



# Women and Equalities Committee

House of Commons London SW1A 0AA

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From the Chair

Nadine Dorries MP

Parliamentary Under Secretary of State for Mental Health, Suicide Prevention and Patient Safety

Department for Health and Social Care

39 Victoria Street

London

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Cc: Victoria Atkins MP and the Rt Hon Nick Gibb MP

30 October 2019

Dear Nadine,

Given the current political situation and the likelihood that the Women and Equalities Committee will be unable to publish a full report of our inquiry into the Mental Health of Men and Boys in this Parliament, I wanted to highlight some of the key concerns and ideas for improvement that have arisen during this inquiry.

Throughout this inquiry, we have heard important and often moving evidence from those involved in researching and improving the mental health and well-being of men and boys, as well as those who have had personal experiences of mental ill health. We have heard deeply concerning evidence about the key causes of poor mental health in men and boys and the impact it can have on their lives. Below we have suggested five important areas for further work.

**1) The Government needs to improve its current understanding of the specific causes and impact of poor mental health for men and boys, by commissioning appropriate pieces of research.**

Whilst it seems that the Government has taken a step in the right direction by creating over-arching mental health strategy, it is clear that not enough research has been undertaken, by the Government, to help understand the causes and impact of mental ill health on specific groups of people, including men and boys. Our inquiry heard that there is a need for more “targeted and focused research” in order to improve the Government’s understanding of men and boys’ mental health issues in the following areas:

- The main causes of mental health issues in men and boys, with a particular focus on different groups of men and boys, including ethnic minorities, those from poor socio-economic backgrounds, and those in the GBT+ community.
- The type of mental health support that is best suited to help men and boys experiencing mental health issues.



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- How boys at a young age display signs of childhood abuse or trauma and the impact this has on their mental health. Furthermore, how this can be better identified in schools.
- The number of men and boys who do not identify themselves as having a mental health issue and the number who under-report mental health issues.

It is clear from the evidence that we received that more data needs to be collected through this research, in order to truly understand the extent of mental health issues amongst men and boys. For example, we heard that many men do not identify themselves as having a mental health issue, and some of those that do identify mental ill health within themselves do not seek help. This suggests that some of the data being collected by national NHS surveys is not truly displaying the extent to which mental ill health is affecting men and boys. The Government could consider conducting this research and collecting this data by launching a Men's Mental Health Taskforce, similar to the Taskforce established for Women's Mental Health in 2018. The Taskforce could explore the core themes in men's mental health, looking in more detail at what would encourage more men and boys to access support, speaking to men and boys with lived experience of mental health issues.

## **2) More work needs to be done to tackle harmful gender stereotypes, both in educational settings and in the media, which prevent many men from seeking help for their mental health.**

Throughout this inquiry, we repeatedly heard how some stereotypes and beliefs about masculinity can contribute to poor mental health for men and boys and often act as a barrier to them seeking help for mental health issues. We were told that the concept of masculinity is "defined as putting food on the table; it has been defined as this strange conflation of stoicism and strength, meaning the strong, silent type". Witnesses explained that masculinity often means, "there is no room for vulnerability or weakness" and this is reinforced by common phrases such as "man up" and "be a real man".

We were told that as a result of these stereotypes, many men and boys experiencing mental health issues do not engage with mental health services because doing so can often be associated with being weak and vulnerable. Witnesses explained that, as a result, men and boys were more likely to engage in risk taking behaviours, turning to alcohol and substance abuse which can sometimes be a factor in their involvement with the criminal justice system and also contribute to the increasing rate of suicide among men and boys. The Government Equalities Office must work with other departments to challenge harmful stereotypes of masculinity. The GEO should work specifically with the Department for Education on tackling negative male stereotypes in schools, colleges and universities, by requiring Ofsted to review the teaching of gender stereotypes during their inspections, especially in primary education. The GEO and DFE should work together to try and establish best practice for teaching about harmful stereotypes in schools, especially in relation to harmful



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masculine stereotypes. They should create a time-tabled action plan, which would outline how they would establish best practice, including through teacher training and outline when they hope to roll out this practice to schools, colleges and universities. The DFE should consider adapting the RSE guidance on gender stereotyping to make it compulsory for schools to teach about gender stereotypes. The GEO should also work closely with the Department for Digital, Culture, Media and Sport to address how male stereotypes are being reinforced through the media. Both Departments should commission research, or run pilot projects, to establish what interventions would be most effective to stop these negative masculine stereotypes having such an impact on the poor mental health of men and boys, especially young, impressionable boys.

### **3) The Department of Health and Social Care should give serious consideration to creating and implementing a National Men's Health Strategy, like those launched in Ireland and Australia.**

Whilst we heard that the Department has decided to take a broad, all-inclusive approach to tackling mental ill health, both oral and written evidence has highlighted that different genders have different causes and influencing factors affecting their mental ill health and therefore there is a need for more targeted strategies. Several pieces of oral and written evidence highlighted the importance of the national strategies specifically aimed at improving men's health in Ireland and Australia and pressed for the Government to employ a similar strategy. Mark Brooks OBE, from the Mankind Initiative, told us: "the fact that Australia and Ireland have a men's health strategy is really important and a real marker. Government more widely need to look at having a similar strategy in the UK, or certainly in England and Wales". He explained that by creating a National Men's Health Strategy, Government would be able to address the more specific causes of mental health issues that men face, whilst also aiming to address the higher suicide rates amongst men.

The Government should implement a National Men's Health Strategy. Part of this strategy should focus on the mental health of men and boys and could consider:

- Implementing male-friendly mental health services which offer a wide range of mental health support to men and boys.
- Introducing more targeted male-friendly services, including those specially aimed at certain groups of men and boys, like those from ethnic minority backgrounds.
- Adopt a social determinants approach, which recognises social and economic factors affecting men's mental health. This could also include outlining how support should be offered to those affected by mass redundancies.
- Design an action plan that helps support men and boys between the ages of 18-25, who are transitioning into adulthood and may need a specific type of mental health support.



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- Incorporating other strategies relevant to men, such as the Suicide Prevention Strategy, in order to focus on the links between men's mental health and the number of men taking their own lives.

#### **4) There is a need to create and implement easy to access, male-friendly mental health services, with improved signposting.**

Several witnesses called for the creation of male-friendly mental health services, which were clearly targeted towards men and boys. Professor Sarah Niblock from the UK Council for Psychotherapy told us that, "services are very much more female-coded, as is the language around therapeutic or treatment approached to mental health". This was something that a number of the men who told us about their own experiences agreed with. One witness told us that "[men's] needs and how we need to communicate are different. If we had something that was more marketable to men, that would be very helpful". We were told that these male-friendly services should consider how to provide services tailored for men and boys and how the language used could be more relatable for men and boys. Some witnesses also that a more tailored response was needed for those male individuals experiencing mental health issues, for example, some feel that talking therapies are not for them and would prefer other forms of treatment

There is a need for more male-friendly mental health services, which could encourage more men and boys to access the support that they need. If the Government does not take forward the recommendation of implementing a National Men's Health Strategy, it should seriously consider creating male-friendly mental health services which would provide the necessary, tailored mental health support for men and boys.

#### **5) There is an urgent need for the Government to do more work with targeted groups of men and boys, including those from ethnic minority groups and the GBT community, in order to understand the specific causes of mental health issues. It should also offer more targeted mental health support these groups of men and boys.**

Whilst we think it is important for the Government to consider creating male-friendly mental health services for all men and boys, more urgent, targeted mental health support is needed for certain groups including fathers, those from ethnic minority backgrounds and those from the GBT community.

We received a vast amount of evidence which emphasised that more support is needed for new fathers who do not feel supported and can develop mental health issues. Sarah Niblock, Chief Executive from the UK Council for Psychotherapy, said, "there is lots of research to show that postnatal depression is felt by men, as well as women". She argued that it is important to design services "that recognise that it is not just men who are breadwinners and women who are the caregivers" and these



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services should be “accessible and appealing to all men”. Other witnesses suggested that midwives and health visitors should be trained to support fathers, as well as mothers, especially in the first few months of becoming a new parent to prevent mental health issues that can be caused or exacerbated during that time.

Adam Afghan, a mental health service user, highlighted that minority groups are in need of more targeted support, arguing that as a Muslim man, he struggled to find support that would be able to understand his religious background and help him overcome his mental health issues.

Other witnesses suggested that more targeted support is also needed for gay, bisexual and transgender men and boys experiencing mental health issues, as they are one group most at risk of experiencing poor mental health because of factors “such as discrimination, isolation and homophobia”. According to the LGBT Foundation, in 2012, 22% of gay and bisexual men were experiencing moderate to severe levels of depression and about 51% of GBT boys between the ages of 11-19 have self-harmed compared to one in ten young people in the wider population.

The Department of Health and Social Care should explore ways in which it could offer more targeted and inclusive mental health support groups of men including fathers, ethnic minority groups and the GBT+ community.

I hope that the incoming Ministers responsible will reflect on our findings and ensure that the vital work needed to improve mental health support for men and boys is carried out.

**Rt Hon Maria Miller MP**  
**Chair, Women and Equalities Committee**