

MENTAL HEALTH

Using data to assist in the proactive care of populations at risk

The challenges with men's mental health cannot be denied. [On average, men represent 80% of suicide and opioid overdose deaths.](#) Despite this, men's mental health has not been treated as the priority it should be.

Stigmas surrounding masculinity and the mental and emotional wellbeing of men may impact their willingness to discuss these challenges with their doctor. Additionally, [men are culturally encouraged to use alcohol as a means to manage psychological suffering with 80% of alcohol dependent individuals being male.](#)

HDC Discover enables you to easily compare your patient population to the provincial or community averages, and identify whether you have higher percentages of men, alcohol abuse or mental health conditions. This may then prompt a practice improvement plan, such as increased screening with AUDIT & CAS, as well as additional patient resources for therapy and counseling.

Here's how to use **HDC Discover** to **better understand mental health in your practice**, and determine what practice changes you might like to make.

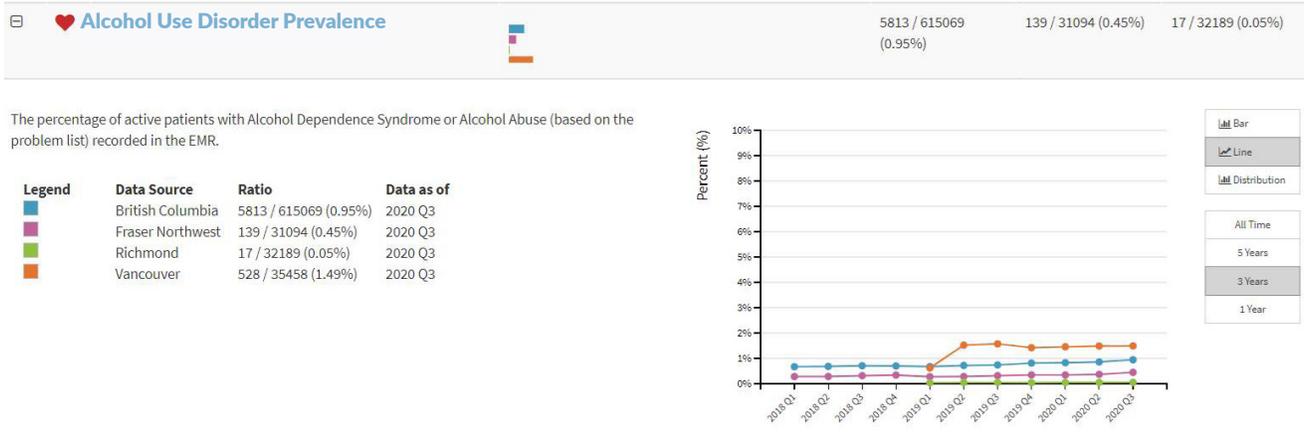
Source: "Hiding in plain sight: men's mental health" by Dr. Dan Bilsker

STEP 1: REVIEW POPULATION PYRAMID FOR YOUR PRACTICE



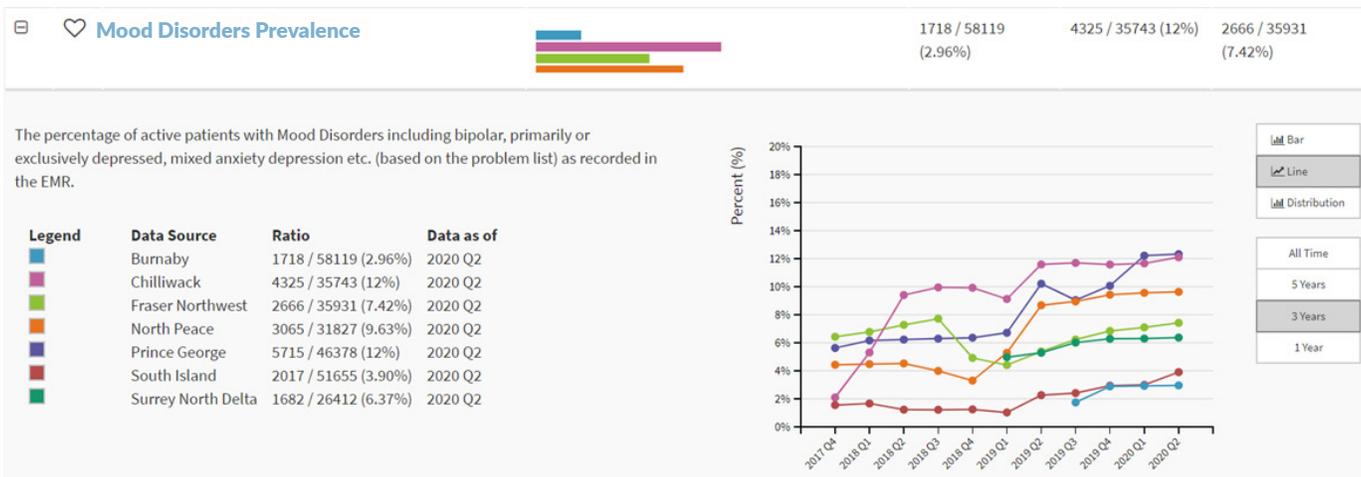
- How does the age/gender distribution in your practice compare to B.C. or your community or region?
- How do you account for any difference that you might see? What other reasons might account for these differences?
- Consider: your age, gender, years in practice, community of practice, preferences of patient type

STEP 2: REVIEW ALCOHOL USE DISORDER PREVALENCE



- How does the prevalence of Alcohol Use Disorder in your practice compare to B.C. or your community or region?
- How do you account for any differences? What other reasons might account for any differences?
- Consider: documentation, coding, screening, type of patients in your practice, socioeconomic status

STEP 3: INVESTIGATE PREVALENCE OF MOOD DISORDERS



- What is the prevalence of Mood Disorders (including bipolar, primarily or exclusively depressed, mixed anxiety depression etc.) in your practice?
- How does this compare to B.C. or your community or region?
- How do you account for any difference that you might see?
- What other reasons might account for differences? Consider: documentation, coding, screening, age and gender of patients in your practice, socioeconomic status, etc.

Action Items to Consider:

- [AUDIT](#) - consider increased screening for Alcohol Use Disorders
- [CAS](#) - consider screening for clinical anger
- Further reading - "[Hiding in plain sight: men's mental health](#)" by Dr. Dan Bilsker