Marketing Mental Health to Men: Theoretical and Practical Considerations

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The current paper addresses the importance of and relevant challenges pertaining to the marketing of mental health to men. Included are pertinent definitions, a review of related research, and a discussion of recent large-scale gender-specific mental health campaigns. In addition, central aspects of the social marketing framework considered to be particularly useful for addressing men’s resistance to help seeking are reviewed. Suggestions for future research topics are also provided. © 2005 Wiley Periodicals, Inc. J Clin Psychol 61: 675–684, 2005.

Keywords: marketing; mental health; men

It's what's under the helmet that counts.¹
It takes courage to ask for help. These men did.²

Successfully marketing mental health services to men presents a considerable challenge to mental health agencies, community programs, and individual practitioners. Considering that entering therapy has frequently been described as being in direct conflict with the culture of masculinity (Brooks, 2001; Mahalik, Good, & Englar-Carlson, 2003), developing strategies to promote mental health to a broad range of men is fraught with readily apparent obstacles. Fortunately, the development of new and creative initiatives, as represented by the above phrases and their representative organizations, does indicate progress.

Special thanks to Dr. Pat Stout for providing useful recommendations and marketing frameworks reviewed in the current manuscript. Gratitude is also expressed to Ryan McKelley, Margaret Whilde, and Y. Joel Wong for editing assistance and feedback on earlier versions of this manuscript.


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The importance of developing further discourse and research on these and other marketing initiatives is particularly apparent given that men respond positively (at a level similar to women) to psychotherapy and psychiatric interventions (Gijsbers Van Wijk, Dekker, Peen, & De Jonghe, 2002; Quitkin et al., 2002). Considering that effective treatment is available to men, the need for further theory and research to guide efforts at increasing utilization rates appears clear. The current paper seeks to contribute to this area of research by presenting an overview of relevant definitions, theoretical concepts, and practical considerations for marketing mental health to men. A review of the social marketing framework will then be outlined, with an emphasis on the potential utility of applying this model in an adapted form to research and practice initiatives related to marketing mental health to men. The article will conclude with an overview of two recent gender-specific mental health marketing campaigns.

Before continuing, a definition of marketing as it is commonly used in the health-related arena is warranted. Cooper (1979) broadly defined health care marketing as “. . . the process of understanding the needs and wants of the target market. Its purpose is to provide a viewpoint from which to integrate the analysis, planning, implementation, and control of the health care delivery system.” (Cited from Lancaster, 1989, p. 436.) Marketing in general involves a multi-layered strategy that is based on a careful analysis of the demands and characteristics of the consumer, the environment, and the service provider (Kotler & Armstrong, 2003). Important strategic decisions are made regarding the product or service itself (i.e., what is offered, etc.), its price, communications (i.e., advertising, public relations, etc.) and distribution.

Yet in reviewing the literature, it is clear that there is a paucity of theory and research directly addressing the topic of marketing mental health to men. Several authors have written more broadly on the topic of marketing mental health services in general (Boyum, 1983; Lancaster, 1989; Nelson & Barbaro, 1985; Wittman, 1988). In the most thorough and recent of these articles, Lancaster (1989) described the benefits of adopting a marketing approach to mental health initiatives and commented on developments and trends in the field. Cited benefits of implementing marketing principles included generating more precise definitions of various clients’ needs, an increased ability to identify opportunities for servicing specific population segments, and the allocation of resources toward programs that are known to be relevant to the concerns of a community. In addition, Lancaster (1989) noted that too often mental health consumers become dependent on care providers to remove pain without a sound awareness of the treatment options that may be available to them. An example of this is when a client will not ask a therapist specific questions about his or her theoretical orientation or areas of specialization before initiating clinical treatment. Lastly, Lancaster (1989) observed that mental health agencies (inpatient and outpatient) have frequently failed in identifying strategies to reduce client-based stigma and contend with the multiple psychological costs and/or barriers that may be associated with a consumer’s decision to seek professional help.

**Research on Marketing Approaches to Men**

Although theoretical frameworks appear to be lacking, a few studies have specifically addressed the question of how best to describe and promote services to different types of men. In general, these efforts have focused on the evaluation of men’s perceptions of different mental health promotional materials and treatment options. In the most frequently cited of these projects, Robertson and Fitzgerald (1992) hypothesized that men’s reluctance to seek help could be reduced by marketing therapy services in a manner more
congruent with traditional male gender roles. They assigned men randomly to one of two groups and asked them to evaluate brochures offering psychological counseling services. Half of the brochures described traditional counseling activities (individual and group counseling) whereas the other half described alternative services (classes, videotapes, and other structured interventions). The alternative services were perceived as less emotionally intrusive than traditional services; therefore, they were expected to be more palatable to men who endorsed a greater adherence to traditional gender role norms. As anticipated, men with a higher subscription to traditional gender roles displayed greater interest in seeking psychological help after being exposed to the brochures describing mental health services in more structured terms.

More recently, Blazina and Marks (2001) developed a project that used a similar methodology and asked men to respond to traditional and alternative treatments, as well as the treatment condition of a men’s support group. This study found that men with traditional masculine role values had generally negative reactions to all treatment options, and the most pronounced negative emotional responses were directed toward the men’s support group.

Finally, in a study that considered how men respond to different types of career counseling marketing materials, Rochlen, Blazina, and Raghunathan (2002) analyzed the impact of two brochures, one specifically directed toward men and one using a gender-neutral format (i.e., not tailored to men). After reviewing the brochures, men showed an increase in the value and a decrease in the stigma attached to career counseling. No differences, however, emerged in the differential utility of gender-specific (i.e., targeted toward men) and gender-neutral brochures.

Collectively, the above studies represent important preliminary efforts to evaluate specific features of mental health marketing materials and should be applauded for their sound methodology. Taken together, these projects suggest that men with more traditional gender role identities may express preferences toward, or be at greater comfort with, more structured mental health options than with therapy conducted in a group (particularly if it includes an emotional focus). An additional strength of these projects is the use of measures of traditional male roles that serve as a useful within-group measure determinant. In particular, all three of these studies employed the gender role conflict scale (O’Neil, Good, & Holmes, 1995; O’Neil, Helms, Gable, Laurence, & Wrightsman, 1986) that has been related to psychological distress (Good & Mintz, 1990; Good et al., 1995; Sharpe & Heppner, 1991) and negative help seeking (Good, Dell, & Mintz, 1989; Wisch, Mahalik, Hayes, & Nutt, 1995). Hence, the use of this measure is a particularly useful way to address how men who may be prone to psychological distress and treatment resistance are responding to different materials.

Despite the contributions of these preliminary studies, they possess considerable limitations, with all studies citing the need for replication and additional research. Each of the studies used volunteer, undergraduate populations, and the participants might not have been in need of mental health services. In addition, the studies did not directly test mental health brochures in wide distribution in the community. Most importantly, however, studies on marketing mental health services to men have yet to develop a guiding theoretical framework, which can drive and integrate research in this area in a meaningful way. In the following section, we suggest one approach, which may be useful in this regard.

Social Marketing Theory—A Promising Perspective

In our review of the literature, we reviewed a number of health-related marketing theories that were identified as having particular relevance and applicability to men’s help-seeking
behaviors. These included theories of health communications (Backer, Rogers, & Sopory, 1992), media advocacy (Wallack, 1990), social advertising (Kotler & Roberto, 1989) and social mobilization (Minkler, 1990). The social marketing perspective (Andreasen, 1994) appears to be particularly useful in identifying specific factors that influence men’s willingness to seek help. For detailed descriptions of the social marketing framework, readers are referred to more elaborated texts (Andreasen, 1994; Fine, 1990; Kotler & Roberto, 1989; Manoff, 1985).

In essence, the social marketing approach provides a framework for using behavioral science theory to interpret audience data for the ultimate purpose of developing effective messages aimed at modifying evaluative attitudes, normative beliefs, and perceptions of behavioral control (McAlister, 1995). Although adapting principles from general marketing theory, social marketing augments the broad concepts found in most marketing frameworks with the specific goals of changing intractable behaviors and meeting society’s desire to improve citizens’ quality of life. The bottom line of social marketing is to influence behavioral decisions that improve health and society at large. This model has been applied to a broad array of social issues, including condom use and Acquired Immune Deficiency Syndrome (AIDS) prevention (Ramah & Cassidy, 1992), heart disease (Roccella, Bowler, Ames, & Horan, 1986), cholesterol reduction (Lefebvre, Lasater, Carleton, & Peterson, 1987) and other health and social issues (Andreason, 1994).

In regard to men’s mental health, several of the key qualitative principles of social marketing theory appear particularly relevant and applicable. These include negative demand, sensitive issues, and invisible preliminary benefits (Andreasen, 1994; Manoff, 1985). Negative demand refers to the challenge social marketers face in marketing a product or service for which the target audience has a distaste or lack of excitement. Kotler and Andreason note, for example, that “Social marketers must try to entice ‘macho men’ into wearing seat belts or timid souls into giving blood.” (1991, p. 2). The term sensitive issues refers to the fact that most of the behaviors that social marketers are asked to influence are those that involve a greater expenditure of time and energy than behaviors targeted by the private sector. For example, asking men to go directly against long-standing societal norms that they should solve problems themselves, not admit vulnerability, and avoid seeking help (Mansfield, Addis, & Mahalik, 2003; Addis & Mahalik, 2003) is a fundamentally more sensitive and taxing request than encouraging them to purchase a new television or sofa. Hence, social marketers recognize the profound challenge that selling their product represents. Finally, the principle of invisible benefits is applicable to men’s help-seeking behavior in that it addresses the intangible nature of therapeutic gain. As noted by Andreason (1994), in private-sector marketing, the benefits that are gained by agreeing to purchase a product or service are usually immediate and clear (e.g., a massage or a new copy machine). In contrast, consumers of health-related services (including psychotherapeutic treatment) may have greater difficulty seeing the benefits that accrue from seeking out professional help.

Stages of Change and Social Marketing

The social marketing framework makes use of the well-researched Transtheoretical Model of Change, also known as the Stages of Change (SOC) Model (DiClemente & Prochaska, 1985), in developing marketing concepts and suggestions. The SOC model argues that social marketers must assess individuals’ stages of readiness with respect to a recommended response first, and then develop messages that move targeted audience members from one stage to another. According to the SOC model, individuals progress through five stages on their way to enacting behavior changes: Precontemplation, Contemplation,
Preparation, Action, and Maintenance. The SOC model allows communicators to identify where target audience members can be placed along a continuum from ignorance or indifference (i.e., no action) to commitment to a behavior (i.e., consistent action). Research documenting the relevance of the SOC model has been conducted in the areas of smoking cessation (Prochaska & DiClemente, 1983), substance use (DiClemente & Hughes, 1990), weight control (O'Connell & Velicer, 1988; Prochaska, Norcross, Fowler, Follick, & Abrams, 1992), and sunscreen use (Rossi, 1989), among others.

The SOC model dovetails with the social marketing approach in that it relies on behavioral science research, while also taking into account a person's stage of readiness to admit to a problem deserving of professional attention. In essence, integrating the SOC model with the social marketing framework produces a systematic strategy for better matching interventions and messages to the needs of targeted audiences so that the potential for behavior change is both enhanced and maximized. Because the SOC model allows for a wide range of change processes within each of its stages, it is linked to various social psychological theories of persuasion and attitude and behavior change. For example, in considering prospective consumers who are at the precontemplation stage, Andrea-son (1994) describes three primary reasons that contribute to their lack of ability to use a potentially beneficial health service. These include ignorance (or being unaware of the need to give up actions or nonaction), presumed irrelevance (or considering a service or product to be useful for other people but not oneself), and principles (such as when basic values prevent one from considering engaging in new behaviors).

In regard to men’s help-seeking behavior, all three of these explanations have potential applicability and serve as useful conceptual guides for shaping interventions and guiding research. For example, ignorance may explain situations in which men are unable to identify, label, or describe their own symptoms or feelings (Levant, 2001). Second, irrelevance may operate in instances in which a man would consider referring others to a psychiatrist or psychologist but has significant doubts about the relevance of therapy to his own concerns. Finally, principles can be conceptualized as encompassing many of the values of masculinity that dissuade men from making the decision to seek professional help (Addis & Mahalik, 2003; Brooks, 2001). These values, which may operate at the conscious or unconscious level, include messages that men should solve problems without the help of others and avoid situations and contexts that may involve intimacy or vulnerability (Brooks, 2001; Mahalik et al., 2003). In developing a theoretical framework to guide future research, it may be useful to divide the precontemplation stage into several stages, which include: awareness, beliefs, and values. The previously mentioned studies suggest that there may be important factors, which produce resistance at each of these stages. Thus, an interesting and potentially fruitful avenue for future theoretical development and research may be to focus on sources of men’s resistance. The key goal would be to identify the key sources of resistance at each stage of the expanded SOC model and then to develop ways to breakdown these sources of resistance.

To move a person beyond the precontemplation stage, the social marketing perspective specifies active interventions that address the dominant reasons for maintaining one in a precontemplation status. The primary interventions suggested are increasing awareness (ignorance), improving interest (presumed irrelevance), and changing inhibiting values (principles). For all three of these initiatives, there are two critical questions that need to be addressed: What is it that the target population should come to understand? And, what is the best way to deliver this message? For example, for men who could be ignorant about mental illness in general, the key tasks would involve determining what essential information is to be communicated and what channel or mechanism would best allow men to give their attention to the message.
Importantly, as the social marketing perspective notes, guiding principles are the most difficult forces to change when attempting to move a potential consumer from a precontemplation to a contemplative stage. Andreason (1994) identifies two strategies as having the greatest possibility for furthering change. One, members of a target audience may believe that they are adhering to prevailing norms but misunderstand the accuracy of their perceptions. In considering men’s help-seeking behavior, it may be useful to demonstrate to men that there are indeed other men who successfully seek help and benefit from its usage. Sending the message that other men do seek help may be particularly convincing if it comes either from someone to whom the prospective man can relate (a peer or someone in similar occupation) or from a recognizable public male figure (e.g., athlete, actor, etc.). A second strategy is to communicate to prospective consumers that the norms that support a proposed action do not conflict with their normative values. For example, if men can be convinced that professional help will allow them to make strong, healthy, autonomous decisions, these men may be able to ignore societal values that support an avoidance of professional interventions.

Preliminary Strategies Using a Social Marketing Perspective

Integrating the social marketing perspective with the SOC model, Andreason (1994) has developed a systematic approach, consisting of six stages, for introducing specific programs to a target population. Stage 1 involves a client-centered listening initiative directed toward understanding the demand characteristics, interests, needs, and reasons for not using a specific service. Stage 2 involves planning a program with a mission, objectives, and goals, and identifying the core marketing strategies to be used. Stage 3 involves structuring and helping to develop an established organization, staff, and system to make a program work. Stage 4, identified as the first implementation stage, involves approaching the potential target audience members and asking them the extent to which various initiatives will work. This is an important step, as it offers an opportunity for various initiatives to be evaluated from the perspective of the consumer and not the organization. Stages 5 and 6, implementation and monitoring, involve carrying out the initiative and carefully monitoring results. The monitoring process involves the organization returning to the customer to gauge the program’s success.

Andreason’s model has the potential to guide research on men’s underutilization of mental health services at several levels. First, it is important for researchers to build a more grounded understanding of the precise reasoning that underlies men’s decisions to seek or not seek help when distressed. It is noteworthy that the vast majority of the literature that has explained men’s underutilization of services has been written from the perspective of psychologists and researchers, rather than from the perspective of men in the community. More qualitative research is needed to build a basis for understanding perceptions that may underlie negative help-seeking attitudes and expectations (Rochlen & O’Brien, 2002a, 2002b). Second, in developing marketing models for providing mental health services to men, it is necessary to evaluate the underlying mission, objectives, and goals of mental health program initiatives and to determine whether they can be modified to reflect more accurately the needs of audience members. For example, if it is discovered through preliminary research (Stage 1) that men may be willing to seek professional help from a therapist if the therapy process has less of an emotional focus and more of an emphasis on problem-solving, an organization must determine the extent to which its practitioners are willing and/or able to adjust their therapy style to meet the preference. Such basic questions are critical for mental health practitioners to consider.
before initiating efforts to promote or provide therapy services in manners that are more congruent with the values and culture of men in need of professional help.

Recent Initiatives

In reviewing the literature for the current manuscript, no materials or initiatives were found that specifically applied a social marketing framework or philosophy to the topic of men’s mental health. However, recently several public awareness campaigns that encourage men to seek help for depression have been launched nationally. The two reviewed below have been selected for inclusion in this article based on their recent release, their ambitious levels of distribution and impact, and their marketing innovation.

The *Real Men, Real Depression* campaign was developed by the National Institute of Mental Health (NIMH) and released in May of 2003 for the primary purpose of informing men, and the public in general, about the occurrence and characteristics of depression among men. This campaign, with materials available in radio, billboard, television, and brochure formats, mobilizes several unique strategies that endeavor to decrease social stigma and encourage men to seek help. These strategies include the presentation of first-person testimonials from men, the use of a rhetorical style that actively challenges men to seek help, and the acknowledgement of alternative symptoms of depression that may be experienced by a broad range of men with depression (e.g., fatigue, irritability, and loss of interest).

These strategies are important to evaluate, particularly because they directly address many of the reasons men theoretically avoid seeking help. For example, several authors have noted that men may reject psychological or psychiatric treatment because of their preconceptions that seeking help is a sign of weakness and a demasculinizing experience (Campbell, 1996). The *Real Men, Real Depression* campaign directly challenges this assumption through the use of pictures and testimonials from men in traditionally male-dominated occupations (e.g., law enforcement, firefighting, and military leadership). Thus, these testimonials provide two important source characteristics—source credibility and similarity—which have been found to have a positive impact on belief and attitude change in the marketing and psychology literatures (e.g., Goldsmith, Lafferty, & Newell, 2000). In addition, the marketing campaign is one of the first to describe the different symptoms of depression that men may experience (Cochran & Rabinowitz, 2000). Hence, it seems critically important to explore how different types of men respond to these descriptions and to determine if such strategies lead to greater willingness to seek professional help. Finally, the sentence “It takes courage to ask for help” can be perceived as a method of appealing to men’s competitive and success orientations, characteristics frequently associated with traditional male role values and, thus, avoidance of help-seeking (O’Neil, Good, & Holmes, et al., 1995; O’Neil et al., 1986).

A second initiative that conveys information about mental health and that is apparently targeted toward men was released by the National Football League and is called *Tackling Men’s Health*. Through a collaboration with several pharmaceutical companies, the program’s Web site (which will eventually serve as a template for print, radio, and television advertisements) was developed with the specific goal of providing readily available information about health issues considered particularly relevant to men. Currently, the site has links to articles on heart health, prostate cancer, sexual wellness, stress, diabetes, and mental health. The site uses terminology relevant to sports, athletics, competition, and planning to convey its messages. For example, the words “coach’s corner,” “game plan,” and “playbook” appear in each of the health links. In addition, all
of the Web pages include pictures of men exercising or playing sports and include direct advice to men to take care of themselves and their “equipment.”

In regard to the mental health link in particular, the site uses several unique strategies and approaches. First, in addition to providing statistics about the incidence and consequences of mental health disorders, one Web site challenges users to be aware of themselves and the possibility of developing a mental health disorder (which is referred to as an “opponent”). Studies in behavioral decision making (e.g., Kahneman & Tversky, 1982) have found that providing such basic information can be useful in breaking down biases. In addition, the site provides assessment tools and concrete suggestions for how men can “play” against the occurrence of psychological distress and associated disorders (e.g., by managing stress, discussing changes in behavior with doctors, and considering therapy). Third, the Web site includes a direct quotation from a well known ex-football coach, who exhorts, “It’s what’s under the helmet that counts.”, and who makes reference to a phrase commonly uttered by coaches: “Keep your head in the game.” Finally, the mental health link features football-textured wallpaper, which is perhaps used to counteract an association between seeking help and a more feminized process or culture. Of course, such tactics, while promising and innovative, are in need of empirical investigation. Most notably, careful research on such strategies can provide useful empirically based suggestions for changing long-standing beliefs among men about help seeking.

Summary

To conclude, there is considerable need for the development of further conceptual models and research on how best to market mental health services to men. This is especially clear in light of within-group research suggesting that men most in need of psychological help appear least interested in using available help services (Good et al., 1995). In considering such research efforts, we must recognize that our knowledge of the specific needs, demands, and concerns of the target audience is extremely limited. Hence, in conducting research on this topic, it will be important for researchers to take on the primary goal of measuring and accurately communicating the unique perspectives of men in need of help. In so doing, it will be equally critical that mental health providers monitor their own biases toward and preconceptions about men, as these providers’ opinions may differ significantly from the views expressed by men unfamiliar with, or adverse to, the therapy process. Promising research methods include focus groups, structured interviews, and other qualitative approaches.

In line with this recommendation, integrating the use of previously tested and evaluated marketing frameworks, including the social marketing approach, to guide research appears particularly promising. Such frameworks, which have been used successfully to address other health-related issues, provide a structured means for creating empirically based interventions. In addition, using such models provides an opportunity for interdisciplinary work that makes use of the knowledge and expertise produced by a wide range of theorists and scholars (e.g., those working in communication, marketing, advertising, psychology, etc.).

Finally, the development of gender-specific mental health publicity campaigns should be applauded. Such efforts represent some of the first attempts to employ creative interventions, terminologies, and strategies on a large-scale basis, with the purpose of increasing men’s willingness to consider the usefulness of mental health services. However, despite the inherent appeal of these initiatives, further research and discourse on these efforts are needed. In particular, the efficacy of these campaigns, as developed and
communicated in different modalities (e.g., public service announcements, radio, and internet) should be carefully evaluated.

References


