Second Report

The Case for a Men's Health Strategy

'For a Healthier, Happier and a More Productive Society for All'

Remit of the
All-Party Parliamentary Group on Issues Affecting Men and Boys

'To raise awareness of disadvantages and poor outcomes faced by men and boys in education, mental and physical health and law;
to influence attitudes, role models, policy and legislation
that will lead to positive differences to their well-being and lives.'

Publication Date: February 2022

Contents

Foreword by the Chair: Nick Fletcher MP

In hearing the evidence from the APPG's first report ('A Boy Today') and from my experience with some of my Don Valley constituents, it struck me that there are serious challenges in men and boy's health – and current national and local approaches and policies are not working. Whether that is in terms of tackling mental health issues such as suicide, health conditions such as cancer or unhealthy lifestyles underpinned by obesity and alcohol.

Continuing one of the key themes from the first report, it also struck me that Parliament, the Government, and health leaders do not seem to coordinate their work on the problems affecting men's health, even though these issues are not improving under the current approach.

Consequently, I think the Government and health leaders should consider the potential benefits of creating an overarching Men's Health Strategy. Not just because there is a Women's Health Strategy (which we support), but more importantly because the evidence suggests that current policies are not working. A Men's Health Strategy is not unusual either, given the number of other countries that have them.

Such a step would not only help men and boys themselves, it would benefit women and girls too – and society as a whole. The mothers who worry about their sons' mental health and the daughters who worry about their dads being struck by prostate cancer understand how everything is linked. We all share our lives and society together.

While a Men's Health Strategy will save money due to its focus on prevention, this is not just an issue about costs and efficiencies. It is about improving the lives of men and boys, and women and girls too – because it is morally the right thing to do. Therefore the case for a Men's Health Strategy when current approaches are not working is a moral case.

I hope and am confident that this report will help move the dial in the right direction and that we start the journey now to creating a Men's Health Strategy.

I would like to place on record the thanks of the APPG to those national and international experts in men's health for the evidence and talks they gave to the APPG and their input into this report.

Nick Fletcher MP (Don Valley)

Chair of the All-Party Parliamentary Group on Issues Affecting Men and Boys

(1) Executive Summary

Following the first APPG Report 'A Boy Today' and the evidence given on men and boys' health, the APPG decided to ask for evidence on the case for a Men's Health Strategy in England. In autumn 2021, the APPG heard from a range of national and international experts (including from those who are involved in men's health strategies at a European, Irish and Australian level).

The APPG found that the case for a Men's Health Strategy was compelling as it would improve the health outcomes of boys and men over their life course. The APPG therefore supports such a course of action.

Presented with expert views, it is clear that a holistic, evidence-based, positive and gender-informed approach to men's health is far more effective than the Government's current disease/condition approach on men's health. The APPG notes that this is not consistent with the Government's approach on women's health as outlined in its recent vision statement (which the APPG supports). It also notes that the Government has produced no evidence that its current approach to men's health is working.

The APPG heard evidence about the core principles of a Men's Health Strategy including the need for a positive 'What Works' approach and one that is built around the needs of men and boys, rather than men and boys having to accept what they are given. The strategy should also focus on prevention, tackling societal stereotypes/barriers and creating a more responsive and integrated health system.

The APPG concludes that a men's health strategy would benefit not just men and boys themselves; it would benefit women and girls who they share their lives and society with. It would also reduce demand/costs on the health system and economic productivity. Essentially a Men's Health Strategy would lead to a 'happier, healthier and more productive society for all'. It is a moral issue, not just a health issue.

The APPG urges the government to start the process for a Men's Health Strategy after the publication of the Women's Health Strategy and for it to be completed by Easter 2023. It should form a key element in the Government's proposed new White Paper on Health Disparities which will tackle the core drivers of inequalities in health outcomes.

The strategy should be founded on the outline of the arguments, principles and process set out by the international and national experts from whom the APPG took evidence. This includes those from the Men's Health Forum who are running a wider campaign for a Men's Health Strategy, a campaign that the APPG supports.

A list of policy recommendations is to be found in Part 4.

(2) Introduction/Background

A number of the evidence sessions from the first APPG Report 'A Boy Today'[1] published in September 2021 centred around the lack of understanding, recognition and action on tackling the physical and mental health needs of men and boys.

Martin Tod (Chief Executive of the Men's Health Forum), spoke about a wide range of issues affecting the health of men such as undiagnosed cardiovascular disease, the high prevalence and death as a result of cancer, the high levels of suicide, and increasing drug and alcohol abuse that are all impacting negatively on men, their families and wider society.

Natasha Devon MBE (founder of the Mental Health Media Charter) also spoke about the need for policymakers and the health and social care system to stop making mistakes in their thinking and approaches regarding boys' and male mental health. These included avoiding victim blaming, taking mental health support to where men are/go and assumption about there being higher rates of mental health issues in girls than boys.

Several of our evidence speakers called for an overarching and holistic Men's Health Strategy akin to those in other countries. The Government has also taken this approach in the creation of a Women's Health Strategy, which we wholeheartedly endorse[2]. The latter has been subject to a consultation, a vision statement and a planned published strategy being issued in early 2022.

In 2019, the Women and Equalities Committee held an inquiry on the mental health of men and boys[3] and whilst the 2019 General Election truncated the inquiry, one of the recommendations the committee made to the Government was: *"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."*

The UK Government has[4] not yet been persuaded on the need for a Men's Health Strategy because it believes men's health can be better addressed through a

---

[1] APPG Report 'A Boy Today', September 2021: https://equi-law.uk/boy-today/
[2] Department for Health and Social Care, 'Our Vision for the Women's Health Strategy for England', December 2021: https://bit.ly/33gSGKU
[3] The Women and Equalities Committee inquiry into the mental health of men and boys. 'Letter to Minsters', October 2019: https://bit.ly/33b7w5o
[4] Links to three questions and answers from Parliament:
https://questions-statements.parliament.uk/written-questions/detail/2021-07-15/33875
https://questions-statements.parliament.uk/written-questions/detail/2021-06-28/23152
https://questions-statements.parliament.uk/written-questions/detail/2021-04-21/HL15156

disease/conditions-based-approach, a policy approach it has not adopted for its Women's Health Strategy. It is noteworthy that the Government has not produced any evidence that its current approach to men's health is working and improving the health outcomes for boys and men.

The APPG therefore decided (see Annex 1 for Terms of Reference) to hear evidence from a range of UK and international men's health experts on the case for the UK Government to create a Men's Health Strategy for England*. This would include the key overarching themes it should cover, its core principles/approach and the process for creating a strategy. This would form the basis of the conclusions and recommendations of the APPG to the Government, policy makers and the wider health system in England.

On a final note, since the APPG heard evidence from national and international experts, the Government in its 'Levelling Up the United Kingdom' policy paper[5] that it will "*set out a strategy to tackle the core drivers of inequalities in health outcomes in a new White Paper on Health Disparities in England in 2022*." A Men's Health Strategy should form one of the key drivers in achieving this White Paper's aims.

* Due to devolution, health policy is devolved to the Scottish Government, Welsh Government and Northern Ireland Executive, however, the APPG's intention is that the evidence could also be used for consideration in those three nations too.

[5] UK Government (2022), 'Levelling Up the United Kingdom': https://bit.ly/3HuBhgW

Part 1: Men's Health in the UK

(3) Headline Statistics

The following is a list of key statistics about men's health which have long been known, but with little male-focused action by Government or the NHS. (References for women's health are solely provided for context and understanding.)

1) In 2020, 4,500 men in England, Wales[6] and Scotland[7] took their own lives. With 2019 figures from Northern Ireland (157)[8], this is the equivalent of 13 per day. Men make up 75% of all death by suicide and it is the biggest cause of male death under 50;

2) In 2019, 32,304 men in England die prematurely from heart disease (18,837 women);[9]

3) In 2018, 88,959 men in the UK died of cancer (77,778 women) and their survival rates are lower than women;[10]

4) Between March 2020 and November 2021, 93,665 men died due to Covid-19 (77,990 women)[11]. Men made up a higher portion of Covid mortality rates. For working age men there were 31 deaths per 100,000 compared with equivalent female death rates of 17 per 100,000, respectively;

5) On average, around 11,900 men die from prostate cancer every year (2016-2018 average, the most recent figures available)[12]. This is 32 per day, one every 45 minutes – up from 11,307 in 2014;

6) 9.6% of men have Type 1 or Type 2 diabetes (7.6% of women).[13]

---

[6] Office for National Statistics, 'Suicides in England and Wales', September 2021: https://bit.ly/3f35Xcm
[7] Public Health Scotland, 'Suicide statistics for Scotland', August 2021: https://bit.ly/3q4qiEy
[8] Northern Ireland Statistics and Research Agency, 'Suicide Statistics 2019', April 2021: https://bit.ly/3eY8R1Z
[9] Office for National Statistics, 'Ischaemic heart diseases deaths including comorbidities, England and Wales', May 2021: https://bit.ly/34vLZ8g
[10] Cancer Research UK, 'Cancer mortality for all cancers combined', visited 7/1/22: https://bit.ly/3t6InUf
[11] Office for National Statistics, 'Deaths involving COVID-19 by month of registration', December 2021: https://bit.ly/3zCG5gR
[12] Cancer Research UK, 'Prostate cancer statistics', visited 7/1/22 https://bit.ly/3rfoKXV

7) The male rate of major amputations is 10.5/10,000 and has been rising (4.9/100,000 for women);[14]

8) 5,957 men suffered alcohol-related deaths in 2020 across the UK (3,017 women) and the rates are increasing (19 per 100,000 men and 9.2 per 100,000 women);[15]

9) 676,000 years of life lost every year in the working age male population in England and Wales (16-64), mostly through avoidable premature mortality and 19% of UK male deaths – around one in five – were before the age of 65;[16]

10) Men in the London Borough of Kensington and Chelsea now live 27 years longer than those in Blackpool: a seven-year increase on the life expectancy age gap calculated two years earlier;[17]

11) In September 2021, the ONS reported the first decline in male life expectancy since the 1980s;[18]

12) By 2048 the number of men over the age of 75 years will have doubled to over 4.6m from 2.3m in 2018. With nearly 29% of the male population over the age of 60 years, only 54.6% of men will be aged 15-59 years – placing a heavy burden on the working age population if premature deaths and high rates of chronic ill-health continue;[19]

13) Among adults 16 and over, 68% of men and 60% of women were overweight or obese, with only 34% of men aged 25-34 years normal weight, compared to 44% of females.[20]

---

[13] Peter Baker, 'One In Ten: The Male Diabetes Crisis,' 21 November 2017: https://bit.ly/3n7MU59

[14] Department of Health and Social Care, 'Preventing amputations major concern as diabetes numbers rise', April 2019: https://bit.ly/3JRyno4

[15] Office for National Statistics, 'Causes of death - Alcohol-specific deaths in the UK', December 2021: https://bit.ly/3f0kHZD

[16] Office for National Statistics, 'Deaths registered in England and Wales,' September 2021: https://bit.ly/3HAeBeO and also see Men's Health Forum, 'Levelling Up Men's Health', November 2021: https://bit.ly/3t6pvVJ

[17] Imperial College London, 'Life expectancy declining in many English communities even before pandemic', October 2021: https://bit.ly/3ufY4Jo

[18] Office for National Statistics, 'National life tables – life expectancy in the UK: 2018 to 2020', September 2021: https://bit.ly/3t7JmUm

[19] ONS (2019), '2018-based National Population Projections': https://bit.ly/3ujVxxT

[20] House of Commons, 'Obesity Briefing', January 2021: https://bit.ly/3qZrwQC

(4) What is a Men's Health Strategy?

A Men's Health Strategy means taking a holistic, evidence-based, positive and gender-informed approach to men's health across their life course.

The strategy would look to address and help prevent the range of underlying causes and barriers that have a negative impact on men's health.

It should have a focus on prevention, tackling societal negative stereotypes/barriers and creating a more responsive and integrated health system. The latter would also work better for women too (through the proposed women's health strategy).

On hearing the compelling evidence the APPG believes that the overarching aim of a Men's Health Strategy should be simple: **To improve the health of all men and boys throughout their life course**.

In doing so, this will lead to 'A Healthier, Happier and a More Productive Society for All', because men and boys share their lives with others in society.

The Government should start the process for creating a Men's Health Strategy by June 2022, or soon after the Women's Health Strategy is launched (if that is earlier). A Men's Health Strategy should be in place by the spring of 2023.

(5) The costs of men's poor health

There has not been an estimate of the overall cost of men's poor health for the UK. Such an assessment is a vital early step in a Men's Health Strategy.

In America it was estimated at some $142 billion annually. A figure which rises, when quality of life and the social costs of men's ill health are taken into account[21]. A Canadian study estimated the cost of male smoking, alcohol intake, obesity and physical inactivity in men aged 30 to 64 years at $22.8bn[22].

Professor White stated that *"Unless we start analysing the problem's facing men correctly, then policies may not be effective and money would be wasted. For example, there is larger growth in older men: keeping them fit and well will be cost-effective to reduce the load of chronic ill-health as they enter their older years and as they are also the main carers in the family home over the age of 75*

---

[21] Brott A, Dougherty A, Williams ST, Matope JH, Fadich A, Taddelle M. The economic burden shouldered by public and private entities as a consequence of health disparities between men and women. AM J Men's Health. 2011;5(6):528-539. doi:10.1177/1557988311421214

[22] Krueger H, Goldenberg SL, Koot J, Andres E. Don't change much. AM J Men's Health. 2017;11(2):275-283. doi:10.1177/1557988316671567

years[23]. Those with better mental health also take more care of their own physical health."

Billions of pounds are spent each year on tackling obesity or the problems caused by obesity. However, despite men being more likely to be overweight, (with serious consequences from the visceral fat men tend to deposit[24]) there are few drivers to get men's weight assessed by GP's and fewer men engaging with weight loss services[25]. So, is that money being spent wisely?

Costs of course are not just about actual finances, the costs of treatment or power productivity for individual men, it is the mental cost and psychological costs on others. The trauma for families of male suicide, earlier than expected bereavement and caring costs (including lost earnings for others) should not be overlooked.

A successful Men's Health Strategy that improved the health of all men and boys throughout their life course would reduce costs, both financially and mentally, on men, women and society as a whole. More focus on prevention would lower unnecessary costs in the long-term in dealing with the consequences of poor men's health.

(6) Barriers to men accessing help for health.

There are a range of barriers that prevent men and boys from accessing help with respect to their health needs. It is vital therefore that any men's health strategy which is built solely around the needs and experiences of men fully takes these into account. These include:

(a) Social determinants:

- Boys' educational attainment;
- The impact of poverty on men's life expectancy;
- Vulnerable employment, such as risk-related occupations, redundant skills/industries and shift-based work patterns;
- Availability of social housing for men;

---

[23] ONS (2021) Family Resources Survey, 2019/20: https://bit.ly/3IXRVpy
[24] Pan R, Chen Y. Fat biology and metabolic balance: On the significance of sex. Mol Cell Endocrinol. 2021;533(June):111336. doi:10.1016/j.mce.2021.111336
[25] NHS Digital (2020) Statistics on Obesity, Physical Activity and Diet, 2020 https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020

- Marital status, the growth in single men (including those still living at their parent's home) and relationships (including fatherhood and family breakdown/child contact).

(b) Intersectional factors:

The impact of race, ethnicity, sexual orientation, age, and disability alongside broader notions of 'class', 'poverty' and 'place'.

(c) Gender Norms:

The way society responds to men and their needs, including:

- It is 'up to men' to use the health service as it is and if they do not use it, it is their fault;
- In empathy gap on male vulnerability and disadvantage;
- Strategies and initiatives that look at the symptoms causing adverse health outcomes for men rather than looking at or taking significant enough or successful action on the causes (suicide);
- Men are expected to live with their problems. For example: Men with a bad back feeling they need to turn up to a construction site for fear of 'letting the team down.';
- Men fear being ridiculed or not taken seriously. They worry about the consequences of disclosure, especially employment;
- Lack of health literacy from an early age where teenage boys are not given support on how their bodies/minds work, how to deal with emotions/anger and how to 'use' the health system (such as how to register/book an appointment with a GP without parental involvement).

(d) A public health system that is not male-friendly:

A health system that is not built on patient needs first means health services engage men, especially working age men, less effectively. As set out in the Men's Health Forum policy document 'Levelling up men's health: The case for a men's health strategy'[26], this lack of engagement not only means that men's all-round wellbeing is under-supported by regular health check-ups, it can result in much more serious issues going untreated for longer, sometimes until it is too late. Some of the statistics cited in the policy document include:

[26] Men's Health Forum, 'Levelling Up Men's Health', November 2021: https://bit.ly/3t6pvVJ

- Men are 32% less likely than women to visit the doctor – particularly during working age;
- Despite making up 75% of suicides, men make up 34% of those referred to IAPT therapy;
- Men make up 76% of premature deaths from heart disease and the majority of those with Type 2 Diabetes, but are a minority of those undertaking NHS Health Checks, despite its effectiveness in detecting both conditions;
- Services for female-majority conditions do not cater for men.

Professor White cited examples:

- Men who have breast cancer being sent to visit a women's clinic and being asked "*where's your partner?"*
- Osteoporosis services being primarily focused on women.

It is also vital to recognise the need to better address and support the cure of male-specific diseases such as testicular and prostate cancer.

(e) A lack of understanding or focus on actual male help-seeking and communications

This leads to one-size-fits-all campaigns rather than gender-informed campaigns which include male orientated messaging, identity, placement (based on where men go rather than a view on where men should go) and often initial anonymised help-seeking.

Part 2: The case for a UK Men's Health Strategy

(7) The need for an overarching approach and accountability

Evidence from the UK-based experts set out that there is neither an overall view or vision for the health of men, nor a way to comprehensively review lessons learnt. In the UK there is also little in the way of proactively planning for or reacting to emerging issues facing men's health.

For example, Covid mortality rates for working age men and women were respectively 31 and 17 per 100,000. Unfortunately, we have had minimal discussion, either public, political or in the health community on the causes and how to address this gender-related issue.

Combining the UK evidence and testimonies from an international perspective, a Men's Health Strategy will be a more effective way of improving the health of all men and boys throughout their life course than relying on the inclusion of men and boys in individual disease/condition-based policies.

Some examples showing why this is a better solution:

- If we simply address the problems of suicide, alcoholism or obesity as separate issues, we will fail to see that they often result from similar circumstances;
- If we treat differences in life expectancy, work-related deaths/injuries and prostate cancer deaths[27] separately, and do not take into account intersectional matters such as poverty, class, occupations and place then we may fail to address the real causes;
- Obesity strongly influences hypertension. If we target hypertension treatments without addressing obesity we will not be as effective and costs will be higher.

There has been a growing awareness of the health needs of men and how these should be best met by service providers, community action and through research – but this has not been fed through into national or local health policies, plans

[27] Cancer Research UK, Prostate cancer incidence statistics, visited 7/1/22: https://bit.ly/3F45ykw *"It is estimated that there are around 3,100 fewer cases of prostate cancer each year in England than there would be if every deprivation quintile had the same age-specific crude incidence rates as the least deprived"* quintile.

and actions. It is not clear what our national position is on men and cancer prevention, weight loss, health checks for example.

Much of the recent positive development in men's health has been ad hoc and delivered by community organisations starting from scratch. These include organisations such as UK Men's Sheds, Andy Man's Club, the Lions Barber Collective, Movember and Save Dave (Domestic Abuse). This grassroots activity is welcomed but it is unfortunate that they are operating in a health system with no overall men's health strategy that supports and underpins their work.

In addition, no one is accountable for men's health at a national level from a ministerial perspective through to divisions within the Department of Health and Social Care, Office for Health Improvement and Disparities or the Government Equalities Office. The same can be broadly said at a regional /local level with no known people/roles[28] with specific accountability with Clinical Commissioning Groups, Mental Health Trust's and within local authorities.

It is noted and very welcome, that the Government's new Women's Health Strategy proposed the appointment of a Women's Health Ambassador. The Government should also propose a Men's Health Ambassador as one of the key components of a Men's Health Strategy.

A Men's Health Strategy would pull these threads together through creating a holistic and gender-informed approach to men's health across their life course.

Some claim existing policies cover the need, that we should just improve health-care for all. However, as the evidence here shows, men and women each have specific health needs and challenges.

Professor White responded to these claims "*It is true that there have been many areas of women's health that have been under-researched and poorly managed, especially around their reproductive health. It is also the case that there are many aspects of men's lives that have been historically overlooked and show similar gender inequities and inequalities, which suggest that a more targeted approach is needed because current policy is not working. This has not been helped by a lack of any formal statement on men's health by the government since a chapter on men's health in the 1992 Chief Medical Officer's annual report."*

[28] The APPG would invite corrections if this is not the case

(8) Examples of existing Men's Health Strategies

The APPG heard experts who referenced a range of national and international examples of men's health strategies and policy statements – included some that the UK Government had already signed up to.

(a) Global/Pan-national strategies

(i) The Ottawa Charter (1986)

The Ottawa Charter[29]developed at an international conference organised by the World Health Organisation. This has formed a foundation for gender-informed health policies.

(ii) WHO European Men's Health Strategy (2018)

In 2018, following on from the 2016 Women's Health Strategy, the WHO (Regional Office for Europe) produced a men's health report and ratified a Men's Health Strategy for Europe[30]. The UK is a signatory. The strategy was in part a recognition of the large number of 'missing men' resulting from premature mortality. It was also to help meet the UN Sustainable Development goals of gender equality, health and wellbeing and tackling inequalities.

(b) International

Men's Health Strategies exist in several countries: Australia, Brazil, Iran, Ireland, Malaysia, Mongolia, and South Africa. All of these countries have recognised the deficits in the health of their male populations and taken direct action to help reduce the burden of their physical and mental ill-health.

(i) Ireland

The APPG heard from Noel Richardson, who is the director of the National Centre for Men's Health at the Institute of Technology Carlow in Ireland. He is principal author of the first ever National Policy on men's health, which was published in Ireland in January, 2009.

---

[29] Ottawa Charter for Health Promotion, 1986: https://bit.ly/32XG23w

[30] WHO Europe (2018) 'Strategy on the health and well-being of men in the WHO European Region'. Regional Committee for Europe; Rome, Italy, 17-20 September https://bit.ly/3zyW2EZ and Peter Baker article: https://bit.ly/3t3Qlh9

He stated that Ireland's first strategy covered 2008-13[31]with a second and more focussed strategy[32] adopted in 2017-21. The outcomes of the strategy have resulted in a range of successes including:

- An increased focus on men's mental health research
- A wide range of health promotion initiatives that support men to adopt positive health behaviours;
- Tackling male isolation, developing men's social networks (for example, Men's Sheds) which have demonstrated that, given the right environment, men do talk and engage with their own health;
- National training programs for health professionals (Engage) sharing effective ways to engage men in their own health including programmes targeted at specific groups (for example, young men and farmers);
- A growth in independent initiatives by local or voluntary groups.

The steps in the process in creating the Men's Health Strategy in Ireland were:

- The inclusion of men as a specific population group in general health policy;
- Deeper research into 'the state of men's health' to inform the strategy;
- A wide consultation process;
- A national policy implementation group;
- An independent review took place after several years which also helped lead to an updated strategy, 'Healthy Ireland - Men' in 2017.

(ii) Australia

The APPG's research team spoke to Glen Poole, the Chief Executive of Australia's Men's Health Forum. Glen is from the UK and also has a wide range of experience here, especially on suicide prevention.

The National Men's Health Strategy for 2020-2030[33] builds on the National Male Health Policy 2010, and outlines Australia's national approach to improving

---

[31] Department of Health and Children, 'National Men's Health Policy 2008 – 2013': https://bit.ly/3qYkOdL

[32] Department of Health and Children, 'Healthy Ireland – Men': https://www.mhfi.org/HI-M.pdf

health outcomes for all men and boys, particularly those at greatest risk of poor health.

It identifies specific actions to address the health issues that affect men and boys throughout their lives and aims to reduce inequities in health outcomes between men and women, and between sub-population groups of men and boys.

At the heart of the Strategy are three core objectives and associated actions that are designed to drive meaningful progress towards its goal. These include a clear commitment to:

- Empower and support men and boys to optimise their own and each other's health and wellbeing;
- Build the evidence base for improving men's health; and
- Strengthen the capacity of the health system to provide quality appropriate care for men and boys.

Five priority health issues form the basis of the Strategy:

- Mental health;
- Chronic conditions;
- Sexual and reproductive health and conditions where men are over-represented;
- Injuries and risk taking; and
- Healthy ageing.

The Strategy advocates for a life-course approach in tailoring interventions to engage and support Australia's diverse men and boys across all stages of their lives.

The development of the Strategy coincides with an increased international focus on men's health and on how gender intersects with social, economic, environmental, political and cultural determinants of health, influencing exposure to risk factors and interactions with the health system.[1]

Glen explained that the Australian approach has been on a non-ideological, evidence-based 'What Works' approach and has led to the mainstreaming of men's health throughout the whole Australian Health system. The Australian Men's Health Forum also recently receives three year funding from the Australian

---

[33] Australia Government Department for Health, 'National Men's Health Strategy 2020-2030': https://bit.ly/32PWzXm

Government to help, advise and support its implementation and the broad promotion/support for men's health in the country.

It also has led to regional men's health strategies such as those in Western Australia.[34]

(C) From the UK

(i) The Leeds experience

The APPG heard from Professor Alan White, the Founder and was Co-director of the Centre for Men's Health at Leeds Beckett University.

Leeds, one of the five biggest cities in the UK, was the first city in the UK to actually look at what was going on with its male population. The report showed that across nearly all causes of death, men in Leeds are more likely than women to die at a younger age. The majority of men's health problems are preventable and are related to their lifestyle, their social conditions or the way services are provided. This was followed in 2018 with the State of Women's Health in Leeds Report.

With good gendered data and analysis Leeds can now target its resources in ways which will be most cost effective. For example: all external service commissions by the local authority must now demonstrate how they will meet the differing needs of the male and female population. This has led to dedicated suicide prevention strategies for men.

(ii) Women's Health Strategy

The UK Government has already accepted the case for a Women's Health Strategy and has published its vision with a strategy and plan due to be published in early 2022. The APPG supports the Women's Strategy and its gender-informed approach. For consistency in terms of an equality-based, evidence-based policy making approach the Government should consider creating a Men's Health Strategy.

Both and men's and a women's strategies are necessary to address their different needs.

---

[34] Government of Western Australia Department of Health, 'Western Australian Men's Health and Wellbeing Policy': https://bit.ly/3K0KM9k

(iii) Office for Health Improvement and Disparities

The new Office for Health Improvement and Disparities[35] notes that it will tackle health disparities across the UK and acknowledges that men in the most deprived areas in England are expected to live nearly 10 years fewer than those in the least deprived. They also have the goal of preventing health conditions before they develop will reduce pressure on the health and care system. Without strong male focused policy drivers it is not clear how this will happen.

(iv) Women and Equalities Committee 2019

In 2019, the Women and Equalities Committee held an inquiry on the mental health of men and boys[36] and whilst the 2019 General Election truncated the inquiry, one of the recommendations the committee made to the Government was: *"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."* In detail it stated:

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.

From the Chair:

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.

[35] Department of Health and Social Care, https://www.gov.uk/government/news/new-era-of-public-health-to-tackle-inequalities-and-level-up-the-uk

[36] The Women and Equalities Committee inquiry into the mental health of men and boys. 'Letter to Minsters', October 2019: https://bit.ly/33b7w5o

(9) Examples of recent and effective community actions on Men's Health

In any men's health strategy, community-based projects and organisations must always be included and the lessons from their work learnt. Much of the recent and welcome development in men's heath has been ad hoc and delivered by community organisations starting from scratch. These include successful organisations such as:

- UK Men's Sheds
- Andy's Man Club
- The Lions Barber Collective
- Save Dave (Domestic Abuse)
- Male Survivors Partnership
- Male Domestic Abuse Network
- Black Men's Health UK
- Mental health 'First-aiders'
- Football Fans in Training[37] (weight loss initiative)
- Men's Health Unlocked in Leeds

It is vital they have the opportunity of being included in any development of a men's health strategy and also that there are places for them on any longer term official advisory/expert roles.

(10) The UK Case

The APPG heard from Martin Tod, the Chief Executive of the Men's Health Forum; a charity supporting men's health in England, Wales and Scotland.

In addition, it heard from Peter Baker, an independent consultant committed to improving the health of men and boys. Peter is a Fellow of the UK Royal Society of Public Health, sits on the editorial board of the International Journal of Men's Social and Community Health and has taken the lead in establishing Global

[37] Hunt K, Wyke S, Gray CM, et al. A gender-sensitised weight loss and healthy living programme for overweight and obese men delivered by Scottish Premier League football clubs (FFIT): a pragmatic randomised controlled trial. Lancet. 2014;383(9924):1211-1221. doi:10.1016/S0140-6736(13)62420-4

Action on Men's Health and is now its Director. He was a co-author of the WHO Europe Men's Health Strategy. He is also the former Chief Executive of the Men's Health Forum.

The Men's Health Forum is leading a national campaign for a Men's Health Strategy, under the banner of 'Levelling up men's health: The case for a men's health strategy'[38]. This is supported by a range of health organisations and health practitioners.

Many of the points made in their presentation underpin this whole report, but more specifically they made the case that:

- **A men's health strategy is needed**: Men are dying needlessly young. One man in five dies before the age of 65 (and 40% of men die before the age of 75).
- **Why is this?** Three-quarters of premature deaths from heart disease are male, three-quarters of suicides are male and men are 43% more likely to die from cancer.
- **It is urgent:** The case is clear - we need look no further than male life-expectancy, where the male-life expectancy in the Bloomfield ward of Blackpool in north-west England is 68.2 years. However, male-life expectancy in the Warfield ward of Bracknell Forest in south-east England is 90.3 years. That is a gap of 22 years.

  There is no genetic difference between men in the north-west and men in the south-east of England. If those in the most deprived areas had access to the same health resources as those in the least deprived, there is no reason why most men in the UK shouldn't live to 90 years or more.
- **It is logical:** The government has already recognised the need for a gender-informed approach to health care with its excellent decision to start work on a Women's Health Strategy for England. This makes the case for a similar Men's Health Strategy.
- **A strategy for all four nations**: Not just for England - but also in Scotland, Wales and Northern Ireland - will enable the many inequalities around prevention, care and outcomes in both the physical and mental health of men and boys to be addressed in a comprehensive and systematic way.

---

[38] Men's Health Forum, 'Levelling Up Men's Health', November 2021: https://bit.ly/3t6pvVJ

- **It will work**: Similar policies and strategies already work effectively in many countries including Ireland and Australia while here in the UK, on a local level, cities such as Leeds have introduced a gender-informed approach to health.
- **It is widely-supported:** Backed by a coalition of men's health practitioners, academics and charities, more and more policy-makers support the idea.

Part 3: Building the Men's Health Strategy

(11) Men's Health Strategy: Ten Core Principles

As set out previously the aim of a Men's Health Strategy should be to improve the health of all men and boys throughout their life course.

In creating the strategy, the experts suggested a range of strategic principles that should frame and underpin the detail of a strategy, and how it is delivered:

1) The strategy should be founded on a positive 'what works' model approach not a deficit model approach (see next section for detail);

2) The emphasis should be on a health system base that respects and understands how men and boys WANT to and actually DO access help not a health system based on how men and boys SHOULD and HAVE to access help;

3) The health system should continually listen to men to ensure the health service can be responsive to their needs, including in the creation of this strategy;

4) There should be improvements in the quality and accessibility of information and education on men's health;

5) Ensuring there is increased funding for on-going research, evidence and data support for improvements in men's health. This should be mainstreamed;

6) An understanding of how COVID-19 has impacted on men;

7) There has to be accountability and a goal orientated improvement approach to male health. For example, this could be:

    - A Government Minister with responsibility for women's and men's health and a Men's Health Ambassador;

- The Office for Health Improvement and Disparities is specifically tasked with ensuring men's health outcomes are improved over a range of measures (For example, falling suicide numbers, improved mortality rates generally and on a health condition basis, fewer workplace deaths);
- Local Authorities must ensure their Public Health Boards are tasked with improving men's health outcomes with an explanation and policies on how they will action this;
- Training programmes to help understand men's health needs and how to meet them;

8) Health promotion and awareness campaigns should be preventative and take a 'lifestyles' action-oriented approach. For example, 50% of overweight men consider their weight as normal;[39]

9) Effective governance and implementation strategy including a formal evaluation of programmes;

10) A broad coalition of health professionals and organisations from the third sector with experience of working in men's health. This should form the basis of any advisory panel.

(12) Taking a 'What Works' approach

The APPG believes that a Men's Health Strategy should not fall into the trap of having a 'deficit model' approach to men and masculinity. This is because:

- Policies based on this approach do not work, while positive approaches do;
- The mindset of 'victim blaming' and can reduce the motivation for providers to make concerted effort in trying to genuinely meet the needs of men.

Dr John Barry expressed the view, (shared by Martin Seager and Natasha Devon in the previous hearings) that was there was too much focus on labelling the inherent/in-built/natural aspects of masculinity/men as being a negative and that this created an active barrier to men's help seeking. The deficit model puts the responsibility for change on men themselves. This leads to victim-blaming,

[39] Health Survey for England 2016: Adult overweight and obesity https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/health-survey-for-england-2016

unhelpful, negative terms such as 'toxic masculinity' which also act as reasons or excuses for society/public services not to change.

This was further illustrated by Oliver Vikse who reported the rapid growth of Andy's Man Club. Their success in reaching vulnerable men is by creating spaces where men feel confident to speak, rather than blaming them for not talking.

Research[40] shows that men experience hurdles or barriers to seeking help. These include:

- Not being unable to take time off work (hours of availability of the service)
- Media negative portrayal of men
- Not realising they need help
- Ashamed to seek help; Fear that others will 'find out'
- Distrust of therapists

The negative deficit model does not address these issues. For instance, while fewer men of working age seek help, once they retire, they seek help at the same rate as women.

Some general guidelines were presented for effective provision from a positive perspective for men and boys including:

- Offering services outside working hours
- Recognising that many men connect by doing
- Supporting men to take control of their health
- School-based schemes to promote boys' health literacy
- Supporting men in recognising symptoms.
- Using accessible language
- Respecting the right to remain silent
- Tailoring the intervention to the specific group.

[40] Liddon L and Barry JA (2021). Perspectives in male psychology: An introduction. New Jersey; Wiley.

- Using men-friendly spaces
- Using 'positive masculinity' messages to address men's health
- Training health professionals to recognise men's communication styles and preferences for treatment
- Working with employers to support occupational health schemes

(13) Process for Creating a Men's Health Strategy

In their evidence, Professor White, Martin Tod and Peter Baker outlined a recommended process to create a men's health strategy. This was also founded on what had worked in Ireland and for the current Women's Health Strategy. The APPG endorses this recommended process and it could be used to create the strategy in the same way as it did for women's health.

1) Bring together the statutory and voluntary sector (such as Men and Boys Coalition, Men's Health Forum, Mengage, Prostate Cancer UK, Samaritans, MIND, Centre for Male Psychology, Andy's Man Club, ManKind Initiative, Terence Higgins Trust, Black Men's Health UK and Orchid) to inform the policy-making and implementation of the Strategy;

2) Produce an audit of current health and social care policy, both general and subject specific (such as relating to cancer prevention) to identify what has been included about men. This should include an asset based review to identify best practice across the country and in other countries and a plan for the setting up of a National Centre for Men's Health;

3) Produce a report on the state of men's health in the UK, and start a consultation with health professionals, organisations who work with men, and the wider public (including reaching out for specific input from men and boys);

4) Develop a Men's Health Strategy and action plan on the basis of the consultation, report and audit/asset-based review.

(14) What would success look like

Given the aim of the strategy is to improve health outcomes of men and boys throughout their life course, the actual hard outcomes would be an:

1) Absolute reduction in conditions and diseases affecting men and boys – from suicide numbers to cancer deaths and workplace injuries/deaths to amputations;

2) Improvements in mortality rates and a closure of the mortality gap between men from different socio-economic backgrounds;

3) Increased numbers of men accessing health services especially primary care and mental health services.

In terms of qualitative outcomes, a successful Men's Health Strategy should also:

1) Provide a roadmap to health organisations, practitioners and professionals in the field, explaining what they need to do and how they need to go about supporting better men's health;

2) Catalyse increased health activity in specific areas like health promotion, occupational workplace health and community development;

3) Lead to the identification of mental health as a priority area and provide leverage for expanding mental health work;

4) Encourage the development of further work in men's health;

5) Lead to the creation of a blueprint and a resource for practitioners for on-going policy development;

6) Set the research agenda for men's health that is multidisciplinary;

7) Lead to the creation of a National Centre for Men's Health.

Together these will lead to the 'Healthier, Happier and More Productive Society' which is the aim of the Strategy.

Part 4: Conclusions and Recommendations

(a) Conclusions

After hearing from national and international health experts featured in the first APPG Report ('A Boy Today') and for this report, it is clear that there is a need for a Men's Health Strategy in England, and across all other nations in the UK.

This would benefit not just men and boys themselves, it would benefit women and girls who they share their lives and society with.

It would benefit the health system through reducing demand and costs especially in emergency/critical care. It benefits employers through less sickness and increased productivity. It would also benefit society more widely for men

and boys to be healthier, happier and productive. It therefore is a moral issue as well as a practical health issue.

Given the evidence and the growing number of other organisations supporting the need for a Men's Health Strategy, it is incumbent on the Government and its agencies to start the process. A Men's Health Strategy, is not a radical notion (even less so in context of the launch of a Women's Health Strategy), it is becoming more common the world over.

This report, its findings and recommendations are a distillation of the views put forward by the experts. It does not mean all witnesses and experts agree with all points or recommendations.

(b) Policy Recommendations

1	We fully support and endorse the creation of a Men's Health Strategy in England.
2	The Government should start the process (an outline process has been included in this report) by June 2022, or soon after the Women's Health Strategy is launched (if that is earlier). It should aim to complete and publish a Men's Health Strategy by Summer 2023.
3	The Government should build on the work of the wider Men's Health Strategy campaign led by the Men's Health Forum. This includes full engagement with national and international men's health experts as well as hearing from men and boys themselves.
4	We support the aims, strategy and strategic principles behind a Men's Health Strategy that the experts put forward, including being founded on the positive 'What Works' approach, not a deficit model approach.
5	There must be clear and visible accountability for delivering improvements in men's health including a Government Minister with responsibility; a Men's Health Ambassador; a specific strand of work within the Office for Health Improvement and Disparities; specific accountabilities for local authorities, NHS Integrated Care Partnerships and mental health trusts.
6	Increased funding for multidisciplinary research into men's health.
7	There must be clear national and local quantitative and qualitative targets for improving men's health.
8	The creation of a National Centre for Men's Health.
9	A Men's Health Strategy should be included and be a key driver in the Government's forthcoming White Paper on Health Disparities in England.

Annex 1: List of speakers and presentations

Martin Tod (Chief Executive, Men's Health Forum): A briefing on male health disadvantage statistics.

Professor Alan White (Emeritus Professor of Men's Health at Leeds Beckett University): The UK case, including experience from Leeds.

Peter Baker (Director, Global Action on Men's Health and Fellow of the Royal Society of Public Health): Existing international examples and experience.

Dr John Barry (co-founder of the Male Psychology Section of the British Psychological Society, co-author of Perspectives in Male Psychology.): The role of Male Psychology in guiding a Men's Health Strategy to give positive outcomes for men's mental health.

Dr Rebecca Owens (Senior lecturer in Psychology at the University of Sunderland): Rebecca has developed the first module on male psychology which is built on biological and evolutionary foundations.

Dr Noel Richardson (Director, National Centre for Men's Health, Institute of Technology, Carlow, Ireland.): Insights from the Irish experience and suggested strategies to promote in England.

Glen Poole (Chief Executive of the Australian Men's Forum): Spoke to the research team separately on the Australian Men's Health Strategy.

Oliver Vikse (Andy's Man Club): The rapid growth and popularity of their groups for men struggling with mental health.

Annex 2: Evidence Sessions

Information, links to international men's health strategies and recording of the evidence sessions can be found at: https://equi-law.uk/mens-health-strategy/ - The recordings are also available on this YouTube channel.

Annex 3: Terms of Reference

The terms of reference for this inquiry can be found at: https://equi-law.uk/mens-health-strategy/

Annex 4: Authors and Secretariat

This policy report has been authored by:

- Mark Brooks OBE, Policy Advisor to the APPG on Issues Affecting Men and Boys: www.mark-brooks.co.uk
- Mike Bell and Christopher Badley, Equi-Law UK (who also act as the secretariat): www.equi-law.uk

To contact the APPG, please email: Mike Bell: mike@equi-law.uk

Further information about the APPG including its membership, can be at: https://equi-law.uk/appg-menboys/