MDA No.: 1726

Title: Health Committee – Men's Mental Health Report

1. Executive Summary

1.1 At the Health Committee Meetings on 2 June and 2 July 2025, the Health Committee discussed men's mental health in London and resolved:

That authority be delegated to the Chairman, in consultation with party Group Lead Members, to agree any output from the discussion.

1.2 Following consultation with party Group Lead Members, the Chairman of the Health Committee agreed the Committee's *Men's Mental Health in London* report, as attached at **Appendix 1**.

2. Decision

2.1 **That the Chairman of the Health Committee, in consultation with the party Group Lead Members, agree the *Men's Mental Health in London* report, as attached at Appendix 1.**

Assembly Member

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature: 

Printed Name: **Emma Best AM, Chairman of the Health Committee**

Date: **17 November 2025**

3. Decision by an Assembly Member under Delegated Authority

Background and proposed next steps:

3.1 The exercise of delegated authority approving the letters will be formally noted at the Health Committees' next appropriate meeting.

3.2 The terms of reference for this investigation were agreed by the Chair, in consultation with relevant party Group Lead Members, on 9 May 2025 under the standing authority granted to Chairs of Committees and Sub-Committees. Officers confirm that the response falls within these terms of reference.

Confirmation that appropriate delegated authority exists for this decision:

Signature (Committee Services): Diane Richards

Printed Name: Diane Richards

Date: 14 November 2025

Financial Implications: NOT REQUIRED

Note: Finance comments and signature are required only where there are financial implications arising or the potential for financial implications.

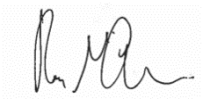
Signature (Finance): Not Required

Printed Name:

Date:

Legal Implications:

The Chair of the Health Committee has the power to make the decision set out in this report.

Signature (Legal): 

Printed Name: Rory McKenna, Monitoring Officer

Date: 17 November 2025

Email: rory.mckenna@london.gov.uk

Supporting Detail / List of Consultees:

- *Krupesh Hirani AM and Alex Wilson AM*

4. Public Access to Information

4.1 Information in this form (Part 1) is subject to the FoIA, or the EIR and will be made available on the GLA Website, usually within one working day of approval.

4.2 If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary.

4.3 **Note**: this form (Part 1) will either be published within one working day after it has been approved or on the defer date.

Part 1 - Deferral:

Is the publication of Part 1 of this approval to be deferred? NO

If yes, until what date:

Part 2 – Sensitive Information:

Only the facts or advice that would be exempt from disclosure under FoIA or EIR should be included in the separate Part 2 form, together with the legal rationale for non-publication.

Is there a part 2 form? NO

Lead Officer / Author

Signature: Tim Gallagher

Printed Name: Tim Gallagher

Job Title: Senior Policy Adviser

Date: 14 November 2025

Countersigned by Executive Director:

Signature: 

Printed Name: Helen Ewen

Date: 17 November 2025

Appendix 1

Men's mental health in London

Health Committee

November 2025

LONDONASSEMBLY

Health Committee

The Health Committee reviews health and wellbeing issues in London.

Contact us

Tim Gallagher
Senior Policy Adviser
Tim.Gallagher@london.gov.uk

Matthew Honeyman
Policy Adviser
Matthew.Honeyman@london.gov.uk

Alison Bell
Head of Assembly Communications
Alison.Bell@london.gov.uk

Diane Richards
Committee Services Officer
Diane.Richards@london.gov.uk

Contents

Foreword 2
Executive Summary 4
Recommendations 6
The landscape for men's mental health in London 8
- Mental health trends amongst men in London 9
- What are the drivers of poor mental health amongst men in London? 13

Men's access to mental health services in London 19
- NHS men's mental health services in London 19
- The role of voluntary and community organisations in supporting men's mental health in London 25
- Challenges faced by men in accessing mental health services in London 28

The Mayor of London's interventions 33
Committee Activity 39
Other formats and languages 40

Foreword

Emma Best AM
Chairman of the Health Committee

Modern Britain was built on the values of contemporary stoicism. It's the philosophy that unpins our infamous 'stiff, upper lip' and led to the wartime slogan of 'Keep Calm and Carry On'. The 'Keep Calm and Carry On' slogan is often wheeled out today in a manner reminiscent of a more 'hardy' past.

The irony of this is that the infamous slogan was actually part of a deeply unpopular government poster campaign in 1938. The posters at the time were shelved with strict instructions not to display any of the two million copies printed. Stoicism may not have been the backbone of society, but it is often romanticised to have been.

Either way, the twenty-first century has marked a distinct move from this position, and we have seen widespread recognition of mental health complexities alongside record increases in government funding. However, we are someway from addressing what is now recognised as a crisis amongst our populace and when it comes to men and boys specifically, an even wider vacuum exists in our understanding and approach.

Suicide remains the leading cause of death for men under 50; a shocking statistic which has not changed despite substantial increases in funding for wider mental health services.

For most men, struggling rarely involves speaking to someone about it. In the UK, research by the Movember Foundation in 2018 found 27 per cent of men said they had no close friends at all. They also found that friendships become less strong as men get older, with 22 per cent of men aged 55 and over saying they never see their friends.

During this investigation we spoke to many brave men with lived experience who were bold enough to come forward and tell their story publicly. For this the Committee are so thankful.

The Committee also heard from clinicians, campaigners and community leaders who told us about long wait times and the complexity of navigating services. Others described how traditional expectations of masculinity such as being strong, stoic, and self-reliant can make asking for help feel like failure.

We heard about the loneliness that can creep into men's lives in a city as fast-moving as London, and about the pressures of work, housing, and financial insecurity that weigh heavily on mental wellbeing.

Men's Minds Matter estimate that 88 per cent of the homeless population in London are male. We also have an extremely competitive job market with young graduates trying to find work in a much smaller pool of jobs, those with trade skills being outpaced by technological advancements or put out of work entirely by growing automation.

We also found, however, that community groups across London are doing remarkable work to put men's mental health on the agenda and offer practical help and support, often with limited resources. These initiatives are a reminder that mental health support doesn't only happen in GP surgeries; it happens in pubs, gyms, workplaces, barber shops, in parks, or within groups like run clubs.

Our report finds that while London has excellent mental health services, too few men are accessing them. The NHS's Talking Therapies programme, for example, could be of real value to those who are struggling, yet men make up only a third of referrals. We also need a workforce that better reflects our city, with more male counsellors, more role models from different backgrounds, and more people trained to engage men in ways that resonate with their lived experiences.

The Government's forthcoming Men's Health Strategy presents an important opportunity to make real progress. We have shared our findings with the Mayor, the government and the GLA, and I urge them to act on our recommendations - investing in prevention, supporting the voluntary sector, and helping ensure that every man who seeks support can find it quickly and without judgment.

Executive Summary

Compared to just a few years ago, we live in a society where there is an increased understanding of mental health and a willingness to talk about it. In particular, we have seen more and more men opening up about their mental health struggles, overcoming those barriers associated with masculinity which for so long prevented men from discussing their feelings.

Recent findings from a comprehensive NHS survey on mental health suggests that there has been a decrease in common mental health conditions such as anxiety and depression amongst men in London over the last decade. The same survey found that fewer men in London report having these mental health conditions than in most other parts of the country. We cautiously welcome these findings, but we are also aware that they do not tell the full story.

Many men in London experience mental health problems and poor mental health without necessarily having a specific diagnosis. Suicide remains the leading cause of death for men under the age of 50 nationally, and we heard repeatedly that suicide amongst men can often be traced to adverse life events rather than a particular mental health disorder. Despite progress, entrenched gender norms mean that there is still a societal stigma for many men in opening up about their mental health and seeking help. Social media usage and the amount of time spent consuming content also presents a potential risk to mental health, particularly among younger people. The previous government passed the world-leading Online Safety Act in 2024 to address harmful content and its impact on young people – the first legislation of its kind.

It is against this backdrop that the London Assembly Health Committee set out to investigate men's mental health in London. We wanted to understand the state of men's mental health in the capital and the drivers of poor mental health. We set out to explore the various layers of service provision offered through the NHS and the voluntary sector, including what is working and what isn't. Through meetings and written evidence, as well as a roundtable organised by Mind in London, we heard from clinicians, voluntary sector representatives and Londoners with lived experience of mental health challenges.

The government is due to publish its men's health strategy later this year, which will include a focus on men's mental health and suicide prevention. We have already contributed to this by sharing our preliminary findings with the Mayor's Health Advisor ahead of his submission to the government's call for evidence on the strategy. In this report we have made recommendations to central government as well as to the Mayor, and we hope that our findings and recommendations will influence action at a national as well as a regional level.

We reached several **key findings** as part of our investigation, which are summarised below:

- The stigma surrounding men's mental health continues to have a harmful impact, preventing them from opening up about their mental health and acting as a barrier to accessing services in London. This is connected to entrenched gender norms and perceptions of masculinity, which can discourage men from expressing vulnerability and can lead to negative coping mechanisms such as alcohol and drug use. Men often have lower levels of 'mental health literacy' and are not equipped to recognise symptoms of poor mental health.

- Some demographics are more likely to experience poor mental health than others in London. We heard that those who identify as LGBTQ+ and those from minority ethnic backgrounds are at higher risk of developing mental health problems. The high cost of living in London was highlighted as a particular challenge impacting men in the capital, particularly those on lower incomes. We also heard that it is important not to treat all male Londoners as a homogenous group, as some groups (for example, older men) experience specific challenges.

- The NHS offers a range of mental health services in London, including its Talking Therapies programme which was described by one guest as "world-leading". However, considerably fewer men than women are accessing this service in London. There are also long waiting lists for many mental health services in London which, although not unique to mental health services, are preventing men from accessing urgent help.

- We heard about the challenges and barriers many men in London face in trying to access services and support for their mental health. The evidence from our meeting with Londoners with lived experience suggests that services in London are not currently equipped to meet the needs of men experiencing problems with their mental health.

- The Londoners we spoke to told us about the many challenges they faced in trying to navigate the system for mental health support. They highlighted a lack of joined-up care and an inconsistency of provision for men's mental health services across London, which one guest described as a "postcode lottery". They were particularly critical of the GP referral pathway for treatment. They also argued that there needs to be a greater focus on prevention, rather than services which treat people once they reach a crisis situation. Speaking from personal experience, they felt that A&E services are inadequate at supporting those in a mental health crisis.

- We also heard about the crucial role of the voluntary sector in complementing NHS services and providing additional forms of support. The types of services provided by the voluntary sector – which are often more informal and non-clinical – may be more appropriate than NHS services for men in certain circumstances. There is a diverse range of these programmes running across London. We repeatedly heard about the importance of services and activities which speak to men 'in their own language', and the voluntary sector is often better equipped to do this than traditional health services. These programmes can also be effective by being targeted at specific demographic groups.

- The Mayor of London has no direct powers over the delivery of mental health services in London. However, he has funded several mental health programmes through Thrive LDN. We would like him to take further measures, including funding mental health programmes targeted specifically at men, providing training for mental health counsellors, and signposting mental health crisis support on the TfL network.

Recommendations

Recommendation 1

As part of its upcoming men's health strategy, the Government should include a programme for tackling the stigma associated with mental health that prevents men from accessing services. The Mayor and the GLA Health Team should work with the Government to design and publish a London-specific approach.

Recommendation 2

As part of its upcoming men's health strategy, the Government should develop an action plan to increase access to, and take up of, Talking Therapies amongst men.

Recommendation 3

The Mayor should use the Adult Skills Fund and the Skills Academies programme to invest in training courses for counsellors and therapists. These courses should be promoted to and targeted at men in particular. The Mayor should also explore promoting this training to demographic groups where there is the greatest need.

In response to this report, the Mayor should set out:

1) How many counsellors and therapists have received training over each of the last 5 years through the Adult Skills Fund and Skills Academies programme, and how many of these have been men.

2) How much funding has been provided by the GLA for the training of counsellors and therapists in London through the Adult Skills Fund and Skills Academies programme.

Recommendation 4

It is not acceptable that the average spend on mental health services in London per person is lower than the average for England. The Government should provide sufficient funding to address waiting list times for vital mental health services for men in London. The Mayor should lobby the Government to ensure that the Government provides this.

Recommendation 5

The Mayor should actively work with the Government to roll out the dedicated mental health emergency departments in London, as set out in the NHS 10 Year Health Plan, and update this Committee on progress by the end of 2026. This should include details of the number and location of these departments.

Recommendation 6

The Mayor and Thrive LDN should introduce a new programme along similar lines to the Right to Thrive programme, which funds projects delivered by grassroots and community-led organisations, including initiatives targeted specifically at men's mental health.

Recommendation 7

The Mayor and Transport for London should work with the NHS in London to advertise NHS 111 crisis services for mental health on TfL transport services and buildings, to increase awareness among Londoners about this critical service.

Recommendation 8

The Government should deliver more mental health education in schools in London and across the UK to ensure young people develop an understanding of mental health and know where to go for support. MOPAC should also integrate a mental health aspect into the work it is doing across schools in London.

Recommendation 9

Once the Government has published its men's health strategy, the Mayor should convene key partners in London's health and care system – including voluntary and community groups – to agree and publish an action plan for implementing the plan in London, and tailoring it towards London's distinct needs. The Mayor should commit to providing the funding required in order to implement the action plan.

Recommendation 10

In response to this report, the GLA's Chief Officer should review the GLA's initiatives around mental health to understand how they support male employees. Where any gaps are identified, the GLA should introduce new initiatives to support the mental health of its male employees.

The landscape for men's mental health in London

Compared to just a few years ago, we live in a society where there is an increased understanding of mental health and a willingness to talk about it. In particular, we have seen more and more men opening up about mental health struggles, and overcoming those barriers associated with masculinity which for so long prevented men from discussing their feelings.

This has been accompanied by an evolution in mental health services and forms of mental health support. One Londoner told us that when he sought support for his mental health issues decades ago, he was simply prescribed Valium.[1] In 2025, by contrast, there are social prescribers, specialist treatments such as cognitive behavioural therapy and a wide range of mental health professionals working for the NHS. Across London there are all sorts of community groups and support networks designed to help men with their mental health.

Over the last 15 years, there has been a substantial increase in the level of funding and resources allocated to mental health support at a national level. The previous government invested an additional £2.3 billion a year in mental health services – funding to enable an extra two million people to access services, including 345,000 more young people.[2] The previous government also committed an additional £400 million for upgrading mental health facilities, and supporting 160 wider capital schemes such as crisis houses and urgent care centres.[3]

This trend has continued under the new Government which increased real terms mental health funding by £320m in its first year in office. This will support the recruitment of 8,500 mental health staff, access to specialist mental health professionals in every school, and creating a network of community Young Futures Hubs.[4]

Since 2016, investment in children and young people's community eating disorder services has risen every year, with an extra £53 million per year from 2021/22. As of February 2023, there were almost 40,000 full-time equivalent mental health nurses in NHS trusts & commissioning bodies in England.[5]

In 2021, the previous government appointed Dr Alex George as its first Youth Mental Health Ambassador, a voluntary role designed to support work on children's mental health and shape policy on improving support for young people in schools, colleges and universities. With medical expertise, a large social media following and first-hand experience of mental health difficulties, Dr George was well placed as a role model for boys and young people more widely. Unfortunately, the current government decided to end this role in March 2025, and a replacement has not been announced.[6]

However, despite the progress that has been made, many men in London are suffering with mental health disorders and poor mental health more broadly. The COVID-19 pandemic and associated lockdowns led to a deterioration of mental health, and also exacerbated existing

[1] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[2] Department of Health and Social Care, How we are supporting mental health services in England, 9 June 2023
[3] Department of Health and Social Care, How we are supporting mental health services in England, 9 June 2023
[4] UK Parliament, Mental Health: Expected Spend for 2025-26, 27 March 2025
[5] Department of Health and Social Care, How we are supporting mental health services in England, 9 June 2023
[6] Dr Alex George, Instagram Post, 13 March 2025

mental health inequalities.[7] One of the main factors behind our interest as a committee in this topic was the high rate of suicide amongst men. Whilst this has declined in recent decades in London, it is still far too high and remains the leading cause of death for men under 50 nationally.[8]

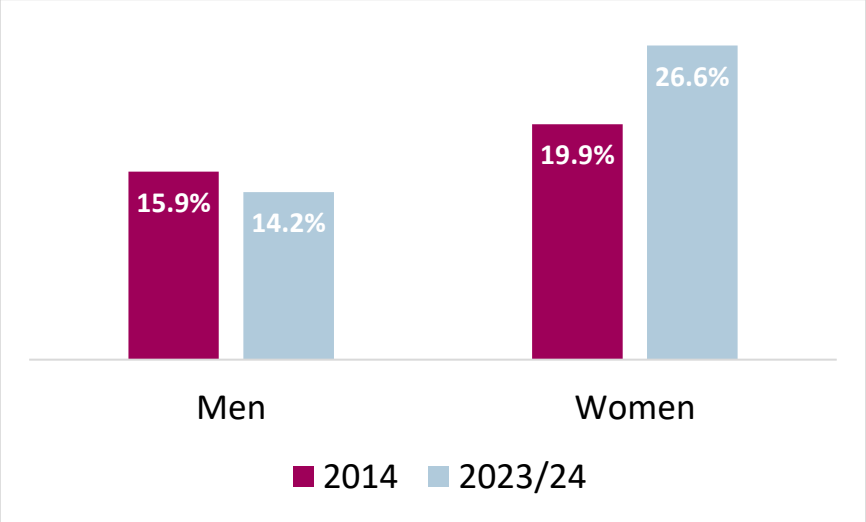
We welcome the progress that has been made in recent years, with more men talking openly about their mental health and a greater societal understanding of the issue. However, we still have a long way to go in London to enable men to deal effectively with their mental health and ensure that services and other forms of support are meeting men's needs.

Mental health trends amongst men in London

Common mental health conditions (CMHCs)

The term 'common mental health conditions' (CMHCs) refers to different types of depression and anxiety disorder.[9] As **Figure 1** shows, many more women report having CMHCs in London than men. The data – based on the Adult Psychiatric Morbidity Surveys in 2014 and 2023/24 which are published by the NHS – also suggests that there has been a decrease in CMHCs amongst men in between these two surveys. The same time period saw an increase of CMHCs amongst women. [10]

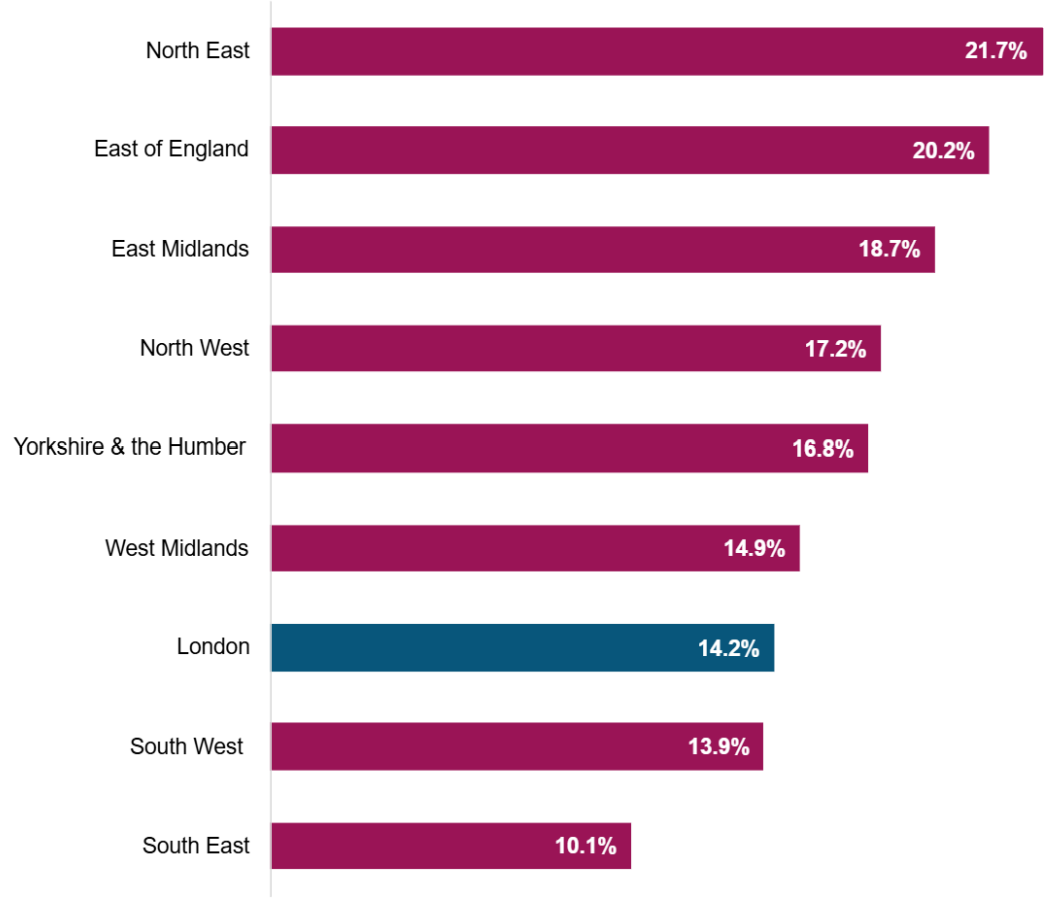
Figure 1: Prevalence of common mental health conditions (CMHCs) in past week by gender, London, 2014 and 2023/24[11]



[7] Mental Health Foundation, The divergence of mental health experiences during the pandemic
[8] UK Government, Men urged to talk about mental health to prevent suicide, 24 June 2022
[9] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025.
[10] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025. 2014 figures retrieved from NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, 29 September 2016 – APMS 2014: Chapter 2.
[11] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025. 2014 figures retrieved from NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, 29 September 2016 – APMS 2014: Chapter 2.

Fewer men report having CMHCs in London than in other regions in England. **Figure 2** shows that the proportion of men with a CMHC was greatest in the North East (21.7 per cent) and East of England (20.2 per cent), whilst London had one of the lowest proportions at 14.2 per cent.[12]

Figure 2: Prevalence of common mental health conditions (CMHCs) in the past week in men, by region (age-standardised)[13]



We cautiously welcome the apparent fall in common mental health conditions amongst men in London, and that fewer men in London report having these conditions than in other parts of the country. However, it is clear from the evidence we received throughout our investigation that this doesn't tell the full story. We heard that many men experience mental health problems and poor mental health without necessarily having a specific diagnosis. Mark Rowland, Chief Executive Officer at the Mental Health Foundation, told us that:

> "We have a hypothesis that there is a really significant underdiagnosis of not necessarily mental health conditions but the level of distress that men are reporting that is being captured by the system versus women."[14]

[12] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025.
[13] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025. The data has been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions.
[14] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2

It is therefore important to look beyond the data on specific mental health conditions when considering the state of men's mental health in London. We will explore this in more detail throughout our report.

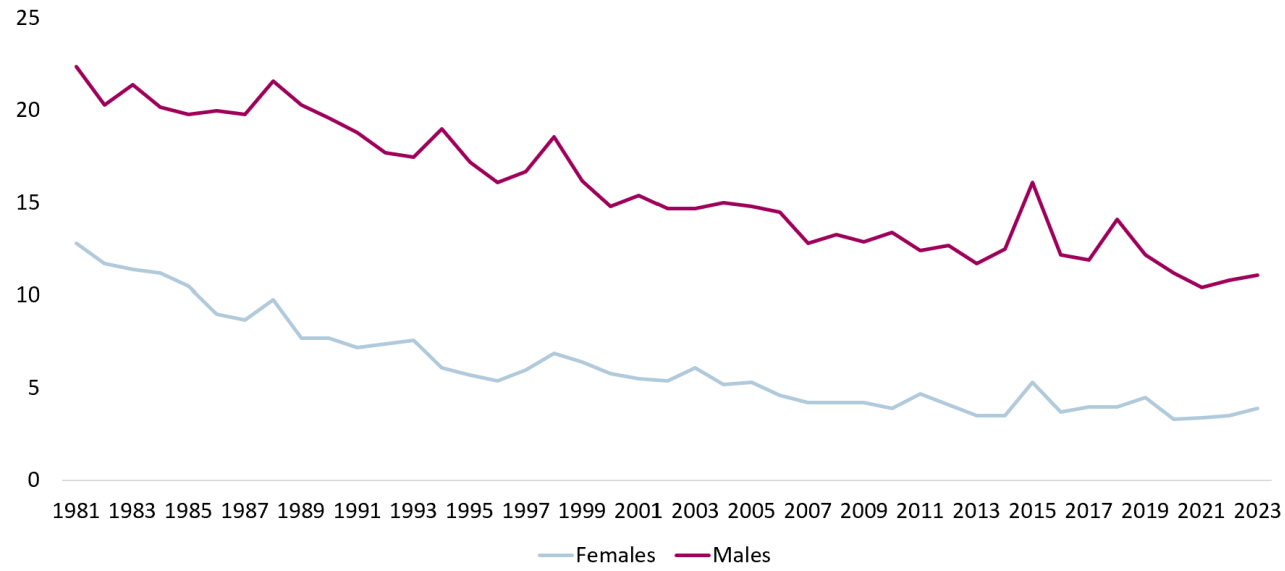
Suicide amongst men in London

A key driver for our investigation was the disproportionate rates of suicide amongst men. Nationally, suicide is the single biggest killer of men under the age of 50.[15] As **Figure 3** shows, suicide rates in London have declined considerably for both men and women over the last four decades (although there has been a slight increase since 2021).[16] London also has the lowest suicide rate in the country.[17]

Despite the long-term decline, there have been consistently higher suicide rates for men compared to women across the entire period.[18] Whilst we welcome the fall in male suicide rates in London over time, we remain concerned about the extent to which this issue disproportionately impacts men.

There were 409 male suicides in London in 2023[19]

Figure 3: Suicide rates per 100,000 population in London, 1981 to 2023 registrations[20]

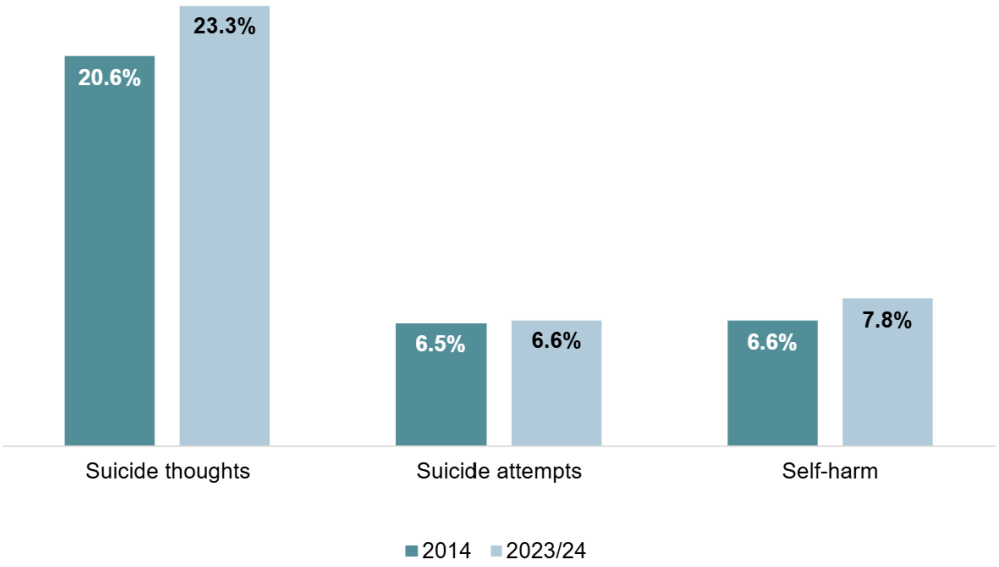


NHS data in **Figure 4** below indicates that, compared to 2014, prevalence of suicidal thoughts and self-harm among men in London increased in 2023-24, while the prevalence of suicide attempts has remained relatively stable. We are concerned about how high these figures are,

[15] UK Government, Men urged to talk about mental health to prevent suicide, 24 June 2022
[16] Office for National Statistics, Suicides in England and Wales, 29 August 2024
[17] Office for National Statistics, Suicides in England and Wales, 29 August 2024
[18] Office for National Statistics, Suicides in England and Wales, 29 August 2024
[19] Office for National Statistics, Suicides in England and Wales, 29 August 2024
[20] Office for National Statistics, Suicides in England and Wales, 29 August 2024

with 23.3 per cent of men in London experiencing suicidal thoughts and 6.6 per cent of men attempting suicide.[21]

Figure 4: Suicidal thoughts, attempts and non-suicidal self-harm in men in London, 2014 and 2023/24[22][23]



It is important to distinguish between diagnosed mental health conditions and factors that contribute towards suicide; we heard repeatedly that suicide amongst men can often be traced to adverse life events rather than a particular mental health disorder. Dr Luke Sullivan, Clinical Psychologist and Director of Men's Minds Matter, told us that "the model […] for mental illness is not helpful when thinking about suicide. The reason people take their own lives is because something has happened in their life."[24]

Jacqui Morrissey, Assistant Director of Policy, Practice and Influencing Programmes at the Samaritans, explained that "men are not thinking about it as having a mental health problem, they are experiencing these difficult life events like a relationship breakdown, losing a job, maybe problems with benefits or housing".[25] Dr Luke Sullivan added that "the vast majority of people who end their lives do not have an identifiable mental illness".[26] This highlights the importance, when thinking about suicide and men's mental health more broadly, of looking beyond specific, diagnosable mental health conditions.

---

[21] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025. 2014 figures retrieved from NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, 29 September 2016 – APMS 2014: Chapter 12
[22] NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4, (part 1 release), 26 June 2025. 2014 figures retrieved from NHS England, Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014, 29 September 2016 – APMS 2014: Chapter 12
[23] Data analysis in 2014 was based on respondents' sex, while the 2023/24 data is based on self-identified gender. Caution should therefore be taken when interpreting the results as the datasets may not be directly comparable as gender identity can differ from sex assigned at birth.
[24] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[25] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[26] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2

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

Multiple factors contribute to men experiencing poor mental health in London. The charity Movember summarised some of the key issues in its submission to our call for evidence:

> "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."[27]

We explore some of these in more detail below.

Stigma and harmful models of masculinity

We heard repeatedly about the harmful role of stigma in preventing men from talking about their mental health and seeking support. Sean, one of our guests with lived experience, told us that "there is a lot of stigma attached to mental health, especially for those people who are experiencing it for the first time and who have not developed coping mechanisms."[28]

Several guests at our meetings emphasised the damaging impact of traditional models of masculinity on men's mental health. Simon Dolby, Fundraising and Development Lead at Mind in Bexley and East Kent, argued that an "alpha male syndrome that men are cavemen and must not admit defeat or pain or any fragility to each other… seems to be still prevalent."[29] UK Men's Sheds Association argued that "deep-rooted stigma around mental health persists, particularly in certain cultural communities… Many men view mental health struggles as personal weakness rather than treatable conditions."[30] Dr Susanna Bennett highlighted research demonstrating the "negative impact of cultural norms of masculinity on men who are suicidal", including "norms of emotional suppression, failing to meet standards of male success, and the denial and neglect of men's interpersonal needs."[31]

This mindset is particularly damaging as it prevents men from seeking support and accessing services. UK Men's Sheds Association noted that "traditional expectations of male stoicism and self-reliance conflict with seeking help."[32] Dr David Palmer, CEO of Mind in Bexley, stressed that "the one overriding issue is societal stigma and traditional methods of masculinity discourage individuals from expressing vulnerability and accessing service provision."[33] This means that many men only seek help once they have entered a crisis situation. At our roundtable and subsequent meeting with Londoners with lived experience, guests used the analogy of 'the house being on fire'; it is only at this point that men seek help, rather than earlier on to prevent the fire from occurring in the first place.[34]

---

[27] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[28] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[29] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[30] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[31] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[32] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[33] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[34] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1

"There is still… a very traditional attitude to the role of men in society: men should be strong, they should be the breadwinner, they should show no emotion, and they should be the people who are basically leading the charge for the family. This is what ultimately is basically preventing men from opening up in greater numbers, I believe, across the country."[35]

Lucas Whitehead
Head of Marketing and Partnerships, ANDYSMANCLUB

The role of social media

Social media usage and the amount of time spent consuming content also presents a potential risk to mental health, particularly among younger people. The previous government passed the world-leading Online Safety Act in 2024 to address harmful content and its impact on young people – the first legislation of its kind. For the first time, social media platforms have a legal responsibility to remove harmful content accessed by children.

However, we are concerned about men, particularly younger men, in London becoming increasingly exposed to social media influencers who promote toxic models of masculinity. Dr David Palmer noted that men's mental health stigma is "heightened by the hyper-masculinity discourse of Andrew Tate and others through social media."[36] Black Thrive Lambeth argued that "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."[37]

Amy O'Connor, Global Lead, Policy and Advocacy at Movember, highlighted the fact that London has a younger population than the rest of the country, and is therefore more susceptible to this sort of content.[38] A 2024 report by Movember found that 61 per cent of young men (aged 16-25) in the UK are actively engaging with "men and masculinity content" online.[39] Movember noted that some of this content is "providing young men with a sense of purpose", but also that those who have engaged with this content report higher levels of worthlessness, sadness and loneliness.[40]

Not all online content related to men's mental health should be seen in a negative light. Amy O'Connor argued that some influencers can have a positive impact on men's mental health, highlighting work that Movember has done with a group of influencers to present an "alternative narrative to our young men" which involved "role modelling good behaviours."[41] But she also stressed that "these influencers can be damaging to the mental health of our young men as well."[42] Chris, one of our guests with lived experience who also works as a therapist, explained that "most young people got all their mental health tips and advice from TikTok and Instagram and YouTube, and some of it is all right, but some of it is not".[43]

---

[35] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[36] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[37] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[38] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[39] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[40] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[41] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[42] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[43] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1

It is vital that young men in London are exposed to positive material about masculinity and mental health, otherwise this space will be filled by more harmful content.

Health Literacy

We heard that there tends to be lower levels of awareness of mental health amongst men. UK Men's Sheds Association argued that many men have "poor mental health literacy" as they "cannot recognise symptoms of depression, anxiety, or other conditions in themselves."[44] This is another factor contributing to men being less likely to seek help for their mental health struggles. Movember told us that many men lack "the skills needed to understand and look after themselves and know when, where and how to get help."[45] Amy O'Connor expanded on this, arguing that "embedded traditional gender roles… are why we are seeing those lower levels of health literacy."[46] This highlights the importance of education about mental health, which will be discussed later in this report.

Lifestyles and risk-taking behaviours

We also heard that men are more likely to turn to risk-taking behaviours such as drug and alcohol misuse and gambling, which can in turn have a detrimental impact on mental health. Movember's submission highlighted data showing the greater likelihood of men to engage in these activities, noting that they can have "an adverse effect on men or contribute to pre-existing mental health issues."[47] James' Place told us that "certain risk-taking behaviours" such as drinking, taking drugs and gambling can "elevate the risk of male suicide", adding that "men can engage in more risky behaviours to cope with negative life experiences."[48] Chris Frederick, Founder of Project Soul Stride, told us that "men are socialised to internalise pain, expressing distress through anger, withdrawal or addiction rather than help-seeking."[49]

Adverse life events and circumstances

Alongside these more male-specific traits and behaviours, we heard about the impact that adverse life events and circumstances can have on men's mental health, some of which are particularly acute in London. James' Place highlighted issues such as work, relationship breakdown, family problems and bereavement,[50] while Brent Council emphasised the impact of "poor financial security, lack of prospects, inadequate housing."[51] UK Men's Sheds Association argued that "London's high cost of living creates intense financial pressure, particularly affecting men who traditionally see themselves as primary providers."[52] UK Men's Sheds Association identified particular challenges amongst "young men unable to achieve traditional markers of success", "retired men struggling with loss of identity and purpose" and "military service leavers adjusting to civilian life".[53]

---

[44] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[45] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[46] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[47] London Assembly Health Committee, Men's mental health - Call for evidence responses , June 2025
[48] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[49] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[50] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[51] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[52] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[53] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025

Several submissions to our call for evidence highlighted the impact of loneliness and isolation on men's mental health in London. UK Men's Sheds Association noted that "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."[54] Brent Council highlighted the fact that "men are more likely to have fewer friendships", while Black Thrive Lambeth argued that the "absence of dedicated support networks for men contributes to feelings of isolation and abandonment."[55] Age UK London listed social isolation as a driver of poor mental health amongst older Londoners in particular.[56]

"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."[57]

James' Place
Submission to call for evidence

It is clear that men experience specific challenges with their mental health and barriers to seeking help. It is therefore vital that health services and other forms of support are equipped to address these issues. Several submissions to our call for evidence highlighted the need for male-only services which address men's needs, while Amy O'Connor told us that services have been successful where they "lean into the positive aspects or the strength-based aspects of masculinity."[58] We explore the provision of services in London in more detail in the next chapter.

Underpinning most of these challenges is the issue of stigma. Dr Billy Boland, Regional Clinical Director for Mental Health for NHS England (London region), told us that "unless we address stigma and trust, we are not going to be able to deal with the men's health issues."[59]

The Government is due to publish its men's health strategy later this year, and in April 2025 launched a call for evidence to inform the strategy.[60] We have already contributed to this by sharing our preliminary findings with the Mayor's Health Advisor ahead of his submission to the government's call for evidence. The development of a new men's health strategy is a welcome step, and addressing the stigma surrounding men's mental health should be central to strategy.

[54] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[55] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[56] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[57] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[58] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[59] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[60] Department of Health and Social Care, Government launches call for evidence on men's health, 24 April 2025

Recommendation 1

As part of its upcoming men's health strategy, the Government should include a programme for tackling the stigma associated with mental health that prevents men from accessing services. The Mayor and the GLA Health Team should work with the Government to design and publish a London-specific approach.

Mental health inequalities

We know that particualar demographics in London experience inequalities in relation to mental health and accessing services. Movember told us 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."[61] Black Thrive Lambeth told us that "Black men… face disproportionate rates of unemployment, police stop-and-search, and underdiagnosis of mental health conditions, all of which contribute to worsened mental health outcomes."[62] Age UK London stated that "older Black male Londoners are an example of one group that experience multiple inequalities when accessing mental health services."[63]

"We know that if you are Black, you are three to four times more likely to be detained under the Mental Health Act within hospital for assessment or treatment and you are eight to ten times more likely to be discharged from hospital if you have been detained on something called a community treatment order that compels you to continue to take your treatment out in the community… These are really stark figures."[64]

Dr Billy Boland
Regional Clinical Director for Mental Health, London Region, NHS England

Guests at our meetings discussed some communities in London which experience specific mental health challenges. Dr David Palmer gave the example of Somali and Ethiopian communities, which "traditionally do not access mental health support" due to "cultural norms associated with mental illness and mental ill health."[65] He also stated that asylum seekers frequently have high levels of post-traumatic stress disorder as a result of their prior experiences.[66]

We also receieved evidence suggesting that the LGBTQ+ community experiences disproportionate mental health challenges. Jacqui Morrissey told us that there is a "higher risk" of suicide amongst the LGBTQ+ community.[67] James' Place, a charity which provides free therapy to men in suicidal crisis, shared evidence with us suggesting that the impact on this community is particularly felt in London. The organisation told us that "of the men who came to our London centre and filled in our feedback form in 2024, around 25 per cent were gay or

[61] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[62] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[63] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[64] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[65] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[66] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[67] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1

bisexual, compared to a 15 per cent average across our three centres [in London, Liverpool and Newcastle]."[68]

The submission to the Committee from UK Men's Sheds Association highlighted the different types of mental health challenges experienced by different groups. For example, older and middle-aged men are more likely to experience social isolation, loss of purpose, reluctance to seek support, and work-related stress, whereas younger men are more likely to be affected by employment insecurity, housing issues and social media pressures.[69] This highlights the importance of tailoring services towards different demographics, and not seeing all men in London as a homogenous group.

[68] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[69] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025

Men's access to mental health services in London

Over the course of our investigation, we heard about the diverse range of mental health support that is available for men across London. As well as NHS mental health services, there are informal support groups where men can talk about how they are doing, activity groups designed specifically for men, and programmes targeted at particular demographic groups. We heard about various successful programmes and services that have helped men with their mental health. But we also heard about the challenges and barriers many men in London face in trying to access services and support for their mental health. The evidence from our meeting with Londoners with lived experience suggests that, as things stand, services in London are not equipped to meet the needs of men experiencing problems with their mental health.

NHS men's mental health services in London

NHS mental health services for men in London are provided in a range of settings, including:

- **Primary care services** which support people experiencing mild to moderate mental health problems. This includes GPs and other roles working within primary care networks, such as mental health practitioners and social prescribing link workers.
- **NHS Talking Therapies** which people over the age of 18 can access for anxiety and depression through their GP or by self-referral.
- **Community mental health services**, also referred to as 'secondary services', which help people who need more support with their mental health and may have complex needs. Community services are multidisciplinary teams that include a range of professionals such as nurses, occupational therapists, social workers, psychologists, and psychiatrists.
- **Crisis services** which help people who need urgent support with their mental health.[70]

NHS England's ten-year strategy for mental health services in London, published in May 2025, acknowledges that "there remains a significant treatment gap, low levels of overall investment, and inequity in access, experience and outcomes across London's communities."[71] The strategy sets out a series of actions to address these problems, including strengthening prevention activity, providing equitable and timely access to support, and tackling inequalities.[72] We welcome the publication of this strategy, and believe it is vital that the measures contained within it are successful in driving up standards in services in London.

Talking Therapies

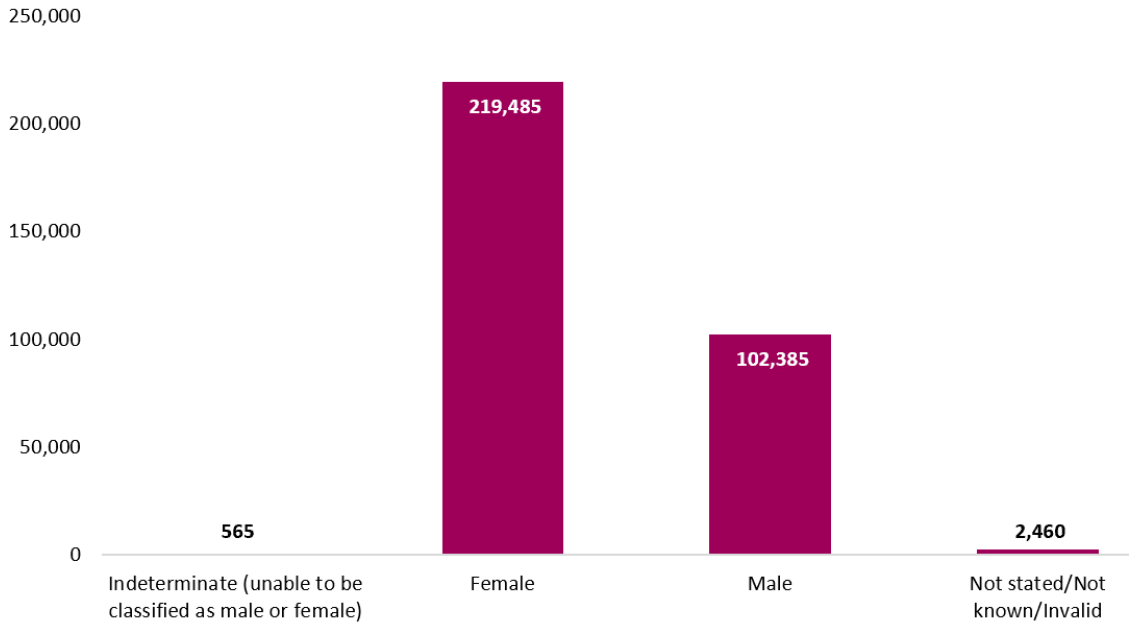
A key course of treatment for mental health provided by the NHS is Talking Therapies for anxiety and depression. Talking Therapies are offered in a variety of ways, including as an

[70] House of Commons Library, Mental health policy and services in England, 4 October 2024
[71] NHS England, London's Mental Health Strategy: a ten-year strategy for mental health services in London, May 2025
[72] NHS England, London's Mental Health Strategy: a ten-year strategy for mental health services in London, May 2025

online course, in a group, using a self-help workbook with the support of a therapist, and as one-to-one sessions (either in person, over the phone or as a video consultation).[73]

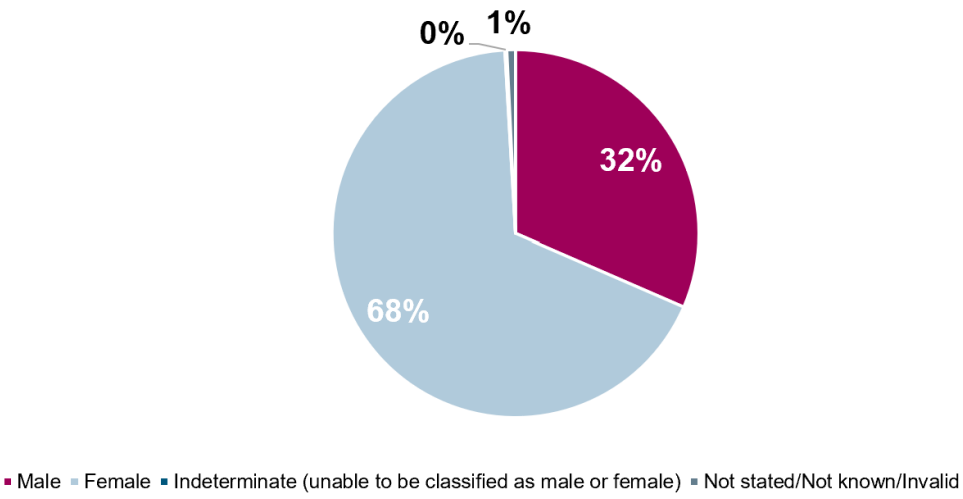
We are supportive of Talking Therapies as a route for men to access support. However, we are concerned that men are accessing Talking Therapies in London to a far lesser extent than women. In 2023-24, more than double the number of women were referred to NHS Talking Therapies in London than men, as shown in **Figure 5**.[74] Men received just 32 per cent of referrals compared to 68 per cent of women, as **Figure 6** demonstrates.

Figure 5: Numbers of referrals for Talking Therapies in London, for anxiety and depression in London, by gender, 2023-24[75]



[73] NHS, NHS talking therapies for anxiety and depression
[74] NHS Digital, NHS Talking Therapies, for anxiety and depression, Annual reports, 2023-24
[75] NHS Digital, NHS Talking Therapies, for anxiety and depression, Annual reports, 2023-24

Figure 6: Percentage of referrals to NHS Talking Therapies in London, for anxiety and depression, by gender, 2023-24[76]



Mark Rowland, CEO of the Mental Health Foundation, told us that England's Talking Therapies programme is "world leading", but that it has "disproportionately met women's psychological needs".[77] He went on to say:

> "It is not something that I understand is being actively addressed to say, 'We have got a groundbreaking new intervention that is helping. It is the best evidence programme we have on mental health, but it is not reaching men, and the workforce is disproportionally female'. That is a systemic issue that London could tackle and could say, 'We are going to address that issue and we are going to take a real focus in addressing that inequality either by developing male-centred interventions of a different nature or by increasing the workforce that look like the population that need that help'".[78]

We agree that there needs to be concerted action across London to increase access to Talking Therapies amongst men. We believe that the Government needs to address this as part of its upcoming Men's Health Strategy. Given the specific mental health challenges faced by men that were explored in the first chapter, it is vital that the Talking Therapies service is set up to also meet the needs of men.

One problem identified by Mark Rowland, above, and also in other evidence we receieved, is the lack of trained male therapists and counsellors. According to the 2023 NHS workforce census, 82 per cent of NHS psychological professionals are women.[79] Brent Council's submission argued that there are "not enough male therapists."[80] The Centre for Policy Research on Men and Boys highlighted the low proportion of men working in the health and care system as a whole, and argued that "health careers for men in London should be better promoted."[81]

[76] NHS Digital, NHS Talking Therapies, for anxiety and depression, Annual reports, 2023-24
[77] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[78] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[79] UKCP, UKCP 2023 Member Survey Report
[80] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[81] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025

We also heard that there is a shortage of male counsellors amongst certain demographic groups. Brent Council told us that there are few Black male counsellors and physiotherapists.[82] Increasing the diversity of the workforce could encourage more men in London to come forward and seek help. Chris Frederick made this point, telling us that his access to a Black therapist "transformed [his] journey" and that he "finally felt seen".[83] Sam Davies from Men Who talk argued that training mental health professionals "could take a more gendered focus and also a specific focus on different minority groups."[84]

We would like to see an overall increase in the number of male counsellors, and we would like the number of male professionals in this space to reflect London's demographics. The Mayor can play a role in addressing this issue through his control of the Adult Skills Fund (ASF)[85] and through London's 'Health hubs', which are part of the Mayor's Skills Academies Programme and deliver training in the health and social care sector.[86]

The ASF – previously known as the Adult Education Budget – was delegated to the Mayor from central government in 2019, and funds education and training for adults aged 19 and above.[87] Whilst the GLA is legally obliged to use the ASF to fund some specific courses and learners, it also has some flexibility in how this funding is spent. The GLA has the powers to set its own priorities and "decide what learning programmes and which learners it will and will not fund."[88]

The Mayor provides funding to five health hubs operating in different parts of London, which are part of the Mayor's Skills Academies Programme.[89] These hubs provide training in health and care, and place emphasis on linking learners with employers to support people into work.[90] The Mayor has stated that the health hubs have developed "new courses and recruitment campaigns" and "have supported 6,100 Londoners into good work outcomes."[91]

We believe that the Mayor should use the ASF and the Academies Programme to invest in training courses for counsellors and therapists, and that these courses should be promoted to men in particular.

Recommendation 2

As part of its upcoming men's health strategy, the Government should develop an action plan to increase access to, and take up of, Talking Therapies amongst men.

Recommendation 3

The Mayor should use the Adult Skills Fund and the Skills Academies programme to invest in training courses for counsellors and therapists. These courses should be promoted to and targeted at men in particular. The Mayor should also explore promoting this training to demographic groups where there is the greatest need.

---

[82] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[83] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[84]London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[85] Greater London Authority, Adult Skills Fund
[86] Mayor of London, The Mayor's Skills Academies programme
[87] Mayor of London, Adult Skills Fund
[88] Mayor of London, Funding rules of the Adult Education Budget
[89] London Assembly, MQT ref 2025/1663: Mayor's Health and Social Care Skills Academies, 22 May 2025
[90] London Assembly, MQT ref 2025/1663: Mayor's Health and Social Care Skills Academies, 22 May 2025
[91] London Assembly, MQT ref 2025/1663: Mayor's Health and Social Care Skills Academies, 22 May 2025

In response to this report, the Mayor should set out:

1) How many counsellors and therapists have received training over each of the last 5 years through the Adult Skills Fund and Skills Academies programme, and how many of these have been men.

2) How much funding has been provided by the GLA for the training of counsellors and therapists in London through the Adult Skills Fund and Skills Academies programme.

Funding and waiting lists for men's mental health services in London

We recognise that the NHS in London is doing vital work in delivering mental health services and we welcome many recent developments such as the Mental Health Strategy for London, which was published in May 2025. However, it is clear from the evidence we received that NHS mental health services for men in London are underfunded and are not meeting demand.

Dr David Palmer, CEO of Mind in Bexley, told us that it is not a "secret" that "the NHS is struggling to meet the demand for mental health support in London".[92] Dr Billy Boland, Regional Clinical Director for Mental Health at NHS England (London region), highlighted the underfunding of NHS mental health services and argued that this is a particular problem in London:

> "It has always been the case in my career that mental health services have been underfunded; it is just an accepted fact that we have had to adjust to… We have five ICSs [Integrated Care Systems] within the NHS within London and all of those spend approximately £200 per person on mental health care, but the English national average is £250 per person. I believe that mental health services are underfunded in England and particularly underfunded within London."[93]

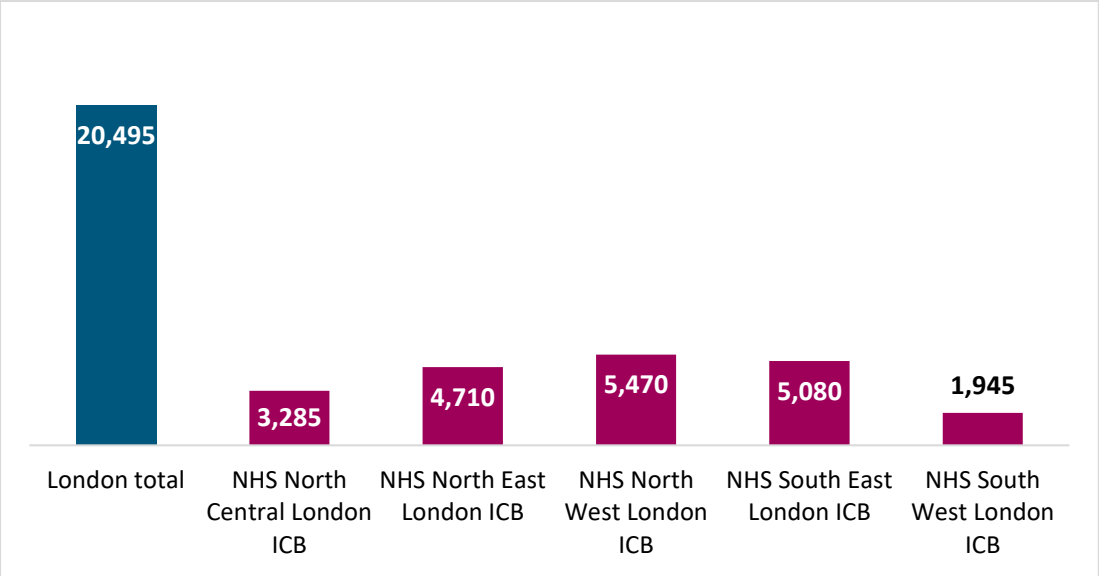
We were concerned to hear that London spends less per person on mental health services than other parts of the country. These figures come from analysis by the Royal College of Psychiatrists, and are based on spend per capita, adjusted for mental health need.[94] NHS England London region subsequently confirmed to the Committee that London meets the Mental Health Investment Standard, which requires all ICBs in England to increase their spending on mental health services by a greater proportion than their overall increase in budget allocation each year.[95]

We also heard that there are long waiting lists for many services. Whilst we recognise that waiting list times are a significant challenge across the NHS, their impact on mental health is particularly acute. Dr Luke Sullivan outlined this to the Committee, telling us that "you cannot have a delay. If you delay, people die, and they do. That is why we have such high rates of suicide."[96] James' Place echoed this, explaining that "for a man who is actively suicidal, a long or even moderate waiting list can be catastrophic."[97]

---

[92] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[93] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[94] Royal College of Psychiatrists, Spending on mental health services per person
[95] Royal College of Psychiatrists, Spending on mental health services per person
[96] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[97] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025

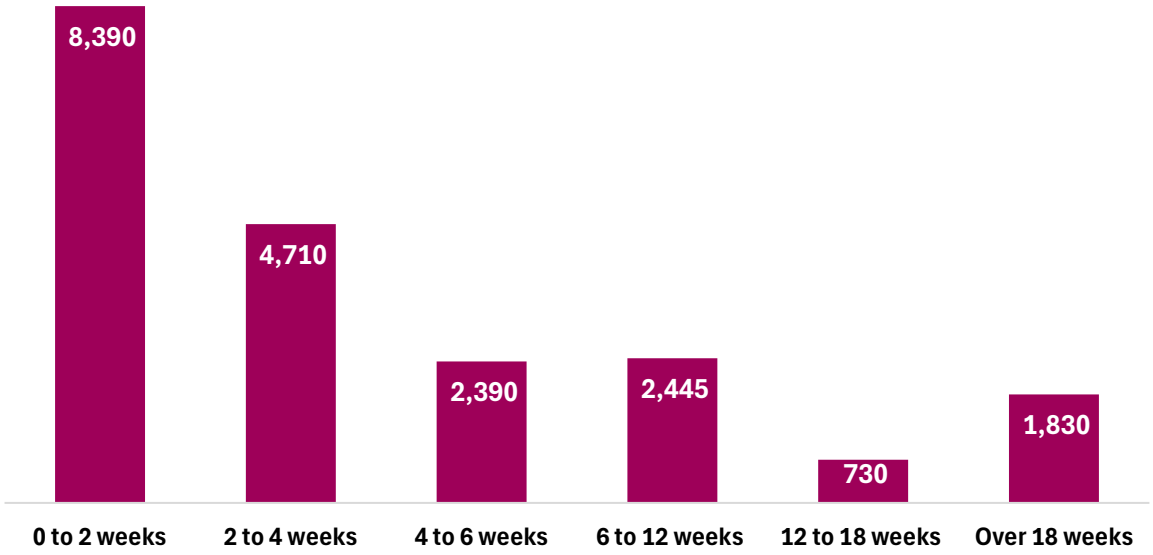
Figure 7: Number of NHS Talking Therapies referrals yet to have a first treatment at the end of April 2025[98]



As **Figure 7** shows, as of April 2025, there were over 20,000 Londoners on waiting lists for NHS Talking Therapies.[99] **Figure 8** breaks this down by duration of waiting time. Whilst many Londoners have been on waiting lists for a relatively short period of time, some have been waiting for much longer, including 1,830 people who have been waiting more than 18 weeks.[100] For men experiencing serious mental health problems, these waits are unacceptably long.

[98] NHS England, NHS Talking Therapies Monthly Statistics Including Employment Advisors, Performance April 2025, data retrieved from the NHS Talking Therapies Monthly Activity Data file – April 2025
[99] NHS England, NHS Talking Therapies Monthly Statistics Including Employment Advisors, Performance April 2025, data retrieved from the NHS Talking Therapies Monthly Activity Data file – April 2025
[100] NHS England, NHS Talking Therapies Monthly Statistics Including Employment Advisors, Performance April 2025, data retrieved from the NHS Talking Therapies Monthly Activity Data file – April 2025

Figure 8: Number of NHS Talking Therapies referrals yet to have a first treatment in London at the end of April 2025, by wait duration[101]



Talking Therapies is just one NHS mental health service which is experiencing waiting lists. Dr Billy Boland told us that despite NHS investment into community mental health services since 2019, and despite increased numbers of men seen in these services since that time, there are still "unacceptable waits for men receiving treatment."[102] We are very concerned about the impact these waiting lists are having on men in London in need of support.

Recommendation 4

It is not acceptable that the average spend on mental health services in London per person is lower than the average for England. The Government should provide sufficient funding to address waiting list times for vital mental health services for men in London. The Mayor should lobby the Government to ensure that the Government provides this.

The role of voluntary and community organisations in supporting men's mental health in London

Whilst NHS services are clearly essential for treating men's mental health in London, we also heard about the crucial role of the voluntary sector and community groups in complementing NHS services and providing additional forms of support. NHS services such as Talking Therapies are not suitable for everyone, and the types of services provided by the voluntary sector – which are often more informal and non-clinical – are more appropriate for men in certain circumstances.

[101] NHS England, NHS Talking Therapies Monthly Statistics Including Employment Advisors, Performance April 2025, data retrieved from the NHS Talking Therapies Monthly Activity Data file – April 2025
[102] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2

Dr Susanna Bennett told us that "some men reject or are suspicious of medical interventions", and therefore "more support is required for interventions led by significant others, community organisations, and peer-support groups to help men in suicidal crisis."[103] Chris Frederick, lived experience advisor and Founder of Project Soul Stride explained that his "recovery was not sparked by diagnosis or medication" but by "connection", highlighting the role of peer-led, non-clinical spaces and grassroots charity services.[104] The Centre for Policy Research on Men and Boys noted that community-based support groups have had "huge success" by "creating informal safe spaces for men to talk", which act as "mental health by stealth".[105]

We repeatedly heard about the importance of services and activities which speak to men 'in their own language', and the voluntary sector is often better equipped to do this than traditional health services. Amy O'Connor from Movember emphasised the importance of programmes which speak "to men in the language that they respond to."[106] She also stressed the importance of "investing in programmes that are built with men in mind", which again are mostly delivered by voluntary or community organisations.[107] James' Place echoed this, arguing that "men need men-only services… We know that a male only service removes some of the barriers that exist for men seeking help."[108]

We heard about a wide range of programmes run by voluntary and community groups across London. While this report does not seek to set out details of every such service in London, below are a few of the services we heard about, which illustrate the diverse range of available support:

- **ANDYSMANCLUB** delivers free, in-person support groups across the country, including six in different parts of London. Lucas Whitehead from ANDYSMANCLUB emphasised that these groups are "entirely non-clinical" but aim to be "a simple, effective service that just allows men to open up."[109] He explained that "the people who run our groups started off as group users in need of support and then eventually became leaders of the group."[110]
- **Men Who Talk** offers free-to-access online spaces which provide men and those who support them with an opportunity to talk, socialise and receive support from other men, supported by facilitators.[111] We heard that a virtual setting may be more appropriate for some men. Sam Davies told us that "there is an element of stigma still unfortunately with attending in-person groups and a level of fear, maybe, around being in-person."[112]
- We heard from Londoners at our informal roundtable about the importance of **'crisis cafés'**. These are community-based services which support people in mental health crises, aiming to provide an informal, non-clinical and accessible setting.[113] Dr David Palmer later told us that "in London there is an abundance of crisis cafés and crisis hubs that are run by the voluntary sector", which have "proved to be very successful" and are

[103] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[104] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[105] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[106] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[107] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[108] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[109] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[110] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[111] Men Who Talk, About us
[112] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[113] Staples et al, A qualitative investigation of crisis cafés in England: their role, implementation, and accessibility, 31 October 2024

"stopping people from accessing Accident & Emergency and expensive secondary care."[114]

- Bexley's **Barbershop Project** encourages men to talk about mental health with their barber. Simon Dolby from Mind in Bexley and East Kent, which runs the project, explained that "we know statistically that men are more likely to talk to their barber than their GP about mental health."[115]
- **Men's Sheds** are spaces where men work on shared interests such as woodwork, metalwork and gardening, including several in London. UK Men's Sheds Association told us that Men's Sheds lead to "health by stealth", and are "a proven, grassroots approach to addressing male social isolation, depression, and mental health challenges through meaningful activity, peer support, and community connection."[116]
- **James' Place** offers therapy to men in suicidal crisis, and has supported 1,091 men in London since starting operating in the capital in 2021. These services are delivered by professional therapists. Men can refer themselves to the service or be referred by a professional or friend or family member.[117]

We commend the many providers running these voluntary and community services in London. They are essential to supporting men with their mental health in the capital, and are services that London can be proud of. It is worth noting, however, the Government's National Insurance (NI) has further stretched the resources of many larger-scale charities. When asked about this at the meeting, Jacqui Morrissey from the Samaritans told us that the NI rise had "directly increased our costs significantly."[118]

On the other hand, the NI increase will raise funds for significant investment in an over-stretched NHS. NHS funding will increase by £29bn per year in real terms by the end of the current parliament.[119] This will have large primary and secondary benefits for mental health care.

"I have improved my mental well-being in the last few weeks, just because I have been put in touch with Mind. I am meeting peers and sometimes the first port of call might well be somebody who has had their own experiences of mental health issues… We are very, very good, people with mental health issues [at] understanding each other and patting each other on the back and saying, 'These are my experiences'. If you have got somebody on the other side of the counter, like a doctor, a GP or whatever, who has not had firsthand experience, the idea of an authority figure looking down on you, that is sometimes how it can come across."[120]

Ian
Londoner with lived experience

We also heard about the voluntary sector's role in delivering 'culturally competent' services which are targeted at specific communities. For example, Movember's 'Chai In The City' programme enables South Asian men to come together and discuss issues around their own mental health, including in London.[121] Discussing this programme, Amy O'Connor highlighted

[114] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[115] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[116] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[117] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[118] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[119] HM Treasury, Spending Review 2025, 30 June 2025
[120] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[121] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025

the "need for culturally sensitive programmes and understanding that stigma is different in different communities".[122] Lucas Whitehead also gave an example of how, in Bradford, ANDYSMANSCLUB worked with Muslim and Hindu leaders to encourage people from those communities to be involved in local groups.[123]

Lucas Whitehead told us that voluntary sector and NHS services can complement each other by running "side by side" but in front of "slightly different audiences."[124] Dr Billy Boland made a similar point, arguing that "it is really important that [the NHS works] in partnership with the VCSE [Voluntary, Community, and Social Enterprise] sector and others within our community in order to try to tackle some of that stigma, but we cannot do it on our own."[125]

Whilst it is important that the voluntary sector and the NHS work in partnership in order to deliver mental health support, there is a risk that voluntary sector services are in fact compensating for inadequate provision through the NHS. Jacqui Morrissey, highlighting the "massive issue with waiting lists" on the NHS, argued that "the voluntary sector is already complementing, if not propping up perhaps, the NHS in this space".[126]

Dr David Palmer told us that "very small community grassroots organisations basically keep the NHS afloat in terms of the brilliant work that they are doing with localised communities".[127] Simon Dolby added that "the voluntary sector is just too often ignored" and is often treated as an "afterthought".[128]

It is clear from the diverse range of examples discussed above how critical the voluntary sector is in supporting men in London with their mental health, although it is essential that it is there to complement rather than prop up traditional health services.

Challenges faced by men in accessing mental health services in London

A lack of services and men 'not knowing where to go'

Whilst we heard that men are often unwilling to open up about their mental health, we also heard that many men do want to seek help, but either don't know where to go or find that services are inadequate. Black Thrive Lambeth told us that "while physical illness prompts a clear route to the GP, mental distress lacks that clarity—many men simply don't know where to go."[129] Sam Davies from Men Who Talk stated that "a huge proportion of men are coming and saying to us, 'We do not know how to access these services in the first place. We do not know how to find them.'"[130]

Despite all of the available forms of support discussed in this chapter, we repeatedly heard that the service provision in London is not sufficient to meet men's mental health needs. This was emphasised by all of the Londoners we spoke to with lived experience. We have already highlighted the waiting lists for services such as Talking Therapies and the commentary from

[122] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[123] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[124] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[125] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[126] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[127] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[128] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[129] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[130] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2

NHS staff about the underfunding of mental health services. James' Place said that "appropriate services for suicidal men often aren't available"[131], while Dr Luke Sullivan noted that "when people open that door and look for something, there is nothing".[132]

This is particularly problematic given the barriers that men face in seeking help in the first place. Amy O'Connor noted that "there has been a lot of conversation about asking men to seek help, but we are not always putting the services in place that then respond to them when they do."[133] Sam Davies said that often when men do reach out for support "they get bumped onto a waiting list and their problem is not something that can be sat on a waiting list for three months."[134] Brent Council told us that men are "open to speaking to someone but long waiting times, lengthy referral processes get in the way particularly when their lives are already turbulent."[135]

"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."[136]

James' Place
Submission to call for evidence

Inconsistency of provision across London

A theme that came up repeatedly in our meeting with people with lived experience was the inconsistency of men's mental health provision across London. Ian described this as a "postcode lottery" where "health authorities cannot offer the same services."[137] Highlighting his own experiences in Richmond and Kingston, he emphasised that "across London, there is no consistency at all in what is available."[138]

A related point is the lack of joined-up care for men's mental health across the health system. Ian told us that "there just does not seem to be any overview, joining up of the dots, all the services working together rather than separately."[139] Several guests at our meetings highlighted a national study showing that 91 per cent of middle aged men who took their own lives in 2017 had been in contact with at least one frontline service or agency.[140]Jacqui Morrissey noted that men with the highest risks are already "in contact with services in some way" but that "what we are not then doing is ensuring that risk is picked up and then men are supported to get the support that they need."[141] Mark Rowland explained that "we still do not have a holistic approach to how people come into services."[142]

We questioned representatives of the NHS in London about this, and Karen Bonner MBE, Regional Chief Nurse for NHS England (London region), acknowledged that "there is variation

[131] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[132] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[133] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[134] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[135] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[136] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[137] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[138] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[139] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[140] University of Manchester, Suicide by middle-aged men
[141] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[142] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2

and we have really got to reduce that."[143] She told us that one of the aims of the NHS' new mental health strategy for London is to "provide equitable and timely access and support to intervention across London and making that much more transparent and joined up."[144] Dr Billy Boland provided further detail on this:

> "We are going to try to reduce the variation and invest further and we want to see greater standardisation in how we are providing mental health services across the capital. We are doing things like looking at a core offer for our community mental health services so you are more likely to get the same type of service if you live in east London versus west London, for example."[145]

We welcome this commitment and it is vital that it results in meaningful change in how services are delivered across London.

GP referral route

Lived experience guests were particularly critical of the GP referral route for mental health services, despite the fact that the GP is often the 'gateway' for accessing more specialist treatment. Chris argued that "the GP is a really bad gateway. It is a really bad gateway for mental health."[146] Ian added that "in a lot of cases, [GPs] are there to fight fires, they do not have time to look at things holistically."[147]

Some of the Londoners we spoke to told us that, based on their experiences, GPs did not appear to be sufficiently trained to understand their mental health problems. Chris argued that "the mental health training [for GPs] is completely inadequate."[148] Dr Tom Coffey, the Mayor's Health Advisor and GP, told us that "every single GP presently trained is trained in mental health" and outlined how the training and assessment works.[149] Whilst we don't doubt that GPs receive some training in mental health, we are concerned about the testimonies we heard from Londoners, who mostly had negative experiences of trying to get support through the GP route.

Prioritising prevention

The evidence we received suggests that there is not enough focus on prevention within mental health services in London. There was a consensus amongst our lived experience guests that mental health services provide treatment primarily in times of crisis, and don't offer effective support at an earlier stage. UK Men's Sheds Association told us that "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."[150] Mark Rowland told us that "the whole system is pivoted towards urgent and emergency rather than upstream and prevention".[151]

---

[143] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[144] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[145] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[146] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[147] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[148] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[149] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[150] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[151] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2

This is particularly problematic given that 70 per cent of those in psychiatric intensive units are men.[152] Dr Billy Boland explained that men are "overrepresented" in services that treat severe mental illness, suggesting that they are not accessing services at an earlier stage and "only get treatment if they are in a crisis."[153] He said that he "would like to see more men accessing services earlier and having treatment for common mental disorders when things are milder rather than illness progressing."[154]

The first commitment within London's Mental Health Strategy is to "work to strengthen implementation of primary and secondary prevention with the aim to stop mental health problems before they emerge."[155] We welcome this commitment, although the evidence we received suggests that this aim is currently a long way from being met in London. We would like to see a shift in emphasis in how health services support men with mental health, prioritising prevention and early intervention so that fewer men require treatment once they reach a crisis situation.

"One of the main challenges that men face with their mental health is that as a health system we are still switched on so heavily to crisis intervention, to only ever seeing people when they reach crisis and to only being at that level. Despite our best efforts as teams to try to tackle that, when the whole health service only sees an open door at the last point of care, at the crisis point, we are perpetuating that stigma."[156]

Sam Davies, Founder
Men Who Talk

Emergency support

While we would like to see greater emphasis placed on prevention rather than treating men in crisis situations, we recognise that men will experience mental health crises which require immediate support. Some of the Londoners we spoke to reported negative experiences of attending Accident and Emergency (A&E) settings in a crisis. At our roundtable meeting, we heard of instances of people in a serious mental health crisis being left unattended in A&E for significant periods of time or being sent home. Ian gave an example of attending a local walk-in centre on a Saturday, where he was sent home due to a lack of appointments and told that his GP would contact him on the Monday, which he said was completely inappropriate given the situation he was in.[157]

We heard that Londoners often end up in A&E because they have nowhere else to go. Dr Billy Boland explained that sometimes A&E is the right place for someone to go, particularly if someone is in need of some physical as well as mental treatment. But he also noted that often A&E is "not the place that you want to be if you are in a mental health crisis" and that we "absolutely need alternatives to A&E to support people".[158] We note that the new NHS 10 Year Health Plan commits to providing "£120m funding for 85 dedicated mental health emergency

[152] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[153] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[154] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[155] NHS England, London's Mental Health Strategy: a ten-year strategy for mental health services in London, May 2025
[156] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[157] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[158] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2

departments".[159] We welcome this announcement in principle, and await further details on the number and location of these units in London.

Recommendation 5

The Mayor should actively work with the Government to roll out the dedicated mental health emergency departments in London, as set out in the NHS 10 Year Health Plan, and update this Committee on progress by the end of 2026. This should include details of the number and location of these departments.

[159] UK Government, Fit for the Future: 10 Year Health Plan for England

The Mayor of London's interventions

The role of the Mayor

The Mayor of London has no formal powers over the delivery of mental health services in London. However, as his Health Advisor Dr Tom Coffey told us, he is able to "spotlight, convene and advocate" in relation to health services.[160] Simon Dolby, Fundraising and Development Lead for Mind in Bexley and East Kent, emphasised the importance of the Mayor "acting as a champion, a visible champion of this as a topic, and of the sector in general", while Dr David Palmer said the Mayor could act as a "figurehead" and "help normalise conversations about mental health".[161]

We welcome how the Mayor has previously spoken about his own mental health challenges, and we encourage him to continue to champion and raise awareness of men's mental health in the capital.

The Mayor and Thrive LDN

Following a commitment to create a "citywide mental health partnership", the Mayor launched Thrive LDN in 2017 alongside health and care partners in the capital.[162] Since its launch, the Mayor has invested £4.4 million in mental health activities delivered by Thrive LDN.[163] Some examples of the Mayor and Thrive LDN's work on mental health in London include the following:

- The Mayor launched the **#ZeroSuicideLDN campaign** in 2019, which encourages Londoners to access the Zero Suicide Alliance's free, online suicide prevention training. This training, which takes 20 minutes to complete, is designed to show how to have a direct and honest conversation about suicide and mental health with friends and family. The training also helps to break the stigma of talking about mental health, suicidal thoughts and bereavement.[164] Thrive LDN states that over 450,000 Londoners have taken its suicide awareness training.[165] We are supportive of this training and would like to see it promoted further to ensure that even more Londoners are able to benefit from it.

- The Mayor has provided funding for the **Right to Thrive initiatives**, delivered by Thrive LDN. Between 2018 and 2024, Thrive LDN invested more than £500,000 in grassroots and community-led organisations engaging directly with Londoners at disproportionate risk of poor mental health and wellbeing.[166] Dan Barrett, the Director of Thrive LDN, told us that this had supported a community rugby club designed for

[160] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[161] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1
[162] Thrive LDN, Thrive LDN & the Mayor of London: eight years of public mental health achievements, March 2024

[163] Thrive LDN, Thrive LDN & the Mayor of London: eight years of public mental health achievements, March 2024
[164] Thrive LDN, More than 400,000 Londoners play their part in the #ZeroSuicideLDN campaign,
[165] Thrive LDN, #ZeroSuicideLDN campaign
[166] Thrive LDN, Right to Thrive

Black men in west London and funding for the Bangladeshi Mental Health Forum.[167] In a subsequent letter to the Committee, Dan Barrett clarified that the latter programme was not exclusively for men.[168] This letter also highlighted the "S.M.I.L.E-ing Boys Project", "a creative arts project, using photography, poetry, film and podcasts to address the mental health needs of black boys and challenge the negative portrayal of this demographic in the media."[169]

- Thrive LDN's website includes the **Help Yourself and Others** digital platform, which provides resources to help people with their mental health and has information about how to get support.[170] This resource was a commitment from the Mayor's 2021 manifesto.[171]

- Thrive LDN convenes London's **Suicide Prevention Group**, which is made up of 50 statutory, private and VCSE sector organisations including London ICBs, NHS Trusts, police forces, universities, and mental health charities, as well as people with lived experience of suicide.[172] It also maintains **London's Real Time Surveillance System** for suspected suicide, attempted suicide and self-harm.[173] Dan Barrett explained that Thrive LDN is "mindful… of the disproportionate risk to men" when running these initiatives.[174]

Whilst we welcome these programmes, we were disappointed that Dan Barrett and Dr Tom Coffey could only give limited examples of programmes funded by the Mayor which are specifically targeted at men. Given the evidence we heard throughout our investigation about the specific mental health challenges experienced by men in London, and the importance of having services which are tailored towards the needs of men, we believe that future programmes funded by the Mayor should include a more explicit focus on men.

UK Men's Sheds Association argued there should be "a dedicated men's mental health strand within the Mayor's Thrive LDN initiative".[175] Dan Barrett told us that Thrive LDN establishes "the criteria and the specifications for inviting quotes from community partners for projects" and that "what we can do is absolutely make it clearer that we are welcoming projects that particularly support men".[176] We would like to see this sentiment reflected in future initiatives funded by the Mayor and delivered by Thrive LDN.

Recommendation 6

The Mayor and Thrive LDN should introduce a new programme along similar lines to the Right to Thrive programme, which funds projects delivered by grassroots and community-led organisations, including initiatives targeted specifically at men's mental health.

---

[167] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[168] London Assembly Health Committee, Agenda reports pack – 10 September 2025
[169] London Assembly Health Committee, Agenda reports pack – 10 September 2025
[170] Thrive LDN, Help Yourself and Others space
[171] Thrive LDN, Thrive LDN & the Mayor of London: eight years of public mental health achievements, March 2024
[172] Thrive LDN, Suicide Prevention
[173] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[174] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[175] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[176] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2

Public health messaging on TfL's estate

In our committee meetings, we discussed the possibility of using the TfL estate to promote public health messaging about men's mental health. Our guests were broadly supportive of this idea. Lucas Whitehead argued that "seeing a Mayor's directive for mental health or different services on the advertising boards" on the tube network could lead to a "meaningful change."[177] Our guests with lived experience also expressed support for this idea, although one did note that "lots of people who are in mental health crisis are not going to be travelling on public transport."[178]

The Committee has already written to the Mayor and TfL in 2025 about using the TfL network for public health messaging and we have previously made recommendations about using the estate to promote other public health issues. The Mayor's most recent response stated that "advertising space across TfL is managed by its media partners" and that "there are no provisions in TfL's advertising agreements that allow City Hall to direct the use of advertising space".[179] However, he acknowledged that City Hall has "a very limited allocation of space on the TfL network" which is used to "share information on Londoners' priorities and to signpost to services and initiatives".[180]

At present, 'Mayor of London' branded posters are used across the TfL network to promote the Mayor's ULEZ expansion, for example. It is an active choice on the Mayor's part to use advertising on this subject over other topics. We see no reason why this shouldn't include information related to mental health. The Mayor and TfL should also approach this more innovatively – working with brands and charities who are already advertising on the transport network, for example.

Separately to the advertising network, the Mayor and TfL should also explore whether additional signage and support for mental health crisis services could be installed on tube platforms or around stations, for example. At present, signage for support from the Samaritans has been installed at many train stations, and this could be mirrored at tube stations. The Mayor and TfL should actively partner with the Samaritans if this is something the charity has the resources to facilitate.

One possible form of information that could be promoted through the TfL estate is the mental health crisis line, which is accessible through the NHS 111 service. In our meeting with NHS representatives and Dr Tom Coffey, guests noted that if someone calls 111 and presses 2, they will be taken through to a mental health crisis line.[181] However, many Londoners are not aware of this service. Dr Billy Boland said:

> "If you think about how commonly 999 is known about, everybody knows to call 999 in an emergency. Until we got to the point in society where it is just common knowledge that you call 111 and you press two if you are in a mental health crisis, we have not done our job. Again, we need to work with partners in order to raise awareness about that."[182]

---

[177] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 2
[178] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 1
[179] London Assembly Health Committee, Agenda reports pack – 10 September 2025
[180] London Assembly Health Committee, Agenda reports pack – 10 September 2025
[181] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[182] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2

Given the evidence we heard from Londoners about not knowing where to go in a mental health crisis, we believe it is vital that more is done to promote this service. At our meeting, Dr Tom Coffey said that he would talk to NHS partners about using the TfL network to advertise the mental health crisis line. He stated that the Mayor "meets the Regional Director on a regular basis and I will promise to put it on the agenda for our next meeting."[183] We welcome this commitment, and we urge the Mayor to leverage his influence to promote vital messaging for mental health crisis services on the TfL estate.

Recommendation 7

The Mayor and Transport for London should work with the NHS in London to advertise NHS 111 crisis services for mental health on TfL transport services and buildings, to increase awareness among Londoners about this critical service.

Mental health training in schools

As discussed in the first chapter of this report, the lack of 'health literacy' amongst men can be a barrier to them understanding their mental health and knowing when to seek support. Further education and awareness raising in relation to men's mental health is therefore vital. We believe that further emphasis should be placed on mental health training in schools so that boys can learn about mental health before they reach adulthood.

Dr Tom Coffey argued that the Mayor's existing mental health work in schools "lays the building blocks to promote good mental health and childhood resilience."[184]The Mayor's previous programmes in school settings which relate to mental health have included the Healthy Schools London programme, which supports and recognises schools' achievements in promoting the wellbeing and mental health of children and young people. The Mayor and Thrive LDN's Youth Mental Health First Programme has trained more than 4,000 staff in mental health first aid in schools and youth settings.[185] Thrive LDN states that this has had "a significant impact on staff's ability to develop their own and others expertise in supporting young Londoners with mental health issues, as well as improving student mental health literacy in education settings and self-efficacy in maintaining good mental health."[186]

In September 2025, the Mayor announced £810,000 of investment to support the mental health of young people in 16 schools across nine London boroughs.[187] Working in partnership with the charity Anna Freud, the new funding will enable schools to support students' mental health and wellbeing. We are supportive of this programme in principle, and will monitor its impact in the future. We also note that it will cover a relatively small number of schools, and there is a need for greater coverage across London's schools. We would therefore like to see further investment into mental health education in schools by central government.

[183] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[184] London Assembly Health Committee, Men's mental health in London - 2 July 2025 - Panel 2
[185] Thrive LDN, Thrive LDN & The Mayor of London: Eight Years Of Public Mental Health Achievements
[186] Thrive LDN, Thrive LDN & The Mayor of London: Eight Years Of Public Mental Health Achievements
[187] Mayor of London, Pioneering London leads the way as Mayor invests new £810,000 to boost mental health support in schools, 15 September 2025

Recommendation 8

The Government should deliver more mental health education in schools in London and across the UK to ensure young people develop an understanding of mental health and know where to go for support. MOPAC should also integrate a mental health aspect into the work it is doing across schools in London.

Men's health strategy for London

Several submissions to our call for evidence argued that there needs to be a men's health strategy for London. James' Place told us:

> "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."[188]

Movember expressed support for "a fully funded local men's health strategy that addresses the root cause of issues via an understanding of the role of gender norms."[189] The Centre for Policy Research on Men and Boys called for "a London-wide Men's Health Strategy with core targets on accessibility, prevention and conditions", which should "sit under the two main overarching health strategies in London and be overseen by the London Health Board".[190]

UK Men's Sheds Association argued that men's mental health should be embedded in the existing London Mental Health Strategy and that the Mayor should "convene a Men's Mental Health Taskforce, with community groups at its heart, to coordinate action across London."[191]

"We have heard so many examples today of the different challenges that are facing men and a real range of solutions, whether that be alternative content to Andrew Tate, barbershops, Men's Sheds, clinical training for professionals, frontline workers. What we would love to see the Mayor do is take a leadership position on a men's health strategy for London and bring this work together… Now is the perfect opportunity because we have the national men's health strategy coming."[192]

Amy O'Connor
Global Lead, Policy and Advocacy, Movember

The Government is due to publish its men's health strategy later this year, and the NHS recently published London's mental health strategy. We are therefore wary of duplicating existing activity. However, it is clear from the evidence we received that there is appetite for a men's health strategy at London level from key partners. We believe that once the Government's strategy has been published, the Mayor should work with key partners to tailor this towards the needs of Londoners.

[188] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[189] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[190] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[191] London Assembly Health Committee, Men's mental health - Call for evidence responses, June 2025
[192] London Assembly Health Committee, Men's mental health in London - 2 June 2025 - Panel 1

Recommendation 9

Once the Government has published its men's health strategy, the Mayor should convene key partners in London's health and care system – including voluntary and community groups – to agree and publish an action plan for implementing the plan in London, and tailoring it towards London's distinct needs. The Mayor should commit to providing the funding required in order to implement the action plan.

The GLA as an employer

The Mayor and the GLA can play an important role in supporting men's mental health in London by addressing the mental health needs of the organisation's male employees. We are aware that the GLA has various internal initiatives designed to support colleagues with their mental health. It is essential that some of these initiatives are specifically targeted at male employees, given the evidence we heard about the importance of tailoring mental services towards the needs of men.

Recommendation 10

In response to this report, the GLA's Chief Officer should review the GLA's initiatives around mental health to understand how they support male employees. Where any gaps are identified, the GLA should introduce new initiatives to support the mental health of its male employees.

Committee Activity

Committee meetings

The committee held its first meeting on men's mental health in London on 2 June 2025 with the following guests:

- **Jacqui Morrissey,** Assistant Head of Policy, Practice and Influencing, Samaritans
- **Amy O'Connor**, Global Lead, Policy and Advocacy, Movember
- **Dr David Palmer**, CEO, Mind in Bexley
- **Simon Dolby**, Fundraising and Development Lead, Mind in Bexley and East Kent
- **Sam Davies**, Founder, Men Who Talk
- **Dr Luke Sullivan**, Clinical Psychologist and Director, Men's Minds Matter
- **Mark Rowland**, Chief Executive Officer, Mental Health Foundation
- **Lucas Whitehead**, Head of Marketing and Partnerships, ANDYSMANCLUB

The committee held its second meeting on men's mental health in London on 2 July 2025 with the following guests:

- **Dr Tom Coffey OBE**, Mayoral Health Advisor
- **Dan Barrett**, Director, Thrive LDN & Good Thinking, and Co-Director, PHI-UK Population Mental Health Consortium
- **Karen Bonner MBE**, Regional Chief Nurse, NHS England (London region)
- **Dr Billy Boland**, Regional Clinical Director for Mental Health, NHS England (London region)
- **Ian,** lived experience guest
- **Chris,** lived experience guest
- **Sean,** lived experience guest

Call for evidence

The committee published a call for evidence in June 2025, and received 11 responses from the following organisations/individuals:

- Association of Directors of Public Health London (ADPHL)
- Age UK
- Black Thrive Lambeth
- Centre for Policy Research on Men and Boys
- Chris White
- Dr Susanna Bennett
- James' Place
- Mental Health Innovations
- Chris Frederick, Project Soul Stride
- Movember
- UK Men's Sheds Association (UKMSA)

Other formats and languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

如您需要这份文件的简介的翻译本，
请电话联系我们或按上面所提供的邮寄地址或
Email 与我们联系。

Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান, তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں
درکار ہو تو، براہ کرم نمبر پر فون کریں
یا مذکورہ بالا ڈاک کے پتے یا ای میل
پتے پر ہم سے رابطہ کریں۔

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini okumak isterseniz, lütfen yukarıdaki telefon numarasını arayın, veya posta ya da e-posta adresi aracılığıyla bizimle temasa geçin.

Arabic

إذا كنت تريد الحصول على ملخص لهذا المستند بلغتك،
فيرجى الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي العادي أو عنوان البريد
الإلكتروني أعلاه.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો અથવા ઉપર આપેલ ટપાલ અથવા ઈ-મેઈલ સરનામા પર અમારો સંપર્ક કરો.

Connect with us

The London Assembly

City Hall
Kamal Chunchie Way
London E16 1ZE

Website: https://www.london.gov.uk/who-we-are/what-london-assembly-does
Phone: 020 7983 4000

Follow us on social media

LONDONASSEMBLY