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Colonization drives silence and inequities in men's mental illness

In a Comment in *Nature Mental Health*, Ogrodniczuk et al.[1] call for action to address the silence surrounding men's mental illness through collective societal efforts to re-shape cultural norms, reduce stigma and normalize help-seeking. We extend on this by emphasizing that the downstream effects of colonization also need to be recognized as drivers of silence and persistent and unremitting inequities in Indigenous men.

Aotearoa (New Zealand), Australia, Canada and the USA are nations that share the experience of being settler colonial countries. Indigenous men in these countries present some of the highest suicide rates globally, with poorer mental health outcomes than non-Indigenous men[2]. For example, Māori men in Aotearoa are more likely to use mental health services, present higher rates of hospitalization for mental disorders and are four times more likely to be treated by mental health services under involuntary treatment legislation compared with non-Māori men[3]. However, these inequities have only emerged since the 1970s, deriving from the oppression of Māori people through land confiscation, economic deprivation, mass European immigration, cultural marginalization, forced social change and structural racism over successive generations.

Here we identify four opportunities to address colonization as a key driver of silence and inequities in men's mental illness.

First, although the effects of colonization on the health and wellbeing of Indigenous communities have been documented[4], there is limited focus on Indigenous men's mental health[5,6]. Intergenerational trauma, loss of culture, dispossession of land and systemic racism as continuing effects of colonization have affected Indigenous peoples at many levels — mental, physical, social, spiritual, economic and cultural. We need to understand how these drivers lead to higher rates of suicide and poorer mental health outcomes in men.

Second, Western mental health care systems continue to enforce inequities by exacerbating social and structural power imbalances. For example, Western approaches focus on a dominant biomedical model that conceptualizes psychiatric disorders and then applies predominantly Western therapies to treat them. These approaches do not address the historical socio-cultural issues at the root of mental illness disparities for Indigenous men. Decolonizing men's mental health research and practice requires recognition that Western constructs of mental illness have dominated discourses around mental health. Such constructs are often accepted uncritically by health services leaving little space for culturally informed approaches. Globally, researchers have called for health systems to recognize and value Indigenous understandings of health and wellbeing[5–8]. These holistic approaches recognize the interconnectedness of physical, mental, social, spiritual and emotional well-being and their connections to family, kin, community and land[8,9]. Incorporating non-Western (often silenced) Indigenous understandings can be an opportunity to advance equity in men's mental health.

Third, we need to consider how neo-colonial health practices are a barrier to Indigenous men and to critically assess hegemonic assumptions that underpin men's help-seeking behavior. Ogrodniczuk et al.[1] rightly highlight men's silencing but place the onus of such silencing within the individual, with individual decisions to not seek help attributed to the pursuit of idealized masculine 'virtues', such as stoicism. However, a growing body of literature attests to men's repeated efforts to engage in help-seeking and highlights how responsibility for help-seeking behavior does not rest solely with men[10]. Arguably, Western medical practices that diminish Indigenous men's engagement through the lack of culturally appropriate interventions and the lack of peer-led service provision are another form of colonization. This can further exacerbate delays in accessing care or men's non-engagement with mental health support[6].

Lastly, men who experience marginalized masculinity based on their ethnicity have poorer health outcomes than other groups of men. We need to understand how masculinities intersect with indigeneity and ethnicity as social determinants to create silence and disparities in men's mental illness[5,7,8]. Adherence to masculine norms, layered with institutional racism and social inequities both within the health system and wider society likely exacerbates underlying mental health conditions. Furthermore, public (colonial) discourse and stereotypes around Indigenous masculinity can be imbued with racism and carry over into mental health care, influencing how Indigenous men are treated by health professionals[7].

Mental health continues to be constrained by colonial systems that maintain inequities in Indigenous men (and women). As Ogrodniczuk et al.[1] argue 'no issue in our society exists in isolation'. Breaking the cycle of silence in men's mental illness also requires addressing the ripples of colonization and the inequities that arise from its impacts.

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Competing interests

The authors declare no competing interests.