

Inquiry into Mens Health: The Health and Social Care Committee call for evidence.

Evidence submitted by Teresa flower - Project Manager Hastings and St Leonards Mens Health and Wellbeing Project

Introduction/Summary.

- This submission is made on behalf of the Hastings and St Leonards Mens Health and Wellbeing Project hosted by Hastings Voluntary Action (HVA).
- It describes how this project is addressing health inequality with men in Hastings and St Leonards through an innovative approach underpinned by **Asset Based Community Development (ABCD)** and **Systems Change**.
- It includes **key themes that are emerging** from insight we have gathered around:
 - Men leading the way (skills, lived experience, knowledge, and passion).
 - Men and help seeking behaviour, engaging in activities, services, and support.
 - Men and mental health.
 - Men and masculinity.
- It concludes with **recommendations/solutions** around:
 - Government support for a Mens Health Strategy and Mens Health Hubs.
 - Supporting and actively encouraging new ways of working
 - Work with boys and young men around boys and young men to address traditional male stereotypes.

About the project and host organisation.

1. **The Hastings and St Leonards Men's Health and Wellbeing Project** is a collaboration between voluntary and public sectors hosted by **Hastings Voluntary Action (HVA)**. HVA aims to improve the quality of life for communities and residents in Hastings & St Leonards through promoting the principle and practice of voluntary action. Information is available on the HVA website: <https://hastingsvoluntaryaction.org.uk/> The project has been funded for three years by **East Sussex County Council (ESCC) Public Health**.
2. **Evidence shows:**
 - **There are high levels of health inequality in Hastings and St Leonards** as highlighted in the Chief Medical Officers Annual Report 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005216/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf
 - Life expectancy for men in Hastings and St Leonards is significantly lower than the national average. [Hastings borough data and statistics | East Sussex: Joint Strategic Needs Assessment \(eastsussexjsna.org.uk\)](https://www.eastsussexjsna.org.uk/hastings-borough-data-and-statistics)
 - **There are three main contributory factors** leading to the gap in life expectancy for men: heart disease; accidental poisoning (drug-related); cirrhosis and liver disease.

- **Many initiatives** have been delivered across the borough with the intention of improving health outcomes for those most in need. Individually, these have made a big difference to people who have had first-hand experience of them. **This has not led to improved health across the wider population.**
 - This suggests that **no single action, or organisation, can solve this complex issue** on its own. **A new approach is needed.**
3. **Men's** mental health is a priority in Hastings and St Leonards and this project works closely with the ESCC funded **Brighton and Hove Mind - Men's Mental Health Community Development Project in Hastings:** <https://www.mindcharity.co.uk/east-sussex/mens-mental-health-community-development>
 4. A **collaborative approach** was taken to gathering insight and developing a project plan across 2020/21. A cross sector steering group was formed, insight gathered and a systems map produced highlighting the need for collaborative action and a holistic responses across the system.
 5. A short film was produced highlighting what men have shared about their experience of living in Hastings and St Leonards. This can be viewed on the project's webpage: <https://tinyurl.com/hvamenshealth> or on YouTube: <https://youtu.be/yuBd9Occ84s>
 6. This work led to an **evidence-based project plan** being developed, recommending a new approach to addressing men's health and wellbeing in Hastings and St Leonards.
 7. Central to this approach is **exploring the potential of a self-sustaining social movement** for men's health and wellbeing. An approach advocated in Health as a Social Movement: https://media.nesta.org.uk/documents/health_as_a_social_movement-sept.pdf

Project delivery

8. **The Vision for the Hastings and St Leonards Mens Health and Wellbeing Project is:**

Men living in the most deprived communities in Hastings and St Leonards are living happier, healthier, and longer lives. They are at the heart of decision making about their lives and thrive in strong, supportive, and well-connected communities, where they can fulfil their potential.

9. In the autumn of 2022 a Project Manager, and a Community Development Worker, were appointed to mobilise and encourage collaboration between:
 - **Male residents** who have lived experience of needing and / or accessing support around the wider determinants of their health and want to be involved in improving outcomes for men in their communities; and

- **Services and community groups** which either seek to support men around the wider determinants of their health or have responsibility for other health assets (physical and environmental), that impact on health and wellbeing for men
10. This project is using an **Asset Based Community Development (ABCD)** approach which aims to maximise and build on the wealth of assets that already exist in Hastings and St Leonards. The value of this approach is highlighted in ‘What makes us healthy? The asset approach in practice: evidence, action, evaluation’:
<http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf>
11. It is underpinned by a **whole systems approach** which: “ ... enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change.”. (Public Health England 2019)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857029/WSA_Briefing.pdf

Insight from local men, community groups and organisations:

12. During the first year of project delivery we revisited the previous insight and progressed activity that is emerging from what we are discovering now through:
- **A further online survey** and external researcher conversations with local men.
 - **Community engagement** (local men, their friends and families, and group facilitators) through local community groups, service provision and community events.
 - **Systems engagement** through facilitated workshops, hosted conversations, team meetings, networking events, membership of local partnership/steering groups.
 - **Codesign (led by local men) of a project brand** that speaks to local men ‘**Mr Hastings and St Leonards**’.
 - Working with local men to form a core group of **Mens Health and Wellbeing Champions - ‘The Unusual Suspects**’. Sharing skills and experience, developing ideas, and taking action to improve local mens health and wellbeing.
 - **In depth conversations**, with the Unusual Suspects and Mr Hastings and St Leonards Team. Sharing insight into what works for local men.
 - **A Men’s Health and Wellbeing Forum**, where local groups and organisations working with men, or wishing to increase their reach are encouraged to collaborate, share expertise, knowledge and resources.
 - **Celebration Event** hosted by local men. Bringing together men with wider stakeholders.
13. More details of this work is available in **The Hastings and St Leonards Men’s Health and Wellbeing Project 1 Year Celebration Report**:
<https://hastingsvoluntaryaction.org.uk/sites/default/files/project/Mens%20Celebration%20Report%20%28Year1%20July%202023%29%20FINAL%20web.pdf>

What we have learned so far.

14. **A full analysis** of what men, their friends, family, and local service providers are telling us will be available at the end of **September 2023**.
15. **Nine key themes**, emerging from the external researcher conversations are included as appendix 1 of the projects Celebration Report (link included in paragraph 13)

Men leading the way (skills, lived experience, knowledge, and passion).

16. The projects approach has shown us that when the environment is right, and given space, time, respect and value, **men do talk**. They have knowledge, skills, and experience to share that can, and will, impact positively on the future of men's health and wellbeing.
17. **Men are keen to be involved in this project** and are proud to be leading the way. They respond positively to the project's strength-based approach. They want to share their experiences and collaborate on things that matter to them.
18. **Local men in Hastings and St Leonards are using the language of 'a movement'**, building momentum and raising the profile of mens health and wellbeing within the community and across the system. They have a wealth of ideas around how better to engage local men within their community, and ultimately in having conversations earlier, around health and wellbeing.
19. As result of the conversations this project is generating, **we are being approached by local men with ideas they would like to explore**. We work closely with local groups, and other East Sussex County Council Public Health funded projects using an ABCD approach such as Making it Happen to support them to test their ideas, collect evidence of impact and work towards sustainability of what work.
<https://hastingsvoluntaryaction.org.uk/project/making-it-happen-hastings>
20. **This strength-based approach ensures local men, the wider community, service providers and decision makers, benefit from what men can bring to the conversation:**
 - Social Capital, strengths, skills, experience and understanding often undervalued or not recognised currently.
 - Connections and networks already in place and their access to communities (e.g. the fishing community in Hastings).
 - Passion and diverse experience that open doors, bringing men together through shared values, trust, and interests.
 - Local knowledge and personal insight around how men interact within communities and the issues that may arise. Invaluable as a way to reach men where they are.

Men and help seeking behaviour, engaging in activities, services, and support.

21. Our online survey heard from 134 local men they told us:
 - **Could do with some support:** 31% around mental health, 28% physical health and 25% social life.

- **Have accessed support:** 52% had accessed support (60% of those with a health professional and 18% with a local service or group)
- **The biggest barrier to accessing support:** 66% said not wanting to ask for help, 47% not knowing where to go, 38% not wanting to be a burden. Other reasons included not welcoming to men, lack of time, motivation.
- **Preferred way of accessing support:** 76% said face to face, 6% telephone, 4% leaflet, 2% signposting. None of the 134 men that participated identified online as their preferred method.

22. **Statements like ‘men don’t seek help’ are simplifying a complex issue,** are judgemental and need exploration. When men ask for help, they feel like they have been beaten by the issue. It takes a long time for a man to admit some help/ support might be needed.

- **Past negative experiences of seeking help will impact on how men perceive support** and expectations will often be low. Men often don’t ask for help until it’s a crisis.
- **When help is sought response needs to be a positive and timely.** Men sometimes feel they are not heard when they ask for help and so give up. They feel they have to show emotions, cry, shout or get angry, to be heard. This can be received negatively by those whose support they are seeking.
- **Accessing primary care has been cited as a specific issue in Hastings and Leonards.** Triage/asking what they need an appointment for over the phone is off putting for men who are already reticent at seeking out support. These initial conversations are often a missed opportunity to engage men earlier.
- **Women are often on the front line of services.** Nuances of what a man might be saying could possibly be overlooked, and language, or behaviours misinterpreted.
- We still live in a society where **young men are less likely to be encouraged to enter into professions within care or community work or consider themselves as carers in their personal lives.** Teachers, community-based workers, and male family carers we have spoken with have highlighted this.
- Men tell us that a **‘fixing problems’ approach** is often the opposite of what men want, rather they want tools and resources to fix themselves.

23. **Men tell us that they are often anxious about joining new groups of activities.**

- Getting men through the door is the biggest challenge.
- Men like to know what is expected before joining a group. **Clear explanations and a ‘shop window’** on social media can be helpful.
- Men recognise that traditional places where men meet (e.g. working men’s clubs, and smaller local pubs) are diminishing and its cheaper to drink at home. However, this means social connections are reduced.
- **Knowing what is out there** for them is often raised as an issue. Most information is now available on online which is not accessible to all. Many

men are not aware of the wide range of opportunities available in Hastings and St Leonards.

- **Men do talk, but rarely about feelings.** Conversation is more banter based. However, over a shared interest, and with distractions in place, more in depth conversation often take place.
- The mutual support gained simply by spending time with other men, being part of something and **making connections, increases feelings of wellbeing.**
- They highlight that men are more likely to engage in **opportunities that are focussed on a shared interest.**
- We are told that **men need, and want, diverse opportunities,** not just those traditionally considered 'men friendly' (e.g. competitive activity, traditional male sports). Local environmental, arts based, more therapeutic activities (although not necessarily branded as such) are popular locally. Some examples are:
<https://www.projectrewild.co.uk/takeactionman>
<https://www.hastingsmensnetwork.org/>
<https://www.craigscabin.org.uk/what-we-do-1/>
- **Physical activities** specifically targeting men such as **Yoga for Mens Health and Men, Mind and Muscle** groups have proved successful in engaging men in more diverse activities.
https://www.hastings.gov.uk/sport_play/getactive/activehastings/
- **Men are best placed to know what approaches are needed to reach local men.** Mechanisms are needed that enable mens voices to be heard and service providers encouraged to see the benefits of hearing and acting on what they say.

Men and mental health.

24. Men say that **mental health is the biggest taboo.**

- They tell us that alternative language needs to be found to promote services, support, and encourage men to engage.
- Men often feel women's mental health is acknowledged more in the workplace than mens. If they are having a mental health issue, or want to access support, men feel this is overlooked or dismissed. They hide what is going on, **masking** and not asking for help. Concerned that if they disclose, they are experiencing mental issues, this will be held against them.
- Many men have become more **isolated since the pandemic.** Relationship breakdown, loss of employment and/or secure housing and community connections The Director of Public Health East Sussex Annual Report 2023 Connecting People and Places explored links between loneliness, isolation and health and wellbeing.
https://www.eastsussexjsna.org.uk/media/ax1dvnec/2023_2024-connecting-people-and-places_.pdf
- **Drug and alcohol use** is often a coping mechanism to deal with wider issues that are impacting on men's lives.

Men and masculinity.

25. **Men tell us that traditional views of men, and what it means to be a man**, still prevail both consciously and unconsciously (the notion that men need to be strong, in charge, the provider and protector).
- This narrative around men's roles and masculinity impacts directly on their engagement in conversations about their health and wellbeing. It can be a barrier to asking for help or giving away control to someone else to 'sort things out'. More often **men feel they should be the ones to 'fix things' for others**.
 - They feel this is often reflected in responses they receive when they ask for help or try to access support/services.
 - **Some men feel dispensable in a world where gender roles have changed**. There is still a conflict between traditional views of masculinity and expectations that men are more in touch with their feelings, caring and able to ask for help.
 - Some men have voiced the impact of **narratives around toxic masculinity**, have made them even less likely to speak out.
 - Some men, and women, have told us they feel men's experiences around **violence in the home, mental health and anxiety** are often not recognised, or prioritised, making it difficult for men to raise them as an issue.
 - With social media surrounding us all, the impact of this is a particular issue for **young men looking for role models in their day-to-day life**. They need support from an early age to find their place in the world.

Recommendations/solutions:

26. **A Men's Health Strategy**

- This is needed to address the issues highlighted here, and the many more that men are experiencing around their physical and mental health.
- This would raise the profile of men's health and wellbeing and encourage men's voices to be heard. Recognising and valuing what they know about the barriers men face in seeking support, and 'good looks like' for them.

27. **Government support for Mens Health Hubs.**

A similar model to that advocated in the Women's Health Strategy is required. Considering what men tell us about what works for them, and the barriers they experience in accessing health and wellbeing support.

- Spaces that encourage conversation and are accessible to men.
- Branding (language, and imagery) that speaks to local men.
- Opportunities that consider the diverse experiences and needs of men.
- Approaches that have been proven to encourage men to engage.
- Collaboration between local men, and services providers across the system that surrounds men and impacts on their health and wellbeing.

- Staff that have been trained around men, masculinity, and strength-based approaches.

28. Support and active encouragement for new ways of working.

- Implementation of strength-based approaches to address health inequalities amongst men as outlined in this submission.
- Valuing and sharing community, and corporate, learning around what works.
- Listen to what men say about the small changes that could make a big difference (opening times, location, staffing, promotion, approach etc.)
- Training frontline staff to be more aware, and understanding, of the barriers men face when accessing services.
- Longer term funding for project delivery. 3 years minimum required to build trust and connections, test and embed ways of working for sustainable impact.
- Support for smaller community projects to show evidence of impact and access continuation funding for what works.

29. Work with boys and young men to address traditional male stereotypes.

- Space made within the school curriculum, and in youth provision for young men to have open and honest conversations about masculinity, stigma, stereotyping and male role models.
- Training for professionals in contact with young men to increase awareness and confidence to engage in these conversations.
- Information available for family, friends, and carers to support them to engage in conversations with young men they are in contact with.
- Encourage young men to consider health, care, and community roles as a realistic and desirable career paths.

Conclusion

- The Women's Health Strategy, states: 'When we get it right for women, everyone in our society benefits'.
- Improving Mens Health and Wellbeing will have a positive impact on men themselves, and on their families, community, and wider economy.
- Raising the profile of mens health, as is discussed in this submission, is essential for this to be achieved.