

The logo for the Centre for Policy Research on Men and Boys. It features a green rectangular background with the text "Centre for Policy Research on" in a smaller, dark blue font, and "Men and Boys" in a larger, bold, dark blue font below it.

Centre for Policy Research on
Men and Boys

**London Assembly (Health Committee Inquiry):
Men's mental health in London**

From: Centre for Policy Research on Men and Boys
www.menandboys.org.uk

(A) About the Centre for Policy Research in Men and Boys

1. The Centre for Policy Research on Men and Boys (CPRMB) is a new think tank and policy research institution that conducts non-partisan research on issues that affect the well-being of boys and men across the UK. It does this by supporting the development of new research, thinking and insight into policy affecting men and boys. This is by focusing on critical areas where they face unique challenges, promoting policy change, and fostering public awareness and understanding. CPRMB engages in the following activity:
 - Conducts, commissions and publishes independent evidenced-based research including from academics, research bodies and third-sector/NGOs to better understand the economic, social, and cultural forces that affect the wellbeing of boys and men in the United Kingdom.
 - Raises awareness of the above research with policymakers, statutory bodies, academics, charities/NGOs, employers and wider society.
 - Plays a convening role in promoting and disseminating research by academics, charities/NGOs, statutory bodies and others – and bringing this research sector together in partnership.
 - Works with policymakers, employers and statutory bodies in the active consideration and implementation of evidence-based research.
2. The CPRMB is focused on seven interlinked areas of focus for men and boys. These are: Economy, Employment and Skills; Education; Health; Fatherhood and Family; Criminal Justice; Male Identity; and Portrayal of Men in Media and Culture.

(B) Executive Summary

3. Supporting the mental (and physical) health of London men will not only improve their health, it will improve the health of women, children and their wider families. It will also support London's employers and London as a whole. Set out below are the core recommendations made within this submission. Further information and evidence can be supplied.

Core recommendations

4. The core recommendations are:
 - (1) Mental health should not be viewed as separate to physical health – as they are interconnected.
 - (2) Introduce a London-wide Men's Health Strategy with core targets on accessibility, prevention and conditions. There should be a Women's Health Strategy too. These should sit under the two main overarching health strategies in London and be overseen by the London Health Board.
 - (3) Build a more comprehensive centralised and live London Data Hub of health condition prevalence based on gender, and if possible at borough-level too, to provide an overarching understanding of the state of men's and women's health.
 - (4) Create both Men's Health and Women's Health ambassadors for London – each borough should consider them too
 - (5) There should be an annual Men's Health in London conference.
 - (6) Create a London-wide online men's health hub with information on health conditions and how to access support. This should be available in different languages.
 - (7) Support increasing the number, reach and promotion of men's health community-based support charities.
 - (8) Increase the number of men employed in London's health sector.

(C) Key Statistics

Men's Health Data Hub

5. The Committee should consider in its deliberations a range of London-centric mental health statistics for men within its population but also look at health statistics more widely. This is broadly because poor physical health will also lead, in many cases, to poor mental health. They are interconnected.
6. In addition, and as part of the recommendations for a London Men's Health Strategy, the London Health Board should build either a centralised live Men's Health Data Hub or an overarching London Health Data Hub – with data that must be broken down by gender, and preferably borough too. This would pull together all available health data. This is from centralised data sources such as the Office for National Statistics and NHS Fingertips, alongside public health data from London Boroughs and NHS Integrated Care Boards and others. This should build upon the current health snapshot produced by the Greater London Health Unit.
7. Having a single data hub will enable policymakers at all levels to gain an overall picture of men's health, its direction and an ability to focus on areas which are of greatest concern. This could be for specific conditions, areas with lower screening /NHS health check rates and also intersectional issues such as ethnicity. With data either not collected and/or diffused across many parts of the health system, it is hard to create a London-wide picture. It is also hard to assess to see where there are parts of London where there is a concentration of ill health amongst men.
8. From the data that is easily available, on average, the health of London men is better than men in other parts of the country. However, this does not take into account the differences within London and also the fact that health data for London men still remains worse than London women.
9. A snapshot of two London statistics on mental-health related areas (suicide and alcohol) shows this (see below). Men in Hammersmith and Fulham have the highest rates of suicide and alcohol-related admissions in London – and the borough is above the English average.
10. London men also have a higher rate of alcohol admissions than the English male regional average, yet London women have a lower level of admissions than the English female average. This, for example, shows how a centralised data hub could prompt a London-wide analysis to find out why this is the case.

11. Enfield has the lowest suicide and second lowest alcohol admission rates in London. In fact, they are amongst the lowest in the whole of England.
12. Once you start to pull datasets together, a broader picture emerges with the respect of men's health in London. And, at the same time, it also provides data to see where there is a concentrated problem in some areas – as seen in Hammersmith and Fulham. Alternatively, it shows Enfield men are in relatively good health.
13. It is important to find the reasons for these types of differences at a strategic and London-wide level. Only a full dataset and a strategy can start to expose those questions that require analysis and an answer. Ultimately this will lead to the improvement of men's mental and physical health across the capital and will allow for creating deeper understanding and focusing resources into hotspots of poor men's health.
14. The newly created Greater London Health Unit, which is a welcome development, has started in its latest health snapshot¹ to look at some elements of gender-sensitive data. This should be further expanded as set out in paragraph 6 and be used in new iterations of a Health Inequalities Strategy² and a wider London Health Plan (Health and Care Vision)³. The current versions do not look at or address the gender-dimension on physical or mental health in any real detail.

Male Suicide in London

15. With respect to suicide⁴, whilst London has the lowest rate in the UK (the highest region is the North East at 24 per 100,000 men), the suicide rate follows a similar pattern in comparison to female. In England, the male rate is 3.05 times higher, and in London it is slightly under at 2.8 – men make up 71.1% of male suicides in London.

Table 1: Suicide rates per 100,000 (2023)⁵

Area	Male rate	Male number	Female rate	Female number
England	17.1	4,188	5.6	1,468
London	11.1	437	3.9	177

Table 2: Suicide rates per 100,000 (2021-2023) for the two highest and lowest London boroughs

Area	Male rate	Male number	Female rate	Female number
Hammersmith and Fulham	18.9	46	3.5	12

Islington	17.1	36	5.4	15
Newham	7.0	32	2.4	12
Enfield	6.7	26	No figure*	8

*NHS Fingertips states that value cannot be calculated as too small

Male Alcohol Admissions

16. Male admissions⁶ due to alcohol in London are higher than the English average. Yet, it is the opposite for women in London – it is lower. In addition, Table 4 shows that Hammersmith and Fulham has the highest rates here too – significantly higher than Enfield and Sutton.

Table 3: Male admission episodes for mental and behavioural problems due to use of alcohol (broad) per 100,000 (2023/24)

Area	Male rate	Male number	Female rate	Female number
England	575	154,255	224	64,330
London	601	21,252	173	6,889

Table 4: Admission episodes for mental and behavioral problems due to use of alcohol (broad) per 100,000 (2023/24) – two highest and lowest London Boroughs (for men)

Area	Male rate	Male number	Female rate	Female number
Hammersmith and Fulham	1,110	672	339	259
Hounslow	956	1,145	265	333
Enfield	335	445	90	137
Sutton	319	294	108	111

(D) Leadership, Governance and a Men's Health Strategy for London

Men's Health Strategy for London

17. Health public policy, research and professional practice is increasingly taking a gender-sensitive lens – lead by the development of a Women's Health Strategy⁷ and also the government's recent announcement on a Men's Health Strategy⁸.
18. Taking a strategic approach based on gender has enabled other countries such as Ireland⁹ and Australia¹⁰ to take a holistic approach to men's health. These have focused on the causes, prevention and system change – especially in overcoming barriers to male help-seeking and their access to the health system.

19. This is a move away from an individual condition-based approach and instead approaching men's health through a strategic life course approach.
20. In addition, a strategic approach, based on gendered health, brings all parts of the health system together – as all are parts of one jigsaw – not different jigsaws.
21. This would bring together organisations within the NHS umbrella, London's employers, local authorities and the third-sector. It would create a common cause – with common targets, a common interlinked-direction and a measurable common approach. It also ensures that best practice is disseminated.
22. Integrated Care Systems and Public Health Boards do, of course, have overarching health, and also suicide prevention strategies. However, having gendered health strategies and plans for their geographical areas would mean they can also address additional differences due to the specific male and female demographics where necessary. For example, communication campaigns, data measurement and response, and, resource allocation.
23. Lessons from Ireland and Australia, and from experts in the field, show that a strategy needs clear SMART aims on top and an operational plan below. This also requires governance and accountability mechanisms alongside clear datasets hosted in one place to provide for an evidence-based approach.
24. The Mayor of London has produced a range of key aims within the London Health Board's Health and Care Vision and also has a London Health Inequalities Strategy and Implementation Plan. However, there is little, if any, reference on gender with respect to men's health – or women's health.
25. Research from a wide range of reports including from a Parliamentary Group¹¹, House of Common Select Committee¹², Men's Health Strategy for England¹³ (Mark Brooks and Associate Caroline Flurey), Men's Health Forum¹⁴, Movember¹⁵ and a range of academics shows that gender has a role play to health prevention, access to health and health conditions. It can also take into account intersectional issues such as race, place and disability – vital given the scale of diversity in London's male population.
26. Therefore in next iterations of the London Health Board's Health and Care Vision and, its Health Inequalities Strategy, it makes sense to create a Men's Health Strategy for London. Supporting better men's health will support the delivery of these overarching strategies. The Centre of Policy Research on

Men and Boys would assist. London's Health Board should also commit to a London Woman's Health strategy.

27. This approach would be similar to the new Government's approach. It's Women's Health Strategy and forthcoming Men's Health Strategy form key pillars of its overall 10 year-plan. A similar approach should therefore be taken in London.

Men's Health Targets

28. To successfully deliver a men's health strategy requires a SMART (Specific, measurable, Achievable, Relevant, and Time-bound) approach. A theory of change approach can also be applied and a number of elements are further included below which are not dependent on a strategy
29. Aided by a centralised London Health Datahub, a range of metrics and SMART targets for men's health in London are needed. They can be assessed annually by the London Health Board. There should not be too many (a lesson learned from the first Irish Men's Health Strategy), should be simple, measurable and should be clearly delineated. There is always an argument for more, but focusing on fewer will lift all men's health especially as often there is connectivity.
30. For example, a man with mental health problems may exhibit different symptoms to another man with the same core underlying problem. One may become obese, another may drink too much and another may exhibit stress that leads to heart conditions.
31. The suggested targets are:
 - Conditions: such as reductions in mortality rates and the prevalence of key conditions - suicide, cardio-vascular disease, overall cancer rates, prostate cancer, alcohol-related death and levels of obesity;
 - Overarching: Improvements in overarching health such as overall healthy life expectancy and reducing mortality rates as well as closing the male gender health gap between London boroughs;
 - Access: increasing the numbers of men accessing the health system from the number of men registered with GPs, percentage of eligible men accessing the NHS health check and number of men being referred to IAPT mental health support.

All can work at an intersectional and location level.

Leadership and Governance

32. The Women's Health Strategy created a Women's Health Ambassador who has been hugely successful in promoting women's health across England. This includes making the case for better support in areas such as increased access to cheaper HRT, the establishment of women's health hubs, and a dedicated online resource.
33. A similar position was being recruited for men before the General Election and is likely to restart once the Men's Health Strategy is in place. It is recommended therefore that such a position and figurehead is created in London – a Men's Health Ambassador or Champion for London. It will provide a focus and help ensure the health system in London is accountable. Such a position should sit on the London Health Board. Again, a similar position should be created for women too.

Improving men's health access in London

34. Research from academics in the UK such as Professor Paul Galdas¹⁶ (Professor of Men's Health, University of York), Emeritus Professor Alan White¹⁷ (Professor of Men's Health, Leeds Beckett University) and Associate Professor Caroline Flurey¹⁸ (Associate Professor of Men's Health) has consistently shown that if you make it easier for men to access healthcare in settings that suit their lives then uptake will increase.
35. This includes focusing where, when and how men access healthcare':
 - Websites (men will often seek health information online first because it gives anonymity and there is time constraint on accessibility), employers including industrial estates, barbers and sports/community clubs
 - Extending opening times
 - Using common non-clinical language
 - Being action-orientated and activity-based
 - Male community-based health support initiatives (see paragraph 39)
 - Respecting men and not trying to shame them into accessing health
36. A strategic London-wide campaign supporting men with their health would be an important initiative. Organisations like Transport for London would be perfect as a promoter.

37. As a successful example, London has already been home to a successful pilot of a Man Van, run by Royal Marsden¹⁹, which increased the uptake of prostate cancer screening in the black community (who are at higher risk) in South London. This should be considered for wider roll out – a strategic pan-London approach in a strategy would make this easier.
38. It is also important to establish a London-wide men's health online information hub where all could be directed to find out information about health symptoms and where to access support. This could easily be produced in a range of different languages and to help those who are visually impaired too. As set out in the research from academics, many men will seek health information online first. Therefore a central online hub will play a vital role in supporting men with information and who to go to. One for women, would be important too.
39. As shown by the witness evidence to the Health Committee and the exponential growth nationally, male community-based support groups such as Men's' Sheds, Andy's Man Clubs, Men Who Talk and others have been a huge success in the last five years. This is because they creating informal safe spaces for men to talk. In effect, they are "mental health by stealth" initiatives and are activity shoulder-to-shoulder based initiatives. They are not face-to-face 'clinical' health initiatives.
40. It is has been striking that often, in London it has been more difficult for these take root. Therefore including a key aim within the Men's Health Strategy for their growth and spread across London would give a signal to men and also to employers, sports clubs, local authorities and health boards. This includes the need to support these groups with free facilities to hold their meetings. It is crucial though that this support is through promotion and facility provision because if men feel these charities are part of the "state" they won't attend so the "state" interaction has to be "hands-off".

Increasing male health employment in London.

41. One additional area that a strategic approach would help is increasing the number of men working in the health and social care system in London. This would help not just with overall shortages, it would also increase employment opportunities for men - especially for young London men.
42. Currently, only 11% of nurses²⁰ are men, 18% of social workers are men²¹, 21% of social care workers²² are male. In addition, the number of men working as psychologists is 20%²³ and only 42% of GPs are now male²⁴.

43. Health careers for men in London should be better promoted and this is a role that a Men's Health Strategy combined with a London-wide employment strategy should pursue.
44. This promotion and 'recruitment' should start in schools – it not only will highlight the clear career opportunities available, it will also address gender stereotypes in employment. It would also act as a test bed to see what effective communication practices and approaches work for boys and young men in careers that they may perceive as not being for them because they are male.

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