Get it off your chest

Men's mental health 10 years on

Contents

Introduction

In 2009, Mind published 'Get It Off Your Chest', a report which drew on YouGov polling data and focus groups to understand the challenges facing men's mental health. Ten years on, we're interested in how the changes in both the cultural climate and men's attitudes have affected these challenges and how this compares to the experiences of women. Particularly now, in light of the outbreak of the coronavirus (Covid-19) pandemic, the rise in prominence of the Black Lives Matter movement and a predicted economic decline, it is important to make use of this research to inform the development of future support for men's mental health.

In September 2019 Mind re-commissioned YouGov to repeat the survey of over 2,000 men and women, asking about their experiences of mental health and seeking support, to find out how people's experiences have changed since 2009.

This report draws on findings from these two surveys, as well as new focus groups carried out by local Minds (Sheffield Mind, Bristol Mind and Mind in Harrow) looking specifically at men's mental health and help seeking behaviours. It also draws on findings from the most recent research available to understand the wider context for men's mental health today.

Black, Asian and Minority Ethnic groups, and LGBTQ+ people are underrepresented throughout the sample in our YouGov surveys. This report therefore brings together research from a variety of other sources to understand how mental health is affected amongst these groups.

The findings show that there have been some improvements in men feeling able to seek help for their mental health, however, this comes in contrast to an increase in the amount of men experiencing mental health problems. It is clear that while some progress has been made, with the development of the Five Year Forward View for Mental Health, NHS Long Term Plan and the National Suicide Prevention Strategy, among other initiatives, there is more to be done to ensure that men feel able to access mental health support that both suits their needs and ideally provides early intervention.

We have therefore made a series of recommendations, based on the findings set out in this report, for the UK Government, employers and the health, education and social care sectors, to positively effect change across men's mental health.

Key findings

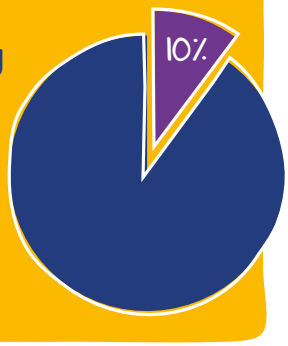
Two in five men

(43%) admit to regularly feeling worried or low, an increase from 37% in 2009

Over a third of men

(37%) say social media has a negative impact on how they feel

The number of men who have suicidal thoughts when feeling worried or low has **doubled to 10%** since 2009



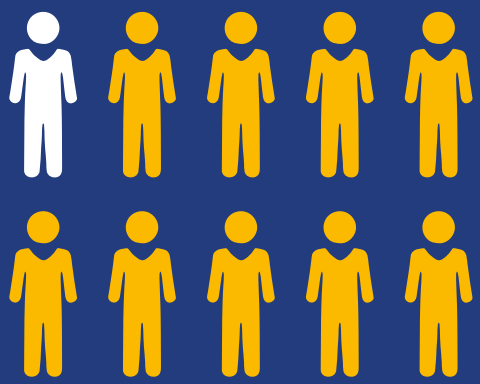
Men are still more likely than women to

drink alone, go to the pub with friends, or take recreational drugs

to relax when feeling worried or down

One in ten men

reported getting angry when they are worried, a drop of 5% since 2009



Men's preferred alternatives to being prescribed medication are

face-to-face therapy and physical activity

Men are now almost

three times

more likely to see a therapist when worried or low than in 2009

The number of men who are

worried about their appearance

has risen from 18% in 2009 to 23%

Men are now

equally as willing as women to see their GP

if they feel worried or low – a large increase since 2009

The number of men who say that nothing would put them off finding help if they were feeling low has decreased by almost a fifth since 2009

↓1/5

Men would be

more likely to seek support

if they felt worried or low if it was made available online, if they were guaranteed anonymity, or if help was made available at more convenient times of day

Setting the context of men's mental health

Prevalence of mental health problems

Over two in five men (43 per cent) admitted to regularly feeling worried or low compared to 53 per cent of women. This is an increase of 6 per cent for men since 2009. While more women say they regularly feel worried or low, the number of men feeling worried or low has increased at double the rate of women over the last decade.

While reported levels of common mental health problems, such as anxiety or depression, are lower among men (13.2 per cent of men compared to 20.7 per cent of women),[1] it is widely thought that this represents a considerable underestimation of true need. Men's problems may manifest themselves differently from women's; their symptoms sometimes go unrecognised and undiagnosed and they do not receive appropriate treatment. Men have also recorded lower levels of life satisfaction and feeling that "the things done in life are worthwhile" and have reported higher levels of anxiety since monitoring began in 2011.[2]

We are also beginning to see the impact of the coronavirus pandemic on the prevalence of mental health problems. Samaritans recently found that 42% of men said that pandemic restrictions have had a negative impact on their mental health.[3] The most recent data from the Office of National Statistics (ONS) suggests that almost one in five adults (19.2%) were likely to be experiencing some form of depression during the coronavirus pandemic in June 2020; this had almost doubled from around 1 in 10 (9.7%) before the pandemic (July 2019 to March 2020).[4]

From our own research, we know that people who were already struggling with their mental health or with related issues like problems with employment, housing, benefits and debt, have been hardest hit by coronavirus.[5] However, the ONS data also shows how the pandemic has affected people who were previously well and are now experiencing depressive symptoms for the first time.

Suicide rates in men

When asked to choose three things that tend to happen when they are worried or feeling low, alarmingly, the number of men who have suicidal thoughts has doubled to 10 per cent since our 2009 poll. The number of women who have suicidal thoughts when worried has increased more than threefold but is still lower than men at 7 per cent (up from 2 per cent in 2009).

Over the last decade, there has been a steady overall reduction in suicides in the UK, until 2018 when there was a significant increase in the rate, the first rise since 2013.[6] The Office for National Statistics (ONS) reported that this was largely driven by an increase among men, as well as the lowering of the standard of proof required to record a death as a suicide, which came in part way through the year.[7] Three-quarters of deaths registered as suicide in England and Wales in 2019 were among men (4,303 deaths), which has been the case since the mid-1990s.[8]

The male suicide rate in England and Wales in 2019 of 16.9 deaths per 100,000, was consistent with the rate in 2018 but represented a significant increase from the rate in 2017. Men aged 45 to 49 years had the highest age-specific suicide rate (25.5 deaths per 100,000 males versus 11.0 deaths per 100,000 for the general population).

The reasons behind suicides are complex, but Samaritans has found that deprivation, financial insecurity and unmanageable debt are strongly associated with an increased risk of suicide in men.[9] Research has also found that two-thirds of adults aged 16 to 64 in receipt of Employment and Support Allowance (ESA) have a common mental health problem (66.1 per cent),[10] and almost half of people claiming ESA have made a suicide attempt at some point.[11]

We welcome the focus on preventing suicide in men in the National Suicide Prevention Strategy and national guidance for local authorities, as well as via the £25 million in funding for NHS England for suicide prevention and the Five Year Forward View for Mental Health commitments to reduce suicide by 10 per cent. We would like to see the UK Government commit to a new target for reduction of suicides beyond 2021, supported by the necessary resources to achieve it and specific targets for reducing suicides in men.

Accessing the right support

Help-seeking behaviour

Our research in 2009 found that men were considerably less likely than women to seek support when they were worried or feeling low for more than a couple of weeks. While the reasons for this may be complex, traditional masculine values such as self-reliance and stoicism are likely to play a role, with talking about mental health seen as a weakness. Men also told us that the services available to them were not male-friendly or tailored to their needs and that practical issues such as opening times and the location of services were a barrier to getting help.

From childhood boys are told to keep quiet about emotions and that men don't talk to each other... It became tiring and I became very withdrawn. I felt forced to conform.

Mark, Mind in Harrow focus group participant

We asked men for the top three reasons that would stop them seeking help if they were feeling worried or low for two weeks or more. Since 2009 we have seen only a 3 per cent decrease in the number of men who say that feeling embarrassed was a top reason (down to 28 per cent). This has also dropped 5 per cent for women (to 21 per cent), so while a gender gap persists, it is narrowing.

In 2019, 10 per cent of men said that the fear of being told they were mentally ill would be in their top three reasons likely to stop them seeking help, versus 6 per cent of women believing the same. Stigma presents an additional barrier to seeking help and stigmatising attitudes and behaviours are more pronounced among men.

Research from Time to Change found that men are less knowledgeable about mental health and hold more negative attitudes. They are far less likely to report their own experiences of mental health problems or discuss mental health problems with a professional. They are also more likely to say that mental health problems are the result of a 'lack of self-discipline and willpower'.[12]

Pressure for me to be 'masculine' started at a young age with my family and carried on when I went to school and then work... I was always told to 'man up'.

Jay, Mind in Harrow focus group participant

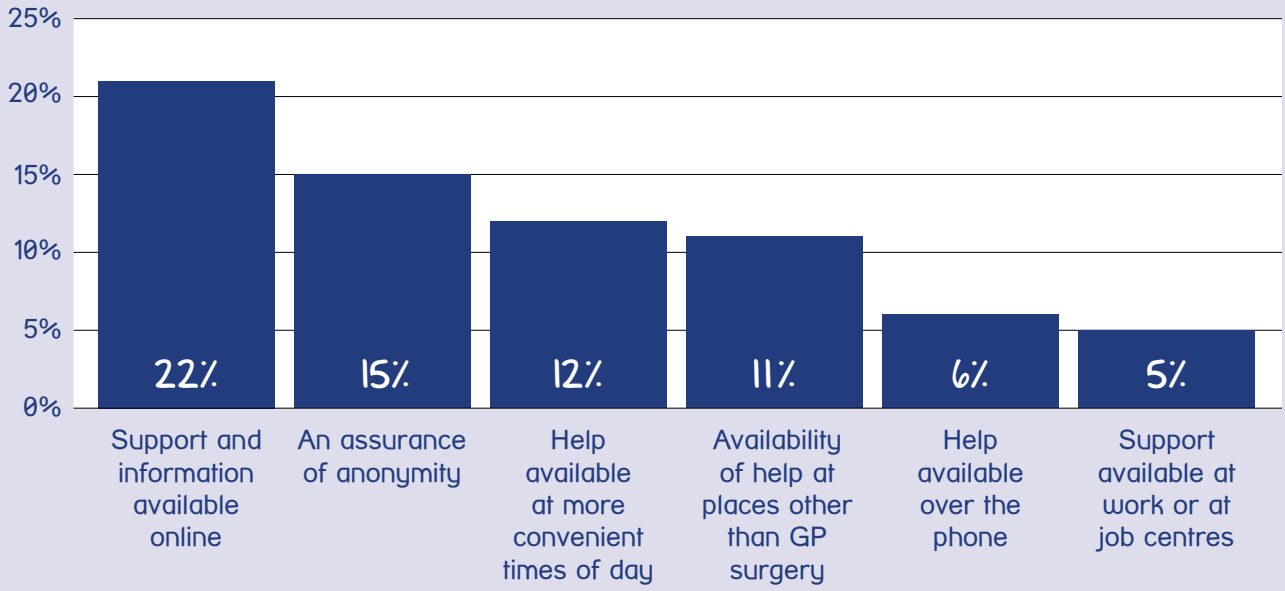
Although there's been a 1 per cent drop since 2009 in how likely men are to talk to their partner when worried or low, they are now more likely to take positive steps such as:

- look for information (up 10 per cent in 2019)
- see their doctor (up 12 per cent in 2019)
- talk to their family (up 5 per cent in 2019)
- talk to a friend (up 5 per cent in 2019)
- find a therapist or counsellor (up 11 per cent in 2019)
- buy a self-help book (up 4 per cent in 2019)

Despite these positive shifts there has been a slight increase in men who say that one of the top three reasons likely to put them off finding help is that they wouldn't know where to start (up 3 per cent in 2019). This suggests that while there is increased awareness about mental health, more targeted mental health promotion in the community and online is needed, so that men know where to find help. 16 per cent of men listed 'fear of being put on medication' in the top three reasons likely to deter them from seeking help, which was a 2 per cent increase from 2009, showing this is still a concern for many. Additionally, the number of men who say that

What would make it easier to seek help?

When asked what would make it easier to seek help if feeling low or worried for a while, men chose the following:



nothing would stop them seeking help has decreased by almost a fifth since 2009, from 22 per cent to 18 per cent.

Accessing services

In 2009 there was a large gap between men and women's willingness to see their GP if they felt low for more than two weeks, with only 23 per cent of men saying they would be likely to, compared to 33 per cent of women. This time round, 35 per cent of both men and women said they would be likely to consult their GP. Men also made up 31 per cent of callers to Mind's Infoline in 2018/19, up from 25 per cent in 2009/10.

This may reflect that notions of masculinity are slowly starting to change, as it becomes more acceptable to ask for help. In part, this could be due to an increased awareness of mental health in society and the media, with more positive and varied portrayals starting to normalise mental health problems. Targeted awareness and anti-stigma campaigns aimed at men, such as Time to Change's 'In Your Corner' and 'Ask Twice' campaigns may have also contributed positively.

While these figures are encouraging and suggest the gap in willingness to seek help might be closing, ultimately men are still less likely to seek help from the NHS for a mental health problem than women.

17 per cent of men said they would be likely to go to a counsellor or therapist to talk about their feelings if they were feeling worried or low for two weeks or more, as opposed to 22 per cent of women. In 2009 our survey showed men were almost half as likely as women to seek help from a counsellor or therapist (6 per cent of men sought help versus 11 per cent of women). This is in keeping with men making up only 35 per cent of those accessing Improving Access to Psychological Therapy (IAPT), the NHS's talking therapies service for people with mild to moderate mental health problems such as anxiety and depression.[13]

Men who took part in a focus group in Sheffield told us that for them, the problem was not asking for help but help not being available. Despite more investment in mental health services over recent years, only 39 per cent of people with a common mental health problem get any support at all.[14]

As the NHS Long Term Plan is rolled out, the NHS must deliver on its commitments to widen access to mental health services and monitor whether men are accessing services in proportion to their needs. There also needs to be a choice of services available, and local areas should consult with men to ensure services meet their needs.

Alternatives to medication

We asked men to imagine they'd been feeling anxious or low for a while and were seeing a GP for support. When asked, as an alternative to medication, what support they would prefer, they said:

- Face-to-face therapy (30 per cent)
- Physical activity (17 per cent)
- A social activity (12 per cent)
- Online therapy (6 per cent)
- Peer support (6 per cent)
- Group therapy (2 per cent)

When asked to choose their top two preferences for prescribed treatment if they had been low or anxious for more than two weeks, the most popular answers were:

- Counselling (40 per cent, up from 23 per cent in 2009)
- Exercise (29 per cent, up from 23 per cent in 2009). Men are also more likely than women to exercise at the gym to cope with feeling worried or down (14 per cent v 9 per cent).
- Self-help (24 per cent similar with 25 per cent in 2009)
- Time off work (22 per cent, up from 15 per cent in 2009)
- Antidepressants (16 per cent, up from 10 per cent in 2009)

There's good evidence to suggest that at most ages, for both men and women, being more active is linked to a trend for lower rates of depression. In fact, one study has found that by increasing your activity levels from doing nothing to exercising at least three times a week, you can reduce your risk of depression by up to 30 per cent.[15]

Mind's Get Set to Go programme, funded by Sport England and expanded with support from the EFL (English Football League), helps people with mental health problems to get more active. In its pilot phase participants felt it improved their resilience and their ability to deal with anxiety, panic attacks, and even suicidal thoughts.[16]

The University of Essex carried out research for Mind, which found that 94 per cent of people who took part in outdoor exercise activities, like walking or even gardening, said that green exercise activities had benefited their mental health.[17] In fact, ecotherapy – activities that take place in nature – can be as effective as antidepressants in treating mild to moderate depression.[18]

As part of the NHS Long Term Plan, NHS England has pledged that by 2023/24, 900,000 more people will have access to social prescribing. This is a golden opportunity for men with mental health problems to access alternatives to traditional clinical services which will support their mental health. This could include physical exercise on prescription, walking groups, gardening groups, or learning activities.

You tend to find that people who suffer with mental health problems will struggle in environments where there's a lot of people around and noise. So, they actually go where it's a little bit quieter because they've already got a busy mind that's tormenting them every second of the day, so they try and connect with natural beauty by going outdoors and going to the parks and out in the Peak District.

Sheffield Mind focus group participant

Coping mechanisms

Men are more likely than women to use unhealthy coping mechanisms when feeling low or worried, including drinking more alcohol (15 per cent v 10 per cent), smoking more (7 per cent v 6 per cent) and taking recreational drugs (2 per cent v 1 per cent). When asked to choose three ways they most like to relax when feeling worried or low, men are also more likely than women to drink alone (13 per cent v 9 per cent), go to the pub with friends (13 per cent v 6 per cent), or take recreational drugs to relax (4 per cent v 1 per cent).

When asked the three things they would be most likely to do if a male friend confided in them that they were worried or low, men are now less likely than they were 10 years ago to take that friend to the pub (down from 29 per cent in 2009 to 22 per cent in 2019).

Sometimes men will self-medicate with alcohol or drugs as a way of coping with a mental health problem. Men are twice as likely as women to drink hazardously and are much more likely to have drug dependency issues in the general population.[19] People with a dual diagnosis, or a substance misuse and a mental health problem, often find it difficult to access mental health services and find themselves excluded from support. Additionally, cuts to drug and alcohol support services in the community have a disproportionate impact on people with mental health problems, who are more likely than the general population to have substance misuse issues.

People with a dual diagnosis of mental health problems and substance misuse need to be able to access holistic support that meets all of their needs. The UK Government should increase funding to local authorities for public health to enable greater investment in substance misuse services, smoking cessation, as well as mental health prevention and promotion.

Social support: family and friends

Around a third of men in 2019 (34 per cent) would be likely to talk to their friends about their problems if they were feeling worried or low for two weeks or more, compared to just over half of women (52 per cent). This is an increase of 5 per cent among men and a decrease of 2 per cent for women, in comparison to 2009. It fits with our understanding that male friendships are often based on shared activity, such as going to the pub or attending sport, rather than sharing their feelings and worries, while women are more likely to confide in their friends when they are feeling low.[20]

For men in relationships, their partners are often the major source of emotional support, with our survey finding that 51 per cent of men would be likely to talk to their partner if they felt worried or low for two weeks or more.

Just over a third of men (36 per cent) would talk to their family about feeling low, compared with 43 per cent of women. This is an increase for men of 5 per cent (31 per cent in 2009) and a decrease of 4 per cent for women (47 per cent in 2009), again suggesting the gap in behaviour between men and women is narrowing.

Criminalising men's mental health: 'acting out' and diagnosis

When asked to choose three things that tend to happen when they are worried or feeling low, one in 10 men said they get angry when they are worried, compared with 8 per cent of women. This is a 5 per cent drop for men and women compared to 2009.

When experiencing a mental health problem, many men reported that they will externalise or 'act out' their symptoms through disruptive, violent and antisocial behaviour. By contrast, women reported that they are more likely to 'act in', with mental health problems manifesting as low self-esteem, feelings of guilt and reduced concentration.

The more 'feminine' symptoms are recognised within mental health assessments while men's symptoms are more likely to bring them into contact with the criminal justice system. The latest figures in 2018 showed that men made up 95 per cent of people in prison[21] and a further 90 per cent of people on probation.[22]

While aggressive or violent behaviour is never acceptable, there need to be clearer diagnostic principles in recognising mental health problems that may underpin aggressive or violent behaviour in men to ensure appropriate support is given.

Factors impacting on men's mental health

Work and unemployment

Our previous survey was launched at the height of the financial crisis and at the start of a recession. Economic growth has remained sluggish for the last decade, and while unemployment has remained low, there has been a growth in the gig economy,[23] characterised by precarious short-term and zero hours contracts.

Despite this, the percentage of men currently worried about money has fallen from 45 per cent to 38 per cent over the decade. Meanwhile, despite workforce changes, only 20 per cent of men were worried about job security compared with 27 per cent in 2009, and 18 per cent of women were worried compared with 22 per cent in 2009. These figures are, however, likely to shift significantly as we enter another recession. This is particularly true for men already facing inequalities, who are likely to suffer a greater negative impact on their mental health brought about by economic uncertainty.

Mind recently surveyed people with mental health problems to see how the pandemic had affected their mental health. The resulting data, from more than 14,000 people aged 25 and over, found that concerns about employment and finances were some of several worries that had a negative impact on people's mental health, with 45 per cent of men saying that employment worries had negatively affected their mental health and 41 per cent claiming their mental health was made worse by concerns about finances.[24]

Physical appearance

The percentage of men who are worried about their appearance has risen from 18 per cent in 2009 to 23 per cent. Worries seem to be greatest in 18–24 year olds (39 per cent) and 35–44 year olds (36 per cent). Overall, 6 per cent of men said social media made them worry about how they look, but this was much higher among 18–24 year olds at 19 per cent, falling to 12 per cent of 25–34 year olds and 9 per cent of 35–44 year olds.

> **My mum and dad told me, when I was a kid, when you used to go out on a date, it might be someone you'd met in the pub, it was a friend of a friend, or people used to put adverts out for dates and stuff like this. Now you've got the likes of Tinder, all these different social media platforms, where in a split second, you are completely judged on exactly how you look, right? Now, it's as simple as that, it's a yes or a no. There's no getting to know someone anymore.**
>
> Sheffield Mind focus group participant

While having concerns about your physical appearance isn't a mental health problem, it can be linked to poor mental health, eating problems, over-exercising and, in some cases, steroid misuse.[25] A survey by the Mental Health Foundation found that social media was one of the key factors that affected the way people feel about their appearance.[26]

Social media

According to our survey, 37 per cent of men said social media had a negative impact on how they feel, and interestingly this varied with age, demonstrated in the graph below. 15 percent of men said they would be happier if they used social media less and 4 percent also say social media makes them feel vulnerable because you can experience abuse online. However, these findings also varied between age groups.

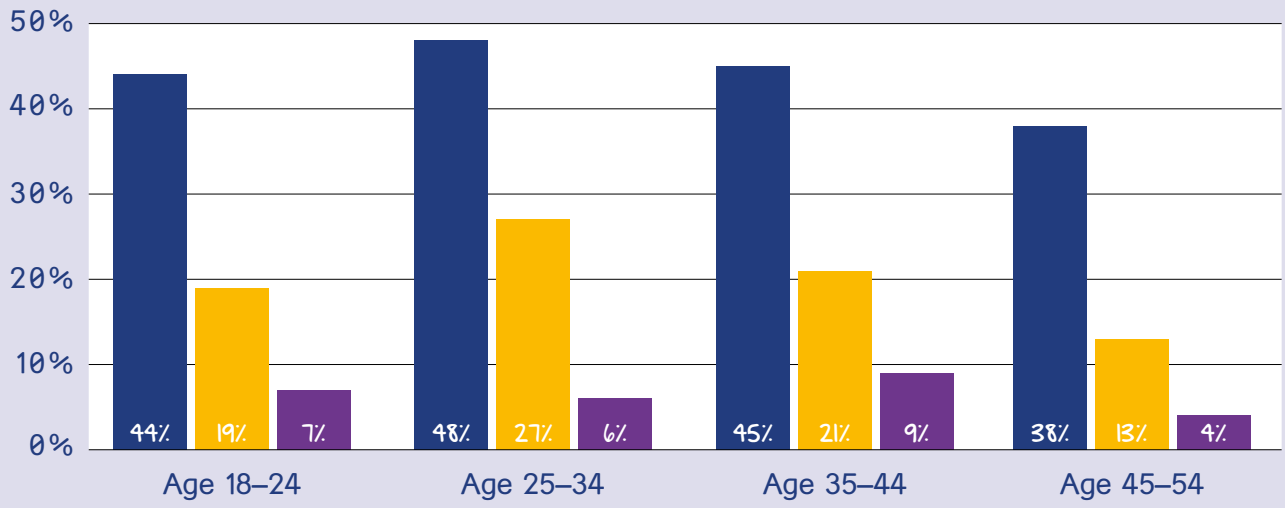
Social media and the online world can be a useful source of information, peer support and digital tools to manage mental health, however there are also risks around misinformation, cyberbullying, promoting unrealistic body images and idealised lifestyles. Many online experiences are designed to be addictive which can interfere with other aspects of life including people's sleep patterns, while a culture of 'likes' can be damaging to self-esteem.[27]

While schools can play a role in supporting young people to use social media safely, there is also a need for evidence-based advice on using social media for adults.

What we've created is a world where what is false now becomes real because if you can get as many likes on social media, it all of a sudden becomes a statement of fact.

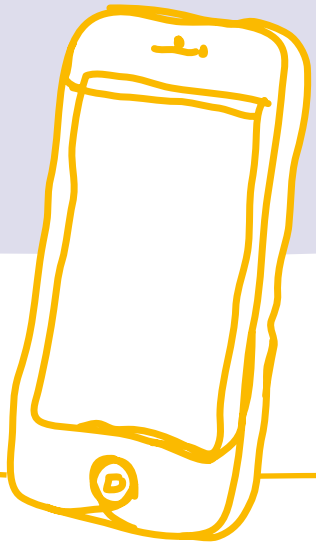
Sheffield focus group participant

Feeling on social media by age group



Key:

- "Social media has a negaitive impact on how I feel"
- "I would be happier if I used social media less"
- "Social media makes me feel vulnerable because you can experience abuse online"



Impact of existing inequalities on certain groups

Black, Asian and Minority Ethnic men

Being Asian, my experiences in school and outside society differed from my experiences within the family. Traditionally in Asian culture, the expectation is that the man has a responsibility to look after his family and when my wife became pregnant I felt I needed support to adjust. The pressure to be the main breadwinner was intense. There was no support available for me to help me cope with the changes.

Michael, Mind in Harrow user involvement group

The Black Lives Matter movement has thrown a spotlight on the inequalities faced by Black people, as well as people from Asian and Minority Ethnic (BAME) groups*. These inequalities are acutely visible within a mental health context.

Mind worked with a steering group of BAME people, which informed our submission to the recent Independent Review of the Mental Health Act, the legislation under which people can be detained for mental health treatment. The group highlighted the importance of recognising the role racism plays, not only in service delivery, but also as a significant factor in why so many people become unwell in the first place.[28] Experiences of racism include both interpersonal and institutional forms of racial discrimination.

Boys from Black African and Caribbean backgrounds in the UK have lower levels of mental health problems at age 11 compared to White or mixed heritage boys. However, national data shows that African and Caribbean men in the UK have a significantly higher likelihood of developing some types of mental health problem during their adult life (for example, symptoms relating to a diagnosis of schizophrenia and, to a lesser extent, post-traumatic stress disorder). This does not occur in countries with a predominantly Black population, and appears to be an environmental risk related to experiences in northern Europe[29] and the United States.[30]

The prevalence of symptoms relating to psychosis is higher in Black men than other ethnic groups (3.2 per cent compared to 0.3 per cent White men and 1.3 per cent Asian men – using combined 2007 and 2014 data). There is no significant variation by ethnic group among women.[31]

Historically, there has been a lack of quality data from national surveys on the prevalence of mental ill health among BAME people.[32] However, we know that people from BAME groups are more likely to experience mental health problems in any given week[33], and the most recent mental health prevalence survey combined data from the 2007 and 2014 surveys to indicate that young Black men are:

- Around 11 times as likely as young White men to be diagnosed with major psychiatric conditions such as psychotic type disorders – mainly schizophrenia.

* Mind recognises the limitations and problems of using catch-all umbrella terms such as 'Black, Asian and Minority Ethic (BAME)'. We are always open to being challenged and are committed to doing better when it comes to understanding and addressing matters of discrimination and privilege. In order to make conclusions which can only be drawn from a robust sample size, for the purposes of presenting the findings of this research we have included respondents from different ethnic groups which fall under the BAME umbrella. However we recognise that there are distinct and unique identities and challenges facing different communities referred to as 'BAME', which can be obscured in research that aggregates non-White groups together as 'BAME groups'.

- Around three times more likely to present with suicidal risk.
- Around 1.5 times more likely than White men to present with diagnosable level post-traumatic stress disorder.[34]

The evidence we do have demonstrates poor experiences and outcomes within African and Caribbean people in relation to mental health. Men and boys from BAME groups are far more likely to experience severe mental ill health but less likely to access the support they need.[35] There are numerous reasons for this, including mistrust and fear of mental health services because of discriminatory treatment experienced by Black people within these services.

A disproportionate number of people from Black backgrounds are detained under the Mental Health Act. Rates of detention for Black groups are over four times those of White groups, whilst Community Treatment Orders,[36] made by a responsible clinician to give someone supervised treatment in the community, are eight times higher for Black or Black British groups that for White groups.[37]

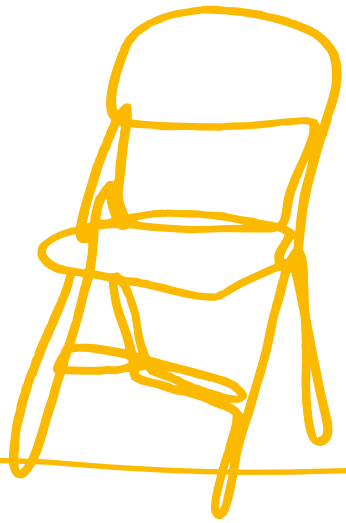
They are also at greater risk of restraint, seclusion and other restrictive practices when detained for mental health treatment.[38] At the same time, they are less likely to access primary care or IAPT (Improving Access to Psychological Therapies) than the general population and consistently record lower recovery rates.[39]

Furthermore, while our recent research looking at the impact of the pandemic on mental health did not find a significant difference in the overall rate of decline in mental health for BAME people in comparison to White people, mental health pressures – such as problems with housing, employment, and finances – had a bigger impact on this group, further entrenching pre-existing inequalities that impact mental health. For example, employment worries negatively affected the mental health of 61 per cent of BAME people, compared to 51 per cent of White people. Concerns about finances negatively affected the mental health of 52 per cent of BAME people, compared to 45 per cent White people, and a further 30 per cent of BAME people said problems with housing made their mental health worse during the pandemic, compared to 23 per cent of White people.[40] Despite these findings encompassing the experience of both men and women, it is a further factor that must be taken into account when thinking about how we can better support BAME men within a mental health context.

It is clear urgent action is needed to improve the experiences of BAME men within mental health services. For these groups, health interventions are more likely to occur at a point of crisis, involving the police. People are therefore more likely to have experiences of the mental health and criminal justice system that are painful and frightening rather than supportive.[41]

We were pleased to see that the Organisational Competence Framework and the Patient Carer Experience Tool proposed in the Mental Health Act Review final report are being taken forward by the NHS. These initiatives aim to make services more responsive to and appropriate for people from BAME backgrounds. We would, however, urge that throughout the next stage of implementation planning, there must be attention to accountability and making the reforms work in practice as well as ongoing co-production with BAME people.

NHS England should also work with the wider public sector, including the police, to improve the delivery of culturally competent services.



Gay, Bisexual & Trans men

I was part of a group made up of heterosexual men and women, but only felt that the therapy started to make sense when another man who identified as gay joined us. There were several parallels with our experiences, which helped me to make much more sense of my sexuality and the associated issue of what masculinity meant to me. Up to this point I didn't feel that the therapist or the other group members had any real understanding of what it meant to be gay and I felt that I was unable to talk about it in any depth.

Respondent to Mind 2017 survey who identifies as a gay man

Research has found that gay, bisexual and trans (GBT) men are more likely to report poor mental health, substance misuse, social isolation, self-harm and suicidal thoughts than heterosexual men. More than two in five GBT men (46 per cent) have experienced depression in the last year[42] compared with 13 per cent of heterosexual men.[43]

Gay men are twice as likely (10.9 per cent) and bisexual men three times as likely (15 per cent) as the general population to report having a longstanding psychological or emotional problem.[44] Some 43 per cent of bisexual men and 32 per cent of gay men have thought life was not worth living in the last year, with 18 per cent of bisexual men and 7 per cent of gay men reporting that they had deliberately harmed themselves.[45] Gay and bisexual men report being more dissatisfied with their bodies and their health than heterosexual men[46] and are three times more likely than heterosexual men to use drugs. [47]

There are limited statistics relating to trans men specifically, an area where we would welcome considerably more research. From the data available, however, we know that almost half of trans people (46 per cent) have thought about taking their own life in the last year.[48] A 2012 study of over 1,000 people who identify as trans found that almost 9 out 10 trans people (88 per cent) have experienced depression at some point. It also found that 75 per cent of trans people have experienced anxiety at some point, over half of trans people (58 per cent) felt that they had been so distressed at some point that they had needed to seek help or support urgently, and 10 per cent of trans people have been an inpatient in a mental health unit at least once.[49]

The reasons for poor mental health amongst GBT men are diverse and complex but many people tell us it is linked to stigma and discrimination related to sexuality or gender identity. This can include negative reactions such as rejection when first coming out, bullying at school, hate crimes, and feeling unable to be open about their sexuality or gender identity with friends and family, at work or when seeking medical help. A sense of feeling different can cause some LGBTIQ+ people to question their value and worth, especially in adolescence but also continuing into adulthood.[50] Intersectionality with race, disability, age, socio-economic status and a range of other characteristics can increase the risk of poor mental health and make it harder to access support.[51]

GBT men report negative experiences of health services because of their sexuality and gender identity. This includes issues accessing care, having their specific health needs overlooked and encountering inappropriate curiosity, or witnessing discriminatory or negative remarks

about LGBTIQ+ people from health care professionals. Together this can erode trust in services and reduce engagement.[52]

The impact of seeing people deny your existence daily is massive. When you see these messages repeatedly reinforced in the media and online you automatically internalise them. Issues like these are why trans men need much better community mental health services, as well as wider health services that are affirmative of trans people's experiences.

Ed, trans man and member of Mind's LGBTIQ+ staff network

Some GBT men[53] report poor experiences with talking therapy. These experiences include their sexuality or gender identity being seen as the cause of their mental health problems, or the therapist being uncomfortable and not skilled in discussing this part of their identity. Other people reported feeling unable to be open about their identity within group therapy where all the other participants were heterosexual.

Specialist LGBTIQ+ mental health services can help to provide appropriate and tailored support but are not always available. Affirmative Practice[54] approaches to delivering services involve creating a safe space where staff, volunteers, service users, customer and visitors are able be out and open about their sexual orientation and gender identity. It is also a space where it is understood that LGBTIQ+ people may not expect to be viewed positively within services, will likely have encountered negative attitudes and may have low expectations.

Mind has produced guidance with practical tips on delivering services using affirmative practice approaches, which can be accessed here. This includes how to create a welcoming environment, use inclusive language, ensuring appropriate staff training and supervision, engaging with the LGBTQ+ community and putting in place effective monitoring.[55]

Men's mental health in midlife

In our 2019 survey, we asked men what would stop them from seeking help if they were feeling low or worried for two or more weeks. Almost three in 10 men aged 45 to 54 (29 per cent) said they wouldn't think that feeling worried or low was important enough to act on. This was higher than any other age group and sadly correlates with ONS data that shows that men aged 45–49 still have the highest rate of suicide of all ages in the UK. Samaritans' recent report looked at the particular risks among less well-off middle-aged men and the opportunities that were being missed to offer them support before they reach crisis point, such as through contact with statutory services, health services, at the point of a job loss or when in contact with the criminal justice system. [56]

Men are more frequently ejected from the family home than women in family breakdown – they do not have social support networks like women to fall back on. They may find themselves totally alone, paying a lot of child support and towards their partners' mortgage and might just be living in insecure or hostel accommodation themselves. I hear of this a lot.

Lenny, Mind in Harrow user involvement group

The second most likely thing that men aged 45–54 reported would stop them seeking support was embarrassment (29 per cent). They are also the second most likely group to say they drink alone as a way to relax (17 per cent with only 35–44 year olds higher at 18 per cent). In addition, men in this age group were the second most likely group to relax by comfort eating (23 per cent).

27 per cent of men aged 45–54 also said it was very unlikely they would speak to their partner if they were worried or low for two weeks or more, the highest of any age group. They are also the least likely to speak to family about being worried or low (60 per cent) and least likely to find a therapist (80 per cent).

According to Samaritans research conducted in 2012, people who are divorced and separated have a higher suicide rate than those who are married, but this risk appears to be greater for men than women.[57] This is partly because heterosexual men in midlife can be dependent primarily on female partners for support. When relationships fail, men are less likely to be awarded custody of their children and as a result may see them less than before. Separation from children appears to be a significant factor in the suicide of some men.[58]

We support Samaritans' call for persistent and proactive outreach from statutory and community services aimed at less affluent men in midlife, with a focus on building purpose and connection.[59] They should also continue to be a key target audience for suicide prevention action nationally via the National Suicide Prevention Strategy, as well as in local multi-agency suicide prevention plans.

Recommendations

While many of the findings set out in this report show positive increases in men's help-seeking behaviours and their ability to speak openly about their experiences of mental health, it is clear that as the prevalence of mental health problems increases across the population, there is still much more to be done to ensure that men are receiving the right support and feel able to reach out for help.

In light of these findings, and the likely long-lasting mental health impact of the pandemic, we have proposed the follow recommendations for the UK Government, employers and the health, education and social care sectors. We are urging these groups to take action, building on the work of the past ten years and all that we have learnt, to positively effect change across men's mental health.

Recommendations for UK Government

- The Government should commit to developing a cross-party mental health strategy looking at the impact of a range of issues such as housing, welfare and criminal justice, with a gender-informed approach, as well as addressing wider intersectionalities that impact on mental health.
- Further research is urgently needed on men's health behaviours with regard to mental health and how to effectively support them.
- Continued funding should be made available for anti-stigma campaigns such as Time to Change that target men and their family and friends.
- There must be a continued focus on male suicide in the National Suicide Prevention Strategy, National Suicide Prevention Plan and in guidance to local authorities. The Government should increase funding for prevention in the community and set national and local targets for reducing male suicides.
- The Government should urgently publish its White Paper in response to the Independent Review of the Mental Health Act and implement all the recommendations as a key route to tackling race inequality within mental health services.
- The Department of Health and Social Care should work with partners to continue to evaluate the effectiveness of local multi-agency suicide prevention plans in reducing suicides among men.

Recommendations for employers and professional bodies

- Employers in industries where there are high levels of mental health problems and/or suicide should ensure that they undertake activities to promote good mental health in the workplace and that their workforce has timely access to mental health support.
- Health Education England should ensure that training curricula and Continuous Professional Development for mental health professionals include training on taking a gender-specific approach to delivering services.

Recommendations for health services

- NHS ICSs (integrated care systems) should ensure that local service providers are conducting regular engagement with men to ensure services meet their needs.
- NHS England should ensure that men referred to 'social prescribing' as part of the expansion set out in the NHS Long Term Plan are able to access a range of options to support their mental health, including exercise-based activities. This should draw on expertise from the voluntary sector.
- NHS Digital should ensure that Trusts are collecting data on gender and across all protected characteristics to gain a better understanding of patterns of service use, experience and outcomes to inform commissioning decisions, as well as to be able to determine the intersectional dimensions that need to be considered in how services respond to need.

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All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2111 adults. Fieldwork was undertaken between 10–11 September 2019. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2055 adults. Fieldwork was undertaken between 27–29 January 2009. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

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