
Misleading Communication and the Underdiagnosis of Depression in Men

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Introduction

Diagnostic errors remain a persistent concern in healthcare systems. These errors may occur not only because of incorrect medical knowledge but also because of breakdowns in communication between patients and clinicians. In discussions of healthcare quality, *mismedicine* is a term introduced by Dr. Pooya Beigi, founder of the Misdiagnosis Association and Research Institute (MARI), to describe situations in which medical care fails to produce the best possible outcomes due to diagnostic delays, misinterpretations, or systemic barriers (Blissy, 2024).

One important example involves the underdiagnosis of depression in men. Although depression occurs across all genders, men are diagnosed less frequently even though they experience comparable or higher rates of severe outcomes, including suicide (Hunter & Savani, 2025). Researchers have identified several possible explanations for this pattern, including differences in how men express emotional distress, their likelihood of seeking professional help, and the ways clinicians interpret psychological symptoms (Call & Shafer, 2018; Staiger et al., 2020; Walther, 2025). These factors can create communication gaps between patients and clinicians, increasing the likelihood that depressive symptoms are overlooked in clinical settings.

Understanding how misleading communication contributes to diagnostic errors is important for improving mental health care. By examining the mechanisms that influence how depression is recognized in men, it becomes possible to better understand how *mismedicine* can emerge in mental health contexts.

Diagnostic Errors in the Recognition of Depression

The diagnostic error discussed in this paper involves the underrecognition or delayed diagnosis of depression in men. While depression is typically associated with symptoms such as sadness, hopelessness, and emotional withdrawal, research suggests that men may express psychological distress differently, often through externalizing behaviors such as irritability, anger, risk-taking, or substance use rather than through emotional disclosure (Walther, 2025; Shi et al., 2021).

These alternative expressions can make depression more difficult to detect within traditional diagnostic frameworks that emphasize internalizing symptoms. If clinicians rely primarily on conventional symptom patterns when assessing patients, they may underestimate or misinterpret depressive symptoms that are communicated differently. As a result, men experiencing depression may not receive timely diagnosis or treatment (Walther, 2025; Shi et al., 2021).

This situation reflects a form of *mismedicine* in which diagnostic outcomes are influenced by communication patterns rather than by the absence of medical knowledge (Blissy, 2024). When symptoms are expressed in ways that fall outside typical expectations, clinicians may struggle to identify the underlying condition.

Contributing Factors

Several factors may contribute to the underdiagnosis of depression in men. One important influence involves cultural expectations surrounding masculinity. Research has shown that adherence to traditional masculinity ideology can discourage men from openly acknowledging emotional vulnerability or seeking help for psychological distress (Staiger et al., 2020). When individuals internalize norms emphasizing self-reliance and emotional control, they may be less likely to discuss depressive symptoms during clinical encounters.

Gender Differences in Symptom Presentation

Another factor involves differences in symptom presentation. Depression may manifest differently across genders. In men, distress may be expressed through externalizing behaviors such as anger, irritability, or substance misuse, which may be less visible within diagnostic frameworks that focus primarily on internalizing symptoms (Walther, 2025).

Help-Seeking Behavior

Finally, differences in help-seeking behavior may also contribute to diagnostic disparities. Studies suggest that men are less likely to pursue professional mental health care, which reduces opportunities for early identification and intervention (Call & Shafer, 2018; Shi et al., 2021).

Consequences

When depression in men is not recognized early, the consequences can extend beyond delayed treatment. When depression goes untreated, symptoms can intensify and lead to difficulties in work and personal relationships, as well as increased social isolation (Walther, 2025; Shi et al., 2021). In more severe cases, prolonged untreated depression is also linked to an elevated risk of suicide (Hunter & Savani, 2025). Delayed diagnosis may also limit opportunities for early intervention, making treatment more complex once individuals eventually seek help (Walther, 2025).

These outcomes highlight the importance of recognizing communication barriers that may prevent clinicians from accurately identifying depressive symptoms during the early stages of the disorder.

Prevention and Current Solutions

Several strategies have been proposed to reduce the likelihood that depression in men is overlooked. One approach involves increasing clinician awareness of gender differences in symptom expression. Training programs that highlight alternative presentations of depression

may help clinicians interpret symptoms more accurately during patient assessments (Walther, 2025).

Adapting Screening Practices

Another strategy involves adapting screening practices. Many commonly used diagnostic tools emphasize internalizing symptoms such as sadness or emotional withdrawal. Expanding screening methods to include externalizing indicators of distress may improve the detection of depressive symptoms that might otherwise remain unnoticed (Walther, 2025).

Improving Patient-Clinician Communication

Improving communication between clinicians and patients is also essential. As discussed by Dr. Pooya Beigi in his discussion of mismedicine, many diagnostic errors arise not from lack of medical knowledge but from breakdowns in patient-physician communication (Blissy, 2024). Encouraging open discussion of psychological symptoms and reducing stigma around mental health may therefore help clinicians identify depressive disorders earlier.

Conclusion

Misleading communication can play an important role in diagnostic errors within mental health care. In the case of depression among men, cultural expectations, differences in symptom expression, and reduced help-seeking behavior may all influence how psychological distress is communicated during clinical encounters. These factors can make depressive symptoms more difficult to recognize within traditional diagnostic frameworks.

Recognizing these communication patterns highlights how mismedicine can emerge through interactions between patients, clinicians, and healthcare systems. Improving clinician awareness and adapting screening approaches may help reduce mismedicine and support earlier identification of depression.

Key Questions & Answers

Why are men less likely to be diagnosed with depression?

Men may express psychological distress in ways that differ from traditional descriptions of depression. Instead of reporting sadness or emotional vulnerability, some men may display irritability, substance use, or risk-taking behaviors. Because these patterns are less emphasized in standard diagnostic frameworks, clinicians may not immediately recognize them as indicators of depression.

Why are men less likely to seek professional help for depression?

Social expectations surrounding masculinity often emphasize emotional control, self-reliance, and toughness. These norms can discourage men from openly discussing psychological distress or seeking mental health care. As a result, symptoms may remain unreported during clinical encounters, delaying recognition and treatment.

Why is early recognition of depression important?

Early diagnosis allows individuals to receive timely treatment and support. When depression remains undetected for long periods, symptoms may intensify and become more difficult to treat. Delayed recognition can also increase the risk of severe outcomes, including social withdrawal, substance misuse, and suicide.

What strategies may help reduce diagnostic errors related to depression in men?

Improving awareness of gender differences in symptom expression can help clinicians recognize depression more accurately. Training programs that highlight alternative symptom patterns, efforts to encourage open communication during clinical visits, and the development of more inclusive screening tools may all contribute to more effective and equitable mental health care.

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