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**Exploring the views, experiences, strengths,  
needs, and aspirations of targeted men to help  
inform a systems approach to improving health  
outcomes and life expectancy for men in  
Hastings and St Leonards**

**Report for East Sussex County Council**

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## **Summary**

**Exploring the views, experiences, strengths, needs, and aspirations of targeted men to help inform a systems approach to improving health outcomes and life expectancy for men in Hastings and St Leonards**

### **Introduction:**

A total of 18 men had conversations with the researcher. Of these, nine were from Hastings, eight from St Leonards and one person was from Ore. They ranged from 24-72 years (with an average of 48 years). 13 were White-British with the remaining either White-Irish, Asian-Indian or Black (terms described by the participants). Four participants described themselves as gay, 12 had mental health issues and three had physical disabilities.

Four people had lived in the area all their life and for those moving to the area, usually from London or Brighton, the average time was for 19 years ago (ranging from 4 years to 52 years ago).

### **Key findings:**

The themes are summarised into the following eight areas:

#### **1. Background**

There were both positive views (e.g. seafront, events and activities within the town, and the rich history) and negative views regarding the town (e.g. crime, safety, transport infrastructure, poor for cycling, lack of community in places).

#### **2. History of mental health**

A total of 12 out of the 18 men had current or previous mental health concerns and used this experience to share strategies or activities that had helped (see next section). For some, the health issues also extended to physical conditions that limited their everyday life.

#### **3. Strategies to keep well living in Hastings**

For many, keeping well was undertaking some form of exercise and having a focus and keeping busy. This may be walking along the seafront, making a point to go out every day, or 'people watching' across town.

#### **4. Wider determinants of health**

Most were generally happy with their housing situation, although there were some exceptions due to lack of space and disrepair.



Most men had positive comments about their neighbourhood with a sense that people 'looked out for each other'. However, there were some exceptions, with regards to concerns over the anti-social behaviour of some local residents.

There was a mixture of people employed, unemployed and looking for work, and unemployed and not looking for work. This had a strong impact on income which limited people's options to join in activities or hobbies. The cost of living crisis has made this heightened.

Typically, men had a handful of friends, with some wanting to meet more to counter isolation. For those recently moving to the area several had lost friends and were keen to meet new ones. Most lived with a partner or family with three men living alone.

## **5. Sense of community and community-based activities**

While walking was a popular activity, there were also comments about having a 'safe space' for men. This could be a place to meet people to feel more connected within the community. This space need not be a physical building but also as an opportunity to make space to talk. These community spaces were also seen as a route to sharing information to men in an informal manner, so they could pick up information such as housing opportunities, benefits and support for their health and wellbeing.

Some community spaces had been tried but were not always suitable, either 'not bloke friendly', 'too flaky' or too many young people.

A suggested means to attract men to communities was through some types of activity, such as football, snooker or garden work, where men would feel more comfortable and build up trust with each other. Two men talked at length about how they helped to build community networks within St Leonards.

## **6. Volunteering**

In relation to having a 'focus' to fill their free time, 11 men had some volunteering experience. This was thought to be a useful way to meet people. However, there were some concerns over how complicated the process of applying was, the lack of follow-up, and feeling depreciated.

Volunteering opportunities were mostly through 'word of mouth' and it was difficult to know where to look for places to volunteer.

## **7. Supporting health and wellbeing – Barriers of awareness and stigma**

Men mentioned that increasing the awareness of support opportunities was fundamental to improving their health and well-being. A timetable of events across the town that men could participate in was mentioned. Some gave examples of community halls/services closing in their area.

The stigma to seeking help was mentioned throughout, with the main conversation style among men being banter rather than having deeper conversations that could include their health and wellbeing.



## **8. Supporting health and wellbeing – Men's ideas**

In terms of service design, aimed at better attracting men, there were five main recommendations:

- Services and support being more focused rather than trying to do too much.
- Having more joined-up support services for signposting and learning from others.
- More flexible services to allow them to operate out of office hours.
- Having professionals who are suitably skilled in providing support to men.
- Preferences for single-gender groups.
- Support services need to be tailored to people's needs.

Attracting the 'under the radar' men (who are less likely to seek support) was a main challenge. Offering support where men live (outreach activities) was suggested as a strategy. Although resource intensive, this was thought to potentially attract men who are less likely to use services or feel part of their community.

## **9. Asset building**

Financial constraints were the overriding barrier to assets being furthered. Quite often, costs acted as a barrier to extending hobbies or interests. Cycling was mentioned as an interest and source of wellbeing, but poor cycling lanes and traffic were off-putting.

Concerns over crime and safety occasionally restricted men to pursue their interests or meeting other people.

## **10. The future and life aspirations**

Every person spoken with was generally positive about the future. Some men had quite specific and personal goals like getting work, moving house, getting fitter and meeting a partner.

### **Recommendations:**

Within this context and to help improve men's health and wellbeing, there were 15 recommendations that stem from the conversations:

1. Build on the positive aspects of Hastings that men were proud of such as the sea, the numerous activities and events, and the rich history of the town.
2. Address issues that may prevent people from being more engaged in the town through fear of safety and crime, anti-social behaviour of local residents, and poor and irregular public transport.
3. Continue to invest in activities to build a sense of community. While some men said that people 'looked out for each other', some community centres had closed. There were some examples of where a sense of community had been built (such as the seven streets area of St Leonards), proving this can happen more widely.
4. Recognise the challenge of a changing community between men brought up in the town and people moving to the areas from mostly London or Brighton.



5. With exercise and 'keeping busy' seen as a positive coping mechanism and a boost to mental health, men often mentioned the benefits of walking and cycling. Improving cycle lanes and controlling road traffic flow could encourage this activity.
6. Trying to help men find employment is significant, as this serves as a gateway to pursue activities and interests that they may not be able to do at present due to lack of money.
7. Invest in strategies to help men meet other men. Most men had a handful of friends, although some had no friends (living locally). All men were interested in connecting with others.
8. Consider an informal safe space specifically for men to meet other men. This space does not be a physical building but could be around an activity that allows conversation.
9. Some community spaces need to be more 'bloke friendly', 'less flaky' and could be built around activities where men would feel more comfortable and trusted.
10. Raising awareness of groups and activities for men is required as once known, they are a source of making new friends.
11. Several men had experience of volunteering. As mostly connected through 'word of mouth', there is a need to raise awareness of opportunities, simplify the application process and make volunteers feel appreciated.
12. Specific to improving mental health and wellbeing, the challenge remains to address the stigma of seeking help and enabling men to have deeper conversations alongside the usual banter. This may be harder to address than raising awareness of support opportunities which was a further recommendation.
13. An additional challenge is to attract the 'under the radar' men who are less likely to seek support. Offering support where men live (outreach activities) may be more effective than trying to encourage men to visit a support service.
14. To attract men to use services when needed, men suggested that they need to be: more focussed rather than trying to do too much; having more joined-up support services for signposting and learning from others; being more flexible services to allow them to operate out of office hours; having professionals who are suitably skilled in providing support to men; understanding a preference for single-gender groups; and that support services need to be tailored to people's specific needs.
15. While men had several interests they would like to build on, recognise that most are limited by the costs involved. Offer men more free or subsidised activities or hobbies, for example, community gardens or activities in the park. Having set times and days for activities was thought to be more accepting for men.



## **Main report**

### **Exploring the views, experiences, strengths, needs, and aspirations of targeted men to help inform a systems approach to improving health outcomes and life expectancy for men in Hastings and St Leonards**

#### **Introduction:**

In 2021, Dr Lester Coleman, was commissioned by East Sussex County Council (ESCC) to undertake community engagement with men living in Hastings, as part of the Shaping Places for Healthier Lives programme. With recent funding from Public Health, the community engagement is being repeated during 2022, albeit different in scope given how the landscape has changed in the almost two-year interval.

Although the UK is now 'living with Covid' the psychosocial impacts of the ongoing pandemic are still continuing, including impact on mental health<sup>1</sup>. At the time of writing, the cost-of-living crisis fuelled by high inflation and high interest rates has changed the economic standing of most people.

The context for this research is set within the broadening gap of life expectancy for men in Hastings and the national average, with areas of least life expectancy seen in the more deprived communities. Although this trend has since recovered, the gap between life expectancy in Hastings and St Leonards and the national average has broadened. At a small area level in Hastings (MSOA, latest data 2015-2019)<sup>2</sup>, life expectancy for men is lowest in Central St Leonards (74.17 years) which is the second lowest in East Sussex. Seven of the eleven MSOAs in Hastings are statistically worse compared to England.

The three highest contributory factors leading to the reduction in life expectancy for men are heart disease; accidental poisoning (Drug-related); and cirrhosis and liver disease.

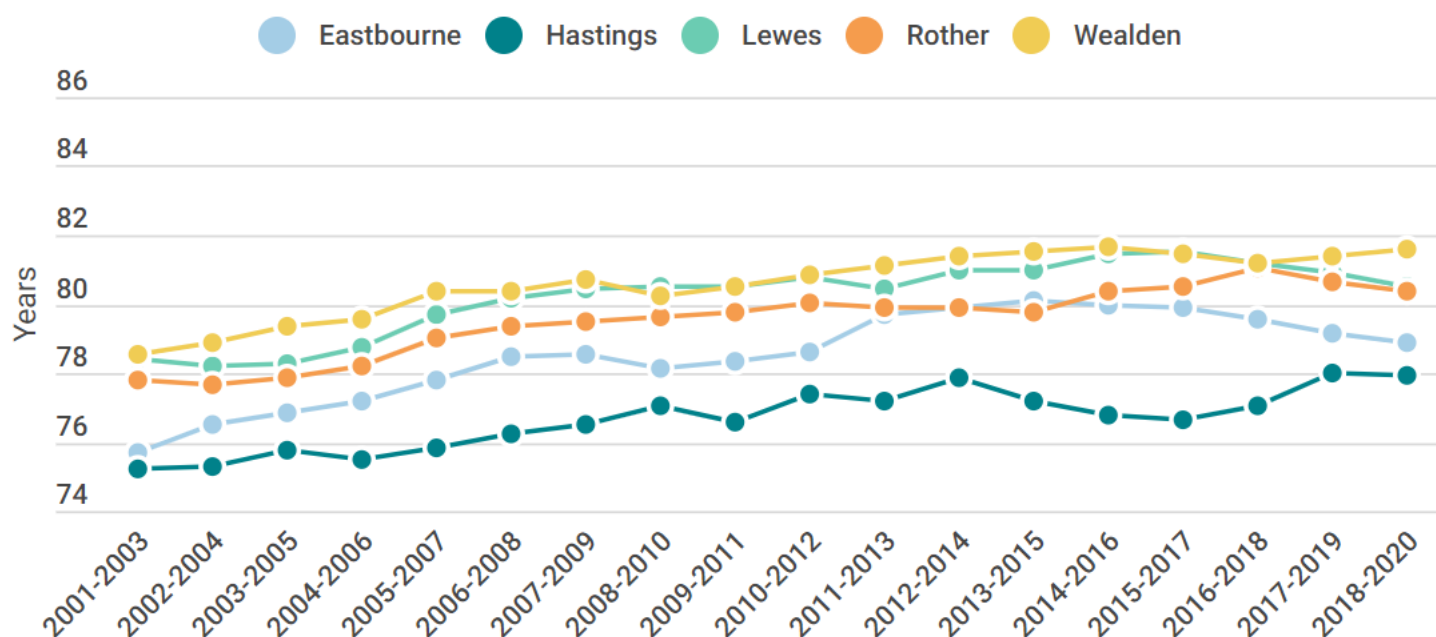
The first chart (overleaf) illustrates the lowest level of life expectancy for men in Hastings compared to other areas in East Sussex. The second chart shows the most deprived communities (dark blue areas) in Hastings and where life expectancy is lowest. The men selected for interview in this study include those living in these areas of lowest life expectancy.

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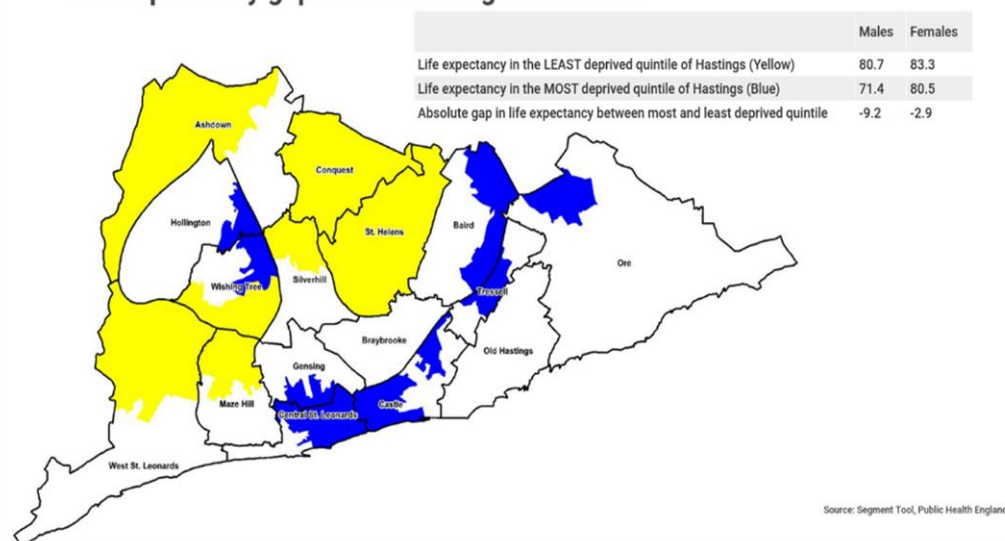
<sup>1</sup> Daly M, Sutin AR, Robinson E. Longitudinal changes in mental health and the COVID-19 pandemic: evidence from the UK Household Longitudinal Study. *Psychol Med*. 2020 Nov 13:1-10. doi: 10.1017/S0033291720004432. Epub ahead of print. PMID: 33183370; PMCID: PMC7737138. Also: <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far>

<sup>2</sup> [https://www.eastsussexjsna.org.uk/area-profiles/hastings-borough-area-profile/#:~:text=The%20LE%20in%20Hastings%20for,years%20\(2018%2D2020\)](https://www.eastsussexjsna.org.uk/area-profiles/hastings-borough-area-profile/#:~:text=The%20LE%20in%20Hastings%20for,years%20(2018%2D2020))





### Life expectancy gap within Hastings in 2015-17



Over the years, many initiatives have been delivered with the intention of improving health outcomes for those most in need. Individually, initiatives have demonstrated positive impact on people accessing support and services. However, life expectancy data suggests that their combined impact has not led to improved health at a population level, suggesting no single action or organisation can solve this complex issue on its own. A new approach is needed: Hastings Voluntary Action (HVA) is hosting a three-year Hastings and St Leonards Men's Health and Wellbeing Project which is funded by ESCC Public Health.

More specifically, the overarching aim of the Hastings Men's Health and Wellbeing Programme is to establish a self-sustaining 'social movement' (or other appropriate mechanism) for men's health and wellbeing in Hastings and St Leonards that mobilises collaborative action 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.

This wider project will ensure men's voices are heard and able to influence local services in areas that are important in their lives, and impact on their health and wellbeing. Adopting both a systems and strengths based/Asset Based Community Development approach, the programme seeks to achieve the following vision:

*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.*

The interviews outlined in this report represent the 'discovery phase' to obtain insight from men living in Hastings and St Leonards around their everyday lives, their connection with the local community, the support they need, including their solutions as what could make their lives better. Over the next three years there are many further opportunities, as part of the Hastings Men's Health and Wellbeing Programme, for local men to get involved, to share their views and experiences and make a real difference for future generations.

### **Aim:**

To undertake semi-structured interviews with targeted men in Hastings and St Leonards to gain a greater understanding of their views, experiences, strengths, needs, and aspirations in order to help inform a systems approach to improving health outcomes and life expectancy for men living in the area.

### **Objectives:**

- Design and undertake semi structured interviews with 15-20 targeted men in Hastings and St Leonards to gain a greater understanding of their views, experiences, strengths, needs, and aspirations in relation to their health and wellbeing and the wider determinants of this.
- To adopt a strengths-based approach focussing more on men's achievements (what has gone well and how this could be improved further) rather than solely their needs.
- Collate and analyse the responses from the interviews with targeted men, alongside some initial insight gathered by men recruited and trained to be 'community champions/peer researchers'<sup>3</sup> as part of the Hastings Men's Health and Wellbeing Programme.

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<sup>3</sup> To avoid repetition the community champions/peer researchers will now be referred to as community champions.



- Produce a thematic report that summarises the key insights and makes recommendations to inform future collaborative action between male residents, community groups and services. A separate report outlines findings from the community champions.
- Produce a PowerPoint presentation to accompany the final report.

Through these processes, the research intends to create and sustain an ongoing conversation about men's health and wellbeing, that results in actions that facilitate systems change that will ultimately improve life expectancy for men in Hastings and St Leonards.

## **Research Approach**

### **Design:**

A cross-sectional (i.e., participants were only be interviewed once) qualitative study using semi-structured interviews. These were used to explore the reality of men's lives in Hastings at St Leonards. This included their strengths they possess and the challenges they face.

### **Data collection and recruitment:**

Data collection took place between December 2022 and April 2023. A total of 18 men were interviewed and were recruited in three different ways:

- Volunteering via a screening survey among men administered in 2021 (57 volunteered)
- Volunteering via a screening survey among men administered in 2023
- Men already connected with Hastings Voluntary Action (HVA), including where the HVA Project Team were engaging men's groups.

Although these men may be facing challenges around unemployment, housing, caring responsibilities, etc. but are not considered to be 'extreme service users'. As well as focusing on people's challenges, the interviews adopted a strengths-based approach to understand what aspects of their lives were going well and why.

A further component of the Hastings and St Leonards Men's Health and Wellbeing Project is to hold conversations with the trained community champions. At the time of writing, these interviews are being held and will be compiled into a separate report.

A range of methods to join interviews were offered to participants such as via telephone and video-conferencing software (e.g., Microsoft Teams, Zoom, Skype). Face-to-face was offered where at least three men were happy to attend HVA on a given day.

### **Research methods:**

A Participant information Sheet was given to all men prior to the interview to outline the purpose of the project (see Appendix 1). Qualitative methods, specifically semi-structured (one-to-one) interviews, described as a 'conversation', were used to generate data for this



study. The semi-structured format allowed participants to have flexibility in their answers and identify areas not anticipated by the interviewer. The interview schedule was developed and agreed between the researcher and commissioner and was continuously informed by participant interviews. Therefore, the interview schedule is indicative, rather than final – see Appendix 2.

The conversation used a flexible script to start the interview as follows:

*“The aim of this conversation is to hear from you about what it’s like to be a man living in Hastings/St Leonards.*

*This is part of the Hastings and St Leonards Men’s Health and Wellbeing Project which aims to ensure men’s voices are heard to improve men’s lives locally.*

*Through this conversation we want to find out about various aspects of your day-to-day life such as what you do, what activities or things you get involved with, your housing, work, social life, education, relationships and how you feel about these things. Whether things are generally ok or where you may be wanting to improve the situation.*

*It’s important that we hear where things are going well, or have got better, and why this may be the case, and also how they could be improved further.”*

Although the full topic guide can be viewed in Appendix 2, the broad structure to the interview was in five parts as follows:

1. Introductory questions about life in Hastings such as day-to-day thoughts, behaviours and activities that are going well.
2. Community engagement – involvement in community activities, being more involved, feeling part of the community.
3. Wider determinants of health – what is going well, recently improved, what is more difficult to change?
4. Influencing change – building on own skills and knowledge, aspects about life needing to change, and feeling listened to.
5. The future - reaching goals and aspirations, what needs to change for men living in Hastings/St Leonards?

The conversation closed by recording demographic and equalities data (age, gender, disability, ethnicity, location, as well as how long they had lived in the area) and asking whether participants had any questions. Participants were also asked whether they needed any support around any of the issues discussed and whether they were interested in a summary of findings. If the researcher was unable to answer they were referred to the Project Manager at HVA. All participants were given a £20 high-street voucher as a ‘thank you’.



After the first three interviews, initial findings were shared with HVA and ESCC to assess whether the topic guide should be refined.

### **Data analysis:**

With participants' consent (see ethical considerations), all interviews were digitally recorded, and anonymised. The digital data was used to formulate detailed notes for each participant. The notes were compiled on to a participant profile proforma for each individual – see Appendix 3. Qualitative thematic analysis was used to inductively (from the data) and deductively (based on the project aims) analyse the data. Braun and Clarke's (2006, 2019)<sup>4</sup> method was used to identify, describe and analyse themes and patterns within the data. The analysis focused on the generation and emergence of common themes and explanations derived from the data.

In the first instance, the interview data was inspected through iterative listening and reading to ensure that there had been accurate transfer of information between the digital audio tracks and notes. This entire process facilitated familiarity with the data and allowed the beginnings of an interpretative process. In doing so, a preliminary coding structure was devised as emerging themes were identified within and across the interviews. Development of the final indexing categories were informed and guided by the project's key research questions (in the Topic Guide) and also grounded from the data itself i.e., whereby patterns, themes and categories of analysis emerge out of the data.

Through this process, codes were collated into potential themes and definitions and names were generated for each theme. Direct quotes were referred to by participant codes to ensure anonymity. In the Findings, quotes were supplemented by a fictitious name, alongside their real age.

The analysis resulted in a thematic analysis across the sample generating a series of key findings, accompanied by two case studies.

### **Ethical considerations:**

The ethical considerations were approved by the ESCC Social Care Research Governance on 20<sup>th</sup> December 2022. In terms of recruitment, participants that showed interest were invited to complete a consent form (Appendix 4) either verbally or returned by email to the researcher.

Upon showing interest and having received the contact details, the researcher contacted the participant to convey more information about the study, respond to any questions, and establish a suitable time to hold the conversation. If there was no response, the researcher would issue a maximum of one final reminder.

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<sup>4</sup> Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

Braun, V. and Clarke, V. (2019) Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), p.589-597, DOI: 10.1080/2159676X.2019.1628806



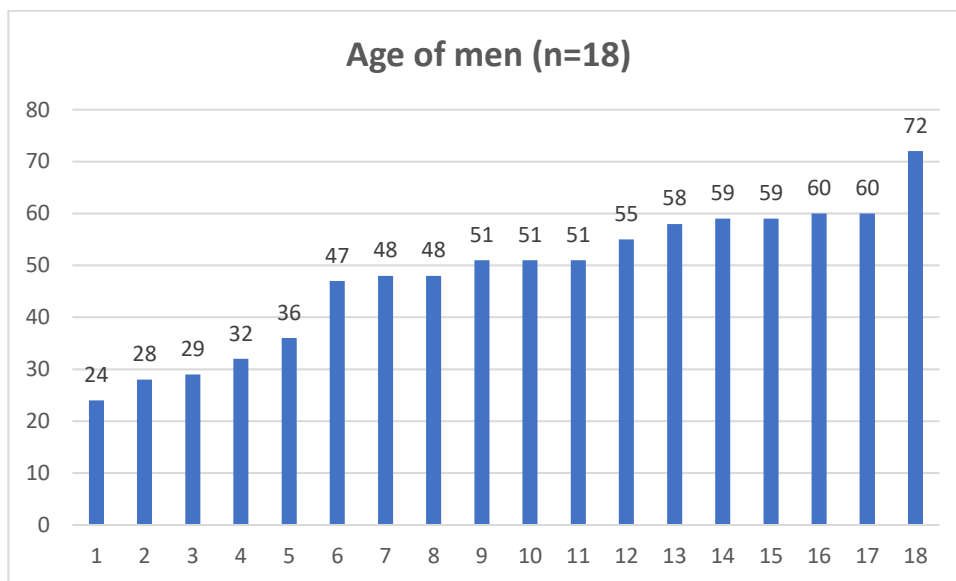
For all participants (not just those who were unable to return their consent form in advance), verbal consent was sought at the start of the interview. The consent form included agreement to participate in the interview; understanding about the study and how the information will be used; agreement to digitally record the interview; understanding that the conversation will be strictly confidential and anonymised; obligation to disclose safeguarding concerns; and rights to withdraw from the study at any time, without giving an explanation (including the deletion of all data). It was also explained that all data was securely stored (interview data and contact details), password protected and only accessible to the researcher.

## Findings

Prior to outlining the findings from the conversations, the following presents an important context by describing the type of men who were interviewed.

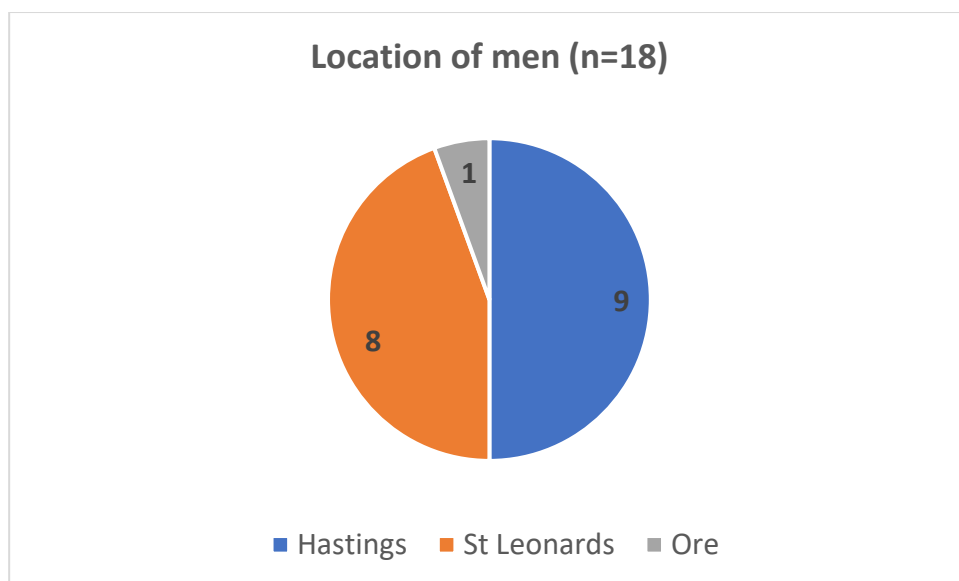
### Participant profile:

A total of 18 men were interviewed as part of this study. The average age was 48.2 years and they ranged from 24 to 72 years:

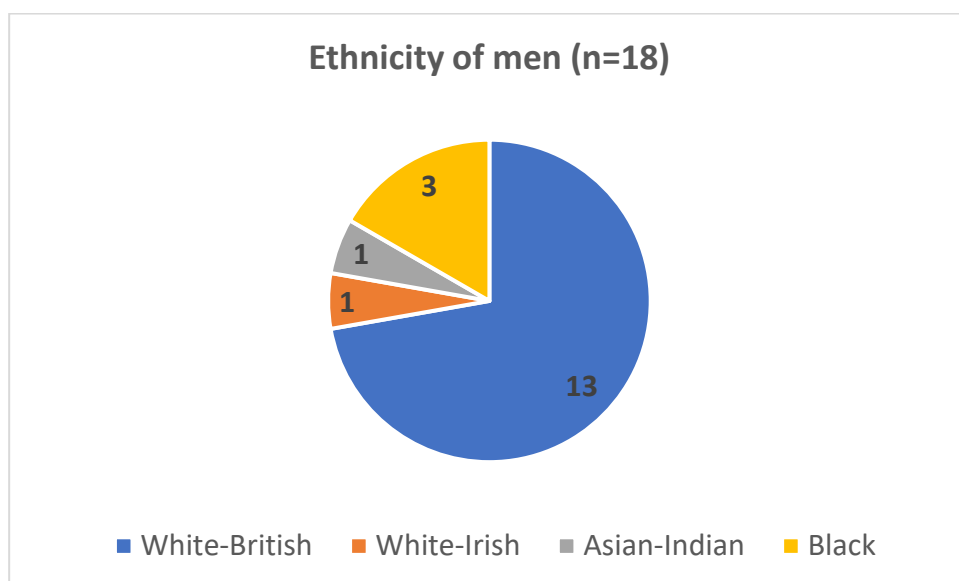


All lived in Central Hastings or St Leonards with one person from Ore:



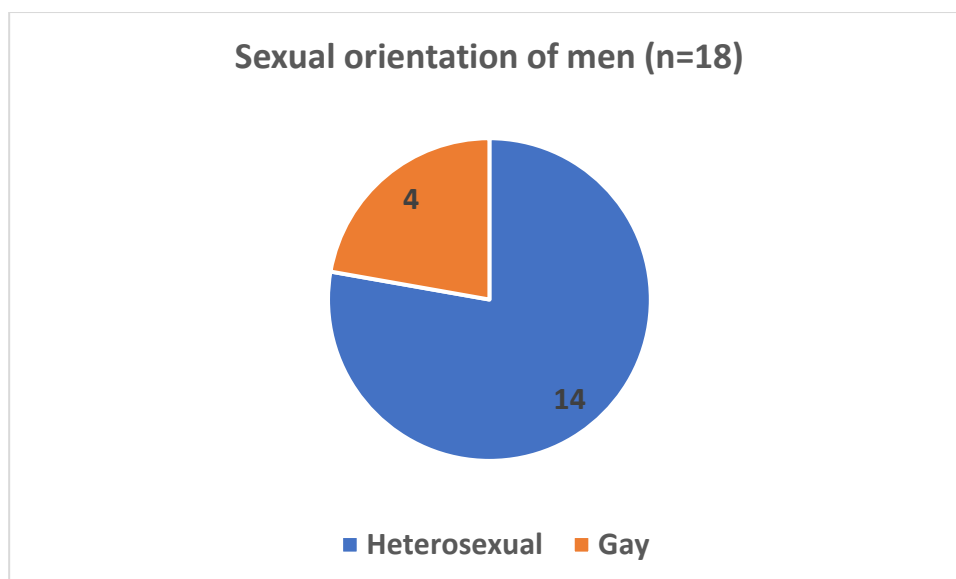


Five people did not classify themselves as White-British with three describing themselves as Black, one as White-Irish and one as Asian-Indian:

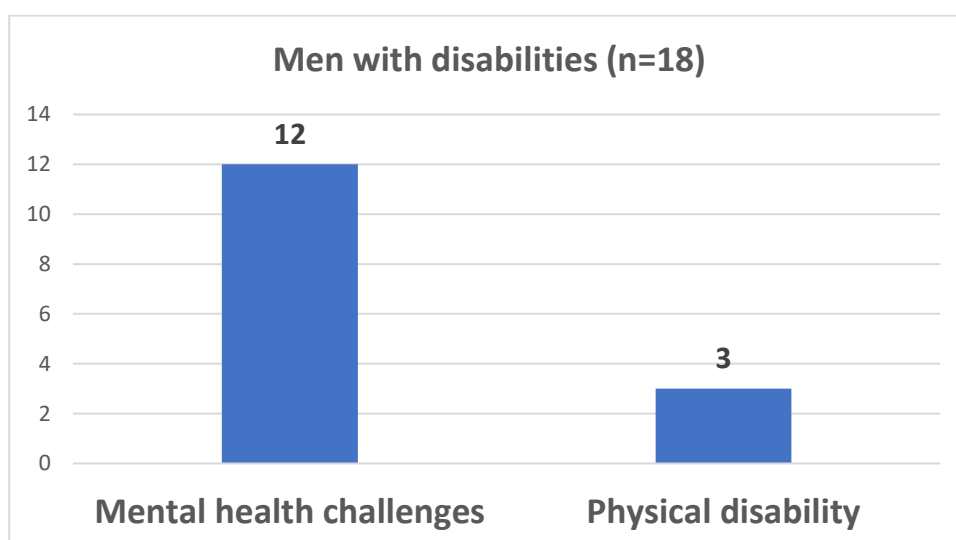


14 described themselves as heterosexual and 4 men described themselves as gay:





12 of the 18 men had previous or current mental health issues. Three of these men also had physical disabilities:



As further context, all but four men had moved to Hastings and St Leonards, ranging from four to 52 years ago.

### **Themes from the interviews:**

The findings are presented in the following order and reflect the flexible, informal nature of the conversations, starting with people's backgrounds and closing with their aspirations for the future:

- Background
- History of mental health
- Strategies to keep well living in Hastings
- Wider determinants of health
- Sense of community and community-based activities



- Volunteering
- Supporting health and wellbeing – Barriers of awareness and stigma
- Supporting health and wellbeing – Men's ideas
- Asset building
- The future and life aspirations

## 1. Background

This section presents an important context to the men who had conversations. Most had moved to Hastings and St Leonards, with only four living in the area all their life. More affordable housing had attracted men who had mostly been formerly living in London or Brighton and Hove. There were **positive comments about the location and sense of community**:

*"I like Hastings because it's a place to enjoy yourself, like a destination where people come to or visit, end of the line, compared to somewhere like Crawley where nobody lives there because it's Crawley...The challenge round here is getting a decent wage as an adult, because there's a ceiling on how much you earn and although it's easy to get a summer job, you're not going to have many opportunities unless you've got a vocation like nursing, teaching, etc." Malc, aged 29*

*"The community attracted me [to Hastings]<sup>5</sup>, to be proactive and take responsibility. By getting involved in community composting, community orchard and a men's circle." Nico, aged 55*

However, there was also acknowledgement of **some of the challenges** around mental health, drugs and the polarised socio-economic divide:

*"Seems to be a lot of mental illness in Hastings, a lot of drugs...don't know what the solution is to that." Pete, aged 59*

*"It's very varied in the socio-economic backgrounds of people, a lot of deprivation still here and the cost of living crisis has made this worse, including how the pandemic has affected access to GPs and for mental health...I think this is more extreme in Hastings. In some boroughs and some groups, I think there is a divide between those who have and those that haven't." Darren, aged 51*

Two people talked at length how Hastings had changed with a **loss of community spirit** due to people moving in and out of the town:

*"The community here has died really, too many DFLs (Down From London) coming here with more money and a lot of things now cost money that the locals, born and bred, can't afford. Like the new Bohemian centre, I can't afford to go there. So we become marginalised. The gentrification is destroying the community and that is the heart of the problem with the stripping down of all its identity." Sean, aged 60*

*"Even though I've been here for 12 years, it is different now with half of London moving down." Carter, aged 59*

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<sup>5</sup> Square brackets to show context.



One person made the point that whatever support is in place, this is likely to have much of an impact unless the problem of **affordable housing** is addressed.

*"Affordable housing is an issue, there isn't enough adequate and affordable housing. There are large numbers living in temporary housing and many rental properties have been cut by the upsurge in AirBNBs. Until you get the basics right it doesn't matter what offers are out there."* Terry, aged 72

## **2. History of mental health**

As further context, it is significant that 12 out of the 18 men had current or previous **mental health concerns** and used this experience to share strategies or activities that had helped (see next section). Some men were experiencing mental health issues during the present time:

*"The health problems have affected my mental health and has also affected my sleeping, which makes things even worse, it seems endless."* Dave, aged 60

*"I have a long history of depression and mental health since I left school, have had 13 occasions in hospitals, sectioned seven times and six voluntary admissions. I have few friends but they don't want me to go on about mental health issues."* Pete, aged 59

It was clear that the Covid pandemic had affected people's mental health:

*"During the pandemic we had a lot of staff [sexual health nurse staff] redeployed and I ended up just crashing and getting in touch with my own occupational health, I suffered severe anxiety, totally because we couldn't see patients and there was change after change after change it was like hitting a brick wall and looking at it, and I was going to break down at this point but I got help and am fine now and I wanted to give something back by volunteering for MIND."* Darren, aged 51

*"I had PTSD during Covid seeing people dying and my brother helped me. I didn't look for support as wouldn't know where to go."* Trevor, aged 24

*"I took early retirement at 55, but then Covid hit which was difficult, I couldn't work and became quite isolated. I don't do skyping or anything like that."* Gary, aged 58

Others, including one person in a professional capacity (running a men's health and wellbeing group) talked about previous instances of mental health challenges:

*"When I hit rock bottom in my mid 20s I didn't really know who to talk to. I couldn't talk to my parents, my dad would just say pull your socks up and get on with it, I've grown up in an environment where you didn't talk about it [mental health]. I had to hit rock bottom to move on, I ended up in a clinic in London, and was lucky enough to get to the Priory in Hove. I was taught a lot, that I had to get to know myself, and if I hit a low mood I would know what to do, know that it will pass and don't go down the route of drugs and alcohol. As I've got older it doesn't affect me as much."* Mick, aged 48

*"I am a carer for a disabled partner and it really got me dragged down, I nearly took my life but I realised I needed help and to focus more on the positives and I'm so much more better*



*equipped now if I have a down-day.” Clive, aged 36*

The health issues were also **physical conditions** that limited people’s everyday life:

*“Recent retirement has not been easy due to some isolation and ill health which has limited my opportunities to ‘get out more’. It’s very frustrating because my health has limited things. I can’t go any further than a mile a day.” Dave, aged 60*

*“I suffer from chronic pain with my spine, battered by my time as a builder, so sometimes I just can’t leave the house.” Sean, aged 60*

### **3. Strategies to keep well living in Hastings**

Several men reflected on their previous or current mental health issues and shared several strategies they had learnt to help improve their situation. It also provides an insight to how men spent their time that could be unique to life in Hastings. For many, keeping well was undertaking some form of exercise:

*“I’m a keen walker and always go on my own because it’s very good for my mental health. I socialise with friends at the weekend and are really into golf and darts.” Mick, aged 48*

*“My strategy is to stay active like walking, park-runs, run-talk-run and sea swimming...it helps.” Liam, aged 51*

*“I go the beach, to nice monuments, the castle, nice historical area as it’s my time to chill and relax and it’s good for my wellbeing.” Trevor, aged 24*

For others, it was a process of having a **focus and keeping busy**. This was often several different activities along with some exercise:

*“So, I do plenty of things, I like cycling, walking, playing video games and just recently started learning to play the piano, sometimes I do that in the evenings. I also go running and have an exercise bike at home I use...I dropped a bit of this after my teens but picked this all up again about eight years ago. Running helps me to have space and listen to music.” Steve, aged 51*

*“I enjoy running and do photography as well, had a picture in Hastings Museum, I do enjoy that, that people enjoy the work I do, don’t feel I need to do more, I enjoy it as it is.” Darren, aged 51*

### **4. Wider determinants of health**

To provide more insight to these men’s lives, the conversation moved towards the wider determinants of health. Most men were generally happy with their **housing situation**:

*“I’m lucky I moved into my wife’s house, we have no mortgage and I contribute to bills. My job is pretty well paid for Hastings.” Steve, aged 51*

*“I rent my place but it’s bigger and quieter than what I had in Brighton, got two bedrooms.” Gary, aged 58*



The **exceptions** were living in a small flat, disrepair, and another instance where a man had moved back to the family home due to an impending divorce:

*"My sheltered accommodation, it's housing association, it's ok, because I was homeless but it's small and dated. But better than being on the streets. I was unemployed and the council would only pay half the rent so that was it. Got my bike in the hall and not much place to store my stuff...Silverhill is ok, a bit isolated, and generally a bit of a shit hole. It can be challenging at times."* Pete, aged 59

*"We've had issues with our housing as it was in disrepair, but we now hold the landlord [Social Housing Association] to account over this."* Clive, aged 36

*"Not having my own space [living in family home awaiting divorce] is a bit difficult sometimes."* Liam, aged 51

Men also had positive comments about their **neighbourhood** with a sense that people 'looked out for each other':

*"It's good sense of community in the area, extremely nice neighbours, people 'look out for each other', like I remember providing end of life care for a neighbour and we all piled in to support him, and we do have a Christmas party at ours and invite the neighbours in...It's that's sort of place and even better we've got a terraced house having lived in a flat in Brighton, were very happy in our street, and has a real sense of community, we help out in a crisis and look out for each other."* Dave, aged 60

*"I'm very happy here, there's a good community in the block I live in, everyone looks after each other, that neighbourly feeling is very important."* Gary, aged 58

*"I think there's a positive community spirit, many events and community groups and council support that filters into local cafes that really do support people. A tea and cake and people just saying 'how are you today?'"* Leon, aged 48

However, there were some exceptions, with some commenting **on a loss of community**:

*"Where I live in Ore is OK I live in a decent house but don't really get to know many people around here. I don't want to say this but there is quite a lot of riffraff around here so I don't speak to many people here, but I am well known in the Old Town."* Mick, aged 48

*"It's not a sense of community where I live. Everyone keeps themselves to themselves. Covid and cost of living hasn't helped."* Clive, aged 36

There were also some concerns over the **behaviour of local residents**:

*"We had a drug dealer living nearby who caused loads of trouble and was aggressive towards people, male or female, extremely out of order, but he has gone, left the area."* Dave, aged 60

*"The flip side of Hastings is that there's too many noisy, angry people and the community does get damaged by a minority."* Leon, aged 48



Some men made comments about the **poor education** and training facilities in Hastings, with several young people travelling to other schools and colleges outside of the town. One man saw poor education as a limiting factor to later opportunities:

*"We have not addressed the underlying issues of low IT and basic literacy. I would like to see a 'school for life' where parents who missed out on education could learn new things, almost as part of the family education."* Carter, aged 59

One man, in his **professional capacity**, shared how people in Hastings were generally accepting of his work:

*"People are generally friendly around Hastings, and people are receptive when we share [MIND] posters to shop keepers, in pubs and in one pub where there were two suicides within the space of a couple of weeks."* Darren, aged 51

There was a mixture of people **employed**, unemployed and looking for work, and unemployed and not looking for work:

*"My job is stable, been there a year and enjoying it, together we earn quite a bit, we're pretty well-off and we're able to do things we like to do...We were renting but were left a bit of money helping us for a deposit on a house, pretty lucky really."* Malc, aged 29

The employment situation tended to tie in with people's **financial capability** which did restrict some activities and social lives. This was compounded by the 'cost of living crisis' at the time of writing:

*"The money is generally ok, but the cost of living has affected me with things being too expensive to even go for a cup of coffee."* Dave, aged 60

*"To hold on to any sense of community because that's the massive thing that's missing all the time...but it's difficult in this age because of the cost of living. No-one's got any money to do anything community wise."* Dave, aged 60

Some of the financial barriers link to the assets detailed in a later section, whereby men are able to identify what they would like to do more of but are **limited by the costs**:

*"If I had more money I'd play more golf, get out in the countryside, it's sociable and keeps your body moving because if you stop, everything seizes up. I was quite depressed and someone said try Tai Chi and it was about being around people but as I said I can't always go because it's £10 a go...I can't go out to the pub which I used to do, see bands in the Old Town, and often I've got some work through that like taking some pictures at a charity event the other day, but just don't have the money to do this, feel like my options are limited when you have a low income, so don't go out much really."* Pete, aged 59

*"I think for men to do more things that they like, you have to say that the financial thing is a big factor. They may want to do things but it's usually going out to the pub or doing sport, both of which costs money."* Mick, aged 48

By contrast three men were **more financially stable**:



*"I worked in the Public Sector, had a good package which has now helped me do what I want to do."* Carter, aged 59

*"I work 3 days a week, take a small bit of pension and got a good work-life balance."* Nico, aged 55

*"I got enough money, I do quite well with real estate."* Richard, aged 32

Typically, men had a **handful of friends**. One man recognised that a reduction in friends was inevitable at this age:

*"I used to go out and do things a bit more, but some friends of mine have moved away or gone on a career path. My mum said at my age it's the loneliest part of your life because friends move on and you haven't got kids yet to occupy your time...it's mainly my girlfriend's friends which have become mine too."* Malc, aged 29

*"I have a good circle of friends out there, I meet for coffee but probably would like to meet a few more."* Dave, aged 60

Friends were also seem to help **build a sense of belonging in the local community**:

*"My place is Wetherspoons, it's where people go who've been barred from other pubs. I talk to people there, we all look out for each other."* Sean, aged 60

*"Friends are so important for your wellbeing, I have loads, in my block and also by meeting friends of friends. If I had any problems I would talk to them."* Richard, aged 32

Moving into the area had made it difficult to make new friendships, and some really were keen to **meet new people** to counter a sense of isolation (particularly if they were living alone). While some had clearly benefitted from a larger property from moving to the area, some **found it difficult to make new friends**:

*"Felt that I had more friends when I lived in Brighton but have started to build things up again...I miss that just going down the pub now and again, I had some good friends there and I don't see so many people in that capacity now."* Steve, aged 51

*"I moved here when I was 17, so had to cut off a lot of my friends and some are difficult to replace like my girlfriend."* Graham, aged 28

The situation around friendships worsened if a move to the area was combined with retirement and missing the **comradery of a work-place**:

*"One thing, I miss the comradery of working with colleagues and that's what I don't have anymore, which was a big change from having retired...and how to replace that, and where do you go to get that, it left a gap."* Dave, aged 60

There was a concerning finding that one man was feeling it was **too late** to make new friendships:



*"I have a few friends, not many, but I don't want to be too needy because of my mental health so I feel a bit isolated. I'd really like more interaction with other people, but you have to be realistic, I'm 60 in January." Pete, aged 59*

While most lived with a partner or **family**, two lived alone and a further person was in the process of divorce. For those living alone, this ranged from being happy in your own company to actually wanting to meet a partner in the future:

*"I'm on my second marriage, no-one gave us a chance but we've been married for 25 years so it's good." Sean, aged 60*

*"I'm very happy in my own company to be honest, as long as I'm doing something, like I enjoy going to the cinema and theatre, may be a park-walk. When I go to London [where he grew up] I'm more sociable." Gary, aged 58*

*"I would like a relationship, makes things a bit more bearable, but at my age it's difficult to meet people, especially if you can't afford to go out much...In an ideal world I'd like to get some more money, that would make a big difference so I could go out more and meet people, may be a relationship because it's been about 15 years." Pete, aged 59*

## **5. Sense of community and community-based activities**

This section on building a sense of a community ties in with people's more specific ideas to build health and wellbeing outlined in a later section.

Some men mentioned that having a focus was important, particularly if they had recently retired or were looking for work. While walking was a popular activity, there were also comments about having a '**safe space**' for men. This could be a place to meet people to feel more connected within the community:

*"The community and seeing people face to face, so more community groups where you could talk at ease, so I'd like to have the ability to go to safe space, to have a cup of tea, and chat to new people and generally meet more people which helps me...to meet new people and feel at ease...but there's nothing local up here [St Leonards]." Dave, aged 60*

*"I think more spaces for men, where they could be comfortable in. Doesn't need a new space just creating time in existing spaces. Also, information in places like pubs, little shops, cafes, things like that, and newspapers, online, etc...to get the word out about how to connect." Steve, aged 51*

*"I would like to see a group together in a non-conventional place, like a park every week or two weeks where people just get together, because one thing leads to another and you meet more people. I would definitely do that." Graham, aged 28*

This space does not be a physical building but also an **opportunity to make space to talk**:

*"Would be good to make space accessible for men, not be judged. We need to understand that we can open up and it's ok to say you're feeling crap. This is not a building necessarily, but an opportunity to talk, like around football or other hobbies. It's just about starting the conversation with like-minded people." Clive, aged 36*



These community spaces were also seen as a route to **sharing information** to men in an informal manner:

*"One of the things is around spaces that people feel comfortable in and some of it is having information available to them. Like how people can connect and how to go out to existing men's groups and how they can plug into other groups to make them work even better."*  
Steve, aged 51

*"The men's circle meet every month, about 10 men, two facilitators and we sit around a fire. It's an opportunity to meet as men, talk about things, feel listened to. We plan to have some sense of an MOT and health and wellbeing signposting. It's a consistent date, but men can come, drop out for a bit and then come back – it's all very welcoming and relaxed."* Nico, aged 55

Some community spaces had been tried but were **not always suitable**, either 'not bloke friendly' or too many young people. Groups tailored to men's needs and being more flexible in opening hours were seen as an area needing to change, as well as there being more centres available:

*"I have been to one community centre in town but it's not for me. I mean all the staff are women and all a bit flaky. It's not an environment for blokes. They gave me some crayons to draw things! It's not very masculine friendly so I don't really go there now. More up my street is a workshop place in Ore where I could take my guitars and work there. But it's too expensive to get there and I can't carry all my gear on my bike, just can't get there."* Pete, aged 59

A means to attract men to communities was through some types of **activities**, where men would feel more comfortable and build up trust with each other. This was one of the most mentioned points raised through the conversations. Such an environment would be more conducive to raise difficult issues, including health and wellbeing:

*"Men tend to get together naturally, around our interests, like football, board games."*  
Steve, aged 51

*"It's very difficult for men to go to these services for the first time, you need to make them easily accessible, be less formal, and based around activities like I said earlier around snooker for example. I would love to help people, breaking down that initial barrier that is getting mental health support. For example, if you have a snooker group not labelled as mental health support, men may be encouraged to come along because they like snooker. And they could get talking to other people in a relaxed environment. If you label it as mental health support men will walk away. You need something to capture their attention."*  
Mick, aged 48

*"Hastings United FC is well supported and great venue for men to get together and maybe spread the word about health and wellbeing and encourage men to open up...Hastings is an events city, there are so many opportunities for men to get involved. If you're willing to give it a go, it's a great way to meet people."* Terry, aged 72

The following examples show how **activities can help build friendships**:



*"I'm pretty well connected around what my interests are outside of work. Most of my friends are clustered around activities, so I have pub friends and drinking buddies but not those friends I would play board games with, which is one of my biggest social outlets."*  
Steve, aged 51

*"Activities I like to do more of are structured exercise groups, It's a great place where I've met friends, a regular commitment, learning new things, but not sure of the opportunities because it's so word of mouth. Getting out and doing stuff."* Liam, aged 51

Finally in this section, two men talked at length about how they helped to **build community networks** within St Leonards. Backed by funding, the unique part of the project was to be public-led rather than working to a specific brief:

*"To build the community in St Leonards we brought people together in the seven streets area. We knocked on doors to hear their issues and what mattered to them. We listened to them and empowered them to make changes. Because crime and safety were issues, we got an immediate Police presence in the area. We did litter picking with people joining in to help others, to get people talking."* Carter, aged 59

*"We were involved in Tidy Up St Leonards, which was mostly supported by older, retired people, but it gave people a sense of ownership and pride in their local area and helped strengthen the community, because some areas have a strong feeling of community spirit and others do not."* Terry, aged 72

## 6. Volunteering

In relation to having a 'focus' to fill their free time, 11 men had some volunteering experience. This was thought to be a useful way to **meet people**:

*"I have volunteered like photography courses in Alexander Park loosely based around trees, for about six or seven weeks. I do nothing regularly, but helped at the Bike Lab for a couple of times a week. Only for a short time and it is a way of meeting people."* Pete, aged 59

However, there were some concerns over how **complicated the process of applying** was:

*"I joined another group, an LGBT group with age concern but there was so much paperwork before you volunteered which would put anyone off. I would say I'm hesitant to volunteering because there's so much red tape. There is a hesitancy in me joining anything [volunteering] because there's so much red tape and paperwork, people become secondary commodities."*  
Dave, aged 60

Other comments were about the **lack of follow-up** and feeling depreciated:

*"I suppose for me, I need to do some volunteering, tried to get involved in things, supporting people with dementia so joined a memory café as a volunteer, but difficult to get connected with them, people who run it and there was nothing coming back and it discouraged me...when I stopped going there was no follow-up. How interested were they in me a volunteer?"* Dave, aged 60

For some, volunteering opportunities were through '**word of mouth**' and it was difficult to



know where to look for places to volunteer. This was something men wanted to change and make the process of volunteering easier:

*“Most of my volunteering experiences have been through ‘word of mouth’ from other workers who were coming in to see my mother-in-law who has dementia. They told us about a memory café, I offered to help. I wouldn’t know where to look for opportunities, I really don’t know. I know I could do more volunteering if I knew where to look.”* Liam, aged 51

There were some exceptions to the above with two men outlining the **easy process** of finding out opportunities and applying:

*“Got some information from Mind and Hastings Voluntary Action, who said try out the Bike Lab.”* Pete, aged 59

*“I saw it [volunteering opportunity] on Facebook, I was interviewed, did my DBS and went on orientation with MIND so it [becoming a volunteer] was straight forward.”* Darren, aged

## **7. Supporting health and wellbeing – Barriers of awareness and stigma**

Within the context of the above, these next two sections are the most extensive part of the report. They outline the barriers for taking up support and also outline people’s ideas as to how services and other opportunities could be improved to better attract men and support their health and wellbeing. Findings were drawn from a mixture of professional and lived experiences.

In relation to the activities mentioned above, men were often **unaware** of the possible support opportunities for their health and wellbeing:

*“I would not know where to go [if I had mental health issues]. Not been to a hospital for 20 years so I would not know where to go.”* Richard, aged 32

*“I’m sure there are places to get support [for mental health and wellbeing] but I don’t know what they are or where they are.”* Graham, aged 28

*“I think it’s profiling services as I don’t think men know there are services for them but also how responsive these services are and how appropriate these are for attracting men in...you can walk across town and not see a poster about mental health.”* Darren, aged 51

As awareness is fundamental to men taking up support, some men spoke about **strategies to increase awareness**. One man suggested a timetable of events:

*“I would like to see a timetable of events each week for men, in the evening, so this could be shared across the town...something for men, having an open door policy...We had a men’s festival last March which was useful, sharing beer mats and posters [about MIND], and other leaflet drops. There were other organisations there, so it was a good opportunity for men to come together, talked to a few men on the day and a good way of profiling our work. It was only once a year and maybe it should be a couple of times a year?”* Darren, aged 51



Even when men were aware of mental health and wellbeing services, there were a number of recommendations to encourage their use. Men mentioned that an overall **increase in support opportunities** was fundamental in improving their health and wellbeing, with the following examples showing service closures:

*“Also more counselling services locally. The free ones seem to be closed or such a long waiting list and I went private for a bit but can’t afford to continue.”* Liam, aged 51

*“We used to have a community hall here, just up the road, but it’s closed now. I used to go there a lot and got into meditation up there.”* Sean, aged 60

Men also mentioned a **greater variety of services** (including access to exercise and financial management):

*“Promote the active lifestyle, like the pop-up gyms in parks, making it easier for people to exercise rather than having people to pay membership prices.”* Carter, aged 59

*“I think financial awareness could be a contributor to mental health, getting trapped in payday loans.”* Liam, aged 51

An additional idea for improving support, although highly challenging, was the need to **address the stigma** surrounding seeking help. This was a leading observation from the men, making the point that women are more likely to open up:

*“Women are more likely to say that they are struggling. Men won’t do this but they will cope by drugs and alcohol. It’s a real struggle for men. They keep it inside to try to stay in control, when you need help it means you’ve been defeated, or given into it. It’s difficult to say that you’re struggling.”* Mick, aged 48

*“Biggest thing is actually admitting men need help, sometimes it takes a lot for people to do that basically in their 50s and 60s.”* Leon, aged 48

Related to this reluctance to admit the need, men also commented that the **type of conversations** they have is largely banter rather than having deeper conversations. This acts as a real barrier should men wish to open up about their mental health or wellbeing:

*“You don’t often hear about men’s lives and what’s going on. I’ve known some people for nearly 10 years but I don’t know what happens in their day-to-day life, like if they’re caring for someone. It’s more banter rather than conversation so we need to think of ways to help men have those conversations, conversation starters, but it’s a cultural thing.”* Steve, aged 51

*“I do get to meet people but not necessarily on a deeper level, more chit-chat like after a run or sea swimming. I could go the pub and get bladdered but that’s not my thing.”* Liam, aged 51



To address these issues, several participants said that **educating men about conversations and support** is integral for men feeling able to seek help. There is a need to understand more about mental health and realise when these challenges are arising:

*“I think reluctance to take up mental health support is more down to lack of education, people not understanding mental health and how important it is.”* Malc, aged 29

*“For any man, knowing when it’s [mental health] not going right and that’s the most important thing and we can capture that it would be such an impact, that’s the crux of it really.”* Darren, aged 51

The stigma of accessing support is arguably the leading challenge and ties in with the task of enticing men, rather than solely improving services for those men who already engage. Addressing the stigma alongside the need to raise awareness of opportunities and education around mental health are the necessary prerequisites to attract the **‘under the radar’ men** who are less likely to seek support:

*“The problem with services is that it is the same people working for them, you get to know them, and the men who are going to these are not necessarily the real men at risk. It’s the ones that go under the radar that’s the problem.”* Mick, aged 48

*“We have a Saturday social, once a month, for everyone but has a lot of men to help reduce isolation. This is a major issue as men often stick their heads in the sands rather than seek advice when they need it, and are generally not open about talking about other stuff in their life.”* Steve, aged 51

One suggestion to hear from men who do not engage in services was to **offer support where men live**, rather than providing more services in town where some men will be reluctant to get involved:

*“It’s really difficult [to reach men who don’t get involved]. It’s literally about knocking on doors and having that conversation. You need to go to where they live or where they go, like anglers and football, as you can advertise as much as possible but they won’t come to you.”* Nico, aged 55

*“You have to find every man and I know you can’t knock on doors. It’s not easy being a man, particularly if you’re on your own. You could go street by street, have a pop-up thing, make it non-threatening, friendly, offer support or places to call if men need help. If I saw something like that or walked passed it I would be interested even though as I said I wouldn’t know where to look for support. It’s about taking the support out there to the men than just providing more services in town.”* Richard, aged 32

## **8. Supporting health and wellbeing – Men’s ideas**

Men had several ideas about the types of support opportunities that they thought would be useful to engage others. In terms of service design, aimed at better attracting men, there were six main recommendations.



a) Firstly, even if there are enough services, one man felt they often lacked focus and were **trying to do too much**:

*"In Hastings, the process of accessing the right support is extremely difficult. Although there are some amazing services they are all trying to do too much as it's not clear what their individual purpose is. Everyone says they do lots of things but the nuts and bolts of it, you can express your needs and get no help because they may not be able to help you with your issue. It should be that they spell out what they can and can't help with, whether it's counselling, therapy or sign-posting...Services need to be more specialist, like if I need LGBT support or PTSD, I don't know where to go."* Leon, aged 48

b) Secondly, there were seen to be benefits of having **more joined-up services**. A more coordinated menu of support could also facilitate services learning from each other. This would be useful in knowing 'what works' as well as help with signposting:

*"Where are the men we are not seeing? Some men do not work with some groups, it seems to be word of mouth, it's about extensibility and visibility of services...that's one arm of it but the other is to work with other charities to coexist and work with GPs as they can be the first port of call."* Darren, aged 51

*"Other charities, what's their recipe? How can we find out what works well and less well in getting men together? How impactful are they? Because that's what we can all build on."* Mick, aged 48

Linked to the joining-up of services was the idea of an oversight group to generate shared learning and new ideas:

*"I would like to see a local and voluntary health and wellbeing external reference group who would be responsible for men's health. Make the group very diverse in culture, ethnicity, LGB, etc. Need this leadership to feedback to local services about what is needed, what works and new ideas."* Leon, aged 48

c) The third recommendation was to have **more flexible services** to allow them to operate out of office hours as not to exclude men working traditional working hours:

*"The main thing for me is that men have to come out of their comfort zone and cross that barrier and get into services but the main problem is that these services have to be out of hours, evenings and weekends, so they can reach out to the average working Joe...The services in Hastings need to understand but this is unlikely to work, unless services are available out of hours like evenings and weekends to capture the working men."* Mick, aged 48

d) The fourth recommendation was about having **professionals who are suitably skilled** in providing support. Being able to recognise men's initial reluctance to open-up and engage them in useful discussion was an expected challenge:

*"You need people with real skills to run the group, experiencing mental health but people being able to relate to each other. Even if men get there, they may not open up so it takes a*



*skilled person to get the conversation going. Just knowing that other men are experiencing these issues might get men to open up.” Gary, aged 58*

*“You need to get people who really know what mental health is like. You need someone that men can relate to. You have to have people that can relate to the average working Joe.” Mick, aged 48*

In relation, one man mentioned that a group he went to was beneficial, but the **facilitators missed an opportunity** to establish connections with the group afterwards:

*“I got a GP referral to ‘active Hastings’ and a list of things that may help like a ‘men’s mind and muscle’ group. There was a thread there to make contact afterwards but it never really happened. The group could have helped this. Even if just making an action plan of ‘what next?’ but it never really happened.” Liam, aged 51*

e) The fifth recommendation concerned the **composition of the group**, with most men suggesting a single-gender group would be preferable. Having service or groups for men only was thought to make the barriers come down and people more likely to open-up about their mental health:

*“If it’s gender specific, like men only, I think men will speak out and the barriers will come down, so it’s ‘where men meet and more for men’. I remember ‘lads and dads’ where, for example the teenager helps their dad with IT which then moves into health issues...Men have a real problem about opening up about mental health, but only if they speak to other men with these problems.” Gary, aged 58*

*“In mental health there are different streams, there is crisis so there is that element, we have Samaritans but there is an argument whereby there should be a telephone line for men...it’s the builders on the building sites and homeless people, they won’t ask for help.” Darren, aged 51*

One man had slightly different views, although did recognise the importance of group composition:

*“Does it have to be all gender, all male? Would gay men be happy to meet alongside all men? Or do some men want to be with other men, or do some find it easier to open up to women? It’s important to make sure all representations are in community groups.” Darren, aged 51*

f) The sixth and final recommendation was to design a service that could be flexible to meet all men’s needs, given their range of interests, age and experiences. This calls for a range of different **support services tailored to people’s needs** and ‘treating the person rather than the condition’ (as illustrated below):

*“Services talk about people by the condition rather than the person, no two people are the same. I may have bipolar but I’m not the same person sitting next me who also has bipolar. Services need to treat the person rather than the condition.” Mick, aged 48*

*“It’s difficult because there’s no single thing to support men, we could have yoga but some men*



wouldn't like this, we could have a couple of record shops where men can come in to play their vinyl but yet again this may not be suitable for all, and then there's the age issue where older people may need support in a completely different way to young people...how do you capture the whole umbrella of men." Darren, aged 51

#### Case study 1 – The Sanctuary service – one man's perspective (Mick, aged 48)

Mick, aged 48, mentioned there is not enough care or support between hitting crisis and after crisis. He drew on his experience working at The Sanctuary in Hastings. This service has people staying for two to three days, but when they leave, they have very limited support meaning they may hit crisis again and return:

*"Some services are poor in Hastings, the big thing is there not being enough care or support between hitting crisis and after crisis. The Sanctuary in town where I've worked before, only has seven beds and people stay for maybe two to three days, but when they leave they have very limited support. It may only take a few things for that person to hit crisis again and then they come back."*

Also, he specifically mentioned the poor aftercare once people are discharged:

*"The Sanctuary is short stay, mostly three days and for people in crisis. The aftercare is poor, once they hit crisis which most people would do again, they may be back here. But I think it all comes down to funding and there's only seven beds at the Sanctuary."*

Mick also talked about the risk of some men using the services as a means to reduce isolation rather than helping them to engage in other activities to further their life:

*"What's happened now is because I think too many men are put in services, and those men that are isolated, they tend to make friends in the services who are also having mental health problems, and I don't think that really helps. We don't do enough to keep people out of services to encourage them to do other things in their life. I mean at the Sanctuary one person shared their story on Facebook or social media, and then suddenly two of his friends turned up having been to hospital and said they were going to kill themselves, and the hospital said 'would the Sanctuary help?', and all of a sudden two of his friends turned up."*

## 9. Asset building

To help men achieve improvements to their health and wellbeing, several talked about activities and hobbies that they would like to do more regularly. The financial constraints highlighted above were the overriding barrier to these assets being furthered.

One example of this was from a man, living alone, currently out of work and had mental and physical health needs. He had a passion for guitars which he would like to pursue, but **space and costs** were prohibitive:

*"The main thing for me is that I really enjoy repairing guitars, I started about 10 years ago,*



*got taught how to fix guitars and got quite into it, but the bits are expensive. It keeps me occupied which is a good thing. I'd also like to use a workshop where I could keep my tools and store my guitars to free up space and make my living environment a lot easier."* Pete, aged 59

Another man spoke about his interests in art, but again the **costs**, although to a lesser extent, acted as a barrier to extend this hobby:

*"I also have a studio in Hastings where I do a bit of artwork but there's a cost involved and have a bit of time here to do my own artwork...I would like more time for that."* Steve, aged 51

For one other man, pursuing their interests was not a financial restriction, more an inability to **engage with like-minded men**:

*"I like football, so looked into walking football, but that competitive thing with alpha males, really puts me off."* Gary, aged 58

Three men talked about the wellbeing benefits of **cycling** which was coming more difficult due to the excessive traffic and reduction in cycle lanes:

*"Cycling is not good here. Apart from the hills there's not enough cycle paths and even the one they planned in the park got abandoned."* Carter, aged 59

*"I think the roads and speed limits, not reducing it to 20mph, makes cycling and walking in fact potentially very dangerous. I think bike hangers would be a good way for people to store bikes who live in multioccupancies. Encouraging safe cycling would have benefit for men's health generally and their wellbeing."* Terry, aged 72

Three men also said that concerns over their **safety** restricted them to pursue their interests or meeting other people:

*"I don't feel that safe round here. My family had a bad experience and now they don't want me to leave the house that much...Because I don't feel safe I can't even go to the gym and I'd like to do more football, walking, hiking and things."* Graham, aged 28

*"As I get older it also makes me feel less safe, like I won't go out much in the dark."* Gary, aged 58

*"I think the problem here is the high crime rate so I don't go out in the evening."* Trevor, aged 24

One person had created a cabin that was used to attract men for walks in the woods and other wellbeing activities. However, to develop this further he wanted advice about how to **obtain charitable status**:

*"I want my cabin to become a fully-fledged charity, perhaps have social prescribers, but I don't know who to contact about this as we are quite small."* Clive, aged 36



Finally, and although less related to personal assets, one man spoke about the potential for Hastings to support health and wellbeing initiatives. This man spoke about how receptive pubs and other venues were in **accommodating his materials**:

*"For Mind I volunteer wherever possible like going around to pubs other venues to distribute materials. I like the town, it has so much potential."* Mick, aged 48

## **10. The future and life aspirations**

Every person spoken to was positive about the future. Some men had quite specific and personal goals like getting work or moving house. Improving local transport was one idea for the future:

*"I think more transport would help me. They seem to always change the bus routes and they are quite expensive."* Gary, aged 58

*"The bus service is crap, I've given up, too many changes, too many cancellations."* Sean, aged 60

One man spoke about **getting fitter** which would appear to help him further by getting a new job and open-up additional opportunities:

*"Quite limited health-wise for what I can do...work's not on the agenda at the moment...This time next year I'd like to feel better and be able to walk further. I can only do about a mile now. I would like to get my health sorted. This would open up the opportunity to get out more, do more volunteering, some part-time work or some groups to join."* Dave, aged 60

One additional man felt very strongly about men's mental health and wanted to **continue his work in this area**:

*"I know a lot of people in the Old Town and suicide rates are going through the roof. I can be very open about it and I know lots of people in there so I really think I could help mainly by getting people to help themselves...In the future I really want to keep my eye open for a hands on roll for mental health...I'm well known in the Old Town, a lot of people know me so I could talk to people. What I really want to do, because I know I could help, would help an awful lot of people. I'm very passionate about it. Because I think there's real potential for myself and Hastings to do something amazing but it does involve taking men out of their comfort zone."* Mick, aged 48

Both these examples relate back to one of the main challenges for men and a possible route out of adversity, by having a **life goal or focus**. As one man said:

*"Main thing for Hastings is to give people a focus, like a clear vocation, instilling inspiration like charity work, a job and education."* Malc, aged 29



### Case study 2 – Pete, aged 59, lives in Silverhill, Hastings

Pete, aged 59, lives alone and in a small council flat that has given him a permanent place to stay after a period of homelessness and staying with friends. He would like a bigger place but sees this as an improvement to his previous times in temporary accommodation: *“My sheltered accommodation, it’s housing association, it’s ok, because I was homeless but it’s small and dated. But better than being on the streets.”* He finds Silverhill as ok, but *“a bit isolated, and generally a bit of a shit hole. It can be challenging at times”* and he feels *“quite cut-off here in Silverhill, a bit out the way, and because my accommodation is so chaotic, I don’t get many visitors.”*

Pete has a history of mental illness having had *“13 occasions in hospitals, sectioned seven times and six voluntary admissions.”* He feels his mental health is a barrier to furthering his *“few friends, not many, but I don’t want to be too needy because of my mental health so I feel a bit isolated.”* Being unemployed and on universal credit has also prevented him from being in situations to meet people, like *“Tai Chi is £10 a session so I rarely can make it but do go if I can afford it, it’s good for your mental health...feel like my options are limited when you have a low income, so don’t go out much really.”*

Pete has a history of volunteering and found *“it is a way of meeting people.”* In terms of building upon Pete’s interest, he describes himself as having a *“passion for guitars...which keeps me occupied which is a good thing.”* To improve things further, he would also like *“to use a workshop where I could keep my tools and store my guitars to free up space and make my living environment a lot easier.”*

Pete has visited some community centres but describes them as *“...it’s not for me. I mean all the staff are women and all a bit flaky. It’s not an environment for blokes. They gave me some crayons to draw things! It’s not very masculine friendly so I don’t really go there now.”* However, he is aware of a *“community place in town around music, I think it’s mostly for young people and not a person of my age, but that would interest me and don’t think it involves money so more community areas to make music and record stuff would be good...I would help out in things like this but don’t really know if there are many places like that.”*

This clearly shows Pete has interests and motivation to connect with other people, but his financial situation has not helped and some community centres or venues are not suited to him. There is also a sense that there may be centres or venues that could be more suited to his age, gender and interests, that he may well not be aware of.

He sees that his lack of money is preventing him from getting a *“relationship, makes things a bit more bearable, but at my age it’s difficult to meet people, especially if you can’t afford to go out much.”*

Perhaps unique to Hastings, Pete also notices the impact of the weather describing how he can *“...get out more in the summer, can sit on the prom for a couple of hours but now [winter] it feels like I’m hibernating.”*



## Conclusion and recommendations

The aim of these conversations was to hear from men, living in Hastings and St Leonards, to gain a greater understanding of their views, experiences, strengths, needs, and aspirations in order to help inform a systems approach to improving health outcomes and life expectancy for men living in the area.

This study provided a deep insight to men's lives in Hastings. Most of the 18 men were living in deprived areas of Hastings and St Leonards and had, or were currently experiencing, mental health challenges. Some had physical disabilities. All men were passionate about the town, the opportunities it offered, but were somewhat distanced from this due to lack of money. Most men had moved to the area, ranging from within the last four years to decades ago. Moving from London or Brighton was commonly mentioned.

Men had several ideas how to become more engaged in hobbies and activities and to reach out to men who 'go under the radar' for support services. However, it must be understood that the time of the conversations was in the middle of a 'cost of living crisis' and during mid-winter which, for a tourist town, was found to be particularly limiting on pursuing interests and activities.

Within this context and to help improve men's health and wellbeing, there were 15 recommendations that stem from the conversations:

1. Build on the positive aspects of Hastings that men were proud of such as the sea, the numerous activities and events, and the rich history of the town.
2. Address issues that may prevent people from being more engaged in the town through fear of safety and crime, anti-social behaviour of local residents, and poor and irregular public transport.
3. Continue to invest in activities to build a sense of community. While some men said that people 'looked out for each other', some community centres had closed. There were some examples of where a sense of community had been built (such as the seven streets area of St Leonards), proving this can happen more widely.
4. Recognise the challenge of a changing community between men brought up in the town and people moving to the areas from mostly London or Brighton.
5. With exercise and 'keeping busy' seen as a positive coping mechanism and a boost to mental health, men often mentioned the benefits of walking and cycling. Improving cycle lanes and controlling road traffic flow could encourage this activity.
6. Trying to help men find employment is significant, as this serves as a gateway to pursue activities and interests that they may not be able to do at present due to lack of money.
7. Invest in strategies to help men meet other men. Most men had a handful of friends, although some had no friends (living locally). All men were interested in connecting with others.
8. Consider an informal safe space specifically for men to meet other men. This space does not be a physical building but could be around an activity that allows conversation.



9. Some community spaces need to be more 'bloke friendly', 'less flaky' and could be built around activities where men would feel more comfortable and trusted.
10. Raising awareness of groups and activities for men is required as once known, they are a source of making new friends.
11. Several men had experience of volunteering. As mostly connected through 'word of mouth', there is a need to raise awareness of opportunities, simplify the application process and make volunteers feel appreciated.
12. Specific to improving mental health and wellbeing, the challenge remains to address the stigma of seeking help and enabling men to have deeper conversations alongside the usual banter. This may be harder to address than raising awareness of support opportunities which was a further recommendation.
13. An additional challenge is to attract the 'under the radar' men who are less likely to seek support. Offering support where men live (outreach activities) may be more effective than trying to encourage men to visit a support service.
14. To attract men to use services when needed, men suggested that they need to be: more focussed rather than trying to do too much; having more joined-up support services for signposting and learning from others; being more flexible services to allow them to operate out of office hours; having professionals who are suitably skilled in providing support to men; understanding a preference for single-gender groups; and that support services need to be tailored to people's specific needs.
15. While men had several interests they would like to build on, recognise that most are limited by the costs involved. Offer men more free or subsidised activities or hobbies, for example, community gardens or activities in the park. Having set times and days for activities was thought to be more accepting for men.



## **Appendices**

Appendix 1 – Information sheet

Appendix 2 – Conversation guide with men

Appendix 3 – Participant profile proforma, including an anonymised example

Appendix 4 – Consent form



## Appendix 1 – Participation Information Sheet

### PARTICIPATION INFORMATION SHEET



### **Building on your strengths and needs to improve health and wellbeing outcomes in Hastings and St Leonards**

#### **Invitation**

I would like to invite you to take part in a study about your views and experiences of living in Hastings. This will explore your strengths, needs, goals and general thoughts about your life in Hastings and St Leonards.

#### **Why are we doing this project?**

Listening to men's needs, views and experiences are crucial to design services that can better support men in the future. To understand this, we need to hear about what it is like living in Hastings and St Leonards, any challenge you face and how best these can be met.

#### **Do I have to take part?**

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. If you want to find out more information our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can also **withdraw at any time** without giving a reason.

If you decide to withdraw before or during the interview, or before your interview has been included in the analysis (up to two weeks after the interview has taken place) we will not keep any of the information you have given us. If you decide to withdraw after the interview has been included in the analysis, any anonymous data you have already given us will be kept, but we won't ask you for any further information.

#### **What will taking part in the research involve?**

This study involves having a conversation with the researcher for up to 45 minutes but can be longer if you prefer. The conversation is most likely to be over the phone, but also a Teams or Zoom meeting, or a face-to-face, can be arranged if you prefer.

The interview will be an informal discussion and there are no right or wrong answers. We want to hear your views whether positive or negative.

#### **What are the benefits of taking part?**

Although there are no immediate benefits of taking part in this study, the findings will help us understand ways in which to best support men who are living in Hastings.

At the end of the interview, you will be offered a **£20 Amazon voucher** to say 'thank you' for your contribution.



**What are the possible disadvantages of taking part?**

There are no foreseeable risks of taking part in this study. However, you can stop the interview at any time if you feel uncomfortable.

**Case studies**

At the end of the interview, we may ask for your permission to create an anonymised 'case study' from your discussion (using a false name). A case study is a written summary of some of points shared in our conversation with a selection of quotes to illustrate these findings. A case study would typically be no longer than one page and you will see and have the option to agree (or disagree) with the final copy prior to publication.

**How will you keep my personal details safe?**

Anything you say to the researcher will remain strictly confidential. However, if we hear anything during our conversation which makes us worried that you or others may be at risk of harm, we might have to inform relevant agencies of this. This would usually be discussed with you first.

Nobody from outside of the Research Team will be able to identify you from any comments you make to us. All data will be stored securely using password and a network protected computer.

**How will the research be used?**

The research findings will be written up in a project report and submitted to East Sussex County Council. Reports may include direct quotes from interviews. However, any names or other identifying information will be removed. A summary of the results can be sent to you if you wish to see them. You will not be personally identified in any research reports.

**What will happen next?**

If you are willing to take part, you will be contacted by Lester on 07969 498866 (text or by phone) or from [colemanresearch@hotmail.co.uk](mailto:colemanresearch@hotmail.co.uk). He will then contact you to arrange a convenient time for the conversation (this can be during the day, evenings or weekend).

Lester is an experience interviewer and has recently interview men and new fathers in Hastings. He prefers to call this an informal chat rather than an 'interview'.

The researcher will be able to answer any questions you might have and you will be asked to give consent to show that it is your choice to join the study.

**Contacts for further information:**

Researcher - Lester Coleman, 07969 498866, [colemanresearch@hotmail.co.uk](mailto:colemanresearch@hotmail.co.uk)

East Sussex County Council (including raising any concerns) – Nicola Blake, [nicola.blake@eastsussex.gov.uk](mailto:nicola.blake@eastsussex.gov.uk) Health Improvement Principal (Health Behaviours and Health Checks), ESCC Public Health.



## **Appendix 2 – Conversation guide with men**

### **Conversation guide**

**Your views and experiences are important to help shape the future of men's health and wellbeing in Hastings and St Leonards.**

#### *Researcher note*

The aim of this conversation is to hear from you about what it's like to be a man living in Hastings/St Leonards.

This is part of the Hastings and St Leonards Men's Health and Wellbeing Project which aims to ensure men's voices are heard to improve men's lives locally.

Through this conversation we want to find out about various aspects of your day-to-day life such as what you do, what activities or things you get involved with, your housing, work, social life, education, relationships and how you feel about these things. Whether things are generally ok or where you may be wanting to improve the situation.

It's important that we hear where things are going well, or have got better, and why this may be the case, and also how they could be improved further.

Do you have any questions at this stage?

Make note of where recruited from, have they read the participation sheet, and informed consent checked.

Do you have any questions at this stage?

#### **Conversation guide:**

##### **a) Introductory questions about life in Hastings**

1. To start, I just have a few questions to find out a bit about you if that's ok. How old are you? Where do you live (roughly), how long lived in Hastings/St Leonards? And just a bit more about yourself and what you do day-to-day – what does a typical day look like for you at the moment?
2. What are your general thoughts about your life in Hastings/St Leonards. Thinking about your day-to-day life, what are the real positives? What really inspires you? What things do you really like and that are going well? What could make them go even better?
3. What about some of the challenges living in Hastings/St Leonards? Is there anything that really frustrates or angers you living here?
4. Do you think this is particularly unique for a man living in Hastings/St Leonards compared to other areas of the county?



## **b) Community engagement**

5. Building on your day-to-day things you do, are you involved in community activities/ interests that you enjoy - groups, sports, pub, etc? How important is this to you? Would you like get more involved or do other things locally? Do you think it's easy or difficult for men to get involved in these types of things (community activities)?
6. Would you say you feel part of the local community? Does it make you feel valued? Do you have people you look up to thinking I'd like to be like him, or perhaps people look up to you (role models)?

## **c) Wider determinants of health**

7. I would like to hear more about your day-to-day life, thinking about things like housing, jobs, money, relationships, social life etc. Could you tell me what's going well about these things? I'd like to hear about when things have really improved? Explore why?
8. Are there any of the above you'd really like to improve? Have you actually sought help with any of these issues – what happened? Any support services used? Any barriers to getting support including awareness/stigma? When have things been difficult - How do you cope in difficult situations relating to these? Explore drug and alcohol use.
9. What about your health/wellbeing? Physical and emotional wellbeing? What's going well and what would you like to improve? How do you manage this on a day-to-day basis?
10. Do you think your experiences (wider determinants) are quite common among other men in Hastings/St. Leonards? Are there things that make Hastings/St Leonards unique? Do you think Covid or the cost of living has had an impact?

## **d) Influencing change**

11. What would you say are your skills and knowledge are? How did you acquire this? How could they be improved even further? What about anything else you'd like to know more about or develop your skills in?
12. Is having your voice heard on issues that matter to you important to you? Can you think of something that you think really needs to change in men's lives in Hastings/St Leonards (such as activities, opportunities, support services). How could this happen – think about a specific example - how easy is it to get things to change? Is this achievable – what could make it more achievable?
13. Are men listened to/are local decisions reflecting men's needs? Are there opportunities to put your views forward?



14. Would you like to be part of making things change/improve? Would you like to be asked more about how to make things change? Would you want to be involved in improving outcomes for men in your area/community?
15. Thinking about what we've discussed, what are real the real positives for men living in Hastings? What would really help you to make things better?

**e) The future - Reaching goals and aspirations**

16. Based on our discussion, what's really important for you? What are your future goals/aspirations and how can these be achieved. What would help you reach these goals?
17. If you could change one thing for future generations of men in Hastings, what would it be? What would you like to see happen for yourself and men living in Hastings/St Leonards?

**Close**

Check with participant main issues discussed. Close by checking equalities data – age (if not already given), disability, ethnicity. Check voucher delivery details, like copy of summary report?



### Appendix 3 – Participant profile proforma, including an anonymised example

Interviewee name:
Interview date:
Interview method: (phone, online, etc.)
Consent for interview:
Length of recorded interview: in minutes (consent, demographic and case study information not recorded)
Interest in a summary of findings
Age:
How long lived in Hastings:
Gender:
Location:
Ethnicity:
Disability:
Employment status:
<b>Interview notes:</b>



## Appendix 4 – Consent form

### CONSENT TO PARTICIPATE IN AN INTERVIEW STUDY

#### Building on your strengths and needs to improve health and wellbeing outcomes in Hastings and St Leonards

Please put your initials in the box alongside each statement to indicate that you agree with it and then put your name and the date at the bottom of the form. If you do not agree with any of the statements or do not wish to consent, you should not initial or sign the form\*.

1	I agree to participate in an interview to share my views and experiences of living in Hastings, including my strengths, needs and future goals.	
2	The researcher has explained to my satisfaction the purpose of the study and how the information will be used.	
3	I understand that everything I say will be treated in strict confidence and no information identifying me or my household will be passed on to anyone other than members of the research team.	
4	I understand that my details will not be shared with anybody outside the research team; however, I know that the researcher is obliged to inform another professional if I disclose that I, or someone I know, is at risk of harm.	
5	I understand that I am free to withdraw from the study at any time, without giving an explanation.	
6	I agree to the discussion being digitally recorded for the purposes of this research study.	

Please initial box

Participant's name: .....

Signature: ..... / Date: .....

Researcher's name: .....

Signature: ..... / Date: .....

*\*For verbal consent, the researcher will read out the statements and the participant will be asked to individually agree (or disagree) with each statement.*