

Submission to the Women and Equalities Select Committee:

Mental Health of Men and Boys

(1) About the charity and the submission

1. The ManKind Initiative charity is the principal UK charity focussed on male victims of domestic abuse. It works collaboratively with all organisations and practitioners supporting male victims and across the whole men and boys' wellbeing space.
2. It provides a range of direct services for male victims (national helpline), enables others to provide better services (through training and national service standards) and also advises public bodies including the Government.
3. The charity also supports wider work in the men and boys wellbeing space (especially mental health) as this overlaps with its work with male victims of domestic abuse. It is one of the key organisations supporting the national campaign¹ run by the Men's Health Forum for a Men's Health Strategy.
4. With respect to the Men's Health Strategy, the Chair (Mark Brooks) gave evidence directly to the committee in September 2019 on the need for such a strategy. The Chair is also the Policy Advisor for the All Party Parliamentary Group on Men and Boys' Issues. He was the lead author of their recent report² in February 2022 on the need for a Men's Health Strategy
5. The charity fully endorses the national campaign for a Men's Health Strategy alongside the APPG report on a Men's Health Strategy.

(2) Summary

1. There has been little progress with respect to male mental health since the last Committee meeting and that the Government's approach to men's health in general is failing to make improvements.

¹ Men's Health Forum, Level Up Men's Health: <https://www.menshealthforum.org.uk/strategy>

² APPG on Issues Affecting on Men and Boys: Is there a case for a Men's Health Strategy?: <http://equi-law.uk/mens-health-strategy/>

2. The Government has produced a women's health strategy (soon to be published) which will rightly take an overarching approach, however, the government's approach to men's health (including mental health) is to take an individual disease/condition based approach. This approach has not improved men's health, in fact, it has got worse (see statistics below).
 3. Despite this, it has steadfastly refused (including in a Westminster Hall Debate³ on 22 March 2022) to agree to a men's health strategy without **evidence** on:
 - Why its current disease/condition based is better than a strategic approach?
 - Why it has a women's health strategy but that it cannot have a men's health strategy?
 - How it is compliant with the Equality Act 2010 (Public Sector Equality Duty) with respect to ensuring there is due regard to "advancing equality of opportunity between people who share a protected characteristic and those who do not." with respect to a women's health strategy yet refusing a men's health strategy?.
 4. We would strongly urge the Committee to ask Ministers:
 - Why they have this different approach to men and women's health and what evidence has it that underpins this decision?
 - What evidence has it that its current approach on men's health is working and is better without a strategic approach?
 - Is it aware that it risks breaching the Equality Act 2010 by refusing a parallel strategy?
-

(3) Statistics

1. There is a wide range of statistics on men's health including mental health from the APPG report. The charity has also listed a range of statistics from its domestic abuse work.
2. Even if the statistics are not directly "mental" health, the physical health problems that men face will affect their mental health and those who are close to them (family, friends, work colleagues).

General

³ Westminster Hall Debate (Men's Health Strategy), 22 March 2022: <https://bit.ly/37c41hG>

- 1) In 2020, 4,500 men in England, Wales⁴ and Scotland⁵ took their own lives. With 2019 figures from Northern Ireland (157)⁶, this is the equivalent of 13 per day. Men make up 75% of all death by suicide and it is the biggest cause of male death under 50;

There are also a range of intersectional issues with regard to suicide for example:

- In England and Wales, men make up 75% of all death by suicide and it is the biggest cause of male death under 50. Whilst female suicide has halved since 1981, male suicide rates have only reduced by 20%. However, these figures are based on suicide rates rather than volumes. 3,562 men in the UK died by suicide in 1981, whilst 2020 the figure was 3,925. The peak was 4,303 in 2019. The difference in rates and volumes is due to population growth in the past 30 years.
 - For England and Wales, males aged 45 to 49 years had the highest age-specific suicide rate at 24.1 per 100,000 male deaths (457 registered deaths) – 7.1 women (138).
 - 124 male full time students died by suicide in 2019 (England and Wales) as did 58 women⁷. In terms of rates between 2012-2017, the rates were 5% and 2.1% respectively. [The Guardian](#) reported that in the past ten years there had been 1,330 deaths, there was a significant gender disparity - 878 (66 percent) were men, and 452 (34 percent) were women.
 - Men in the building trades⁸ are three times more likely to take their own lives than the average UK man, with almost nine tragedies a week.
 - Rates of suicide for men in prison are three times higher than men not in prison⁹.
 - The Ministry of Defence's latest suicide figures¹⁰ with respect to veterans showed that between 2001 and 2020, there were 284 suicides, of which 267 were male.
- 2) In 2019, 32,304 men in England die prematurely from heart disease (18,837 women);¹¹
- 3) In 2018, 88,959 men in the UK died of cancer (77,778 women) and their survival rates are lower than women;¹²

⁴ Office for National Statistics, 'Suicides in England and Wales', September 2021: <https://bit.ly/3f35Xcm>

⁵ Public Health Scotland, 'Suicide statistics for Scotland', August 2021: <https://bit.ly/3q4qiEy>

⁶ Northern Ireland Statistics and Research Agency, 'Suicide Statistics 2019', April 2021: <https://bit.ly/3eY8R1Z>

⁷ Office for National Statistics, 'Suicides in full-time students aged 18 years and above, by sex, registered in England and Wales between 2010 and 2019': <https://bit.ly/3KHHEz2>

⁸ HR News: 454 hard hats represent the number of UK construction suicides each year: <https://bit.ly/3OdowLh>

⁹ Office for National Statistics, 'Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2016': <https://bit.ly/3JE8iYf>

¹⁰ Ministry of Defence: 'UK armed forces suicides – 2020', <https://bit.ly/3Ec1NL8>

¹¹ Office for National Statistics, 'Ischaemic heart diseases deaths including comorbidities, England and Wales', May 2021: <https://bit.ly/34vLZ8g>

¹² Cancer Research UK, 'Cancer mortality for all cancers combined', visited 7/1/22: <https://bit.ly/3t6InUf>

- 4) Between March 2020 and November 2021, 93,665 men died due to Covid-19 (77,990 women)¹³. Men made up a higher portion of Covid mortality rates. For working age men there were 31 deaths per 100,000 compared with equivalent female death rates of 17 per 100,000, respectively;
- 5) On average, around 11,900 men die from prostate cancer every year (2016-2018 average, the most recent figures available)¹⁴. This is 32 per day, one every 45 minutes – up from 11,307 in 2014;
- 6) 9.6% of men have Type 1 or Type 2 diabetes (7.6% of women).¹⁵
- 7) The male rate of major amputations is 10.5/10,000 and has been rising (4.9/100,000 for women);¹⁶
- 8) 5,957 men suffered alcohol-related deaths in 2020 across the UK (3,017 women) and the rates are increasing (19 per 100,000 men and 9.2 per 100,000 women);¹⁷ Alcohol is often used as a form of self-medication with respect to mental health problems.
- 9) 676,000 years of life lost every year in the working age male population in England and Wales (16-64), mostly through avoidable premature mortality and 19% of UK male deaths – around one in five – were before the age of 65;¹⁸
- 10) Men in the London Borough of Kensington and Chelsea now live 27 years longer than those in Blackpool: a seven-year increase on the life expectancy age gap calculated two years earlier;¹⁹
- 11) In September 2021, the ONS reported the first decline in male life expectancy since the 1980s;²⁰
- 12) By 2048 the number of men over the age of 75 years will have doubled to over 4.6m from 2.3m in 2018. With nearly 29% of the male population over the age of 60 years, only 54.6% of men will be aged 15-59 years – placing a heavy burden on the working age population if premature deaths and high rates of chronic ill-health continue;²¹

¹³ Office for National Statistics, 'Deaths involving COVID-19 by month of registration', December 2021:

<https://bit.ly/3zCG5gR>

¹⁴ Cancer Research UK, 'Prostate cancer statistics', visited 7/1/22 <https://bit.ly/3rfoKXV>

¹⁵ Peter Baker, 'One In Ten: The Male Diabetes Crisis,' 21 November 2017: <https://bit.ly/3n7MU59>

¹⁶ Department of Health and Social Care, 'Preventing amputations major concern as diabetes numbers rise', April 2019: <https://bit.ly/3JRyno4>

¹⁷ Office for National Statistics, 'Causes of death - Alcohol-specific deaths in the UK', December 2021:

<https://bit.ly/3f0kHZD>

¹⁸ Office for National Statistics, 'Deaths registered in England and Wales,' September 2021:

<https://bit.ly/3HAeBeO> and also see Men's Health Forum, 'Levelling Up Men's Health', November 2021:

<https://bit.ly/3t6pvVJ>

¹⁹ Imperial College London, 'Life expectancy declining in many English communities even before pandemic', October 2021: <https://bit.ly/3ufY4Jo>

²⁰ Office for National Statistics, 'National life tables – life expectancy in the UK: 2018 to 2020', September 2021: <https://bit.ly/3t7JmUm>

²¹ ONS (2019), '2018-based National Population Projections': <https://bit.ly/3ujVxxT>

- 13) Among adults 16 and over, 68% of men and 60% of women were overweight or obese, with only 34% of men aged 25-34 years normal weight, compared to 44% of females.²²
- 14) Men are 32% less likely than women to visit the doctor – particularly during working age²³ - and recent research²⁴ published in April 2022 has shown that many men find GP practices unwelcoming and difficult to access according to a recently published review of studies in the [Journal of Advanced Nursing](#).;
- 15) Despite making up 75% of suicides, men make up 34% of those referred to NHS psychological therapy services (IAPT)²⁵

Domestic Abuse

- 16) According to the charity’s helpline (during the Covid period) and as reported by the Office for National Statistics, in 2021, these are types of abuse male victims face. All with have an impact on the mental health of the victim with coercive control especially being predicated on the overarching impact of fear, threat and isolation whilst psychological control being predicated on the behaviours of direct humiliation for instance²⁶.

Type of abuse [note 19]	Number	Percentage
	Apr 2020 to Mar 2021	Apr 2020 to Mar 2021
Psychological	811	51.3
Physical	1,125	71.1
Coercive control	998	63.1
Financial	523	33.1
Sexual	21	1.3
Total number of victim callers who answered the survey question	1,582	100.0

²² House of Commons, ‘Obesity Briefing’, January 2021: <https://bit.ly/3qZrwQC>

²³ Y. Wang, K. Hunt, I. Nazareth, N. Freemantle and I. Petersen, “Do men consult less than women? An analysis of routinely collected UK general practice data,” *BMJ Open*, 2013

²⁴ Ruth Mursa et al, Men's help-seeking and engagement with general practice: An integrative review (2022): <https://onlinelibrary.wiley.com/doi/10.1111/jan.15240>

²⁵ “Improving Access to Psychological Therapies (IAPT) Dataset,” NHS Digital, [Online]. Available: <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2019-20>. [Accessed 3 November 2021].

²⁶ Office for national Statistics, Domestic abuse victim services, England and Wales: November 2021: <https://bit.ly/3jAqMOI>

(4) Specific Questions

1) Research and data to aid understanding of men and boys' mental health issues, including among groups e.g. racial and ethnic minorities and GBT boys and men;

1. In addition to the statistics above, there is additional research which includes these two areas:

a) Suicide by middle-aged men:²⁷ research by the University of Manchester. It stated that:

- We should avoid attributing these suicide deaths to single causes, as this will make prevention less effective;
- Rates of contact with services among middle-aged men were higher than expected; almost all had been in contact with a front-line service or agency at some time. It is therefore too simplistic to say that men do not seek help;
- There is a vital role in prevention particularly for primary care, A&E, the justice system, and mental health services. We should focus on how these services can improve the recognition of risk and respond to men's needs, and how services might work better together;
- We have confirmed that economic adversity, alcohol and drug misuse, and relationship stresses are common antecedents of suicide in men in mid-life. Prevention requires a range of public health, clinical and socio-economic interventions

b) Suicide Ideation and Psychological damage: Male Victims of Domestic Abuse including Covid

- Given the charity's expertise, a key figure produced by the Office for National Statistics showed that in 2017/18, 11% of male victims of partner abuse (7.2% women) had tried to take their own lives²⁸.
- The charity's helpline has certainly seen an increase in men reporting suicide ideation and more significant psychological damage due to the pandemic. This is because they are with their perpetrator for longer

²⁷ University of Manchester: <https://bit.ly/3M0bEGD>

²⁸ ONS domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018 :<https://bit.ly/2FY8UYc> - Table 14-15

periods and therefore the abuse intensified. In addition, they had fewer options for escaping and the use of child contact (especially in breaching child arrangement orders) was a particular problem that the charity saw.

- New research from Dads Unlimited who run the Save Dave domestic abuse service in Kent have said that “suicide prevention has become a key feature of Dads Unlimited work, with around 40% of clients having faced suicidal ideation, rising to 55% of clients if they have been a victim of domestic abuse.”²⁹

2. The key issue is that there are a range of external factors that cause male suicide from relationship breakdown, bereavement, the stress of new surroundings/isolation (students), financial issues, unemployment and uncertain incomes.
3. In addition, stressful external issues also impact on men’s mental health which then result in the use of drugs, alcohol, self-harm (including engaging in crime), obesity and unhealthy lifestyles. The national suicide strategy does not deal with these underlying issues and only deals with the symptoms and not the causes. It is also focussed on middle-aged men and does not take into account other intersections such as male students, occupations and the impact on men of domestic abuse or sexual abuse/violence.

2) Work to tackle harmful male gender stereotypes, including in educational settings and the media;

1. There are no intrinsically harmful male stereotypes and the APPG report eschewed this male victim blaming trope which essentially says that men’s poor health and poor mental health is the sole responsibility of men and masculinity.
2. In addition, the charity is concerned about the current political and media narrative that all men and boys are intrinsically bad is actually causing harm. This is based on the view that all men are problems and that only women have problems. This can see by the victim blaming and harmful trope/meme “toxic masculinity” which the charity wholeheartedly rejects.
3. This trope also makes it harder for men/boys who are vulnerable to seek help as they will feel that there is something intrinsically wrong with them because of their gender. It will also act as an excuse for public services not to take men’s health/wellbeing seriously. It will also make it harder for men/boys to be taken seriously when they do seek help.

²⁹ Dads Unlimited, Dads Unlimited wins GSK Impact Award: <https://bit.ly/3LXpKs4>

4. This can be clearly seen with respect to Covid. More men died of Covid than women in the UK and the gap even higher for working age men (see Statistic 4 above). Despite this, the media, political and health sector narrative has overwhelmingly focussed on women whose health and wellbeing suffered. This got to the point where even the ONS bizarrely said this in its Covid report³⁰ last year that “*While more men died from COVID-19, women’s wellbeing was more negatively affected than men’s during the first year of the pandemic.*” How can women’s wellbeing be more affected when more men are dead – nothing more affects wellbeing than death!
5. Lastly, these tropes act as additional barrier for male teenagers who are victims of partner abuse from female teenagers, if all the responsibility for healthy relationship rests on the shoulders of men.
6. The question for ministers should be what are they doing to ensure that mental health and health services in general are male friendly and that they increase usage? It is primarily their responsibility.

3) Consideration of a new National Men’s Health Strategy, like those implemented in the Republic of Ireland and Australia;

1. The charity fully endorses the reports and campaigns of the Men’s Health Forum and the APPG on Men and Boys’ issues with regard to their respective reports and campaigns for a men’s health strategy. This included hearing evidence from those involved in the Irish, Australian and WHO (Europe) men’s health strategies.
2. The Committee should ask Ministers if they have actually looked at these international men’s health strategies and see what they can learn from them that can be applied in the UK. If they haven’t, why have they not?
3. There are a range of recommendations that the Committee should question the Ministers on. The APPG report has been sent to the ministers, so a further question could be whether they have considered them or not?
4. We also endorse in full the speech made by Nick Flechter MP in the Westminster Hall debate on 22 March 2022.
5. It is clear that there are a range of underlying issues that affect men’s health, and often these causes can have different symptoms. As the evidence in the APPG’s evidence sessions heard from Professor Alan White, that if we simply address the problems of suicide, alcoholism or obesity as separate issues, we will fail to see that they often result from similar circumstances.

³⁰ Office for national Statistics, Coronavirus (COVID-19) and the different effects on men and women in the UK, March 2020 to February 2021: <https://bit.ly/3vfj5CY>

6. A Men's Health Strategy would help prevent the range of underlying causes and barriers that have a negative impact on men's health, while also making the health system more responsive. These range from social determinants, gender norms, intersectional issues, an unresponsive health system and better focused communications.
7. The final point is emphasised in the summary to this submission. The current approach and policy of the Government is not working with regard to men's health and is different with respect to women's health. The Government has not offered any evidence that its current approach is working and why its approach to women's health should be different to men's health. It needs to explain, with cogency, why this is.

4) Easy to access, male-friendly mental health services, with improved signposting;

1. There are stark statistics that men continue not to access health's services that are valuable to them. This is the same for the domestic abuse sector. An interesting point raised by the Men's Health Forum is that when men retire they go to the GP as much as retired women, but go less so when they are of working age. Why is this? Is it because GPs are not as accessible to men when they are of working age? Is it because employers look down on men what they go to doctors?
2. The charity believes that they are not as accessible, aimed at men and there is little encouragement for them to use them.
3. The statistics listed on the referrals to IAPT therapies show that there is a problem. There has to be targeted awareness campaigns and a better understanding of why they are not being used by men and then action taken, It seems the health service is not as interested as it should be.

5) Action to understand the needs of different groups of men and boys and provide tailored mental health services

1. There is very little, if any, evidence that anything has changed here – before, during or post- Covid. This is a problem and comes back to political and health sector narrative that focuses on Post-Covid support on women, not women and men.

Submission written by: Mark Brooks OBE (14 4 2022)