What Challenges Are Boys Facing, and What Opportunities Exist To Address Those Challenges?



All through elementary school, Michael couldn't sit still in class and frequently interrupted his teachers.

He never seemed to be able to focus long enough to get his work done. His grades suffered. Now in the sixth grade, he was diagnosed with attention deficit hyperactivity disorder (ADHD) and started taking medication. Although Michael's concentration has improved, completing homework assignments is still difficult, and he's embarrassed to ask his teachers for help. He is often sad because he feels different from his peers and doesn't have a lot of friends. Though they want to be supportive, Michael's parents aren't sure what to do to help ease his transition to middle school.



U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation

This fact sheet is based on a comprehensive review of scientific literature, including computer searches of the major bibliographic databases (e.g., PsychINFO, MEDLINE/PubMed, EBSCOhost) looking, in particular for epidemiological studies that determine what factors make boys more or less prone to certain outcomes. The literature search was limited to scholarly journal articles and government documents published in 2000 and later unless an article was a seminal piece in the field or contributed to tracking trends over time. The statistics provided are from the most recent year for which data were available. Where possible, data related specifically to boys are included, but when these data were not available, data on youth, ages 10 to 18, are provided.

Some Facts About Boys' Mental Health

In practical terms, mental health means successful mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. But mental health and mental illness are not polar opposites; they are really two points on the same continuum.¹

Unfortunately, almost half of all Americans meet the criteria for mental illness at some point in their lives, and these challenges usually start in childhood or adolescence.² In fact, about 1 in 5 boys and girls in the United States between the ages of 9 and 17 have a diagnosable mental health or substance use disorder that affects their ability to function at home, at school, or with friends.³ Some of the most common mental health disorders among young people are described below.⁴

Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder

Young people with ADHD have a chronic level of inattention and/or impulsive hyperactivity that interferes with peer and family relationships and school or work performance.

 In 2006, an estimated 7% of youth in the United States had ADHD, and boys were about three times as likely as girls to have the diagnosis.⁵ In addition, children with fair or poor health status were almost three times as likely as children with excellent or very good health to have ADHD.⁶ In 2002, 4% of boys 18 and under used prescription medications for the treatment of ADHD compared with less than 2% of girls the same age.⁷

Children and adolescents with conduct disorder have great difficulty following rules and behaving in a socially acceptable way.

 As many as 12% of boys will develop conduct disorder in their lifetime, with a median age of onset of about 12 years old.⁸ A diagnosis of conduct disorder is associated with an elevated risk for other mental disorders including mood, anxiety, and impulse control disorders.⁹ A 2003 study found that children living in poverty were more likely to experience behavioral disorders including conduct disorder.¹⁰

Mood Disorders

- In one 2006 survey, about 8% of boys and girls ages 12 to 17 reported that they had experienced a major depressive episode in the past year. ¹¹
- Almost 35% of boys and girls who had been depressed in the past year reported illicit drug use; less than 20% of those who had not been depressed in the past year reported illicit drug use.¹²
- Although depression is more common in girls, in 2005, about 20% of high school boys reported feeling sad or hopeless every day for at least 2 weeks.¹³ In addition, in 2005, 12% of high school boys

had seriously considered attempting suicide, 10% had made a suicide plan, 6% had attempted suicide, and about 2% made a suicide attempt that required medical attention.¹⁴

 The number of office visits by youth age 19 and under with a diagnosis of bipolar disorder has increased 40 times in the past 10 years.¹⁵

Anxiety Disorders

Anxiety disorders are one of the most common forms of mental health disorders among girls and boys.¹⁶

- Separation anxiety disorder is one of the most commonly occurring anxiety disorders among youth with about 4% of boys and girls experiencing the disorder.¹⁷
- An estimated 4% of boys and 6% of girls between the ages of 12 and 17 experience post-traumatic stress disorder in response to traumatic events such as assault or other violence.¹⁸ Boys and girls who are exposed to traumatic events are about twice as likely to have a mental health disorder compared to those who are not exposed to traumatic events.¹⁹

Treatment

Given the high numbers of boys with mental health disorders, seeking and receiving treatment is of vital importance.

 A 2003 study found that most boys and girls are referred to treatment and/or receive treatment through their schools.²⁰ In one 2006 survey, about 20% of boys reported that they had received mental health counseling or treatment in the past year.²¹ Up to 80% of boys and girls with a diagnosable mental disorder do not receive treatment, and the majority of those who do get help leave treatment early.²²

Gender and Ethnic Differences in Mental Health

- A 2003 study found that by age of 16, depression and anxiety disorders are more common in girls than in boys.²³
- Latino adolescents reported higher levels of depression compared to youth from other ethnic backgrounds.^{24,25}
- In 2007, more American Indian/Alaska Native boys committed suicide than White or Black boys.²⁶
- Adolescents from low-income families show higher risk for all forms of mental illness. For instance, disadvantaged boys are at elevated risk for depression and suicide in adolescence. ^{27, 28}
- The link between poverty and mental health disorders is stronger for White children than Black children.²⁹
- Adolescent girls are more likely to report treatment for mental health disorders than adolescent boys.³⁰

Overview of Risk and Protective Factors

Researchers have focused on understanding mental health problems among children and adolescents to help boys like Michael transition successfully to adulthood. In the process, they have learned valuable lessons about boys' and girls' risk factors those traits and life experiences that can jeopardize a person's healthy development—and protective factors—the characteristics and life experiences that can increase a person's likelihood of positive outcomes.³¹

Reasons young people may struggle with mental health disorders:

- Poverty
- Genetic predisposition ³²
- Difficult temperament
- Poor social skills
- Deviant peer group

Family and school factors that may contribute to the risk of mental health disorders:

- Abusive parents ³³
- · Parents with substance abuse problems
- Teachers who cannot effectively manage behavior in the classroom
- Lack of attachment to school

Factors that help protect young people from the risks and ramifications of mental health disorders:

- Self-confidence
- Positive problem solving skills
- Effective parenting
- Positive relationships with peers
- Attachment to school
- Positive social activities



Conclusion

Researchers have focused on understanding what factors place some young people at risk for mental illness and what protects some young people despite exposure to the same risk factors. What they've learned is that the causes of most mental health disorders lie in some combination of genetic and environmental factors.³⁴

Although Michael experiences some challenges that cause him to struggle—such as poor social skills, a lack of self-confidence, and academic difficulties—he also has protective factors, including supportive parents who work with him to help him improve his schoolwork.

Increasing awareness of mental health disorders means that boys like Michael have started to get the help they need to succeed in school and life, but many challenges remain.

Research into what works to build boys' strengths and reduce the

Additional Resources

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For additional fact sheets in this series or for more information and resources on boys, including promising interventions and federal approaches to help boys, visit:

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Annotated Bibliography http://aspe.hhs.gov/hsp/08/boys/Biblio

challenges they face is still growing. Although the results are promising, efforts continue to pinpoint what strengths make some boys more likely to succeed and what risks, or challenges, increase the likelihood that they will struggle.

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