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Men's Mental Health Help-Seeking Behaviors: An Intersectional Analysis

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Abstract

Men seek mental health treatment less often than women. The present study sought to elucidate identities and individual difference characteristics that are associated with enhanced or decreased mental health help-seeking in a large national sample of U.S. men. Using data from 4,825 U.S. men aged 20 to 59 years, main effects of race/ethnicity, sexual orientation, age, income–poverty ratio, relationship status, depression symptoms, and body mass index were explored within the sample of men as well as intersections of these predictors with racial/ethnic group identity. While the results of main effects testing generally supported prior research (i.e., greater mental health care help-seeking among White men, nonheterosexual men, men not in relationships, older men, and more depressed men), when examined associations across racial/ethnic groups, the direction and strength of these associations showed notable variation—variation unaccounted for in prior research. These findings highlight the need for future theory building and research that accounts for this variation at the intersection of race/ethnicity and these specific predictors of help-seeking behavior among men.

Keywords

epidemiology of men's health, health care utilization, mental health

Gender-related disparities in health have been a major focus for researchers studying men, masculinities, and mental health. Men's mental health help-seeking (hereafter referred to as "help-seeking") lags far behind women's (Addis & Mahalik, 2003; Wang et al., 2007), and this carries with it enormous personal, relational, physical, mental, and economic costs (World Health Organization [WHO], 2002). Illustrating these costs, men are more likely than women to terminate therapy early and generally have negative attitudes toward help-seeking (Cottone, Drucker, & Javier, 2002; Doherty & Kartalova-O'Doherty, 2010; Nam et al., 2010). This reluctance toward help-seeking persists despite important public health concerns related to men's mental health: Men commit suicide more often than women (Oquendo et al., 2001) and have high levels of other concerns related to mental health, such as alcohol use and abuse (Karlamangla, Zhou, Reuben, Greendale, & Moore, 2006), stress (Reckelhoff, 2001), and sexual dysfunction (Laumann et al., 2005).

A great deal of research has been devoted to factors underlying men's help-seeking attitudes and behaviors. The bulk of this work has relied on convenience samples of men and undergraduate university students, and, incumbent to that, has sampled mostly White, heterosexual, middle-/upper range socioeconomic status men, though exceptions are increasingly common (Griffith, Ellis, & Ober Allen, 2012; Hammer, Vogel, & Heimerdinger-Edwards, 2013; Huang, Appel, Nicdao, Lee, & Ai, 2013; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). The present study sought to extend this work by investigating identities and individual difference characteristics underlying men's help-seeking behaviors from an intersectional perspective using data from a representative national sample.

Intersectionality

Intersectionality represents an advancement in conceptualizing and implementing diversity research. It describes "analytic approaches that consider the meaning and consequences of multiple categories of social group membership" that "are jointly associated with outcomes" (Cole, 2009, p. 170). Intersectionality is used in research in different ways, including but not limited to examination of additive or multiplicative effects associated with occupying a

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particular social location (e.g., gay Black men; Crenshaw, 1993). This approach stands in contrast to traditional approaches in which the association between social identity categories and key outcomes are considered independently rather than simultaneously.

Although intersectionality is often thought of as being best explored in qualitative research (Christensen & Jensen, 2012; Trahan, 2011) due to the complexity of intersections of identities, methods exist by which to attend to intersectionality via quantitative analysis. Within quantitative paradigms, intersectionality is typically assessed by way of comparisons between groups (Bowleg, 2008; Cole, 2009). Large archival data sets are uniquely suited to quantitative intersectional analyses because their size allows for analysis of identities and individual difference characteristics with lower base rates (e.g., sexual orientation minority status). Identities and individual difference characteristics are examined for simultaneous influence on variables of interest. For example, the present analysis examines the influence of sexual orientation, age, income–poverty ratio, relationship status, depression symptoms, and body mass index (BMI) across racial/ethnic groups and within one gender (men) on help-seeking behavior.

Such intersectional analyses have the potential to elucidate how the variables work together in association with the dependent variable; for example, how age is differentially related to help-seeking across racial/ethnic groups of men. Because research findings regarding the influence of certain identity and individual difference characteristics guide the development of interventions designed to increase help-seeking among underserved populations of men, it is important that this research account for potential variation due to intersectional influences. As a hypothetical example, if extant research suggests that older men are more likely to seek help, but new intersectional research identifies that older age is actually a barrier to seeking help for Black men, then interventions premised on nonintersectional research may fail to account for the lived experience of older Black men.

The goal of the present study was to investigate intersections of identities and individual difference characteristics that, by themselves, may be related to men's help-seeking behaviors. Such intersections, once revealed through the present study, may be unpacked through future theory-driven research focused on the help-seeking of those specific groups of men. Such work will help men and masculinities researchers deepen our understanding of how multiple privileged and marginalized identities and other individual difference characteristics interact to influence men's willingness to seek help.

Intersecting Factors Influencing Men's Mental Health Help-Seeking

The present study sought to undertake an intersectional analysis of men's mental health help-seeking behaviors using data collected from a national data set. Two levels of analysis were explored in the present study: the single intersection of gender and the variables of interest (i.e., the main effects of each variable across the entire sample of men), and the double intersections of race/ethnicity and the variables of interest among men. For example, an examination of the association between sexual orientation and help-seeking among men represents a single intersection: sexual orientation and gender (men, in this case). An examination of the impact of sexual orientation on help-seeking among men from different racial/ethnic backgrounds represents a double intersection: race/ethnicity and sexual orientation and gender. While some single intersections (e.g., association between depression symptoms and help-seeking among men) have been investigated in prior research, others (e.g., association between BMI and help-seeking among men) will be investigated using nationally representative data for the first time in the present study. In addition, no studies have examined the theoretically complex double intersections, much less with a nationally representative sample. To help ground interpretation of these double intersections, eight hypotheses regarding expected effects of identities and individual difference characteristics at the single intersection level were tested. These hypotheses were drawn directly from extant theory and research, described subsequently.

Race/Ethnicity

Compared with White Americans, Black Americans and Mexican Americans are less likely to seek help and have less access to culturally compatible and competent providers (Kessler et al., 2005; Lasser, Himmelstein, Woolhandler, McCormick, & Bor, 2002; U.S. Public Health Service, 2001). In another study using only male participants, no differences were observed between racial groups on help-seeking behaviors (Vogel et al., 2011). Consistent with several large-scale studies (Hypothesis 1), White men were hypothesized to report more frequent help-seeking compared with Mexican American and Black men.

Sexual Orientation

Research on sexual orientation and help-seeking generally suggests more favorable attitudes toward mental health services among sexual orientation minorities (Eisenberg, Downs, Golberstein, & Zivin, 2009). For example, one study reported that gay men and lesbian women seek out gay or lesbian therapists, see more therapists than heterosexual men and women, and continue therapy for a longer duration than heterosexual men and women (Liddle, 1997). In a representative sample of California residents, gay men were more likely to seek

help than heterosexual men (Grella, Greenwell, Mays, & Cochran, 2009). Nonheterosexual men were hypothesized to report greater help-seeking compared with heterosexual men (Hypothesis 2).

Age

Two nationally representative epidemiological studies have reported that individuals in middle age seek help most often, followed by older adults, with young adults seeking help least often (Kessler et al., 2005; Wang et al., 2007). This finding has also been replicated in smaller studies of U.S. community samples (Berger, Levant, McMillan, Kelleher, & Sellers, 2005; Mackenzie, Gekoski, & Knox, 2006). Men who sought help were hypothesized to be older than men who did not (Hypothesis 3).

Income–Poverty Ratio

Although no work has examined income–poverty ratio specifically, large-scale studies have reported that help-seeking frequency does not significantly differ across income level (Kessler et al., 2005; Wang et al., 2007), though nonsignificant trends in the data suggest that those with high income may seek help slightly more often. A large Internet convenience sample of men reported a positive relationship between income and help-seeking (Hammer et al., 2013). Men who sought help were hypothesized to reported higher income–poverty ratios than men who did not (Hypothesis 4).

Relationship Status

Although limited research has examined the association between marital status and help-seeking, extant work indicates that those who are separated/widowed/divorced seek help more often than those who are married (Kessler et al., 2005; Wang et al., 2007). Those who were neither married nor living with a partner were hypothesized to report more help-seeking compared with those who were married or living with a partner (Hypothesis 5).

Depression Symptoms

Research suggests that individuals with more severe psychological disturbance are more likely to seek help (WHO World Mental Health Survey Consortium, 2004). This is true for depression, in particular: A higher proportion of those with serious/severe depression sought help compared with those with mild/moderate depression in a large U.S. sample (Kessler, Merikangas, & Wang, 2007). This finding has also been replicated in smaller studies and studies with samples from other countries (Good & Mintz, 1990; Roness, Mykletun, & Dahl, 2005). Men who reported seeking help were hypothesized to reported higher levels of depression symptoms than men who did not (Hypothesis 6).

Body Mass Index

Research has indicated that overweight and obese persons are viewed negatively by others, including mental health professionals (Agell & Rothbum, 1991). Scholars have suggested that this bias may decrease overweight and obese persons' likelihood of seeking help (Brown, 1989; Davis-Coelho, Waltz, & Davis-Coelho, 2000). Recent work also suggests that obese persons seek help less than persons with normal BMI (Jerant, Bertakis, & Franks, 2015). Men who reported seeking help were hypothesized to have higher BMIs than men who did not (Hypothesis 7).

Double Intersections

Little research has examined single intersections of race/ethnicity and other factors in help-seeking, much less double intersections among men. A major challenge for conducting such research is that the sample sizes required to examine such intersections are challenging to obtain in convenience sampling. Exploration of differences and similarities across racial/ethnic groups, which is possible through use of large national data sets, can shed light on how help-seeking processes might differ among these groups of men. Path coefficients from each of the predictor variables to help-seeking were examined across the three racial/ethnic groups of men in the present data to explore these double intersections.

Method

Data Source

Data were obtained from the National Health and Nutrition Examination Survey (NHANES), a continuous national health survey conducted in the United States designed to provide nationally representative data. Ethical approval for the NHANES study is administered through the National Center for Health Statistics and data are available to researchers online. Data from NHANES waves 2005 to 2006, 2007 to 2008, 2009 to 2010, and 2011 to 2012 (different individuals were recruited at each wave) were used in the present study. Participants were excluded if they were younger than 20 years of age or older than 59 years, due to differences in questions administered for persons within and outside of this age range and to narrow the present study to young adult to middle adult men.

Relevant data sets were obtained from the NHANES website. The data sets were merged in the Statistical Package for Social Sciences v. 23 (SPSS), and the 8-year adjusted weight was calculated in SPSS. Other data transformations (i.e., summing scores on the depression symptom measure, recoding relationship status, and sexual orientation) were also conducted within SPSS. The data set was subsequently converted to a format usable by M*plus* (Muthén & Muthén, 2010). Appropriate variables were designated as the sample weights, primary sampling units, and strata within M*plus*.

Measurements

Questionnaire measures were administered in participants' homes, with some sensitive questions (e.g., sexual orientation) being asked in a private testing cubicle in a mobile examination center. Physical measures were taken by trained assessors in the mobile testing center. Participants consented to the research prior to data collection and were compensated for their time; transportation was arranged for some participants to the testing center to facilitate participation. Additional information is presented at http://www.cdc.gov/nchs/nhanes.htm.

Race/ethnicity was assessed through an NHANES item that allowed participants to identify as a member of one of three racial/ethnic groups used in this study: *non-Hispanic White, non-Hispanic Black*, and *Mexican American*. Options for *other Hispanic* and *other* were also present in the data sets for the waves used in this study. The size of both of those groups was smaller than the other three and those two groups had more missing data (potentially due to language use issues). NHANES added an option for *Asian* in later data collections but this option was not available at all time points used in the present study and thus was not used.

Gender, relationship status, age, and income–poverty ratio were assessed during the demographic collection phase of the NHANES data collection. *Male* and *female* only were options for gender. Relationship status had a number of options (*married, living with partner, separated, never married*) that for the purposes of the present study were dichotomized into *married/living with partner* (M/LWP) as one category and all other response options coded as *unmarried/not living with partner* (non-M/LWP). Although some differences between married and cohabitating individuals have emerged in past research, these findings have not been consistent (Willetts, 2006) and effect sizes for differences are often small. This split allowed us to dichotomize the variable based on the construct of interest—that is, relationship status—and avoided other confounds such as the illegality of same-gender marriage in most states at most times of data collection for the present data. Age was measured in years; NHANES participants entered their birth date and this was translated into an age-at-testing variable during NHANES data processing. Income–poverty ratio was measured using the poverty index ratio, derived as income divided by poverty guidelines (including family size, year, and state). Income–poverty ratios ranged from 0 to 5 (individuals with scores greater than 5 were recoded to 5), with 5 representing greater wealth.

Sexual orientation was asked during participants' examinations in a mobile examination center unit. Participants responded to this item (and numerous other items on sexual behaviors) in a private room on a computer terminal. For men, response options were *heterosexual or straight (attracted to women), homosexual or gay (attracted to men), bisexual (attracted to women and men), something else, not sure*, or *don't know*, or participants could decline to respond to the item. Responses were dichotomized into *heterosexual* and a category (*nonheterosexual*) made up of *gay, bisexual, something else*, and *not sure*.

Depression symptoms were measured using the Patient Health Questionnaire–9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001). Responses to the nine items were made on a 4-point scale (0 = *not at all*, 3 = *nearly every day*). Responses were summed to create the depression symptoms variable. The PHQ-9 has demonstrated validity and reliability as a brief assessment of depressive symptoms (Kroenke et al., 2001; Martin, Rief, Klaiberg, & Braehler, 2006). For the present study, in the entire sample, Cronbach's alpha for responses to the PHQ-9 items was .83 (.83 among Blacks, .80 among Mexican Americans, .85 among Whites).

BMI was measured using data obtained during participant examination at the mobile examination center. Participants' actual height and weight were obtained, and the standard operation applied to transform those data into BMI.

Help-seeking was measured using a single item that read, "During the past 12 months, that is since [dates displayed adaptively] have you seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse, or clinical social worker about your health?" Participants were able to respond with *yes, no, refuse*, and *don't know*. Participants who responded with *refuse* or *don't know* were not included in analyses (n = 3).

The eight single intersection hypotheses were tested with z tests for proportions for group differences or t tests. The double intersections (i.e., the main effects of each independent variable [IV] within each racial group) were modeled in M*plus* v. 6 using weighted least squares mean adjusted estimation (Muthén & Muthén, 2010). Parameters were estimated between the IVs (sexual orientation, age, income–poverty ratio, relationship status,

Table 1. Single Intersections: Main Effects of Identify and Individual Difference Characteristics on Help-Seeking Among Men.

Sought help from mental health professional in past year			
Categorical variables	Yes	No	Difference test
Race/ethnicity			
Black	73	1,123	$z_{\text{Black to Mexican American}} = 3.94$, $p < .01$
Mexican American	27	999	$z_{\text{Mexican American to White}} = 7.12$, $p < .01$
White	250	2,353	$z_{\text{Black to White}} = 3.59$, $p < .01$
Relationship status			
M/LWP	169	2,872	$z_{\text{M/LWP to Not M/LWP}} = 5.93$, $p < .01$
Not M/LWP	181	1,603	
Sexual orientation			
Heterosexual	313	4,285	$z_{\text{Hetero. to Not Hetero.}} = 5.38$, $p < .01$
Not heterosexual	37	190	
Continuous variables	Yes	No	Difference test
Age, *M* (*SD*)	40.25 (11.76)	38.97 (11.32)	$t(4823) = 2.15$, $p < .05$, $d = 0.11$
Income-poverty ratio	2.32 (1.75)	2.64 (1.66)	$t(4823) = 3.55$, $p < .001$, $d = 0.19$
BMI, *M* (*SD*)	28.85 (7.09)	28.82 (6.37)	$t(394.32) = 0.02$, *ns*, $d = 0.00$*
PHQ-9, *M* (*SD*)	6.52 (6.29)	2.51 (3.55)	$t(366.54) = 11.76$, $p < .001$, $d = 0.79$*

Note. M/LWP = married or living with partner. BMI = body mass index. PHQ-9 = Patient Health Questionnaire–9.
*Significant (at $p < .001$) Levene's test; equality of variances not assumed for *t* test.

depression symptoms, and BMI) and the dependent variable (help-seeking). Race/ethnicity was defined as a grouping variable.

Results

Study Population Characteristics

Participant demographics are listed, by responses to the help-seeking item, in Table 1. Proportions, means, and standard deviations given are weighted. Overall, the study used data from 4,825 men (1,196 men reported their race/ethnicity as Black [12%], 1,026 as Mexican American [11%], and 2,603 as White [77%]). Regarding relationship status, 3,041 reported being M/LWP (65%). For sexual orientation, 4,598 participants identified as heterosexual (95%). Participants ranged in age from 20 to 59 (M = 39.59, SE = 0.26). Regarding scores on the PHQ-9, participants ranged from 0 to 27 (M = 2.59, SE = 0.08). For income–poverty ratio, participants ranged from 0 to 5 (M = 3.16, SE = 0.04). Regarding BMI, participants ranged from 15.40 to 130.21 (M = 28.68, SE = 0.13). For help-seeking, 350 participants reported that they had sought mental health help within the past year (7%). All continuous variables (age, income–poverty ratio, PHQ-9, BMI) had acceptable univariate normality (skew under 2.50).

Single Intersections

Breakdowns of help-seeking by the IVs (i.e., binary, univariate single intersections measured via z tests for proportions for group differences or t tests) are presented in Table 1. In support of Hypothesis 1, White participants more often sought help than Black participants and Mexican American participants; Black participants also sought help significantly more than Mexican American participants. In support of Hypothesis 2, nonheterosexual participants were more likely to seek help than heterosexual participants. In support of Hypothesis 3, participants who had not sought help were significantly older than those who did not, corresponding to a small effect size. Hypothesis 4 was not supported; participants who reported seeking help reported lower income–poverty ratios than those who did not, corresponding to a small effect size. In support of Hypothesis 5, individuals who were not M/LWP were more likely to seek help than those who were M/LWP. In support of Hypothesis 6, men who sought help reported higher scores on the PHQ-9 than those who did not, corresponding to a large effect size. Hypothesis 7 was not supported; BMI was not related to help-seeking.

Double Intersections

For the double intersection analyses, differences were examined among groups by testing invariance of path coefficients within M*plus* (Steinmetz, Schmidt, Tina-Booh, Wieczorek, & Schwartz, 2009; Vandenberg & Lance, 2000). The models were estimated using the weights, strata, and clusters defined by the NHANES data. Weighted least squares means and variance adjusted was used as the estimator. Table 2 presents probit path

Table 2. Double Intersections: Probit Regression Path Coefficients of Identity and Individual Difference Characteristics on Help-Seeking Among Men Across Racial/Ethnic Groups.

	B	*SE*	β	*p*
Mexican Americans (*n* = 1,026)				
Sexual orientation	0.35	0.41	0.07	.39
M/LWP	−0.57	0.18	−0.24	<.01
Age	0.02	0.00	0.15	<.001
PHQ-9	0.07	0.00	0.21	<.001
Income–poverty ratio	−0.01	0.07	−0.02	.86
BMI	0.00	0.00	−0.02	.25
				R^2 = .13
Black (*n* = 1,196)				
Sexual orientation	0.54	0.16	0.11	<.01
M/LWP	−0.33	0.08	−0.15	<.001
Age	0.01	0.00	0.07	<.01
PHQ-9	0.08	0.01	0.27	<.001
Income–poverty ratio	−0.10	0.01	−0.15	<.001
BMI	0.01	0.00	0.05	<.05
				R^2 = .16
White (*n* = 2,603)				
Sexual orientation	0.38	0.08	0.07	<.001
M/LWP	−0.12	0.08	−0.05	.16
Age	0.00	0.00	−0.04	.42
PHQ-9	0.09	0.00	0.30	<.001
Income	0.03	0.01	0.04	<.01
BMI	−0.01	0.00	−0.07	<.01
				R^2 = .11
Total sample (*n* = 4,825)				
Sexual orientation	0.38	0.10	0.07	<.001
M/LWP	−0.18	0.07	−0.08	<.01
Age	0.00	0.00	0.00	.93
PHQ-9	0.08	0.00	0.30	<.001
Income–poverty ratio	0.04	0.01	0.06	<.001
BMI	0.01	0.00	−0.06	<.001
				R^2 = .11

Note. SE = standard error; M/LWP = married or living with partner; BMI = body mass index; PHQ-9 = Patient Health Questionnaire–9.

coefficients for the individual groups. To test measurement invariance, the authors tested a model that constrained all paths in the model to equality across groups. The authors then examined to identify paths that, if equality constraints were relaxed, would improve the model fit. Paths that would improve model fit if equality constraints were relaxed are significantly different among the groups. The first test, with no constraints, yielded fit of $\chi^2(12) = 78.822$, $p < .001$, comparative fit index (CFI) = .942, root mean-square error of approximation (RMSEA) = .059. Modification indices suggested freeing the constraints on income–poverty ratio and depression for all three groups. Doing so improved the model fit, $\chi^2(8) = 28.324$, $p < .001$, CFI = .984, RMSEA = .040; $\chi^2_{DIFF}(4) = 50.498$, $p < .001$. Inspection of modification indices further suggested removing the constraint on M/LWP for the White group, and the constraint on BMI for the Black group. Relaxing these constraints also improved the model over the last step, $\chi^2(6) = 18.268$, $p < .01$, CFI = .990, RMSEA = .036; $\chi^2_{DIFF}(2) = 10.056$, $p < .01$. Thus, the invariance tests indicated that, for all groups, relationships between income–poverty ratio and depression differed. Furthermore, the relationship between M/LWP status and help-seeking was different for White men compared with Black and Mexican American men, and the relationship between BMI and help-seeking was different for Black men compared with White and Mexican American men. Examination of the relationships indicated that for income–poverty ratio, the relationships were different across the three groups; income–poverty ratio was unrelated to help-seeking among Mexican American men, related negatively to help-seeking among

Black men, and related positively to help-seeking among White men. For depression, depression scores were related positively to help-seeking among all three groups, but were related most weakly to help-seeking among Mexican American men and most strongly among White men. For M/LWP status, the strength of the association between M/LWP status and help-seeking was different for White men compared with Black and Mexican American men, with the relationship being negative in all groups (meaning that single men were more likely to seek help), but with the relationship being weaker among White men compared with Black and Mexican American men. For BMI, the relationship between BMI and help-seeking was different for Black men compared with Mexican American men and White men, with the relationship being stronger and positive among Black men.

Discussion

The present study used a nationally representative sample to explore intersections of gender, race/ethnicity, sexual orientation, age, income–poverty ratio, relationship status, depression symptoms, and BMI as they are linked to the help-seeking behaviors of men in the United States. The results demonstrated that the direction and strength of these factors' associations with help-seeking behavior are influenced by the single and double intersections at play. For example, multiple nationally representative studies analyzing all genders together have indicated that income is not systematically related to help-seeking (Kessler et al., 2005; Wang et al., 2007). By looking at the single intersection of gender and income–poverty ratio, a negative correlation emerged between income–poverty ratio and help-seeking among men. Taking this a step further, examination of the double intersection of gender, race/ethnicity, and income–poverty ratio revealed that income–poverty ratio was positively associated with help-seeking among White men, unrelated to help-seeking among Mexican American men, and negatively associated with help-seeking among Black men. In short, these findings suggest that prior studies of the income–poverty ratio and help-seeking relationship that analyzed all genders together only tell part of the story. When key intersections are not accounted for, income–poverty ratio appears to be unrelated to help-seeking. When these intersections are examined, a nuanced reality is discovered wherein income–poverty ratio relates to help-seeking in different ways for each racial/ethnic group of men.

Of note, the current single and double intersection results revealed patterns that diverge from what past studies, which by and large analyzed all genders together, have suggested regarding the following variables: income–poverty ratio (see previous paragraph), relationship status (i.e., no association for White men; cf. Kessler et al., 2005; Wang et al., 2007), and BMI (i.e., nonsignificant association when participants combined across race/ethnicity, but a positive association among Black men when examined alone; cf. Jerant et al., 2015). In fact, the only variable that demonstrated associations consistent with prior large-scale studies (Kessler et al., 2007) across all investigated single and double intersections was depression: Depression symptoms were always associated with a greater likelihood of seeking help, regardless of gender and race/ethnicity intersections. Interestingly, this relationship was strongest for White men and weakest for Mexican American men, further highlighting the impact of intersectional influences. In summary, intersectional influences appear to be *the rule*, rather than the exception. It follows that interventions designed to improve help-seeking among underserved groups of men should be sensitive to how these intersectional influences can alter the importance of certain factors in facilitating or impeding help-seeking behavior. A one-size-fits-all approach to serving diverse men risks ignoring these complexities.

Because the present study undertook analysis of single and double intersections, rather than analyzing main effects within samples combining all genders together as past studies have done, the present findings understandably diverge from the findings of these past studies. However, there is one case in which the present study replicated a previous analysis and reported a different outcome: The present single intersection analyses reported an inverse relationship between income–poverty ratio and help-seeking, whereas Hammer et al. (2013) reported a positive association. This difference may well be explained by the fact that the present study analyzed a nationally representative sample, rather than an Internet convenience sample that does not parallel the demographic makeup of men living in the United States, as was used in Hammer et al. (2013). In relation to other forms of help-seeking behavior, past research on the single intersection of gender and sexual orientation reported that nonheterosexual men are more likely to seek medical help from a physician (Bakker, Sandfort, Vanwasenbeeck, van Lindert, & Westert, 2006; Tjepkema, 2008), which parallel the present results focused on mental health help-seeking. Likewise, the lack of association between marital status and help-seeking reported in the present study parallels the lack of association between marital status and likelihood of seeking emergency room medical care among men (Petersen, Burstin, O'Neil, Orav, & Brennan, 1998).

The present study has the potential to inform further research and interventions with men. As noted, one aspect of research on men's help-seeking that was absent from the present study was endorsement of masculinity ideology, which has been demonstrated to relate to

men's help-seeking in numerous studies. The results of the present study may inform targeted research on specific intersections of men that then integrates that work into the larger body of work on men's help-seeking. Furthermore, as even simple interventions have been demonstrated to be effective at increasing the propensity to seek help, research might explore some more specialized interventions. For example, Hammer and Vogel (2010) demonstrated the effectiveness in using brochures to enhance men's willingness to seek help. Given the current double intersection results regarding relationship status, perhaps brochures communicating how seeking help can make it easier for men to fulfill their role as caretaker for their partner could be particularly efficacious for Mexican American men but not White men.

The present study must be interpreted in light of its limitations. First, as with all research using archival data sources, data were limited to only the items selected for inclusion in the study by the NHANES researchers. Thus, additional variables that may have influenced help-seeking, such as conformity to or endorsement of traditional masculinity, were not assessed. Also, critically, the analysis conducted in the present study focused only on the three racial/ethnic groups assessed by NHANES. Research with other racial/ethnic groups is needed, including work on how multiracial persons navigate different intersections of factors leading to help-seeking. Second, the current analysis focused on a specific age range of men (20-59 years). It is likely that many factors hold vastly different meanings for minors (e.g., relationship status, income–poverty ratio) and that additional factors may play specifically into the contexts of help-seeking for the old and old-old (e.g., age-related physical and cognitive impairments, assistance or lack thereof from children, family, or community members). Thus, exploration of help-seeking among children, adolescents, and the old and elderly is important to further explore. Related to this, the present study also used cross-sectional data and thus effects of aging cannot be separated from cohort effects. In addition, the operational definition of help-seeking within the present data does not encompass an exhaustive list of forms of help-seeking; it is possible that operationalizing help-seeking to include other forms of mental health care seeking (e.g., pastoral counseling, consulting with family, use of self-help books, etc.) would lead to different results. Finally, the present study focused on a specific set of predictors thought to be related to help-seeking based on prior research. It is certain that other factors with significant explanatory power exist and are at play, and that these factors also have important intersections with other factors. Thus, continued exploration of engagement with and avoidance of help-seeking is vital.

In sum, the present study adds to research on men's help-seeking behaviors by providing an intersectional analysis of factors associated with help-seeking. The current results suggest that the relationship between these identity and individual difference factors and help-seeking behavior is usually dependent on the intersections at play. Future researchers can use these results to identify specific factors that, given their intersectional complexity, would benefit from further, theory-driven qualitative and quantitative study among specific groups of men (e.g., low-income Mexican American men, sexual orientation minority Black men). This future work may facilitate a deeper understanding of what factors, for which individuals, under which circumstances, can be effectively addressed through prevention and intervention efforts to increase men's help-seeking.

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