

Women and Equalities Committee

Oral evidence: [Mental Health of Men and Boys](#), HC 1721

Wednesday 10 July 2019

Ordered by the House of Commons to be published on 10 July 2019.

[Watch the meeting](#)

Members present: Mrs Maria Miller (Chair); Sarah Champion; Philip Davies; Vicky Ford; Eddie Hughes; Stephanie Peacock.

Questions 124–196

Witnesses

[I](#): Adam Afghan, Service User; Lee Cambule, Mental Health Champion and Awareness Campaigner; Jerry Doyle, Bromley & Greenwich Age UK; and John James, Service User, Men's Sheds.

[II](#): Simon Gunning, Chief Executive Officer, CALM; David Henderson, Public Affairs Manager, Advertising Association; and Martin Robinson, Founder and Editor, The Book of Man.

Written evidence from witnesses:

– [Adam Afghan](#)

Examination of witnesses

Witnesses: Adam Afghan, Service User; Lee Cambule, Mental Health Champion and Awareness Campaigner; Jerry Doyle, Bromley & Greenwich Age UK; and John James, Service User, Men's Sheds.

Chair: Good morning. I'm sorry it's a little strangely organised today. We had problems with lighting in the other room, so we have switched to this room. We thought it would be mad if we were to sit at one end and you were to sit at the other, so we have decided to do it this way round. I hope it works. If it doesn't, bear with us.

Anyway, thank you for coming in. I am really grateful to you. For the benefit of anyone who might be listening or watching online or in the public gallery, this is the third of our inquiry sessions into the mental health of men and boys. Today we have two panels. I am pleased that, for the first panel, we are joined by three men who have experience of using services to support their mental health and who will tell us about their experiences. In the second panel, we will focus on the role of the media when it comes to mental health for men and boys. You are aware that we will ask questions. Perhaps the Members of Parliament who are here might want to introduce themselves, because we are in a slightly odd configuration today.

Sarah Champion: I am Sarah Champion, Member of Parliament for Rotherham in Yorkshire.

Eddie Hughes: And today is her birthday.

Chair: I am Maria Miller and I represent Basingstoke in Hampshire.

Eddie Hughes: I am Eddie Hughes and I represent Walsall North in the west Midlands.

Stephanie Peacock: I am Stephanie Peacock. I represent Barnsley East in Yorkshire.

Q124 **Chair:** Just before we start—Eddie is going to start our questions—do you want to give us your names and where you are from? Like Cilla Black.

Lee Cambule: Hello, everyone. My name is Lee Cambule. I'm from Swansea. I am a mental health campaigner and advocate with 25 years' experience of battling depression and several suicide attempts. In my spare time I do a lot of campaigning, blogging and social media work around mental health. I previously worked in the third sector for a mental health charity from 2017 to 2018. I do a lot of work on the active side of it.

Adam Afghan: I am Adam Afghan. I guess I'm here as an advocate of mental health for young men, particularly Muslim men. I guess I'm here to



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give my insight into how it is. I have had a lot of friends suffer with it and I suffer from OCD and anxiety falling into depression, so I wanted to come here and give my insight into it.

Q125 **Chair:** Thank you. John, do we call you JJ or John?

John James: JJ, they call me. I'm from Men in Sheds in Eltham. There are so many Johns—about nine—so I'm now JJ. We have got John who is a butcher or whatever, so we try different names on them. Men in Sheds in Eltham does woodwork for older people and things like that. It is a good thing for me because I am on my own. It is the best.

Chair: Thanks for coming along today. We are grateful. Eddie is going to start our questions.

Q126 **Eddie Hughes:** We have Men in Sheds in Walsall, so I am a big fan. Can you tell us what the main factors are that have affected your mental health and wellbeing?

John James: My wife died in 1987 and I was in a bad way for two years. I did not know where to go or what to do, but also I was working, so it was not too bad. When I retired, I did not know what to do. I had all the week. I found a letter in the post or some sort of paper for Men in Sheds in Eltham. I joined there, and since then it has been lovely, but it looks like we might have to close at Christmas. We don't know what we're going to do after that.

Adam Afghan: I guess where I started with this is a few years ago I had these strange thoughts come into my mind. They were not very nice at all. I kept pushing them to the back of my mind over and over again. The thoughts gradually got worse and worse to the point where the only way out to get these thoughts away from me was to commit suicide. That was a serious thing for me to consider at the time. At that point of despair, I did not know what to do. The only thing I could do was call my mum. I said, "I don't know what's going on." She said, "Adam, you need to go to therapy or see a councillor." My mum, God bless her, found a therapist for me. The next day I talked to a therapist on the phone, and she said, "You have OCD. You have something called intrusive thoughts." If I had not gone down that route of talking and seeking help, I may not be alive today. That is where it all started for me.

Lee Cambule: It is a very similar story. For me, it started when I was 14. Depression hit me really hard through my teenage years. Either side of my 18th birthday, I had two suicide attempts. Similarly, if those had been successful, I would not be here today speaking to you. Various factors were involved in that. The key thing was that there was not anything really wrong with me. I was not suffering from any condition, or poverty or anything like that. Depression just took hold and would not let go. Throughout the past 25 years, I have had various factors that have contributed to or triggered different episodes and instances, such as going through divorce and things like that. There were numerous things around it that meant it was very difficult to get the support I needed. Eventually I got that, and it helped me on my path to recovery.



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Q127 Eddie Hughes: Do we think that the factors you are talking about are common to lots of men and young boys, such as the loss of a partner or the problems you experienced at school? What do you think?

Lee Cambule: There's definitely a lot of commonality, and I think it is about how men are positioned to respond to some of these triggers and causes of stress and anxiety and so on. When you have a condition such as schizophrenia or OCD and so on, that is very difficult to deal with at the best of times. There is this perception of men that they should be able to man up, get on with it and be strong in the face of that adversity. That then makes it difficult for them to open up and seek help and support. Whatever the trigger is, a lot of the things about being a man or a boy in that situation just make it more difficult to reach out and get the help you need.

Q128 Eddie Hughes: Do you guys agree? Is that a problem, that men are expected to be tough?

John James: Yes. I have a brother who is very disabled. For the past two years, he has had a lot of depression over the fact he cannot go anywhere or do anything, but when he comes into the shed, he completely changes. If I'm there, we have banter between us and laughs and jokes. Although he can't do anything, he cannot wait to come up there, and that is the sort of thing we are looking for. He cannot make a thing or do anything at all, but he laughs and he jokes. That is what men do up there.

Q129 Eddie Hughes: Adam, do you think expectations about how men should behave affected you personally?

Adam Afghan: Yes. I feel that, similar to Lee's point, manning up is something that men do: we should just take it on the chin and say, "Oh, this is what I should be getting on with", but it is actually the opposite. That is not a brave thing to do. It is not courageous to suffer in silence. The actual courageous thing to do is face your problems, face what is hurting you, face the pain that you are suffering and try to fix it. That is what is really courageous, not not tackling it and not facing it head on.

Q130 Eddie Hughes: Can you just elaborate a bit more, then, on how you access support for mental health and wellbeing?

Adam Afghan: Personally, there was no place for me to go, and that is one of the hardest things. Do I go to the GP? What do I even search for? My mum literally just went on Google and googled "Muslim therapist", and then she just found one of the ones that came up. I don't know where men would even go, to be honest. I don't think there is a space for us, or for anyone with mental health issues, to go and seek help. It is a bit confusing to be honest.

Q131 Chair: Was your GP something you would consider?

Adam Afghan: I did go but, because of the OCD, they're not nice thoughts in my head. Talking to a doctor about it, especially as a Muslim, they may not fully understand the cultural and traditional side of things. They may tell me to do something that is not aligned with the way of life I



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practise, so it is hard to go to a GP because my mental model of a GP is more, "I go there for medicine. I go there for physical health." For mental health, I am not sure I would feel that comfortable going.

Q132 **Chair:** So that is something you have tried, and it didn't work?

Adam Afghan: I have tried. My current GP is very active with it, and I am very open about myself but, previously, I wouldn't feel comfortable going to other GPs about it.

Q133 **Eddie Hughes:** Just to stick with this for a while, you eventually accessed services that were helpful and appropriate. Talk us through that journey, then. How did you end up in the right place?

Adam Afghan: I had to go privately—to a private therapist. That was just because I needed urgent help, because I didn't know what was going on. I was in a state of despair, and over a few times going to therapy, that is when I started getting the support I needed.

There are a few other organisations. There is one called Inspired Minds that helps everybody, but specifically the Muslim community. There's also OCD Action, which is a nice forum to go to—you can have group therapy and you can discuss your issues—but these were not easy for me to find at all. These took months and months to find, so it was difficult to actually find these resources.

Lee Cambule: I have a very similar story. When I started 25 years ago with my problems, I went to the GP initially. Similarly, certainly at the time, there was not that understanding of mental health issues in comparison with physical health issues in the GP surgery, so it was very much "Who can I refer to who is more specialist in this than me?" Having been since then, I think GPs have come a long way in that time and are a bit more armed to have those conversations, but I think there is still not quite parity there.

I would say, as well, that after the initial contact with the GP, I was then recommended for six counselling sessions—talking therapies—but they were very limited, with kind of a short, sharp focus on just getting me through that process. It was only after that that I similarly sought independent advice. I went to a therapist a few months after that, and I was with that therapist for 15 months, going there week after week. That is the sort of effort that it took me to go through that process and come out the other end of it feeling that I am in a better place.

Q134 **Sarah Champion:** Did you have to pay for that?

Lee Cambule: Yes. I found it myself; I paid for it myself. I had to take the initiative, and similarly to what Adam is saying, there wasn't anything very open at the time—I still think there isn't now, to a degree—that was kind of inviting people, and men particularly, to say, "This is where you can get support and help." There are broad mental health services in the third sector and people like that, but it was the sort of thing where men particularly have to look for it for ourselves, if that makes sense.



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Q135 Stephanie Peacock: I just wondered, JJ, if you could tell us a bit more about how the Men in Sheds project has helped your wellbeing? I know you have mentioned it a little bit, but I wonder if you could tell us a little bit more about what you do and how it has helped.

John James: We do a lot for charities. We have built two bridges down in a park by us. We have built duck houses. For the disabled children of Bromley, we have built a play area. Because there are quite a few carpenters in our group—I think there are about five of us—we take the other people along with us and we all muck in. We show them what to do, and then it all helps everyone.

Q136 Stephanie Peacock: What services do you find to be most beneficial to your mental health?

Lee Cambule: I think it is about finding a tailored response. I have had talking therapy and CBT. I have been prescribed antidepressants. They work in different situations for different reasons. For example, I mentioned earlier about going through a divorce. At the time, the prescription of antidepressants worked in the short to medium term to get me through a difficult period, while I could get my mental health under control, whereas earlier on in my life, I think the talking therapies and CBT were much more beneficial. I think it is very much dependent on the situation. Also, I think it is not just about being a man. I think there are lots of other factors. There are lots of other things in our lives that are the cause. If you are, for instance, going through financial difficulties, a quick course of antidepressants doesn't really make the problem go away, whereas a combination of things, like talking therapies and different services like Men's Sheds, are great examples of different approaches that can fit with the needs of individuals.

Q137 Stephanie Peacock: Do you think that your approach to your mental health and wellbeing has changed as you have got older?

Lee Cambule: I can certainly say that from 25 years of doing it. As recently as last October, I went to the GP because I was in a difficult place at work and I could feel the depression bubbling back up. After all that time, I was better prepared to spot the signs and to know what the implications would be if I didn't get it checked, so I went to the GP. I said, "I know what I am going through now and I just need your help and guidance on this." My GP at the time was brilliant. He pointed me in the right direction and there were lots of follow-up opportunities. But that was through 25 years of not just suffering, but of learning and getting involved and doing a lot of volunteering and things like that, whereas, with some men, just as soon as they've got rid of the immediate problem, they bury it, and if it comes up again, they don't know how to deal with it in that instance. I think it is very different.

Adam Afghan: I totally agree. I think the chief factor here is education—understanding how to deal with it and developing the tools for when it comes up again, whenever it arises. It is not like you deal with it, it goes and will never come back again. It most likely will come back again. Having those tools to really tackle it whenever it comes and recognising



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the signs is really important. Sometimes I text my therapist, saying, "I am going through this." She would tell me, "You know how to do this—you know what to do. You have gone through this before and you can do it again." From two years ago when I first started to suffer with OCD, I know exactly how to tackle it, and I can tell other people, "This is what I do—try this method." That helps.

Q138 **Chair:** JJ, could I just ask you a couple of questions on your Men's Shed projects? I went to one in Swansea—we didn't meet there, did we? Your face looks very familiar—about five years ago.

Lee Cambule: No.

Q139 **Chair:** What struck me was the real camaraderie between the people who were there. What I couldn't work out was how people knew about it. We all know that getting people to know about the services that are available is quite difficult. How do you tell people about the Men's Shed?

John James: We have a local paper around Eltham and it goes in there. It is probably just word of mouth—people saying, "If you want something repaired, go to the Men's Shed." We do a lot of work for elderly people—if someone wants a fence put up or something. If we can do it, we will do it, but if something is too big, we don't do it.

Q140 **Chair:** So people have permission to go along there without saying that they might need support, because they are really going to help other people? Do you think that is why it is successful, because people can go along under the radar?

John James: Apparently it is all on Facebook. I don't do Facebook. I am a bit too old for that lark now.

Jerry Doyle: Age UK helps support Men's Sheds and it is publicised through all our networks and Facebook and the website publicity.

Q141 **Chair:** Great but, as JJ says, for many people that is not necessarily a way of getting information. Roughly how many people do you have going along, do you think?

John James: We have about 600 on our books. In two sheds we have about 60, but on the books we have about 600.

Q142 **Chair:** Is there always somebody there who runs the project?

John James: Yes, we have co-ordinators upstairs. They come down and do whatever they have to do.

Q143 **Chair:** If new people go for the first time, that must be quite daunting. How do you make people—

John James: We have a women's shed, but for men it is different. When they come in we just sort of click and it's fine. We have one or two who were a bit funny, but it's fine.

Q144 **Chair:** That sounds great. How long has it been running for?



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John James: We have been going for about the last 10 years. I was one of the founding members—me and Terry. It's the best thing I've done in the last 10 years, at any rate. I don't know what I would have been doing now—I don't think I would be alive.

Chair: That ability to get together in the community and chat to each other.

John James: We have a good laugh, banter, do a little bit of work now and again. It's fine. We go out to parks and do bits and pieces.

Q145 **Sarah Champion:** I want to talk specifically about barriers. JJ, can I ask you a really direct question? Do you see the Shed as mental health support or just a community? How do you think other people see it?

John James: We used to do five days a week; now, we can't open on a Monday, Friday or Saturday. On a Monday, I don't know what to do with myself—I'm at a loss. If we can get it open again, it would be a benefit to a lot of us. We are all in the same boat.

Q146 **Sarah Champion:** And it was your family who shoved you to go to it. What do you think would have happened if you had not? Would you have known where to go for help?

John James: I don't know. I don't know what would have happened.

Q147 **Sarah Champion:** Because that seems to be a commonality with all of you: it is not obvious where you go to when you need the support. An earlier witness said to us that counselling and mental health support is very much packaged as a women and girls thing. Would you agree with that?

Lee Cambule: From my point of view, definitely. I am actually training to be a counsellor at the minute. Having been on that course and seeing the number of men who are not on it, there is a vast difference. The idea of providing counselling and support should not be a gender thing, but it is very much seen as something that women provide rather than men. That is part of the problem that men sometimes have. In volunteering I hear men opening up more to other men that perhaps they would do, particularly to strangers of the opposite sex.

Some people use their partners as a good source of support, but beyond that I think it becomes very difficult for men to open up to members of the opposite sex because of, as Adam said, that whole vulnerability thing and needing to show strength and be the breadwinner—the hunter-gatherer and all those sorts of archaic masculine things. That means it is very difficult for men to put themselves forward in that situation.

Q148 **Sarah Champion:** Another barrier that you both mentioned was access. JJ, you talked about finding the support and not knowing where to look for it. The two of you were obviously actively looking for it. Can you talk to us some more about barriers that you faced, or if not in your situation, which you think others might face?



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Adam Afghan: It is as simple as I did not even know where to go. You can go to the GP; as was mentioned, it sometimes feels like you are just going through the process. Sometimes it takes so long—months and months—just to see someone. The situation could be so dire that you might not even be alive. I feel like men and women are wired differently—our needs and how we need to communicate are different. If we had something that was more marketable to men, that would be very helpful. “Do you need help? Are you suffering? Please come here.” It is as simple as: I just don’t know where to go. I can’t put it any other way.

Q149 **Sarah Champion:** In our next session, we are talking more about marketing, which our Chair is a specialist in. When I get the train down here, I am struck by the Samaritans poster of a man with a bandaged hand. You are not quite sure if he is a boxer or if he has been punching a wall, and it says, “You can talk”. JJ, if you were looking in your local paper, what would you see that would make you think, “I could go to that”? What messages ought to be put out there so that you would engage?

John James: It says if you are over 65 and you have nothing to do all day long, to come up and join the Men in Sheds, which I did. That was run by Age UK—they started it all off and it went from there. That was the best thing I ever did.

Q150 **Sarah Champion:** If that wasn’t there?

John James: I don’t know. I can’t really say because I am not in that position.

Lee Cambule: Just picking up on your point there, JJ, I think there is a generational thing as well. I have seen it in various guises. I don’t know if I mentioned at the start, but I volunteer for the Time to Change Wales campaign, which looks at trying to reduce instances of stigma and discrimination. I hosted a stand at a football match at a Championship ground, and I had people of all generations coming up to me—literally nine or 10-year-olds, young dads and the older gents in their 60s and 70s.

There were vast differences in their understanding and approach to what I was presenting and saying and talking about. Some of the older generations were almost a bit scoffing, saying that mental health and all that sort of stuff is rubbish. Some of the dads were a bit more aware of it, but I felt like it wasn’t necessarily being passed on to their kids and the younger generation, because it was completely brand new to them. There is definitely something about the way that the messages are getting across different groups of men and different age levels.

Q151 **Sarah Champion:** Adam, can I ask specific questions around your faith, please? I was really moved by your submission, which I thought was incredibly powerful. You said that it was a Muslim counsellor who you went to, and I was struck that your mum typed in “Muslim counsellor”. If you were typing it in, would you have typed “Muslim counsellor”, or just “counsellor”, and why is that particularly important?



Adam Afghan: I would have typed the same thing. It is because I feel that it is easier to explain certain aspects of what I am feeling to someone who understands the religion or the culture. Explaining to someone who didn't would take extra long; it would need two sessions just to get on the same page. One thing that worried me was that I had heard before that some counsellors would encourage women to take their head scarves off, for example. As a Muslim, that is not something that we want to do. I don't want to be encouraged to do something that undermines my faith. If a Muslim therapist is there, it just makes it so much easier and makes me more comfortable to talk and open, especially when it comes to males.

Q152 **Sarah Champion:** You have obviously researched this area a lot and are becoming a great advocate for it. If you are a Muslim anywhere in the country, such as Birmingham or Bristol, is there access to that specialist service that you were able to find?

Adam Afghan: The simple answer is no. As I mentioned before, Inspired Minds is a volunteer-run organisation that helps Muslims specifically, but it is open to everybody. I have been on podcasts with them. They do training for Imams—leaders in a mosque—on mental health, so that when people come up to them they are better equipped to answer questions for people in the community who have issues.

Q153 **Sarah Champion:** We have been hearing about—you were really eloquent on this—what a man is meant to be. Do you feel particular pressure based on your culture, or do you think it is a general assumption of all men that is reinforced across the country?

Adam Afghan: I think it is a general thing. As Lee said, we have to be the hunter; the breadwinner. If we show weakness, we are not a man. Why can't I be sensitive? Why can't I be emotional? I am feeling pain. We all bleed the same. There should not be a disparity, but catering to our needs is very different from how women's needs have been catered to with regard to mental health. I think it is a general thing, but when we talk about religious aspects, specifically if you are suffering depression or anxiety, it is not because you have low faith and you are not a good Muslim or a good Christian. They are actual disorders that we need to tackle medically as well, and they should be treated the same way as physical health.

Q154 **Sarah Champion:** Both of you said that you had to go and find support privately, which I imagine was a considerable investment. I am concerned about people who cannot afford that. In your ideal, what would be out there for everyone? If you were in charge of the NHS and the Treasury now, what provision would you like to see specifically to support men?

Lee Cambule: One of the models I came across in the third sector was about social prescribing, helping people to get from GPs, who are perhaps a more general level of support, to more targeted, specialist support services. Things like Men's Sheds are classed as that. Getting someone who has just come out of a GP's office, and pointing them in the direction



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of somewhere like Men's Sheds or, if it is about alcohol abuse or things like that, at the support services that matter to them.

Q155 **Sarah Champion:** So that would be almost a signposting route?

Lee Cambule: Yes. That is how social prescribing works. It has link workers to help to take it to that next level for an individual. Systems such as that just help men to get over that thing of, "I've been to the GP; if he gives me some pills it'll be cured, and I'll be fine." It is about, "No, there is more work for you to do, and if you have been signposted in the right direction to find the right services, you have a better chance of recovery."

Q156 **Sarah Champion:** JJ—this is my last question—you have said that there is potential that your Shed will be shut down at Christmas. What alternative social or support network is there for you?

John James: I can't really understand what you are saying.

Q157 **Sarah Champion:** You said that your Men's Shed is likely to be shut down at Christmas. What support is there in your area for you if that does shut down?

John James: We're trying to get support for it—Jerry, the lady behind, is our worker going through all that—but at the moment we have not got any of it going. So we might have to close.

Sarah Champion: I am sorry to hear that.

Q158 **Chair:** When you were talking earlier, you talked about things that had happened in your lives that you felt might have created the issues that you then felt that you needed some support for, such as divorce or bereavement. Looking back on it now, do you think there would have been an opportunity for somebody to have intervened earlier to suggest support? I am thinking particularly about places of worship and people who are religious leaders in communities, whether Muslim or any other faith, and whether there is an opportunity to raise awareness of the need to support men in particular around change in their lives. Do you want to tell me your thoughts on that? Lee, do you think there was an opportunity for somebody to say something to you earlier—although it sounds as though you were very self-aware, and you got support and help?

Lee Cambule: I was lucky, I suppose, in the journey I have been on. As I have said, I was 14 when I started to feel depression really taking a hold, and at that time the main influences were my family and school. Certainly, there is an opportunity in school for the education sector to do more about raising awareness, but they cannot do it all on their own.

Q159 **Chair:** For staff?

Lee Cambule: There is definitely raising awareness and pointing out the work of different organisations and different types of things—creative therapies are very good, getting young people to draw out their feelings so that they can explore them in more detail. Things like that were never around for me when I was young, and those might have helped me to



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express and go through some of the things that I was feeling, because somebody else could have looked at it and helped to guide me at that time. There are more opportunities for that now in the community, and in the education sector there are definitely opportunities there.

Q160 Chair: I was reflecting when you were talking on the opportunities, whether for registrars of deaths or divorce lawyers, to try to help people understand that that is a moment in your life where you might need support, because it is perhaps not obvious to you at the time.

Lee Cambule: That is it. Life changes trigger some of this stuff. In particular, low-level mental health problems such as depression, anxiety and so forth get inflamed at those key points. The GPs have a role in some of the more longer-term things, such as schizophrenia, OCD, bipolar and so on. There is broad awareness and broad tackling of stigma and discrimination. There is a lot of stuff we can do. The use of the internet to have more information that people can signpost to is definitely a step in the right direction. There are probably opportunities there, particularly for men, to use that to find places, as Adam said. Having to google stuff is one thing, but for men to know where to go, who to talk to and who to look for—it is quite a broad challenge.

Q161 Chair: Adam, do you think faith groups have to think about how they are handling this?

Adam Afghan: Yes, they definitely do. The places of worship—the mosques—in the communities are not well-equipped enough to deal with deal with these issues. They do not have the understanding or education to tackle them. When I went up to them and said, "I'm struggling with this," they would say, "Well, you should pray more." That is not an answer I need—this is something that I am suffering with. They need to be educated more, and unfortunately they are just not well-equipped enough. Something that helped me was social media. When I see other influences—young influences and Muslim influences—talking openly about what they are suffering with, I feel better because I am not the only one suffering with it. That is why I am more open about talking about my OCD anxiety. The community needs to talk about it a bit more.

Q162 Chair: Do you know of anywhere in any other parts of the country that might be doing this more?

Adam Afghan: I know they are doing something in Canada.

Q163 Chair: That is really interesting. What is that?

Adam Afghan: They have the Khalil Center. It is specifically about mental health therapy. Other than Spirited Minds, which I reached in the UK, there is nothing else. People ask me where I go—there is only one place I know.

Q164 Chair: That example in Canada that you gave—is it Muslim-based?

Adam Afghan: Yes, it is Muslim-based, but I am sure they accept anyone.



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Q165 **Chair:** JJ, what about you? Bereavement has a devastating impact on people's lives. Can you think of a point at which somebody could have helped earlier, or do you think you got your help at about the right time?

John James: I was fine when I found Men in Sheds. Young schoolchildren come in and we show them how to make things and so forth. We have had quite a few from schools. As I say, we do a lot of charity work, which keeps us busy all the time. Terry at the back, his wife has bad depression. He comes to the shed to give him a break, probably—I don't know. It is just one of those things, isn't it?

Q166 **Chair:** It is good to have kids in there early. Having communities like that is really important, isn't it?

John James: Yes. Disabled children come in as well. It is very satisfying to have things like that. If I can show a boy how to make things, it's fine. I get a lot of satisfaction out of it.

Chair: Thank you very much for your time today. We are very grateful to you all for coming in and being prepared to talk so frankly about your own stories. It is hugely helpful to us in the reports we are writing. It is also hugely helpful to people who might be in a similar position but have not yet found a way to talk about it so eloquently. Thank you very much—we are really appreciative.

Examination of witnesses

Witnesses: Simon Gunning, Chief Executive Officer, CALM; David Henderson, Public Affairs Manager, Advertising Association; and Martin Robinson, Founder and Editor, The Book of Man.

Q167 **Chair:** Good morning. As I explained earlier, we are slightly differently configured today because the lights were not working in our previous room, and we thought it was better to be able to see each other.

Thank you so much for joining us today. We are very grateful to you for coming in for this, our second panel in our mental health of men and boys inquiry. Before we start our questioning, which is going to begin with Sarah, perhaps you could say your name and the organisation you come from?

Simon Gunning: I am Simon Gunning. I am chief executive of the Campaign Against Living Miserably, known as CALM.

David Henderson: I am David Henderson of the Advertising Association.

Martin Robinson: I am Martin Robinson. I am from the Book of Man. I am the editor.

Q168 **Sarah Champion:** Thank you for coming in today. I am particularly interested in the gendered nature of the support that is available in this country. I want to pick a little at the depiction of men and masculinity in the media, because the Committee received a lot of evidence suggesting gender stereotyping in the media's portrayal of men, and focusing on the



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impact that that then has on men and boys and their mental health. I wondered if each of you could talk a little about that—about your experiences and perceptions and about any impact, if indeed this assumption is correct. Simon, could I start with you?

Simon Gunning: Certainly. CALM started 12 years ago; I have only been there for two years, but it started very much as a male suicide prevention organisation, based on the fact that 75% of suicides in the UK are male. It therefore highlighted that group as a high-risk group.

We have continued for that 12 years retaining, at every step, that focus on that high-risk group—on men. What we have done very recently is start to expand our services out to other high-risk groups too, but if we think of suicide as a barometer on society, then we can see that men are at the highest risk, and therefore we will tend to Venn diagram our approach. For example, our next range of services just launched this week—for homeless people. Most of those are male, and their suicide is terrifying. Our next service is going into Birmingham Prison, where we are putting our helpline into cells. Again, it is a male prison.

There are obviously thousands of reasons why this would be the case. We know that women are 68% more likely to go and present for formal medical healthcare when something in their brain does not feel right, as opposed to something in their knee not feeling right. We know that that journey through formal medical healthcare is geared in a way that is scientifically perceived as being feminine. Somebody said earlier that men and women are wired differently, and the truth of it is that we are.

The range of services we present have historically had a greater appeal to men than they have to women, because we run a three-pronged approach. We run a helpline that currently receives 12,000 calls and chats a month. We are different from other helplines, in that we have paid, professional people who are trained in things like addiction, homelessness, benefits, separation and those kinds of things, but, fundamentally, our helpline is different to everything else because we are highly interventionist and we are highly practical.

Q169 **Sarah Champion:** Coming back to my question, which was about gender stereotyping and media images of masculinity, does that have an impact?

Simon Gunning: That highly practical solution is based on the insight that masculinity is defined as being highly practical. It has been defined as putting the food on the table; it has been defined as this strange conflation of stoicism and strength, meaning the strong, silent type. Actually, to our mind, it is harder to communicate than it is to be silent, so we need to understand that conflation.

The Advertising Standards Authority has recently put in place some helpful regulation that says that notice has to be taken of stereotypical behaviour in advertising, but that does not help us with media presences. It does not help us with the way that masculinity is portrayed—and betrayed, in fact—as a very rigid set of behaviours. Brilliantly, feminine behaviours have become more fluid, or it's acceptable to be so.

Q170 **Sarah Champion:** When you are speaking to people, is that something that they are raising with you?

Simon Gunning: All the time. It is the lengthy acquisition of pressure and the lengthy resistance to seeking alternative ways of life. I have a 12-year-old boy; he goes boxing, but he has a T-shirt that says, "Real men wear tights", because he does ballet dancing as well. For him to be able to define his version of masculinity is where we are when we are talking about one's own personal definition. Terms such as "Man up"—I know we discuss this a lot—are generally unhelpful if the man is Harvey Weinstein. I can think of plenty of men for whom "Man up" is appropriate and works well. In unpicking those notions of masculinity, we allow men and the women around them to have the freedom to define that masculinity as they feel it should be for the individual.

Q171 **Chair:** Can I just ask a supplementary? You said that there is a more fluid role for women. Women have worked incredibly hard over a century or two to achieve that. Do men need to realise that it does not simply come on a plate and that they also have to do that?

Simon Gunning: There is a lot of wisdom in that. I consider myself 100% paid up as a feminist. I have a little girl, too. Unpicking notions of masculinity that are unhelpful—gender norms, if you like—will help my daughter in her life because men can acquire skills which have been denied to them up to this point.

There is a big difference between the irrefutable need for women to acquire more political, social and economic rights—which we have seen brilliantly executed over the last 100 years, as you say—and the situation for men. It is difficult to apply that argument to men, who, in many other ways, are in a position of great strength and privilege. It has to be subtler. It is non-Newtonian: if we wallop it too hard, it is not going to move.

Q172 **Sarah Champion:** Martin, you have written a book on this. What are your thoughts about the perception perpetuated heavily by the media of what male is and about the impact that has on men's and boys' mental health?

Martin Robinson: I come from a magazine background. I have been in men's magazines for about 20 years now. I started my career at *Maxim* back in the glory days of the lad mags. I have seen the reflection of men's media and the pictures of men throughout that time, and how it has changed and evolved.

My organisation is called The Book of Man, and I started it last year. It was quite a radical, new approach. We wanted to look at men's feelings and men's interior lives. In the magazine world, it is about appearance. On the one hand, there was either the James Bond, luxury, *GQ* guy; on the other hand, there was the idiot, the lad, the drinker—the guy who doesn't take anything seriously and doesn't care.

Having spent my life in that quite macho world, I saw the way that mental health is treated in my workplaces. If you had an issue, you were considered mental, and you went out the door. We didn't see those kinds



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of people again. You worked until you cracked. There was no room for any vulnerability or weakness being shown, which is common in workplaces.

Professionally speaking, in all that time there was no shift in the media I was seeing to show men in a different way. It was just about keeping up the appearances: the suit, the car, the good looks and the watch, or just being a bit of a laugh—being a guy. It felt like the time was right, in the wake of the #MeToo movement and the mental health crisis, to look behind the mask and see how men truly feel, and examine those feelings that we have, including issues of depression, weakness, vulnerability, love and happiness. Generally, we do not have permission to deal with all that stuff.

We have been using the platform to give normal people a chance to share their stories. We also involve some famous people, who can be new role models, including quite tough guys who are in the SAS or are rappers. When these tough characters show this other side to them, it gives other people the permission to also explore those things themselves. We are treading a fine line. We are not trying to tell men off and remove masculinity as a whole; we are just trying to say, "This needs to open up a little bit more," so that when we need help, we can get it. Undoubtedly, the things that inform us—we live in such a visual culture now—kind of give us permission to do whatever we need to do, or prevent us from getting the help whenever we need it.

What we are seeing now is quite a profound change, involving whole sectors of society. I think the media and advertising are now realising that they have a key role in changing some of the perceptions, because, as the work of CALM has been illustrating amazingly over the last few years, the suicide problem is massive. Where does that come from? Why are men much more likely to do that? I think it is because they have been informed throughout their lives that they are not really supposed to have those problems, and so you keep them hidden away until you are at a point of severe distress. Obviously, I am speaking to psychologists and professionals in that area, and men tend to leave it very, very late to seek help. I think women are a lot more willing to see a GP in those circumstances.

Q173 Sarah Champion: Could I just pick at that a little bit? I have two different images in my head. One is of a man presenting the image that he thinks he ought to be presenting, but having a different one internally. The other is about—you used the word "permission"—language, permission and finding a forum so that you can express this. What do you think is going on? Are both of those happening in different people? Is it a language thing? Is it about redefining yourself and communicating? Or are we at a point where the two perceptions of men are so up against each other that that's what's causing the breaks in some people?

Martin Robinson: It's hard to see where it comes from; I guess that is the way I would approach that. In other words, at what point do the guards come up? I have a young son, who is seven years old, and at his age you can see this little raw emotional creature going through school



and starting to realise, "I've got to bend a certain way." The classic thing that he said to me was, "Daddy, I've figured out how to do school. I need to hide my emotions." Obviously, with me doing what I do, I was kind of horrified, but I understood that. I understood that it is kind of what happens and that these are some of the ideas that are perpetuated for men. So, yes, at a certain point, that guard comes up, and this becomes something that is hidden away. In terms of media representation, I think it is something that just reinforces that idea. The classic male hero is the strong, stoic archetype, generally, or it's a comedy character, like the idiot or the crap dad—all these kinds of things. That only reinforces what your experience of society is.

David Henderson: I completely agree with what Martin and Simon have said. Gender stereotyping poses a risk of men being categorised in this one box, whereby all men should behave in a certain way. I think the cumulative effect of that over a long period of time, especially from childhood onwards, poses some serious risks. Specifically from an advertising point of view, that's something that we are very mindful of as an industry. We have had, in the past, rules making sure that ads are socially responsible and not promoting harmful content, but the new gender stereotyping rule, which Simon referred to, has just come into force, and I think that is going to go some way towards making sure that that issue around gender stereotyping is addressed.

Q174 **Sarah Champion:** When is it a gender stereotype, and when is it an aspirational figure? How are you drawing the line? For example, my brother wanted to be James Bond—aspired to be James Bond—but didn't feel that he had to be James Bond. Do you know what I mean? In terms of an advertising standard, where is the line that you are seeing people crossing? Where are you drawing it?

David Henderson: It is quite a tricky one to balance. I suppose gender stereotypes per se aren't necessarily harmful, but where they can be harmful is the part that we want to address. I suppose it's implying that someone can't do something because of their specific gender. But we don't want to get into the territory of—I'm trying to think of an example.

Q175 **Sarah Champion:** So if you're not James Bond, you're a failure.

David Henderson: Conventional colours—pink and blue—would be on the other side. That is not necessarily something we would look at. It is about something harmful that makes people feel that, in the long term, it will cut them off from potential jobs and that perpetuates the gender pay gap and issues like that.

Chair: Can I bring in colleagues at the other end of the table?

Q176 **Vicky Ford:** I wanted to pick your brains about body image. I don't want to be rude about "Love Island", because lots of people love it, but there is that whole pressure on beautiful bodies. Is there increasing pressure on young men especially to feel that they need to have this body image? Is it linked to them taking steroids? Does it damage mental health? How do I get my head around that whole discussion?

David Henderson: Credos, which is advertising's think tank, did some research a few years ago looking specifically at boys' body image issues. It found that they were concerned about body image, but not as much as girls of a similar age. One of the issues we have been trying to grapple with off the back of that research is that boys' awareness of image manipulation of women was quite high, at about 80%, I think, but their awareness of image manipulation of pictures of men was a lot lower. They thought that image manipulation was solely a female issue. They did not think that men's photos were airbrushed. They were aware of image manipulation, but they thought it was a solely female issue. That is something we need to look at. I am here with two hats today. I work for the Advertising Association, but we are also a supporter of Media Smart.

Q177 **Vicky Ford:** Do you see a changing trend of more young men feeling pressured to have the body beautiful than would have done a decade or two decades ago? Is that having an impact on mental health?

David Henderson: I think so, yes. There is more pressure. The length of time that young people spend considering media now has led to a shift in attitudes towards that. With online social networking, children are spending endless amounts more time than they were in the past on these networks, which is obviously exposing them to more and more imagery that might not have been as much of an issue in the past.

Martin Robinson: The figures on male eating disorders rose by 70% between 2011 and 2016. That was according to the NHS.

Q178 **Vicky Ford:** So they nearly doubled.

Martin Robinson: Yeah. It is definitely on the rise. We have been doing a lot of stuff around this, and one of the interesting things is young kids—teenagers; young lads about 13 or 14—who are now obsessed with the six-pack and going down the gym. It has become a real part of growing up. Some 300,000 men in the UK are using steroids and other performance-enhancing drugs. There is definitely a pressure out there.

One of the theories around it is about control. When there is less control, and society is moving so much and social roles are perhaps shifting, your body is something you can really control as a man. You can own it and have that powerful feeling. That definitely plays a part in it.

Social media is huge on that. You don't generally show yourself when you have just had a big meal, or without a tan. You are kind of showing yourself in the gym or post the gym, and your best physique is out there. It definitely becomes something that informs people, and it is definitely a pressure if you don't live up to that. There is the rise in abdominal implants to give yourself fake abs. It is all happening.

Vicky Ford: Eddie?

Martin Robinson: I am not going to recommend it, but it is there. It is interesting. As with a lot of these things, it is quite nuanced, as well. In a way, you could go, "At least men are putting their energies into exercising,



rather than drinking.” Pubs are closing and gyms are booming. Maybe that is not so much a bad thing, but I just think we have to be careful in advertising media in giving a range of depictions of what bodies are like. Generally speaking, in men’s magazines you just see the six-pack dude. You don’t really see a bit of a beer belly except for comedy purposes. We have a manifesto around this, with a ban on six-packs—even implanted ones. We want to show a variety of body shapes and how men really are, because it is not really very useful to know how to dress if you have a six-pack and look like that. You want to know how to dress if you have put on a bit of weight and it is hot in the summertime—what do you wear?

Different ethnicities are really important as well. It is all about trying to reflect different experiences. For a long time, it has been very one-note in terms of bodily appearance, for sure.

Simon Gunning: We are certainly seeing that reflected in the use of our helpline: younger boys are calling with the kind of body image issues that we would traditionally have associated with young girls. As Martin says, the fact that pubs are closing and gyms are getting full is helpful in some ways, but the epidemic of steroid use—you mentioned steroids as well—is potentially the start of the journey towards self-medication, which in other ways can be extremely dangerous.

Q179 **Vicky Ford:** You have just used the phrase, “the epidemic of steroid use”. Are there any specific actions that you think should be taken about that that are not being taken?

Simon Gunning: It is a cultural issue, and it is led by social media. Look at “Love Island”. ITV has done a lot of remedial work from where it was, and a lot of really great work around masculinity with us, especially around “This Morning”, but “Love Island” is a reflection of social media. Instagram is the genus of it; “Love Island” is the output.

What we will not try to do is regulate social media, especially not peer-to-peer or user-generated content. What we can try to do is affect culture in ways that mean that the body norm is not the big torso or the massive legs—the stuff that Martin is talking about.

David Henderson: On that challenge, going forward from that research that we conducted, the greatest influence on young men in terms of body image was their peers, with social media after that, and then general media. It is hard to stop that accelerating crisis, where more and more kids are conscious of body image, and then their peers are becoming even more conscious about theirs as a reflection of the influence that peers have on each other. It feels like an accelerating crisis.

Q180 **Philip Davies:** Could you put into context for us how important this is? Some people seem to have the view—I want to know if you think they are right or wrong—that if we sort out gender stereotyping in the media, it will be the biggest single thing we could do reduce mental health problems amongst boys and men, suicides amongst young men and everything. My hunch, for what it is worth, is that decisions of the family



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courts, parental alienation and fathers not getting to see their kids are actually a much more important issue than gender stereotyping in the media when it comes to male suicide and all the rest of it. I wonder, therefore, if you could put into context where you see the most important strides could be made in dealing with mental health problems of young men and boys.

Simon Gunning: In our experience, the greatest strides can be made in changing the way young men and boys behave around each other, their families and their peers in society. One of the ways we can influence that is through cultural pressure—sorry, cultural change, not pressure. There are then areas of profound specificity that, yes, need to be addressed: parental care, as in access to children, is a key trigger point for a very small number of people. But what we are talking about is the whole of male society, most of whom are not affected by those points of specificity, so there is an economic perspective on going to where we can do the most good the most quickly.

Certainly in our experience, it is about a thousand different issues. How you get to a suicide is such a complex story, and there is no one answer to it. Sometimes it is about things that might be represented through things like access to children, but there are thousands and thousands of other things. The key points come down to, certainly, an ability to seek help; an ability to view mental health on a parity with physical health; and an ability for male people of all ages—and in fact people of all genders—to have the ability, the permission and the right to go and seek help when they need it. The help that may be needed if you do not have access to your kids is profound, dangerous and extremely difficult—very specialised; but what you will find is that no matter how much work might be put into trying to change the way the courts work, in that particular example, the men who are directly affected by that often do not have the ability to go and seek help, as we saw in the last panel. The language and the permission are not there, so we need to go earlier; we need to go into social change.

Martin Robinson: I am really interested in the structural support that comes in throughout men's and boys' lives, from school—what are they being taught? What facilities are there for them to be able to seek help if they need it, that might relieve some of those playground pressures, for instance? I am also interested in that through to university—the support services there, which I have certainly used in the past; they are generally quite good at universities—and in men's workplaces, where I think the support so far has been terrible. There is a real kind of stigma around "failure" as a man, and admitting when there might be something going wrong. In most workplaces—certainly the alpha ones like in the City—there is not really much quarter given for anyone who is feeling the pressure and can't take it.

I think there is real structural need there. It is not as easy as saying it is just media representation. It is not the only issue; but, that said, the power of brands alone is huge to reach a huge number of people and make a really strong connection, especially with kids. It is massive and the



sheer amount of input that we are getting at the moment, just through our phones alone, in the palm of our hands—the visual input, the constant entertainment streaming—is something we can't get away from or ignore. You cannot underestimate the power of that.

I think for me one important thing is dismantling gender stereotypes in particular. As much as you can involve yourself in fantasy and the idea of aspiration, and all these things, that is great; aggression can be a wonderful thing in terms of creativity. There are all these different qualities that men can have, but there hasn't been that much in the way of men breaking down and men kind of breaking through and finding some support. I think that is a real lack that there has been in films, TV, magazines, everywhere that you see. There is not that kind of permission, almost, for men to involve themselves in those ways. I think that if you ignore the role that media and advertising have in that you are kind of letting people off the hook, and it all becomes around just selling things—and who cares the cost? I think it needs to be—brands have to be accountable for the strong messages they are putting out, because people do take notice, and especially younger people. I think it is a very important issue.

David Henderson: I don't think addressing the media and advertising side of things in and of itself is going to fix the issue, but it is a piece of the jigsaw along with the wealth of other things going on that are contributing to this crisis. I think there is a kind of regional/area disparity that needs to be looked at. I don't think this is an issue that should be looked holistically as the whole UK. Different areas in different parts of the country suffer from this issue for different reasons and in different ways. Some sort of strategy is needed that takes that on board and addresses that aspect of things while also looking at what the media can do, what advertisers can do. Also, the public health services side of things, post-development of mental health problems, could do with being looked at as well.

Q181 **Eddie Hughes:** There is an element, I think, to Philip's point about how advertising leads public opinion, or public opinion has to determine what adverts are on. For example, there was an advert for baby milk, Aptamil, I think, that had a girl growing up or aspiring to be a ballerina, and a man aspiring to be, or growing up to be, an engineer, or something like that. If, for the sake of argument, you replayed that advert and you had the girl growing up to be a builder and the man growing up to be a ballet dancer, would public perception be, "Hang on a sec, that doesn't reflect the reality. Only 1% of tradesmen in the country are women."? The advertising people, I guess, have to tread a difficult line that says, "If we start putting adverts out that don't actually seem to reflect most people's experience of life, where does that leave us?" Or is that not the case? Is it the fact that, actually, the advertisers should not just reflect society, but reflect society as we would like it to be? Is that really their role?

Simon Gunning: No, not in that extreme way. I have spent a good couple of decades in advertising or marketing, and to put messages that are purely fake in front of an audience when you are trying to sell something



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will not work, because you will be found out. People under 20 who refer to themselves as being “woke” will understand very quickly when you are trying to pull the wool over their eyes. We work with a brand called Harry’s Grooming, which is mail-order razors—you have probably seen them advertised on the Tube and stuff—and they have worked out very clearly that, if you look after your target audience and you really look after them, and do things that make their lives better, you will sell more of your stuff. That is their principle: they will help men in lots of different ways. They have funded an inquiry that will be presented here; they paid for a campaign that we did last year called Project 84, which ended up in the appointment of the Minister for Suicide Prevention.

You have to understand the motivation of your audience to buy your product. If you are going to try to just put daft messages in front of them, it is absolutely not going to work, but behaviour leadership is very powerful. As Martin was saying, given the amount of stimulus that you are getting through your smart phone right now if you are under 25, the behavioural leadership works when we do it right. Our patron is a guy called Professor Green, who is a big scary rapper; he’s got tattoos and I’m frightened of him—everybody is frightened of him—but he is actually the most delightful, lovely pussycat of a bloke.

He continues to be extremely cool and very much a trend-setter in rap, but he has absolutely no hesitation in talking about the fact that his father took his own life and that that has profoundly influenced his life. We made a film with him and Freddie Flintoff—the biggest man I have ever met in my life—where they talked about their vulnerability as humans with very complex brains, and what it is like going out to bat in front of lots of people on TV. That is scary. It is that kind of thought leadership—not reversing stuff and trying to play things in a sledgehammer sort of way, but with subtleties—that can change course in the way people perceive their own position in society and that of those around them.

Q182 Eddie Hughes: That leads smoothly on to my next question. There have been several social media campaigns to raise awareness of the mental health of men and boys. Dave did one with CALM, and one of the things that CALM does is to try to change the attitude regarding men’s access to mental health. Do you think those are appropriate campaigns? Do you think they are effective, particularly given the amount of information that we consume through on-demand TV or social media?

Simon Gunning: We did “Be the mate you’d want”, which is the first part of our relationship with Dave, which is akin to, “Please leave this toilet as you would wish to find it.” It was saying, “Think about what kind of friend you’d want, then try to be that friend.” We did a very quick YouGov last year, which said that more than 83% of men bottle up their emotions, but more than 86% of men want to be the person who helps their mate. Your excellent imagery around beer advertising, where you used to have the ladies’ man, the tough guy, the sportsman and the bumbling fool who falls over with the pints on the way back from the bar—those are not real roles. When we really dig into what men want to be, men want to be a part of a functioning pack of social animals who look after each other.



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We tweak behaviours with “Be the mate you’d want”, and with a thing called the Best Man Project that we did with the Duke of Cambridge, Rio Ferdinand and various other people, where we asked the question, “Why is it you’re only allowed to be really nice to your best mate once in your life, when you’re his best man, and then you go back to the bants? Be that kind of friend that you can rely on.” As soon as we start creating this notion of captains and teamwork, which is how males work together anyway, we can start altering behaviour to get those immediate levels of support around people who otherwise do not have it.

David Henderson: I don’t have much to add to Simon’s point, but those campaigns are brilliant, because a lot of the issue is reducing the stigma and some of the social taboo around mental health issues, and anything that encourages men to open up and speak to each other is, in my opinion, necessary.

Martin Robinson: I will just add in a point about the role of celebrity sportsmen and those kind of people. Their role is really important. It is really interesting how things have changed over the last few years, when you have got the royals quite openly talking about some of the issues they have experienced and it being very, very well received and respected in general.

I found it interesting that on the eve of the last men’s World Cup a couple of the England players came forward and said, “I suffer from depression”—on the eve of the tournament. And the manager said, “I’m very proud of my boys to be talking about this.” That, compared to how it used to be with footballers—you would never have got Terry Butcher, or whoever, talking about those kinds of issues in a million years. There has been a really interesting shift in those kind of conversations, and I think that kind of role modelling is really effective in terms of the man on the street starting to open up. The response we have had to our work has certainly reflected that change.

You can sort of see it happening in all strata of society, I think, and this is where the effectiveness of media can come into it, as well. So, we have had people like Andy’s Man Club, which is a similar sort of shed project thing. They started two years ago in Halifax. They were started by this ex-rugby player whose brother-in-law died by suicide, and he just set up a little men’s group for men to talk about their problems. I think there are now 17 around the country—it’s huge and it has grown massively. And they have younger men and older men; it’s a real mix of people.

I feel like the positive thing in a sense is that you can do a lot and get quite far in spreading awareness of these issues, and allowing men to open up about problems when they have them by using the media in this way, especially social media.

Q183 **Eddie Hughes:** What more can be done then to reduce the stigma of lay-off, because I think challenges like artificial intelligence and automation will affect those physical jobs that have been traditionally male dominated jobs, and so we are likely to see more of this? How do we get



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ahead of the curve? Is it more of the same, with royals and other famous figures opening up, or is there something innovative that you see in the future?

Martin Robinson: I think it is those structural support areas for me. I think this is a great sort of battering-ram to get these kinds of ideas out into the open, but for me it goes beyond that. I would like to see real help in workplaces for people who may soon going to be out of there, and more support on the community level for people who are suffering those kinds of issues. I think that is where the real work has got to happen. There has been so much talk about the mental health crisis, but then people have not been able to get support; young people in particular are on huge waiting lists to get seen about their mental health issues.

I think it has to be translated down into real action now. I suppose mental health is so much in the national conversation that it is on the verge of becoming a bit of a trend and a bit cool to talk about, which is great, because at least that is happening. However, there is a danger that people get a bit of fatigue over it and then it maybe goes. The important moment now is to try to make sure that we are having impactful change on a real level, where people are experiencing some kind of support throughout their lives on a day-to-day, one-to-one level.

David Henderson: I think some of the stigma is, first, a generational issue and, secondly, more of a cultural issue, so I think focusing on those two specific areas needs to be the real area of movement from here forwards. This is a long-term challenge, because changing the attitudes of younger people now will hopefully make a difference in 30, 40, 50 years' time, when they are older and part of a generation who tend to have slightly higher rates of suicide. Unfortunately, we won't know until that generation grows up, but I think that's what we need to focus on.

Simon Gunning: The thing is, it isn't, which is a worry for us. There is a guy called Louis Appleby, who would have been really good to hear. He is an academic at the University of Manchester and probably the leading expert on suicidality in the UK. He's a fascinating guy, who talks a lot about the 55-plus male cohort, where the suicide rate was the most alarmingly, terrifyingly high rate for a group in history. That is starting to alleviate, as what we think are probably the effects of 2008 are starting to recede. Other stuff is starting to kill people. Also, it just gets a little bit better 11 years later. The suicidality in the young, young group is more alarmingly high than traditionally in the 55-plus male cohort.

Q184 **Sarah Champion:** First, I am coming in partly to defend "Love Island", because I am a fan. Last night, one of the lead characters was very emotional and was crying, and all the other lads went around him. Throughout the show they have been very empathic towards each other, which I think is great. Leading on from Eddie's point, JJ, who was here before, talked about the Men in Sheds and men just absorbing into the group new people who come in, and they are fine.

Do you think that, while we have more awareness around mental health



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issues, particularly with younger people—it is more discussed—one problem we have is that the opportunities for men to come together are being diminished, whether through community centres or sports groups. I know that my partner's sons are on social media or are gaming on their own. Is part of the problem the physical space for men to actually hang around together and, if not discuss, share through osmosis?

Simon Gunning: Yes. I will defend "Love Island" as well. We work with Chris Hughes, who was on an early series. He is just brilliant; he is really good. That kind of behaviour and thought leadership—it doesn't matter what body shape these people have—is powerful stuff for the 12 or 15-year-olds watching it. Unquestionably, human-to-human contact is a huge benefit in terms of alleviating mental health conditions. If there is a trend in suicide, it is isolation and self-medication, and then method in males, which tends to lead to completion. The closing of pubs is hugely worrying.

Our version of the social prescription is the CALM collectives, where we bring people together. We have 74 football teams that wear CALM badges, as well as 800 runners and 500 cyclists. They don't come together necessarily to talk about their mental health; they come together with like-minded people. The Sheds are just brilliant, and I don't think for a second that in a Shed they have ever put a circle of plastic chairs around and said, "Right, let's all talk about our mental health."

It doesn't have to be explicit. It is implicit that if you are in a community with people who have expressed a like-minded view of the world, you will communicate better. The separation caused by gaming, for example, is very typical, but if you talk to PlayStation, they are very much aware of that, and they encourage people, when they are playing FIFA or whatever it might be, to have a headset and to play in groups, so that they have that communication. Isolation is unquestionably a killer.

Q185 Chair: On that point, do you think, as well as taking 10,000 steps a day, we should have so many minutes a day in which we have human contact with each other? Fellowship has come out of both sessions today as being hugely important and something that people do not necessarily factor into their lives.

Simon Gunning: It is a lovely notion to have minutes spent with another human, because it is fantastically powerful. I might steal that. That is really good.

Q186 Chair: We want to talk a little bit more about creating behaviour change and the role of the media and advertising in doing that. David, I suppose you will be really pleased that we have been told that 53% of boys want to look good as a result of seeing advertising. However, that is not necessarily a positive thing in their lives, because they feel pressured into changing their behaviour as result of seeing the advertising, in the same way as women have been for generations before.

To what extent are you aware of and tackling that negative impact of targeted advertising at your level? To what extent do you think that the people who pay for the advertising—who have the products—are aware of



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that potentially negative impact of targeted advertising? This is not something new; it is a notion that has been explored as a result of campaigns around images of women in advertising. Do you think advertisers are as aware of the issue for men?

David Henderson: I think that advertisers are becoming a lot more mindful of this issue, which in some ways reflects the social change that we have had around this issue, as we were talking about with Mr Hughes, about whether advertising follows society or whether it sets the social agenda. It's kind of a mixture of both, I suppose; it's almost a mirror reflection, but not quite an exact mirror reflection.

As views have changed, obviously the people conceiving the ads and the brands themselves are consumers too, so they know what public feeling is on these issues. They are mindful of being ethical and responsible, and reflecting what people are feeling towards these slightly more sensitive topics, which 10 or 15 years ago maybe weren't at the forefront of our minds. Ultimately, the key point is—it touches on something that Martin raised earlier—that consumers are buying the brands' products. Consumers have made it very clear, especially in recent years, that if they are not happy with the direction their brand is taking they'll boycott it and they'll stop buying their products.

We've seen some interesting YouGov research come through, which we did last year and this year. There has been a roughly 15% rise in consumers feeling that a brand should be responsible for representing them socially. That has gone up from about 50% to 65% in the space of one year, so that's definitely something that consumers are a lot more alive to. As for those brands, they are alive to the fact that consumers are aware of that and are making the advertising more responsible on the basis of that.

Q187 Chair: You talk about advertisers being mindful of being responsible and you think of the amount of rules and regulations, albeit self-regulated, around advertising to children, advertising various sectors, not over promising and not saying things that are not true or can not be backed up, but when it comes to the portrayal of individuals, who do you think should be responsible for ensuring that advertising doesn't have a negative impact on the mental health of men and boys? Advertisers just being mindful about it might not be enough.

David Henderson: Of course. At the outset you have the regulator, as you mentioned, as a kind of baseline of protection. Those rules are mandatory and have to be followed. For an advertiser to be found in breach of the rules causes quite a lot of reputational damage within the industry, and there is a potential knock-on financial impact of that ad being banned and having to pull the entire campaign. The advertisers themselves have a responsibility to be aware of what direction society is heading in and reflecting the societal norms.

There is a key role for digital literacy and critical thinking programmes, particularly in the younger generation. Our programme is called MediaSmart, which develops resources for teachers, parents and

guardians to raise awareness of how advertising works on specific issues. Some of the resources we have developed are on social media, there are others on boys' body image and there is a new one that has just launched on influencer marketing, which covers filters, image manipulation, sponsor posts and when a product is being advertised to you. Getting in as early as possible with younger people and teaching those skills will then carry through to future generations. That is something we are lacking at the moment in the education system.

Q188 Chair: Martin, do you think advertisers are being responsible enough in this area?

Martin Robinson: Yeah, I think it is definitely changing, but I think it is interesting, having worked with quite a few. The brands are going where the money is. It's not purely, "Oh, we've got to really look after the men." They would not be doing this if the old ways that they advertised still worked.

The classic is Lynx, who were famous for a bit of Africa and thousands of women would be rushing towards you. They found that they had a big profit slump and reassessed everything. They did a huge survey in Mexico, the US and the UK, called the Man Box, that looked at the way that men are socialised. It found things such as that in Mexico the idea of proving yourself violently on the street was a really important part of proving yourself as a man, as they saw it, but also that they were incredible uncomfortable with that and wanted to see change.

They revamped the whole the thing and came up with an idea called "Find your magic", which is about men just being themselves. No matter who you are or what you look like, that made you valid and more attractive as a person. Their profits went hugely upwards and they had a massive response.

Q189 Chair: Was all the response from men, or was some of it from women as well?

Martin Robinson: Well, it is like, "Who is buying the products?", so there is that. That is another interesting point though; the relationship between men and women in all this is interesting.

They saw these huge results, so they realised that the audience has probably changed in that way and that they are looking for a different story. That has translated into a lot of other brands exploring the issue. Some are doing it really badly. Some are doing it in a really authentic way, doing a lot of research and taking an interest in it.

From my point of view, it absolutely has to be something they address. The way that men and young men today bond with a brand is crazy. You are really loyal to it and love it in a way that perhaps was not the case 20 or 30 years ago. If you are a Nike guy, you love Nike and you are into the



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whole thing. That kind of bond has to come with a responsibility for most people, so they are not purely rinsing you for cash.

Q190 **Chair:** Simon, you are a brand expert, from your CV. What do you think about this? Is being mindful of being responsible enough? Should we go further in the way that brands are portrayed and how realistic the imagery is that is used in advertising?

Simon Gunning: There are very different layers of advertising, of course. If we are talking about broadcast media or print media, there is a lot of regulation in place. There is a lot of self-regulation in place from the industry, which is extremely interesting to me. Ten years ago, none of these conversations would have happened.

The thought leadership from the advertising industry is often motivated by winning prizes and awards. It is a strange industry where people lust after winning a Cannes lion at the expense of everything else—they just see the shiny lion and want it. Project 84, which we did last year, was the most decorated campaign globally and won everything. The queue of people wanting to do more of that now—wanting to appeal to the woke generation and wanting to have more product benefit than just how well it shaves or how it tastes, about how it reflects on the brand in society—is important. That is fairly easy; it is chunky and it is an established industry.

When you get into, for example, influencer marketing, which Martin mentioned, we start getting really murky. When we start to get people using their social media presence to take cash in exchange for talking about products, I assume that regulation there is a rabbit that you are constantly chasing and is very hard to catch. You can do it really badly as well, as Martin said. Gillette went out with a campaign trying to appropriate the hat of purpose, and got it wrong, and it was seen clearly that that was wrong. Self-regulation is good until you get below places where that is effective, such as social media.

Q191 **Chair:** Right. We have to keep an eye on that. Before I move on to the final question, I am interested in your thoughts about programme content. We have talked a lot about advertising and the imagery from advertising. Many of us who look at these issues in terms of women's role in society often remark on the development of programme content, particularly coming from the States, and the way in which women are portrayed now. Particularly on Netflix programmes, there are very positive developments in terms of the way in which LGBT communities and women's roles in society are reflected. How do you feel about programme content's portrayal of men? Is it evolving or is there more to do? Is the way men are portrayed—the important ways that influence society—still too stereotyped?

Martin Robinson: I was trying to think of what had changed and trying to think of some shows as examples. I did not have that much, certainly in terms of Netflix. There have been some really interesting ones like "Queer Eye", both in the way it depicts gay people and the men they go and see—usually a classically repressed husband who is on a bit of a downer and



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needs a pick-up. The way that they overwhelm him with love and attention, and draw out a new purpose for him, is really interesting. It usually revolves around him reconnecting with the people around him. It is never, "You're going to get a job and look amazing—get down the gym." It is more, "You need to love yourself and show your wife that you really love her." That is a real shift.

There is a sense at the moment that other communities need a voice, but perhaps men are not seen as being the ones, because there is a sense that we have always had it. There is a certain amount of reaction to that. That is why I have not seen too much progress, or too much of a shift in the different representation of men.

There has been the occasional interesting one. "Catastrophe" is an interesting show, written by Sharon Horgan but there is also Rob Delaney in there. His character is really interesting, as a dad who has all sorts of problems but is very human and all that. He is not quite the "crap dad" that we have seen in sitcoms throughout the years. I can't really think of anything else that has really changed.

Simon Gunning: The soaps have done well. I guess the cursory part of it is that we could think of the places where they have done really well, and have stepped out of the shadows and done difficult storylines. "Coronation Street" has worked very hard on difficult themes, but that certainly is not the norm. It is not reflected in the Netflix tentpole kind of format.

Q192 **Chair:** If you were going to do a programme that was helpful in challenging the issues we have been talking about, what might that look like?

Simon Gunning: That is putting us on the spot, isn't it? We have to pitch programme ideas.

Q193 **Sarah Champion:** What programmes have worked well in the past that we are not seeing now?

Martin Robinson: I am interested in the representation of fatherhood. I do not really see much of that on TV at the moment—men grappling with the domestic world, which is where a lot of the transformation has to be. If we are getting more gender equality in work, as this goes on, many will and do have an increasing role at home. I think a lot of men would like that, and are quite willing to involve themselves in that, but it needs to be hero'd a lot more, or at least explored. It is not a particularly glamorous thing.

Chair: We are going to sell this to Tony Hall afterwards. Good idea—a fatherhood programme.

Martin Robinson: Just of men mopping.

Q194 **Chair:** If you have any other ideas, I will be really interested. I have a closing question, going back to the serious topics that we have been talking about. According to the research from Samaritans, the link



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between the media coverage of suicide and increases in suicidal behaviour is clear. Do you think that media outlets are taking that seriously and are taking responsibility in the way that you would want them to? Are there different approaches that you think should be considered?

David Henderson: Do you mean in terms of news reporting?

Chair: Yes, news reporting. We know how sensitive it is; as parliamentarians we are aware of that, but we are interested in your view on whether it is dealt with in the right way, particularly through broadcast media.

Simon Gunning: It seems that since Kate Spade's death there has been a relaxation, not from any authorities but in the way the broadcast and mass media chase after eyeballs. The Samaritans guidelines are incredibly important and very useful. It is important that broad, mainstream media adhere to the way they report suicide. We go back to Robin Williams: the graphic reporting of method led to a very high rate of suicide using that method. That is terrifying. Going back to previous decades, it was normal to talk about method—the number of pills taken—and that led to copycats again and again.

While it seems clear since Kate Spade that there is a chase towards eyeballs, a chase towards audience, the real problem, of course, exists underneath broadcast media. For example, Samaritans in their guidelines say, "Avoid reporting the contents of a suicide note." With Google, any suicide note you want to get to is there straight away. Not for a second can we think we are going to turn the internet off, or we are going to regulate in some way what that content looks like, especially when it is in a peer-to-peer environment. However, what we can do is work with those media owners as well to mitigate and help to steer that current in more effective ways.

Q195 **Chair:** Is this something that maybe, when we have the new legislation about the regulator for the internet—the online harms White Paper—we might want them to look specifically at?

Simon Gunning: Yes, and very close to those Samaritans guidelines as well, which are very well researched, as you say. There is empirical evidence to say that this kind of reporting will lead to this kind of behaviour.

Q196 **Chair:** The idea there is to put a duty of care on to the media platforms, the online platforms, so that would be a potential way of influencing their policies and procedures for tackling that.

Simon Gunning: Yes. Again, they are not going to be able to turn the tap off, but Facebook for example really wants to work to make the situation better, so I would absolutely say that the Government leaning in is the way to go.

David Henderson: I think the editors' code of practice and the National Union of Journalists' guidance is quite useful on that, as well. It has quite



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a good balance of the public interest in knowing that a suicide has taken place and taking care to not necessarily report on novel methods, or going too much into detail; basically, the minimum that is absolutely necessary, and nothing more than that. Some of that could be lifted and applied to online, broadcasting or whatever.

Chair: This has been a fascinating panel; I can't thank you enough. It has been very eclectic in the thoughts you have given us, but it has been invaluable to the work we are doing, so thank you very much. There are no more questions from our side, so that is the end of our second panel.