needed to expand into general stigmas and stereotypes associated with male mental health and not simply focusing on adolescent males. Finally, when researching literature on physical activity and mental health, the search was done more generally to identify physical and mental health benefits. As well as identifying how physical literacy

connects to mental health support, and how physical health can improve mental health conditions moving forward into adulthood. Physical literacy in connection to mental health is not the scope of this Capstone, although it should be continuously researched in hopes of identifying more correlations to help adolescents in the future.

When finding research to support the evidence for the Capstone, the literature search was categorized using the five guiding elements regarding adolescent male mental health. The literature for these five guiding elements was found through Google Scholar exclusively. The literature search included peer-reviewed sources published within the last five years that highlighted the modalities that were best when working with adolescents, how physical activity supports mental health, some of the stigma and challenges regarding male mental health, and some of the barriers to finding supports for adolescent males within the community. Organizing the literature review within these categories helped identify the strengths and limitations of mental health support that is provided for adolescent males ages 13 to 17. Synthesizing the literature into the subcategories helped show the support mental health therapists can use in their practice that is proven to support adolescent males with a variety of presenting problems, as well as providing alternative forms of therapy to promote more successful client interaction in therapy.

When looking for literature regarding this topic, the inclusion criteria were adolescents aged 13 to 17 and focused on longitudinal studies to see the long-term effects of mental health supports. Although the Capstone focuses on adolescent males, it was important to find studies which included females to help provide a variety of perspectives and to reflect the differences between genders. When first finding literature regarding adolescent mental health, specifically focusing on males, the focus was on Canadian sources, although as the conduct of research began, there was limited literature regarding this topic. Therefore, the inclusion of sources of

research outside of Canada was soon adopted into the literature review, as there were limitations on the number of sources found within Canada. The literature that was excluded from the Capstone was literature that focused on small sample size populations that did not reflect a variety of adolescent demographics. Finally, literature that was excluded from the Capstone was literature that highlighted transgender adolescents, as the primary purpose of the Capstone is to identify the supports for adolescent males and does not broach the topic of transgender individuals.

Contribution to the Field

This Capstone highlights the gaps in research and theoretical practices regarding adolescent males ages 13 to 17. Through the research, it is evident that adolescent mental health, specifically that of males, is not as well-researched and is less accessible within the therapeutic community. Although services are provided for children and adolescents regarding mental health, there are significantly fewer opportunities for adults. Working with children and adolescents presents a unique ethical requirement that can limit therapists from supporting these kinds of clients. The primary client is the child or youth. The therapist must involve the family within the therapeutic alliance and confer with the family unit regarding safety planning and treatment plans.

If therapists choose to work with children and adolescents, there should be more research regarding therapeutic practices and how to apply these practices to therapy with their clients. As the research suggests, there is more research into female adolescent mental health due to the likelihood of females reporting any mental health concerns. Whereas adolescent males are less likely to report mental health concerns, therefore, less research has been conducted due to fewer disclosures.

Working in the field of mental health, it is important to support clients through any stage of their therapeutic journey. Therefore, if a child or adolescent requires therapy, the clinician should feel adequate in their skills to support the client regardless of their age. Supporting adolescents with their trauma before adulthood can reduce the effects of a mental health disorder. According to McKay et al. (2021), there is strong evidence associated between childhood trauma and later mental illness particularly when the child is exposed to bullying, emotional abuse, maltreatment and parental loss therefore suggesting that adolescence is an important time for risk of mental health illnesses and strategies and intervention should be put in place during this crucial time.

Male mental health has always had a stigma associated with it. Many males will not seek counselling or receive any support regarding mental health concerns. The American Psychological Association (2018) produced a manual that supports therapists who are working specifically with males, which offered guidance for how to engage them in therapy without the stigma or shame that is commonly associated with males who are seeking therapy. According to the manual, “A gender-sensitive treatment, prevention program, or other psychological intervention has been adjusted or manipulated to potentially be more effective or appropriate for men based on the extant literature” (p. 3).

This Capstone will provide therapists with insights into working with young males to help remove the stigma of mental health therapy and promote a healthier understanding of mental health supports. Through early intervention and different therapeutic approaches, therapists can understand how to support young males through their mental health journey into adulthood. This knowledge will help provide support to young males who will transition into adulthood and continue the cycle of support around mental health instead of shame and stigma. Through the Capstone, the contributions to males’ mental health will be evident through the

implementation of a therapeutic group program to support adolescent male mental health in school and community programs.

Research has also suggested that adolescent males are less likely to disclose mental health issues compared to females and will be more reluctant to participate in therapy. Through my experience as a teacher and coach, I have seen adolescent males respond positively to sports as healthy, aggressive outlets; therefore, incorporating therapy and sports will provide a more appealing opportunity for young males to seek counselling. According to Guddal et al. (2019), physically active adolescents show more favourable mental health, especially those who participate in team sports, as this has been proven to positively impact their mental health and development.

More longitudinal studies need to be conducted to appropriately see the benefits and limitations of mental health support for adolescent males. The value of longitudinal studies will help develop the trajectory of intervention for adolescent males and shape future studies regarding best practices and theoretical frameworks. Another benefit to the field would be male program evaluations to receive feedback on the already existing programs and how individuals who are receiving these services are benefiting? Through future studies into the development of mental health programs for adolescent males, this Capstone can initiate gender appropriate therapeutic approaches that support a variety of individuals.

Reflexivity and Positionality Statement

Adolescent males are an underserved population, and this Capstone aims to transform practices to be more inclusive, gender-responsive mental health services. The Capstone's focus will encompass school and community resources to guide the research. As well as using researched modalities such as CBT, attachment therapy, and social learning theory, mental health professionals will ensure these services as grounded in fact-based practices. As I explore this

topic, I am aware of my privileges as a white woman who lives in a middle-class socioeconomic status. As I reflect on my social location, it is important to understand that my experiences with mental health do not correlate to every individual's experiences, and I need to be mindful that individuals who are seeking mental health services do not have the same privileges as I do and are not allowed the same accommodations. As I am not male, I need to be aware that I have never experienced marginalization within my mental health journey due to my gender, nor have I experienced any lack of support due to my age.

In my practicum, I currently work with youth in psychoeducational and therapeutic capacities. This topic is extremely prevalent in my current practice and will continue to develop based on my practicum. I also work at the YMCA in town, and my job is as a youth outreach worker. This job focuses on the youth in the recreational centers in the city to provide multiple supports, ranging from shelters to food access. Through my work with the YMCA, I have noticed there is a significant gap in the resources provided to young men compared to young women. Working with youth from a variety of cultural and socioeconomic backgrounds, I can identify the gap in services available to male youth.

I have also been a teacher for the past nine years and have worked closely with children and youth in a variety of capacities. Working in the school systems, it is evident that there is a lack of group support for adolescent males, causing a variety of problems. I have noticed school systems have many opportunities for access to individual and group mental health groups for females, although there is a significant decline in opportunities offered for young men navigating the same experiences. I am passionate about working with young people, as they are often neglected due to their unpredictable nature. This passion can cause bias towards services that are not being provided to youth, as I have witnessed firsthand the importance of mental health services and how they contribute to the education of a child. Due to these biases, I will have to

be aware that individuals who do not work in education may not fully understand the procedures and policies regarding benefits towards individuals' mental health and how incorporating mental health and curriculum objectives benefits the whole child. As I may be working with individuals who are not part of the education system, I will need to ensure that I educate all individuals about the benefits of incorporating mental health supports within school systems, as youth spend most of their day in the care of the education system.

My partner mentioned seeking mental health services as a teenager after the death of his father. He was hesitant to seek services, although he knew that he needed support to deal with his father's death. When he finally sought therapy, he mentioned that the therapy environment only promoted support for women, and the overall feeling of the office was geared towards women. Due to this experience, my partner never returned to therapy and continues to use unhealthy coping strategies to support his mental health. Like my partner, many men experience this feeling when seeking mental health support and identify that mental health supports are advertised for women. I find it disappointing that society does not view male mental health as a priority or equal to women's mental health, and therefore, many males are suffering in silence and feel they are unable to receive support. Both professionally and personally, I have worked with males who have suffered from mental health conditions that have led to a variety of dependency issues, which have affected their family system as well as their own lives.

There is still a large stigma on male mental health, specifically adolescent mental health. Although the social stigma will not change overnight, the purpose of this research is to identify the gaps in services provided to adolescent males. As a teacher, I have seen the benefit of using group support to help achieve a goal or a solution. I have also seen a benefit of including regular physical movement to support growth and development in children. When children are feeling

cognitively strained or blocked, the use of physical activity can promote mental clarity and allow the child to return to the cognitive task with more receptiveness.

The literature will explore the variety of mental health services required for adolescent males and shed some light on adolescent male mental health. Through my experiences, I can identify that a multitude of services are required to support adolescent mental health. I can also attest through my many years of working with children and adolescents that building positive groups for male teens can help to develop a better understanding of men's mental health and help remove the stigma. I have found myself reflecting upon the stigma males have with mental health, and although I cannot relate to these experiences, I can attest to the benefits of seeking mental health support. Although stigma can never fully be removed from society regarding men's mental health, the purpose of this Capstone is to identify ways in which mental health providers can support adolescent males and ensure no stigma within the therapeutic experience. Working in both educational and recreational services, the lack of support available to teen males causes a variety of problems, including social, educational, and legal.

Definition of Terms

Adolescent

Hall (1904, as cited in Sawyer et al., 2018) loosely defined adolescence as “the developmental period ranging from age 14 to 24 years in his treatise on adolescence” (p. 1). Throughout this Capstone, the primary focus will be on adolescent males ages 13 to 17 and their mental health development through those years.

Attachment

Benoit (2004) explained, “Attachment is a specific aspect of the relationship between a child and a parent, the goal of which is to make the child feel safe, secure, and protected” (p. 1). Adolescents have a strong attachment to individuals in their lives, especially their peers, which

can influence their decisions and behaviours. The attachment a parent has to their child can influence their connections with others in their lives, especially during the developmental ages of 13-17.

Cognitive Behavioural Therapy (CBT)

Hofmann et al. (2012) stated, “Cognitive-behavioural therapy (CBT) refers to a class of interventions that share the basic premise that mental disorders and psychological distress are maintained by cognitive factors” (p. 1). CBT is a well-researched model that contributes to positive outcomes for a variety of mental health concerns in adolescence. The use of CBT will be analyzed for its effectiveness in the treatment of a variety of presenting problems related to adolescents.

Health

Starfield (2001) stated, “Health is the experience of physical and psychological well-being. Good health and poor health do not occur as a dichotomy, but as a continuum. The absence of disease or disability is neither sufficient nor necessary to produce a state of good health” (p. 23). Comparing the benefits of both mental health and physical health and how they work together to develop an overall healthier well-being will be identified in this Capstone.

Mental Health

The World Health Organization (2004, as cited in Galderisi et al., 2015) defined mental health as “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community” (p. 1). Through this Capstone, mental health issues will be addressed as the most important consideration regarding the well-being of adolescent males ages 13-17.

Outline of Capstone Project Chapters

There will be an exploration of adolescent males and their mental health within this Capstone. Through the combination of research, there will be presenting themes and common developments that arise through the research. Adolescent male mental health is slowly developing in the world of mental health, but through research, it is proven that there is a lack of understanding in best practices for treatments for these clients. There will be an exploration of how clinicians can support male adolescents between the ages of 13 and 17 to promote better mental health into adulthood in this Capstone. There will also be an exploration of the benefits of physical activity in adolescent males and how it can contribute to positive mental health, therefore highlighting the combination of physical health and mental health.

Literature Review Outline

Chapter Two will offer a synthesis of major themes that will contribute to the understanding of adolescent male mental health. These major themes include popular modalities that benefit adolescent mental health, stigmas associated with male mental health, and the positive correlation between physical and mental health. These major themes will be analyzed and contextualized to implement best practices by mental health professionals as well as identify limitations and areas of further research. Gaps in the knowledge when working with adolescent males and a need for further research to provide clinical support to this population will be highlighted throughout the Capstone. Key stereotypes and societal pressures that male mental health suffers, specifically highlighting these stereotypes within adolescent males, will be identified through the Capstone.

Through the research, it is proven that additional research and development needs to be applied to adolescent male mental health to accurately reflect the developing needs of this population. As this is a limitedly researched field, the articles that are analyzed help identify

what is needed within the clinical community to provide better treatment and a stronger foundation for male adolescent mental health supports.

Discussion and Applied Practices Outline

Chapter Three will review and compile the information into useful contributing factors to support adolescent males ages 13 to 17. In this chapter, the findings will be analyzed and applied to practices across schools and community programming. Using the information from the literature review, it is evident that using specific modalities and the combination of physical and mental health will benefit adolescent males; therefore, combining this information into a theorized program to be implemented in the community will help adolescent mental health develop moving forward. Finally, the rationale for this Capstone and how I will implement this research into my practice.

Chapter Two: Literature Review

Introduction

Through my experiences working with children, I will interpret the research through the lens of an educator and how this research can impact the communities that serve these youth, such as schools and community centers. Through the lens of an educator, my perspective on literature can be biased towards the complexity of implementations of strategies as well as the potential cost for schools and community centers. Although I have no children of my own, I understand the pressures of parenthood and the limitations some parents face in helping provide mental health services to their youth. Another understanding that I have brought to the interpretation of the research is my social location and my perceived privileges as a white female living in North America. Due to these privileges, I must reflect on the barriers that are presented to individuals from low socioeconomic statuses or individuals who identify as a minority. I acknowledge that the representation of literature can be interpreted through a variety of perspectives, although my experiences allow me to interpret this data according to my beliefs and understandings.

The purpose of the Capstone is to identify supports that can help adolescent males develop a stronger understanding of mental health and the services that are provided for them. The limitation of resources will further explore the stigma around teen males' mental health, the gap in mental health support for teen males, and the lack of knowledge in the treatment of teen males. Through the analysis of the literature, the key themes will be explored and categorized by supporting evidence to support mental health professionals in providing appropriate treatment for adolescent males. Evidence has been found to support the findings that physical activity within the development of therapy will help promote more conversation around adolescent male mental health. The literature research strategy was to identify leading literature regarding adolescent

mental health according to the five major themes outlined in the Capstone, then use supplementary literature to enhance the understanding and validity of the research. Inclusion criteria for the research were studies involving both male and female adolescent mental health, as well as meta-analyses that comprise multiple findings. Although not many exclusion criteria were used when identifying key research, the research was primarily focusing on North America findings, and we are limited to research outside of North America.

Throughout this literature review, mental health supports that are available to adolescent males will be highlighted, and the lack of resources for mental health support will be examined. The key themes will be explored to identify the research to support implementing CBT, attachment therapy, and social learning theory with adolescent males. Highlighted are the components of these modalities with adolescent mental health, and some of the limitations these methodologies have when working with adolescents.

There is an exploration of the supports, limitations, and common modalities that are best used to support adolescent males through the research question. As each theme will be dissected throughout the literature review, it will highlight the current resources or lack of resources to support adolescents. As there can be limited research regarding this topic, some research needs to be used from other countries, as well as age demographics, to get a better understanding of the limited research available. The purpose of analyzing these resources is to provide adequate support to adolescent male mental health to allow fewer mental health issues in adulthood, as well as to provide an adequate understanding of the best supports for this specific gender. Understanding stereotypes, a variety of modalities, and other unique perspectives towards adolescent males will help mental health professionals to support the specific clients.

Major Themes

The purpose of this Capstone is to focus on adolescent males aged 13–17, with literature drawn from psychology, counselling, and public health. This review is structured around three major themes, which include common modalities used with adolescents, stigma surrounding male mental health and the use of physical activity to support mental health. Identifying these areas will help understand the strengths and limitations of adolescent male mental health and how to improve practices to provide support. Understanding modalities that are proven effective in supporting adolescents will ensure that best practices are being used with adolescent males and help mental health professionals ensure the best treatment is being provided. Being aware of the stigma males face regarding therapy is important for professionals to identify, as this affects the course of treatment, consistency of treatment and impacts of societal pressures. And finally, understanding that there are many forms of therapy, identifying the benefits of combining physical activity and talk therapy for adolescent males.

Theme 1: Literature Review of Social Withdrawal and Attachment

Adolescence is a time of social connections, primarily with peers and other individuals of the same age. Understanding the importance of social connection and attachment throughout adolescence can guide therapeutic interventions that can best support adolescents in their mental health. Identifying key components of social interactions amongst teens and how these interactions influence mental health is beneficiary to mental health professionals in understanding their clients' social location.

Adolescents can be described as withdrawn and detached from the world around them. According to Muzi et al. (2022), social withdrawal is defined as self-isolation from others, resulting in solitary behaviour and not being motivated by desires. Through research, it has been shown that adolescents have shown a significant rise in social withdrawal within the last few

years. Katz et al. (2011) supported the claim that socially withdrawn children are not necessarily more likely than non-withdrawn children to experience depression; however, they are at greater risk for interpersonal problems, which could include depression. Therefore, understanding that although there is a significant increase in adolescent social withdrawal, the research does not significantly anticipate that those adolescents will develop comorbidities of depression into adulthood. However, it is important to understand that there is a risk of more interpersonal problems for adolescents who are experiencing social withdrawal.

Therefore, applying a good theoretical framework can enhance the development of adolescents and support their social connections. According to Muzi et al.'s (2022) findings, attachment theory is a good theoretical framework for studying the significant relationships in the phenomenon of social withdrawal, primarily focusing on the interactions of primary caregivers in infancy. It is also important to highlight the attachment style that adolescents have within their peer groups. According to Lee et al. (2017), there is evidence to prove that positive peer relationships influence long-term development and can mitigate social withdrawal. Peer relationships are often voluntary interdependent relationships and can provide different support from members of the family; therefore, it is important to implement various social programs to maintain healthy peer relationships.

As a teacher, I have noted that multiple students go through psychological testing to help the adolescent receive funding through the school system. Pace et al. (2023) suggested that attachment-oriented screening should take place in schools, and they argued that developing an adequate and reliable tool for the assessment of attachment for adolescents is required, as well as the need for attachment background among all adults who interface with adolescents, which includes educators, coaches, psychologists, and caregivers.

Working with adolescent males, it is important to identify the importance of social connection and how to foster healthy attachment and connections to enhance mental health development. Muzi et al. (2022) concluded that mental health professionals can use specific tools to help identify attachments in both parent and peer relationships to develop age-appropriate interventions for teenagers, giving them the ability to build positive, intimate, and emotionally supportive friendships and relationships. Extracurricular activities are important for adolescents to develop peer connections and explore their interests. According to Schaefer et al. (2011), there should be more research to understand the dynamics between friendship and activities and their effects on developmental outcomes. Therefore, the Capstone's purpose includes incorporating different strategies to encompass a well-rounded therapeutic response. There should be studies to identify the benefits of extracurricular activities that are more art-based compared to extracurricular activities that are more sport-based. Despite the need for future research, there is evidence that friendships and peer connections are being made within extracurricular activities. Having a group for adolescent males to join within their school or community would help foster better connections with their peers and build healthier attachment styles that will translate to relationships as adults. Muzi et al. (2022) stated, "For instance, researchers and practitioners could develop attachment-oriented interventions aiming to increase the quality of peer relationships, which could be proposed in cases of problematic families or caregivers who are difficult to engage" (p. 10).

As connections and attachment are critical for the mental health development of adolescent males, parenting programs will help support adolescent development and build positive relationships with primary caregivers to support their therapeutic journey. Moretti and Obsuth (2009) observed that through experiential activities, parents develop the competence necessary to identify, understand and respond to the needs of their teen in a manner that provides

structure and safety. Providing the guardians of adolescents with the skills to foster positive relationships while providing a balance between firm but fair boundaries allows the adolescents to feel secure in their relationship with their guardians and supports them. Although sometimes it is unrealistic to expect guardians of adolescents to participate in classes, Muzi et al. (2022) noted that facilitating peer relationships will still be preventative. Some parents of adolescents who suffer from mental health illnesses are often reluctant to seek support, as they may be worried about the stigma associated with their child's mental health. According to Kato et al. (2019), parents whose children suffer from mental health illnesses are often worried that their children might be locked away and that they are not equipped to handle their child's mental health illness.

The limitation mentioned in the study is that there is still inconclusive evidence to support findings on high-risk community populations who have outside influences such as violence and substance use. As a therapist, working in high-risk low-income communities will be prevalent. Working with adolescent males who are from high-risk communities presents several barriers; therefore, therapists should be continuously reading research regarding these low-risk communities and how to obtain healthy therapeutic processes. Therefore, more research on how social connections might change or differ in those communities is something to be mindful of. According to Muzi et al. (2022), future studies should be made to analyze the variables that contribute to adolescent withdrawal, including high-risk communities and outside influences, to determine clinical relevance. Not all adolescent males have outside influences or come from high-risk communities, although it is important to identify that most male adolescents who need mental health support have outside factors that have contributed to their current mental health problems. Understanding that future research needs to be done using a variety of participants. The underlying evidence still shows that social withdrawal puts adolescents at risk for future interpersonal problems.

After gathering evidence through the research provided, adolescents suffer from social withdrawal, which can lead to significant mental health issues in adulthood. All adults involved with youth must participate in attachment-style parenting to ensure success in those developmental years. Although caregivers are not always required to build positive relationships, peer support has been proven to support adolescents similarly to guardians. Another limitation of this study that was not highlighted was the specific demographic of males aged 13 to 17. As this specific demographic was not highlighted in this study, it is unclear if these results will translate to that specific age range or gender. More research and studies need to be conducted to gather more specific data about male social isolation and the effects it has throughout their development into adulthood.

When working with adolescents, you are working with the family unit, incorporating both the parents and the child into the therapeutic process. What is important to remember is incorporating skills for all members of the family, so the youth is supported throughout the therapeutic process to ensure successful goal achievement. A key component of the study focuses on family-skilled training, which promotes positive problem-solving and communication skills. According to Albers et al. (2021), parents may use problem-solving to help their teens improve sleep, take prescribed medication, or decrease arguments at home. Using these elements in combination with the attachment theory lens will help support youth who have a variety of behavioural troubles to foster better connections with their families. As this study shows a significant increase in client success with the support of family, the program development would include a caregiver component to achieve the client's additional success. Théorêt et al. (2022) investigated the association between attachment insecurities in dating violence in boys and girls. The evidence collected showed that attachment theory correlates with teen and partner violence and can be used to support adolescents with a variety of different problems. Adolescents have a

variety of physiological and emotional needs, and when adding experiences of partner violence combined with mental health concerns, substance use increases.

Adolescence is a time of self-exploration and discovery, which often leads adolescents into substance use. As a therapist working with adolescents, it's important to acknowledge the use of substances during this developmental stage and how these substances might affect the therapeutic process. The Substance Abuse and Mental Health Services Administration (2018, as cited in Hogue et al., 2020) reported that "9.9% of adolescents report past month alcohol use, 6.5% marijuana use, and 1.0% prescription pain reliever misuse; approximately 4% report problems related to their substance use severe enough to meet diagnostic criteria for a substance use disorder" (p. 2). These numbers continue to be researched and explored through various agencies that support working with adolescents. According to Hogue et al., there is a high comorbidity between conduct and substance use problems, and the use of CBT treatment has shown some success with adolescents.

Theme 1: Synthesis of Literature of Social Withdrawal and Attachment

Through the literature that highlighted social withdrawal and attachment, it was evident that there are increased rates amongst adolescents of interpersonal difficulties, resulting in a larger statistic of adolescents feeling socially withdrawn from their peers. The literature highlighted the importance of peer connections and parent involvement to ensure positive skills are taught. These skills include communication, problem solving, empathy and overall relational skills. In central Alberta, parents have less access to services that can provide parental classes to educate caregivers on how to support adolescents with mental health concerns. The importance of caregiver involvement is critical to the development of the adolescent treatment plan and provides many benefits in developing essential skills. Through the literature review of this theme, it was also evident that caregiver involvement is influential to adolescent male

development throughout their mental health, although some adolescent males do not have caregivers who are willing to provide the support. Therefore, the role of the education system becomes a large influence on adolescent mental health if their primary caregiver is not actively present.

As peer connections are important, adolescents have been shown to participate more in risky behaviours due to influences by peers; therefore research should be conducted regarding the core mobility of substance use and complex behaviours. The literature highlighted the influence of peers and how these influences can result in more risky behaviours of adolescents aged 13 to 17, and how males are participating more in these risky behaviours compared to females. Therefore, mental health professionals need to understand the influence of peers, having more research correlated with substance use, and it is in fact on adolescents' peer connections and attachment styles, which can support mental health professionals when developing treatment plans and assessing triage regarding presenting problems.

As mentioned, the research was limited regarding specific outcomes for male adolescents and therefore more research needs to be conducted on this target population and should include a variety of socioeconomic, ethnic and religious groups. Providing more context on how to support adolescent males who suffer from mental health conditions in all groups will help mental health professionals with a common language and practices to help support these individuals. As this literature review focuses on peer connections and attachment, there needs to be more research regarding the need for assessment tools to measure attachment styles and adolescents. There is also a need for these tools to incorporate indicators of relationship violence for both females and males. In Alberta, adolescents have opportunities to participate in a variety of extracurricular activities due to the seasons and access to indoor and outdoor events. Although more specific research is needed regarding the role of the extracurricular type that the adolescent males are

participating in, and how the roles may change depending on the specific extracurricular objective.

Theme 2: Literature of Complexities in Presenting Problems and Accompanying Modalities

Adolescents have a variety of presenting problems that range from conduct disorders to substance use disorders. Hogue et al. (2020) focused on the six core elements of CBT and how they are used to support youth with externalizing problems. According to Albers et al. (2021), there are six core elements of cognitive behavioural treatment approaches for adolescent externalization problems. These six elements include functional analysis of behaviour problems, prosocial activity sampling, cognitive monitoring and restructuring, emotional regulation training, problem-solving training, and communication training. Through two case studies, it was evident that these core elements of CBT were successful in treating adolescents with conduct, delinquency, and other behavioural problems. According to Pluhar et al. (2019), CBT teaches patients how to identify and avoid triggers while building healthier habits and emotions. Through this study, CBT's six core elements were explored with two case studies and their effectiveness. The first case study implied emotion regulation training and communication training, while the second case study's course of treatment was cognitive monitoring and restructuring, prosocial activity scheduling, and problem-solving training. These two case studies aligned with the evidence found in other scholarly articles that highlighted the use of CBT with the implementation of the six core elements to support a variety of presenting problems. These two case studies did not highlight the specific use of these six core elements with adolescents, which is typical of other CBT research and findings. Based on the literature and findings about CBT, it is evident that CBT would benefit a variety of clients with several presenting problems, which is what therapists need when dealing with adolescent males.

The use of CBT will be explored in correlation with its use with teens and how this modality is used to support youths in their therapeutic journeys. Oud et al. (2019) highlighted that although CBT is effective, there is limited evidence to show the success of CBT with youth and children. Oud et al. also identified the benefits of CBT in supporting depression in youth, including the positive outcomes of CBT for treating depression. However, the results varied when using certain components of CBT, for example, behaviour activation and challenging thoughts. Similar to Albers et al. (2021), Oud et al. (2019) observed, “We also found an association between more favourable treatment outcomes and caregiver(s) involvement in the intervention” (p. 41). According to the researchers, the use of CBT, including both the behavioural activation and challenging thought components, is proven to improve outcomes for youth in the long term. It is inconclusive whether CBT is the only therapy modality that will reflect these same results. Oud et al. noted that “although CBT does not target improvement of the attachment relationship directly, children learn to increase adaptive coping strategies and caregivers show their commitment by being involved in the intervention” (p. 42). Therefore, it is important to integrate both CBT techniques with an attachment-focused lens to promote effective relationships between the youth and their caregivers.

Although CBT has been shown to support adolescents with their mental health, there are some limitations to using CBT primarily with adolescents. According to Baldwin et al. (2012), there is not yet sufficient literature to answer critical questions such as which treatment is more effective or if the outcomes of family therapy have bigger effects. As the literature develops, there will be more evidence to conclude which modality best supports adolescent mental health. However, the current literature offered insufficient evidence to have a strong correlation. According to Oud et al. (2019), analysis has shown that CBT containing components of behaviour activation and challenging thoughts paired with caregiver involvement will be even

more effective in treating teens. The researchers highlighted the importance caregivers provide when a part of the treatment is for adolescent mental health. This evidence showed that caregiver involvement is crucial, and using CBT without the use of the whole family system is not effective. However, Kourgiantakis et al. (2023) described the lack of services for teens as frustrating for caregivers, as many services are only available at a cost, which limits availability to all teens who need mental health services. Therefore, identifying the need for supplemental mental health services for adolescents, specifically males, in the communities. Understanding that caregivers are frustrated with the lack of support for adolescents just amplifies the need for a multitude of these services in a variety of different communities. Although caregiver support is essential for supporting adolescent mental health, sometimes the youth do not have caregivers who are able to provide support. According to Nicol et al. (2022), the use of a CBT-based chatbot for adolescents who present with depression is effective, user-friendly, and safe for adolescents. This option incorporates the use of the core elements of CBT for adolescents who have less support from caregivers.

As there is limited research into CBT being the most effective modality to use with adolescents, there is even less evidence to support male adolescent responsiveness to CBT. Stanhope et al. (2018) noted, “despite high rates of treatment referrals, there were challenges related to adolescents following through with the recommended treatment” (p. 14). As stated above, long-term longitudinal studies will be difficult to achieve with the lack of adolescents who continue using the suggested treatment. Therefore, questions are still unanswered regarding the effectiveness of CBT in adolescents. Overbey et al. (2023) studied the success of four types of nature-related interventions, which include wilderness therapy intervention, animal-assisted intervention, care farming interventions, and gardening and horticultural-based interventions for vulnerable youth experiencing a variety of mental health difficulties. The study’s findings

suggested that the most successful therapy was animal-assisted intervention, which supported several mental health components, including anxiety and depression. Through Overbey et al.'s study, it became evident that non-traditional therapy models are beneficial to youth who experience mental health problems, primarily the use of animals has been associated with a variety of positive outcomes which have been reported through both qualitative and quantitative studies. Through the development of this study, the youth were allowed to attend therapy and non-traditional forms.

As shown in the research, CBT can support adolescent mental health through traditional and non-traditional methods that can help increase overall symptoms of presenting problems that clients have. As all modalities have strengths and limitations, CBT was shown to be effective with adolescents, although more research with specific age groups needs to be done to show its effectiveness in a longitudinal study. CBT is a modality that can be adapted and modified to fit clients' specific needs and is commonly available for mental health professionals to receive adequate training and support. The use of alternative CBT techniques would be beneficial for adolescent males, as it provides a unique aspect to therapy that will entice young males to attend therapy.

While the previous section explored CBT's effectiveness and limitations in treating adolescent mental health, another important framework for understanding adolescent behaviour emerges from social learning theory. While CBT focuses on individual cognitive and behavioural changes, understanding how adolescent males learn and internalize behaviours within their social context is equally crucial. Social learning theory provides this broader perspective. According to Olsson et al. (2020), social learning applies basic Pavlovian and instrumental learning systems, sharing both natural and computational mechanisms with self-

experienced learning. It is fundamental to understand that social learning is key to fundamental social behaviour and how it is important to individuals' development.

As adolescence is a time of self-discovery and exploration, adolescents often participate in risky behaviours, which can sometimes lead to delinquency. Being able to identify modalities that support risky behaviours will help adolescents with their mental health. Solakoglu and Yuksek (2020) identified that adolescent delinquency, a common problem across societies worldwide, can be better understood and addressed through the lens of social learning, as it explains how behaviours are acquired and maintained through social observation and interaction. According to Solakoglu and Yuksek, adolescent delinquency is a common problem for most societies all over the world and is a common area of study to be able to develop solutions for preventing this social problem. Kwon and Telzer (2022) noted that social learning theory categorizes how social behaviours are acquired and internalized by focusing on mechanisms of social learning, interactions with social groups, imitation, reward or punishment and labelling behaviours as good or bad.

Solakoglu and Yuksek (2020) explained that social learning theory "is an approach used in the field of behavioural sciences to explain the motivations behind delinquency" (p. 540). Their study aimed to determine if this specific theory can be applied universally or if it caters to a certain society. Although Solakoglu and Yuksek's study was done in Turkey, it showed the use of social learning theory in response to adolescent delinquency and the strategies that support the youth. According to Leaper (2015), learning is developed through three cognitive modes of influence. These modes include observation, inactive experience, and direct tuition, although observational learning is the most common and effective form of learning. Understanding the complexity of working with adolescents, especially males, the use of observation and modelling will help solidify strategies and goals within therapy. Foulkes et al. (2018) observed that children

and adolescents are more likely to change their prosocial behaviours as a result of social influence, including peers. This highlights the influence that peers have on adolescents. Busching and Krahe (2020) concluded through their study that classrooms affect the prosocial behaviours in adolescents, which is consistent with social learning theory because the classroom is an environment that offers observational learning of behaviours.

Lee et al. (2004) stated, “One of the most well-established empirical findings is that rates among males are higher than rates among females for most types of crime and deviance” (p. 19). The evidence suggested that males are more susceptible to participating in delinquent behaviours, which confirms the need for additional support in the adolescent years for males; however, the correlation between delinquency and mental health disorders is inconclusive. Jennings et al. (2019) suggested that both internalized and externalized problematic behaviours influence adolescent mental health. Many factors are associated with delinquency, and according to Costello and Laub (2020), attachment to parents and schools, commitment to long-term goals, and beliefs and moralities are strongly related to delinquency. Costello and Laub also argued that more research needs to be done on the association between attachment to friends and delinquency, and how relationships with parents play a factor in delinquency patterns. As previously stated, further studies need to be conducted on these factors, and a variety of cultures should be included within their study, as the focus of the research has been Caucasian participants.

One of the limitations of Solakoglu and Yuksek’s (2020) study is that it took place in Turkey and might not reflect the adolescent population in Canada. Although this study was conducted in Turkey, it did highlight some crucial points regarding mental health and its connection to delinquent behaviours in adolescents, and raised questions about the level of delinquency that is prevalent in Canada. Gender was often not broached, but the study did not

particularly examine the effects of delinquency on males and how these effects may harm their mental health. Although this literature reflected the use of social learning theory with adolescents, there was little information provided about preventative programs that could support adolescent mental health associated with delinquency. Solakoglu and Yuksek mentioned that the importance of adolescents building bonds with their school should be an educational priority to prevent delinquency. With all research, there are limitations to the participant pool and ensuring therapists identify the narrow lens through which the study is viewed will ensure the therapist is not implying practices generally towards all clients.

Theme 2: Synthesis of Literature of Complexities in Presenting Problems and Accompanying Modalities

According to Hogue et al. (2020) and Albers et al. (2021), six core CBT elements work to provide essential skills to adolescents, and when successfully applied in treatment, have shown potential in lowering adolescent conduct and delinquency. The use of CBT is a modality that is easily accessible for mental health professionals to obtain courses and accreditation, therefore highlighting the benefits and accessibility of this modality. Although CBT does have positive outcomes for youth specifically around depression and behavioural regulation, some of the literature lacked evidence to support the use of CBT as the primary modality when working with adolescents. Many practitioners in Alberta have access to training using CBT, but there still needs to be longitudinal research done to compare the benefits of CBT compared to other widely used modalities such as family therapy. Overbey et al. (2023) recommended that the non-traditional approaches, such as animal-assisted therapy, be woven into the client's treatment plan, which has been shown to support youth with anxiety and depression.

According to Olsson et al. (2020) and Kwon & Telzer (2022), social learning theory explains how adolescents internalize behaviours, interact with their peers and develop a

framework for prosocial development. Social learning theory was identified in the literature as the rule that observing behaviours, specifically from peers, can influence an adolescent's behaviours and development. More research should be conducted regarding the connection between delinquency and mental health conditions. Therefore, as mental health professionals, it is important to observe both internalizing and externalizing symptoms of adolescence to understand the correlation between delinquent behaviours and mental health conditions.

Although CBT and social learning theory are often studied in isolation through the literature, both modalities can help provide a structural framework that can support adolescent males. CBT provides support through specific behaviours and thought patterns, while social learning theory contextualizes those behaviours and interprets them within the peer dynamics and social environments. Both these modalities highlight the importance of caregiver and school involvement and promote a whole child approach when dealing with adolescent males.

Although both these modalities have been researched and proven effective, there is still no long-term data regarding specific outcomes for adolescent males aged 13 to 17. As studies have been conducted through both of these modalities, there is still a need for cultural diversity to provide more evidence regarding clients who are not Western Caucasian and how their treatment may change depending on their religious, socioeconomic, and cultural needs. Although some comparisons have been made between CBT and social learning theory frameworks, no concrete research has combined both methodologies and their effectiveness in treating a range of presenting problems. The literature reinforced the importance of incorporating preventative programming into schools and communities to address mental health concerns and delinquent behaviours in adolescent males.

Theme 3: Literature Review of the Development of Self

Adolescence is a time of self-development, self-expression, and creating a sense of identity; therefore, the addition of a mental illness can cause large disruptions to an adolescent's psyche. Although there are many conversations about female mental health in the developmental stages of adolescence, male mental health is often viewed as secondary or not broached at all. According to McGorry et al. (2022), adolescent years are challenging as they involve finding a sense of self, individuating from one's family of origin and establishing their own life which can cause stress and frustration among youth. Moksnes and Reidunsdatter (2019) found evidence to suggest that gender does not have a strong influence on the development of self-esteem, although girls may be more likely to internalize their problems than boys, and boys have been reported to have a higher threshold of problematic experiences. Their research showed that adolescent males do not report their mental health concerns as often as females, making it hard to identify their needs.

Mental health supports are increasingly becoming more available to individuals who suffer from mental illness. Although there is still more support required for adolescents who suffer from mental illnesses, specifically adolescent males and how they are supported within their communities. According to McGorry et al. (2022), adolescence and the transition to adulthood are developmentally sensitive, and when adolescents suffer from mental illness during this life stage, it can interrupt milestones which include identity, relationship formation, educational and vocational attainment, financial independence and achieving autonomy. Although in Canada, mental health professionals have received more support for adolescent mental health, there is a lack of support for mental health in general in Canada. According to Abidi (2017), Canada has recently seen the development of existing initiatives in adolescent mental health research. The Adolescent/Young Adult Connections to Community-driven Early

Strengths-based and Stigma-free Services Network (ACCESS) and the YouthCan IMPACT project are endeavours to improve the care model for youth. Having these programs has shown a significant difference in young people's lives as well as lasting effects on an individual's mental health from adolescence to adulthood. The results from these programs have solidified the need for early intervention to support individuals' adult mental health.

According to Malla et al. (2019), ACCESS aims to transform mental health services for young people ages 11 to 25 and evaluate the transformation of individuals and the system's outcomes. This project is operating in Alberta and is geared towards supporting mental health in adolescents. McGorry et al. (2022, as cited in Malla et al., 2019) noted, "A key feature has been the success achieved with Indigenous communities, LGBTI and ethnic minorities, in which trust and ease of access have been demonstrated" (p. 70). Projects like ACCESS are a small step in providing services to adolescents who suffer from mental illness, although many other factors contribute to the success of treatment for adolescent mental health. As research is still developing in identifying treatment plans that are best suited towards adolescence, it is important to identify minority communities, such as indigenous and LGBTQ2+ communities and how their needs may be different from other clients. As adolescent mental health and male mental health have stigma, so do minority groups and therapists working with all groups who have stigmas associated with mental health should be aware of the challenges presented.

McGorry et al. (2022) observed that engagement of young people's families, design and operation of the models, and community and political support are essential components for success in maintaining good mental health support. Mental health professionals need to deliver a holistic, whole-child approach when working with youth mental health. Working within the family system is critical when working with adolescents, as their family system will be influential on the success of treatment. Gaur and Gupta (2024) stated that "parental support is

crucial in influencing the development of emotional intelligence and self-esteem in teenagers” (p. 66).

As youth are required to attend school, the most effective delivery of support for youth should be obtained in school. As health is a curriculum in Alberta, it is easy for school systems to implement mental health supports targeting adolescent males within the school. McGorry et al. (2022) identified the benefit of having mental support in schools to bridge the connection between other resources, including specialist care and digital mental health platforms. Allowing support within the school system will help adolescents feel more confident in advocating for their needs when they become adults. Hoover and Bostic (2021) reviewed scientific data on policies and practices in school mental health documents and the collaboration between education and the mental health systems to support student mental health. Although there are groups and supports in place for female adolescents, there is a lack of support for adolescent males in schools.

Rice et al. (2018) stated that young men have a different health risk profile from young women, thereby having different preventive and intervention needs. Boys who are disconnected from healthcare services during adolescence face a barrier to care and services, which can result in poor clinical response and present a self-stigma when accessing available services, as mentioned in the research. According to the data collected by Slade et al. (2009), only 13.2% of men aged 16 to 24 with mental health disorders have used services for mental health problems. This study was done in Australia and New Zealand; Canadians also have similar statistics, which confirm the barriers young men face to receiving mental health support.

Although programs are suggested to support youth mental health care, more research is needed to identify the differences between male and female needs regarding mental health care. While this research identifies the lack of support within the mental health system for adolescents,

it is still unclear what the course of action should be to reduce this lack of accessibility. McGorry et al. (2022) argued that improving the health and lives of young people will pay for itself and promote mental wealth for all of society.

Some studies regarding adolescent mental health have been conducted in recent years, but they were greatly focused on females. More research needs to be conducted to support adolescent males, given the data collected on their poor mental health knowledge. Due to a lack of guidance in the teenage years, it will become more difficult for the individual in adulthood, as well as for mental health practitioners. Sorsoli et al. (2008) noted, “the fact that many men carry a history of failed disclosure with them into adulthood is a challenge that practitioners are likely to face” (p. 343). Not only should there be more research around adolescent mental health, but according to Rice et al. (2018), there is a critical need for gender-sensitive research and intervention programs around adolescent boys. Mental health concerns for males are present around the world and are being researched more as international trends are emerging.

When analyzing the limitations of this research, it is evident that there are systemic gender norms in the research. Males who have mental health conditions are not volunteering to participate in research, resulting in a historical bias regarding mental health research. Most studies in the literature showed a heavy female participation, which highlighted potential cultural influences on participation and mental health studies. Male mental health is a topic that has not been broached openly through research, and as mental health professionals, we should pursue more studies to support all clients regardless of gender. Although societal norms cannot be changed immediately, the more mental health professionals can advocate for a variety of individuals, the more accepted it will become, which will benefit all individuals regardless of stigma or societal norms.

According to Feiss et al. (2019), many researchers have turned to school-based mental health programs as a way to reduce stress, anxiety, and other mental health symptoms in large groups of adolescents. Research has been conducted to evaluate the efficiency of school-based programming in reducing adolescent mental health problems. Corrieri et al. (2014) found that school-based interventions are promising to help prevent the occurrence of mental health disorders and adolescents, specifically with a focus on depression and anxiety. As adolescents spend the majority of their day at school, it is ideal to provide mental health support within the school system, as it will provide education for a large number of adolescents.

According to Feiss et al. (2019), school-based programs can help identify students who are at an elevated risk for clinical mental health issues and may need more support beyond school-based programming. Although school-based programs are effective for adolescents, there are differences between males and females in their response to mental health. Shapero et al. (2013) reported individual differences in predicting stress vary between males and females, where boys present more negative cognitive stressors, whereas girls present more anxious attachment stressors. Therefore, it is important to include a variety of modalities and program delivery to suit both female and male mental health needs. Dray et al. (2017) concluded that “together, the findings suggest promise for using resilience-focused interventions for short-term reductions in depressive and anxiety symptoms, particularly if a CBT-based approach is used” (p. 821).

Cultural sensitivity is crucial when dealing with a variety of individuals when it comes to identifying mental health struggles. Although adolescent populations have minimal research, minority adolescents have even less research regarding mental health support. According to Planey et al. (2019), African American or Black youth aged 18 and under have barriers to receiving mental health support, some of which include stigma, treatment affordability, and

accessibility stigma. With the current research being minimal regarding minority adolescent groups, it is imperative to gather more research to help these communities and bring awareness to all ethnic groups' mental health needs. School-based group session should include adolescents from minority groups to promote inclusion. Feiss et al. (2019) observed that implementing culturally sensitive practices, including same-race participants, is more effective.

Just like not all internalizing stressors affect females and males the same, it is important to note that each adolescent will respond to stressors differently, and supports should be adapted accordingly. Feiss et al. (2019) noted, "while there are more school-based programs aimed at reducing anxiety evaluated presently, the programs varied greatly in dose, program type, and program personnel" (p. 11). As most school-based programs provide strategies for anxiety and depression interventions, having conversations about mental health within school will help provide adolescents with appropriate language to advocate for their mental health as adults. According to Feiss et al., will-based programs may help prevent future instances of clinical cases by teaching coping strategies, reducing the stigma around mental health disorders through psychoeducation, and assisting students who fall under the clinical radar.

As per all studies, Feiss et al.'s (2019) study had its limitations regarding sample size and diversity. The study explored adolescence, with the primary participants being Caucasian females and males, and not many participants who were from a different ethnic group or who identified as a member of the LGBTQ2+ community. This research also studied the reduction of anxiety and depressive symptoms within adolescents through school-based programs and did not address any other mental health symptoms. Future research needs to be conducted regarding school-based programs with other mental health illnesses. Despite some limitations, Feiss et al.'s study highlighted effective methods for tackling the growing issue of mental health among adolescents, as well as exposing new gaps regarding school-based programming.

CBT, social learning theory, and attachment theory all have their strengths and limitations regarding a variety of uses within the treatment of clients. Therefore, it is essential to recognize the strengths and limitations associated with various cultural, socioeconomic, and racial backgrounds, as well as how they are addressed through these modalities. Adolescent males are a specific age group, although there is a vast variety of cultures and socioeconomic statuses that make up this population. Ensuring that these modalities are appropriate for the client based on their beliefs and morals is a key component to understanding individual treatment plans and is required by mental health professionals when treating all clients. Huey et al. (2023) noted, “although CBT effects appear to be robust across cultural groups, the minimal existing guidance on how to deliver culturally competent CBT represents a missed opportunity for reducing the burden of mental illness among ethnic minority groups” (p. 70). Mental health professionals need to acknowledge that although CBT can be used to treat a variety of mental health conditions, working with individuals from diverse backgrounds, I do not see the full benefit from these strategies.

Rodriguez-Ayllon et al. (2019) researched the correlation between physical activity interventions on mental health for young people and the benefits of physical activity in adolescence. With technology and social media becoming more prominent in the lives of adolescents, it is starting to affect young people’s mental health, which can contribute to more mental disorders. Identifying positive correlations between physical health and mental health can support adolescents in finding a balance that they can sustain throughout their adulthood. According to Cotman et al. (2007), exercise increases brain functioning, which includes overall brain health, resiliency, learning, and memory. Therefore, affirming the importance of maintaining physical health to sustain overall health is important. Rodriguez-Ayllon et al. (2019) reported that research on physical activity for mental health has been less extensive compared to

research on physical activity for overall health benefits, and this research has been even more limited in the context of adolescence.

The overall effect of physical activity on the mental health of young people to inform policies can be made to support young people's mental health in correlation with physical activity. Hoare et al. (2016) examined Canadian adolescents and reported that exceeding two hours per day of screen time had a significant association with higher odds of psychological distress, and it was most pronounced amongst males. Physical health plays an important role in adolescents' mental health, specifically in males. Penkova et al. (2022) stated, "the psychosocial role of sports in adolescents is reduced to developing valuable personal, socially significant qualities: courage, initiative, resourcefulness, self-control, independence, self-confidence, adaptability" (as cited in Becheva et al., 2023, p. 755).

According to Rodriguez-Ayllon et al. (2019), physical activity is associated with psychological well-being and has a positive influence on self-image, happiness, and satisfaction with life. Seabra et al. (2014) conducted a study on adolescent boys and how physical health affects their mental health and concluded that physical health improved the young boys' body image, self-esteem, and physical competence. Rodriguez-Ayllon et al. (2019) stated, "it is important to note that not all young people will experience increased physical competence or improved perceived appearance after completing a physical activity regimen (e.g., by not gaining strength, not experiencing weight loss, or losing games all the time)" (p. 18).

Although this research provided a positive correlation between physical health and mental health in adolescence, there were some gaps in the research, which resulted in further research being required. According to Rodriguez-Ayllon et al. (2019), more studies are needed on the mechanisms responsible for changes in mental health resulting from both physical activity and secondary behaviour. More research needs to be conducted around a variety of ethnic and

religious groups, as well as longitudinal studies to reflect the continuous outcomes made by these findings. Although Rodriguez-Ayllon et al.'s study had its limitations, it can be concluded that “sedentary behaviour was negatively associated with mental health in children and adolescents” (p. 28).

Rice et al. (2018) identified that young men have a distinctly different health risk profile compared to young women worldwide and therefore need different prevention and interventions. According to Gandhi et al. (2016), in Canada, mental health-related emergency department visits among youth increased from 2006 to 2011. McGorry et al. (2014) argued that early intervention focusing on developmental periods, including emerging adulthood, can greatly improve the mental health, well-being, and fulfillment of young people in wider society. Adding more preventative methods for young people will have a great impact on our overall societal mental health needs. Early intervention to promote better mental health in young people will be a benefit to both the medical and mental health industries.

Theme 3: Synthesis Review of the Development of Self

The literature acknowledged that males remain underserved within the mental health community despite the research showing that adolescent males may have experienced similar levels of mental health distress as females (Moksnes & Reidunsdatter, 2019). Reflecting the knowledge back regarding specific needs of adolescent males due to prioritizing female mental health above males, which discourages emotional expression in voice (Chandra & Minkovitz, 2006; Sorsoli et al., 2008). Also mentioned in the literature was the importance of cultural sensitivity in particularly with indigenous and LGBTQ+ youth, and how community-based models should be focused on diversity and providing access to all minority groups. Gender norms may prevent males from expressing emotional struggles, which can delay intervention and increase stigma (Sorsoli et al., 2008). Referred to in other literature was the importance of school

for early intervention in adolescent males' mental health. School-based programs are used to deliver psychoeducation and normalize conversations about mental health to young males ages 13 to 17. Although the Alberta curriculum tries to incorporate gender needs and cultural backgrounds, it is limited in its specific mental health education for males.

The literature supported the use of the “whole child” approach, suggesting it has the most benefits for adolescent mental health by ensuring there is family, school, and community support available to meet the mental health needs of the adolescent. Included in the whole child approach is the use of physical health and mental health to support adolescent males from sedentary behaviours and participate in physical activities back in enhance self-esteem, reduce depressive symptoms, and promote resilience (Rodriguez-Ayllon et al., 2019; Seabra et al., 2014). These findings supported that the use of physical literacy can promote better mental health for adolescent boys who may respond better to action-oriented interventions. A challenge noted in the literature is the underrepresentation of male adolescents in mental health studies, therefore providing low evidence on how to support males with a variety of mental health concerns. Another gap in the literature was the ability to intertwine mental health curriculum into the regular Alberta curriculum to support the whole child and integrate mental health conversations into basic curriculum objectives.

Theme 4: Literature Review of Stigma in Society

Throughout history, men have been told a variety of ideas based on mental health and how the expression of emotions would be viewed as weak or unmanly. Due to the societal pressures put on men, the likelihood of men advocating for their mental health is declining. According to McKenzie et al. (2022), although there has been research among individuals who suffer from mental illness, it remains unclear how mental illness stigma is experienced by a variety of men in different settings. Although research has proven that there is a stigma

associated with male mental health, Mackenzie et al. observed that there is a low overall level of public stigma concerning men's depression amongst Canadians who have no personal experience with depression or suicide. Therefore, individuals who do not have depression or suicidal ideation may not experience the same stigma concerning their mental health.

McKenzie et al. (2022) observed that masculinity is interwoven with mental illness stigma, which has resulted in consequences for men, including limiting their disclosure, reducing opportunities for social support, hindering help-seeking and interfering with treatment. Toxic masculinity is also a contributing factor to men limiting their disclosures and seeking support. According to Chatmon (2020), toxic masculinity restricts behaviours such as crying or showing fear based on gender roles. Chatmon also identified that the phrase "boy will be boys" is normalized by toxic masculinity, and these rigid masculine norms can lead to abuse of substances, interpersonal intimacy issues, depression and anxiety, and overall psychological distress. Not all mental health disorders are interpreted the same way based on gender. Boysen et al. (2014) observed that substance use and antisocial behaviour are stereotypically understood as masculine mental health problems and eating disorders are stereotypically perceived as feminine mental health problems.

According to McKenzie et al. (2022), stigma is a complex social process and is challenging to define. Therefore, understanding that it will take many years of destigmatization to change the social process of mental health stigma is important. Although there have not been many studies that identify different religious or ethnic groups for men's mental health, according to Oliffe et al. (2010), Asian men suppress their emotions as a remedy to self-managed depression, and Latino males rely on actions instead of expressing their feelings. These findings affirmed McKenzie et al.'s (2022) statement that many men across different ethnicities are prone

to internalizing mental illness and are told what is not appropriate behaviour for men concerning mental health.

Due to the stigma put on men regarding mental health, men often feel isolated and alienated from their friends, family, and society (McKenzie et al.,2022). Due to this isolation, men are less willing to seek support, which was confirmed in Oliffe et al.'s (2017) study, which observed that men's isolation—driven by societal stigmas—takes them away from potential supports, and reduces the likelihood that they will hurt themselves. Further, to advance the findings of the study, it would be beneficial to explore more diverse social identities associated with men, which would include sexual orientation, race, and ethnicity. Although Oliffe et al.'s study gathered evidence from a multitude of research studies, it is still important to seek more diverse participants and to compare findings globally. Using global data will help advance research to see similarities or differences in outcomes of mental health among adolescent males.

Theme 4: Synthesis Review of Stigma in Society

A common theme throughout the literature was the societal expectation of men to suppress emotions from childhood through to adulthood. According to Chatmon (2020), the statement “boys will be boys” highlights the societal view that shapes toxic masculinity and discourages men from promoting emotional intelligence, which leads to mental health conditions and harmful outcomes such as substance use and risky behaviours. Mackenzie et al. (2019) noted there is no argument that general stigma does exist; there is a variety of levels of research in the literature that depict personal experiences of men with mental health, which includes men who experience depression or suicide.

Not only is there a gender stigma and stereotype within the mental health community, but there is also evidence of a cultural and ethnic stereotype regarding suppression of emotion and coping abilities. According to Oliffe et al. (2010), research has shown that Asian men tend to

suppress emotions while Latino men are more likely to express their emotions through actions. As mental health professionals working with a diverse client background, it is important to ensure cultural strategies are being used to support cultural norms within the stigma of male mental health to support the client's masculine ideals and values without categorizing based on culture. Therefore, men often hide mental health issues until it's too late.

The literature suggested there is a need for more studies conducted specifically with males to guide mental health practices to become more gender inclusive. These studies will support future understanding of stigmas and assumptions towards male mental health to provide practitioners with increased knowledge and abilities to support all clients regardless of their culture, ethnic group or gender. Understanding that stigma can be underrecognized, mental health professionals need to educate individuals on the harm of stigma and how it affects individuals. Both local and global research is needed to open the scope on male mental health to educate all individuals of the benefits of receiving support and how to access these services.

Through the literature review, it became evident that some support within Alberta is in place to support adolescents aged 13 to 17, and these resources are mostly attainable for all youth regardless of barriers. In Chapter Three, the literature will be analyzed to identify gaps and future studies that can be made to improve the accessibility and perception associated with adolescent male mental health. The chapter will also provide a structured lesson plan that will incorporate CBT and the use of physical activity to promote mental health. Identifying researched modalities that support adolescent males ages 13 to 17 will support mental health professionals to develop appropriate treatment plans based on individual client needs. As the literature suggested, CBT is a widely used modality for individuals with a variety of presenting problems and there was some research regarding positive outcomes with adolescents. More analysis will be done in Chapter

Three to identify how research can be expanded to provide more results for adolescent males of a variety of cultural and ethnic backgrounds.

Chapter Three

Thematic Summary

After identifying key themes in the literature, CBT, attachment theory, and social learning theory have been proven to support adolescent mental health. Despite having a societal stigma against their mental health, males do have documentation that mental health practitioners can use to support them in their therapeutic journey. Additionally, there are strong benefits to incorporating physical and mental health supports for adolescents to ensure better well-being overall. The literature showed that positive physical health resulted in many benefits to mental health conditions and helped support individuals in navigating mental health concerns. The research identified alternative therapy methods with benefits for individuals who are not as open to talk therapy. As mentioned in Chapter Two, there is overwhelming evidence that adolescents are influenced by their peers; therefore, incorporating a group therapy style will help adolescents feel more attached to their peers and gain more from therapy. According to Guralnik et al. (2025), a multimodal approach measures a client's fixability in their response to treatment and process of change, which can help the therapist identify an individual's response to treatment. Therefore, incorporating a multimodal approach with adolescence can help the therapist to identify flexibility within the client's emotional state, response to situations outside of therapy, as well as their progress in therapy.

Gaps and Issues

As suggested in the research, males have an overwhelming stigma and social expectation regarding mental health; therefore, mental health professionals should be educated and prepared when dealing with males who are seeking therapy. It was also evident through the literature that more research needs to be done to support adolescent mental health and identify modalities and strategies to achieve success with adolescents' mental health symptoms. The research

highlighted the social stigma through which men have suffered when seeking support for their mental health and how there are fewer resources available to support men who suffer from mental health conditions. As mental health therapists, there is support through the American Psychological Association that can be used to guide practices regarding working with males and how to best accommodate their individual therapeutic needs.

Another important theme that was highlighted through the research was the use of school-based programs to support adolescent mental health. School-based mental health programs showed great success in supporting anxiety and depressive symptoms and adolescents, both male and female. Another key component of adolescent mental health is the use of physical activity to promote positive mental health. Despite the research showing positive results, many of these studies were conducted outside of Canada, and we're primarily focused on Caucasian females. Therefore, more research into minority groups and males needs to be done to have a well-rounded research field.

Transition

Identifying both strengths and limitations of the research, the purpose of this chapter will be to encompass these findings into a support that can help mental health practitioners when working with adolescent males ages 13 to 17. Using the information from the literature review, both the benefits and limitations of the studies will be identified to develop a group program that aims to improve mental health supports for adolescent males. These supports can be used in school or community settings and will allow adolescent males a safe environment to express their mental health concerns while including physical health benefits as well.

Discussion

Key Findings From the Literature

An understanding of teen male mental health in a school or community environment that provides a group mental health approach was developed through this Capstone. Adolescent male mental health for individuals aged 13 to 17 is a topic that is not broached regularly within the mental health community. The guiding question that drives this Capstone is what services are provided within Alberta to support adolescents with their mental health? Understanding that male mental health has many stigmas and perceptions centered around it, it is important to focus on research to provide facts rather than personal biases. Mental health professionals have access to resources to support males who are seeking therapy, which highlights the complexities of working with males' mental health, as well as common societal expectations and how to support clients with a variety of male-focused presenting problems.

Although adolescent mental health has been more researched within the last few years, the research has focused heavily on females and has not developed at the same rate for males. Females are often studied more than males, as the rates for female participants are often higher for many studies, regardless of the context of the research. This shows the inconsistency in our research methodologies and how many researchers have blind spots in certain populations, including race, age, and gender. As noted previously, there are societal expectations placed upon men that are different of women, and this is also evident within the mental health system.

Therefore, this Capstone encompasses resources and knowledge that can support mental health therapists whose clients are between the ages of 13 and 17 who identify as males. The commonly identified theoretical approaches that were used with adolescent males, as discovered through the literature review, were CBT, attachment theory, and social learning theory. As these three theoretical practices were the most researched regarding adolescents or males, this

highlights the strengths of these modalities when working with these clients. All three of these interventions are behavioural and social, which is beneficial for developing adolescents and individuals who can easily be influenced by outside factors. Using a multi-theoretical approach has proven many benefits in supporting a variety of presenting problems that adolescents experience. Although other modalities have been used with adolescents, the strength of the three interventions have seen the most positive results. Understanding the connections between these three modalities will help mental health professionals use strategies that encompass cognitive, behavioural, social, and attachment supports to develop a multi-lens treatment plan.

Another topic researched within the literature was the use of physical health to support adolescent mental health and how both practices can be integrated to benefit young males with their mental health journey. There is a large body of literature dedicated to the benefits of physical activity in supporting mental health. Adolescents who have both mental and physical health were shown to develop into healthier adults. The use of sports will help adolescent males be more inclined to participate in therapy, as it is not simply talking about feelings but learning through actions. Physical health has links to many benefits, which include supporting the adolescent at all developmental stages as well as providing a safe outlet for aggression and expression of feelings. Although through the literature review, it is evident that the research needs to be expanded regarding adolescent male mental health and how physical activity will support their journey. Many of the resources spoke to the importance of physical activity in the early years of childhood and often did not broach adolescence, nor specifically how physical activity and healthy competition can benefit young males.

Finally, as previously mentioned, the stigma and misunderstanding associated with male mental health was acknowledged through the literature review. The focus has been on how to support clinicians who primarily work with males to alleviate stress and reduce stigmas and

social misunderstandings. Mental health is a topic that can be viewed by many as stigmatized and has social ramifications, leading to individuals not seeking support to help with underlying mental health conditions. As mental health is starting to be spoken about more often, there is still a large stigma around male mental health, which may prevent males from seeking support or treatment and cause negative coping strategies for males dealing with underlying mental health conditions. Mental health practitioners should be aware of differences between genders despite similar presenting problems, as well as how to navigate large social stigma and influences on the development of a treatment plan. Therefore, mental health professionals must help facilitate conversations regarding male mental health and allow a variety of opportunities for adolescent males to seek support before they feel as though they must use alternative coping strategies such as drugs, alcohol and violence.

Gaps and Limitations

This Capstone analyzed existing literature on adolescent mental health and how mental health practitioners can best support these clients within their practice. Understanding that the research was limited regarding this current topic, the literature review was expanded beyond Canada to understand best practices worldwide when working with adolescents between the ages of 13 to 17. Another consideration was that the research primarily focused on female adolescents; therefore, the research was analyzed through a cautious lens due to the vast differences between genders. Finding research regarding male mental health was also limited; therefore, identifying adolescents in the range from 13 to 17 years was even more challenging when determining best practices to use with this specific clientele.

Cognitive behavioural therapy, attachment theory, and social learning theory were the most researched modalities to support adolescents with their mental health. Although it is unclear if these modalities were the best suited for adolescents, or if they were largely researched and

studied modalities that have more popularity than others. Therefore, this causes potential biases from mental health practitioners and may lead practitioners to only use these three modalities when working with adolescents, when other modalities may better fit their clients. Although all modalities have their limitations, and since the research is still limited when talking about adolescent males' mental health, there still needs to be a lot more research on other modalities that can support young males of this age group.

As the community I serve is primarily central Alberta, the literature was very limited in discussing many services and supports available; therefore, some of the supports mentioned throughout the Capstone are provided across Canada and may not necessarily be available within the community in which I practice. Schools and community support centers are essential to supporting adolescents. The literature highlighted the question of using these mental health supports within adolescent school communities and recreational communities to promote increased mental health. As adolescents spend most of their day in school, it is important to identify the role of the individuals who are working with these adolescents and how they can be supported to promote positive mental health within adolescent males ages 13 to 17.

As I explored the research, another key limitation was the lack of representation of marginalized communities and low socioeconomic youth. Understanding that there is a lack of services for adolescent males to access is prevalent, although certain individuals who still have access to these services may be unable to obtain access due to financial means or social location. The benefits of having more longitudinal studies in low socioeconomic communities would benefit mental health research moving forward to understand how to support individuals who are unable to obtain services due to financial limitations.

Implications for Practice

The themes within the literature review were focused on the major theories and practical applications of modalities to support adolescent mental health. What are the current supports available and the lack of services available for adolescent males, and how can they be accessed? In addition, how can physical activity be used to promote overall mental and physical well-being, while remaining in a competitive yet therapeutic group environment. Clinicians who choose to work with adolescents will benefit from the synthesis of information and provide a well-rounded understanding of strengths and limitations when working with adolescent males between the ages of 13 and 17 in Alberta. This Capstone highlights the unique factors that contribute to supporting adolescent male mental health and how to use these unique supports to ensure mental health concerns are addressed before the adolescent reaches adulthood.

The Association of Psychologists (2018) produced a document that provides guidance to mental health therapists, doctors, and psychologists on how to support males who are seeking therapy and how to appropriately address concerns without bias or misunderstanding. This document has 10 guidelines to help clinicians work with boys and men to ensure appropriate treatment. Through this document rationale is given for each of the 10 guidelines, as well as applications on how mental health professionals will apply these guidelines in their practice. The literature review highlights the stigma associated with male mental health and how this may affect their services. Although it is not ethical for mental health practitioners to discriminate based on gender, the presenting problems of males can be different of females and therefore cause practitioners to develop treatment plans based on presenting problems that are primarily female-based. There is a document to support mental health professionals who are working with males, but it still does not highlight the unique factors that influence adolescent males who are

suffering from mental health issues. Furthermore, this topic is still less researched and therefore less common and needs to have more concrete evidence and research.

Applied Practices

Moving forward within the field of adolescent male mental health for the ages of 13 to 17 years old in Alberta, the proposed framework to support these clients within a group therapeutic setting is as follows. As the research suggested that adolescent males are not keen to sit and discuss their mental health concerns through traditional talk therapy, the proposal incorporates physical health during the times the clinician meets with the client as well as incorporate a group setting that highlights healthy competition as well as peer support.

This therapeutic group will encompass the best practices from CB, attachment theory, and social learning theory in combination with physical activity into a group therapy approach to support males' mental health. The participants would consist of consist of males between the ages of 13 to 17 who are suffering from mental health conditions such as anxiety, depression, and stress. The therapeutic group would be held within the schools or community programs, such as the YMCA, with approximately 8 to 10 participants and would run for 12 weeks to allow the clients to benefit from brief therapy while providing time to practice the skills acquired each week. The group would be facilitated by a licensed mental health professional who could include a mental health therapist, psychologist, or school counsellor. These groups will be an hour long and will be held in an environment such as a gym to provide ample space for physical activities.

Each week, the clients will practice a variety of skills using CBT strategies to target negative thought patterns and distortions. Attachment theory will also be woven into the content by exploring how the clients interact within their current relationships and how to build healthier relationships with their peers and families. Social learning theory will be applied through the physical component of the therapeutic group, as the activities will be group-based problem-

solving activities that require communication, as well as fostering healthy competition. Metz et al. (2023) found that preventative problem-solving intervention showed a reduction in suicidal orientations in adolescents aged 13 to 18.

Some of the key learning components will be centered around positive relationships with peers and adults, healthy coping strategies, which include grounding techniques, meditation skills, and physical literacy. Another key component of the therapeutic group would be to give clients homework on skills and strategies to practice throughout the week until the next group again. Kazantzis and Ronan (2006, as cited in Haller & Watzke, 2021) noted, “Homework thus serves as a means of transferring strategies outside the therapy context and enables the patient to practice new skills in real-life situations to maintain therapeutic gain” (p. 224). As the groups will run weekly, the component of homework is important to allow the clients to practice their skills with real-life applications such as school, work and outside influences.

The research showed that primary caregivers of adolescents need to be supported and educated on strategies. Accordingly, there will be a guardian group that will also run in conjunction with the therapeutic group for adolescents. The guardian group will highlight the similar skills the adolescents are working on while incorporating psychoeducation on how to support the adolescent in developing the strategies and incorporating them into their everyday life. Allowing the guardians to obtain knowledge on how to support adolescent males will encourage healthy relationships and conversations regarding mental health, as well as knowledge to support the adolescent in implementing these strategies. The literature confirmed that incorporating the family system into the therapeutic journey of the adolescent shows benefits in achieving therapeutic goals. Allowing a space for guardians to learn skills and connect with other individuals whose children are seeking therapy can provide additional learning and support.

If the therapeutic group is conducted during school, it would be run within the lunch hour or after school to ensure the adolescents are not missing out on educational time in the classroom and if the therapeutic group were run through a community program like the YMCA, it would be run after school to allow a variety of clients to participate. As there are two parts to the group, one is the client group, while the other is the guardian group. If only one mental health therapist is available to run the therapy, the groups would happen on separate evenings. If there were access to two mental health professionals, the groups would run simultaneously.

The structure of the therapeutic group would have the clients participating in a variety of team-building physical activities, which include structured sports like hockey and basketball, as well as team-building activities which include building or constructing objects together. After the activity, there will be a brief discussion about skills and observations that were presented during the activity to allow the clients to express their thoughts as well as learn new strategies and skills.

Sample Lesson Plan

Materials: PowerPoint with key learning outcomes, basketballs, large space, cones, pinnies

Total Length: 45 minutes

Introduction: Clients will review homework from last week, focusing on strengths and limitations. Then, clients will review the outcome for the current session.

Length: 10 minutes

Activity: Clients will participate in a team-building basketball activity that focuses on facing unexpected challenges and how to overcome and adapt to those challenges. The clients will also learn through basketball activities how to effectively communicate in situations that cause frustration.

Length: 25 minutes

Wrap-up: The clients will debrief on what went well through the basketball activity and what could have been improved. The clients will use “I” statements and only reflect on their actions. The therapist will relate these experiences to other situations and provide CBT techniques to try throughout the week as homework connected to this specific set of skills.

Length: 10 minutes

To ensure this activity is culturally sensitive, the therapist will have a translation app to support any adolescents who cannot communicate in the primary language. The therapist will also ensure visual support of the activity and demonstrations for participants who struggle with cognitive abilities or language limitations. All therapists who are conducting the groups will receive cultural sensitivity training to prevent bias or misunderstandings. Activities will vary weekly, allowing all participants to demonstrate skills and abilities. Although the clients are males, there may be clients who identify as gender nonconforming youth; therefore, ensuring any individuals who identify as male or want to participate in this group are accepted, and participant expectations and rules are set out before the start of the group and reviewed throughout the sessions to ensure a safe place for all participants.

Although these lesson plans highlight basketball as the primary sport, any sport that encourages team building can be used. The connection between physical activity and emotional well-being has been proven to support a variety of mental health disorders. According to Mahindru et al. (2023), translating physical health into clinical practice is important for mental health. Also, understanding that most children receive physical education in school, the use of commonly played sports in schools provides familiarity for the participants, as well as allowing practical implications of skills in school-based sports through the physical education class. According to Fiorilli et al. (2013), exercise interventions such as running, biking, and basketball

can reduce addiction levels in smartphone users and are associated with fewer withdrawals and mood-related symptoms.

Understanding that there are limitations in all programs, the implementation of a community-based program is subject to program funding and staffing limitations. When introducing new programs, it is important to consider factors that could influence the continuation of programs, such as funding and staff allocations. Another point to consider is obtaining consent from parents of adolescents who frequent these community centers, especially if the parents are not active in the adolescents' lives. Through school-based programming, it is more likely that funding is provided to support programs working with adolescent males, although the limitation is finding certified staff with a background in mental health who can run the programs. Consent is easier to obtain in school-based programs, although it still raises a challenge for guardians who are not actively present in adolescents' lives or guardians who do not consent to their child participating in this form of therapy.

Reflections on Personal Learning

Motivation and Personal Connection

When beginning this Capstone, the first question was what topic was interesting to me but also relevant to my community. As an educator for the past 10 years, child and adolescent mental health has been at the forefront of my career and has influenced everything I have done. Working in schools, it was evident that children suffered from significant mental health issues, particularly adolescents ranging from 13 to 17 years old. As governments change and funding waivers are implemented, the lack of support that is present in schools and community programming for children and adolescents becomes clearer and less available.

Therefore, I knew I wanted to focus my Capstone on adolescent mental health and the supports that are available to support this fragile age with their mental health. Although all

individuals need mental health support, I found males had a larger stigma around mental health, as well as felt more ashamed to access mental health services. In discussion with my partner, it became clear that males between the ages of 13 to 17 often felt unsupported in their mental health and through my research, I realized very quickly that there was less support for these individuals than their female counterparts, and that is how I came up with the research question for this Capstone.

Challenges in the Research Process

Through my research, I discovered the lack of scholarly articles and evidence to support best practices for working with adolescent males regarding mental health concerns. This was alarming to me, as mental health has been a developing topic within the last five years; therefore, I figured more research would have been done regarding adolescent mental health and development. Through the literature, it also became evident that other countries were further ahead than Canada in their research on adolescent males and what the best supports for mental health diagnosis. This caused me to research local supports, and to my surprise, there were minimal options in my community to support males within the ages of 13 to 17, meeting specific mental health support needs.

As I conducted the literature review, I become more frustrated with the healthcare system provided to young people's mental health and how this new topic is still not broached with young individuals. As an individual who works in the school system as well as community outreach, working with teens and young adults, I am concerned by the lack of knowledge and resources that mental health professionals have to support these individuals. As I begin my career in mental health, I plan to work primarily with children and teenagers; therefore, this topic is relevant to my practice and encompasses my passion for working with children and youth.

When researching this topic, my curiosity grew as limited research was available, which included questions and uncertainties. As mentioned previously, a lot of the literature was focused on other countries and only a very limited number of studies were conducted within Canada. This made me question why Canadian researchers have not utilized the opportunity to do more studies on adolescent male mental health and how we can increase awareness for adolescent mental health, specifically targeting males. Another curiosity that surfaced was the lack of programs available within the school system to support adolescent males, as most programs that were found centered around females. Although research does show that adolescent females suffer more with their mental health and other diagnoses, the lack of resources in the schools for adolescent males is still present.

Through the research and analysis of literature on the topic, moving forward in my career as a mental health professional working primarily with children and adolescents, I want to ensure I am continuing to maintain professional development and staying current with the newest research and modalities. As the research showed, there is a limited amount of knowledge regarding the best modality to use while working with adolescents; therefore, a comprehensive understanding of all modalities will help provide adolescents with multiple diagnoses to receive quality therapy. As one therapist cannot be an expert in all modalities, the modality that I will utilize the most will be cognitive behavioural therapy, as this modality has had the most research regarding use with adolescents and is the most adaptable for working with children and adults. Although CBT will be the primary modality of my training and knowledge, I plan to be rooted in attachment theory as I find this theory provides an understanding of behaviours and provides knowledge on individuals' characteristics.

Commitment to Professional Development

While growing up, I was involved in many team sports and activities, which I believe helped contribute to my mental health as well as peer connections and relationships. My research for this Capstone correlated the importance of physical and mental health, and the ways that both contribute to the overall health of the individual. Incorporating therapy and physical activity will help adolescent males feel more inclined to participate in this type of group to allow for social development with peers, as well as therapeutic benefits. Through the research, a proposal to implement a group physical and mental health program for adolescent males will allow more participation and help eliminate the stigma that therapy is individualized and simply talk therapy. As an educator, I have worked with children and youth in both one-on-one and group settings and have found the influence of their peers to be significant in their development. When adolescents are given the chance to work with peers, it fosters many characteristics and helps develop healthy relationships.

I will continue to read current literature regarding adolescent mental health, as well as stay up to date with statistics and reports that identify male adolescents. Continuous professional development will be an asset when working with adolescents, as this is still a new field of study, and there will always be changing evidence and modalities for best practices. I will ensure I am following my code of conduct and best practices document to ensure fair and equitable services to all genders, including males. The role of the mental health therapist is to advocate for the rights of their clients and to ensure proper knowledge of presenting problems and best practices are considered when developing a treatment plan. I will be an advocate to support adolescent male mental health through schools, community centers, and my practice, through mentorship and consultation with colleagues.

Dissemination Plan

As I will be working in the school system as a school counsellor, I will have the opportunity to present my Capstone to the school systems through professional development for teachers and other school counsellors. I will share my results with the education community of which I am a part so that all individuals working with adolescents, specifically males, have more knowledge to support their mental health needs, as well as the ability to identify problem behaviours and how to support adolescents with these behaviours. Through my connections with the school system, I will be able to incorporate professional development in a variety of schools that can enhance knowledge for individuals working with children and adolescents on resources that support mental health.

I would conduct a workshop for education professionals who are in counselling roles within schools to educate them on the impact of mental health services on adolescent males. Through this workshop, I will go through the services that are provided within the community and how these local services can support youth within the schools. The workshop would consist of two professional development days and would be centered around education towards adolescent male mental health, available resources, and the stigma associated with male mental health. This workshop will give school counsellors the opportunity to collaborate with other professionals and share local resources that can support youth in the school's community. The workshop will allow school counsellors to expand their knowledge on adolescent male mental health and develop a concrete plan for their school community on how they can support the young males that they serve.

I also have an active role in my local community YMCA, running programs for adolescents, and have the ability to present this Capstone's results with the staff who work with adolescents at this facility. Through a presentation of the results of this Capstone, I believe it will

help enhance the curriculum development for all programming moving forward that is used with adolescent males who frequent the facility and access a variety of programs. The staff at the YMCA could also benefit from a workshop-style program reflecting the benefits of using physical education with adolescent males and how the programs at the YMCA can incorporate both physical and mental health.

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