



MEN AND BOYS
COALITION

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Women and Equalities Committee:

Mental Health of Men and Boys

About the Men and Boys Coalition

1. The Men and Boys Coalition is a charity which is a network of 80 academics, charities and professionals committed to highlighting gender-specific issues affecting the wellbeing of men and boys.
2. A number of its members are experts in this field such as the CALM charity, founders of the Men's Section of the British Psychology Association (Dr John Barry and Martin Seagar) and a range of charities that deal with the effects on the mental health of men and boys through actions against them. This includes sexual abuse/violence, domestic abuse and fatherhood. The charity also supports organisations such as the Men's Health Forum, UK Men's Sheds and the Fatherhood Institute in their work.
3. The trustees of the Coalition are also the team behind International Men's Day in the UK (www.ukmensday.org.uk). The UK has more events (over 200 in 2018) marking the day than anywhere else in the world and men and boys' mental health is a significant feature in those events – especially those run by employers, education providers (schools, colleges and universities) and health bodies. International Men's Day in the UK has become a vitally important national vehicle for conversations about men's mental health.
4. The views expressed here do not necessarily represent the views of all the Coalition's members but are representative of a broad range of views held by members of the Coalition.
5. The issues that the Coalition focuses on all have a negative impact on the mental health of men and boys in one shape or form. These issues are:
 - The high male suicide rate
 - The challenges faced by boys and men at all stages of education including attainment
 - Men's health, shorter life expectancy and workplace deaths
 - The challenges faced by the most marginalised men and boys in society (for instance, homeless men, boys in care and the high rate of male deaths in custody)
 - Male victims of violence, including sexual violence

- The challenges faced by men as parents, particularly new fathers and separated fathers
- Male victims and survivors of sexual abuse, rape, sexual exploitation, domestic abuse, forced marriage, honour-based crime, stalking and slavery
- The negative portrayal of men, boys and fathers

Statistics on men and boys' mental health and the impact on their wellbeing

6. According to the World Health Organisation, mental health is more than just the absence of mental disorders. Mental health is a state of well-being that involves working productively, contributing to our communities, realising our abilities and coping with the normal stresses.
7. When considering men and boys' mental health it is important that we don't only consider clinical approaches to mental health, but also take into account the broader social determinants of men's health. These include, but aren't limited to, boys' education, our working lives, our experiences of boyhood and fatherhood, our social connections, our economic security and the availability of male-friendly services.
8. A range of key statistics shows areas of disadvantage and societal factors that have an impact on the mental health of men and boys in the UK today.
9. For example:
 - Boys are behind girls at every stage of education. At Key Stage they 62.3% of males received A*-C grades whilst 71.4% of women received the same results¹. 65,000 fewer British men than women attending a British university in 2017².
 - The permanent exclusion rate for boys (0.15 per cent) was over three times higher than that for girls (0.04 per cent) and the fixed period exclusion rate was almost three times higher (6.91 compared with 2.53 per cent).³
 - In 2017, there were 4,383 male suicides (75%) and 1,439 among women⁴.
 - There were 213 male student suicides between 2012/13 and 2016/17 compared to 105 female student suicides. This is despite fewer male students. The rate for full-time students is 5.0 per 100,000 male students and 1.1 per 100,000 female students.⁵
 - Three million men feel lonely every day (11%) and one in ten men feel isolated⁶.

¹ Joint Council for Qualifications: <https://www.jcq.org.uk/Download/examination-results/gcses/2018/main-results-tables/gcse-full-course-results-summer-2018>

² UCAS: <https://www.ucas.com/file/138996/download?token=Lb4WNafU>

³ DfE:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726741/text_exc1617.pdf

⁴ <https://www.bbc.co.uk/news/health-45407487>

⁵

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/estimating-suicide-among-higher-education-students-in-england-and-wales>

⁶ <https://www.express.co.uk/life-style/health/799297/Britain-lonely-men-suffering-jo-cox-suicide-research>

- Men suffer disproportionately in economic downturns – between 2008 and 2010, male employment fell by 3 per cent while that of women fell by 0.7 per cent. The decline in male employment in that period accounted for 84 per cent of the overall fall in employment.⁷
- Men are nearly three times more likely than women to become alcohol dependent (8.7% of men are alcohol dependent compared to 3.3% of women, more likely to use (and die from) illegal drugs yet are less likely to access psychological therapies than women⁸.
- 92% of lone-parent households are headed by mothers and about one million children in the UK are growing up without any contact with their fathers⁹.
- 86% of rough sleepers in England are male¹⁰.
- For every three victims of partner abuse, two will be female and one will be male. Every year 450,000 men in the UK suffer from partner abuse.¹¹
- 12,000 men are raped every year¹².

We would also recommend using the Men's Health Forum statistics section on men's mental health as another valuable source of statistics:

<https://www.menshealthforum.org.uk/key-data-mental-health>

10. In terms of key factors that gave men a positive mind-set, the ground-breaking Harry's Masculinity report published in November 2017¹³ showed that:
- The most positive British men proved to be defined by higher levels of job satisfaction, being in committed relationships, valuing their health and personal growth, enjoying sport and valuing family. British men also tend to get more positive as they age.
 - For the first time in any study, we proved British men value their mental health above their physical health. Some 44.4% of British men deem their mental health to be "very important" to their sense of general wellbeing where in comparison physical health was deemed "very important" to 37%
 - Mental health was deemed either important or very important by 81.6% of men
 - **This table shows how strongly the following aspects of life were related with mental positivity. The higher the value, the stronger the relationship:**

⁷ <https://pdfs.semanticscholar.org/af3f/5bdd79dec8f7307edcb63592e5bd7e344522.pdf>

⁸ <https://www.menshealthforum.org.uk/key-data-mental-health>

⁹ http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Fractured_Families_Report_WEB_13.06.13.pdf

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf

¹¹ <http://new.mankind.org.uk/wp-content/uploads/2015/05/30-Key-Facts-Male-Victims-February-2017-1.pdf>

¹² <https://rapecrisis.org.uk/get-informed/rcew-statistics/>

¹³ <https://www.malepsychology.org.uk/wp-content/uploads/2017/10/The-Harrys-Masculinity-Report.pdf>

Job Satisfaction	24.69
Relationship	6.01
Health	4.7
Personal Growth	4.0
Sport/Leisure	3.11
Family	3.08

- These findings were replicated very closely in a study of 5000 men in the US (Barry, 2018)¹⁴

Societal Structures

11. The public discourse around men and boys' mental tends to take a negative view of men, presenting a gender stereotype of stubbornly refusing to get help in order to maintain a strong and silent façade. While there may be some truth in this stereotype, there is general agreement among practitioners who specialise in working with men, that focusing on this deficit is unhelpful and the way forward is to develop male-friendly services that respond to men's strengths.
12. This public and public policy discourse (characterised by the highly damaging phrase "Toxic Masculinity") is shifting the blame for mental health problems that men and boys face as being primarily down to innate masculinity and/or the mental health problems they develop are the fault of men and boys. We believe it is vital that this phrase is not used in public discourse as it is a shaming phrase. It is essential that assumptions are not made about the behaviour of boys and young men and that they are not made to feel negative behaviour is an inevitable part of being male; most young men are respectful of young women and each other. We recommend the committee listen to the BBC Radio 4 documentary (#OurBoysAsWell)¹⁵ broadcast on 1 March 2019 which explores the impact of these issues on boys and young men.
13. A public discourse that places the overwhelming onus and responsibility on men and boys to address their own mental health problems is an avoidance of social, statutory service and Governmental responsibility. It is an excuse for society and policy makers to not address the structural causes of men and boys' mental health problems and also for service providers to not create male friendly mental health services.

Structural causes

14. In the Samaritans' seminal report (Men and Suicide: Why it's a social issue)¹⁶, whilst aimed at middle-aged men and suicide, a range of points can be adapted to take into account the whole spectrum of societal structural issues that negatively impact on men and boys' mental health. Suicide is the most extreme action that men take when

¹⁴ <https://malepsychology.org.uk/wp-content/uploads/2018/11/The-Harrys-Masculinity-Report-USA-19-11-18.pdf>

¹⁵ <https://www.bbc.co.uk/programmes/p0726xpc>

¹⁶ <https://www.samaritans.org/about-samaritans/research-policy/middle-aged-men-suicide/>

they have mental health problems and men respond to stress by taking risks such as misusing alcohol and drugs.

15. These are key structural issues:

- **Personality traits** – some traits can interact with factors such as deprivation, unemployment, social disconnection and triggering events, such as relationship breakdown or job loss, to increase the risk of suicide.
- **Relationship breakdowns** – marriage breakdown is more likely to lead men, rather than women, to suicide.
- **Emotional illiteracy** – men are much less likely than women to have a positive view of counselling or therapy, and when they do use these services, it is at the point of crisis.
- **Socio-economic factors** – unemployed people are 2-3 times more likely to die by suicide than those in work and suicide increases during economic recession.

16. These findings were also supported by research from CALM (A Crisis in Modern Masculinity: Understanding the Causes of Male Suicide ¹⁷in Nov 2014) that found:

- Men were more likely to report a range of consequences following job loss including financial issues, low self-esteem, depression, negative behaviour change and reduced physical health.
- Whilst women are more likely to report being frustrated with their life (either 'very often' or 'often'), men are more likely to say they are 'very often' frustrated with their life. Men are most likely to be frustrated by their career and job (25%) and financial difficulties (24%).
- 62% of men in the sample stated that they have previously felt personally ashamed.
- Around a tenth of men in the sample are ashamed of having lost their job (11%). Failure in various forms from work to marriage was also an evident theme.

17. It is vital therefore professionals and public policy makers recognise these structural issues than placing the emphasis on men to sort these issues out themselves.

18. For example, when there is a recession or a closure of a large employer, it is vital that retraining initiative are put in place immediately to ensure that men (and of course women) are able to get back into work as quickly as possible. Work gives a

¹⁷ <https://www.thecalmzone.net/wp-content/uploads/2014/11/CALM-State-of-the-Nation-Audit-Summary.pdf>

real meaning to the life of men and therefore without it, it can lead to mental health problems.

19. For boys, the inability to succeed in education and therefore get on with the start of their employment career will also negatively impact the mental wellbeing of young men. Hence why the gender education gap has to be a priority for policymakers - not just as an end in itself in terms of improving life chances but also because it improve the mental health of boys and young men.

Male Friendly Services

20. According to the Samaritans report (Men, Suicide and Society) – “Practice needs to move from ‘blaming men for not being like women’, to removing the barriers to men’s engagement with projects and services, and designing/adapting interventions to be attractive to them and effective for them.”
21. This focus on the need to remove the barriers to men’s engagement with of services is one of the most constant themes of work to improve the lives and health of men and boys.
22. The 2012 Big Lottery report, Invisible Men¹⁸, conclude that “one of the biggest barriers in engaging men into social projects is this overall resistance to engage with gender as an issue from a male perspective. Despite evidence that tells us that that male engagement is an issue, we do not rethink our approach. This needs to be tackled so that engagement can happen effectively.”
23. Internationally, best practice approaches to working with men state that one of the key ways to improve men’s access to healthcare is by developing male-friendly services. This approach was central to the Australian Government’s National Male Health Policy (2010)¹⁹, for example.
24. Closer to home, Ireland’s Men’s Health Action Plan²⁰ (2017-2021) identifies the ongoing development of male-friendly services as one of its four overarching themes, committing to: “build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level.”
25. Furthermore, the WHO European Region’s draft strategy²¹ on the health and well-being of men, published towards the end of 2018, highlighted the need to design more men-friendly and flexible primary health care services, including outreach services targeted at bringing the most at-risk men into these services.

¹⁸ https://youngfoundation.org/wp-content/uploads/2012/10/INVISIBLE_MEN_-_FINAL.pdf

¹⁹ <http://www.health.gov.au/malehealthpolicy>

²⁰ <https://www.mhfi.org/news/699-launch-of-healthy-ireland-men-action-plan.html>

²¹ <http://www.euro.who.int/en/publications/abstracts/the-health-and-well-being-of-men-in-the-who-european-region-better-health-through-a-gender-approach-2018>

26. The men and boys sector in the UK, as represented by Men and boys Coalition has a wealth of experience and expertise in taking strengths-based, male-friendly approaches to tackling some of the key issues that shape men and boys mental health.
27. At present, the sector is underfunded and under-utilising resources in the fight to improve men's mental health and wellbeing and we strongly recommend closer engagement with the sector.
28. There also requires more structural changes, and a change in attitudes from policy makers. Australia and Ireland have led the way in creating a national men's health strategy which, whilst broader than mental health, has made a difference to the support, recognition and attitude of public services toward men's health and men's mental health. The UK Government should do the same for example.
29. An example of a negative attitude by senior policy makers was seen when in 2015, the Chief Medical Officer published her 2015 Annual Report on women's health *The Health of the 51%*²². There is no problem with this of course. However, the Chief Medical Officer refused twice when asked by the Men and Boys Coalition to publish with an equivalent report on the health of men.

Male Suicide Prevention

30. Suicide kills an average of 16 people a day in the UK, 12 men and 4 women. Male suicide is generally presented as a mental health issue. In reality, only a small percentage of people diagnosed with mental illnesses ever attempt suicide and a diagnosis of mental illness is not a reliable predictor of suicide-related behaviours.
31. Furthermore, where mental illness is linked to a person's suicide, it is unlikely to be the only risk factor and is more often part of a complex mix of factors that can include a range of social factors that have a distinctly gendered impact on men.
32. Some of the social factors that are known to increase men's risk of suicide include relationship difficulties (including fathers separated from their children), social isolation, and loss of a job or income, legal matters, housing issues and past traumas such as family violence and childhood sexual abuse. These life crises may be compounded by unhealthy coping strategies such as drug and alcohol abuse.
33. Research consistently finds that male suicide is not predominantly linked to a mental health diagnosis and is more often associated with one or more of the social issues listed above.

²² <http://www.menandboyscoalition.org.uk/newsevents/chief-medical-officer-refuses-multiple-requests-to-place-equal-focus-on-the-health-of-men-and-women/>

34. So while the drive to destigmatise mental health and remove the barriers to people accessing mental health services is welcomed and may help some men, this approach is unlikely to reach most men who are at risk of suicide.
35. For these men, providing a broader range of male-friendly services that respond to the specific life crises they are dealing with may be more appropriate and effective as set out in a report by the Australian Men's Health Forum²³.

Supporting men in all their diversity

36. The Men and Boys Coalition is committed to improving the well-being of men and boys in all their diversity. Any approach to improving men's mental health needs to take account of different communities of men include those who experience socio-economic disadvantage, men and boys from BAME communities, male refugees and asylum seekers, men in prison and males who identify as gay, bisexual, transgender and intersex; and men living with disabilities.
37. Furthermore, we need to take account of the needs of men and boys with different mental disorders, illnesses and conditions. In some instances, such as with people with an Autism Spectrum Disorder, men will need special attention because they represent the majority of people experiencing a particular issue. In these cases, it is important to consider how the experience of having a disorder intersects with the experience of being a man.
38. For other conditions, such as anorexia, men and boys may be in the minority. In these instances, it is important to consider whether services are excluding male sufferers by virtue of focusing on the needs of the majority of patients who happen to be female.

Recommendations:

39. The Men and Boys Coalition recommends the follow actions to improve the mental health and mental wellbeing of men and boys in terms of public policy:
 - Ensure there is a national men's health strategy similar to Ireland and Australia
 - Ensure there are national and local mental health and suicide prevention strategies that specifically target men. They must take into account structural and socio-economic risk factor issues such as unemployment, low levels of education, relationship breakdown, violence (including within families and inter-personal violence), loneliness and bereavement.

23

https://d3n8a8pro7vhm.cloudfront.net/amhf/pages/28/attachments/original/1527841278/008_KP03_Male_Friendly_Approaches_to_Suicide_Prevention_Report_2016_.pdf?1527841278

- Ensure support avoids stereotypes around masculinity and stigma around help-seeking.
 - Ensure there is better suicide awareness training programmes for GPs to improve diagnosis and signposting to services.
 - Tackle wider public policy issues such as boys' education and ensuring there is an increased investment in retraining/skills for men who are made redundant.
 - Refraining from referring to Toxic Masculinity as a catch-all cause of men's mental ill-health, as that is negative phrase that is often used to stigmatise men and masculinity, and, makes it harder for them to reach out for support. This includes ensuring Sex and Relationship education in schools does not shame boys and young men for being male.
 - Ensure mental health services are male-friendly and bring them closer to men so they can engage with them more easily.
 - The committee members are recommended to the BBC Radio 4 documentary (#OurBoysAsWell) broadcast on 1 March 2019
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