MEN'S HEALTH FORUM

MEN'S HEALTH MANIFESTO

In the UK, one man in five dies before he reaches 65.

We can change that.

MEN'S HEALTH FORUM

The Men's Health Forum is a charity that works to improve men's health services and the health of men and boys.

We do this in partnership with universities, companies, other charities, local authorities, Public Health England, NHS England and the Department of Health.

We believe:

- There is an urgent need to tackle the unnecessarily and unacceptably poor health and wellbeing of men and boys.
- The health of the whole population should be improved through an approach that takes full account of the often differing needs of both sexes.
- Men and boys should be able to live healthy and fulfilling lives, whatever their backgrounds.

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For more on the statistics and references in this report, visit our website.

THE MEN'S HEALTH MANIFESTO

The Men's Health Forum consulted a range of expert organisations in preparing the Manifesto for Men's Health – although any mistakes and omissions are ours alone.

Male-targeted organisations:

• Centre for Men's Health, Leeds Beckett University

• Survivors UK • GMFA – the gay men's health charity

• Prostate Cancer UK • CALM • Working With Men

Other organisations:

• Diabetes UK • Centre for Mental Health

• Action on Smoking and Health • Alcohol Concern

• PSHE Association

MEN'S HEALTH MANIFESTO

Too many men die too young. In the UK, one man in five dies under the age of 65.

It can be prevented.

CONTENTS:

This is a start point not an end point. We intend to keep updating the manifesto as knowledge develops.

THE SCALE OF THE CHALLENGE

PREMATURE DEATH

On average, more than one in five men is still dying between the ages 16 and 65, and more than two in five before the age of 75 – with death rates amongst men in the poorest areas of the country being even worse.

HEART DISEASE AND CANCER

Men are still more likely to die of circulatory disease and cancer.

- 75% of premature deaths from coronary heart disease are male.
- Men have a 37% higher risk of dying from cancer and a 67% higher chance of dying from cancers that affect both men and women[1] (ie. excluding those cancers that affect either women only or men only).

OBESITY

67% of men are overweight or obese.

DIABETES

Middle-aged men are twice as likely to have diabetes as women – and twice as likely not to know they have diabetes.

SUICIDE

Four in five suicides are by men – suicide is the biggest cause of death for men under 35 and there has been a sharp increase in the rate among men aged 35-64.

LIFESTYLE

Men are more likely than women to:

- smoke, smoke more cigarettes per day and smoke hand-rolled tobacco
- eat too much salt
- eat too much red and processed meat
- eat too little fruit and too few vegetables
- drink alcohol and drink at hazardous levels. Men are twice as likely to have liver disease.

FACE UP TO REALITY

Collect and report the data. More measurement and reporting against inequalities to tackle 'hidden failure':

- Ensure all data at all levels are fully and relevantly gender-disaggregated
- Fill gaps where data are not collected or where men under-report, such as sexual violation and mental health
- Inspection bodies (e.g. CQC) to assess outreach & access as well as service delivery by gender – and report by gender
- Go beyond the difference in life expectancy in local JSNAs – use all available data
- More council 'scrutiny' of local men's health
- Track progress and delivery of local public health programmes amongst men and boys.

WHY IS THIS IMPORTANT?

A significant proportion of relevant health and lifestyle data is not reported in gendered form.

If data is not published in a gender disaggregated form then local commissioners cannot understand and address men's poor health in their area.

For example, NHS Health Checks are primarily about reducing heart disease. Men make up 75% of those dying prematurely from heart disease[2] yet in response to an FoI request only 35% of local authority NHS Health Check providers were able to tell us how many men they are reaching with the programme.[3]

INVEST IN RESEARCH

The National Institute for Health Research (NIHR), the research arm of the NHS, and other national research funders to **invest in research into knowledge 'gaps'** on causes, good practice and health economics of:

- Men's mental health and wellbeing – especially for those with a dual diagnosis of substance abuse and mental health problems
- Cancer – with focus on the excess burden of cancer in men – and including interaction with wellbeing and mental health
- Other conditions with excess male incidence – such as motor neurone disease, tuberculosis and mesothelioma
- Interventions and services that work for weight management and behaviour change – including diet and eating disorders
- Engagement with primary care, mental health, preventative services and screening – including trials of men's drop-in clinics
- Self-management of long-term conditions
- Erectile dysfunction (ED) – especially clarifying care pathways.

WHY IS THIS IMPORTANT?

There are three main reasons for this:

- For some areas, such as cancer, incidence and mortality are quite different for men and women, and there is not yet clear understanding why this should be the case or treatments available to address the issue.
- In other areas, such as mental health, the way that men present with problems is very different from women, and more work is needed to design an effective response.
- Finally, in some areas, such as obesity, there is clear evidence that programmes need to be designed differently for men to be effective, and research is needed to drive good practice in these areas.

Cancer mortality rates in men are higher than in women, in some cancers nearly three times higher.[4] There is not yet a definitive explanation for this. More research is needed before we can reduce the burden of cancer in men.

Men's health has less than its 'fair share' of support. Of Medical Research Council funding of sex-specific research, just 27% goes to studies researching men.[5]

FOCUS ON PREVENTION - NO LET-UP ON BIG KILLERS

Continue to focus on male-tailored interventions to tackle the primary causes of the biggest killers: CVD, cancer and mental health.

- Smoking – via plain packaging and full implementation of an updated Department of Health tobacco action plan – with specific action on roll-ups
- Drink – including via minimum unit pricing, restrictions on promotion and more informative packaging – tackling affordability, availability and attractiveness of alcohol products to men
- Obesity – including via male-tailored weight-loss programmes, increased food literacy and more focus on out-of-home and workplace eating
- Mental health – men are four times as likely to take their lives as women
- Illegal drugs – men are nearly three times more likely to die from drug misuse as women
- Sedentary lifestyle, lack of exercise and inactivity - lifestyle – men may be more active than women but too few get the recommended minimum levels of exercise
- HPV – extend vaccination to boys
- Social determinants such as unemployment, deprivation, educational underachievement and poor housing

Support a pro-health environment, food and drink culture – making it easier to have a healthy life.

WHY IS THIS IMPORTANT?

Social determinants and lifestyle are the biggest factors in premature death.

Men are still more likely to smoke than women, much more so in the age group 18-49.[6] Male smokers smoke marginally more cigarettes a day than female smokers and are more likely to smoke roll-ups.[7]

Men are more likely than women to drink alcohol and to drink at levels that are hazardous for health.[8] Men in Blackpool are four times more likely to die from liver disease than men in central Bedfordshire.[9]

67% of men are overweight or obese.[10]

Unemployment is bad for health. It can cause serious, long-term physical and mental health problems, and exacerbate pre-existing conditions.[11]

DON'T WAIT FOR MEN TO ENGAGE - ESPECIALLY ON MENTAL HEALTH

Remove the barriers to using health care, mental health and preventative care - especially for men of working age:

- Sort out opening times and access so they work for full-time workers
- Improve online access, booking and other interaction
- Stop using drug or alcohol problems as an barrier to mental health treatment – invest in integrated care for dual diagnosis
- Deliver on the recently announced access & waiting time standards for mental health
- Tackle stigma and discrimination, especially in the workplace and especially for men with stigmatised problems such as mental health, eating disorders, breast cancer and sexual violation
- Greater use of self-help groups and peer-led services.

Reach out proactively:

- Take services to where men are: workplaces, online, pubs, sports grounds, betting shops, prisons etc.
- Where it's not already happening, extend occupational health to include screening and preventative health measures
- Create a 'Mental Health Diversion Duty' in the criminal justice system and emergency care – intervening more effectively to reduce the number of people arrested under Section 136. Deliver national coverage by 2017
- Increase health check outreach and uptake amongst men
- Start bowel cancer screening earlier, especially for higher risk men, including MSM.

Make the most of it when men do engage with health services:

- Include cancer symptom awareness, mental health, sleep apnoea and erectile dysfunction in health checks
- Special focus on high-risk infrequent attenders
- Co-design new services with men.

WHY IS THIS IMPORTANT?

Health services are still not effectively engaging with men. Especially during working age, men remain less likely to:

- attend a general practitioner
- attend a NHS Health Check
- opt for bowel cancer screening
- visit a pharmacy
- take a Chlamydia test
- have a dental check-up.

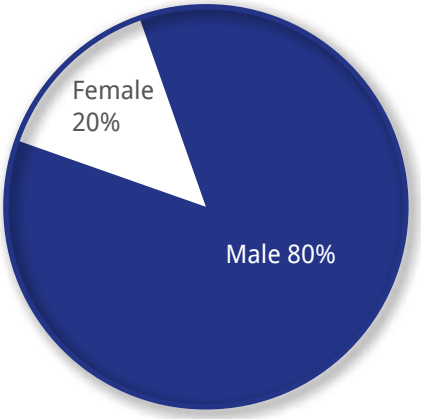
Four in five suicides are male but only a minority of these men were engaged with mental health services.

67% of men are overweight or obese yet only 10-20% of those on NHS weight-loss programmes are men.[12]

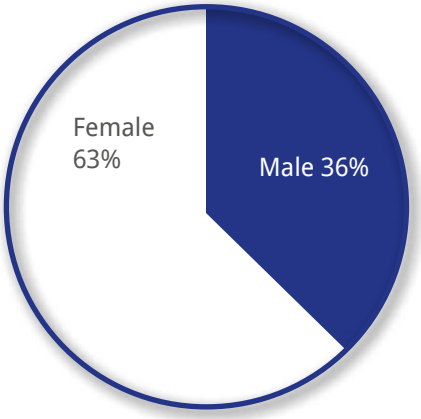
Research has suggested a link between men's lower use of primary care and their higher rate of hospital services.[13]

71% of CVD-related deaths under 65 are amongst men[14] and the NHS Health Check programme focuses on circulatory conditions, a major killer of men, yet only 35% of local authorities know how many men they reach with the programme,[15] and within those authorities only 44% of health checks are conducted amongst men.

SUICIDE



IAPT REFERRALS



DESIGN TARGETED PROGRAMMES AROUND THE NEEDS AND ATTITUDES OF THE HIGHEST RISK MEN & BOYS

Male targeting – especially higher risk groups and at appropriate stages of the life course – with particular focus on areas and transitions where groups have higher risk:

- Unemployed men
- Men experiencing relationship breakdown
- Men in the criminal justice system
- BAME men – eg. prostate cancer, mental health & diabetes
- GBT+ men – eg. sexual health, incl. chem-sex, and smoking
- Male carers
- Homeless men
- Isolated older men
- Young dads
- Excluded boys.

WHY IS THIS IMPORTANT?

Not all men are equally at risk.

As examples:

- Unemployed men are significantly more likely to suffer from heart attacks and depression and are significantly more likely to smoke and report greater mental health and relationship worries.[16]
- Black men are three times more likely to develop prostate cancer than white men of the same age.
- A recent study showed that by age 80, twice as many British South Asian, Black African and African Caribbean men had developed diabetes compared with Europeans of the same age.[17]
- Gay and bisexual men report higher levels of depression, are more likely to attempt suicide, are more likely to smoke and are also much more likely to have used recreational drugs and have engaged in binge drinking compared to men in the wider population.[18]
- 42% of carers are male. Seven out of ten male carers said that that they missed out on having a social life, leaving them isolated and alone.[19]
- Around 88% of rough sleepers are men.[20] The average age of death for rough sleepers is 47.[21]

TAILORED HEALTH AWARENESS AND LITERACY, ESPECIALLY AMONGST BOYS

Support school Personal, Social, Health and Economic Education (PSHE) to include:

- Diet, activity, sexual and mental health, first aid and self-care for men and boys
- Understanding and using the health system
- Development of empathy and emotional intelligence and healthy sexual behaviour
- Tackling mental health stigma

Male-tailored information and education – for men and boys

Support men's desire for information about their conditions

Invest in building symptom awareness – especially for cancer, obstructive sleep apnoea and depression. Social marketing to support lifestyle change

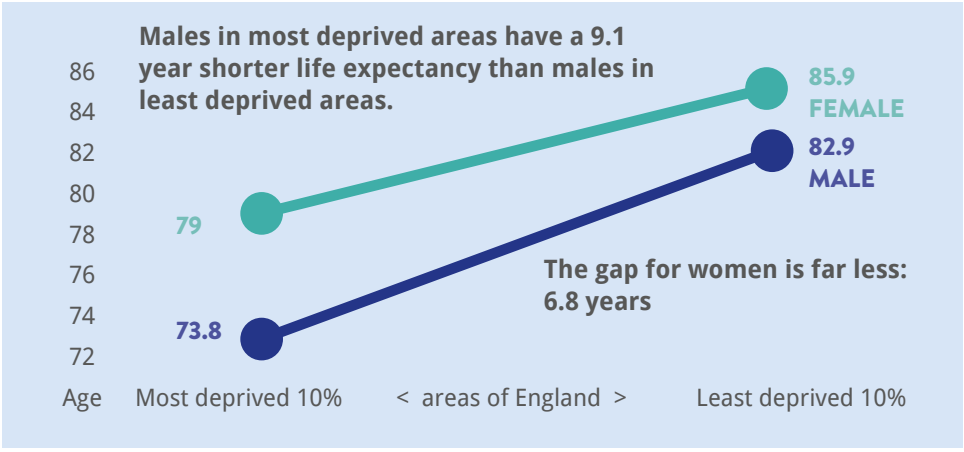
WHY IS THIS IMPORTANT?

There are lower levels of health awareness among men than women.

One study found that men were than twice as likely as women to have inadequate health literacy.[22]

Men are less likely to know how to contact an out-of-hours GP.[23]

A large study of British adults found that women were more likely than men to recall seven out of nine cancer warning signs.[24]



ONS, Inequality in Healthy Life Expectancy at Birth by National Deciles of Area Deprivation: England, 2010-12

ORGANISATIONAL FOCUS ACROSS THE WHOLE HEALTH SYSTEM

Support change on the ground – training, leadership, incentives, process and policy:

- National Men's Health Policy (as in Ireland and Australia) – especially a national strategy for improving the mental health of men and boys
- Assign responsibility for men's health and set up men's health champions in local & national organisations – and in every GP practice
- Include men's and boy's health in all health professional, psychology and PSHE teacher training
- Include mental health in legal, policing and other front-line service training
- Support professional development regarding men's health including communication, targeting and service design – with particular focus on 'difficult issues' (eg. mental health/erectile dysfunction/weight etc.)
- Align health system incentives – including a fair QOF allocation by gender
- More personal commissioning and budgeting to enable men to drive change and have services that meet their personal needs
- Government support to persuade the World Health Organisation (WHO) to include men's health as a priority
- Have a joined up local men's and boys' health policy and plan – reflect it in the strategy.

WHY IS THIS IMPORTANT?

Initial evidence from Ireland is that having a men's health policy is making a difference.

Stakeholders have been very clear that a barrier to improving men's health is lack of organisational focus and training for practitioners.

Local areas with the worst male life expectancy are no more likely to address this in their local health statistics assessment, their JSNA, than are areas with the best male health outcomes.[25]

OUR CHALLENGES TO STAKEHOLDERS

WE CALL ON NHS ENGLAND TO:

- Have a national Men's Health Policy
  - Including a national strategy for men's mental health
- Drive access – don't wait for men to engage
  - Ensure primary care, mental health and screening work for full-time workers
  - Not just for one-off conditions: 40% of men with long-term conditions work full-time
- Support research
  - Mental Health, Men and Cancer – especially more targeted screening and early diagnosis
- Join up care for people with drug, alcohol and mental health problems
- Build gender into performance and outcome reporting
  - Align incentives to drive change.

WE CALL ON GPs TO:

- Collect and regularly review gendered performance data for every area of the practice's work
- Make sure services, including screening and routine appointments, are as accessible as possible for men (and women) in full-time and shift work
- Assign a practice and CCG lead for men's health
- Be especially sensitive to stigmatised problems like mental health and eating disorders
- Train your organisation to understand men's health issues and deal more effectively with men.

WE CALL ON PUBLIC HEALTH ENGLAND TO:

- Ensure programmes to tackle obesity, reduce smoking and reduce harmful drinking are targeted to deliver for men and tailored to reflect what works with men
  - Ensure the 41% higher incidence of TB amongst men is tackled in their planned tuberculosis strategy
- More explicit public mental health strategy, including measures needed to improve men's well-being and reduce male suicide
- Target at least 50% male uptake in NHS Health Checks
  - Drive good practice to meet men's needs and lifestyle – with outreach to the highest risk groups
- Drive symptom awareness and knowledge of the health system – especially how to seek help – starting with boys in school
- Complete the work to make all published data and performance indicators 'local, gendered and useful'.

WE CALL ON MEN TO:

- Look after yourself – give your mental and physical health more priority
  - **Look after your relationships and wellbeing**
  - **Don't smoke**
  - **Drink sensibly**
  - **Be active**
  - **Watch your weight**
- Get advice and help as soon as you think there might be a problem - it's your right, you're not wasting the health professional's time
- Turn up to your NHS Health Check and find out about screening that might be useful to you (although it's your decision)
- Support your mates and colleagues with their mental and physical health – always take it seriously.

WE CALL ON LOCAL HEALTH SYSTEMS TO:

- Analyse all available data on men's health and other equalities in your Joint Strategic Needs Assessment
- Review men's health at the Health and Wellbeing Board and reflect gender in your Health and Wellbeing strategy. Track delivery
- Integrate drug and alcohol services with mental health. Offer joined up care for people with a dual diagnosis
- Get to at least 50% male participation in NHS Health Checks – by designing to meet men's needs and lifestyle – and outreach to the highest risk groups
- Tailor health improvement programmes – especially for weight-loss – to reflect what works with men.

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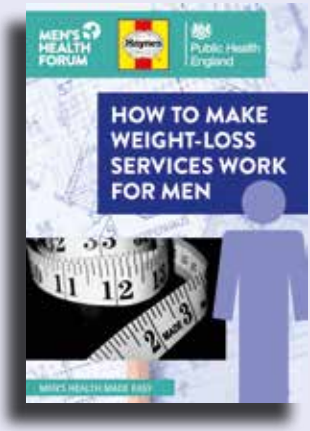
MEN'S HEALTH FORUM PUBLICATIONS



'IT WAS CHALLENGING BUT DIDN'T MAKE YOU FEEL BAD ABOUT YOURSELF. I REALLY LIKED THE STYLE.'

The Men's Health Forum produces publications both for health and public policy professionals and for men themselves.

- Our **Man Manuals** provide easy-to-read information on a wide range of men's health subjects for men of all ages and interests. Buy them off the shelf in bulk or as single copies. Or work with us to develop your own customised information for your particular male market.
- By critically analysing all the research and best practice, our '**How To...' Guides** aim to equip health and public policy professionals with the blueprint to tackle particular challenges in men's health.

We also produce reports and other documents on a range of men's health topics.

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