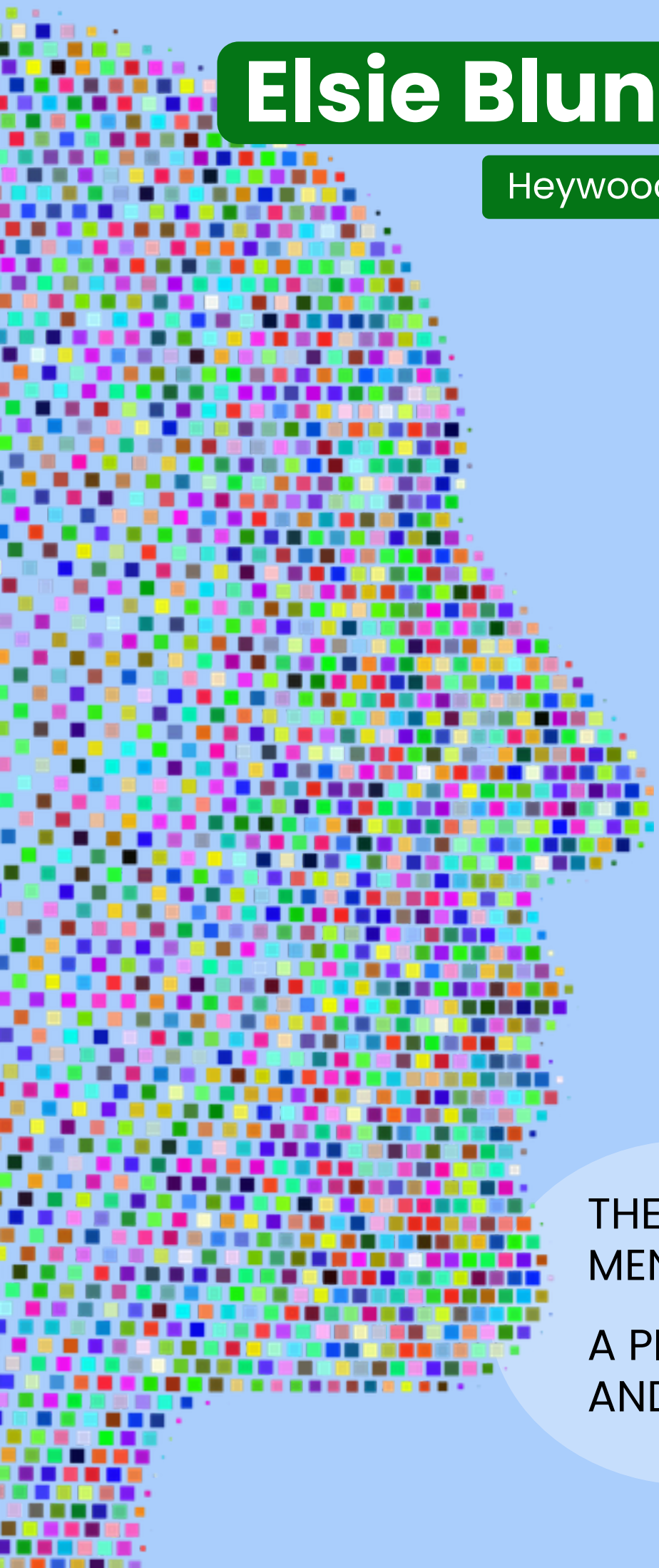
Elsie Blundell MP

Heywood and Middleton North



THE MENTAL HEALTH OF MEN AND YOUNG MEN

A PICTURE OF HEYWOOD AND MIDDLETON NORTH

INTRODUCTION

Across our communities, our workplaces and our schools – even within our homes – there is a silent crisis. The mental health challenges facing men.

As the Member of Parliament for Heywood and Middleton North and having spoken to numerous constituents about their own mental health, I feel a real sense of urgency - to make sure that mental wellbeing isn't a privilege but a right.

This issue affects anyone and everyone, adults and children, men and women. This report looks at the services and local community organisations that care for the mental health of men and young men. Not to discount the challenges others face, but to identify what must be done for this particular group.

My community in Heywood and Middleton North, though warm and resilient, faces challenges that many of our towns would recognise. Years of underinvestment in local services have left people unsure where to turn for support. Policies are one thing. Getting them delivered in towns like mine are another.

It's good to talk. So let's talk about men's mental health.

We know that, broadly, the public's awareness of mental health is far more developed than it was even a couple of decades ago. Yet men still feel a real sense of stigma when it comes to their readiness to seek support.

So, for the last two years, I have been listening. Sometimes the feedback was challenging and concerning, but it has also been profoundly useful, revealing the underlying cultural and systemic barriers that keep men in a state of silence.

I held a constituency-wide survey of local men, and I convened local leaders in the mental health service provision from both the public and voluntary sectors.

The survey explored the personal experiences and barriers men face. These findings were submitted to the UK Government's consultation on its Men's Health Strategy that has now been published.

Local leaders spoke from the perspective of their organisations, and service users who attended gave their views.

I am grateful to each and every one that has contributed to this report.

Elsie

SUMMARY AND CONCLUSIONS

no man should have no clue where to turn

The roundtable was a snapshot of the incredible work being carried out by some fantastic local organisations. Each are making a critical difference in the lives of men across Heywood and Middleton North, and Rochdale more broadly.

These charities, third sector bodies and volunteer organisations deserve not only our thanks, but the unrelenting focus of politicians and government ministers alike.

Based on these conversations, I aim to take the following issues forward as your Member of Parliament:

1. **Stigmas need to be broken** - we must meet men where they are and provide support for services that proactively reach out and engage with men.
2. **Services must be better aligned** with men's needs - No one-size-fits-all approach will work.
3. **Give a voice to our local organisations** - however small, our community organisations can do more, and must be included in shaping services that are deisgned to reach their users.

Other practical considerations to note:

- **GPs are an important first step** in treatment, but they need better information about, and connections with, local organisations and services.
- **Better co-ordination** can reduce the number of incorrect referrals, and the experience of men bouncing around the system having to endlessly repeat themselves.
- **Funding must be more sustainable**, providing more core funding rather than project funding. Strategic funding of the voluntary sector from the local ICB could have a transformational impact on provision.
- **Deprivation and poverty** need to be considered when planning mental health services in NHS strategies, given the strong link between them.
- **Proactive & preventative treatment and care** needs to be prioritised, moving away from services that only operate when a crisis occurs. Building resilience is good for individuals and services alike, making an impact on health inequality.

I believe that no man should have no clue where to turn.

The people of Heywood and Middleton North are resilient. That said, there can be no substitute for proper mental health support when it's needed and I pledge to work with men here in Heywood and Middleton North, with Government, with the NHS, and with local organisations, so that everyone can be assured that they will have the services they deserve.

Despite demonstrable improvements to local services and an increase in local GPs, health inequalities persist.

HEYWOOD AND MIDDLETON NORTH - A LOCAL CONTEXT

It is worth noting that Greater Manchester's Integrated Care Board (GM ICB) is grappling with one of the largest waiting lists in the country, with over 400,000 individual pathways on a waiting list.

Rates of depression for those 18 years and over for last year are 21.6% compared to the England average of 14.3%, making us the 8th highest in England. My constituency ranks 65 out of 650 constituencies in terms of the Indices of Multiple Deprivation, suggesting the link between poverty and depression has a clear correlation.

Although I am delighted to see the number of GPs locally rising to record levels, GP numbers have fluctuated in recent years. Mental health pathways often begin with a local GP and the lack of consistency is a disincentive to engage with services..

Despite demonstrable improvements to local services and an increase in local GPs, inequalities when it comes to health persist.

A MEN'S HEALTH STRATEGY

I really welcomed the publication of the Men's Health Strategy last year - especially in terms of what it aims to do on mental health. Measures that were announced included:

- pilots for 24/7 neighbourhood mental health centres;
- more mental health support teams in schools and colleges;
- expansion of NHS talking therapies; and
- new diagnostic connect services that automatically refer men to charities and support organisations.

There is also a drive from the Government to greatly prioritise suicide prevention, aiming to identify risks, including a focus on peer support, local outreach and deprived communities.

That latter point is one which struck me and I welcome the Government's prioritisation on this but what my constituency engagement demonstrated was just how urgent this is. The organisations, that do such essential work in supporting men in working class areas, are in dire need of support themselves.

CONSTITUENCY-WIDE CONSULTATION; OUR FINDINGS

The survey:
Earlier this year, to feed into the UK Government's Men's Health Strategy, I facilitated an anonymous online survey of local men, most of whom had accessed NHS mental health services, curently or in the past.

Numerous men across Heywood and Middleton North provided their insights on a number of issues, from stigma and stereotypes, access and barriers to obtaining care and treatment, and their views on mental health as a topic overall.

Only 1 respondent considered their engagement with local and regional mental health services to be adequate.

Our findings:
Those who took part highlighted issues of 'stigma', 'pride', 'stubbornness', notions of 'toxic masculinity', a 'lack of male role models' exhibiting healthy behaviours, and a 'lack of trust', are actively contributing to men not accessing local health services.

Men are seeking more face-to-face interaction with a trusted healthcare professional. Generic online services have culminated in some cases, not seeking care at all. There was also a belief that no help would be forthcoming, or that it would not match their level of need.

Many drew a link between this lack of face-to-face interaction and a sense of loneliness, isolation and exclusion.

One third of those who responded who reside in the constituency have never accessed mental health services and over 50% considered accessing these services to be either 'hard' or 'very hard.' Only 1 considered their engagement with local and regional mental health services to be adequate.

The workplace was identified as a space that can support men to achieve healthier behaviours. To this end, the NHS and the Department of Health and Social Care should be more proactively engaging with employers and encouraging healthier workplace practices.

In many cases, men felt they lacked the information that they needed to seek an appropriate care pathway and engage with the right professionals.

The responses that I received to my survey demonstrated to me that the will is there for men to engage with topics of mental health but the engagement and information that they seek is lacking.

...a considerable number of men are not seeking mental health support due to societal stigma, concerns over toxic masculinity, and a lack of male role models.

One of the most significant findings from the survey was that a considerable number of men are not seeking mental health support due to stigma, concerns over toxic masculinity, and a lack of male role models.

These cultural factors, combined with long waiting times and a lack of face-to-face interactions with trusted healthcare professionals, prevent men from engaging with available services, leaving them exposed to other sources of information and validation.

Seeking private care is not a realistic option. Their one and only pathway is the NHS, making it more important that services are considered open and available to all.

The first call to the GP surgery is critical and can set the tone for their engagement and treatment. Too many believe that this point is where their engagement with the NHS goes awry.

The roundtable group called for for a concerted national effort to train more mental health workers who specialise in issues which affect men disproportionally.

It was made clear to me that some of them simply gave up on the process of accessing appropriate mental health support due to delays, the offering not meeting their needs and other elements which discouraged them from taking the process further.

Even when stigmas and other barriers are overcome, men arrive at a system which, however well intentioned, is not able to shoulder current capacity in a way that always ensures long-term and constructive engagement.

ROUNDTABLE; LOCAL MENTAL HEALTH LEADERS, SERVICES AND USERS

...gaps in awareness, coordination and funding are holding us back.

My roundtable
The roundtable provided an excellent forum to hear firsthand the views from the organisations that each go above and beyond in supporting men facing challenges to their mental health.

Together, these organisations provide a vital function in addressing the needs of men across the wider Borough and are best placed to identify cracks in the system, where provision is falling down and where we can build on local successes.

Not only was the roundtable made up of staff from these organisations, but of local service users that have come to rely on these organisations and each have a story to tell about what works locally, and what needs improvement.

Strengths and weaknesses of local service provision
I began the roundtable by asking what the strengths and weaknesses of provision are locally and how do they match men with high quality mental health treatment. Men's groups and social cafes offer structured activities and conversations, engaging peers in a safe space. The informal and 'non-clinical' atmosphere makes the whole experience friendlier and less daunting.

One organisation highlighted the importance of digital services. It is critical that these services are promoted, advertised and circulated much more widely than they currently are.

This includes public health campaigns which can engage hard-to-reach men and those who are less comfortable in more traditional or face-to-face counselling settings.

One to one sessions continue to be important for individuals who need greater focus and to be heard in a more private format. However, when regular staff are absent, under-resourced services mean there is no cover.

Several drew attention to the challenge of coordination between local mental health services, including patient records. One individual has had to explain his background, previous struggles and ongoing challenges several times – every time he was referred to a new service. To anyone at the edge of a mental health crisis this could exacerbate the situation or cause them not to engage.

Despite the unwavering commitment of those across the local third sector gaps in awareness, coordination and funding are holding us back.

GPs are often unaware of local mental health services including what's available in terms of local voluntary and community services.

Barriers to support and provision
Local service providers have noted stark cultural expectations, on men, meaning a persona of strength and resilience . Seeking support is seen as weakness.

Several participants reflected they much prefer more informal - instead of clinical - settings but these are not always available.

Informal settings can make a particular difference in cases of bereavement, where men might avoid seeking support because they feel like they should be able to cope on their own. Men facing child loss or stillbirth was also raised as an area in need of urgent attention.

Service providers drew attention to the unsuitability of A&E for men experiencing a mental health crisis. Combined with services that only have capacity to treat severe cases and the system is geared only to be ing reactive to crisis, not prevention.

GPs are often unaware of local mental health services including local voluntary and community services that could help As a result, referrals can result in being passed around various services without accessing the support that's right for them.

In addition, many services are not set up to address the dual challenges posed by mental health combined with another medical issue, especially substance misuse.

Pressures on the sector
What became clear throughout the discussion, was that organisations, especially smaller ones, are heavily constrained by the narrow focus of funding. One attendee articulated that there is often short-term funding for specific projects but its much harder to secure core and ongoing funding to keep projects going.

TOne organisation made clear that, in their view, there is need for a more robust, considered and holistic assessment process, ensuring that precious resources are preserved for the cases that needed them the most.

Resources are also being stretched by service costs – such as the booking of venues to host events, meetings and functions; these can be expensive and logistically difficult. The lack of affordable venues creates a barrier for organisations trying to offer alternative forms of therapy.

Across the sector, there is diminished capacity, whilst demands are increasing. Unless core funding reflects this, the sector will proceed with one hand tied behind its back.

IMPLEMENTING THE MEN'S HEALTH STRATEGY

3 in 4 people who died by suicide in 2023 were men.

Suicide is the biggest cause of death in men under the age of 50.

The Men's Health Strategy was published in November last year - a key pillar of the NHS 10 Year Plan which I wholly welcome, however, its measures need to be applicable to constituencies like mine.

The Men's Health Strategy must to align with broader initiatives, such as *Get Britain Working*, to ensure comprehensive support for men at different life stages and in different circumstances. Government Departments need to work together to make it reality.

Mental health education in schools, for example, is crucial in changing society to allow men to feel more comfortable engaging with these complex topics.

The implementation of the Strategy must, in my constituent's view, ensure a wide variety of service delivery, including text-based services, online platforms, and in-person support. A one-size-fits-all model won't be effective and we need to be agile in getting this right.

Attendees of the session also agreed that GPs should be a clear part of the pathway to more tailored services, rather than a roadblock. They, and other clinical professionals, should use a curated and regularly updated directory of local services. The Strategy commits to early intervention and the quality of the first appointment with the GP is crucial to that success.

The NHS needs to work more seamlessly with local mental health providers and community groups. The regional coordination of services, at Integrated Care Board level, is essential. So too, is committing to the resources of individual charities.

The group agreed that the NHS should shift focus from reactive care (A&E and crisis response) to proactive and preventative care, ensuring that support is available before crises escalate. This means much more robust NHS engagement with the third sector. Again, I welcome the Strategy's focus on prevention but this means getting ahead, in our most deprived communities, of challenges as they are arising, not at crisis point. The success of the Strategy will hinge on this distinction.

There was also a strong feeling that Government policy must remain aware of levels of deprivation. Homelessness, substance misuse, financial pressure, and health inequalities all play a part, preventing men from seeking help they need.

THANK YOU

I wish to give my thanks to the organisations who participated in the roundtable, including:

Action Together
Vets into Logistics
Angel's United
Able Futures
Rochdale Connections Trust.
Andy's Man Club
Kooth
Rochdale and District Mind
The Lighthouse Project Elephant's Trail
Get Together After Serving

I pledge to work with men here in Heywood and Middleton North, with Government, with the NHS, and with local organisations, so that in 4 years time, men here can be assured that they will have the services they deserve.

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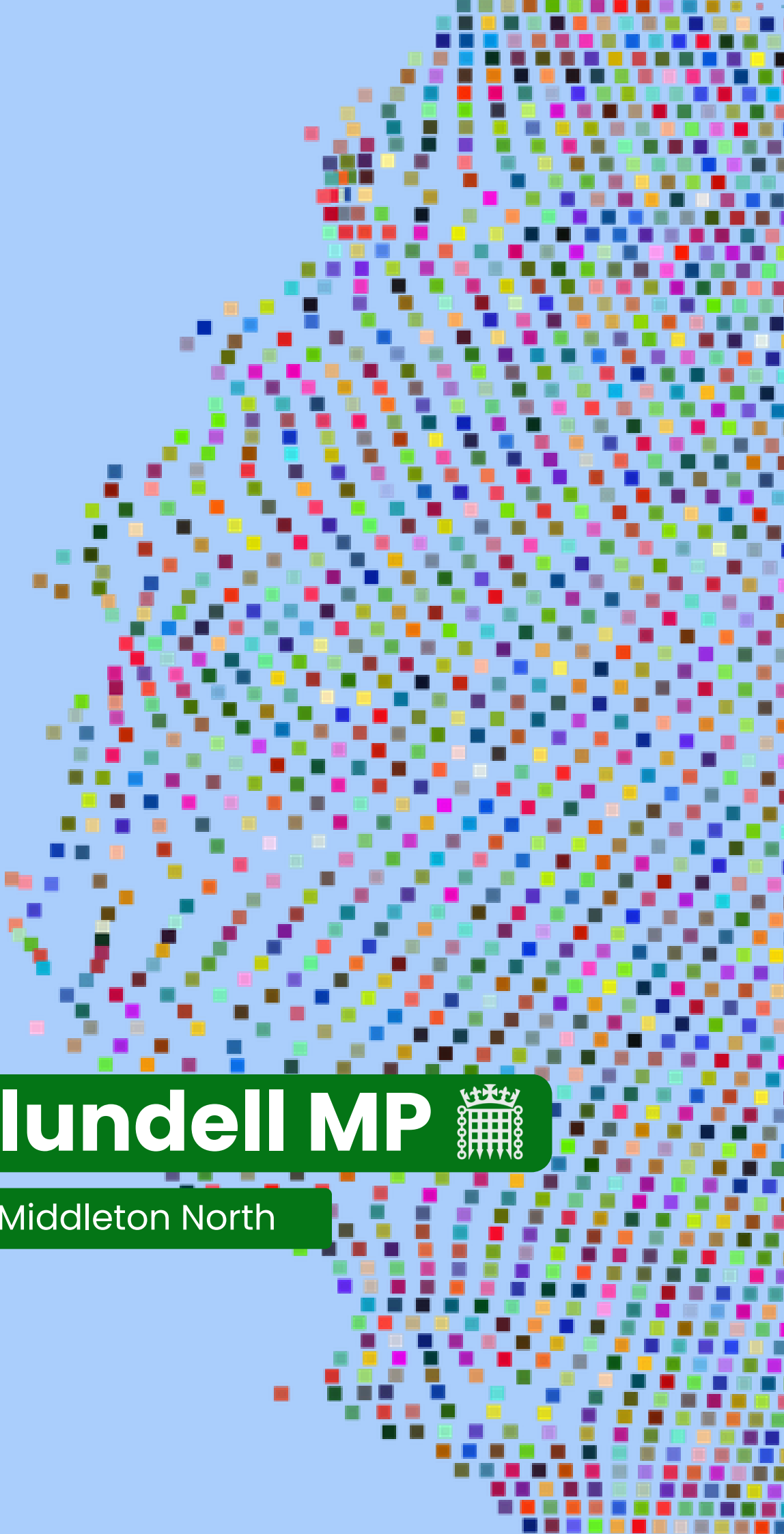

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