

Strengthening belonging for underserved boys



Frankie, a member of the Big Brothers Big Sisters National Youth Council, serves as a mental health advocate and spokesperson for boys across the country.

By: Heather Hyden, Marvin Hill and Danielle Neveles-McGrath

Full report





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In her role, Danielle leads the Foundation's impact evaluation and learning for the Foundation's grant portfolio and publication strategy for advancing knowledge and insights from the Foundation's focus areas in mental health and nutrition. Danielle has more than a decade of healthcare experience and has worked across corporate communications, philanthropy, crisis management, international relations, employee engagement, and media relations in the healthcare and bio-pharmaceutical industries. Before joining the Humana Foundation, Danielle was the Vice President of Racial Equity Grantmaking for the Eli Lilly and Company Foundation, where she managed a \$25 million grant portfolio and invested in community projects focused on education and economic development. She is a board member of Ladies of Virtue, a Chicago-based mentoring, career and leadership development program for young women. Danielle holds a Master of Business Administration from the Kellogg School of Management at Northwestern University and a Bachelor of Arts degree in journalism from Indiana University-Purdue University Indianapolis. She is a poet and an author of a poetry collection.



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Executive summary

Loneliness among boys and men has emerged as a pressing public health concern. According to Gallup polling data from 2023 and 2024, 25% of American males aged 15–34 reported feeling lonely “a lot” the previous day.¹ This report is part of a series responding to the 2023 Surgeon General’s advisory call for a whole-of-society approach to strengthen social connection.² It focuses specifically on underserved boys such as those from diverse racial and ethnic backgrounds, sexual identities as well as boys with differing physical and mental abilities.

The report draws from national data and interviews with youth, non-profit partners, and mental health professionals. It highlights how underserved boys experience loneliness through behaviors like withdrawal, emotional suppression, and social disconnection. These experiences are shaped by cultural stigma, racial trauma, and limited access to safe spaces and supportive relationships.

Frankie, a Latino youth leader with Big Brothers Big Sisters National Youth Council, shared: “**You must make yourself comfortable in your own uncomfortableness to get through.**” His story illustrates how mentorship and emotional support can transform isolation into belonging. Carter, a young man from a rural community emphasized how opening up about your feelings is a big risk: “**It’s hard to take the risk to get off the farm, then have the money to do it. If you don’t know what’s going on in your head, it’s even harder.**”

Key findings include:



Changes to systems of mental health care for boys could improve help-seeking behavior, diagnostic tools and interventions.



Boys of color, LGBTQ+ boys, and those with disabilities face unique barriers to emotional well-being.



Mainstream male culture contributes to emotional suppression and stigma.



Boys are less likely to be diagnosed with depression, yet more likely to die by suicide.

Partners identified three primary strategies to strengthen belonging:

1 Mentorship: Programs that provide consistent and holistic emotional support either through peers or trusted male adults.

2 Group-based support: Therapy to encourage boys to process shared grief and identity in the community.

3 Sense of purpose: Opportunities for boys to be leaders in their community and see the results of their contributions.

Call to action

- 1 Invest in efforts to reshape narratives about underserved boys by promoting storytelling and media that reflect the full emotional spectrum of boys including vulnerability, joy, and hope. Support educational campaigns that normalize boys talking about their mental health and seeking help.
- 2 Invest in community-rooted outreach models such as programs that build long-lasting relationships with family, trusted messengers and community institutions.
- 3 Invest in sustaining and scaling mentorship initiatives including peer buddy programs. Expand and incentivize opportunities for men to serve as mentors to boys.
- 4 Invest in peer mental health programs where boys can serve as safe places for their friends to talk about mental health challenges such as mental health first aid training and group therapy connecting boys based on shared experiences (e.g., grief and trauma) not just shared identities.
- 5 Invest in more research to better understand diagnosis gaps, develop culturally relevant and inclusive screening tools, evaluate best practice interventions, and further explore loneliness among underserved boys.

By addressing loneliness through belonging, we can improve boys' mental health and build stronger, more connected communities.

As Dr. Megan Paxton, vice president of clinical effectiveness at Home of the Innocents, emphasized:

Belonging is a protective factor against loneliness among boys. Boys with stronger belonging are healthier, more resilient and more likely to thrive.



Image does not depict report subjects.

Introduction

The Humana Foundation's goals are to shape a healthier approach to nutrition and strengthen emotional connections for all school-aged children. With our focus on emotional connections, we are committed to suicide prevention and addressing social isolation and loneliness by investing in community-driven, innovative, and scalable solutions. This report series was inspired by the former Surgeon General's 2023 advisory report on the U.S. epidemic of loneliness and social isolation.² The Surgeon General's report raised awareness of how loneliness harms both individual and societal health and is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death.

In alignment with our health equity mission, this report kicks off a series on loneliness among underserved men with this report focused on K-12 underserved boys. For the purposes of this series, **we define “underserved boys” as male youth who lack equitable access to essential resources, opportunities, and support systems that are critical for healthy development and academic success.** These boys may face systemic barriers in education, healthcare, mentorship, and community engagement, which can lead to disparities in outcomes such as graduation rates, mental health, and long-term economic mobility. For boys, there are serious concerns that demand our attention.

Drawing from Richard V. Reeves' book, *Of Boys and Men*, the data reveals that in 2020, male college enrollment declined at a rate seven times higher than that of female students. This sharp decline reflects deeper issues rooted in boys' underperformance in K-12 education, particularly among Black and economically disadvantaged boys, who face even greater challenges than their female peers from similar backgrounds. Reeves emphasizes that these disparities are not only academic but also structural, with long-term consequences for employment and upward economic mobility.³

The series begins with boys, as opposed to grown men, to encourage action in promoting emotional well-being upstream to curb future health disparities.



Since half of all mental health conditions manifest by age 14 and 75% by age 24,⁴ it is critical that boys' mental well-being, including feelings of belonging, are supported to prevent mental health challenges later in life.

The goals of the series are to raise awareness, share best practices, and inspire meaningful action to combat loneliness and foster a sense of belonging. As part of our evidence-informed and listening approach, this report is informed by four interviews with partners who work with underserved boys, a subject-matter expert and two interviews with young men who have experienced social isolation and loneliness. The conclusion is a call to action on how to strengthen this population's sense of belonging through targeted investments, communications and programming.

Frankie's story

Frankie is a Latino resident of Houston who serves as a key member of the Big Brothers Big Sisters (BBBS) National Youth Council. The Humana Foundation has invested in BBBS to initiate and elevate mental health programs including mental health first aid training for mentors and related coursework for youth.

For over seven years, Frankie has been part of the BBBS family. Often, his role on the council is to be a spokesperson and mental health advocate for young people across the country.

When asked what loneliness looks like among Latino youth he gave very little hesitation. The word he used was "isolation." He described how his peers withdraw from the world when going through a tough mental health situation. **"They're sleeping a lot and stop paying attention to the things they care about."** The way Frankie described sleep, it is not the kind where you just go to bed. It is a kind of shutting down and shutting out the world. It's the kind that clinicians find symptomatic of depression.

According to Frankie, loneliness is often brought on by feeling like he's a burden. He may be going through something tough but doesn't want to be a burden to his parents.

"A lot of Latino parents are dealing with so much and it feels like what I'm struggling with is nothing compared to what they are going through. I don't want to be a burden."

This perception as a burden causes him to stay in his room and self-isolate.

But he also considers himself to be one of the "blessed ones" because his mother has been a rock of emotional support throughout his life. He emphasized how she always asked if he was safe. His mom also became a listener to many of Frankie's friends.

"A lot of my friends came over to my house because they didn't have that safe space at their house." His friends were afraid to share their feelings with their parents for fear they would escalate vulnerable expressions as a crisis or shrug it off as "being influenced by what you see on your phone."

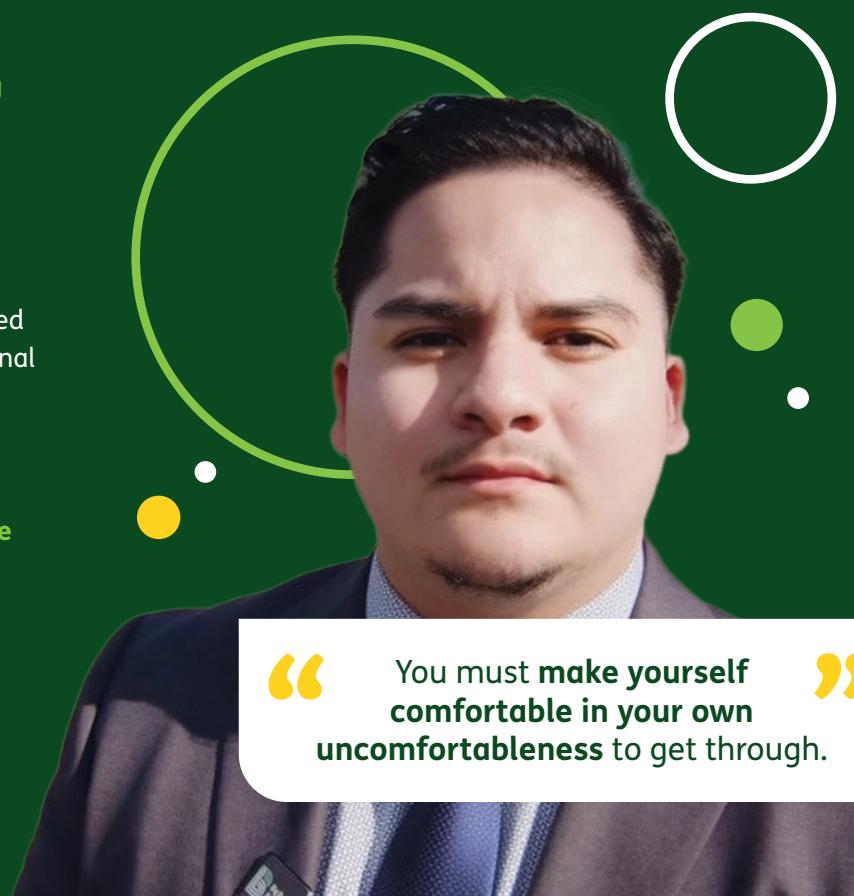
His father was like his friends' parents and not open about emotions. His dad would say, "just go to the gym. You don't need counseling."

As Frankie reflected more deeply, he shared that his father and his friends' parents grew up in a generation where talking about mental health wasn't considered safe. Mental health stigma has evolved a lot and even his dad's opinion of therapy has changed over the years. He shared, **"It takes transparency and consistency in sharing your feelings with your parents and others to break through the stigma."**

After talking to Frankie about the experience of loneliness, we shifted to reflect on what belonging feels like to him. He shared how being part of the BBBS youth council gives him a powerful sense of purpose.

"Each one of us on the council has been through a lot of adversities, but that's how we connect. You must make yourself comfortable in your own uncomfortableness to get through."

He emphasized how critical it is to surround yourself with other people who understand your experiences and be part of something bigger.



"You must make yourself comfortable in your own uncomfortableness to get through."

To conclude, we talked about what it would take to strengthen belonging for boys of color. Frankie shared three key recommendations:



Invest in mentorship programs, especially those providing opportunities for youth leadership.



Make it a requirement for schools to screen boys for mental health issues in the same way high school students are required to receive career and/or college counseling.



Expand peer mental health training, like mental health first aid programs and invest in more boys trained as safe peers to encourage conversations and outreach about mental health concerns.

Frankie's story is a reminder that loneliness is more than a feeling. It is a signal that boys need spaces where they are seen, heard, and supported without judgment. His journey shows us that belonging begins with listening, continues with mentorship, and grows through community.

Frankie is not alone; a rural boy's perspective emphasizes the need to break through mental health stigmas.



Frankie's hometown: Houston, Texas

Carter's story

Carter is a White, 22-year-old from Allen County, Kentucky. As the oldest child in his family, he grew up with a deep sense of responsibility on his family's farm. As a young kid, he had to learn how to be more mentally mature, especially because adults and peers would call him crazy for wanting to be a farmer. **"There's a lot of self-induced pressure I put on myself. I feel like I have a lot to prove so I work extra hard on my mental health to stay on track."**

Carter has found mental resilience in his family. His mother helped him be more open about his feelings. **"She was like my therapist in high school,"** he said. **"She taught me how to connect with people, and I felt like I could always go to her. I have my dad too. They both really modeled the importance of sharing your feelings."** But he knows his experience is rare. **"Most boys don't have that. They don't have anyone to go to."**

His friends don't think of seeking therapy as an option. He shared the stigma and risk of seeking help. **"If someone found out, it wouldn't be good. It would make you want to go to therapy even more just to deal with the bullying."** He's had friends attempt suicide who never felt they could reach out. "They just stopped talking. That's the sign. Conversations get shorter and they become more distant."

Accessing mental health care in rural areas remains a major barrier. The logistics are also daunting with long distances, lack of insurance, and the emotional labor of opening up about feelings. Research has shown that the median drive time for mental health care in rural areas is 26.2 to 30 minutes and there are only 15.8 psychologists per 100,000 residents.⁵

Carter shared, **"It's hard to take the time and risk getting off the farm, then have the money to do it. If you don't know what's going on in your head, it's even harder."** The risk he talks about is complex and entangled with stigma and the pressures of living in farming communities. He underscored that seeking help takes time and emotional labor and those are things you don't have much of when every hour counts working on the farm. Taking that time to care for yourself when the farm depends on everyone is a real challenge.

"We carry a lot, and we do it all. We plant the seeds and are the whole marketing department. It's high stress day after day. If I didn't have my parents, I could see how young men become suicidal." His insights reflect the major investment mental health can be, especially when you are discouraged from talking about your feelings and don't have the language to explain what's wrong.

Carter did say online therapy could be a good option, especially for younger boys who are on their phones more. But that has its drawbacks too. He laughed but was very serious when talking about the limitations of virtual care, **"In the remote areas, you'd have to drive yourself to McDonald's just to access Wi-Fi."**

He believes that breaking the stigma around mental health is essential and that older male mentors could play a transformative role. **"I see a lot more suicide prevention materials online, but it doesn't hit home. We need male figures to speak to it."**



“What rural boys need most is a sense of purpose and belonging. When they don't feel noticed, it's hard. I've seen activities like sports give that back to people. I've also seen what happens when they don't have it.”



Carter shared three recommendations for supporting boys' mental health in rural communities:



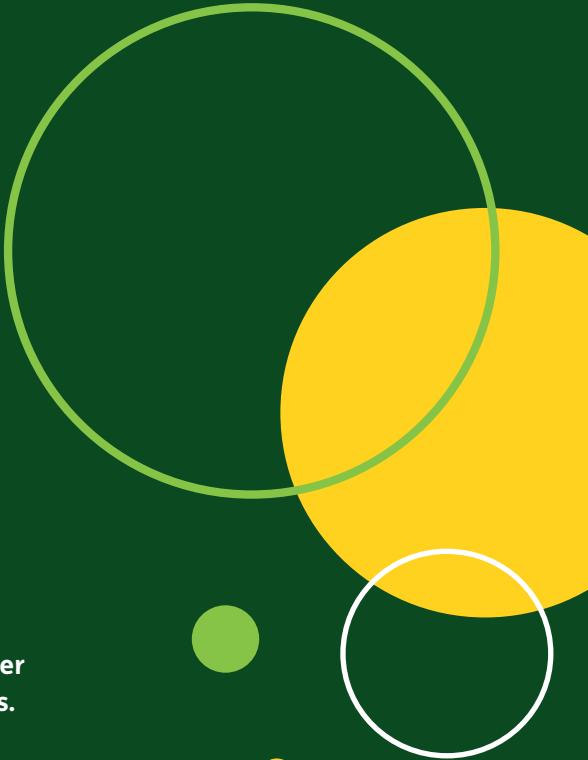
Invest in mentorship and male role models, especially those who model vulnerability.



Raise awareness of the mental health challenges faced by rural youth to help build knowledge so that boys feel more confident in seeking help. He recommended an education campaign with trusted messengers like local athletes and other farmers.



Create purpose-driven opportunities for connection whether through sports, work, community service or other activities.



“

We understand belonging as a ‘feeling of deep connection with social groups, physical places, and individual and collective experiences.’

”

- Vivek Murthy, Surgeon General



Background

According to Gallup polling data from 2023 and 2024, 25% of American boys and men aged 15–34 reported feeling lonely “a lot” the previous day.¹ This statistic underscores a broader public health concern that has gained national attention. In the 2023 Surgeon General’s Advisory, there was a call to “increase and strengthen social connection through a whole-of-society approach.”² This approach reframes loneliness not just as an individual experience, but as a systemic issue shaped by cultural, community, and societal forces.

Our report series adopts this broader lens, examining how loneliness impacts not only individuals, but also entire communities. Drawing from the former Surgeon General’s definition, **we understand belonging as a “feeling of deep connection with social groups, physical places, and individual and collective experiences.”** By fostering this sense of belonging among underserved boys, we aim to support their well-being while also contributing to stronger, more connected communities.

Dr. Angelica Ferrara, a psychologist at Stanford University, has conducted extensive research on loneliness among men including how it not only impacts them as individuals, but also creates ripple effects throughout our communities. When interviewed, she encouraged a public health approach.

“

By growing the social-emotional skills of boys and men, more people will have the skills to care for and improve their communities.

- Dr. Angelica Ferrara

”

Her insight reinforces the importance of addressing loneliness not just to improve individual health but for the greater benefit of our communities. With this foundation, the next section of the report highlights boys’ mental health trends including health disparities among diverse populations.



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State of mental health in diverse, underserved boys

Mental health and loneliness are deeply interconnected, not separate issues. Research shows that loneliness is strongly correlated with depressive symptoms in children and adolescents.⁶ Additionally, a lower sense of belonging in adolescents is directly linked to depression and hopelessness and indirectly associated with suicidal ideation.⁷

Even before the COVID-19 pandemic, concerns about youth mental health were escalating. In 2019, the Congressional Black Caucus formed an emergency task force on Black youth suicide,⁸ and by 2021, the American Academy of Pediatrics declared a national emergency in child and adolescent mental health.⁹ While suicide rates among youth have recently declined overall, disparities persist especially among boys from underserved racial and ethnic groups and with differing intellectual or physical abilities.

American Indian and Alaskan Native (AI/AN) boys have the highest attempted suicide rate of any group at 22.6%. This rate is double the rate of Black and Asian boys and nearly three times that of Native Hawaiian or Other Pacific Islander boys.¹⁰ The elevated risk among AI/AN youth reflects a complex interplay of factors including generational trauma, stigma, isolation, and systemic health inequities.¹¹

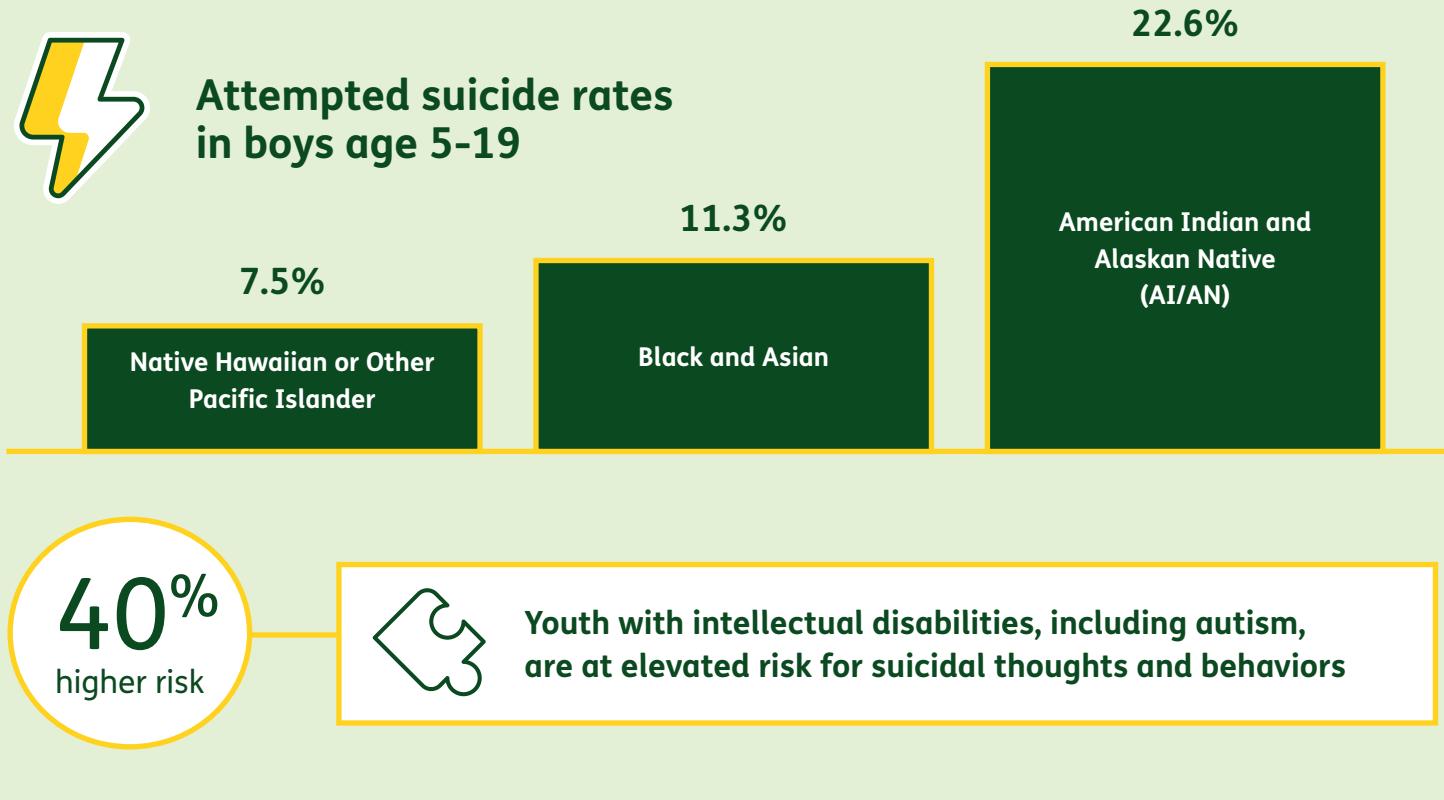


Black boys are more than 2.7 times more likely to die by suicide than Black girls⁸ and report higher rates of suicide attempts than their Asian, Hispanic, and White peers.¹³

Studies have indicated that for Asian and Native Hawaiian or Pacific Islander boys, Filipino, Korean, Southeast Asian, and multiracial boys, have significantly higher rates of suicidal ideation within the broader population group. The patterns highlight the need for disaggregated data and culturally responsive care.¹⁴

Over the last two decades, suicide rates have increased at a higher rate in rural areas compared to urban areas.¹⁵ Recognizing this alarming trend, the American Psychological Association recently published a research brief outlining the unique challenges rural youth face in supporting their mental health. They identified that lack of access to mental health services and socioeconomic opportunity are barriers to receiving care. Also, limited or non-existent transportation options leave rural youth reliant on telehealth, although many rural youths lack access to reliable Wi-Fi. Additionally, farm youth spend substantial time working, restricting their availability for mental health care. These insights point to the need for investments in rural boys' mental well-being.¹⁶

Disabled boys face similarly urgent challenges. Teens with disabilities report depression symptoms at twice the rate of their non-disabled peers, and their unmet mental health needs are significantly higher.¹⁷ Youth with intellectual disabilities, including autism, are at elevated risk for suicidal thoughts and behaviors (up to 40% according to the research) yet diagnostic tools often fail to capture these risks, leaving them underserved.¹⁸



Despite higher suicide death rates among boys, girls are more likely to be diagnosed with depression and receive therapy. Boys, on the other hand, are more often diagnosed with behavioral disorders and less likely to access mental health services.¹⁹ Boys of color may be especially impacted as data shows they are more likely than White boys to be diagnosed with conduct disorders.²⁰

This reflects a broader issue: boys tend to express emotional distress through externalizing behaviors like aggression, substance use, or risk-taking, which don't always align with traditional mental health diagnostic criteria focused on internal symptoms like sadness or fear. Additionally, factors such as stigma and mainstream male culture (i.e., hyper independence), could limit boys' help-seeking. Fewer boys seeking care for depression could result in lower diagnosis rates.²¹

These patterns point to a critical need to re-evaluate how boys' mental health is approached, diagnosed and treated. For example, current diagnostic tools often isolate symptoms within distinct disorders, overlooking cross-cutting processes like emotional dysregulation or avoidance. Experts recommend a more integrated approach to screening that recognizes how boys experience and express distress differently.²¹ Rethinking these frameworks is essential to developing effective, equitable interventions and reducing reliance on crisis responses.



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Defining “loneliness”

In interviews, we asked, “How does loneliness show up for underserved boys?” One partner summarizes it well: “I wouldn’t say loneliness, I would say feeling out of place.” For example, language barriers and acclimating to U.S. culture came up for partners working with Latino boys. Also, program leaders who grew up in and work with boys from high-crime areas shared how boys in those neighborhoods can feel out of place when they choose not to associate with criminal activity.

Recent studies have explored the relationship between socio-environmental factors and mental health. For example, African American boys from urban communities are disproportionately exposed to community violence, placing them at increased risk for mental health problems compared to other racial/ethnic groups.²² One of our partners who is a youth mentor elaborated how gangs see isolated boys and seek them out.

But even outside of their neighborhoods, there are other forms of social violence threatening boys of color. While there may be a loving environment inside the home, the environment outside those doors can overshadow it. **The Executive Director of NAMI-Hillsborough shared insights on that experience:**

“For ethnically diverse boys—especially Black boys—there’s a layer of vicarious and secondary trauma that comes simply from stepping outside. Black families carry a daily, unspoken worry: **If I walk out this door, will I make it back home?** That constant tension takes a toll. And when there’s no space to unpack that fear, it builds into emotional and social isolation.

- Demetric Watkins, LMHC, NCC
President & CEO, NAMI-Hillsborough

Another partner working with boys of color shared similar insights:

“ We are consistently seeing **loneliness as a problem that comes up quite a bit for boys of color** who have been marginalized, especially those who have faced racial traumas or losses and feel—alone in their experience.

- Dr. Julie Kaplow, PhD, ABPP, Executive Vice President, Trauma and Grief Programs and Policy, Meadows Mental Health Policy Institute, and Executive Director, The Trauma and Grief Center, The Hackett Center for Mental Health

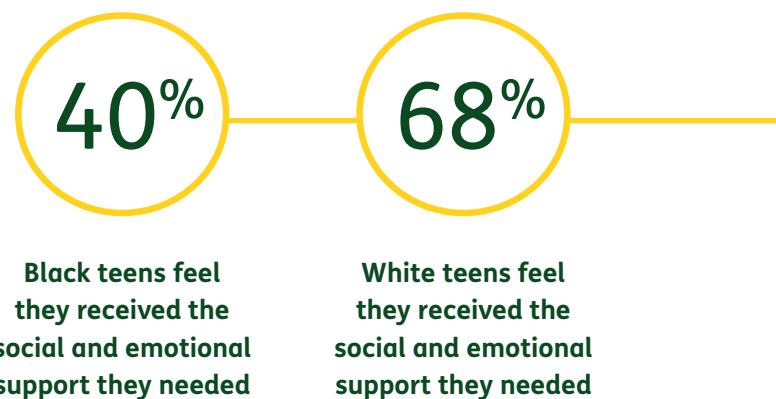
These insights demonstrate how experiences of social and structural disadvantage can affect mental well-being, often manifesting as a diminished sense of belonging. Demetric Watkins, who leads support groups for LGBTQ+ boys, revealed how these social disadvantages manifest for that sub-population.

Life can feel like you're in a box of isolation. You might connect with other kids on the surface, but deep down, it feels like no one's in that box with you, looking out for you. It's not just about being different—it's about not feeling fully seen, safe, or supported to be who you are. And that silence keeps the isolation going.

- Demetric Watkins

LGBTQ+ boys experiencing a lack of safety among peers is also seen in Trevor Project survey data showing that nearly half (46%) of transgender boys and men who did not receive mental health care cited fear about someone calling the police or being involuntarily hospitalized.²³ This illustrates how a lack of belonging is a barrier to mental health care, especially during a crisis.

Also, in the quote to the left is the feeling of not being supported, which is also experienced by other underserved groups. For example, only 40.2% of Black teens felt they received the social and emotional support they needed, while White students were nearly 1.7 times more likely to feel adequately supported. Additionally, less than half (46.6%) of Hispanic teens reported receiving social and emotional support compared to non-Hispanic teens (62.3%).¹⁷



For boys with developmental or intellectual disabilities, depression can be difficult to observe and assess. Symptoms may include behaviors like those Frankie described in his story such as withdrawal from activities, staying in bed, refusing to go to school, or experiencing behavioral outbursts.

Dr. Megan Paxton at Home of the Innocents shared the story of a boy she assessed:

“ His coping mechanism to avoid loneliness was to just not act like himself to be accepted by his peers. This shows up as he is constantly masking at school which is draining. Then, when he goes home, that exhaustion shows up as behavior problems.

When looking at aggression among boys—the fighting, hitting, and screaming—it’s usually sad on the inside. But they may feel like it’s safer to be rejected for acting out than risk the pain of trying to connect and failing.

”

Her insights point back to the need for screening tools that recognize loneliness and depression among boys through their external facing behaviors.



Mental health challenges among rural boys often manifest in silence, isolation, and emotional suppression. As Carter's experience illustrates, boys in rural communities are not encouraged to express their feelings.

Carter shared how loneliness shows up for his peers, “They will still show up and be around, but won’t be as present. Usually you can tell, but if you ask them, they just say, ‘Oh no, it’s just been a long week.’ Many of them just try to work away the pain.”

The stigma around mental health, combined with limited access to care and cultural expectations of toughness, leads many boys to internalize their pain. Without safe spaces to talk or trusted adults to confide in, these issues can escalate. His story underscores the urgent need for culturally responsive mental health supports that meet rural boys where they are.

Mainstream male culture at the root

In interviews, when asked what is at the root of emotional challenges among boys, mainstream male culture was referenced. This underscores how critical cultural norms in our society are in shaping mental health. Our grant partners shared how they see the boys they serve impacted. A common theme was how it impacts boys' ability to regulate their emotions. For example, if they are not taught that their emotions are just as important as their thoughts and actions, then they can isolate emotions, which isolates a part of who they are.

Dr. Megan Paxton illustrates the importance of emotional vocabulary for boys, **“Culturally we tend to give more words to describe emotions to girls. For boys, they learn more about anger. They learn from society that it is more acceptable to be an angry man than a sad one.”** Another partner emphasized the need to break through stigma and encourage boys to be emotionally vulnerable:

“There is still a stigma of being tough, emotionally strong, that creates loneliness.

There has been some change to allow them to be more vulnerable and express their feelings, but it still lingers. We still have to continue to break down the stigmas.

- Leonard Ross, MSW, Outpatients Program Director, Village South

From the insights above, it is clear there is an impact on boys' mental well-being when they are not receiving the same resources and encouragement to be emotionally intelligent. However, research has also shown that there is a significant impact on boys' friendships. As boys age into their teen years, they become distant from friends as they are socialized to “Man Up” and handle their emotions alone.²⁴

Recent research also points to substantial evidence that conforming and internalizing culturally dominant aspects of masculinity (physical and psychological strength, aggression, dominance, and independence) can hurt the physical and emotional health of boys. Within this study, parents from diverse racial/ethnic backgrounds were interviewed to gain insight into what shapes their understanding of mainstream male culture. **The data revealed that Black mothers' and fathers' understanding is shaped by the effects of racism and societal expectations for Black men, with particular concern for risks associated with perceived weakness. However, they also found that overall, parents' attitudes are shifting toward a more flexible understanding of masculinity.** These changes in how parents interpret expectations of manhood are encouraging for boys' mental health and well-being for future generations.²⁵

Boys also learn about mainstream male culture from media, especially since they spend a significant amount of time watching T.V. and accessing social sites and podcasts. **A recent study focused on the impact of media on White, Black and Asian teen boys found that higher consumption was associated with a stronger alignment with traditional male gender norms, which was associated with more negative mental health symptoms.**²⁶ One partner interviewed shared how she has seen a rise in “machismo” culture podcasts targeting Latino boys. She shared how boys listening to these podcasts act out negative male culture stereotypes.



Image does not depict report subjects.



Building a culture of belonging for boys

This section illuminates how partners imagine a future where boys' mental health is prioritized, and they are thriving. It also outlines recommendations for a path forward.

When we asked boys who are leaders on the Big Brothers Big Sisters Youth Council what a world looks like where underserved boys feel connected, one response emphasized the challenge ahead:

“ It's hard to imagine because the world is far from perfect. It would be very focused on equality. It would be peaceful. **Boys would be less angry at the world and themselves.**

- Kiari, Big Brothers Big Sisters National Youth Council member **”**

This quote reveals two important themes: boys want more peaceful environments, and they want to learn alternatives to anger as a default emotion. These themes are in line with how our grant partners on the ground also imagined a more connected future for boys. For example, partners stressed how a better future would mean boys would have tools for regulating their emotions.

Emphasizing the need for peaceful and supportive environments, Ginneh Baugh, Chief Impact Officer of Big Brothers Big Sisters of America, shared a compelling vision:

“ I would love to honor both the fierceness boys of color have and the joy, sense of safety and ease they experience once they get access to mentorship. My hope is that more boys will have access to places where they can thrive.

- Ginneh Baugh, Big Brothers Big Sisters of America **”**

Within this quote is not only a vision for spaces where boys feel more belonging, but also imagines boys having access to mentorship. The number one recommendation from all interviews and in Frankie's story is an increase in access to mentors for boys. They described mentorship not just as guidance, but as a vital ecosystem of support that surrounds young people with positive role models and tangible opportunities. One partner noted that mentorship helps boys navigate risky behaviors and mental health challenges, especially when it's paired with access to economic and educational opportunities. Other benefits of mentorship shared by partners include increased confidence. Also, when boys serve as mentors to others, it taps into their desire to be protectors and gives them a sense of purpose.

One partner underscored the importance of representation and reassurance from those who've walked a similar path:

“Mentorship is the best way to go.
For example, we need more men with experience to be role models and to say it's okay.

— **Leonard Ross, MSW, Outpatient Programs Director, Village South**

In addition to one-on-one mentorship, partners stressed the importance of group-based support settings. These environments allow boys to connect with peers who share similar life experiences, helping them realize they are not alone in their struggles. Group work was described as particularly impactful when it focused on shared grief rather than trauma, creating space for vulnerability and healing. For Frankie, the youth council is a place of belonging for him. Trauma and grief experts at The Trauma and Grief Center, The Hackett Center for Mental Health, emphasized:

“We have observed that boys seem to be hesitant to delve into their traumas, but when we move into their grief reactions, they are much more engaged.” — Dr. Julie Kaplow, PhD, ABPP, Executive Director, The Trauma and Grief Center, The Hackett Center for Mental Health

The Institute has conducted extensive research on the importance of belonging as a protective factor against negative mental health outcomes. In one study, they found that youth who reported higher belonging consistently showed lower levels of post-traumatic stress disorder symptoms and lower levels of unhelpful grief reactions.²⁷ Stronger connections to peers can be built through support groups. **Also, affinity groups that acknowledge the intersection of race, identity, and lived experience were identified as an important way to build connection and trust in support groups.** Dr. Kaplow further explained:



“Intersectionality matters—boys feel a stronger sense of connection when they can process their shared experiences and shared identities at the collective level.”

Encouraging sense of purpose was another recommendation to strengthen belonging highlighted in Frankie's story and from partners. Dr. Megan Paxton at Home of the Innocents shared how group activities such as internships and volunteering have led to behavior improvement in the boys they serve. These activities support the boys in seeing themselves as contributing to something meaningful. She also advocated for activities where boys can see tangible results.

“When you look at depression—boys need something to look forward to in the future. Purposeful activities give them opportunities to bond and be helpful together.”

Together, mentorship, group support and sense of purpose form a holistic approach that not only benefits individual boys but also strengthens the broader community. As a partner with BBBS put it, **“They need the village to accomplish better mental health.”** The way BBBS implements a village model is by embracing the families of their mentees and maintaining strong relationships with trusted institutions such as churches and social service providers.

Conclusion

This report highlights the need to address loneliness and social isolation among underserved boys as a public health concern. Research shows that while boys are less likely to be diagnosed with depression, their mental health challenges may be unrecognized. Boys often show emotional distress through behaviors like aggression or risk-taking, which don't always align with traditional diagnostic criteria focused on internal symptoms like sadness or fear. Community partners emphasized that while boys may not relate to the term "lonely," they are struggling with belonging and social connection. In their words, the boys they work with are (or feel) "out of place."

Key insights from partners point to two effective strategies: increasing access to mentorship and creating group-based support settings. Mentorship provides boys with role models, emotional support, and exposure to opportunity, while group settings help them process shared experiences in a way that fosters connection. These approaches, when implemented with cultural awareness and community involvement, can strengthen boys' emotional well-being and build a stronger foundation for long-term mental health.

Below we outline recommended actions for funders; however, the public health research community, public media and community-based organizations are also encouraged to act to strengthen belonging for underserved boys.

Call to action

1

Invest in efforts to reshape narratives about underserved boys by promoting storytelling and media that reflect the full emotional spectrum of boys including vulnerability, joy, and hope. Support educational campaigns that normalize boys talking about their mental health and seeking help.

2

Invest in community-rooted outreach models such as programs that build long-lasting relationships with family, trusted messengers and community institutions.

3

Invest in sustaining and scaling mentorship initiatives including peer buddy programs. Expand and incentivize opportunities for men to serve as mentors to boys.

4

Invest in peer mental health programs where boys can serve as safe places for their friends to talk about mental health challenges such as mental health first aid training and group therapy connecting boys based on shared experiences (e.g., grief and trauma) not just shared identities.

5

Invest in more research to better understand diagnosis gaps, develop culturally relevant and inclusive screening tools, evaluate best practice interventions, and further explore loneliness among underserved boys.

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