



**Silent
Partners**

Working Age Male Mental Health

Contents

| | |
|-------------------|----|
| Executive Summary | 5 |
| Introduction | 6 |
| Why this subject? | 7 |
| Approach | 8 |
| National Picture | 9 |
| Local Services | 10 |
| Public Experience | 18 |
| Public Feedback | 26 |
| Conclusion | 29 |
| Recommendations | 30 |
| Next Steps | 30 |
| Appendices | 31 |



Executive Summary

The views, opinions and statements made in this report are those of the working age males who participated in our research. This report is about putting forward the public perception of working age males and their access to health and social care services, specifically mental health.

This perception may not fully reflect the work being carried out in the local area. Never the less it is the perception of the participants whose information Healthwatch East Riding of Yorkshire have collected.

Executive Summary

Introduction and background

This report examines working age male's views of local health and social care services and their access to them. The investigation examines what the working age male demographic think about local services, the stigma surrounding mental health and how locally things could be improved. The survey also asked what particular difficulties there are in accessing health and social care services.

Methodology

The methodology used to collect the data was by;

- Surveys
- Face to face interviews
- Meetings with local providers
- Local organisations sharing the survey with their employees
- Production of a leaflet centred on men's health with a link to our survey attached.

Findings

Perception around the lack of flexibility of health and social care appointments for working age males was a repeated statement. Participants want more flexibility to tie in with their working week. Respondents were generally confident about accessing information and Health and Social Care services.

The stigma of men's mental health issues was highlighted frequently throughout the research and it is seen as a sign of weakness for men to discuss it. HWERY (Healthwatch East Riding of Yorkshire) gave an opportunity for respondents to tell us of any other issues affecting the wellbeing of men in the East Riding. Some responses were critical of mental health services and access to them. The comments show an awareness of mental health issues and how it affects individuals. The comments interestingly highlight individual problems such as the stress, lack of support from the workplace and lack of service clarity.

Recommendations

Healthwatch East Riding of Yorkshire make the following recommendations under the legal powers of local Healthwatch:

1. NHS Humber Foundation Trust to work with Healthwatch East Riding to produce and disseminate a wellbeing assessment for local organisations to access and use to help support the mental health and wellbeing of their employees.
2. East Riding CCG and East Riding of Yorkshire Council to support the production of a specific publication for working age males which highlights how they can access local services and support.
3. East Riding Health & Well Being Board to add mental health of working age adults into next year's workplan.



Introduction & Approach

About Healthwatch East Riding of Yorkshire

We are the independent champion for people who use health and social care services. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary Healthwatch is here to:

- Help people find out about local care
- Listen to what people think of services
- Help improve the quality of services by letting those running services and the government know what people want from care
- Encourage people running services to involve people in changes to care

Introduction

This report examines working age male's views of local health and social care services and their access to them. The investigation examines what the working age male demographic think about local services, the stigma surrounding mental health and how locally things could be improved. The survey also asked what particular difficulties there are in accessing health and social care services.

“Society in general is not heavily geared towards the discussion and treatment of male mental health issues. It is often seen as a sign of weakness”

Quote from one of our respondents

Why This Subject?

As far as health data goes there is little information regarding working age males. Traditionally men are reluctant to visit their GP, making prevention and early treatment difficult.

There are a lot of myths surrounding men's health, the greatest of which is that men do not care about it. In fact, evidence suggests men worry about their health as much as women, but feel unable to talk about their concerns or seek help until it is often too late. This is all compounded by the impact of social class, with morbidity and mortality increasing in direct proportion to levels of deprivation. This report will put forward the views of working age males, particularly with regard to mental health and access to health service.

Approach

HWERY sought people's opinions in a variety of ways. The data was collected over a period of 3 months using the following methods.

Face to face interviews

Healthwatch conducted a week long public outreach tour across the East Riding. Visiting Beverley, Goole, and Bridlington as well as small communities and events, the team had the chance to speak to lots of individuals and gather information.

Surveys

The Healthwatch team worked with other local Healthwatch to share ideas and good practice which helped develop the final survey that was used for this project. The survey was available as a hard copy and as an online resource. It was made available on our website and shared through our local partnerships.

Meetings with local providers

Healthwatch held numerous meetings with local providers and as such had the opportunity to ask questions about what services offered and how they worked with the target demographic. Local providers were also encouraged to contribute a background summary to the report.

Organisations sharing the survey

Local organisations who requested the survey shared this with their staff. An example of this includes the Local Authority who shared the survey on their internal network.

Leaflet

A leaflet was produced with a link to the survey and detailed information regarding men's health. A copy of this leaflet appears in the appendix to this report.

National Picture

Mental Health is one of the most talked about health and social care issues in the UK. Almost every day the media produces stories on individuals with mental health problems. One thing that is apparent though is the ever present stigma attached to men's mental health. One of the common comparisons between women's mental health and men's mental health is the willingness to be open about any concerns or issues they may be facing.

Parity between physical and mental health

There is also a lot of information being produced regarding the parity of treating physical health and mental health. A report by the Kings Fund on bringing together physical and mental health stated ¹ “In recent years there has been a welcome focus in national policy on achieving ‘parity of esteem’ for mental health. Colloquially, this phrase has often been interpreted to mean that mental health services should be ‘as good as’ services for physical health. We argue that there is a greater prize beyond this, in which mental health care is not only ‘as good as’ but is delivered ‘as part of’ an integrated approach to health.” The report also highlighted information that suggested those with long term physical conditions were more likely to have mental health concerns.

Consequence

Without more men accessing services to help with mental health there will continue to be national consequences. Statistics provided by The Movember Foundation highlight the growing problem with male suicide due to undiagnosed mental health issues. ²

- 1 in 8 men in the UK have experienced a mental health problem
- On average 13 men each day take their life through suicide in the UK
- The male suicide rate was the highest in 2013 since 2001

Across the country there are countless undiagnosed male mental health issues and finding out what can be done locally will help towards alleviating national strain.

“On average 13 men each day take their life through suicide in the UK”

The Movember Foundation

¹ **Kings Fund – Bringing together Physical and Mental Health**

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf

² **The Movember Foundation – National Suicide Statistics**

<https://uk.movember.com/mens-health/mental-health>

Local Services

³Humber NHS Foundation Trust

Humber NHS Foundation Trust provide a very broad range of community services (including therapies), community and inpatient mental health services, learning disability services, healthy lifestyle support, and addictions services to people living in Hull and the East Riding of Yorkshire; a large geographical area with a population of approximately 600,000. The Trust also provides specialist services for children including physiotherapy, speech and language therapy and support for children and young people and their families who are experiencing emotional or mental health difficulties.

Locally there are no men-only services available for working age males; however the main services are as followed.

Emotional Wellbeing Service

The East Riding area is served by the Emotional Wellbeing Service (EWS), which is one of seven commissioned providers of Talking Therapies under the NHS 'Improving Access to Psychological Therapies' (IAPT) services. The EWS is available to anyone registered with an East Riding GP. Access to the Service can be by telephone on 01482 335451 or by texting TALK to 60163. IAPT therapists are trained to work with anxiety and depression disorders, and offer a range of evidence-based approaches to meet service user's needs including:

- Anxiety
- Depression - (including Bereavement Counselling & Low Self Esteem/motivation work if suitable)
- OCD
- Panic Disorder
- Phobias
- Health anxiety
- Generalised anxiety disorder
- Social anxiety

The Service follows the NICE approved Stepped Care Model which means they will only offer evidence based treatment (including CBT, EMDR and CFD etc.) and will offer the least restrictive, most beneficial treatment first, only stepping up to more intensive treatment if symptoms have not improved with a lower level of therapy (or where there is no evidence base for the lower level of treatment being suitable for a more complex problem or condition).

Rapid Response Service

This service is available for people experiencing mental health problems, including those who are in an acute mental health crisis. The service provides telephone support and advice through their triage service, and offers urgent and non-urgent assessments and intensive home treatment. Access to Rapid Response is via [01482 301701](tel:01482301701).

³ Information provided by Humber Foundation Trust (September 2017)

Community Mental Health Teams (CMHT) provide care and treatment for people who experience moderate to severe mental health difficulties such as psychosis, mood and personality disorders and non-psychotic illnesses.

The Department of Psychological Medicine offers specialist services, including a Hospital Mental Health Team (adult) who work into the A&E department, and a General Liaison Team working with people who present to the Acute Hospital Trust with unexplained symptoms and psychological issues relating to physical health.

The Trust also provides services for the following:

- Perinatal Services
- Huntington's Disease
- Chronic Fatigue
- Psychological Trauma
- Veterans Outreach

Within Humber NHS Foundation Trust there are a number of In-patient Units for assessment and treatment, including;

- New bridges- An 18-bed Inpatient treatment Unit in Hull for males suffering from an acute form of mental illness who need to be in hospital.
- Avondale unit- This provides a seven day assessment, treatment and triage service to adults of working age.
- Mill View Court- An assessment and treatment unit, providing a service to men and women from the East Riding of Yorkshire.
- Psychiatric Intensive Care Unit (PICU) - This offers intensive treatment to people during periods of serious mental disorder.

The Trust has a “Recovery College” which is based on the principles of hope, opportunity and control, and uses an educational approach to enable people to become experts in their own healthcare. The college builds on people's strengths and help them develop skills and confidence to manage their own recovery journey.

The Trust also provides a service called “PSYPHER” across Hull and East Riding. This is a specialist mental health service for people experiencing a first episode of Psychosis. The age range has historically been 14-35, but from 1st June 2017 this has been expanded up to the age of 65, in line with NHS England priorities as per the 5 Year Forward View.

This early interventions service works with a significant proportion of young men, and often is their first contact with mental health services. PSYPHER tries to engage with these young men, and all service users, at an early stage of illness to provide education, information and treatment options, and work more intensively with them to retain college places or employment, to maintain social networks, healthy routines and community participation. The aim of this individualised, intensive approach therefore is an early discharge from Services and in turn a better health outcome.

4Hull and East Yorkshire Mind

“Our vision is that we won’t give up until everyone experiencing a mental health problem gets both support and respect. Our mission is to intervene early to improve wellbeing and provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services and reduce stigma and discrimination.”

HEY Mind offers a workplace training intervention called Mindworks. This is bespoke training for employers and employees around mental health challenges in the workplace. This initiative not only raises awareness of mental health but also combats “presenteeism” which is when employees attend work when they are not fit to do so, and their presence can have lots of negative effects on the workplace, not least on their colleagues.

HEY Mind facilitates workshops based on the 5 ways to wellbeing. These are linked to various topics such as food and mood, mindfulness, anxiety and depression, which are based around the widely adopted steps:

Connect - There is strong evidence that indicates that feeling close to, and valued by, other people is a fundamental human need and one that contributes to functioning well in the world.

Be active - Regular physical activity is associated with lower rates of depression and anxiety across all age groups.

Take notice - Reminding yourself to ‘take notice’ can strengthen and broaden awareness. Studies have shown that being aware of what is taking place in the present directly enhances your well-being and savouring ‘the moment’ can help to reaffirm your life priorities. Heightened awareness also enhances your self-understanding and allows you to make positive choices based on your own values and motivations.

Learn - Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

Give - Participation in social and community life has attracted a lot of attention in the field of wellbeing research.

Partner Feedback - Hull & East Yorkshire Mind

When clients are suffering with stress and anxiety the emotional turmoil leading up to initially contacting a GP can be challenging in itself. Therefore difficulties in obtaining doctors’ appointments, for example having to ring early in a morning to secure an appointment, can be an issue. The courage it takes to contact a GP in the first place regarding mental health may only be summoned later in the day. By which time available appointments may have been taken, and can add to the cycle of despair. This can then lead to a lack of motivation to self-refer for more specialist support.

Contact Hull & East Yorkshire Mind - <http://heyhound.org.uk/> 01482 240133

⁵City Health Care Partnership

City Health Care Partnership CIC was successful in 2014 in securing the contract to provide depression and anxiety services in Hull, resulting in the development of the 'Let's Talk' service.

The contract is a lead provider contract which in effect makes CHCP the commissioner of a range of 10 sub-providers who are accredited and signed up to NHS standard contracts, and monitored accordingly.

Assessing the mental health needs of patients requires an understanding of the complex interaction between specific medical conditions and social circumstances. Let's Talk has skilled assessment clinicians who provide a full 'holistic' assessment which looks at the whole person and their wrap around needs. This in turn enables the signposting of the person to other health services, external commissioned services or indeed local voluntary groups and activities. This approach is based on using the NHS MECC (making every contact count) initiative to support and enable people to take charge of their own health and wellbeing and make changes for the better.

The accredited sub-providers to the Let's Talk service listed below are trained to work with anxiety and depression disorders, offering a range of therapies which will meet the patient's needs.

- Let's Talk Treatment Service
- Humber Emotional Wellbeing Service
- Hull and East Yorkshire MIND
- Joan Pickard Ltd
- Focus Counselling Services
- Temenos Counselling Services
- Cruse Bereavement Care
- Ellesmere Centre
- House of Light
- Relate

Examples of the types of therapies are Stress Management Groups, Mindfulness Groups, Low and High Intensity Cognitive Behavioural Therapy, Counselling for Depression, EMDR, and Interpersonal Therapy.

Access to Let's Talk is via a Single Point of Contact telephone number (01482) 247111 - anyone can call this number 24 hours a day, 7 days a week, 365 days of the year. Whilst the service accept referrals from GP's and other health professionals at a primary care level, they do also encourage patients to call directly and book their assessment at a day and time convenient to them. Appointments can also be booked by texting the work 'talk' to 61825 or emailing chcp.247111@nhs.net. Alternatively the website address is letstalkhull.org.uk which gives a full range of information.

At any point if a patient poses a risk to themselves or others or becomes more seriously psychologically unwell whilst sitting within Let's Talk, CHCP have developed a very close

⁵ Information provided by City Health Care Partnership (September 2017)

relationship with secondary mental health services and have devised a seamless pathway of transfer of care to ensure the patients presenting needs are met in a timely manner.

Whilst Let's Talk accepts referrals for anyone aged 18+ who has a Hull GP, the service long recognised that adult males do not always feel comfortable coming forward to access mental health services, as evidenced by suicide rates being higher in men than women. Because of this CHCP continuously endeavour to improve access and to provide early intervention support for local men.

Let's Talk has made links with various organisations which target and support men in the local area. One of these organisations is the ER Football Association who delivers physical health groups based around football namely 'Walking football' and 'Blokes United'. CHCP have met and discussed the links between physical and psychological health and have worked together to develop pathways and share information between the two organisations in the view that this would encourage men to feel able to access services.

CHCP also support a local men need sheds and allotment group which is run by previous patients who have signed up as CHCP volunteers and have been supported to train as mentors to help reduce stigma, and normalise and improve access.

CHCP have also developed accessible therapies across the whole Let's Talk network at Hull University; this has been positive, allowing both full and part-time students of all ages to access assessment and treatments on campus. Working with the university wellbeing team to make sure anyone presenting with a psychological problem gets the treatment they require, has proved successful in encouraging young adult males to come forward and seek help without having to make appointments with GP's or travel across the city unnecessarily.

Let's Talk in partnership with commissioners are looking to run a full men's health event later in 2017 which will invite organisations from across the local area who support men in both general and mental wellbeing.

Bay Tree Care Services

Bay Tree Care Services offer the following support:

- **ECONOMIC WELLBEING** - Ensuring maximum income, help with money management and getting paid work.
- **ENJOY AND ACHEIVE** - Help to access leisure & training opportunities, promote culture and relationships and gain support from other services.
- **BE HEALTHY** - Advice and support with physical and mental health & disabilities. Help to live healthily.
- **STAY SAFE** - Support to live safely both personally and with others, life skills, upkeep of property and protection from vulnerability.
- **POSITIVE CONTRIBUTIONS** - Encourage to give feedback: have Choice, Control and Involvement.

Second Thoughts

Second Thoughts East Yorkshire is a registered charity supporting people with mental health issues, and also employers and employees.

When people suffer from mental health problems they may feel too embarrassed to disclose them. This can exacerbate the problems and can cause debilitating depression to set in. If support is given early, it is usually manageable and problems such as long term sick leave or personality clashes can be avoided and managed. Second Thoughts support employers providing mental health awareness, anxiety management techniques and provides a simple pro forma for use during supervisions or management meetings to identify problems before they become too deeply entrenched.

⁶Other local services:

Locally the East Riding Clinical Commissioning Group also commission the following services, often known as IAPT (Improving Access to Psychological Therapies) services

IESO Digital Health

Cognitive Behavioural Therapy (CBT) is delivered one to one online. This is a free service in the East Riding of Yorkshire. CBT is provided in real-time over the internet using written (typed) conversations

The individual will meet with an accredited psychotherapist in a secure online therapy room, at a scheduled time and location that is convenient to you. Appointments are either 30 or 60 minutes long and you can attend them from anywhere you can connect to the internet. All that is required is a PC, tablet or smartphone.

This therapy can help support any of the following:

- Anxiety
- Depression (Including post-natal depression)
- Fears and phobias
- Panic attacks

⁶ Information provided by East Riding Clinical Commissioning Group (October 2017)

- Obsessive compulsive disorder (OCD)
- Social anxiety and shyness

This service can be accessed through self-referral

You can contact the service via www.iesohealth.com/eastriding or alternatively call 01954 230 066

Relate

Relate offers services to a wide range of people to understand what's going on in their lives, and change things for the better.

Relate provides interventions for:

- Anxiety, such as Post Traumatic, Panic Attacks, OCD and Low Self Esteem
- Depression, such as Low Mood, Loss and Low Self Esteem
- Sexual Abuse
- Behavioural Couples Therapy for Depression

Sessions are arranged to meet your needs. This is usually every week in the first instance and may change throughout the course of your therapy. Each session will be up to one hour long.

Assessments can be arranged by either contacting us direct (please note you must be registered with an East Riding GP to do this) or by contacting the Emotional Wellbeing Service on 01482 301701.

Tel: 01482 329621 ext. 601/603

www.relatehull.org.uk

Insight Health Care

Insight Healthcare is a national not-for-profit organisation, providing free IAPT talking therapies on behalf of the NHS.

The service is free and available to anyone aged 16 or over and registered with a GP based in the East Riding of Yorkshire.

The service can help with the following:

- Low mood
- Depression
- Anxiety
- Stress
- Panic
- Anger
- Trauma
- Bereavement / loss
- Relationship difficulties
- Family problems
- Phobias

We offer a range of talking therapies, advice, information and support.

Talking therapies can help the individual to understand and work through difficult feelings and develop better coping strategies.

To access this service please contact:

Telephone: 0300 555 0250

www.insighthealthcare.org



Feedback & Results

Public Experience

As part of the research and data collected, Healthwatch East Riding of Yorkshire produced a survey that was sent out to local companies for employees to access. The survey was also available as a download from the website and available at public events that Healthwatch attended.

The following tables have been compiled from the survey.

| Which age group do you belong to? | | |
|-----------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| 16-24 | 5.9% | 8 |
| 25-34 | 17.8% | 24 |
| 35-44 | 23.0% | 31 |
| 45-54 | 28.1% | 38 |
| 55-64 | 24.4% | 33 |
| 65 and over | 0.7% | 1 |
| Prefer Not To Say | 0.0% | 0 |
| answered question | | 135 |

| Marital Status | | |
|-------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Single | 14.2% | 19 |
| Married | 61.9% | 83 |
| Divorced | 5.2% | 7 |
| Widowed | 1.5% | 2 |
| In a relationship | 17.2% | 23 |
| answered question | | 134 |

Do you consider yourself to have a disability?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 10.0% | 10 |
| No | 88.0% | 88 |
| Prefer not to say | 2.0% | 2 |
| answered question | | 100 |

How would you rate Health & Social Care Services in the East Riding of Yorkshire?

| Answer Options | Response Percent | Response Count |
|---------------------|------------------|----------------|
| Very Good | 8.5% | 11 |
| Good | 39.2% | 51 |
| Satisfactory | 43.1% | 56 |
| Poor | 7.7% | 10 |
| Very Poor | 1.5% | 2 |
| answered question | | 130 |

Would you know where to go to find information about your local Health & Social Care Services?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Yes | 70.1% | 94 |
| No | 15.7% | 21 |
| Unsure | 14.2% | 19 |
| answered question | | 134 |

| Are you confident in being able access local Health & social care services? | | |
|-----------------------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Yes | 63.0% | 85 |
| No | 19.3% | 26 |
| Unsure | 17.8% | 24 |
| answered question | | 135 |

| What do you think are the main issues affecting men in the East Riding of Yorkshire? | | |
|--------------------------------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Alcohol | 15.1% | 28 |
| Drugs | 3.2% | 6 |
| Loneliness | 5.9% | 11 |
| Lack of Exercise | 24.9% | 46 |
| Lack of Services for men | 5.9% | 11 |
| Mental Health | 22.7% | 42 |
| Money Problems | 10.8% | 20 |
| Relationship Problems | 3.8% | 7 |
| Other (please specify) | 7.6% | 14 |
| answered question | | 134 |

“A combination of the above. I would suggest that mental health, loneliness, relationship problems and lack of exercise are the biggest issues locally.”

“Lack of regular employment leading to above issues.”

| What do you think are the main barriers for men in accessing local Health & Social care services? | | |
|---------------------------------------------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Being unable to get a GP appointment | 40.1% | 59 |
| Transport | 3.4% | 5 |
| Not knowing where to go | 24.5% | 36 |
| Not being computer literate | 4.1% | 6 |
| You experience no difficulties | 14.3% | 21 |
| Other (please specify) | 13.6% | 20 |
| answered question | | 134 |

| What improvements could be made to local health and social care services? | | |
|---------------------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Better access to GPs | 35.9% | 60 |
| Greater Flexibility | 16.8% | 28 |
| More Information | 15.6% | 26 |
| Better public Transport | 4.2% | 7 |
| Better gym/exercise opportunities | 9.6% | 16 |
| More services generally | 13.2% | 22 |
| Other (please specify) | 4.8% | 8 |
| answered question | | 134 |

“It is seen as a sign of weakness and embarrassment - men are supposed to be the strong ones and any weakness is a failure on their part - this may just be a generation thing, younger generations may not feel these pressures”

| Do you think there is a stigma attached to Mental Health issues for men? | | |
|--------------------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Yes | 84.6% | 115 |
| No | 6.6% | 9 |
| Unsure | 8.8% | 12 |
| answered question | | 136 |

| What do you think might stop men talking about Mental Health? | | |
|---------------------------------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Not knowing what it is | 3.8% | 7 |
| Don't like to talk about it | 13.7% | 25 |
| Embarrassment | 20.8% | 38 |
| They see it as a sign of weakness | 33.3% | 61 |
| They don't want other people to know | 18.6% | 34 |
| They think no one will listen | 3.3% | 6 |
| You do not think there are any barriers | 0.5% | 1 |
| Other (please specify) | 6.0% | 11 |
| answered question | | 134 |

“Cultural/personal unwillingness to seek help from such services and not knowing where to go and how to access those services.”

“Pride - not willing to admit they need help and/or being embarrassed.”

“Services only available during office hours, poor link up between different services”

How often to you discuss Mental Health with your family/friends?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Very Often | 4.4% | 6 |
| Often | 11.9% | 16 |
| Sometimes | 25.9% | 35 |
| Rarely | 31.9% | 43 |
| Never | 25.9% | 35 |
| answered question | | 135 |

Do you ever feel lonely?

| Answer Options | Response Percent | Response Count |
|-------------------|------------------|----------------|
| Very Often | 3.7% | 5 |
| Often | 11.2% | 15 |
| Sometimes | 32.1% | 43 |
| Rarely | 30.6% | 41 |
| Never | 22.4% | 30 |
| answered question | | 134 |

| What one thing helps you to be happy? | | |
|---------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Family | 42.9% | 67 |
| Friends | 9.6% | 15 |
| Holiday/Excursions | 10.9% | 17 |
| Keeping Fit | 9.0% | 14 |
| Going to the pub/drinking | 5.8% | 9 |
| Voluntary work | 0.0% | 0 |
| Money | 2.6% | 4 |
| Sport (playing or watching) | 6.4% | 10 |
| Computing/gaming | 2.6% | 4 |
| TV | 1.3% | 2 |
| Knowing you have support | 2.6% | 4 |
| Other (please specify) | 6.4% | 10 |
| answered question | | 134 |

“There is not one thing that makes you happy; it is a balance of different elements, for me this includes; work, family, friends, exercise and hobbies.”

| What one thing makes you unhappy? | | |
|------------------------------------|------------------|----------------|
| Answer Options | Response Percent | Response Count |
| Family issues | 10.6% | 15 |
| Stress | 33.1% | 47 |
| Poor Social life | 2.1% | 3 |
| Don't like the area where you live | 1.4% | 2 |
| Alcohol problems | 2.1% | 3 |
| Boredom | 9.2% | 13 |
| Money Problems | 14.8% | 21 |
| Drug Misuse | 0.0% | 0 |
| Smoking | 1.4% | 2 |
| Not being able to exercise | 8.5% | 12 |
| Health issues | 2.1% | 3 |
| Loneliness | 3.5% | 5 |
| Other (please specify) | 11.3% | 16 |

Public Feedback

The information that Healthwatch East Riding of Yorkshire gathered in our patient experience section was also supported by conversation and feedback from those who completed the survey. The following are some of the themes and trends that individuals from the researched demographic highlighted to us, supported by quotes that are relative to the information.

Employment

Respondents mentioned employment concerns and workplace issues as one of the reasons that can influence their mental health. One of the interesting comments was based on the perception that employers may see somebody with mental health problems as a liability in the workplace and fell broaching the issue may further ostracise the individual.

“There are still too many businesses that do not fully understand the impact of mental health struggles. There are days when doing anything feels nearly impossible, and that can have a severe impact on your ability to work (or even get to work), but there are a lot of businesses that won’t employ people who are open about their mental health or won’t accept if someone needed time off due to stress, depressions, etc. That is unacceptable given how much businesses can be a part of that.”

Exercise

The relationship between physical health and mental health has never been more evident. However there are still a high volume of individuals (many of whom responded to this survey) who struggle to meet the recommended amount of physical activity for their demographic in a week. One of the stark revelations from this research is that working age males know that exercise is key to better mental health. However, often getting them started, where they can go to exercise and whether they will remain motivated and engaged is often the problem.

“I feel the decline of the local football leagues has led to a decline in men’s health, both physically and mentally. The cost of pitches, training and referees has caused the numbers involved in participating in the sport to decline. Unless you enjoy walking or running sport costs money.”

Although very specific to football, this is a good example of those who need something a little more specific to engage them in a physically fit lifestyle.

Financial

Like many of these issues, they are not unique to just working age males, but affect many different demographics. However the persistent stigma of mental health in working age males can exacerbate some of these underlining issues until they become genuine causes for severe mental health issues. Many of our respondents still believe there is a stigma on the men being bread winners and as such financial providers. If families are hit by difficult financial times it is often still perceived to fall on the shoulders of the male. Although this is extremely outdated it is the perception of many working males still.

“There are constant pressures that affect me. Struggling physically and financially when others do not seem to be. My body lets me down and although my daughters do not show it, I can see they are disappointed when I am unable to do something with them.”

Access

One of the most overwhelming responses we got verbally and through the comments sections provided on the public survey was about the access and information surrounding services. Public data demonstrates that working age males historically are not accessing health services at the same rate as other demographics.

The main reason for this according to those who participated in our feedback was the time of appointments and not being able to miss work. Also the length of time it took to get an appointment was one of the prevalent issues faced with accessing services.

With regards to mental health services there seems to be a high percentage of respondents who are fully aware of some of the services that are available but for many reasons haven't accessed them.

“Access to GP’s takes too long as does getting an appointment for mental health services; I self-referred for mental health services, undertook a telephone assessment, was deemed to need the service but had not heard anything after two and a half months.”

Stigma

From the information we received the perceived stigma does seem to be improving however our respondents identified the stigma as still a major problem. Respondents portrayed this from friends, family, the wider community and their own minds.

Respondents expressed they would seek help if they broke a bone, but when addressing mental health concerns, they are not as forthcoming, despite the potentially more dangerous consequences.

“It is seen as a sign of weakness and embarrassment - men are supposed to be the strong ones and any weakness is a failure on their part - this may just be a generation thing, younger generations may not feel these pressures.”

Self- care

The feedback provided a variety of responses, some of which also provided a few perceived solutions and highlighted some good work that is happening across the region. Numerous participants highlighted the need for working age males to start to take control of their own health and wellbeing.

“Men need to be educated in how looking after ourselves in our formative adulthood improves our chances of living a long and healthy life and that there is no shame in having mental health concerns/issues.”



Conclusion & Recommendations

Conclusions

The information collected throughout the research provided clear themes and issues that presented frequently. The following are the conclusions taken from this report.

Access

The responses that HWERY received throughout this investigation highlighted one of the key barriers for working age males to access services was getting a GP appointment. A variety of reasons as to why this was happening was described to us, including the waiting time required to get an appointment and the time and difficulty in accessing appointments during working hours. However individuals also just stated they would choose not to visit their GP. This may be due to perceived male pride or an unwillingness to discuss individual issues or concerns.

40.1% of respondents claimed getting a GP appointment was the main barrier to access health and social care services

Stigma

The stigma attached to men's mental health is still prevalent and that was extremely apparent throughout this investigation. Words such as "embarrassment" and "ashamed" were constantly used whilst collecting information. There also seems to be a fear of admitting mental health concerns to employers as individuals are worried about being seen in a different light or have stress about losing their jobs or financial stability.

84.6% of respondents stated there was a stigma attached to mental health for men

Information

Access to information was again brought up consistently but the reasons behind it varied. There was a range of answers that highlighted the need for tailored information for the target demographic and clearer information in general.

"Better information, not necessarily more information"

Recommendations

Healthwatch East Riding of Yorkshire make the following recommendations under the legal powers of local Healthwatch:

1. NHS Humber Foundation Trust to work with Healthwatch East Riding to produce and disseminate a wellbeing assessment for local organisations to access and use to help support the mental health and wellbeing of their employees.
2. East Riding CCG and East Riding of Yorkshire Council to support the production of a specific publication for working age males which highlights how they can access local services and support.
3. East Riding Health & Well Being Board to add mental health of working age adults into next year's workplan.

Next Steps

Healthwatch East Riding of Yorkshire will be taking the following steps.

The report will be distributed to the following:

- NHS Humber Foundation Trust (HFT)
- East Riding Clinical Commissioning Group (CCG)
- East Riding of Yorkshire Council (ERYC)
- Hull & East Yorkshire Mind
- City Healthcare Partnership (CHCP)
- Care Quality Commission (CQC)
- Healthwatch England (HWE)
- NHS England (NHSE)
- Hull & East Yorkshire Hospitals (HEY)
- North Lincolnshire & Goole Hospitals (NLAG)
- Vale of York CCG

Under Healthwatch powers to produce reports and recommendations, services will have 20 working days from receipt to respond. Healthwatch East Riding of Yorkshire will monitor responses to our recommendations and keep members of the public and stakeholders informed of progress and actions to deliver improved services. When published the report will be made available as a PDF download via the Healthwatch East Riding of Yorkshire website. The report will also be available as a hard copy upon request.

Acknowledgements

Healthwatch East Riding of Yorkshire would like to thank all those who contributed to our research:

- All members of the public who participated in the research
- Humber Foundation Trust
- East Riding of Yorkshire Council
- Hull & East Yorkshire Mind
- East Riding CCG
- City Healthcare Partnership
- Second Thoughts

Appendices

Information flyer for the public



Working Age Men Survey

What's Important to You?



Working Age Men Survey

Healthwatch East Riding of Yorkshire is undertaking a review into the experiences of working age men (a group seldom heard when examining health and social care services). The findings will highlight what is working well and where we can make recommendations for how things can be improved.

Please complete our survey at:

<https://www.surveymonkey.co.uk/r/HWERYworkingmen>

Key Facts about Men's Health - Did you know?

- In the UK, mortality is greater in males than in females at all ages.
- In youth and early adulthood, males are more likely to die from motor vehicle accidents, other injury (such as fire and flames, accidental drowning and submersion), and suicide, contributing to higher mortality rates among young men and boys.
- Across the whole of adult life, mortality rates are higher for men than women for all the major causes of death including cancers and cardiovascular disease.
- However, women have much higher rates of disability than men, especially at older ages. Women have more morbidity from poor mental health, particularly those related to anxiety and depressive disorder (Acheson, 1998⁷).

The World Health Organisation WHO (2008⁸) suggests that gender differences in health are a result of both (1) biology and (2) social factors (distinct roles and behaviours of a men and women a given culture, dictated by that cultures gender norms and values).

Social factors used to explain higher mortality rates in men (Scambler, 2008⁹):

- **Employment:** More occupations typically followed by men involve direct risk to life (such as dangerous machinery, weather, environmental hazards, and exposure to toxic chemicals).
- **Risk taking behaviour:** Men are more socialized to participate in dangerous sports like motorbike racing, rock climbing etc. Men are at higher risk of road traffic injury and tend to drive more and faster when under the influence of alcohol compared to women.
- **Smoking:** In the past, men had much higher smoking rates than women. However, the gender gap between men and women in smoking has narrowed in recent years and young girls (<15) are now more likely than boys to smoke.
- **Alcohol:** Men drink significantly more than women in all age groups and are more likely than women to exceed their recommended daily alcohol intake.

Source:

Steinbach, Rebecca (2009) **Inequalities in the distribution of health and health care and its access, including inequalities relating to social class, gender, culture and ethnicity, and their causes** <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4c-equality-equity-policy/inequalities-distribution>

⁷ Acheson D (1998). Independent inquiry into inequalities in health report. London: The Stationary Office.

⁸ WHO (2008) Why gender and health? <http://www.who.int/gender>

⁹ Scambler A (2008). Women and Health in Scambler G (ed) Sociology as applied to medicine. Elsevier Limited.

References:

Men's Health Problems

As is the case with women's health, many people tend to think of men's health as it relates to the reproductive organs. However, just as in women's health, men's health is much broader. While many sex-based influences affect diseases/organs related to reproduction, such as prostate and testicular cancer, many sex-based factors influence diseases and organs unrelated to reproduction. Here are a few examples.

- Osteoporotic fractures in men over 50 are common, yet they are under-recognized and often undertreated.
- Systemic lupus erythematosus, or lupus, is often thought of as a women's disease, yet this condition affects men too. What's more, males with lupus often have more severe disease than females, and they are more likely than females to experience lupus-related kidney failure.
- White male teens and young adults are 55 percent more likely to die of melanoma, the most serious type of skin cancer, than their female peers of the same age.
- Onchocerciasis, the second leading cause of infectious blindness in the world, is more common in men, who work in contaminated rivers in the developing world. Onchocerciasis is thus an example of a gender-based health disparity, since it is caused by a behavior more common to males in certain societies, although it is treatable with antibiotics.

Source: <https://orwh.od.nih.gov/research/sex-gender/influence-on-health-and-disease/#M>

Information Sources

The following websites provide more information about men's health and the services provided for them:

NHS Choices Men's Health 18 - 30

<http://www.nhs.uk/Livewell/Men1839/Pages/Men1839.aspx>

NHS Choices Men's Health 40 - 60

<http://www.nhs.uk/Livewell/Men4060/Pages/Men4060home.aspx>

NHS Choices Men's Health 60-plus

<http://www.nhs.uk/Livewell/men60-plus/pages/men60-plus.aspx>

Men's Health Forum

<https://www.menshealthforum.org.uk/>

Health at Work

The British Heart Foundation (BHF) Health at Work Programme aims to inspire and support health and wellbeing in the workplace. The BHF works with businesses across the UK to support employees with heart conditions and reduce people's risk of developing heart and circulatory disease.

For more information see: <https://www.bhf.org.uk/health-at-work/about-us/about-health-at-work>



If you need further information about men's health, care and support, please contact our Information Service on: 01482 665684



Working Age Men Survey

Local Healthwatch are independent consumer champions created to gather and represent the views of the public. Our role is to ensure that the voices of those who use health and social care services are listened to by those who plan and provide them.

Healthwatch East Riding of Yorkshire are undertaking a review into the experiences of working age men (a group seldom heard when examining health and social care services). The findings will highlight what is working well and where we can make recommendations for how things can be improved.

Thank you for taking the time to complete this survey.

If you have any questions, please contact a member of the Healthwatch team using the details below:

East Riding: 01482 665684

enquiries@healthwatcheastridingofyorkshire.co.uk



1. Age

16 - 24 25 - 34 35 - 44 45 - 54 55- 64 65+

2. Marital status

Single Married Divorced Widowed In a relationship

3. How would you rate Health & Social Care Services in the East Riding of Yorkshire?

Very Good Good Satisfactory Poor Very Poor

4. Would you know where to go to find information about your local Health & Social Care Services?

Yes No Unsure

5. Are you confident in being able to access local Health & Social Care Services?

Yes No Unsure

6. What do you think are the main issues affecting men in the East Riding of Yorkshire?

Alcohol Drugs Loneliness Lack of Exercise

Lack of Services for men Mental Health Money Problems

Relationship problems

Other, please specify _____

7. What do you think are the main barriers for men in accessing local Health & Social Care Services?

Being unable to get a GP appointment Transport

Not knowing where to go Not being computer literate

You experience no difficulties

Other, please specify _____

8. What improvements could be made to local Health & Social Care Services?

Better access to GPs Greater flexibility More information

Better public transport Better gym/exercise opportunities

More services generally

Other, please specify _____

9. Do you think there is a stigma attached to Mental Health issues for men?

Yes No Unsure

10. What do you think might stop men talking about Mental Health?

Not knowing what it is Don't like to talk about it

Embarrassment They see it as a sign of weakness

They don't want other people to know They think no one will listen

You do not think there are any barriers

Other, please specify _____

11. How often do you discuss Mental Health with your family/friends?

Very Often Often Sometimes Rarely Never

12. Do you ever feel lonely?

Very Often Often Sometimes Rarely Never

13. What one thing helps you to be happy?

Family Friends Holidays/Excursions Keeping fit

Going to the pub/drinking Voluntary work Money

Sport (playing or watching) Computing/gaming TV

Knowing you have support

Other, please specify _____

14. What one thing makes you unhappy?

Don't like the area where you live Money problems

Boredom Poor social life Stress Loneliness

Family issues Alcohol problems Drug misuse Smoking

Not being able to exercise Health issues

Other, please specify _____

15. Is there anything else that you wish to tell us regarding the health and wellbeing of working age men in the East Riding of Yorkshire?

healthwatch
East Riding of Yorkshire