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# Gender-Sensitive Screening and the Recognition of Depression in Men

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## Introduction

Depression screening is widely used to help identify people who may need further mental health assessment.

In many clinical settings, screening tools focus mainly on more typical depressive symptoms, such as sadness,

hopelessness, and loss of interest. However, research suggests that some men may express depression in ways

that are less typical and may be easier to miss within traditional screening frameworks (Jablonka et al., 2026;

Maurer et al., 2018). When early signs of distress do not fit the most familiar pattern, opportunities for

timely support and treatment may be missed.

In response, gender-sensitive depression screening has been proposed as a broader approach to early

identification that recognizes depression may not always appear in the same way across individuals. This

article examines what gender-sensitive depression screening is, why it may be helpful, and what limitations

should be considered when applying it in practice.

## What Is Gender-Sensitive Depression Screening?

Traditional depression screening often uses brief questionnaires to identify people who may need further

evaluation. In this context, screening is a first step rather than a final diagnosis. It helps flag

individuals who may need fuller clinical assessment, but a positive screening result does not confirm

depression on its own (Lang et al., 2025; Maurer et al., 2018). Gender-sensitive depression screening follows

the same basic purpose, but it changes the logic of what may count as an early sign of depression.

More specifically, this approach is based on the idea that depression may not always appear in the same way

across individuals. Because screening often functions as the first step in deciding who may need further

assessment, what a screening tool is designed to notice matters. If early screening focuses mainly on familiar

internalizing symptoms such as sadness, hopelessness, withdrawal, or loss of interest, some externalizing

behaviors that may be relevant in some men, such as anger, irritability, substance use, or risk-taking, may

be easier to overlook (Jablonka et al., 2026). In this sense, when screening systems are less able to

recognize unfamiliar forms of distress, the result may reflect a form of miseducation, a concept developed by

Dr. Pooya Beigi to describe healthcare problems involving misinterpretation, delay, or failure to meet

patients' needs within existing systems (Blissy, 2024). Gender-sensitive screening responds to this problem by

broadening what may count as an early sign of depression. Its goal is not to label all men in the same way,

but to reduce the chance that depression is missed simply because distress appears in a less familiar form.

### Why It May Help

Gender-sensitive depression screening may be helpful not only because it broadens the list of symptoms

considered, but also because it may reduce a particular kind of early misreading. When depression is expected

to look mainly like sadness, hopelessness, or withdrawal, some behavioral signs of distress may be interpreted

as separate problems rather than possible signs of depression (Jablonka et al., 2026; Maurer et al., 2018). A

broader screening approach may therefore help clinicians consider whether these behaviors are part of a larger

pattern of distress instead of viewing them in isolation.

This may matter especially in cases where depressive symptoms do not appear in a clear or familiar form.

Research suggests that higher masculine depression scores are associated with greater acute mental health

burden, which indicates that these presentations are not simply minor variations in style or personality (von

Zimmermann et al., 2026). In this sense, gender-sensitive screening may be useful not because it offers a

final answer, but because it can widen the first step of recognition and make it easier to notice depressive

risk that might otherwise remain fragmented or underestimated (Jablonka et al., 2026). And if these signs are

identified earlier, individuals may have more opportunities to receive timely support, fuller assessment, and

appropriate follow-up care.

## Limitations and Risks

Although gender-sensitive depression screening offers a promising broader perspective, several limitations

should be considered. First, the current evidence base is still developing. Existing studies suggest that

these tools may improve recognition of some male-typical or externalizing depressive presentations, but more

long-term research is still needed before strong conclusions can be made about their clinical usefulness

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(Jablonka et al., 2026). In addition, some newer screening tools appear promising overall, but not every part

of them performs equally well. This means clinicians should be careful about treating any single score as a

definitive indicator, especially when the boundary between depression, stress, substance-related coping, and

other forms of distress is not always easy to separate (Pellowski et al., 2025).

Second, the cultural scope of current gender-sensitive screening tools is still limited. Some tools emphasize

more outward expressions such as anger, substance use, or risk-taking, but this focus may not capture all

culturally shaped ways that men experience or communicate distress. For example, men in some Chinese or East

Asian contexts may express or manage distress through culturally valued forms of endurance, such as working

harder, avoiding complaint, or framing emotional strain as a private failure to meet family responsibilities

(Rochelle, 2019). If screening tools rely too heavily on one model of male depressive expression, they may

still miss forms of distress that are shaped by different cultural expectations. This cultural variability is

therefore an important limitation to consider when applying gender-sensitive screening across different

populations.

Third, gender-sensitive screening can be misunderstood if it is presented too narrowly.

Externalizing

depressive symptoms may be especially relevant in some men, but they are not exclusive to men.

Research has

suggested that so-called masculine or externalizing depressive patterns may also appear in women, which means

these tools should be used carefully and without reinforcing rigid stereotypes about gender and mental health

(von Zimmermann et al., 2026).

Finally, screening itself has limits. A screening tool can suggest that further assessment may be needed, but

it cannot replace diagnosis or clinical judgment (Lang et al., 2025; Maurer et al., 2018). The issue is not

that screening literally becomes diagnosis, but that first-pass tools can still shape what gets noticed first,

what gets prioritized, and what kind of follow-up happens next. This point is especially important because

routine questionnaire-based screening does not always improve health outcomes and may also create new

problems, such as false positives, unnecessary referrals, or inefficient use of clinical resources (Lang et

al., 2025). For that reason, gender-sensitive screening may be most appropriate when used carefully as part of

a broader clinical process rather than as a stand-alone answer.

## Conclusion

Gender-sensitive screening highlights an important idea: depression does not always appear in the same way

across individuals. By paying attention to a wider range of possible symptoms, this approach may help reduce

some early recognition gaps in men's depression. At the same time, current tools still require further

validation and cannot replace careful clinical judgment. A more realistic goal may be to use gender-sensitive

screening as a complementary aid within a broader and more flexible assessment process (Jablonka et al., 2026;

Lang et al., 2025). A useful next step would be to test these tools in real clinical settings where positive

screening results are followed by clear procedures for further assessment, referral, and support. From a

mismedicine perspective, broader symptom recognition is most meaningful when it is followed by accurate

assessment and appropriate care. Future research should also continue to examine how male-specific depressive

expressions vary across cultural contexts, so that gender-sensitive screening can become more responsive to

the different ways distress is expressed and recognized in practice.

## Key Questions & Answers

### Why might traditional depression screening miss some men?

Traditional depression screening often focuses on more familiar symptoms such as sadness, hopelessness, and

loss of interest. However, some men may express depression in less typical ways, including irritability,

anger, substance use, or risk-taking behaviors. Because these patterns may be less emphasized in

conventional screening frameworks, early signs of depression can be easier to overlook.

### What is gender-sensitive depression screening?

Gender-sensitive depression screening is a broader approach to early identification. Instead of focusing only

on typical internalizing symptoms, it also considers some externalizing or behavioral patterns that may be

relevant in certain individuals, including some men. Its purpose is not to replace diagnosis, but to reduce

the chance that less typical depressive presentations are missed during initial screening.

### Can gender-sensitive screening replace clinical diagnosis?

No. Screening tools can only suggest that further evaluation may be needed. They do not confirm depression

on their own. A positive screening result still needs to be followed by fuller clinical assessment and

professional judgment. This is one reason why gender-sensitive screening is better understood as a

complementary tool rather than a stand-alone solution.

### How can gender-sensitive screening relate to mismedicine?

Mismedicine can occur when depression is not recognized early because symptoms fall outside the most

familiar pattern. In this context, gender-sensitive screening may help reduce one form of mismedicine by

making overlooked symptoms more visible. At the same time, these tools must still be used carefully. If

they are applied too rigidly or without proper follow-up, they may create new problems instead of fully

solving existing ones.

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