LONDONASSEMBLY

June 2025

Health Committee

This document contains the written evidence received by the Committee in response to its Call for Evidence, which formed part of its investigation into men's mental health in London.

Calls for Evidence are open to anyone to respond to. In May – June 2025 the Committee published a number of questions related to its investigation, which can be found on 2. The Call for Evidence was open from 20 May to 20 June 2025.

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June 2025

Questions asked by the Committee

Copy and paste questions included in the CfE here so it's clear what organisations were asked about.

1. What are the key drivers of poor mental health amongst men living in London?
2. How are men interacting with mental health services in London and do they face barriers in accessing these services?
3. What mental health inequalities exist amongst particular groups of men and how can these be addressed?
4. What further actions should the Government and the Mayor take to address the mental health of men in London and help destigmatise men's mental health?

Barnet Suicide Prevention Campaign

Launched in autumn 2021, this multi-faceted campaign targeted the prevention of suicide amongst working-aged men. The focus of the campaign was encouraging men to talk about their mental health, seek help and where possible and support other men in their lives.

Three interlinked projects were set up to achieve the aims of the campaign. They were:

1. **Promotion of Stay Alive app**

   Provision of 24/7 accessible digital resource developed by Grassroots Suicide Prevention. Including Barnet resources and services to help people stay safe from suicide.

   To support the app we developed two other projects to support men who sought additional help in Barnet.

2. **Community Outreach** programme targeting working age men in male dominant industries.
3. **Peer-to-peer support through Andy's Man Club**

   A non-clinical and safe space for men to talk to their peers and improve their social connections before reaching crisis point.

We promoted the App through targeted Facebook and outdoor advertising. The latter reached a potential two million people at a cost of £7,500. Facebook advertising reached over 118,365 people (60% of digitally active men) and the App saw a 26% increase in new users in London, which the suicide prevention evaluation report (attached) found was largely due to this campaign.

The engagement reached 1,874 people, through face-to-face meetings, with one on-line event, conducted by trained staff and male volunteers who have lived experience of mental health problems. Having direct open conversations with men in male dominant workplaces enabled us to understand some of the key drivers of mental health problems and challenges in help seeking.

In its first four months, 42 men visited the Andy's Man Club. Attendees said the club made them feel more comfortable talking about their mental health. One man said: "*Andy's Man Club saved my life. If I hadn't attended, I would not be here today.*"

Coroner's reports are published up to a year after a suspected suicide so we used data from the Thrive London Real Time Surveillance System. This data source suggested no recordings of suspected suicides in Barnet during the campaign period and then reduced numbers of suicide following the campaign. This pattern contrasts significantly to London's trend where numbers remained steady throughout the period, with an increase in January 2022.

The follow-up evaluation conducted by Middlesex University highlighted that the campaign may have contributed to saving between 7 – 10 lives during the nine months period, at a minimal cost. Despite the limitations, we are proud that the evidence show that our campaign has saved lives and contributed to the literature that exists on suicide prevention campaigns and apps.

Further information:

Contact: Seher.Kayikci@barnet.gov.uk

Go to: Barnet's Suicide Prevention Campaign Reports | Barnet Council

To whom it may concern,

I run a men only safe space, called 'Men United' in Harlesden every Wednesday. The project has become so popular (growing by word of mouth predominantly and the large banners erected outside the venue also play a part as well as outreaching in the early days), often locals affectionately refer to Wednesdays as 'Men's Day'. The project takes place during the day so more often attracts those who are NEET, socially isolated, severe financial issues as well as some (not all) having struggles with addiction (alcohol, drugs and/or gambling). We've developed a community of men who feel seen, valued and have created healthy social networks with guys they may not have ordinarily socialised with. We have antedotal evidence from the guys informing us they were rarely leaving their home unless it was to visit family members or buy food and Men Unted had given them a reason to leave the house. Another gentleman who has quite complex mental health needs told us he has been referred by his GP to NHS mental health services and tried a range of support including professional psychiatric help and yet he said being part of this group has done more good for his mental health than anything else and he hadn't felt this good since he was a child.

1. What are the key drivers of poor mental health amongst men living in London?

- They're widely known i.e. poor financial security, lack of prospects, inadequate housing and the lack of financial stability (job losses, benefits being cut, rising costs etc) all deplete one's sense of self worth, optimism and ability to manage the day to day.
- Also tying in with financial security or lack of is a lack of purpose which comes from being without a job, studies etc or lack of friends and family to feel like one can contribute in some way.
- Men are more likely to have fewer friendships and suffer from family breakdown leaving them isolated and alone. We need to create groups which can offer a sense of belonging and safety to be vulnerable.
- Invest more in poorer areas; simply ensure they're cleaner, brighter and become 'brighter' place to be. Your environment had an impact on you.
- The system feeling like it's against you. Every which way you turn facing blockade after blockade especially from those in positions who are there to support. We have heard all too often that people in positions of support are often those who wrongly judge and have turned them away when they are at their lowest ebb. There can be a sense of a lack of empathy sometimes across work forces. Perhaps it's being overworked and under paid but instead of being helpful they often seem to create more strain rather than treating people how they would treat their loved ones.
- Spaces such as The Cove and St James Place and the like, where it's self referral, easy, quick access to support and nurturing is what needs to become the norm and widespread.

2. How are men interacting with mental health services in London and do they face barriers in accessing these services?

- Most men we interact with tell us they don't access formal mental health services but are open to speaking to someone but long waiting times, lengthy referral processes get in the way particularly when their lives are already turbulent.
- As above. We have heard from men who either have language difficulties and feel as though they aren't seen and heard because they haven't been given a translator.
- Not enough male therapists
- We have been told they felt judged by mental health professionals and they have had such a bad experience they didn't want to return so they didn't, leaving their condition to worsen.

3. What mental health inequalities exist amongst particular groups of men and how can these be addressed?

- There isn't enough diversity for example there are few black male counsellors, psychotherapists etc and some people want to 'work with' someone they feel they have the best chances of relating to.
- I suspect there is a massive discrepancy within the LGBTQ+ community. again representation is key and safe spaces.
- We have found by creating a safe space where we 'listen to rather than talk at' people, has enabled us to constantly evolve and develop a series of events, activities and support which meet the needs of the group. We bring support services in rather than expecting a leaflet to do the work.
- Creating interesting opportunities such as pop-up barbershops, learn to.. or 5 a side football, or music quiz night etc etc as a carrot to get guys to socialise and once they're there in time once trust is established the inner work can be started

4. What further actions should the Government and the Mayor take to address the mental health of men in London and help destigmatise men's mental health?

- Cut the issue at the source. Why do poor communities have the highest concentration of gambling shops and off licenses? It's a disgrace.
- Why are we cutting off critical benefits leaving people without the means to meet their basic needs?
- Provide more safe, easy access, spaces for men to talk and get the help they need.
- Incentivise men to enter the mental health profession.
- Normalise therapy for all not just the 'well to do'.
- Provide men's champion training to everyone training to all starting with key people such as teachers, barbers, coaches, mechanics, men and women so that we can normalise meaningfully checking in ad supporting one another etc

Kind Regards

Louisa Housen
Health Improvement Delivery Specialist
Public Health
Service Reform & Strategy
Brent Council
[redacted]

Assembly Health Committee - Health Committee call for evidence
Men's mental health in London – Older Londoners
Age UK London, 9th June 2025, contact jmcgeachy@ageuklondon.org.uk

This submission

Mental health conditions are often under-recognised in older people, and this means that they can go untreated. Sometimes this is due to the stigma surrounding poor mental health in older people, meaning that those most in need do not receive help.

Age UK London make this short submission to the call for evidence to raise awareness of serious inequalities related to mental health amongst older men in London. We recognise the importance of, and support, action to examine and address the prevalence of poor mental health amongst adult male Londoners under 50. The purpose of this submission is to highlight a life-course approach and raise awareness that there is also a mental health crisis for older men in London and the UK.

1. What are the key drivers of poor mental health amongst men living in London?

Drivers of poor mental health amongst older men living in London include bereavement; a decline in physical health; caring responsibilities; financial stress and anxiety about current and future costs; social isolation; hearing loss and vision loss impacting their wellbeing; unconscious ageism and exclusion from services; loss of independence and not feeling valued. Conditions such as dementia are also linked to depression.

Research by Age UK in 2024[1] found that 26% (national figures) of men aged 50 and over reported feeling more anxious over the previous 12 months; 31% reported being less motivated to do the things they enjoy; and 25% reported finding it harder to remember things over last 12 months.

2. How are men interacting with mental health services in London and do they face barriers in accessing these services?

Older men may be less likely to seek professional help for mental health difficulties because of reluctance to disclose emotional difficulties[2]. It is thought that this is partially linked to changes in attitudes around mental health and greater stigma when today's older Londoners were growing up (this may include showing a 'stiff upper lip' and people asked to 'pull themselves together').

In Age UK polling, more than a quarter (26%) of people (national figures) aged 50 and over were concerned about their ability to access mental health support.

Age UK have reported that talking therapies can be highly effective in older people[3]. NHS guidance states that 'older people, especially those with depression, are as likely to benefit from talking therapies as everyone else'. Recovery rates for those

[1] Boulton, L. (2024) *I just feel that no one cares: Results of Age UK's research into the mental health of people aged 50 and over,* Age UK. Available at i-just-feel-that-no-one-cares-march-2024.pdf
[2] Vickery, A., Willis, P. and Patsios, D. (2023) *Older men's mental health and emotional wellbeing: Use of community support groups,* National Institute for Health and Care Research – School for Social Care Research.
[3] Stickland, N. and Gentry, T. (2016) *Hidden in plain sight: The unmet mental health needs of older people,* Age UK.

aged over 65 who have been through the Improving Access to Psychological Therapies (IAPT) programme are often better than for those aged below 65. Nevertheless, despite improvements in rates of access to psychological therapies, older people continue to be significantly underrepresented in referrals compared to other age groups. Too many older people are being prescribed antidepressants and not referred for talking therapies, with NHS Digital figures showing that just 6.3% of people referred for NHS IAPT were aged over 65 and only 7.4% of those referred who started talking therapies being over 65[4].

3. What mental health inequalities exist amongst particular groups of men and how can these be addressed?

The mental health needs of too many older men in London are not being met, with many not receiving a mental health diagnosis and therefore missing out on the chance to receive psychological services. The ageist perceptions of older people as 'bed-blockers' can affect physicians' decisions, alongside media attention reinforcing these stereotypes[5].

Older men have the intersecting experience of gender and ageing. In particular, older black male Londoners are an example of one group that experience multiple inequalities when accessing mental health services. Enitan Kane of the Over 50s Black Men Forum write that many older black men, 'are not benefitting from social services within their communities, due to facing barriers in accessing some services. Barriers to accessing services include lack of information, language difficulties, and differing expectations about how services can help. The result of these inequalities could and sometimes do lead to loneliness, isolation, physical neglect, or poor mental health'[6].

Research has found that rates of poor mental health observed among older men from a Black Caribbean background worsened following commencement of media coverage of the Windrush scandal in 2017, with the scandal significantly affecting the mental health of men directly and indirectly affected[7].

4. What further actions should the Government and the Mayor take to address the mental health of men in London and help destigmatise men's mental health?

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[4] Campbell, D. (2019) *Too many older people given 'antidepressants instead of therapy*, The Guardian, published 12th February 2019. Available at Too many older people given 'antidepressants instead of therapy' | Older people | The Guardian.
[5] Thompsell, A. (2018) *Ageism and mental health services,* Independent Age. Available at Ageism and mental health services | Independent Age
[6] Kane, E. (2021) *A good later life for Black men over 50*, Centre for Ageing Better. Available at A good later life for Black men over 50 | Centre for Ageing Better.
[7] Janes, K., Vernon, P., Estefan, D., Sheibani, F., Caesar, G. and Burgess, R. A. (2024) 'The ties that bind: Understanding the mental health consequences of the Windrush Scandal and hostile immigration policies on survivors in the UK', *SSM – Mental Health,* Volume 6.

- Action to address the impacts of the high cost of living and the impacts on older Londoners as explored by Age UK London[8].
- Thrive LDN to review the extent to which older Londoners are meaningfully included in programmes and activities.
- To accommodate the ageing population, with 19.9% of the population aged 65 and over in England[9], include older people's mental health in local and national policy and ensure funding of older people's mental health services is accounted for to redress the mental health inequalities faced by older people.
- Improve education and awareness around mental health and reduce social isolation of older men in the local community. For example, funding and organising community support groups that may not be traditionally seen as therapeutic services, such as weekly allotment groups or fishing, to involve older men. A good example of this is a project to improve the physical and mental wellbeing of isolated older men living in Barking and Dagenham: Mental Health of Older Men – The Queen's Institute of Community Nursing
- Make mental health services more accessible to older people and, demystify the processes of therapy, e.g. offering home visits, partnering with trusted community organisations like local Age UKs.
- Ensure preventative strategies are in place for older people at risk, adopting a life course approach.

John McGeachy and Elodie Pinn, Age UK London, June 2025

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[8] Age UK London (2025) *On the Edge: The impact of financial pressures on older Londoners.* Available at ageuk_ote_final.pdf., pages 32 onwards.
[9] Trust for London (2025) *The age distribution of the population*. Available at London's Population Age, London Poverty - Trust For London | Trust for London

1. What are the key drivers of poor mental health amongst men living in London?

Men—particularly single men—often face structural marginalisation in London. For instance, there are very few housing schemes specifically targeted at single men, despite their overrepresentation in homeless populations. According to the Greater London Authority's CHAIN report, 86% of rough sleepers in London in 2022/23 were men, and single men consistently make up the largest proportion of this group. The absence of dedicated support networks for men contributes to feelings of isolation and abandonment.

These issues are compounded in marginalised communities by additional barriers to access and the psychological impact of racialised expectations of manhood. Social media plays a role in reinforcing unrealistic or harmful ideals of masculinity, which can lead to increased self-doubt, emotional suppression, and a reluctance to seek help. Research from the Mental Health Foundation has also shown that men are less likely than women to access psychological therapies, highlighting a systemic gap between need and provision.

2. How are men interacting with mental health services in London, and do they face barriers in accessing these services?

At Black Thrive, we observe that a significant number of Black men first encounter mental health services through the criminal justice system—often at crisis points rather than through early intervention. This is supported by findings from the Centre for Mental Health, which show Black men are four times more likely to be sectioned under the Mental Health Act than White men.

There's also a cultural stigma surrounding mental health in many communities, compounded by limited awareness of what mental wellbeing looks like or how to maintain it. While physical illness prompts a clear route to the GP, mental distress lacks that clarity—many men simply don't know where to go. The barriers to access are often structural, informational, and cultural, with many men lacking both the language and trust to engage meaningfully with mental health services.

3. What mental health inequalities exist amongst particular groups of men and how can these be addressed?

While it is tempting to tackle mental health inequalities by highlighting specific demographics, this can sometimes have the unintended effect of dividing rather than uniting communities. A holistic approach that recognises men as a collective group—across ethnicity, class, and age—is vital. However, intersectionality remains relevant: Black men, for example, face disproportionate rates of unemployment, police stop-and-search, and underdiagnosis of mental health conditions, all of which contribute to worsened mental health outcomes. According to Mind, Black men are more likely to be diagnosed with severe mental health conditions and more likely to be detained.

Nonetheless, data on suicide by ethnicity is inconsistently recorded. The Office for National Statistics (ONS) has noted the limitations of ethnicity data in suicide reporting, which restricts targeted interventions. Therefore, creating inclusive spaces that resonate with diverse male experiences—such as culturally competent services and peer-led support—can be more effective than segregated strategies.

When Black Thrive Lambeth engaged young men in conversations about mental health and suicide in 2019, the consistent call was for spaces where they felt safe and seen—spaces staffed by professionals they could relate to. Funding and empowering grassroots organisations to deliver such services is a promising path forward. Grant funding doesn't just provide resources; it offers validation and visibility to community-led initiatives.

4. What further actions should the Mayor take to address the mental health of men in London and help destigmatise men's mental health?

Conversations—especially those led by visible, influential figures—can be transformative. However, any targets must be grounded in realism. While the aspiration of "zero suicides" is admirable, it risks being misleading. Suicide is a complex, multifaceted issue that can be triggered by love, grief, trauma, or a range of factors beyond economic hardship.

Instead, the Mayor should focus on creating a coherent and compassionate mental health pathway. This includes accessible services, better education around mental wellbeing, and support for grassroots innovations.

At Black Thrive Lambeth, we are developing a project called *The Black Man Toolkit*—a guide specifically for Black men aged 25 and over. The Toolkit connects individuals to

services, opportunities, and positive role models. Its purpose is to offer men clarity, direction, and the tools to rediscover purpose, which we believe is foundational to mental wellbeing.

We would be happy to share more details on this project if helpful.

Sadiki Harris

Communities Partnership and Programs, Black Thrive Lambeth

London Assembly (Health Committee Inquiry):
Men's mental health in London

From: Centre for Policy Research on Men and Boys
www.menandboys.org.uk

(A) About the Centre for Policy Research in Men and Boys

1. The Centre for Policy Research on Men and Boys (CPRMB) is a new think tank and policy research institution that conducts non-partisan research on issues that affect the well-being of boys and men across the UK. It does this by supporting the development of new research, thinking and insight into policy affecting men and boys. This is by focusing on critical areas where they face unique challenges, promoting policy change, and fostering public awareness and understanding. CPRMB engages in the following activity:

   - Conducts, commissions and publishes independent evidenced-based research including from academics, research bodies and third-sector/NGOs to better understand the economic, social, and cultural forces that affect the wellbeing of boys and men in the United Kingdom.

   - Raises awareness of the above research with policymakers, statutory bodies, academics, charities/NGOs, employers and wider society.

   - Plays a convening role in promoting and disseminating research by academics, charities/NGOs, statutory bodies and others – and bringing this research sector together in partnership.

   - Works with policymakers, employers and statutory bodies in the active consideration and implementation of evidence-based research.

2. The CPRMB is focused on seven interlinked areas of focus for men and boys. These are: Economy, Employment and Skills; Education; Health; Fatherhood and Family; Criminal Justice; Male Identity; and Portrayal of Men in Media and Culture.

(B) Executive Summary

3. Supporting the mental (and physical) health of London men will not only improve their health, it will improve the health of women, children and their wider families. It will also support London's employers and London as a whole. Set out below are the core recommendations made within this submission. Further information and evidence can be supplied.

Core recommendations

4. The core recommendations are:

   (1) Mental health should not be viewed as separate to physical health – as they are interconnected.

   (2) Introduce a London-wide Men's Health Strategy with core targets on accessibility, prevention and conditions. There should be a Women's Health Strategy too. These should sit under the two main overarching health strategies in London and be overseen by the London Health Board.

   (3) Build a more comprehensive centralised and live London Data Hub of health condition prevalence based on gender, and if possible at borough-level too, to provide an overarching understanding of the state of men's and women's health.

   (4) Create both Men's Health and Women's Health ambassadors for London – each borough should consider them too

   (5) There should be an annual Men's Health in London conference.

   (6) Create a London-wide online men's health hub with information on health conditions and how to access support. This should be available in different languages.

   (7) Support increasing the number, reach and promotion of men's health community-based support charities.

   (8) Increase the number of men employed in London's health sector.

(C) Key Statistics

Men's Health Data Hub

5. The Committee should consider in its deliberations a range of London-centric mental health statistics for men within its population but also look at health statistics more widely. This is broadly because poor physical health will also lead, in many cases, to poor mental health. They are interconnected.

6. In addition, and as part of the recommendations for a London Men's Health Strategy, the London Health Board should build either a centralised live Men's Health Data Hub or an overarching London Health Data Hub – with data that must be broken down by gender, and preferably borough too. This would pull together all available health data. This is from centralised data sources such as the Office for National Statistics and NHS Fingertips, alongside public health data from London Boroughs and NHS Integrated Care Boards and others. This should build upon the current health snapshot produced by the Greater London Heath Unit.

7. Having a single data hub will enable policymakers at all levels to gain an overall picture of men's health, its direction and an ability to focus on areas which are of greatest concern. This could be for specific conditions, areas with lower screening /NHS health check rates and also intersectional issues such as ethnicity. With data either not collected and/or diffused across many parts of the health system, it is hard to create a London-wide picture. It is also hard to assess to see where there are parts of London where there is a concentration of ill health amongst men.

8. From the data that is easily available, on average, the health of London men is better than men in other parts of the country. However, this does not take into account the differences within London and also the fact that health data for London men still remains worse than London women.

9. A snapshot of two London statistics on mental-health related areas (suicide and alcohol) shows this (see below). Men in Hammersmith and Fulham have the highest rates of suicide and alcohol-related admissions in London – and the borough is above the English average.

10. London men also have a higher rate of alcohol admissions than the English male regional average, yet London women have a lower level of admissions than the English female average. This, for example, shows how a centralised data hub could prompt a London-wide analysis to find out why this is the case.

11. Enfield has the lowest suicide and second lowest alcohol admission rates in London. In fact, they are amongst the lowest in the whole of England.

12. Once you start to pull datasets together, a broader picture emerges with the respect of men's health in London. And, at the same time, it also provides data to see where there is a concentrated problem in some areas – as seen in Hammersmith and Fulham. Alternatively, it shows Enfield men are in relatively good health.

13. It is important to find the reasons for these types of differences at a strategic and London-wide level. Only a full dataset and a strategy can start to expose those questions that require analysis and an answer. Ultimately this will lead to the improvement of men's mental and physical health across the capital and will allow for creating deeper understanding and focusing resources into hotspots of poor men's health.

14. The newly created Greater London Heath Unit, which is a welcome development, has started in its latest health snapshot[1] to look at some elements of gender-sensitive data. This should be further expanded as set out in paragraph 6 and be used in new iterations of a Health Inequalities Strategy[2] and a wider London Health Plan (Health and Care Vision)[3]. The current versions do not look at or address the gender-dimension on physical or mental health in any real detail.

<u>Male Suicide in London</u>

15. With respect to suicide[4], whilst London has the lowest rate in the UK (the highest region is the North East at 24 per 100,000 men), the suicide rate follows a similar pattern in comparison to female. In England, the male rate is 3.05 times higher, and in London it is slightly under at 2.8 – men make up 71.1% of male suicides in London.

Table 1: Suicide rates per 100,000 (2023)[5]

Area	Male rate	Male number	Female rate	Female number
England	17.1	4,188	5.6	1,468
London	11.1	437	3.9	177

Table 2: Suicide rates per 100,000 (2021-2023) for the two highest and lowest London boroughs

Area	Male rate	Male number	Female rate	Female number
Hammersmith and Fulham	18.9	46	3.5	12

Islington	17.1	36	5.4	15
Newham	7.0	32	2.4	12
Enfield	6.7	26	No figure*	8

*NHS Fingertips states that value cannot be calculated as too small

Male Alcohol Admissions

16. Male admissions[6] due to alcohol in London are higher than the English average. Yet, it is the opposite for women in London – it is lower. In addition, Table 4 shows that Hammersmith and Fulham has the highest rates here too – significantly higher than Enfield and Sutton.

Table 3: Male admission episodes for mental and behavioural problems due to use of alcohol (broad) per 100,000 (2023/24)

Area	Male rate	Male number	Female rate	Female number
England	575	154,255	224	64,330
London	601	21,252	173	6,889

Table 4: Admission episodes for mental and behavioral problems due to use of alcohol (broad) per 100,000 (2023/24) – two0 highest and lowest London Boroughs (for men)

Area	Male rate	Male number	Female rate	Female number
Hammersmith and Fulham	1,110	672	339	259
Hounslow	956	1,145	265	333
Enfield	335	445	90	137
Sutton	319	294	108	111

(D) Leadership, Governance and a Men's Health Strategy for London

Men's Health Strategy for London

17. Health public policy, research and professional practice is increasingly taking a gender-sensitive lens – lead by the development of a Women's Health Strategy[7] and also the government's recent announcement on a Men's Health Strategy[8].

18. Taking a strategic approach based on gender has enabled other countries such as Ireland[9] and Australia[10] to take a holistic approach to men's health. These have focused on the causes, prevention and system change – especially in overcoming barriers to male help-seeking and their access to the health system.

19. This is a move away from an individual condition-based approach and instead approaching men's health through a strategic life course approach.

20. In addition, a strategic approach, based on gendered health, brings all parts of the health system together – as all are parts of one jigsaw – not different jigsaws.

21. This would bring together organisations within the NHS umbrella, London's employers, local authorities and the third-sector. It would create a common cause – with common targets, a common interlinked-direction and a measurable common approach. It also ensures that best practice is disseminated.

22. Integrated Care Systems and Public Health Boards do, of course, have overarching health, and also suicide prevention strategies. However, having gendered health strategies and plans for their geographical areas would mean they can also address additional differences due to the specific male and female demographics where necessary. For example, communication campaigns, data measurement and response, and, resource allocation.

23. Lessons from Ireland and Australia, and from experts in the field, show that a strategy needs clear SMART aims on top and an operational plan below. This also requires governance and accountability mechanisms alongside clear datasets hosted in one place to provide for an evidence-based approach.

24. The Mayor of London has produced a range of key aims within the London Health Board's Health and Care Vision and also has a London Health Inequalities Strategy and Implementation Plan. However, there is little, if any, reference on gender with respect to men's health – or women's health.

25. Research from a wide range of reports including from a Parliamentary Group[11], House of Common Select Committee[12], Men's Health Strategy for England[13] (Mark Brooks and Associate Caroline Flurey), Men's Health Forum[14], Movember[15] and a range of academics shows that gender has a role play to health prevention, access to health and health conditions. It can also take into account intersectional issues such as race, place and disability – vital given the scale of diversity in London's male population.

26. Therefore in next iterations of the London Health Board's Health and Care Vision and, its Health Inequalities Strategy, it makes sense to create a Men's Health Strategy for London. Supporting better men's health will support the delivery of these overarching strategies. The Centre of Policy Research on

Men and Boys would assist. London's Health Board should also commit to a London Woman's Health strategy.

27. This approach would be similar to the new Government's approach. It's Women's Health Strategy and forthcoming Men's Health Strategy form key pillars of its overall 10 year-plan. A similar approach should therefore be taken in London.

Men's Health Targets

28. To successfully deliver a men's health strategy requires a SMART (Specific, measurable, Achievable, Relevant, and Time-bound) approach. A theory of change approach can also be applied and a number of elements are further included below which are not dependent on a strategy

29. Aided by a centralised London Health Datahub, a range of metrics and SMART targets for men's health in London are needed. They can be assessed annually by the London Health Board. There should not be too many (a lesson learned from the first Irish Men's Health Strategy), should be simple, measurable and should be clearly delineated. There is always an argument for more, but focusing on fewer will lift all men's health especially as often there is connectivity.

30. For example, a man with mental health problems may exhibit different symptoms to another man with the same core underlying problem. One may become obese, another may drink too much and another may be exhibit stress that leads to heart conditions.

31. The suggested targets are:

- Conditions: such as reductions in mortality rates and the prevalence of key conditions - suicide, cardio-vascular disease, overall cancer rates, prostate cancer, alcohol-related death and levels of obesity;

- Overarching: Improvements in overarching health such as overall healthy life expectancy and reducing mortality rates as well as closing the male gender health gap between London boroughs;

- Access: increasing the numbers of men accessing the health system from the number of men registered with GPs, percentage of eligible men accessing the NHS health check and number of men being referred to IAPT mental health support.

All can work at an intersectional and location level.

Leadership and Governance

32. The Women's Health Strategy created a Women's Health Ambassador who has been hugely successful in promoting women's health across England. This includes making the case for better support in areas such as increased access to cheaper HRT, the establishment of women's health hubs, and a dedicated online resource.

33. A similar position was being recruited for men before the General Election and is likely to restart once the Men's Health Strategy is in place. It is recommended therefore that such a position and figurehead is created in London – a Men's Health Ambassador or Champion for London. It will provide a focus and help ensure the health system in London is accountable. Such a position should sit on the London Health Board. Again, a similar position should be created for women too.

Improving men's health access in London

34. Research from academics in the UK such as Professor Paul Galdas[16] (Professor of Men's Health, University of York), Emeritus Professor Alan White[17] (Professor of Men's Health, Leeds Becket University) and Associate Professor Caroline Flurey[18] (Associate Professor of Men's Health) has consistently shown that if you make it easier for men to access healthcare in settings that suit their lives then uptake will increase.

35. This includes focusing where, when and how men access healthcare':

- Websites (men will often seek health information online first because it gives anonymity and there is time constraint on accessibility), employers including industrial estates, barbers and sports/community clubs
- Extending opening times
- Using common non-clinical language
- Being action-orientated and activity-based
- Male community-based health support initiatives (see paragraph 39)
- Respecting men and not trying to shame them into accessing health

36. A strategic London-wide campaign supporting men with their health would be an important initiative. Organisations like Transport for London would be perfect as a promoter.

37. As a successful example, London has already been home to a successful pilot of a Man Van, run by Royal Marsden[19], which increased the uptake of prostate cancer screening in the black community (who are at higher risk) in South London. This should be considered for wider roll out – a strategic pan-London approach in a strategy would make this easier.

38. It is also important to establish a London-wide men's health online information hub where all could be directed to find out information about health symptoms and where to access support. This could easily be produced in a range of different languages and to help those who are visually impaired too. As set out in the research from academics, many men will seek health information online first. Therefore a central online hub will play a vital role in supporting men with information and who to go to. One for women, would be important too.

39. As shown by the witness evidence to the Health Committee and the exponential growth nationally, male community-based support groups such as Men's' Sheds, Andy's Man Clubs, Men Who Talk and others have been a huge success in the last five years. This is because they creating informal safe spaces for men to talk. In effect, they are "mental health by stealth" initiatives and are activity shoulder-to shoulder based initiatives. They are not face-to-face 'clinical' health initiatives.

40. It is has been striking that often, in London it has been more difficult for these take root. Therefore including a key aim within the Men's Health Strategy for their growth and spread across London would give a signal to men and also to employers, sports clubs, local authorities and health boards. This includes the need to support these groups with free facilities to hold their meetings. It is crucial though that this support is through promotion and facility provision because if men feel these charities are part of the "state" they won't attend so the "state" interaction has to be "hands-off".

<u>Increasing male health employment in London.</u>

41. One additional area that a strategic approach would help is increasing the number of men working in the health and social care system in London. This would help not just with overall shortages, it would also increase employment opportunities for men - especially for young London men.

42. Currently, only 11% of nurses[20] are men, 18% of social workers are men[21], 21% of social care workers[22] are male. In addition, the number of men working as psychologists is 20%[23] and only 42% of GPs are now male[24].

43. Health careers for men in London should be better promoted and this is a role that a Men's Health Strategy combined with a London-wide employment strategy should pursue.

44. This promotion and 'recruitment' should start in schools – it not only will highlight the clear career opportunities available, it will also address gender stereotypes in employment. It would also act as a test bed to see what effective communication practices and approaches work for boys and young men in careers that they may perceive as not being for them because they are male.

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Chris White – Men's Mental Health

- Access to psychiatrists is minimal – I had a Major Depressive Disorder and didn't get to see a psychiatrist. I was given access to SLAM (South London and Maudsley) services with a GP Trainee and the advice he gave me on medication directly contradicted that which was given to me by a private psychiatrist(who also worked from SLAM). The sessions I had at SLAM (not my private psychiatrist) were not pleasant, and I found them not helpful at all and quite demeaning.

- We discussed the importance of open access for holding and peer group support, but I want to make the point that many people, including myself, had a lot of shame regarding our condition, so a big part of the work should be about encouraging people to come forward, making it seem a good thing.

- Talking Therapies are often staffed by student therapists who lack extensive experience. While it is good for their training (I have been one), it is worrying that the most vulnerable people in society are put with the most susceptible therapists. There should be a place for trained therapists to offer low-cost therapy with subsidies.

Evidence Submission: Men's Mental Health in London

Summary

Male suicide is a significant public health emergency. While suicide rates differ worldwide, we often see higher suicide deaths in men than women. In the UK, 75% of suicide deaths last year were male, and suicide is the leading cause of death for men under 50. We urgently need to understand why men are at a consistently higher risk of death by suicide. While our research addresses male suicide broadly and is not confined to London, we believe many of our findings have significant relevance to this context.

Who we are.

Research fellow Dr Susanna Bennett and leading suicide expert Professor Rory O'Connor, former President of the International Association for Suicide Prevention (IASP). This research has been conducted since 2019 and produced the following publications.

Twenty-year review of male suicide research:

Bennett, S., Robb, K. A., Zortea, T. C., Dickson, A., Richardson, C., & O'Connor, R. C. (2023). **Male suicide risk and recovery factors: A systematic review and qualitative meta-synthesis of two decades of research.** *Psychological Bulletin, 149*(7-8), 371–417. https://doi.org/10.1037/bul0000397
Read the full paper here.

Male suicide research priorities:

Bennett, S., Robb, K. A., Andoh-Arthur, J., Chandler, A., Cleary, A., King, K., Oliffe, J., Rice, S., Scourfield, J., Seager, M., Seidler, Z., Zortea, T. C., & O'Connor, R. C. (2023). **Establishing research priorities for investigating male suicide risk and recovery: A modified Delphi study with lived-experience experts.** *Psychology of Men & Masculinities.* Advance online publication. https://doi.org/10.1037/men0000448
Read the full paper here.

Barriers to seeking help for men who are suicidal:

Bennett, S., Robb, K.A. & O'Connor, R.C. **"Male suicide and barriers to accessing professional support: a qualitative thematic analysis".** Curr Psychol 43, 15125–15145 (2024). https://doi.org/10.1007/s12144-023-05423-1
Read the full paper here.

Psychological differences between men who have attempted suicide and men with thoughts of suicide:

Bennett, S., Robb, K. A., Adán-González, R., Zortea, T. C., & O'Connor, R. C. (2024). **Psychosocial Factors Distinguishing Men Who Have Attempted Suicide From Men With Suicidal Ideation and Non-suicidal Men:**

Findings From a Global Survey. The Journal of Men's Studies, 33(1), 30-61. https://doi.org/10.1177/10608265241256258 (Original work published 2025) Read the full paper here.

Childhood challenges in the lives of men who are suicidal:

Bennett, S., Robb, K. A., Adán-González, R., Zortea, T. C., & O'Connor, R. C. (2025). **Exploring Childhood Challenges and Male Suicide Risk: Findings From a Global Survey.** The Journal of Men's Studies, 0(0). https://doi.org/10.1177/10608265251329358
Read the full paper here.

Public guides of these materials can be found here:
https://malesuicideresearch.com/resources/

What we found

1. Cultural norms of masculinity as a suicide risk factor

We conducted a qualitative meta-synthesis of two decades of male suicide research. Evidence suggests that ideas of gender play a crucial role in increasing the risk of suicide among men. This study synthesised insights from 78 studies. In 96% of papers, evidence of the negative impact of cultural norms of masculinity on men who are suicidal was found. Norms of emotional suppression, failing to meet standards of male success, and the denial and neglect of men's interpersonal needs seemed to heighten psychological distress and suicide risk in men – see 'Risk Model' here.

These norms meant some men seemed to experience denial, disconnection, and dysregulation within three core psychological areas of their lives:

1. Their emotions;
2. Their sense of self; and
3. Their relationships with others

which in turn seemed to

1. increase men's exposure to psychological pain; and
2. diminish their ability to regulate that pain, elevating their suicide risk.

The 78 papers were also reviewed for evidence of what helps men recover a more meaningful life. In principle, this recovery was about learning to recognize, reconnect with, and regulate the areas of their lives that had gotten out of control. Simply put, learning to regulate their emotions, thoughts and feelings about themselves, and strengthen relationships with others seemed to help some men regulate their psychological pain. See 'Recovery Model' here.

In the paper we make 22 recommendations to support men's recovery, including:

- **Interventions for At-Risk Individuals** – specific psychological targets for interventions relating to men's emotional regulation, ideas of self, and tools for building connection with others; post-attempt support; long-term therapeutic

support, and multilevel interventions that tackle both psychological and structural challenges such as unemployment, gambling, and/or substance addiction.

- **Clinical Interventions** - changes to assessing risk and the need for gender-sensitive professionals trained in masculine norms, male suicide risk, and male distress presentations.
- **Non-clinical interventions** – given that some men reject or are suspicious of medical interventions, more support is required for interventions led by significant others, community organisations, and peer-support groups to help men in suicidal crisis.
- **Universal Interventions** – increased psychoeducation; changes to social representations of masculinity such as acknowledging and celebrating male emotional expression, recognizing men's social and emotional needs, destigmatizing failure and personal challenges, and raising awareness about potentially harmful coping mechanisms, like excessive alcohol consumption.

2. Help-seeking Barriers

In a separate study, we asked 725 men who had thoughts of suicide or attempted suicide in the last year, to identify the barriers they experienced around accessing professional support. We found four key areas where men's motivation, opportunity, and capability to access support were impaired.

1. No Motivation: Support Does Not Help - This theme included men who had accessed support in the past but had negative experiences with medication, therapy, stigmatising professionals, long waiting-times and/or being sectioned against their will. Other men were concerned that accessing support would undermine their autonomy and agency and preferred to self-manage their distress. Some men spoke of mistrusting professionals and a belief that help would be unhelpful or futile.

2. No Opportunity: Support is Physically Inaccessible - Men in this thematic cluster cited prohibitive costs and inaccessible services (i.e., long waiting list) as barriers to accessing support.

3. Social Costs: Support is Socially Stigmatised - Men within this theme spoke of being reluctant to get help because it may harm how others see them – reducing their social value and negatively impacting key relationships. A minority of men were too ashamed to get help, while other men felt it was their job to protect others and seemed unable to conceive themselves as legitimate candidates for care.

4. Capability Constraints: Support is Psychologically Out of Reach - Men in this theme described a lack of psychological ability to access and utilise help, including challenges identifying and expressing emotions, an inability to trust others, and of being too depressed/anxious/overwhelmed to get support.

Our findings suggest the complex way norms of masculinity may interact to restrict some men's help-seeking behaviours. Particularly concerning were the many men

who had previously been for help but had negative experiences. Our evidence suggests the urgent need to move beyond one-dimensional characterizations of men as reluctant help-seekers.

We recommend changes to services and public health messaging to improve men's help-seeking, including:

Service Design and Delivery

- Investigate the help-seeking experiences of men who are suicidal, examining both effective and ineffective approaches.
- Explore the preferences of men who are suicidal regarding the type of support they desire.
- Investigate the most effective language and messaging for engaging men in seeking support.
- Collaborate with lived experience experts to design and enhance services and delivery systems for improved acceptability.
- Explore digital interventions for men who want to self-manage their pain that help men build agency, competency, and control over their mental health and suicidal feelings.
- Explore interventions to strengthen the mental health literacy and psychological capabilities of men who are suicidal.

3. Understanding the differences between men who are not suicidal, men who have thoughts of suicide, and men who attempt suicide.

We also conducted research with 2,763 men to understand the differences between men who have never been suicidal, men who have had thoughts of suicide in their lives, and men who made a lifetime attempt. Overall, 781 (29%) men reported a lifetime suicide attempt, 1,670 (60%) participants reported lifetime suicidal ideation, and 312 (11%) participants reported no suicidal history. We explored how a suite of psychological variables relating to emotions, thoughts and feelings towards self, relationship with others, and sociodemographic variables differed across the three groups. We found that the following variables distinguished between the three groups:

- **Ideation v No Suicidal History:** Mental health diagnosis and higher levels of loneliness
- **Attempt v No Suicidal History:** Mental health diagnosis and not being heterosexual
- **Attempt v Ideation:** Mental health diagnosis and not being heterosexual; restrictive attitudes towards emotional expression; lower feelings of mattering to others, and increased financial strain

Our findings support previous recommendations for interventions to help men with emotional regulation and expression, strengthen men's ability to build meaningful connections with others, and structural interventions to alleviate financial challenges may also be necessary alongside psychological support.

4. Priorities for further Male Suicide Research

We also have worked with 242 lived-experience male suicide experts and 10 international academic/clinical male suicide experts to develop a research agenda of priorities for male suicide. The agenda incorporates 22 questions that explore ten thematic domains:

> 1. Relationships with others, 2. Relationship with self, 3. Relationship with emotions, 4. Mental Health, 5. Suicidal behaviours, 6. Early life experiences, 7. Structural challenges, 8. Cultural challenges, 9. At-risk groups, and 10. Support and recovery.

The three highest endorsed priorities, from this study for future research related to male loneliness and isolation (98%), feelings of failure in men who are suicidal (97%), and sources of stress and emotional pain (96%) for men who are suicidal.

Male suicide is an urgent public health challenge that requires significant resources and further research to tackle effectively. As an urgent priority, we need to understand how men who are suicidal want to be helped, and design services that are acceptable and effective for them. Our findings suggest that a spectrum of interventions is required from the individual level to the societal, structural, and cultural level. In particular, multi-modal interventions that can ease both psychological and structural challenges, as well as work, community, peer-led interventions alongside clinical ones, may be valuable.

Please note, that we are available to provide further evidence and/or a fuller briefing as required by the committee.

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James' Place
PREVENTING SUICIDE. PROVIDING HOPE.

London Assembly Response

James' Place is a charity offering free, life-saving therapy to men in suicidal crisis at our centres in Liverpool, London and Newcastle. We stop men dying by suicide. Our professional therapists get quickly to the heart of a man's suicidal crisis and help him solve it. We treat men across the North East, North West, and London and the surrounding area and have helped over 3,600 men to date. We have supported 1,091 men in London at the time of writing, since we began offering our service in the capital in March 2021. Men can refer themselves or be referred to us by a professional including those working in health and community services, or by a friend or family member. We see men from all over London and beyond, at our warm and welcoming non-clinical centre near Old Street. We work alongside the NHS and other local support services, taking on clinical responsibility for the men we treat.

We know that our therapy works. Men experience a clinically and statistically significant positive change following treatment and reduced levels of psychological distress. We can be sure that what we do makes a difference to reducing suicidality in men.

Our service model is tailored specifically to men, because men are disproportionately affected by suicide and because we understand that in creating a male only service we would remove some of the barriers that exist for men seeking help.

In London we helped 398 men in crisis last year to find hope for the future. Many of our referrals come from the NHS.

What are the key drivers of poor mental health amongst men living in London?

At James' Place we see men in suicidal crisis, which we define as having a plan to end their life and/or a recent attempt, or facing distressing, intense suicidal thoughts. The men we see mostly do not have long term mental health conditions, but are suicidal in response to life events. We work with them to establish what has caused their suicidal crisis, what is keeping it going, and what they can do to get through it. Through our work we have identified the following drivers of suicidality in men.

Adverse life events

The men we see at James' Place are largely suicidal in response to a complex combination of life events. In 2024 the main reasons cited for triggering a suicidal crisis from the men who came to us in London were work (20%), relationship breakdown (19%), family problems (18%), bereavement (11%) and debt (10%). Of the men who came to our London centre and who filled in our feedback form last year, 28% were unemployed and 57% were single or separated from their partner.

For the men we treat there has often been a long line of life events which could increase their risk of suicide, including childhood trauma, job loss and lack of opportunity. For example, 'D', who came to see us last year, said: "It was a whole heap of things came on top of me, from memories of my difficult childhood, to the fact that I couldn't find a job after I was made redundant. It's been a hard few years, we lost five members of the family to Covid, I spent a lot of time on my own and in my own head. I was in a really bad place and was thinking of ways to end my life."

Social inequality

We know that social inequalities drive suicide in men and that socioeconomic disadvantage

is a key risk factor for suicidal behaviour. Men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas. 57% of the men we saw in 2021-22 at our London centre came from neighbourhoods scoring 1-5 on the Index of Multiple Deprivation. Financial issues, issues with benefits, housing problems are all often cited as precipitating a suicidal crisis for the men who come to us for help.

> **Case study**
> T, 24, apprentice and student came to us for help in crisis
>
> T lives in the family home in London with little space for himself and shares a bedroom with three other adults. He has worked hard in the last few years but because things have become more expensive his wages have not allowed him to save according to his plans and he is nowhere near to getting his own accommodation. He explained how he seemed to be getting poorer and poorer. As a part of an apprentice scheme, T works in a specialised skilled job while also completing a degree with exams, reports and a dissertation to complete in his spare time. The workload and pressure to complete coursework drove T into a suicidal crisis.

Loneliness and isolation

Many men we see at our London centre are experiencing loneliness and isolation. Living in London often depends on connection, community and affordability. London is a complex and overwhelming city, with pathways that can be difficult to navigate, meaning it can be easy for men to fall through cracks. Many of the men we see may have recently moved to London away from family and friends, and have had difficulty finding a new community.

Former client 'G' told us: “I moved from America to UK earlier this year for a job and it was a very challenging time for me. I felt quite isolated and lonely without my usual support system, and I felt I was not succeeding in my new job. I became depressed and I was full of self-doubt. I felt like a lost cause. Things came to a head and found myself in suicidal crisis. I reached out to help from Islington crisis team and they told me about James’ Place.”

Attitudes to seeking help and masculinity

Often men believe they should fix things themselves: a recent survey showed that 48% of male respondents agreed they felt a degree of pressure to "tough it out" when it came to potential health issues, while a third agreed they felt talking about potential health concerns might make others see them as weak. Men can prize self-reliance, independence, and often have a resistance to feeling or showing vulnerability which is a barrier to them seeking help. They can initially be defensive or resistant to seeking help.

In our experience at James' Place many men carry silent burdens, beliefs that they must always be strong, self-sufficient or unemotional. Men can often associate seeking assistance with shame and weakness, and this is certainly true of many of the men we see at James' Place, who often feel great shame that they have failed in some way and have found it impossible to talk to people close to them about how they are feeling. This leads to poor mental health and to men reaching crisis point.

One of our former clients 'F', in his 60s, said "I was brought up not to talk about my feelings and not to cry – I was fighter from an early age, and it was all about being strong and tough.

The fact is that I'd been having a difficult time for years, I lost my baby daughter in 1990 and my brother to suicide in 2009. I was really struggling with flashbacks and PTSD and the only way out I could see was suicide. I had a plan in place, had been researching suicide on the internet and had isolated myself from the world. I was really desperate. I felt lost and didn't know where to turn."

Risk-taking behaviour

We know that certain risk-taking behaviours can elevate the risk of male suicide such as drinking, drug-taking, impulsivity and gambling. Men can engage in more risky behaviours to cope with negative life experiences. This is true of many of the men we see at James' Place, who have used drink and drugs as coping mechanisms to deal with difficult emotions, in turn exacerbating their crisis. Evidence shows that men are also more likely to take risks under stress ,are nearly three times as likely as women to become dependent on **alcohol** and are three times as likely to report frequent **drug use**. As part of our therapy at James' Place we work with men to identify what is keeping their suicidal crisis going, and what behaviours might exacerbate their suicidal crisis.

Former client 'M' said: "In 2021 I lost my friend to suicide and I found it really hard to cope. I was unable to continue with my day to day life. I started drinking and distracting myself to numb the pain but after a while that stopped working and I started feeling suicidal. My partner was worried about me and looked for help online where she found information about James' Place."

How are men interacting with mental health services in London and do they face barriers in accessing these services?

Men are less likely to engage with traditional services

This issue is not specific to London but we know that men are less likely to talk and seek help than women and are less likely to engage with health services across the board. Women make-up two thirds of referrals to routine NHS psychological treatment services.

> **Case study**
> B, 47, director
>
> B was in a suicidal crisis due to being forced out of the business he built and going through a divorce. The loss of his business, stress of work, stress of being in the middle of an acrimonious divorce, which will likely lead to losing the family home, has led him to a position of despair and hopelessness. While experiencing this he needs to be a good father to his teenaged children. He does not have a mental health diagnosis and has found medication of limited value to him. He came to James' Place because he did not think he would get any practical support from NHS services.

Barriers to asking for help

As mentioned above men can be less able to seek help for mental health problems due to stigma and stereotypes around masculine traits, and reluctance to discuss and disclose negative emotions, in part linked to shame. Further barriers include fear of being a burden to close friends or loved ones. Such concerns can make it difficult for men to determine that they are both in need of support, but also deserving of it, creating a particularly difficult situation for men in suicidal crisis.

Case study
D, 20, student

Due to a sudden collapse in family financial support from abroad D was in a suicidal crisis and struggling to complete his studies. He has no financial means at the moment to pay tuition fees, pay for food or rent and he was unable to concentrate to complete his exams. He does not have any underlying mental health issues. D does not want to burden his family with his issues as they are struggling financially due to war in their country. He has always done things himself, is very capable, and does not like asking for help.

Appropriate services for suicidal men often aren't available
38% of men who access James' Place London do so themselves as a self-referral, with an additional 5% referred by a friend or family member. Many men find us through Google, through leaflets, posters, community organisations, and word of mouth. These men often aren't in contact with any health services, or under the care of any other service. Their suicidality has surfaced in the community (at work, at home, in another advice service), or has been identified by themselves. They are suicidal in response to life events, rather than long term mental health illness, and as a result fall into a gap. Through our work with health professionals, who refer over half (57%) of all the men we see in London to us directly from the NHS, we know that many of them do not have appropriate services to offer the men they see who are suicidal. If a man turns up at A&E presenting as suicidal, there is often nowhere for him to be referred to unless he is need of urgent psychiatric care. He may receive a referral to NHS Talking Therapies, but for a man who is actively suicidal, a long or even moderate waiting list can be catastrophic.

Former client 'B' said: "We struggled to find somewhere that could help me. Eventually I found out about James' Place from another organisation. I looked online and I thought immediately - this is the place that's going to help me. I knew I needed to fix myself and I had nothing to lose."

Men need men only services
Many men at James' Place have told us they have only used the service because it is for men only. We know that a male only service removes some of the barriers that exist for men seeking help. We know that mental health services designed for both genders are primarily used by women, and we have been told by many men that they would not have felt comfortable coming to us if they knew women were in the waiting room. The fact that we only help men has encouraged men to reach out to us, they have felt more able to drop their guard and talk to us, and it has allowed us to gather gender specific evidence on what works for men in suicidal crisis. Our service is deliberately designed to feel non-clinical to attract men who are less likely to seek help from statutory services**.** A gender-specific service like James' Place is more effective than mixed-gender ones for certain male cohorts, and access to free or affordable therapy services, especially in areas of high risk is vital.

Former client 'J' said: "I'd sit in the waiting room and see other men sat there who were feeling the same as me, which made me feel reassured and less alone. Although I have had therapy in the past, this felt completely different."

Men need a rapid response
Men will often seek help later than women, when they have reached a crisis point. James'

Place commits to seeing men for assessment within two working days of their referral to the service. Often, when men contact the charity during opening hours, they receive phone contact within a few hours of their referral and are offered a face-to-face appointment the following day. This rapid access model may encourage men to put their trust in James' Place and attend the initial appointment even when they have anxieties or concerns. Men can easily be put off asking for help, and there is evidence to suggest seeking help for mental health and being put on a waiting list is more damaging to your mental health than not seeking help at all.

Former client 'J' told us: "I was referred to James' Place, who saw me very quickly, which was crucial. I couldn't have waited any longer at that point."

Other barriers to men accessing help can include language and cultural barriers. Men can also present differently in crisis to women, for example, they might come across as angry, rather than sad, or could be masking the true extent of the crisis.

At James' Place we have worked hard to try to remove any barriers to men coming to us for help, although there is still work to do. We see men quickly, we ensure they receive a warm, friendly welcome and are treated as an individual. It's important that if a man does reach out, he receives a positive, quick and welcoming response, rather than being dismissed. We ensure that every man who comes to us feels valued and respected, from their interactions with our staff, to the warm and friendly environment itself. We reinforce to the men that seeking help was absolutely the right thing for them to do, and that in turn means they build a relationship with us and feel able to talk. We make sure that there is nothing unfriendly or bureaucratic in our processes that could deter men. This builds trust, and these men become advocates within their own communities for us, encouraging more men to come to us.

What mental health inequalities exist amongst particular groups of men and how can these be addressed?

Evidence shows that some men may be more at risk of suicide, and in London itself, suicide rates differ by borough As well as socio-economic disadvantages, mentioned above, the following groups of men are particularly at risk of suicide.

Neurodivergent men

One example of a group of men more affected by suicide are neurodivergent men, where support is often not available, or the support that is available is not tailored to them. At James' Place we have noticed an increase in the number of men reaching us in suicidal crisis where that crisis has been driven or exacerbated by difficulties relating to neurodivergence. Cost of living increases, reduced income and insecure work and accommodation all have significant and arguably increased impact on neurodivergent people due to the distress caused by change, disruption and uncertainty. This is particularly the case around delays in assessment, treatment and access to medication. An example is our former client 'J' who arrived at James' Place having received a diagnosis of Autism six months before. He explained he had been provided with a diagnosis, which was initially a relief, but had not been offered any ongoing support, had received a leaflet with minimal information about Autism, and not been referred to other services inside or outside the NHS. Since the diagnosis, his mood had worsened to a point of experiencing daily suicidal thoughts and self-harm.

Former London client 'E' told us: My therapist really helped me tease out what I was feeling and why, we delved into some things that had happened in the past, and I started to make connections between some events and why I was in crisis now. It made a significant and big difference to my mood, my outlook, my perspective, my work, and my life. With my therapist's support, I also reached out for an ADHD diagnosis, as it became clear during my sessions that this might also be going on in the background of my crisis."

Men from the LGBTQIA+ community

Existing research suggests that LGBTQIA+ communities are at a higher risk of suicidal thoughts, suicide attempts and self-harm compared to people who aren't LGBTQIA+. At James' Place, of the men who came to our London centre and filled in our feedback form in 2024, around 25% were gay or bisexual, compared to a 15% average across our three centres.

Former client 'R' told us: "For years, I struggled with authenticity and self-esteem, two elusive things that always seemed just out of reach. Anxiety and depression had been my unwelcome but familiar companions, and I had relied on medication to keep their voices at bay. But with each session, I started to recognise something I hadn't noticed before; a quiet, persistent truth beneath all the noise. It was an incredible journey, and all the conversations we had helped me shift my focus and realise my life was worth living."

Men bereaved by suicide

People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide. Many of the men we see at James' Place have lost a friend, brother or family member to suicide, which increases their own risk.

Middle aged men

Suicide rates are highest in middle aged men aged 45 - 49. Despite this, men aged 26-44 make up the majority of our referrals at James' Place, suggesting more work needs to be done to reach middle aged men, who may be less likely to reach out.

49 year old 'R' said: "I had a really difficult time when a few things all seemed to happen at once. My cousin killed himself, I lost my job, and my relationship ended and that all triggered memories of other bad times in my life and it all just hit me really hard. I've had a lot of tragedy in my life, and I just couldn't cope anymore. I wanted to end my life. I found James' Place online and referred myself. I'm so glad I found them."

Men from certain professions

At James' Place London we have that noticed some industries and professions are more prevalent in the men we see. A snapshot from last year shows that for those men who told us their profession, 9% worked in hospitality, 9% worked in arts and entertainment, 7% worked in retail, 7% in education, and 7% in construction/associated trades.

Former client 'A' said: "I work in the entertainment industry which openly encourages alcohol and recreational drug use as part of day-to-day life especially in respect of coping with the long hours and close-quarters nature of work and there is a huge toxic undercurrent to the business which is openly racist. I didn't feel I could turn to anyone for support as I was expected to be indestructible and full of positive energy all the time, despite the constant provocations and abuses I would receive on a daily basis. This was also starting to take its toll outside of my work and my personal relationship with my partner and family were

constantly under strain as I regularly expressed the pain I was going through with sadness and anger."

What further actions should the Mayor take to address the mental health of men in London and help destigmatise men's mental health?

We would like to invite the Mayor to visit our centre near Old Street and meet some of therapists and the men we've helped. We feel this will give him a greater understanding of why men are in crisis in London and how we help them.

London-wide men's health strategy
We would like the Mayor to develop a London-wide men's health strategy with a particular focus on high risk groups, and a specific plan to reduce suicide in men. A cross-working action group should be convened by the Mayor to address men's health - bringing experts from health, community services, statutory services and lived experience together. This could be led by a London Men's Health Tsar, for example.

Ensuring tailored support is available for men in London and adequately funded
There is a lot of narrative that men don't talk, so men can feel blamed and that the problem lies with them. The reality is many men do in fact reach out for help and either don't know where to find it, or find it lacking. It is absolutely crucial to make sure the right support is available for men when they come forward. There is strong evidence that support in the community is mostly more effective in preventing people becoming acute in the first place, and is often more effective in supporting those who are. It is vital services like James' Place are supported and funded. A London men's health and suicide prevention fund, could be established to support innovative and impactful work in the capital.

Address inequalities and gather data
Studies consistently show poorer men are more affected by poor health and more likely to die prematurely. We cannot look at health outcomes in isolation, and there needs be a recognition of how social inequalities play into suicide. The Mayor can help to address health inequalities in London that can drive a suicidal crisis. London boroughs with high suicide rates such as Hammersmith & Fulham, Camden and Islington should be challenged and supported to address suicide rates through a male suicide prevention plan, which recognises the barriers that men specifically might face delivered through employers, education, and public health. We would like to see a disaggregation of data so we can see exactly who is dying by suicide and who is it risk of harm in London. Attention must be paid to men in specific cohorts who may be particularly at risk, and more data is needed on whether other groups of men such as men from Black communities are more at risk, and if so why.

A joined up approach for public services and workplaces to do no harm and prevent suicide in London
Suicide is a problem that cannot be solved by the health system alone. There needs to be a more joined up approach to suicide prevention across all statutory services, local councils, departments and workplaces, with a recognition that suicide prevention is everyone's business. Suicide is often the end result of a series of difficult life events and a man in suicidal crisis will often have had interactions with a range of different parts of the system before making an attempt on his life, for example social workers, the justice system, police, probation officers, staff at the jobcentre, housing officers, HR at work. Every suicide is

indicative of a wider societal failure and all public services in London should consider whether or not they are increasing distress in how they interact with people. Everyone working in public facing roles needs to have adequate suicide prevention training and to be able to intervene, and signpost to help in order to prevent male suicide. The Mayor could bring together organisations to deliver a suicide prevention strategy for London as a whole.

Improving male health and literacy on emotions, suicide and mental health
Men and boys should be encouraged to understand and process their emotions and learn practical and healthy ways of coping, as well as notice warning signs that their mental health may be worsening. Many men we see at James' Place find it difficult to identify what thoughts, feelings and behaviours are driving their suicidal crisis until our therapists work with them to break it down. Men are also very often unaware they are three times at risk of suicide than women, and that under 35, suicide is their most likely cause of death.

A public health campaign by the Mayor in London could encourage men and boys to recognise their emotions, open up and seek help, and normalise therapy and practical coping strategies could go some way to address this, using positive role models as a way to influence them. As a society we need to normalise help-seeking behaviour among men by framing it as strong and acceptable. A campaign could also encourage people to ask friends and loved ones direct questions about how they are, and whether they are contemplating taking their lives, to listen to them when they need to talk and be able to signpost them to help if they need it. Workplaces and schools could be key sites for engagement.

If we have a healthy, emotionally literate, male population in London we are likely to see the benefits in all the relationships the men have, at home, at work and in wider society. As men who come to James' Place begin to learn about the links between thoughts, feelings, and behaviours it helps improve all areas of their life as well as decreasing their risk of suicide.

Awareness raising of services
The Mayor is well-placed to help raise awareness of what services are available across London through his work with the police, the transport sector and others such as housing associations, employers and advice centres. The Mayor's support in making connections within his networks to encourage signposting to services like ours, particularly in high risk sites such as bridges and train stations, in high traffic areas, and in male dominated sectors of the economy, such as construction, could be game-changing.

James' Place 2025

Contact: Gemma Matthews, Senior Communications Manager
gemma.matthews@jamesplace.org.uk

I am writing to you on behalf of Mental Health Innovations (MHI). MHI is a digital charity with a mission to transform the mental health of the nation. We do this by providing a raft of accessible, scalable, digital tools and resources designed to support people with their mental health, from early intervention through to urgent crisis support. We have unparalleled, anonymous and real-time insight into the mental health of the UK population, which we can use to identify trends, feed into the sector to help shape the future of mental health services, and enhance our support.

We run two support services - Shout and The Mix.

Shout is our 24/7 mental health text support service. It's free, anonymous, confidential and won't appear on your phone bill. The first of its kind in the UK, since it was publicly launched in 2019 Shout Volunteers have taken more than 3 million conversations with over one million people across the UK. Through our training model, Shout Volunteers receive 25 hours of training, giving them the skills and knowledge to listen, support and validate people who are struggling and de-escalate them in a crisis.

The Mix is our one-stop digital ecosystem for under-25s, giving them support through content, community, counselling and crisis. Our new resources for young people include our self-paced learning topics LifeSkills, which provide them with the tools to build their resilience, boost their knowledge and support their wellbeing, at a pace that suits them. We also offer a chatbot, counselling and community discussion boards, providing a safe space where young people can talk about what's on their minds with their peers, as well as providing content through our vibrant social media community and The Mix Six podcast.

Please see our answers to some of your questions for calls for evidence on men's mental health below.

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What are the key drivers of poor mental health amongst men living in London?

In 2024 alone, nearly 2,000 boys and young men in London contacted the Shout crisis text support service about their mental health, indicating strong demand for digital mental health support. The most common issues that they contacted Shout about included low mood (42%), stress (40%), suicide (36%), and relationships (23%).

How are men interacting with mental health services in London and do they face barriers in accessing these services?

Boys and men, however, only account for 20% of people who contact Shout, consistent with other evidence showing that they are reluctant to seek out support for their mental health compared to women.

Reasons for contacting Shout varied, but the most common were that they wanted to talk to someone who didn't know them (52%), they were more comfortable texting than speaking (43%), and they didn't have any friend, family or trusted adults to talk to (27%), reflecting the view that men in particular value anonymous and discrete types of support, and often do not have social networks of friends or family who they feel comfortable talking to about their mental health.

Consistent with the previous point, a common driver for contacting Shout is loneliness. This is the primary topic in almost 1 in 5 conversations, and a feature of many others.

What further actions should the Mayor take to address the mental health of men in London and help destigmatise men's mental health?
We would welcome the implementation of a text support service for men in London, which could be run through Shout. We provide commissioned partnerships which can provide detailed insights into mental health of specific populations, which can be utilised to understand mental health trends and identify and support specific needs.

Many thanks, Emily

--
Emily Beattie *she/her*
Head of Marketing and Communications
Mental Health Innovations
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Mental Health Innovations

shout 85258 THE MIX

Find us online

Registered charity no. 1175670

Written Evidence Submission: Men's Mental Health in London

Submitted by: Chris Frederick

Lived Experience Advisor | Mental Health Advocate | Founder, Project Soul Stride

Submitted to: London Assembly Health Committee – Men's Mental Health Investigation

Date: 23 June 2025

1. What do you think are the main issues affecting men's mental health, and what particular challenges have you experienced?

As someone with lived experience of suicide and years of advocacy across London's mental health landscape, I see men's mental health as a crisis both personal and systemic. Five interconnected challenges continue to shape the landscape:

1. Stigma and masculinity norms – Men are socialised to internalise pain, expressing distress through anger, withdrawal or addiction rather than help-seeking. I remained silent until I reached crisis point.

2. Service design failures – Services are often culturally unaware, emotionally detached, and built for 'fixing' rather than listening. I had to perform distress in a way professionals would understand.

3. Crisis-oriented systems – I wasn't offered meaningful support until I was at breaking point. Systems still prioritise risk management over early intervention.

4. Racial and intersectional barriers – Being a middle-aged Black man navigating grief, stigma and cultural disconnection left me feeling invisible. Accessing therapy that understood my cultural identity took over a year.

5. Lack of visible lived experience leadership – Men's mental health is still framed by professionals, not by the men who've survived it. We need peer-led leadership at all levels of strategy, design and delivery.

2. What forms of support for mental health have worked well for me?

My recovery was not sparked by diagnosis or medication—it was catalysed by connection. The following supports made a critical difference:

• Peer-led, non-clinical spaces – The CNWL Recovery College gave me dignity and hope at a time I felt broken. I was not a patient, I was a participant.

• Grassroots charity services – The Listening Place welcomed me twice without judgment.

• Culturally competent therapy – My access to a Black therapist through Black Minds Matter transformed my journey. I finally felt seen.

• Purpose-driven storytelling – Leading Project Soul Stride and publishing stories restored my agency and gave others permission to speak.

Final thought:

Men's mental health must be redefined through prevention, equity, and lived experience. I urge the London Assembly to fund and co-design a Men's Lived Experience Network—one that centres the realities of suicide survivors, culturally marginalised men, and grassroots wisdom. Let's build from what works.

Movember/ Ref No.010

Movember Overview:

Movember is the leading charity changing the face of men's health. We know what works for men – and what doesn't. Our movement has united people from all walks of life. We have sparked billions of important conversations, raised vital funds, and shattered the silence surrounding men's health issues.

Movember has raised over £945.8 globally. These critical funds have delivered more than 1,300 men's health projects around the world. We have shaken up men's health research and transformed the way that health services reach and support men, and we have taken on prostate cancer, testicular cancer, mental health and suicide prevention, with unwavering determination. In London, we have 97,082 Registered Mo's with a total lifetime raised amount of £17,447,630.

Examples of some London based projects funded by Movember include: Movembers Ahead of the Game, Chai in the City, and Brothers Through Boxing.

Q1. To explore current trends related to mental health amongst men in London, with a particular focus on common mental health problems such as anxiety and depression/To understand the drivers and causes of common mental problems in London?

There are many factors that contribute to common mental health problems as outlined in the Real Face of Men's Health Report 2024. These range from men being more likely to have less healthy lifestyles and more likely to engage in risky behaviours, lower levels of health literacy, being less likely to ask for help when then need it and then when they do have a system that doesn't understand their needs. Sitting over all of this is the role of 'traditional gender norms' and the pressure men feel is placed on them to behave in a certain way in society.

External factors

- There is a decline in third encounter spaces, including sports clubs, and smaller support networks make it difficult to create social connection needed for good mental health, and cope with job or relationship transitions.
- Post Covid there are more unemployed men, economically inactive men with the employment rate falling 2.5 percentage points since 2019. Financial pressures are a good contributing factor
- In London specifically, 5.7% of men in December 2024 were unemployed. (London Trust 2024)
- 15.5% of men in London aged 16-64 are economically inactive (ONS 2025) - when we pair this with what we know about men feeling the need to be a provider and live up to societal norms on being a man we can quite quickly see how economical pressures impact poor health outcomes

- However, whilst we know the above trends have played a role in exacerbating mental health issues in men, we know that historically beyond these trends there have been many factors that contribute to the problem's facing men. For example:

Men are Less Likely to Seek Help

- Although many men do take care of their health and seek help when they need it, others face a range of barriers when doing so. A clear indication of this is the low uptake of health checks by men.
    - "I feel like you kind of get to a bit like a breaking point or you're going to fall off a cliff before you actually decide to take action." —LUKE, AGE 29

'Traditional masculine norms' can be protective of health in certain contexts (e.g. many men's interest in physical fitness and diet), whereas they can also harm men when applied rigidly in others. Some of these norms may create stigma that prevents men from seeking help, but norms like being a protector and provider, can also be leveraged to help men see the need to look after themselves and to look after others.

Less healthy lifestyles and more likely to engage in risky behaviours:

- When looking at factors affecting mental health in men, broader factors such as lifestyle habits and certain behaviours are important to think about. Whilst not directly linked to mental health, we know the below behaviours can have an adverse effect on men or contribute to pre-existing mental health issues.

- Men in the UK, compared with women, are more likely to smoke (ONS, 2022c), drink alcohol, have high cholesterol and high blood pressure (IHME, 2019), and use drugs (NHS, 2018; Scottish Government, 2018). . Men are more likely to die from substance abuse (35% more likely than women), self-harm and interpersonal violence (109%)
- According to the Problem Gambling Severity Index (PGSI) which measures levels of gambling behaviour, that may cause harm to an individual, London has the highest levels of people with negative gambling consequences – with 16.8% of respondents with a score of 1 or more on the PGSI. While the gender gap is closing, men are disproportionately reflected in gambling data

In terms of our young men, we know they are spending more time online, and nearly two-thirds of the young men in our study regularly engage with men and masculinity influencers. (Young Men In A Digital World Report 2024)

- From Movember's research on 'Young Men's Health in a Digital World' (2024) we know that 61% of young men in the UK (aged 16-25) are actively engaging with men and masculinity content online and whilst some element of this content is providing young men with a sense of purpose, those engaged with this content are more like to report higher levels of **worthlessness, sadness and nervousness**. Young men engaging with this content are also more likely to engage in risk taking behaviours.
- We know London has a younger population on average to other parts of the country, hence why a focus on young men is crucially important. For example, 1 in 5 people in Inner London are aged 25-34 and 9.5% of the population of London is aged 65+ compared to 19.9% in the rest of the country. (Trust for London 2025). Exemplifying why it is clear there should be targeted focus on young men.

Health Literacy

- While a woman's relationship with their health and healthcare is established early during adolescence, built around their reproductive and sexual health needs, many men may miss

out on having the scaffolding built around them to support their 'health literacy' - the skills needed to understand and look after themselves and know when, where and how to get help. Building and acting on health literacy is often stifled by rigid adherence to traditional masculine norms like self-reliance and stoicism (Seidler et al., 2016). While such norms continue to be challenged

- As we promote a wide range of healthy masculinities for boys and men, handing down of these traditional norms through generations and their continued cultural reinforcement slows progress in men's health.
- Poor levels of health literacy are associated with lower use of preventive care services and screenings, more hospitalisations and use of emergency care, higher mortality rates and higher care costs (Coughlin et al., 2020; Berkman et al., 2011).

A system that doesn't understand their needs

- Although we know that many men aren't seeking help when they need it, we know far less about what happens when men do engage with the health system, how the health system responds, and how and why men drop out of care. The same can also be said for women.

- 82% of men aged 40-54 who died by suicide in 2017 were in contact with primary care services prior to their death, and half (50%) had been in contact with mental health services (The University of Manchester, 2021).
- 43% of men aged 40-54 who died by suicide in 2017 saw their GP in the 3 months before their death (Mughal et al., 2023).
- Only 33% of referrals to NHS talking therapies in England 2020-21 were for males (NHS, 2021a).
- A number of reasons have been cited to explain why men slip through the cracks. These range from the universal (e.g. long waiting periods, lack of availability of services, lack of coordination between services, consultation costs, lack of transport, inconvenient operating hours) to the male-specific (e.g. poor communication or lack of connection between men and health practitioners, discrimination, biases or insufficient knowledge from staff on men's health issues and lack of culturally appropriate services). When combined, a review of contemporary research on men and masculinities indicates that Western healthcare systems are often inadequately prepared to provide engaging, appropriate and effective care for many men presenting with health concerns (Macdonald et al., 2022).
- For those treating men, evidence from male GPs suggests that adhering to masculine gender norms of male stoicism and strength from both patients and GPs impacts their relationship by creating an environment where poor health is downplayed (Hale et al., 2010). Indeed, evidence suggests that traditional masculine norms can be indulged and protected by some clinicians who are not attuned to the impacts of masculine norms in healthcare, with stoic or emotionally detached men garnering more respect from some clinicians and potentially perpetuating men's actions towards resilience and independence (Seymour-Smith et al., 2002). This reflects the perspectives of some young men in the UK who viewed their experience of accessing healthcare as embarrassing and disempowering (Jeffries and Grogan, 2012).

To what extent men are using mental health services in London and what barriers they face to accessing these services?

We know that men present differently to women and other genders and that often they feel the services aren't built for them or that the healthcare professionals aren't equipped to deal with issues that are more specific to male patients. For example:

- New research shows 58% of men living in Greater London have experienced negative gender bias when it comes to healthcare services. (Real Face of Men's Health Report Movember 2024)
- We are driving young men to talk about their mental health and overcome historic stigma however, when and if men do engage, 42% experience gender bias from a healthcare practitioner.
- Women in the UK are 1.6 times more likely to receive mental health treatment, even after controlling for prevalence of mental health conditions (McManus et al., 2016).
- Only 33% of referrals to NHS talking therapies in England 2020-21 were for males (NHS, 2021a).

To help combat this, we think that training clinicians and primary care health professionals in gender responsive healthcare practises can be critical in helping the barriers that men face in accessing adequate services to support their mental health. A global example of this is Movember's 'Men In Mind' program which is a training tool for mental health clinicians to help them deal with the issues of men.

- Studies found the programme significantly improved their self-reported confidence and competence in engaging and responding to help-seeking men (Seidler et al., 2023a). 81% reported confidence in engaging men experiencing suicidality compared with 47% at baseline.
- We also know the Royal College Of GP's runs a similar training around training practitioners. If the mayor is able to take such programs and give all London practitioners access to this training, we will see healthcare delivery improve to meet the needs of men more adequately, allowing men to receive treatment specific to their needs.

To understand the extent of mental health stigma affecting men in London and explore ways of further destigmatising mental health as an issue in London?

Stigma is a massive issue in men dealing with mental health issues, particularly in their formation and men often feel they are unable to reach out for help or even discuss their feelings in a vulnerable way due to masculine norms. We know that:

- Social norms about masculinity can have a negative effect on men. There is a growing significant disconnect between personal beliefs and what men think society believes - called the 'masculinity perception gap**.** Our research shows the potential impact on young men who are fixated on their future success with up to 81% believing men should be providers and 76% believing they should be heads of their families
- The pressure of 'being the provider' in a changing societal context often contributes to the holding up on stigmas around mental health.

To examine mental health inequalities experienced by men amongst particular demographics in London?

- We know that certain population groups are disproportionately affected by mental health issues.

- We know that people who come from ethnic minority groups and areas of deprivation are at higher risk of developing mental health issues and are less likely to engage in health care services.
- We know that more broadly to mental health, through our UK real Face report that premature mortality rates are significantly higher in areas of lower socio-economic status.. Whilst these premature mortality rates are not specific to mental health, here is an undeniable link between these areas and statistics and poorer mental health.

Also consider jobs with those highest level of risk taking, gender norms.

- Increased risk of poor mental health in emergency service workers. The substantial levels of alcohol misuse and increased risk of PTSD, possibly as a result of traumatic exposures in the line of duty in combination with job stressors such as shift work, call for continued monitoring of the health and wellbeing of emergency services personnel.
- BALM is a mental health programme for men working on the NHS frontline that leverages practical, collaborative and action-oriented strategies that are consistent with a strength-based masculinities approach. Men work through practical steps of behaviour change with a trained peer 'coach' in up to eight structured 30-minute telephone sessions. Preliminary evaluation has shown that coaches and participants rated their satisfaction with the programme highly. Evaluation also reported a significant reduction in men's depression and anxiety scores following the programme, which was sustained at 6 months follow-up.

We know that again, community groups that target these specific population groups can be a very beneficial way of tackling this issue. For example:

- Movember funded program 'Chai In The City' that targets South Asian men to come together and discuss issues around their own mental health. Traditionally, a population group where the stigma of men's health is prevalent and ideals of masculinity are generally very traditional. Ran sessions in Southall.
- Mind's Young Black Men Programme: The programme is a culturally sensitive support programme for Black men aged 11-30 years. The programme consists of peer support to prevent mental health problems, content to challenge stigma around mental health, and support to encourage young men to access help. A pilot evaluation found that participants experienced improvements in mental wellbeing, self-esteem, and social support.
- Other programmes that are hugely beneficial are those with gender specific lenses. For example, men's sheds. There is a new initiative in which men's sheds are aiming to add 50 further sheds in the London area as part of a broader plan to reduce suicide within the city.

Programs that can work and target men/young men in these low socio-economic areas will be incredibly effective way for the mayor to help counteract these issues.

What action the Mayor has taken and can take to support men's mental health and mental health services in London?

The mayor's campaigns include such things as:

- The Maaate campaign: calls on men to reflect on their attitudes and intervene when others behave inappropriately towards women. This reflects our earlier point that a high % of young

men who are accessing this content feel as if it was having a negative impact upon their mental health.

- A London specific localised Men's Health Strategy that sits across mental and physical health is a crucial step in tackling these issues for men. A strategy that wholistically looks at Men's Health and the issues that men face, from gender norms, to physical and mental health, understanding the relationship all these factors have in a man's health journey and tackling them through a targeted strategy.
- The investment to try and make London a 'zero suicide city': a public mental health partnership - to work to achieve this through collaboration with Transport for London (TfL), Network Rail and the Metropolitan Police (Thrive LDN states that over the past eight years, the Mayor has invested £4.4 million in mental health activities.
- The Mayor can make further impact through these and future projects if the projects shift focus slightly to gender norms and systematic issues that cause men poor health outcomes, particularly around mental health. As opposed to a sole focus on the behaviours of men and changing this.
- We know the Mayor has a strong influence over London's emergency service workers. We know that people in these occupations are at an increased risk of poor mental health outcomes. Using such programs the aforementioned "BALM" to support and train people in these jobs could be an incredibly beneficial in helping these workers and their mental health.

We know community based mental health groups, both online and in person can be critical in helping men across London with their mental health issues, particularly around prevention. Movember's Ahead of The Game program, a mental health literacy and resilience program, aimed at 12-18 year olds and delivered through sport is a good example of a community program delivering impact. In London, Movember is working with the Tottenham Hotspur Foundation, the Fulham Foundation and the Crystal Palace Foundation to use the power of sport to engage young people, parents and community sports coaches to understand mental health signs and symptoms, how and where to seek help and have conversations about mental health in a safe and solution-focus way. In London the program has reached 2438 participants and delivered 164 workshops. The evaluation shows that:

94% agree they had a better understand of the importance of being mentally fit and healthy after their AOTG session

- 89% had a better understanding of who and where to go for help and support
- 89% had a better understanding of the signs and symptoms of poor mental health
- 80% felt more confident to talk to a friend going through a tough time

Harnessing community programs such as this can be a very important step for the Mayor to take to help turn around the mental health crisis we are currently seeing in men and our young men. The Mayor could look to increase investment in evidence-based sport and health programs such as Movember Ahead of the Game across London that can reach men effectively, improve health outcomes and deliver impact

In terms of the online space and aligning with the Mayor's work, we also have:

- The Influencer Academy: Developed in partnership with the platform, drawing on Movember's expertise in mental health, masculinities and what works to engage men, the program, delivered to influencers through interactive workshops, reflection sessions, and expert-led TED- style talks, would encourage the cohort to challenge pre-existing masculinity narratives

and explore what alternatives could look like. To promote a broader range of masculinities to our young men accessing this content online.

- Young Men's Health in a Digital World Report makes a variety of recommendations such as:

    1. Increased Coordination, funding and action among practitioner's donors and researchers
    2. More research that centres young men's experiences
    3. Narrative change from within (Influencer academy). Working with influencers and people from within the online space
    4. Young men's perspectives to be heard to help benefit them and in turn improve their mental health

Movember's 6 key themes for men's Mental Health in London:

1. **Focus on prevention**
   Go to where men are to proactively engage men in preventative health with settings they frequent, with people and placed they trust to access support tailored for them with a preventative lens.

2. **A fully funded local men's health strategy that addresses the root cause of issues via an understanding of the role of gender norms – also a request to consider the intersection between mental + physical health as we know they are interconnected**
   -A strategy that looks at the barriers and issues facing men wholistically and therefor can work to tackle these issues
3. **Increased investment in clinical training in London, with a gender responsive angle**
   -Redesign services, train professionals, and challenge stereotypes so systems work for men in practice, not just in theory.

4. **Investing in community programmes for those who need it most**
   -Reaching men where they are, making the programs available for men and tailoring them to suit men and their needs
5. **Young men online and decreasing the potential harm the content they are seeing is doing**
   -Working with young men to understand the online world they are faced with, the harms they face and how best we can support them through their journey
6. **Not all men are impacted proportionally – having an intersectional view on these issues**

-Taking an intersectional approach to these issues to ensure that those who most at risk are being reached and getting the support they need.

Response to London Assembly Health Committee's Call for Evidence: Men's Mental Health in London

Submitted by: UK Men's Sheds Association (UKMSA)
Date: 20/6/25
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Executive Summary

UK Men's Sheds Association welcomes the opportunity to contribute evidence to this vital inquiry into men's mental health in London. Men's Sheds from across the capital provide us with unique insights into the mental health challenges facing men and with clear evidence of the community-based solutions that can make a meaningful difference.

Men's Sheds represent a proven, grassroots approach to addressing male social isolation, depression, and mental health challenges through meaningful activity, peer support, and community connection. Our evidence demonstrates that this model offers significant benefits for men's mental wellbeing while also being highly cost-effective. To make a sustainable contribution to improving men's mental health in London, greater awareness of, and investment in Men's Sheds and other community-led interventions is required.

About UK Men's Sheds Association

Men's Sheds are community spaces where men connect, create and chat. The model originated in Australia, is international and community-led. Sheds are spaces where men and women build community and connection by working 'shoulder to shoulder' on shared interests such as woodwork, metalwork and gardening. Sheds are embedded in local communities and lead to 'health by stealth', with regular attendance often resulting in improved overall wellbeing, reduced stress and enhanced quality of life.[1]

The UK Men's Sheds Association is a support body for Men's Sheds across the UK and for the UK Shedding movement. Our vision is for men across the UK to be healthier and happier and for there to be a Shed for everyone who wants one. It is our mission to inspire, enable and grow Shed communities, to improve men's health and wellbeing across the UK.

In London, we currently support 25 Men's Sheds serving diverse communities across multiple boroughs, with a further 10 in early development. Our Greater London Shed Development officer focuses on developing Sheds in areas of high deprivation and among older men, unemployed men, with men at university, and with men who are or were in the armed forces.

1. What are the key drivers of poor mental health amongst men living in London?

Men in London face several distinct mental health challenges, many of which are compounded by the specific context of life and work in London. Our experience of working with men who regularly attend Sheds across London has identified several critical issues:

Social Isolation and Loneliness

London's fast-paced urban environment, combined with changing work patterns and the aftermath of the COVID-19 pandemic, has intensified social isolation among men. Traditional male social structures have weakened, leaving many men without meaningful peer connections.

[1] UKMSA Health and Wellbeing Shed Survey Report, UKMSA Health and Wellbeing Advisory Group, 2023

Sheds consistently report that isolation is a key driver bringing men through their doors. More commonly available community groups are targeted towards women or have a focus on talking, meaning they are often not attractive to men. Sheds attract men who do not engage with other community groups.

"I was feeling a little lonely and needed something else in my life."
Shedder, Camden Town Shed

Economic Pressures and Work-Related Stress
London's high cost of living creates intense financial pressure, particularly affecting men who traditionally see themselves as primary providers. This manifests as chronic stress, anxiety, and depression. We observe particular challenges among:

- Men facing redundancy or career transitions
- Military service leavers adjusting to civilian life
- Retired men struggling with loss of identity and purpose
- Young men unable to achieve traditional markers of success (home ownership, stable employment)
- Men who have experienced relationship breakdown and have to manage financially solo, rather than as a household

Cultural and Communication Barriers
Many men struggle to recognise, articulate, or seek help for mental health difficulties. Traditional masculine norms discourage vulnerability and help-seeking behaviours. This is compounded across diverse communities in London, where cultural stigma around mental health varies significantly between communities.

"Finding it difficult to express myself in words, I have in the past used artwork/ making as a way of better expressing myself."
Shedder, Camden Town Shed

Life Transitions
Sheds serve many men navigating major life changes including retirement, bereavement, divorce, or health challenges. London's transient population means many lack family support networks during these critical periods.

"There is something about coming here, mainly the support and friendship of people which has helped me through difficult times, especially when I lost my wife. It puts a smile on my face. I still have bad days but being here lifts a weight from my shoulders"
Shedder, Bexley Shed

Digital Exclusion
While technology offers connection opportunities, many older men in particular lack digital literacy, excluding them from online support networks and services increasingly delivered digitally.

2. **How are men interacting with mental health services in London and do they face barriers in accessing these services?**
Feedback from Sheds and Shedders across London has identified numerous systemic and cultural barriers to mental health service access:

Structural Barriers:

- Service design: Most mental health services are designed around traditional therapeutic models that don't align with how many men prefer to engage. Men often prefer activity-based, practical approaches rather than talking therapies alone.
- Accessibility: Long waiting lists, limited evening and weekend availability, and poor transport links to services exclude working men and those with mobility issues.
- Cost: While NHS services are free, indirect costs (travel, time off work, childcare) create barriers for many men.

Cultural and Social Barriers:

- Stigma: Deep-rooted stigma around mental health persists, particularly in certain cultural communities. Men fear professional or social consequences of disclosure.
- Masculine norms: Traditional expectations of male stoicism and self-reliance conflict with seeking help. Many men view mental health struggles as personal weakness rather than treatable conditions.
- Language and communication: Mental health terminology and assessment processes often don't resonate with men's experiences or communication styles.

Awareness and Recognition Barriers:

- Poor mental health literacy: Many men cannot recognise symptoms of depression, anxiety, or other conditions in themselves.
- Lack of male role models: Few visible examples of men successfully accessing mental health support normalise help-seeking behaviour.
- Information gaps: Men receive less targeted mental health information and are less likely to discuss health concerns with peers or professionals.

Service-Specific Barriers:

- Gender composition: Many services are predominantly used by women, which can discourage male participation.
- Referral pathways: Primary care practitioners may be less likely to identify mental health issues in men or offer appropriate referrals.
- Crisis-only response: Services often only engage men when they reach crisis point, meaning missed opportunities for earlier intervention and increased waiting time to access services resulting in further damage at critical moments.

Community-Specific Challenges:

- Cultural competency: Services may lack understanding of specific cultural attitudes toward mental health in London's diverse communities and in particular groups of men.
- Language barriers: Limited availability of services in community languages.
- Transient populations: Many men lack continuity of care due to housing instability or frequent relocation.

"I was lonely and under a lot of pressure having recently arrived from Zimbabwe… I didn't know anyone here except two relatives."
Shedder, Camden Town Shed

3. **What mental health inequalities exist amongst particular groups of men and how can these be addressed?**

Men's Sheds provide an effective way of tackling some of the key mental health inequalities experienced by men in London:

In many Sheds, where there are communities of **older and middle-aged men, age-related inequalities** are common:

- Social isolation following retirement, bereavement, or health changes
- Loss of purpose and identity tied to work roles
- Reluctance to seek formal mental health support
- Work-related stress and career pressures
- Financial responsibilities and family obligations
- Physical health decline affecting mental wellbeing
- Relationship breakdown and family separation

In pilot Sheds connected to universities, **different age-related inequalities are impacting on younger men's mental health and wellbeing**:

- Employment insecurity and housing challenges
- Social media pressures and changing masculinity expectations
- Academic and career transition stress
- Substance misuse as coping mechanism
- Loss of support network if attending university away from home

There is also evidence **of socioeconomic inequalities** amongst Shedder communities:

Amongst **working class men**, there is evidence of:

- Limited access to private mental health services
- Stigma around mental health in traditional masculine cultures
- Job insecurity and financial stress
- Exposure to workplace hazards and physical demands

Unemployed men experience:

- Loss of structure, purpose, and social connections
- Financial hardship and dependency concerns
- Reduced self-worth and identity crisis
- Social stigma from peers

Amongst **men who are or were in the armed forces**, there is evidence of:

- Combat-related trauma and PTSD
- Difficulty transitioning to civilian life
- Reluctance to seek help due to military culture
- Financial challenges

The Men's Sheds model can contribute towards tackling many of these inequalities. Key to the effectiveness of Sheds is:

- **Indirect approach:** Mental health support is delivered informally, Shoulder to Shoulder through practical activities, removing the stigma associated with formal mental health services.
- **Peer support:** Men support each other naturally through shared experiences and common interests with members providing encouragement to see GPs, attend health screenings or seek advice on particular issues that may be worrying someone.
- **Signposting:** Sheds often hold health and wellbeing information resources which they use to signpost members to services or local contacts.
- **Purpose and meaning:** Engaging in productive activities restore sense of purpose, self-worth and connection to wider community.

- **Self-determining:** Sheds are independent and self-organising. This reinforces a sense of purpose and meaning across the Shed community.
- **Social connection:** Regular attendance builds friendships and reduces isolation. Sheds are often of interest to men who do not self-identify as lonely or having mental health issues; instead, they talk about wanting to avoid feeling down, wanting to make friends or wanting to find ways to fill their time.

4. **What further actions should the Government and the Mayor take to address the mental health of men in London and help destigmatise men's mental health?**
To support UK Men's Sheds Association (UKMSA) and Men's Sheds in London, and to effectively tackle men's mental health challenges while reducing stigma, the Government and the Mayor of London should take a strategic, multi-level approach. Here are the **top five** recommended actions:

    1. **Secure sustainable funding for community-based initiatives focused on men and boys**

Why it matters: Many Men's Sheds and community mental health groups operate on minimal budgets, yet they provide vital peer support and social connection for men, and actively signpost to organisations giving more intensive support, particularly older men or those at risk of isolation.

Actions:
- Create a ring-fenced grant fund for community-based initiatives focused on men and boys.
- Introduce multi-year funding to ensure continuity and prevent closures due to uncertainty. This requires funding that covers core costs since finding funds to cover rent, utilities and insurance is often the greatest challenge for Sheds. Capital funding for buildings and equipment would also have an outsized positive impact on Sheds, particularly in London.
- Prioritise funding for Sheds located in high-deprivation or high-risk areas.
- Support UKMSA to increase investment in Shed development and sustainability to support Sheds in an empowering, agile and flexible way – that includes increasing the capacity of the UKMSA to provide direct support at touchpoints in a Shed's development as well as enabling us to ensure our information, guidance and resources are accessible, relevant and accurate.

    2. **Integrate Men's Sheds into local health and social care pathways**

Why it matters: Men's Sheds are proven to improve wellbeing, reduce isolation, and provide non-clinical routes to better mental health. But they're often overlooked by NHS and council services.

Actions:
- Support UKMSA to work with local NHS bodies and GPs to raise awareness and to appropriately include Men's Sheds in social prescribing directories and training. This would include building an understanding amongst health and social care professionals that Men's Sheds cannot replace formal pathways since they are peer-led and Shedders are not trained mental health professionals.
- Promote formal partnerships between Men's Sheds, Primary Care Networks (PCNs), and Integrated Care Systems (ICSs).

- Encourage co-location of Men's Sheds in community hubs, libraries, or NHS premises to improve access and visibility.

3. **Support the Expansion of Men's Sheds into underrepresented boroughs and communities**

Why it matters: While UKMSA and Men's Sheds are growing, access to a Men's Shed is uneven across London. Many boroughs have no Men's Shed, and few are tailored to younger men or diverse cultural groups.

Actions:

- Support UKMSA to increase investment in Shed development and sustainability to underrepresented boroughs and communities
- Provide start-up funding and premises for new Men's Sheds in boroughs with high male suicide rates or poor mental health outcomes.
- Encourage sheds that cater to younger men, Black and Asian men, or unemployed men by supporting tailored programmes.
- Offer planning support and rent subsidies for community spaces used as Sheds.

4. **Embed Men's Mental Health in the London Mental Health Strategy**

Why it matters: Men are significantly more likely to die by suicide, yet strategies often focus on children, general population, or clinical interventions.

Actions:

- Develop a dedicated men's mental health strand within the Mayor's Thrive LDN initiative.
- Include Men's Sheds as an example of best practice in mental health promotion in official strategies and guidance.
- Convene a Men's Mental Health Taskforce, with community groups at its heart, to coordinate action across London.

5. **Support community-led interventions to value, and invest in, measuring and sharing evidence of impact**

Why it matters: Whilst UKMSA and Men's Sheds have some clear evidence of effectiveness[2], consistent and reliable evidence on all community-based interventions remains limited. This negatively impacts on the sustainability of effective interventions and on the ability for funders and other decision-makers to make strategic and cost-effective investments.

Actions:

- Support UKMSA to increase investment in impact evaluation of Sheds across London. To ensure long-term support, fund impact evaluations of Men's Sheds in improving mental health, reducing NHS use, demonstrating social value and fostering community resilience.
- Encourage and support partnerships between academic institutions specialising in the evaluation of community-based interventions and those who deliver and support those interventions.
- Encourage all involved to share data with policymakers to secure future investment.