

Written evidence submitted by The UK Men's Sheds Association (UKMSA)

1) About us

- 1.1. The UKMSA is a registered charity that supports Sheds, Shedders (the people who attend the Sheds), their supporters and the communities the Sheds serve across the UK to benefit health and wellbeing nationally. There are over 1,130 Men's Sheds across the UK, this equates to c30,000 people attending UK Sheds every week. UKMSA is 10 years old this year with eight staff equating to 5 full-time staff, 35 volunteer Shed Ambassadors plus hundreds of Shed Leaders and Supervisors. There were 30 Men's Sheds in the UK in 2013. UKMSA have the ambition to see the number of Sheds grow to 2,400 over the next eight years.
- 1.2. Men's Sheds are community-based, non-commercial organisations. Sheds are generally autonomous groups and self-determine their direction under common characteristics of Connecting, Creating and Conversing.
- 1.3. Physically Sheds are generally not in Sheds, they occupy community centres, industrial units, Church halls, etc. Some Sheds have been developed in partnership with charities such as RVS, Mind or Age UK, etc, others directly with UKMSA, Men's Sheds Scotland or Local Authorities. Many Men's Sheds have women members.
- 1.4. The UKMSA strive to foster greater engagement and influence with national and local governmental bodies, to increase engagement as an integral component to support services available to men's physical, mental, and emotional well-being.
- 1.5. We can collaborate on policies and initiatives that effectively address the unique needs and challenges faced by men within our society. Creating more inclusive and supportive environments for men's health and social well-being.
- 1.6. A recent survey of 133 Shedders reported that "As a result of their involvement in their Men's Shed".
 - 76% of shedders say their physical health has improved.
 - 79% of shedders say their mental health has improved.

Men's Sheds do NOT generally undertake personal care nor perform the role of carer. However, Shedders do care about each other and depend on each other to share problems and to listen. "We CARE but we are not CARERS".

2. Introduction

- 2.1. This submission primarily addresses these four questions below as per the call for evidence from the Committee.
 - 2.1.1.(5) **High rates of suicide amongst men and how this could be addressed.**
(Para. 3)
 - 2.1.2.(3) **How to improve early detection of cancers specific to men.**
(Para. 4)
 - 2.1.3.(7) **What role do "Men's Sheds" play in reaching men at high risk of isolation or poor mental health.** (Para. 5)
 - 2.1.4.(6) **What factors contribute to men using health services, like general practice, less often than women.** (Para. 6)

- 2.2. This submission demonstrates how men’s health and wellbeing benefits from attending Men’s Sheds. Men’s Sheds are a method where these issues have been addressed successfully – and have already had a major impact on Men’s health and wellbeing.
- 2.3. Academic research spanning Australia, Ireland, and the UK has cemented the reputation of Men’s Sheds *“as settings that are inherently health promoting for men, with Sheds increasingly being seen by health and social policy makers as an exemplar for the promotion of men’s health and well-being.”* [1]
- 2.4. In Australia, the Department of Health and Aged Care assert that *“Men’s sheds improve the health and wellbeing of their members by giving them a safe place to make friends, share meaningful activities, talk, and access health information and resources”* [2]. Men’s Sheds contribution to addressing Mental Health, and Suicide prevention is seen by them as significant. [3]
- 2.5. The report on Social Prescribing in Men’s Sheds from the National Institute for Health and Care Research (NIHR) [4] stated *“Men’s Sheds are one example of a community organisation with involvement in social prescribing and has an overarching aim to tackle loneliness and promote wellbeing. “*
- 2.6 We have not answered questions 1,2,4 & 8 directly, but we believe that a strategic approach to men’s health is necessary given the issues of declining male life expectancy, men’s higher cancer mortality risk, the absence of effective screening and prevention methods for prostate cancer, and the significant disparities in health of men across the nation. Men’s Sheds have a positive impact on members to actively engage with medical services, save lives and improve wellbeing.

The UKMSA believes that the Government should consider the potential advantages of developing a comprehensive men’s health strategy to address the specific challenges to men which can manifest in serious illness and death.

3. (5) What is driving higher rates of suicide amongst men and how could this be addressed?

- 3.1 We are not sure what drives higher rates of suicide amongst men, but we believe this story illustrates how Men’s Sheds encourages men to talk and keeps them talking in a non-invasive/talking therapy manner.
- 3.2 *If you have twelve men in a room, and ask them to talk to each other about their lives, their relationships and their health - six will leave the room almost immediately, and many of the remainder will sit quietly around the walls. . BUT If instead, you just throw a broken lawn mower in the room, and say Hey Guys – Fix that, you will find that within 2 hours you will have achieved your objective, plus they will all know each other’s skills and many of their hopes and as a plus - you may get a fixed lawn mower.*
- 3.3 To underline the story above, The Mental Health Foundation records: *“Some research also suggests that men who can’t speak openly about their emotions may be less able to recognise symptoms of mental health problems in themselves and less likely to reach out for support. However, research suggests men will get the help that meets their preferences and is easy to access, meaningful and engaging. For example, Men’s Sheds provides community spaces for men to connect and chat, often over practical activities.”* [5]
- 3.4 A recent UKMSA survey completed by nearly 200 Shed leaders asked this question: *“Has any Shedder ever expressed to you that being a member of the Shed may have prevented them from killing themselves?”* 25% of Shed Leaders responded with YES, and 14% with MAYBE.

3.5 Professor Louis Appleby - Professor of Psychiatry said, *"I understand the pressure for the UKMSA to report numerical data but for me the greater strength of this work lies in the human stories."* Prof. Sir David Spiegelhalter – The statistician – said very similar.

3.6 We have many stories from Shedders describing their journey, here are two.

3.6.1 *"There was one man who was walking down to the sea to end his life, but someone stopped him and told him about the Men's Shed. He turned back, gave it a try, and he's still here"* Redcar Shed. [\[6\]](#)

3.6.2 Roy: *"I was very depressed and could not see a light at the end of the tunnel. I tried four times to take my life as I had no purpose." "I was at a very low point and found it tough going along to the Men's Shed on my own for the first time, but they are a great bunch of people. "I went first on a Friday, and they welcomed me. I returned on the following Monday, and I haven't left since. It has given me a reason to carry on."* Limavady's Be Safe Be Well Men's Shed [\[7\]](#)

3.7 The UKMSA survey of 200 Sheds this year, reported that 14% of the Sheds surveyed had implemented Suicide prevention or Suicide awareness training in their Sheds.

4 (3)What action is needed to improve early detection of cancers specific to men, for example around awareness of symptoms, issues with screening and encouraging men to come forward?

4.1 The UKMSA undertake a wide range of programmes to improve early detection of cancers specific to men, for example around awareness of symptoms, issues with screening and encouraging men to come forward – This includes newsletter articles [\[8\]](#), videos [\[9\]](#), and podcasts [\[10\]](#). We depend on promoting peer-to-peer / Shedder-to-Shedder information, coupled with subject matter experts, which we find as the most effective in generating action from men.

4.2 The report for the Irish Research Council, regarding The Sheds for Life programme, reported that the environment of the Shed was identified by stakeholders as an important setting to promote cancer awareness and screening messages and the workshop appears to have been effective in enhancing knowledge relating to cancer awareness evident in the reported increases in understanding of; cancer-related early detection signs, cancers most prevalent in men and cancer screening services. [\[11\]](#)

4.3 Whilst these programmes concentrate on prostate and testicular cancer, we have also run programmes on bowel cancer screening, male breast cancer, bereavement, mental health, suicide prevention and many other conditions.

4.4 The Chief Medical Officer from the Department of Health in Northern Ireland Professor Sir Michael McBride, recently visited the North Belfast Men's Shed [\[12\]](#). He said: *"Many men are reluctant to talk about health issues and their mental health or seek professional help so schemes like this are a good place to start the conversation and share their experiences and learn from each other."*

4.5 Some Men's Sheds run screening programmes (weight/BMI, blood pressure tests, healthy eating etc). Some Sheds host visits from specialists on abdominal aortic aneurysm (AAA) screening programme, end of life planning, Cancer research, Prostate Cancer. Some Sheds host visits from NHS mobile Health Check vans. They offer height/weight checks, blood pressure/pulse, oxygen levels, blood tests if requested and advice on any health worries such as long-term coughs, etc. that Shedders may have.

5 (7) What role do “Men’s Sheds” play in reaching men at high risk of isolation or poor mental health, and how can it be ensured that this support is spread equitably across the country?

5.1 Research of 123 Men’s Sheds world-wide by Health Promotion International reported *“Men’s Sheds appear to fulfil an important social function by filling a social gap, particularly in addressing the social isolation of the elderly, addressing the mental health needs of men, and engaging with long-term unemployed men.”* [\[13\]](#)

5.2. According to the Social Finance discussion paper on loneliness [\[14\]](#) - Socially isolated people are more likely to suffer depression, more likely to develop dementia, more likely to be physically inactive, which may result in an increased likelihood of developing diabetes, and an increased likelihood of suffering a stroke or coronary heart disease.

5.3. Surveys by Irish and UK Sheds Associations report that 96%+ of Shedders who have attended Men’s Shed say they are less lonely having joined the Shed, and that they had made new friends having joined the Shed.

5.4 A Glasgow University study reported *“decreased social isolation and loneliness as a result of coming to a Shed, meeting people and socially interacting. In particular, those who were alone through loss of a partner, or had difficulty leaving the house.”* [\[15\]](#)

5.5. This is also reflected in more recent research which suggests that the Sheds are a protective factor against loneliness, with Shed members who fell into the lonely category during Shed closures due to COVID-19 at 29.7%, a stark increase from 1.4% when they had their Shed to attend prior to closures. [\[16\]](#)

5.6. A survey of over 100 UK Shedders by Louise Starks Consulting reported that there was clear evidence how Sheds were contributing to an increased sense of well-being and a decline in people’s experience of loneliness and isolation: 44% of Shedders described themselves as lonely before coming to a Shed and this dropped significantly to just 3% after joining a Shed. This in turn had a positive impact on their overall mental and physical well-being. This change was statistically significant. [\[17\]](#)

5.7. In the report *“Men’s Sheds: A conceptual exploration of the causal pathways for health and well-being”* they showed that Men’s sheds provided a supportive and inclusive environment for men of all backgrounds to attend, including those with physical or mental health issues. It was found that this led to the mixing of shed members culturally and intergenerationally, and the integration of those with physical and learning disabilities and mental health issues. Studies showed that as a result of having an inclusive and supportive environment, men were attending the shed rather than drinking alcohol or taking drugs outside of the shed. [\[18\]](#)

5.8. A British Psychological Society paper reported that men like working in groups more than women do and that male-only groups might work better for men than mixed-sex groups. These community approaches (Such as Men’s Sheds) will often take an action-orientated approach, where men will engage in sports or work together on a project. [\[19\]](#)

5.9. An example of how Men’s Shed can specifically help men with depression is detailed in Dr Julian Abel’s book *The Compassion Project: A case for hope and human kindness from the town that beat loneliness.* [\[20\]](#)

5.10. Some Men’s Sheds have specialised roles that are significant. This includes Men’s Sheds in hospices, Memory Sheds (specifically for men with dementia or other memory problems), and Men’s Shed specialising in helping men recover from strokes.

5.11 A member of an Irish Mental Health Association summarised the case of Men's Sheds and how they help with mental health as follows *"Men's Sheds provide an ideal environment for the promoting and fostering of positive mental health leading to an improvement in one's overall health and wellbeing. This can be done through the provision of mental health information leaflets and literature within the shed itself or through talks on the topic delivered by guest speakers. More importantly, the shed provides an opportunity for men to socially interact and integrate with other men, encourage conversation and share problems, learn and develop new skills, enhance self-esteem and be occupied. These are key factors which contribute to positive mental health leading to a greater level of overall health and wellbeing."* [21]

6 (6) What factors contribute to men using health services, like general practice, less often than women and what impact does this have on men's health outcomes, for example from cardiovascular disease.

6.1. We have many examples in Men's Sheds where Shedders have taken advantage of, or have been encouraged to use health services, as a direct result of activities and conversations in the Shed – This is additional to those screening examples given in paragraph 4, or social prescribing as detailed in paragraph 2. In Men's Sheds, we find peer to peer conversation, and encouraging health discussions in a safe setting – the shed – can help promote access to services. This is often reinforced by a Shedder who had first-hand experience of the health condition. We have also seen examples where Shedders will team up, and go together to a fitness class, or healthy eating class. See some examples below:-

6.1.1. An 82-Year-old Westbury man's sight has been restored after a 38-year battle, thanks to a helping hand from his Men's Shed. [22] He noted in a Westbury Shed meeting (In December 2021) that his left eye was completely "blind and blurry." Norman said in the session: *"I've finally lost my sight in my left eye after 38 years of it getting worse."* Those at the Shed got him an appointment three days later the opticians, who phoned the Bath Royal United Hospital (RUH) for treatment. He attended RUH just 5 days after the session, where they did tests in the morning and laser treated his eye in the afternoon when his sight was restored immediately.

6.1.2 Staff at Musgrove Hospital were promoting the importance of AAA screening to men who may otherwise not get themselves checked out. Some of the staff there took part in a series of health walks where they asked men who attended for advice on how best to reach other men over 65 in their community. The overwhelming response was to visit Men's Sheds. They visited a series of Men's Sheds in Somerset and North Devon, explaining why AAA screening was important, and certainly in one Shed had the experience of a Shedder who had to have an emergency AAA repair operation. This was very effective in getting other Shedders to sign up for their AAA screen. [23]

6.1.3 Jeff, a member of a Men's Shed said to his fellow Shedders, *'I've just been doing my funeral plans, and I'm horrified at the cost of the coffin'. 'I'm not going to spend that much on the coffin, I want you guys to help me make a coffin'.* [24] The Shed don't compete with local businesses, so they went to his Undertaker and said, 'Look, I hope this is okay. We're not going to turn this into a business but we're making Jeff's coffin. Is this okay with you?' He was fine with it and gave the Shedders all kind of drawings and specifications.

But one of the things that happened as a result of that, was that news of the Shed making the coffin kind of spread around, and the local Medical Centre Social Prescribers/Healthcare Connectors said *'Well, as you're talking about funerals, can we come down and talk to you about end-of-life planning?'* And they came down with a whole bunch of end-of-life plans and ended up with probably five or six Shedders talking seriously, for the first time in their lives, about end-of-life planning, and whether they should be planning for the health conditions or their funeral.

7 Contact details

We would be delighted to discuss Men's Sheds and these points in more detail with you and your committee and are content to participate in oral evidence as the inquiry progresses.

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See evidence recorded at <https://committees.parliament.uk/writtenevidence/124266/pdf/>

See Oral Evidence Video <https://www.youtube.com/watch?v=m6h8sGoVL0&t=53s>

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