Men’s Health Report 2013
In Focus: Mental Health

Published by the Foundation of Men’s Health

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Foreword

Since its founding in 2006, the Foundation of Men’s Health has continued to develop and expand its profile and has set out its goals in agreement with the definition of men’s health. The term men’s health was drawn up on the evening prior to publication of this report by a group of experts.

This group of experts included:

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Prof. Dr. rer. soc. Bernhard Badura – Faculty of Health Sciences at Bielefeld University, Bielefeld
Dr. med. Winfried Czempiel – Foundation of Men’s Health, Berlin
Prof. Dr. phil. Martin Dinges – Institute for the History of Medicine, Stuttgart
Dr. med. Michael Hettich – Clinical Centre Wahrendorff, Dept. Psychosomatic Medicine and Addictions, Hannover
Prof. Dr. rer. soc. Anne Maria Möller-Leimkühler – Psychiatric Clinic for Psychiatry and Psychosomatic Medicine, Ludwig-Maximilian-University, Munich
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Prof. Dr. phil. Winfried Zinn – Metrik Research Group, Bermuthshain

OMR Prof. Dr. Doris Bardehle

Coordinator of the Scientific Board of the Foundation of Men’s Health

Berlin, October 2013
**Definition Men’s Health**

*Foundation of Men’s Health, Berlin 4/24/2013*

*Men’s Health* encompasses the dimensions of health and diseases, which are particularly relevant to men and boys.

Health is a state of physical, psychological and social well-being resulting from a balance of risk and protective factors, which is the responsibility of the individual, the partners as well as being a collective responsibility.

Protective factors are healthy and conscious lifestyle, accepting one’s strengths but also weaknesses as a man, meaningful experience and zest for life, social support and personal recognition.

Risk and protective factors are especially unequally distributed in men, depending on education, ethnic and social background, income and professional position.

Health problems in men require special preventive and care services throughout life, which for the most part still need to be developed.
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Dr. phil. Matthias Stiehler
Mental Health in Men – Internationally and Nationally

OMR Prof. Dr. Doris Bardehle

Beginning in the 1980s, men’s health started to become a worldwide problem. At that time, gender specific differences in health status began to be detected, with men proving to be at a disadvantage. Health data has been analysed separately for men and women, not only for life expectancy but also for many diseases. An international overview of men’s health reporting, concerning the development of Men’s Health Policy Programs and strategies as well as Gender Equity and research programs show a wide variation across America, Australia and Europe. An overview of the men’s health reporting activities by the Robert Koch Institute/ Federal Office of Statistics, The Deutsche Sporthochschule Cologne as well as the federal states and districts demonstrate the concern about the growing health problems of men, especially with regard to the increase of psychic and behavioural disorders. This chapter closes with conclusions based on international and national summaries, with proposals on research projects and ideas for promoting men’s health.

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### Chapter 1: Mental Health in Men – Internationally and Nationally

**Fig. 1:** The 10 most common disorders leading to employment incapacity in both men and women (BKK) in 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>ICD</th>
<th>Description</th>
<th>Days*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>M54</td>
<td>Back pain</td>
<td>974.2</td>
</tr>
<tr>
<td>2.</td>
<td>F32</td>
<td>Depressive episode</td>
<td>953.4</td>
</tr>
<tr>
<td>3.</td>
<td>J06</td>
<td>Acute infections at multiple or non-specific localisations or upper respiratory system</td>
<td>763.7</td>
</tr>
<tr>
<td>4.</td>
<td>F43</td>
<td>Reactions to extreme stress and adjustment disorders</td>
<td>508.9</td>
</tr>
<tr>
<td>5.</td>
<td>F48</td>
<td>Other neurotic disorders</td>
<td>289.5</td>
</tr>
<tr>
<td>6.</td>
<td>C50</td>
<td>Malignant neoplasm of the mammary gland (mamma)</td>
<td>288.1</td>
</tr>
<tr>
<td>7.</td>
<td>M51</td>
<td>Other spinal disc injuries</td>
<td>266.7</td>
</tr>
<tr>
<td>8.</td>
<td>J20</td>
<td>Acute bronchitis</td>
<td>264.5</td>
</tr>
<tr>
<td>9.</td>
<td>M75</td>
<td>Shoulder lesions</td>
<td>235.0</td>
</tr>
<tr>
<td>10.</td>
<td>F45</td>
<td>Somatoform disorders</td>
<td>232.1</td>
</tr>
</tbody>
</table>

| **Men** |      |                                                                             |       |
| 1.   | M54  | Back pain                                                                   | 1338.0|
| 2.   | J06  | Acute infections at multiple or non-specific localisations or upper respiratory system | 667.7 |
| 3.   | F32  | Depressive episode                                                          | 562.8 |
| 4.   | M51  | Other spinal disc injuries                                                  | 330.2 |
| 5.   | M23  | Internal injury of knee joint (internal derangement)                        | 296.9 |
| 6.   | M75  | Shoulder lesions                                                            | 293.4 |
| 7.   | T14  | Injury of a non-specific part of the body                                   | 272.1 |
| 8.   | F43  | Reactions to extreme stress and adjustment disorders                        | 253.2 |
| 9.   | J20  | Acute bronchitis                                                            | 253.2 |
| 10.  | A09  | Diarrhoea and gastroenteritis, poss. caused by infection                    | 224.4 |

Source: BKK German Association. BKK Health Report 2009-2012 (Data 2011)
Chapter 2: Change in Attitudes Concerning Men and Masculinity in Germany since 1930

Prof. Dr. phil. Martin Dinges describes the »changing attitudes towards men and masculinity in Germany since 1930« by systematically considering four dimensions that determine masculinity:

1. Changing nature of masculine imagery
2. Educational opportunities and the work environment
3. Partnerships and gender relations, especially in families
4. Homosociality and other forms of sociability

Using these categories, it is possible to chronologically distinguish four generations of men, which feature different characteristics depending on year of birth:

1. 1930 – 1949 Generation of war and reconstruction
   Necessary hardness regarding masculinity
2. 1950 – 1969 Reconstruction and affluence generation
   Apparent stability.
   Increasing flexibility.
4. 1990 ff Globalisation generation
   Loss of control and pragmatic answers.

<table>
<thead>
<tr>
<th>Economic resources</th>
<th>Social resources</th>
<th>Mental resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>62-83 years old</td>
<td>usually secure pension</td>
<td>family and friends SADP: friends</td>
</tr>
<tr>
<td>42-61 years old</td>
<td>frequently secure workplaces but fear of redundancy</td>
<td>family, friends SADP: friends</td>
</tr>
<tr>
<td>22-41 years old</td>
<td>usually: insecure workplace but used to it</td>
<td>friends, partners SADP: friends</td>
</tr>
<tr>
<td>up to 21 years old</td>
<td>usually still the parents, slightly better job prospects</td>
<td>friends, parents</td>
</tr>
</tbody>
</table>

*SADP: singles and divorced persons
The most important challenges in the life stages and transitional periods of men are as follows:

1. **Boys as children as well as adolescents**
   Family-related stress, particularly in only child families, »father deprivation«, school problems (ADHD), increase during puberty

2. **Adolescents and young adults**
   Orientation problems and role conflicts during puberty: independence; educational selection; suicidal tendencies; stable integration within job market, development of partnerships

3. **Adults**
   Occupational and job market problems; perhaps relating to starting a family whilst meeting occupational challenges; burn out and depression; incl. midlife crisis

4. **Seniors**
   Transition to the retirement phase and constructive resolution of loss of occupation; aging; suicide relating to quality of life, dementia

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Men’s Mental Health: Meaning, Goals, Need for Action

Prof. Dr. rer. soc. Anne Maria Möller-Leimkühler

Mental health disorders relating to men receive hardly any attention within society, politics, health science and even research, medical practice and psychotherapy. There are large discrepancies between the high prevalence of mental disorders in men and, when compared with women, a higher level of social stigma as well as between good treatment options and the high level of undiagnosed cases and between the enormous costs to society and the lack of attention given to these facts. Social concern for the mental health of men is first aroused when circumstances become dire, in particular in the event of a drop in productivity at work with subsequent loss of earnings.

Mental disorders in men are underestimated, undiagnosed and are left untreated. One indicator for this is the suicide rate amongst men, which is three times higher than the equivalent amongst women (see Section 8). Missed diagnoses have an effect on approx. 60% to 90% of those affected and cause grave health and psychosocial consequences with enormous indirect costs.

The most important reasons for the lack of treatment for mental disorders amongst men are: reticence in seeking help, ideologies relating to masculinity, fear surrounding social stigmatisation, incorrect diagnoses as somatic disorder, lack of knowledge regarding gender-specific symptom profiles (e.g. in the event of depression) and health options that have been designed for women and therefore, are not available to men.

The most significant psychosocial risk factors for the different mental disorders in men can be summarised as follows: low level of education, low socio-economic status, lack of social integration, work-related stress factors and psychosocial crises. These risk factors are fundamentally open to change.

Therefore, the need surrounding treatment to improve the mental health of men must be viewed as a task for society as a whole and includes prevention, diagnostics and therapy. In this chapter justification, targets and options for health promotion and/or prevention of mental disorders specifically in men will be presented in seven areas: health behaviour, diagnostics, work place, aggression, social integration, stigmatisation and research.
Chapter 3: Men’s Mental Health: Meaning, Goals, Need for Action

Fig. 3: Suicide rate in Germany according to age and gender


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Comorbidity of Mental and Somatic Disorders in Men – an Outline

Prof. Dr. rer. soc. Anne Maria Möller-Leimkühler

Mental illness as a consequence of a chronic somatic disease such as coronary artery disease, diabetes or cancer and severe somatic diseases as a consequence of mental disorders such as depression or alcohol dependence is a frequent phenomenon; however, it is often neither diagnosed nor treated. This fact results in higher morbidity, mortality and health care burden. Gender differences in comorbidity have not been systematically looked at so far. Nevertheless, this chapter tries to give a first insight into the long term mental and physical health problems of men on the basis of available national and international data. This insight will focus on prevalence, risk factors, coping strategies and aspects of care with regard to frequent physical and mental disorders.

Fig. 4: Interaction between comorbid mental and somatic disorders

Source: amended acc. to Fydrich F, Ülsmann, D. Comorbidity of Chronic Somatic and Mental Disorders. German Health Gazette 2011; 54: 108-118
Some evidence indicates that men use less functional strategies than women to cope with a chronic illness and are at greater risk for developing comorbid depression. Mentally ill men may have an increased risk of coronary artery disease, stroke or diabetes due to stronger pathogenic effects of adverse lifestyle factors. Additionally, they may experience less qualitative medical care. It can be assumed that comorbidity in men is less frequently diagnosed and treated than in women for a variety of reasons. One of the most important reasons is probably the high stigma of mental illness, which is even more pronounced towards men and inhibits help-seeking as well as offering adequate help. Conclusions drawn from the current state of research on comorbidity focus on systematically including the gender perspective to further improve access to care, diagnosis and treatment interventions.

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In general, the mental health of boys, male adolescents and young men is not problematic but in some areas precarious. Many live recklessly but are not without worries and it is exactly at this point where psychosocial problems converge and more than a few struggle. Whilst ADHD (attention deficit-hyperactivity disorder), media consumption and binge drinking are almost incessantly a subject of discussion, suicides, self-harming behaviour or body image disorders amongst boys do not get sufficient professional and public attention. That is also due to the fact that in medical discourse, boys appear as a presumably homogenous group if they appear at all. Yet interest is directed above all towards particular negative phenomena like educational failure, externalising behaviour or violence. Diverse life situations and differentiation according to migration, social status or sexual identity for instance can be neglected; health issues are not a matter of concern. From a life-stage perspective, socialization factors in boys' mental health are brought into focus. Risk-taking behaviour, masking depression or lack of access to recreation are for the most part learnt and are conveyed institutionally too by male peer groups for example, or at school. There, »masculinity« is a key stress factor. However, with boys' mental problems, people do not often enough question the social and institutional conditions, which led to them; even predominant male disorders such as Asperger syndrome are not adequately investigated. The health care system as a whole is trapped within diminished images of masculinity and, especially in the area of mental health, not adequately adjusted to boys. Masculinity is seen as a problem and the protective factors of masculinity are ignored. In this sense, indicators of boys' mental health should be worked out and integrated into health promotion. Research into boys' health should consistently include aspects of psychological-mental health.
Chapter 5: Carefree or Uncared for? On Mental Health in Male Adolescents

Fig. 5: Mental and behavioural abnormalities (specifically »abnormal«) of 3 to 17 year olds (prevalence in per cent)

Source: KiGGS acc. to 13th Child and Adolescent Report, 110

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Men are substantially more often fully and continuously employed during their working life than women are. Thus, they are more intensely confronted with positive and negative exposures at work and the effects thereof on mental health. Negative, health-adverse exposures include distinct physical, chemical and biological stressors and ergonomic strains but also chronic psychosocial stressors. Among these, highly demanding jobs with low control, demanding work without adequate rewards, organizational injustice and job insecurity are most significant. A large number of epidemiological studies demonstrate elevated risks of depressive disorders among employees suffering from these conditions. Several practical consequences can be drawn from this scientific knowledge, both for primary and secondary prevention. Efforts of primary prevention aim at improving health-promoting working conditions, whereas secondary prevention is mainly concerned with improved management and organisation of return-to-work programs for employees suffering from a mental disorder. These activities on a company level should be strengthened by distinct labour and social policies on a national level.
Fig. 6: Retrospectively assessed career paths of 8,346 men and women (>50 years) from 13 European countries. SHARELIFE Study

Source: Wahrendorf & Siegrist 2011

Prof. Dr. phil. Johannes Siegrist, Senior professor for psychosocial occupational stress research at Heinrich Heine University. Former Director at the Institute for Medical Sociology and Head of Extra-Occupational Public Health Studies at the same university. Numerous areas of research in this field with particular stress on socially unequal health chances.

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Unemployment is not only regarded as one of the greatest unresolved economic and socio-political problems but also as a major public health challenge. Since the 1929 economic crisis, the negative impacts of involuntary unemployment on health status have been the subject of systematic research work. The study of »The Unemployed of Marienthal« describes the psycho-social impacts on society. Since then, the German labour market situation was marked by high unemployment in several phases. Relationships between unemployment and health are reciprocal in nature. Compared to people who are employed, unemployed people are characterised by a significantly worse health status and less favourable health behaviour. The differences in health are particularly noticeable in the field of mental health. This is proved by international meta-analyses as well as by analyses of surveys in Germany. Health reports of health insurance companies clearly confirm higher morbidity figures in unemployed men caused by mental and behavioural disorders with regard to hospital treatment than compulsorily insured employees. Health handicaps are a relevant hindrance to reintegration on the labour market. A number of theories tried to explain the mutual relationships between unemployment and health. These include theories on mental deprivation, agency restriction caused by financial stress or strain and stress concepts for the duration of unemployment. Meta-analyses confirmed that unemployment is related to impaired mental health. The effect is of medium intensity. Evidence of impaired well-being can be provided for various other indicators. After losing their job, people tend to suffer from impaired mental health and vice versa, whilst their mental well-being clearly improves as soon as they return to work. Many influencing factors moderate the effects of unemployment on health. Unemployment protection and the individual length of unemployment are major influence factors on a person's mental health status. Moreover, unemployed men are hardly reached by prevention and health promotion offers. Better strategies for addressing unemployed men in the field of health promotion have to be developed. The interactions between unemployment and health need improved policy frameworks, to break the vicious circle and more interventions like the EU-Commission's youth employment package with job guarantees. Health impact assessment of labour market policy is recommended.
Fig. 7: Number of unemployed and registered (work) places in Germany based on annual averages (from 1950 to 1989 only West Germany)


Notes: Federal area up to 1958 excludes Saarland. 1990 onwards, only job vacancies at registered, unsubsidised positions of the regular job market.

PD Dr. PH Alfons Hollederer, Head of »Care Quality, Health Economy, Health System Analysis« at the Bavarian Ministry for Health and Food Safety (LGL). Received his doctorate in Public Health and is professor of unemployment and health. Editor of the book »Gesundheit von Arbeitslosen fördern!« (FHVerlag, Ffm).

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Men in Relationships

Dr. phil. Matthias Stiehler, Dipl.-Soz.päd. Uwe Tüffers, PD Dr. rer. nat. Kurt Seikowski

The theme of »Men in Relationships« has many aspects, especially regarding the effects on the psyche. In addition to employment, it is a central factor of life that is important for the conduct and self-identity of men. In the following report, 5 areas were chosen, which reflect this complexity. Thereby it will be clearly shown, that in almost all these areas there is hardly any research on the psychological health of men, and even central problems have, as yet, not been properly identified.

1. Single Men
This lifestyle has greatly increased in recent decades, especially under men. It is especially noteworthy, that middle-aged men are more often affected than women. While single life must not necessarily be considered a strain, considerably more single men are affected by loneliness and isolation than men in relationships. This is given as the central problem, also in its effects on psychological health. In addition, a deciding factor for the well-being of single men is whether they have willingly or unwillingly chosen a lifestyle without a partner. Despite such testimony, there is still no evaluated comparison between singles and persons in a relationship, especially in reference to the psychological effects of this lifestyle.

2. Men in Relationships
In general, it is stated that relationships and specifically marriage, have a protective effect on men. However, there are hardly any observations that confirm this general statement and urge more sophisticated analysis. Also, marriages and relationships cannot be easily categorised and build a rather complex picture. Added to that, this lifestyle reflects a society's development, which has its effect on psychological well-being and stress. So we must assume, that romantic ideals have increased in recent decades, which in turn increases expectations as well as disappointment. At the same time, there are still difficulties with sexual interaction. Here, men find it difficult to communicate their desires to their partner. This leads to further tension between partner ideals and reality that are then responsible for a high separation rate. A specific topic is fatherhood. It is clear that there is a strong connection between family and career, particularly in men. It can also be stated that men who want children can handle strain better. However, in present research it remains open as to how the problematic, and also protective consequences of fatherhood, affect men. Here, there is also the question of whether taking parental leave has a positive effect on men's attitudes to health.

3. Separation and Divorce
That separation and divorce frequently cause psychological strain is accepted. And yet there is little research on the subject. At most, the consequences of separation relating to the father have been studied. The subject of father/child separation is also one of the most discussed debates regarding men in society. The consequences of separation without children, in comparison, are barely discussed from a gender differential point of view, and when it is, then only under a strong bias from the woman's point of view.
4. Sexual Orientation
Homosexuality and bi-sexuality are not diseases. However, it is assumed that homosexual and bisexual men are more often affected by psychological disorders. The reason is still seen as the continued social stigmatisation of this lifestyle. This is especially so in the »coming out« phase, which often poses difficulties in both personal and professional contexts. Furthermore, despite increasing social acceptance, discrimination and violence are still experienced.

5. Psychological Effects of Erectile Dysfunction and Infertility
The psychological effects of potency problems are the only subjects handled in this module for which there are plenty of studies. The results from these demonstrate a wide variance. Potency problems, can, but must not, be experienced as problematic. This is dependent on many different factors on both personal and relationship levels. On the other hand infertility must be differentiated by whether it has a physical cause or if it reflects the conditions in a relationship. In addition, psychological control over infertility depends on the motivation for wanting children. Lastly, even though the increasing possibilities of reproductive medicine have provided relief for men, these possibilities can also increase the psychological strain on a couple.

Fig. 8: Number of individuals living alone according to age groups

Source: Federal Statistical Office. Individuals living alone in Germany, results of the 2011 micro census.
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Mental Health of the Aging Man

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This chapter deals with concepts of maintaining health specifically for the aging male. The sociological approach describes why it is so difficult for an aging male to accept age-specific changes. The protective factor model, which was developed within the scope of health psychology and which is contrary to the risk factor model, characterizes factors by which people, despite difficult living conditions, succeed in staying healthy. Through concepts of positive development and developmental psychological perspectives, age is not only understood in terms of a worsening quality of life. On the contrary, the positive aspects of aging are emphasized. Individual forms of aging represent the focus of the personality-specific approach. This is connected with individual health care options, which are future-oriented and effective in accordance with personality factors. Furthermore, forms of social networks and social support are described, which are important to health in old age. Age-dependent changes relating to sexuality in aging males and the prevention of the recurrence of formerly suppressed traumata, which cannot be suppressed anymore in old age and which can significantly affect health, are addressed as well. The statement ends with forms of health promotion in old age concerning information exchange and education, counselling, training courses, educational programs and changes in life conditions, environment and surroundings.

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Psychopharmacological Prescriptions for DKV Insurants

Dr. phil. nat. Sandra Beermann, MPH Kirsten Gieseler, OMR Prof. Dr. sc. med. Doris Bardehle, Prof. Dr. med. Jens Kuhn, Dr. med. Wolfgang Reuter

Cases of mental illness have been increasing for years; this is seen amongst other things in the increased use of psychotropic prescription drugs. In the report, anonymised data of prescriptions and costs were analysed from approx. 900,000 individuals insured by the DKV, a private health care insurer of the ERGO insurance group, for the years 2008–2011 according to age and gender. The analysis was carried out with respect to various groups of psychotropic drugs with which predominantly the following illnesses were treated:

- **a) Alcoholism**
- **b) Schizophrenia and schizophrenic disorders**
- **c) Affective disorders incl. depression**
- **d) Symptoms, which affect mood and behaviour.**
  - e.g. restlessness, anxiety states, sleep disorders, epileptic fits.

The results show an increase in medication costs, especially in higher age groups, although the main age of the incidence of mental illnesses is between 20–40 years. This could be due to a chronification of mental illnesses combined with increasing expenditure. Medication costs for women are higher with the exception of costs for the treatment of alcoholism. The increase in medication costs for men was 64 % in schizophrenia and 56 % in affective disorders incl. depression. Epidemiological statements on incidence and prevalence cannot be made with the analysis available as the calculations are not based on valid diagnoses and were related to all insured members of the DKV.
Fig. 9: Average cost of medication according to indicators and costs for benzodiazepine (in Euros) for every 1000 insured policy holders for selected mental disorders and benzodiazepine according to gender and age group within the period 2008 – 2011

<table>
<thead>
<tr>
<th>Medication costs acc. to indication 2008-2011</th>
<th>20-39 years old</th>
<th>40-59 years old</th>
<th>60-79 years old</th>
<th>80 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>men</td>
<td>women</td>
<td>men</td>
<td>women</td>
<td>men</td>
</tr>
<tr>
<td>Treatment for alcohol dependency</td>
<td>19.54</td>
<td>27.40</td>
<td>40.41</td>
<td>38.79</td>
</tr>
<tr>
<td>Treatment for schizophrenic disorders</td>
<td>3333.76</td>
<td>2760.78</td>
<td>2980.72</td>
<td>4315.97</td>
</tr>
<tr>
<td>Treatment for affective disorders incl. depression</td>
<td>3198.92</td>
<td>5112.99</td>
<td>6998.81</td>
<td>12352.61</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>158.74</td>
<td>300.77</td>
<td>473.88</td>
<td>896.52</td>
</tr>
<tr>
<td>Total</td>
<td>6710.96</td>
<td>10493.82</td>
<td>17603.89</td>
<td>20152.43</td>
</tr>
</tbody>
</table>

Source: DKV

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Men’s Health Options

Dr. phil. nat. Sandra Beermann, Dr. med. Michael Hettich, Prof. Dr. med. Lothar Weißbach

For as long as men’s health has been discussed in our society, the question as to what measures should be taken in this respect has remained unanswered. The problem is that the traditional self-image of men as well as organisational and structural deficits in health services stands in the way. This observation is true for all of the life phases of men, from young boy to old man and particularly effects the treatment of mental disorders. The challenges are especially great here because physical symptoms often mask mental problems. Accordingly, it can take a long time to be referred from the general practitioner to the relevant specialist. For the mentally ill, this path is made more difficult by long waiting times for outpatient treatment, inappropriate health care (with psychotropic drugs) and by »revolving door effects« in aftercare. Therefore, the problem either results in a lack of care or inappropriate care. In terms of men’s general health care, it does not suffice to consider behaviour before a change of circumstances has been fulfilled. What is needed is unhindered access to health services, which have to be reconsidered in as far as content, organisation and structure. In practical terms, men’s health centres are a proposal, which however differ in their services as regards content and not, like in women’s health centres for example, are combined under federal administration. Further¬more, a men’s clinic for mental disorders can be classified as a new health service.
Fig. 10: Results of the MGZ questionnaire regarding offers relating to mental health (2012)

<table>
<thead>
<tr>
<th>Offer(s) related to mental health</th>
<th>Number of psychological evaluations</th>
<th>The most frequent diagnoses regarding mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men's Health Centre at the MEOCLINIC, Berlin</td>
<td>0</td>
<td>depression, substance abuse/addiction, burnout</td>
</tr>
<tr>
<td>Men's Health Centre at the EuromedClinic, Fürth</td>
<td>0</td>
<td>depression, burnout, substance abuse/addiction</td>
</tr>
<tr>
<td>Dermatology and allergology, key areas of men's health at the Vivantes Clinic, Berlin</td>
<td>5</td>
<td>borderline personality disorder, substance abuse/addiction, eating disorders, obsessive-compulsive disorders, psychotic disorders, anxiety disorders, depression</td>
</tr>
<tr>
<td>Men's health at the Medical Wellness Centre, Bad Aibling</td>
<td>0</td>
<td>life quality EORTQOLQ-C30</td>
</tr>
<tr>
<td>Men's Health Centre (MGZ), Dresden</td>
<td>0</td>
<td>on request, referral for psychological evaluation</td>
</tr>
<tr>
<td>Centre for Men's Health at Clinic Nuremberg North</td>
<td>0</td>
<td>n.s.</td>
</tr>
<tr>
<td>xxx</td>
<td>8</td>
<td>depression, anxiety disorders, substance abuse/addiction</td>
</tr>
</tbody>
</table>

Source: Survey of the Foundation for Men's Health by Sandra Beermann, 2012  

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Promoting Mental Well-Being: Example Projects

Dr. phil. Matthias Stiehler

Mental health promotion is of course by no means gender-specific. In particular, large prevention institutions are still unable to detect problems specific to men and cannot develop respective prevention projects. On the other hand, there are still important and exemplary concepts and projects within this field. This text puts forward two of these projects for boys and five for men. Thus, principles are evidently of the utmost importance for promoting emotional health in boys and men:

The individual's reality of life needs to be considered and it is crucial to recognize and believe their problems. Carefully targeted projects must be developed.

- It is good to use places and institutions, which are of great importance to the respective target group: schools, youth clubs, the workplace, detention centres etc. However, it is important that the problems or particularities focused on by the project are not directly linked to these places. When this link is not present, services that are out of touch with reality are not accepted by men.

- It is not men, who are prevention resistant, when they do not accept services but the fact that the services are not appropriate to the target group. It is of the utmost importance that boys and men acknowledge this in their self-image and that health promotion resources are reinforced. It is not about a fundamental change in men but rather an extension of their space to manoeuvre based on existing possibilities.

- The extension of space to manoeuvre and accepting responsibility for their own health are the most important objectives. It has little to do with eliminating risks. It is more important to enable boys and men to implement a reasonable balance between excitement and tension, stress and relaxation, activity and passivity.

* I thank Reinhard Winter and Gunter Neubauer for their suggestions and help in this chapter.
Key Points

Dr. phil. Matthias Stiehler

- Mental disorders, which are either not detected or detected too late, can lead to a significant reduction in the quality of life and to a reduced life expectancy for the individual affected.

- Unemployment represents an extreme stress factor for men and increasingly leads to mental disorders. The function of work as the provider of structure and support is beginning to lose its importance for men.

- There is a high demand for research regarding diagnostic issues but also regarding the resolution and therapy of mental disorders in men.

- General practitioners require good, easy to apply diagnostics, to better detect depression in men.

- The psychotherapeutic care situation requires urgent improvement.

- Medical care centres must be designed to meet the requirements of men and include routine psychological diagnostics.

- The challenge for health promotion projects is to optimise the offers to better suit the needs of men and not the other way around.

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