

# Hidden Struggles: A closer look at Men's Mental Health in Cumberland 2024



ASKING FOR  
HELP  
IS OK

# Acknowledgements

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*Healthwatch Cumberland would like to thank all the people who bravely contributed to this project by taking the time to share their personal mental health experiences.*

The organisation 'Mind' produced a report collating research between 2009 and 2019. Their findings showed that 2 in 5 men regularly have low or worried feelings, which is an increase since 2009. Furthermore, they found the number of men developing suicidal thoughts had doubled since 2009.

This is why eliminating stigma around mental health, especially in men is incredibly important. By sharing personal experiences, this is a step forward.

Get It Off Your Chest  
Men's Mental Health 10 Years On  
MIND UK, 2019

[https://www.mind.org.uk/media/6771/get-it-off-your-chest\\_a4\\_final.pdf](https://www.mind.org.uk/media/6771/get-it-off-your-chest_a4_final.pdf)

**This report features content surrounding mental health which some may find uncomfortable.**

**Read at your own discretion.**

**Resources are provided on page 4.**





# About Healthwatch Cumberland

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Healthwatch Cumberland (HWC) is your local health and social care champion.

Healthwatch is independent of all services. We are in place to engage with local people, communities, and neighbourhoods to listen to your experiences and feelings of using health and social care services.

With a mission to reduce inequalities and barriers to services, Healthwatch aims and is driven to hear the experiences from those who could be classed as seldom heard and shares this feedback to encourage improvements.

## **Defined by the Health and Care Act 2012, our statutory role is to**

- Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved to decision-makers on how to improve the services they are delivering, enacting positive change.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.

To fulfill our statutory functions, Healthwatch undertakes a range of engagement. From pop-up engagements in villages and towns, attending existing support groups and networks, running focus groups, and visiting services to see them in action – this is called Enter and View.

By law, there must be a Healthwatch in every local authority, therefore, Healthwatch is funded by, and accountable to, local authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting HWC to bring important issues to the attention of decision makers nationally.

We do this by: Making the views and experiences of people known to Healthwatch England, helping us to carry out our role as national champion. Making recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

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# Resource List

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**The term of 'MAN UP' needs to be challenged.  
You do not have to just get on with it; these are here to help.**

**CALMZONE** – Campaign Against Living Miserably |  
Call [0800 58 58 58](tel:0800585858)

## **Carlisle Eden Mind**

Mental health information, guidance and support to those living in Cumbria.

Tel: 0208 2152243

9am–5pm Mon–Fri

Email: [info@mindlinecumbria.org](mailto:info@mindlinecumbria.org)

<https://cemind.org/our-services/mind-line-cumbria/>

## **HOPELINE UK (under 35 years old)**

24/7

0800 068 41 41

## **Healthy Hopes Cumbria Ltd**

Run health and wellbeing sessions across West Cumbria and relaxed drop-in sessions

Tel: 07763152529

Email: [Admin@healthyhopes.co.uk](mailto:Admin@healthyhopes.co.uk)

<https://www.healthyhopes.co.uk/#services>

**Men Who Talk** – Non Profit Organization, Nonprofit, Support Groups. | <https://menwhotalk.org>

## **Offload Cumbria (for Males)**

Peer support sessions offer a relaxed support for males over 18 years old with a mental health issue.

They have face-to-face groups.

Email: [Offloadcumbria@outlook.com](mailto:Offloadcumbria@outlook.com)

<https://offloadcumbria.co.uk/>

Meeting locations:

First and third Monday of every month 7pm–8:30pm at Greystone Community Centre (CA1 2HA)

Weekly on Tuesdays 5pm–6:30pm at The Lookout (CA2 7LD)

**PTSD Resolution** – Counselling for those who have served in the forces. | Call 0300 302 0551

## **Samaritans**

Free Mental Health listening service. | Call 116 123

## **SHOUT**

Free, confidential messaging service for anyone in the UK. | Text SHOUT to 85258

## **Together We Workington**

Range of support services aimed around a "whole person" approach to mental and physical wellbeing.

Tel: 0808 196 1773

Email: [Info@togetherwe.uk](mailto:Info@togetherwe.uk)

<https://togetherwe.uk/>

## **The Lighthouse by Carlisle Eden Mind**

(Evening crisis support service) Drop in service in Carlisle 5pm–11pm every night of the year | Call 0300 561 0000

## **Urgent Mental Health Support in Cumbria 24/7**

0800 652 2965 (Adults)

0800 652 2865 (Children and young people)

## **Andy's Man Club**

Every Monday evening at 7pm

Find your local group at:

<https://andysmanclub.co.uk/>

**If you feel you can not keep yourself or someone else safe as a result of a mental health emergency:**

**Or you feel someone's life is at risk (including yourself):**

**The NHS advises you call [111](tel:111) and [select the Mental Health option.](#)**

**"A mental health emergency should be taken as seriously as a physical one. You will not be wasting anyone's time".**

# Introduction

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Healthwatch Cumberland initially set their aims for this project to explore the topic of men's mental health in detail considering how relationships, exercise and deprivation impact wellbeing respectively.

It was brought to our attention that men's mental health had become an area of concern in communities within Cumberland. This was further presented through research showing suicide rates in Cumbria being 50 per cent higher than national average as published by the Office of National Statistics in 2023.

Healthwatch Cumberland organised engagement events including focus groups and case studies to gather detailed accounts of men's mental health experiences. Case studies involved sit down chats in person, on Teams and over the phone. The focus groups were a group discussion on the topic. Visits to Third Sector support groups and drop-ins supported in finding people who could take part.

An online survey was also running with an option to indicate if participants would also take part in a case study. We then contacted them directly to set up a case study. Through varying methods of data collection, members of the public shared their mental health related experiences, this enabled the project to be accessible to many people. Additionally, the stigma attached to mental health may have caused individuals to hold back from engaging with us. The online survey was a method to combat this as anonymous responses were recorded.

By highlighting the unique challenges that men face such as societal expectations and stigma; in addition to giving men in Cumberland an opportunity to speak to Healthwatch, this report can foster an increased awareness and understanding of men's mental health.

This can inform decision makers in the area to make improvements to support services and provide tailored resources to men's mental health needs. Furthermore, this project shines a light on the topic of men's mental health and we hope it increases conversation on the topic.



# Methodology

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The engagement for this project ran from 16th October 2023 until 15th February 2024. A total of 200 people were engaged with.

Healthwatch Cumberland held 4 focus groups and gathered 30 case studies. Alongside this, an online survey was ran and distributed via posters and HWC socials. In total, 107 survey responses were gathered.

## Where did we go and what different groups did we speak to?

- **Mental Health Football at Carlisle United Community Sports Trust** – *This was to target the demographic of men with mental health issues and also to gather insights on the link between wellbeing and physical activity.*
- **Healthy Hopes sessions in Workington, Whitehaven and Maryport** – *Many who have struggles with their mental health attend these sessions, along with a number of other underlying issues.*
- **Veterans session at Carlisle United Community Sports Trust** – *This helped us reach the armed forces veterans demographic as it is expected that many of them will have experienced trauma and some form of PTSD.*
- **People First's Men's group** – *The ideal place to hear the views of men on the stigma surrounding mental health.*
- **Ewanrigg Community Centre's (The Centre West Cumbria) Coffee and Craic** – *Weekly community lunch which gets a lot of people through the door, not just from Maryport but the surrounding area. The ideal place to speak to local people about any issue, including mental health.*

A member of the Healthwatch Cumberland team attended two meetings with council officers to introduce the project, asking them to share it across their network and take the findings on board when it is published.

They also attended Cumbria CVS' Mental Health Provider Forum with partners across the sector to introduce the project and explain how people can get involved.

## Why did we collect data in this way?

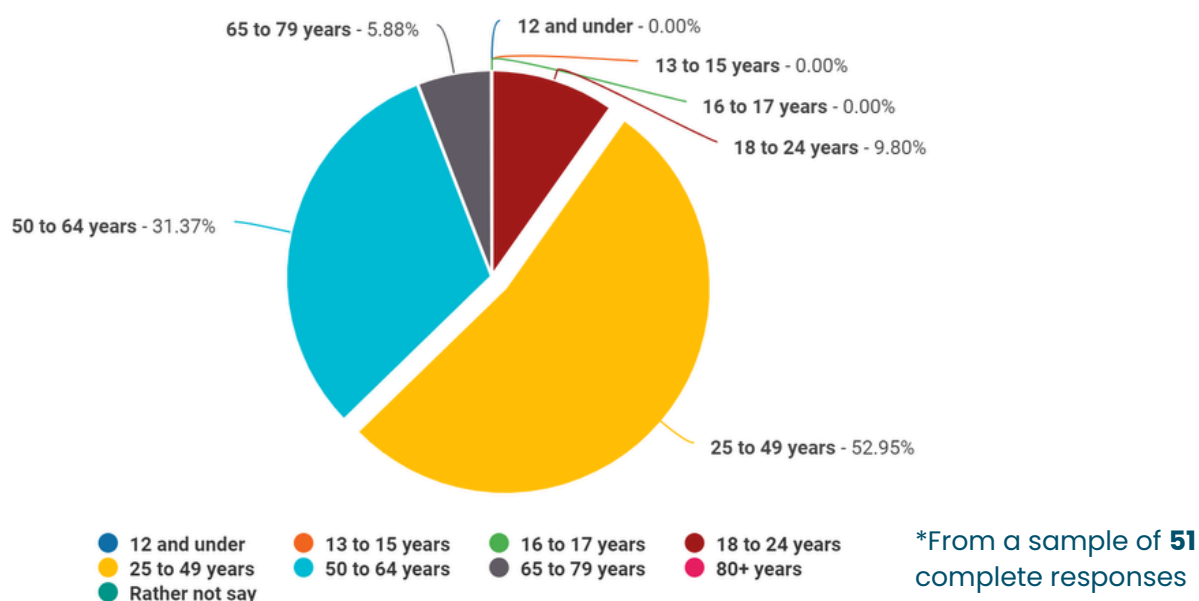
The online survey allowed us to produce headline figures from quantitative data and the sit-down discussions during focus groups and case studies allowed us to gain a more detailed insight into people's lives and struggles.

## Then what?

Themes were drawn from the qualitative data to inform main points of discussion for developing conclusions and recommendations from the dataset..

# Results: Background

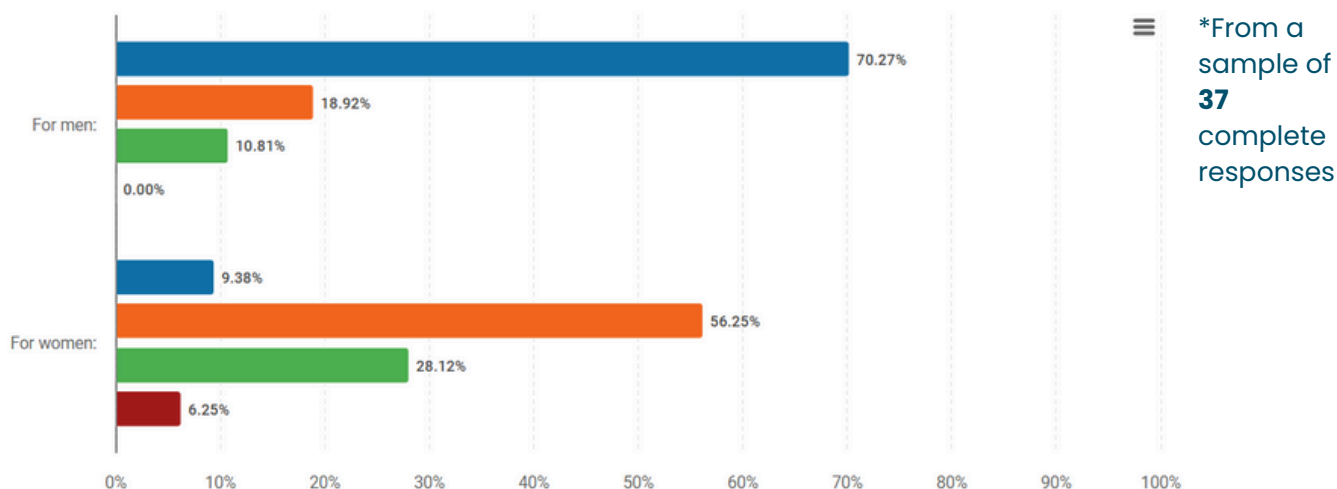
Healthwatch Cumberland engaged with the following age groups through the Men's Mental Health online survey:



Demographic information told us that from a sample 51 participants, 94% of people who completed the survey were White British, 4% were White from another background and 2% were Mixed: Asian and White. There were 107 total responses however, only 51 of those had completed the survey in it's entirety.

Those who identified as Male made up 72.6% of responses, Female made up 25.5% and Non-binary made up 1.96%

**For how strongly one agrees with the statement: There is a stigma attached to mental health, the following data was collected.**



**Strongly Agree:** 70.27% for Men, 9.38% for Women

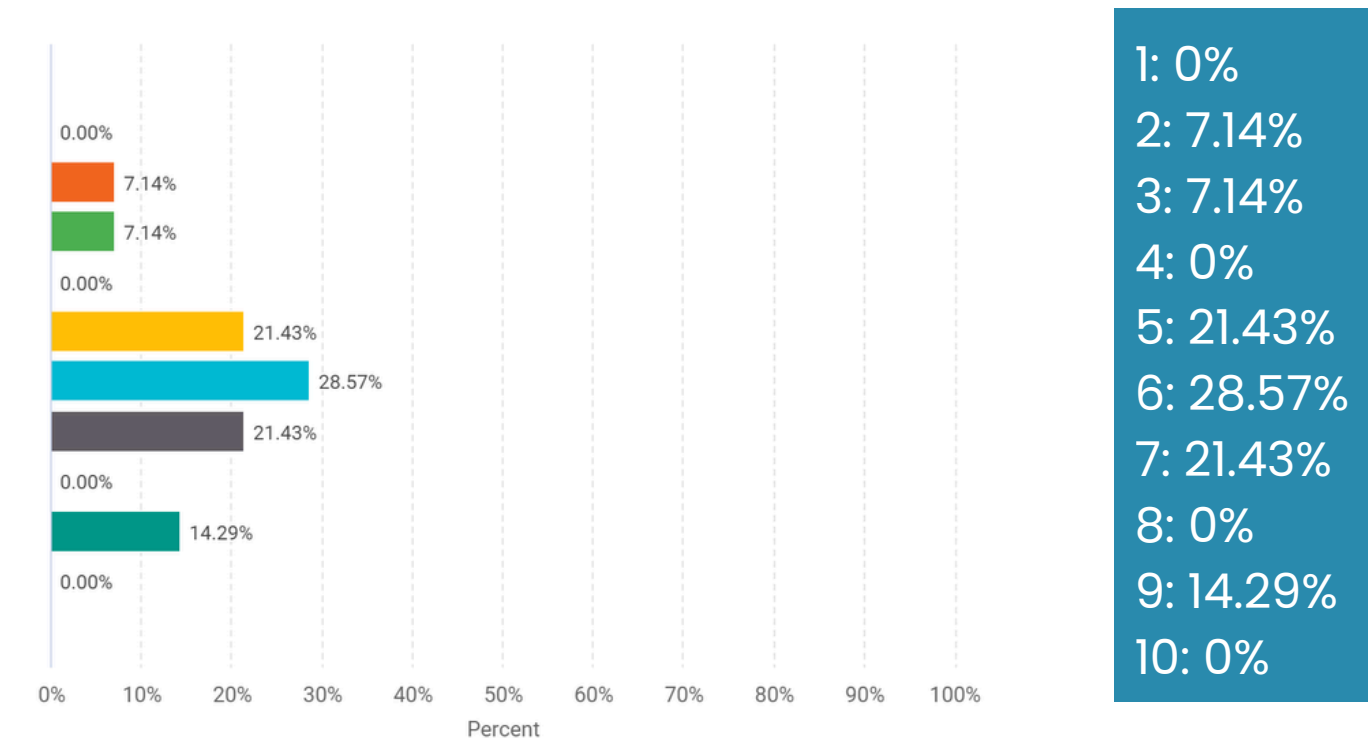
**Agree:** 18.92% for Men, 56.25% for Women

**Disagree:** 10.81% for Men, 28.12% for Women

**Strongly Disagree:** 6.25% for Women



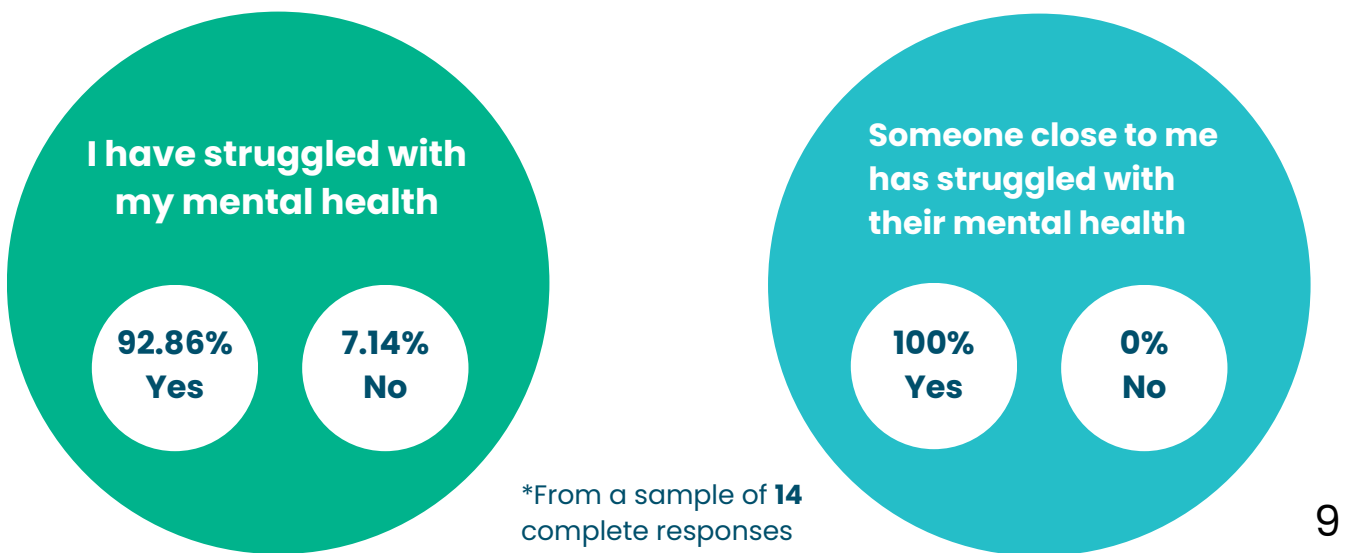
Over the last 12 months, how would you rate your mental health? (1 being poor, and 10 being excellent). The following chart displays our findings. \*From a sample of 14 complete responses



Due to responses being predominantly in the middle of the rating scale, it firstly at an immediate analysis, shows there were few experiencing anything other than average mental health (neither extremely poor or excellent).

These findings may also suggest an influence of mental health stigma, many who are experiencing very poor mental health will not declare so. For instance, research shows personal stigma lowers the perceived need for professional assistance and reduces the likelihood of seeking help (Doll et al., 2021).

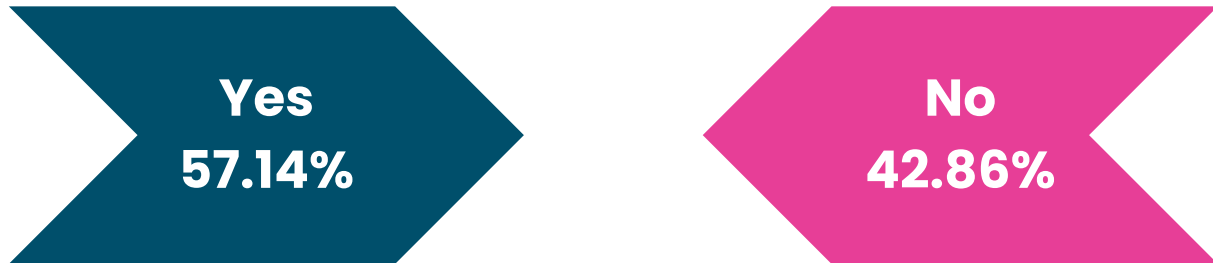
Have you had a personal experience of either yourself and / or someone close to you struggling with their mental health?



\*From a sample of 14 complete responses

## If you and/or someone close to you has struggled with their mental health, did you access support services?

\*From a sample of 14 complete responses



### If yes, where did you go for support? And what was your experiences of these services?

### If no, why did you not access any support services?

"He refused due to stigma"

"I Didn't know where to go, and did not want to go to the doctors as I did not want it on my medical records."

“

"I didn't want to have it on my record that I have struggled. I also didn't think it was bad enough to access support. I know it can be bad but I also feel that I have control over it most of the time, even when bad – I won't do anything that would further hurt myself.

I also heard about the waiting lists to get support and I think I will either be better by the time the support is made available or if I got it there would be someone else out there who would need it more than me who should be getting it first (I don't want to take up the resources unless necessary)".

”

"I was told I was overreacting"

"Workplace Occupation Health and the Doctors.

Doctor gave medication and that was it. No chance of alternative treatment or other services."

# Results continued: Physical Health

## How likely are you to seek medical support for your:

Answer Choices	Mental Health	Physical Health
Very Likely	26.09%	43.48%
Likely	34.78%	30.43%
Unlikely	34.78%	13.04%
Very Unlikely	4.35%	13.04%

As shown in the figure adjacent, there is a clear gap in likelihood between seeking medical support for mental health and physical health.

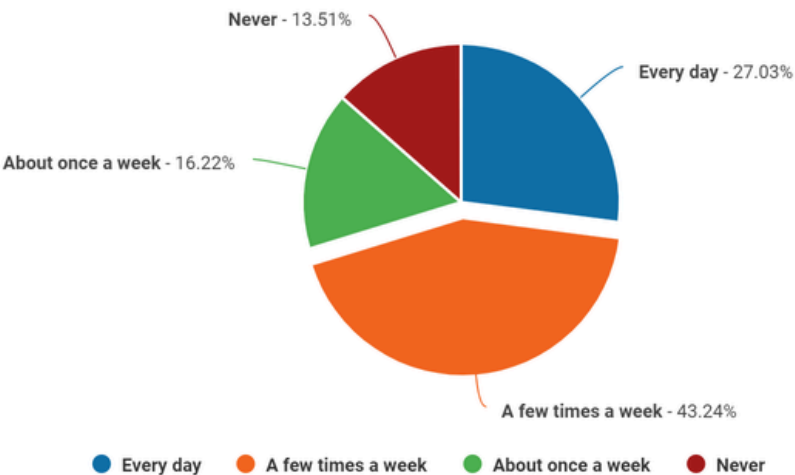
Mental health can lead to fatalities as well as physical so why is the likelihood to seek support so largely different?



\*From a sample of 14 complete responses

## How often do you engage in physical exercise or activities that support your physical wellbeing?

\*From a sample of 37 complete responses



As shown in the pie chart featured, the majority of those who responded to the online survey take part in physical activity at least once a week.

Exercise may be a common mental health coping mechanism for men with the sample largely identifying as male.

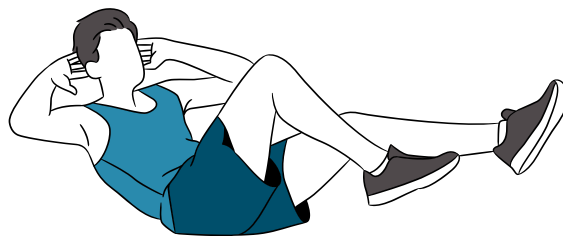
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## Do you feel that your physical health and lifestyle choices are positively contributing to your mental health? And if so, in what way?

"While the motivation to get started may be really difficult to find some days physical activities including walking, trail running, kayaking etc. are very beneficial for my overall wellbeing and also give me a sense of achievement no matter how hard things felt during the activity"

"I run and cycle a lot, well I did until last year, with working extra I don't have the time to do this. I can feel the impact on my mental health from this and weight gain which has a negative effect on my moods and mental health. I miss doing it. When I'm running and cycling my mental health receives a massive boost"

"I sometimes attend a football drop-in session. I set a personal target at walking over 10,000 steps a day which I prioritise as recommended by a therapists, it helps both physical and mental health. I also like to be out the house as much as possible"



"I have recently started playing football again after many years being rather inactive. I am also eating a better balanced diet and have lost weight. I will lose more in due course. My mental health is improving as my physical health does"

"Although I would not say that I am a 'gym person' nor do I enjoy exercising, when I feel good in how I look and am eating healthily, I feel a lot better in myself and my mental health is positively impacted"

"I always feel brighter when I've done some exercise"



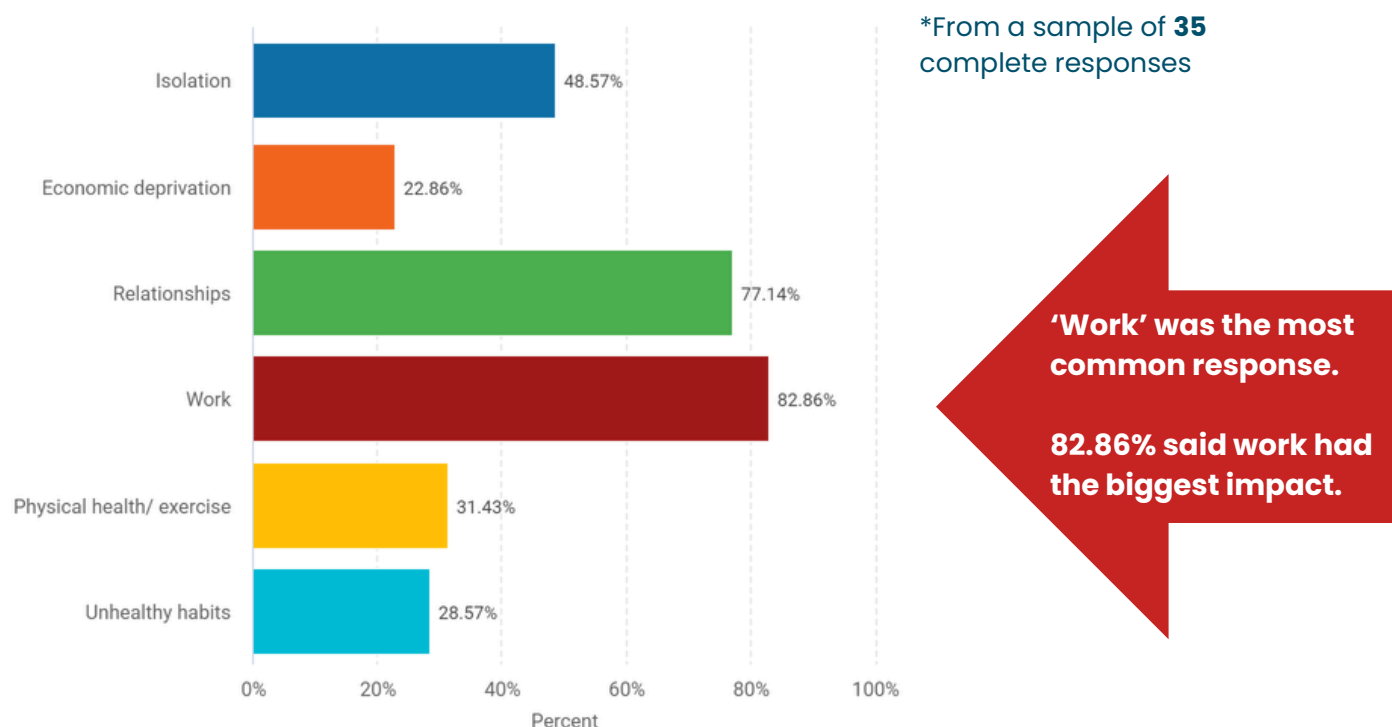
Research has shown physical activity to be highly beneficial to wellbeing. In particular, research support has found physical activity to improve symptoms of depression, anxiety and general distress in a range of adult populations.

The sample used in this piece of research included the general population, those with mental health disorders and those suffering from chronic illness. Their findings were representative of all groups within the sample.



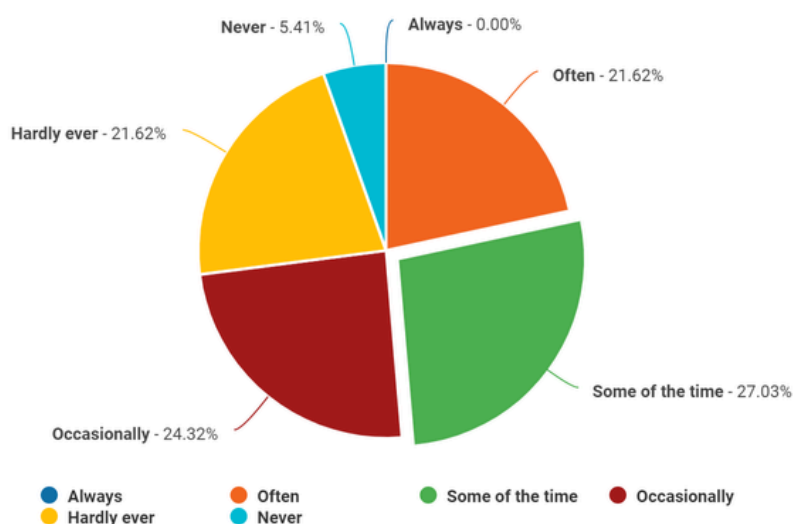
# Results continued: Isolation

Select which of these factors have had the biggest impact on someone close to you and/or your own mental health?



## How often do you feel lonely?

\*From a sample of 35 complete responses



In total, 72.97% of those who completed the online survey experience loneliness. Persistent and prolonged exposure to loneliness has been found to associate with early mortality, poor physical health and poor mental wellbeing.

Ultimately, poor mental wellbeing itself has been linked to greater morbidity and lower life satisfaction (NHS Digital, 2021).

In relation to the previous question, we then asked...

**This question provides insight into quality of relationships within the sample which indirectly impact mental health.**

**Would you describe the area you live in as rural?**

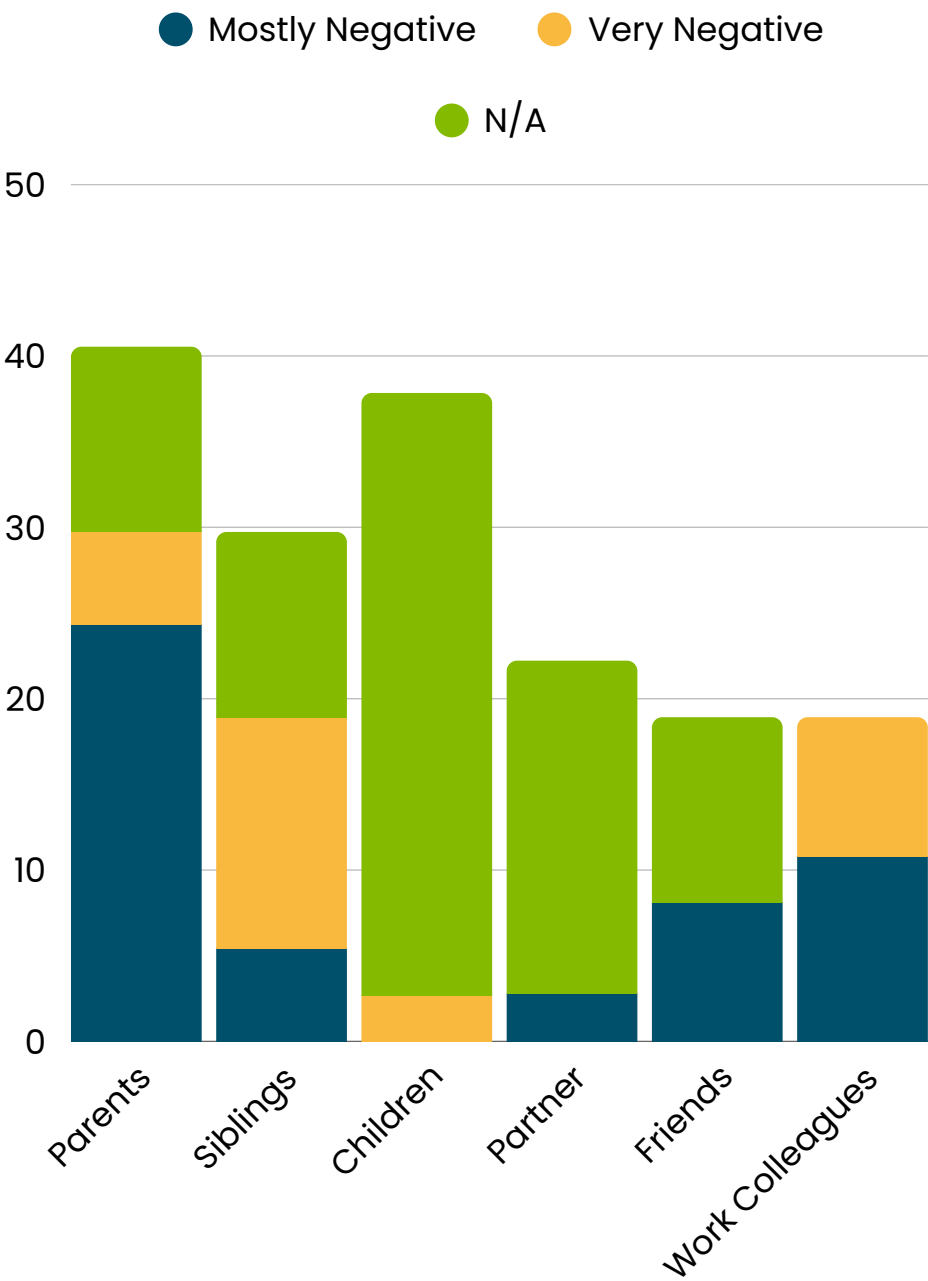
**Yes 32.43%**

**No 67.57%**

Rural areas can lead to loneliness due to transport issues, lack of social events and general feelings of isolation.

\*From a sample of 37 complete responses

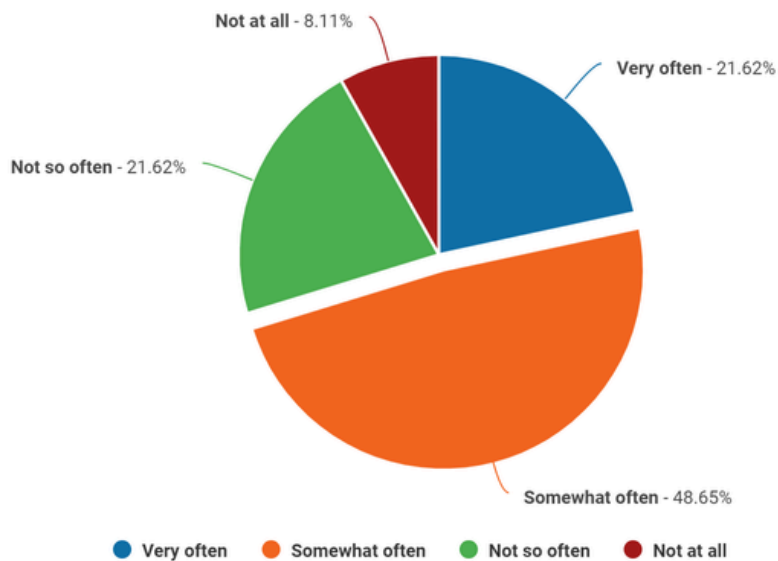
**How would you describe your relationships with your:**



\*From a sample of 37 complete responses

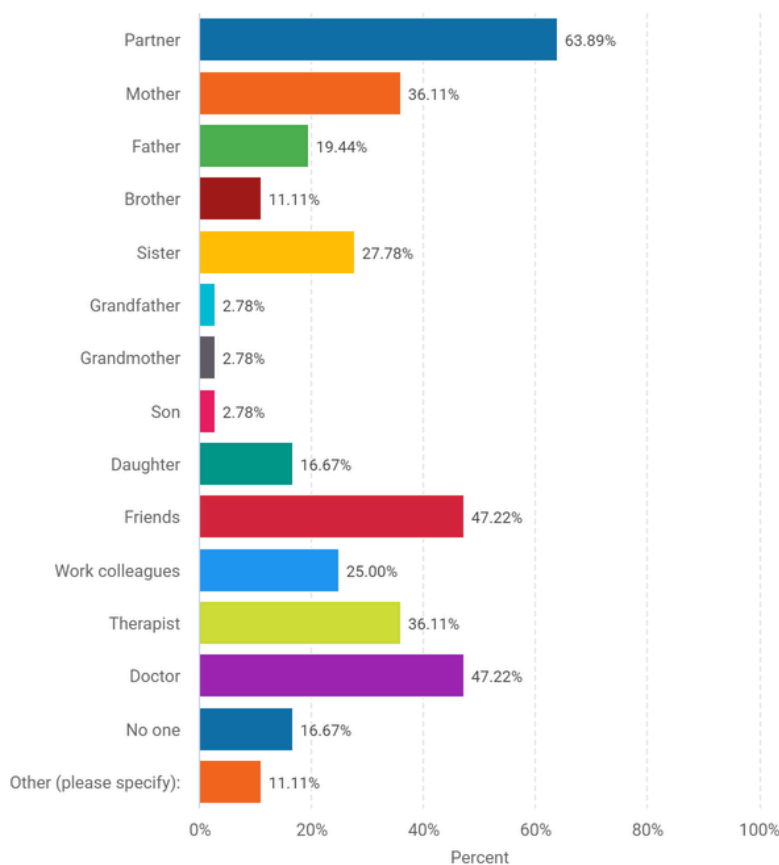


## How often has your mental health affected your relationships?



\*From a sample of **37** complete responses

## Do you feel able to discuss your mental health with your:

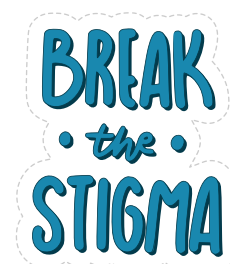


\*From a sample of **36** complete responses

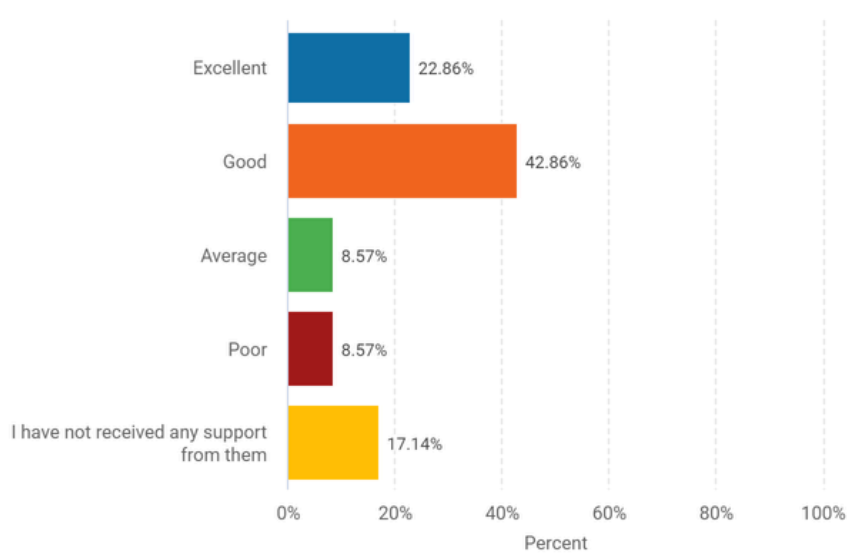
Higher percentages suggest greater comfort speaking about mental health with these people.

The top three largest responses include: Partner, Friends and Doctor.

This may be due to lack of stigma in a medical context and closeness to a partner making it difficult to not discuss mental health.



## How would you rate the support you have received from your family and friends regarding your mental health?



\*From a sample of **35** complete responses



## Are there any specific challenges or stressors in your social relationships that impact your mental wellbeing?

(i.e. parent-child relationship, friendships, romantic relationship)

“

“Suffering from social anxiety means that social relationships are full of triggers”

“Relationships/Work Life Balance”

“Lack of trust”

“Friendships, I feel I’m a giving person and some are all take and eventually, when my mental health is low, I will cut that person out of my life and have no further contact with them”

“My personality disorders can affect my behaviour in stressful situations and can have an overall detrimental affect on those close to me at times”

“Pace of life”

“Dad is a very unhappy man can ignore me for weeks at a time if he deems that I’ve done something wrong.

Step mum is a big drinker and has issues with medication. This makes for a pretty unhappy house”

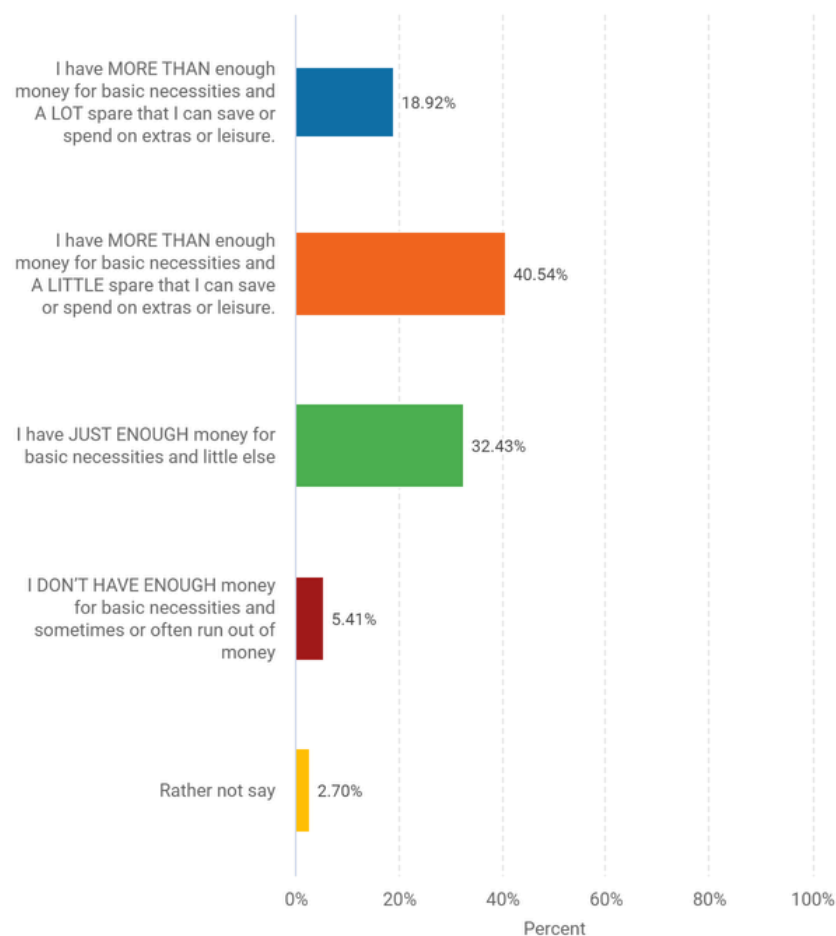
“Just trying to find time to meet up as we all have jobs, uni, etc.”

”



# Results continued: Economic Deprivation

## Which of the following best describes your current financial situation?



A shocking 32.43% of those who completed the survey stated they have “just enough money for basic necessities and little else”.

The lack of spare income for anything that brings joy and entertainment is a likely factor for an unsatisfactory lifestyle.



\*From a sample of **37** complete responses

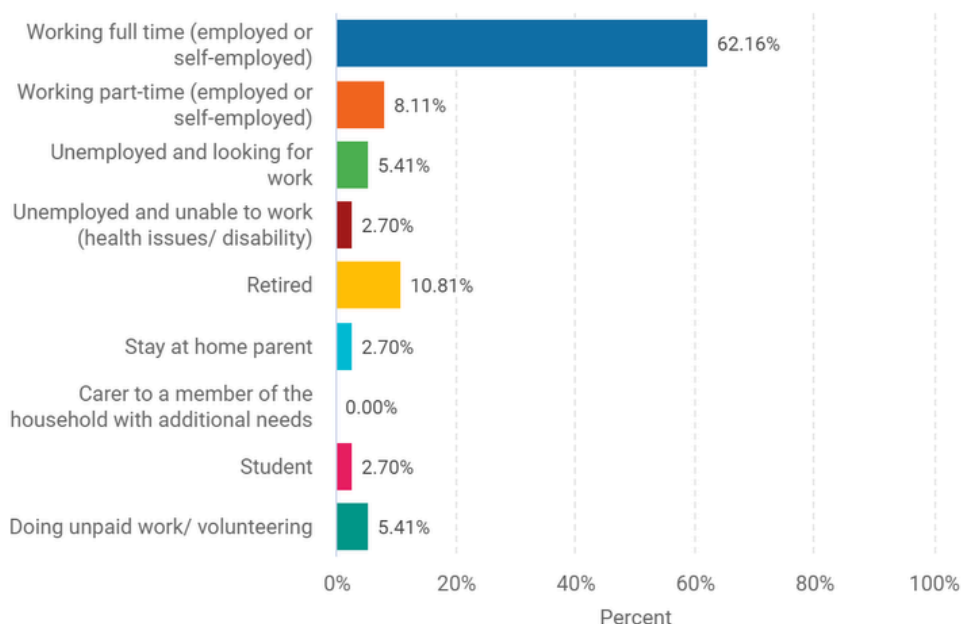
## Describe how the current economic climate has impacted your mental health?

- “The cost of living crisis has caused my mental health to deteriorate”
- “It has given me feelings of hopelessness”
- “When I have been struggling in the past, it has affected me massively and has been one of the core contributors to poor mental health”
- “Cost of Living has been tough in terms of limiting social activity options”
- “I try not to think about it, because it makes me very unhappy. Although I’m pretty lucky in what I earn, I feel for others who struggle and despise the fact that no one wants to help”
- “Stress and worry until the next pay day has a big negative impact on my mental health”



# Results continued: Work

## Which of the following best describes your current (main) employment status?



\*From a sample of **37** complete responses



## How do you balance your work and personal life effectively? (Consider shift patterns, weekend working, home working, vacation days, sick days)

"Home working and ensuring overtime is kept in check"

"I don't balance them, generally do some work most evenings"

"I am currently studying alongside working part-time. I make sure to keep Fridays off as a 'treat day' for myself and my partner. We also align holidays with each other to spend time off together. It is important to schedule time for 'me time' too"

"Strictly work the required hours, no logging on during weekends"

"I don't. The time I get from work I barely have any time left to do anything else"

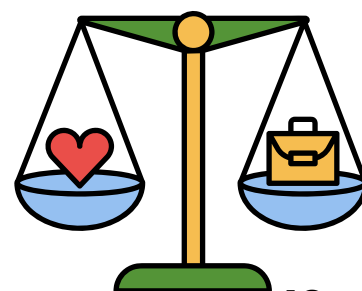
"Always manage my free time well and work is work never let it cross into my private life"

"I have a good work life balance now I'm in a new job. I work 2 on 4 off so have plenty of time for myself, my relationship and hobbies"

"Work 0 hours contract and choose when to work around uni"

"I am lucky to have a job where my hours fit well around my personal life"

"At the moment, not very well. With costs going up I'm constantly working over time to ensure I can pay bills"



## Are you aware of the mental health support resources available at your place of work?

\*From a sample of 37 complete responses

**Yes 60.61%**

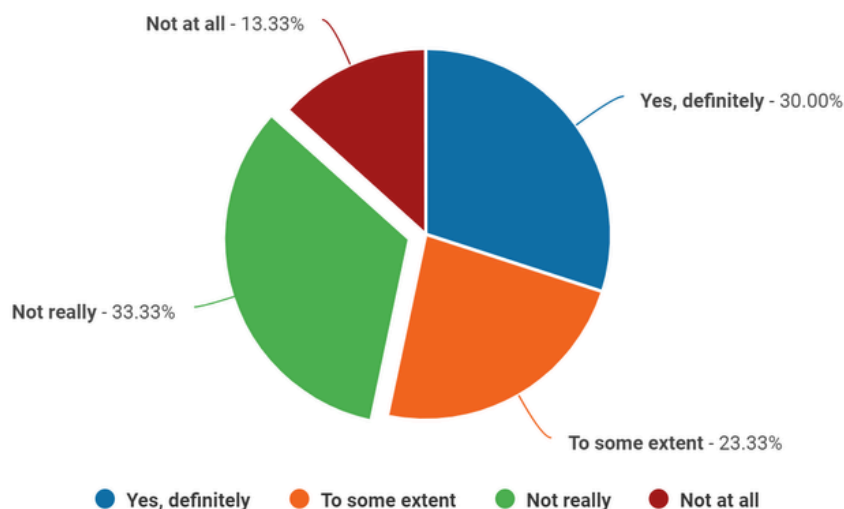
**No 39.39%**

### If yes, what is offered?

- "I can refer myself through occupational health for counseling if required"
- "Medicash app, smart health gp app and adverts for third sector help in head office"
- "Mental health ambassadors"
- "Confidential counselling service"
- "Counselling/Resources/Health and Wellbeing Group"

## Do you feel that your mental health is supported and prioritised by the company to the same extent as your physical health?

\*From a sample of 37 complete responses



## Are there any specific factors in the workplace environment that negatively impact your mental health?

- "The 'its not my job' attitude"
- "The atmosphere in my office/work space is negative"
- "I am socially anxious, so being forced to work next to people all day is a huge challenge that drains me very quickly"
- "Difficult boss, Lack of autonomy, Lack of flexibility in working hours"
- "Over worked at specific times of the year"
- "Natural emotional challenges that come with the job"

# Results continued: Coping Mechanisms

How would you describe your coping mechanisms to deal with stress, emotional pain, or other difficulties in your life?

\*From a sample of 37 complete responses



Have you ever used/done any of the following to cope with stress, emotional pain, or other difficulties in your life?

Answer Choices	Yes, frequently	Yes, occasionally	Yes, in the past but not anymore	No, never
Drank alcohol	8.11%	27.03%	21.62%	43.24%
Drugs	2.70%	0.00%	16.22%	81.08%
Gambled	8.33%	8.33%	5.56%	77.78%
Smoked	2.78%	13.89%	13.89%	69.44%
Food	43.24%	35.14%	8.11%	13.51%
Exercise	45.95%	27.03%	13.51%	13.51%
Meditated	13.89%	16.67%	8.33%	61.11%

\*From a sample of 37 complete responses



Describe the impact engaging with these habits has had on your mental health

28 responses were collected for this question.

In summary, these key responses were drawn about the impact of the negative habits on one's mental health.

**Drug & Alcohol Use** – “massive negative effect on mental health” , “I can feel myself sliding further down”

**Gambling** – “Constantly up and down, seeking my next high from gambling” , “Ended up in no money”

**Smoking** – “Short term fix that made me feel worse in the long run” , “Ends up in chest infections”

**Food** – “Makes me feel good while I eat, but always feel terrible afterwards. This habit has definitely replaced my smoking and drugs habit”



## What do you think would be consequence to your mental health if you were to stop engaging with these habits?

“

“I would really struggle if I couldn't take regular exercise or be unable to attend Andy's Man Club for a long period potentially becoming withdrawn and engaging in less healthy habits”

**Mental  
health  
matters**

“If I didn't go out walking most days, my mental health would decline”

“If I could remove the bad and unhealthy habits, my mental health would be better. However, I'm not sure if I could get through day to day life like this”

“My health would deteriorate without the coping strategies I have established for myself”

“I may not be able to cope with living”

“I would probably be carrying less weight and would stop feeling guilty for comfort eating”

”

### To conclude we asked.. is there anything else you would like to share on the topic of men's mental health?

“Just that we need to trust and open up to each other and get rid of the saying "man up" the world would be much better if we all support each other”



“No one should be ashamed to admit they're struggling and seek help or advice on ways to get better. You only get one life, don't spend it wondering what if. Talk about it, get help and enjoy life”

“There are some excellent initiatives around, persuading men to engage is the problem”

“Andy's man club is helping to break the stigma around men opening up and talking about their problems. I wouldn't be here if it wasn't for AMC”

**Healthwatch Cumberland is appreciative for the vulnerability shown in responses to our online survey.**

**Sharing information about your mental health difficulties is not easy.**

**healthwatch**  
Cumberland

# Themes

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## People are slipping through the net because they do not fit the criteria for any organisation.

Healthwatch Cumberland distributed an online survey in addition to developing case studies and focus groups. Our findings revealed that just 26.09% of our sample (23 responses) were “very likely” to seek medical assistance for their mental health. When compared to the 43.48% of responses who would be “very likely” to seek medical assistance for physical health, this illustrates a gap. Healthwatch investigated into what is causing this barrier that isn’t as prevalent for physical health issues through qualitative methods of data collection.



## Criteria for mental health support is limiting.

***“I’ve tried to access a few different support services, but I guess I’m considered not unwell enough to be bothered (about). I guess I’m back at the start which is frustrating when you’re trying to seek help and you’re back at the beginning, the doctors sent me somewhere, that somewhere sent me somewhere else, and they said ‘you don’t tick our box’”***

***“I’m sure next time I could manipulate it and give the wrong answers to make it seem worse than it is but you shouldn’t have to do that.”***

Evident above in the quotes gathered from engagements, people in Cumberland are finding it difficult to access and receive support due to not being “unwell enough” in the eyes of support services. Mental health is largely subjective and affects everyone differently. High functioning individuals with mental health concerns still deserve support.

## Support available is not suitable for everyone

‘Went to a mental health support group on Vulcan Lane in Workington for support’ and this is the service that could not offer as much support as needed.



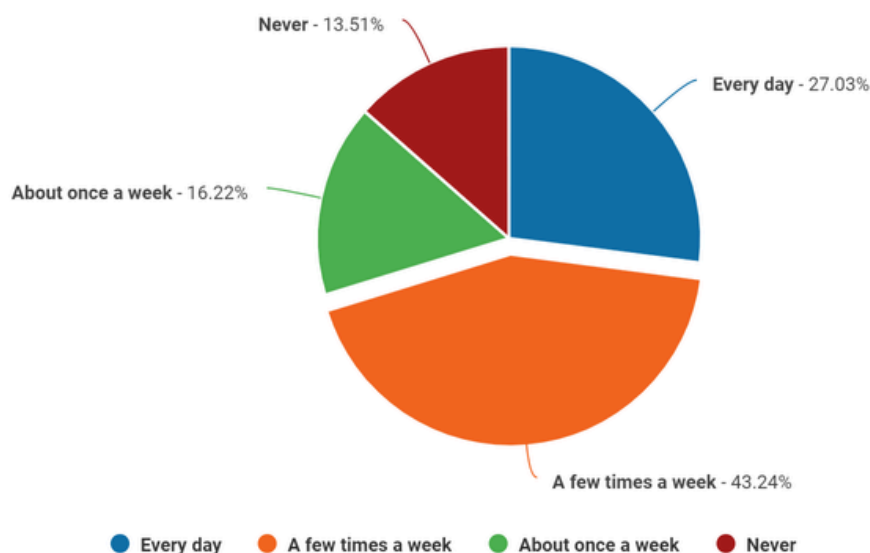
In relation to the theme, people are slipping through the net either through not fitting criteria for support or the support available is not suited to the individual.

A member of the public spoke to Healthwatch Cumberland about their experience with a support group in Workington. They explained how the group did not help them as much as needed. Experiences like this cause individuals to withdraw and lack the motivation to seek further help.

# Themes

**Physical activity plays an important part in a lot of people's lives to help them manage their mental health and wellbeing on a daily basis.**

Healthwatch Cumberland asked via the survey: "How often do you engage in physical exercise or activities that support your physical wellbeing?".



**Out of the 37 responses to this question, it is clear that those in Cumberland engage in physical activity regularly.**

**This is great for their physical and mental wellbeing.**

**A vast amount of responses were gathered through the open question in the survey and in face-to-face engagement for this theme. This in itself shows the importance of physical activity as it appears to be a popular topic for wellbeing.**

***"Exercise is a really good thing for me, it's not for everybody maybe but during the lockdown me and my wife bought electric bikes, and I do find getting out on the bikes is a really uplifting thing to do".***

Participant was a regular at Ewanrigg Community Centre and goes to Fit4Life, a gym that runs sessions for older people and those who need rehabilitation after a heart attack or stroke. They said **"exercise really benefits me and I now have a FOB so I can open the gym up and go whenever works best for me"**

***"I am taking a small amount of medication and vitamin D to keep me balanced, I also walk 5 miles every day as I know exercise is good for me, I have improved a lot over the years but still have to keep an eye on myself as I could slip back, and I never want to be sectioned again."***

# Theme Continued

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In 2023, a review of the role of physical activity on mental health and wellbeing was developed. Physical exercise has adequate research support to indicate that depression and anxiety is influenced by exercise to a greater extent in clinically diagnosed individuals than in the general population. Therefore, there is empirical support to show physical activity as an important factor to manage mental health and wellbeing.

In another area of mental health difficulties, those with substance use issues have been found to largely benefit from physical activity. Research has shown exercise may be helpful to manage cravings for substances and this is particularly important to note as where other forms of support are not available, exercise may be suggested.

Mahindru, A., Patil, P., & Agrawal, V. (2023). Role of Physical Activity on Mental Health and Well-Being: A Review

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An individual opened up to Healthwatch Cumberland about how football is important to their wellbeing. These quotations were drawn from a case study collected face-to-face.

***“Football has always been my happy place”.***

***“I came very close to doing something very stupid as I couldn’t bear being away from my kids, yet I told myself I needed to keep coming on a Monday night as to try improving my mental health which was very much at its lowest point it’s ever been” (referring to football on Monday nights)***

***“I really tried to keep going to football on a Monday night as being with the lads and playing football really did keep me going. The people within the club had an ear I could borrow whenever I needed it which stopped me from bottling up all that was happening”***

***“My Monday nights have become my break from my tumultuous life and in many ways my salvation”***

**Healthwatch Cumberland is greatly appreciative of this individual opening up about their experience with mental health and physical activity as a way of promoting good wellbeing.**

**This case study highlighted the impact that exercise and regular physical activity can have on men’s mental health.**



# Themes

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**Support groups play an important role in communities giving people a place to vent and receive peer support, which prevents them from needing crisis services.**

***“I knew I had to do something different this time in order to sustain my recovery. I found solace in joining a boxing club”.***

***“I believe my honesty and openness in these clubs has given other men opportunities to feel comfortable to share their own experiences, breaking stigma are boxing class at a time. The moral of my story is the connection is key to survival. These clubs gave me purpose and the physical activity alters my brain chemistry in such a way that I feel the most content, confident and capable I’ve ever felt. My mind is quiet for the first time, and I am able to learn who I truly am.”***

From the snippet of a case study presented above, it is clear that this person has found support groups like boxing club to be different to anything else. This individual said clubs like boxing club have made them “feel the most content, confident and capable” they have ever felt. This indicates a positive state of wellbeing and therefore, a lack of need for crisis services.



***“I visit Healthy Hopes once a week, I enjoy the group as I have got to know them, I only go here and then straight home again, I don’t go anywhere else, I don’t feel lonely, I used to years ago but I have got used to it on my own”.***

Healthy Hopes is a good opportunity for this individual to get out and see people. ***“This is actually my favourite group (the Workington group) because I used to live here so I know everyone better here.”***

Healthy Hopes support group is tackling loneliness which gives people a safe space to chat and socialise. This promotes wellbeing and limits the need for crisis services.

# Theme Continued

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Andy's Man Club which is a suicide prevention charity, offers free peer support groups across the United Kingdom. Cumbria's first Andy's Man Club began in January 2023 situated in Maryport.

**There are now Andy's Man Clubs in: Barrow-in-Furness, Carlisle, Cockermouth, Maryport, Ulverston, Whitehaven, Wigton & Workington.**

***"It's not time limited, you don't just get eight sessions, Andy's Man Club is every Monday night. People can drop in and out when they want, it's informal but there'll always be someone there to talk to". "The guys are genuinely empathetic because they understand what we're going through."***

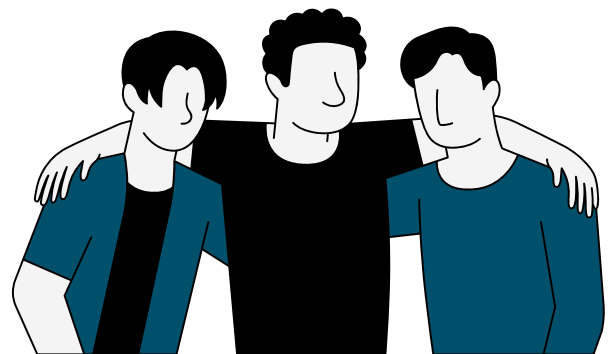
***"When you look back, especially to when I was younger, it's changed dramatically. There was nothing like Mind Ya Marras' or Andy's Man Club. Now you get rugby players and footballers talking about it."***

***"The first time, the anxiety will be through the roof but when you've been with people going through the same experiences, you won't stress as much." (going to a trauma group)***

***"There's always more people out there that it can help and spreading awareness is the most important thing but I think we are helping overall, the common thing to hear is 'I wouldn't be here if it wasn't for Andy's Man Club.'"***

***"we helped that person and helped that family because they would've lost a father, a brother, a husband."***

Andy's Man Club has come up in engagements and in our data collection multiple times. It is a very popular support group and with the non-clinical casual aspect, it is giving men a safe space to share their mental health problems and get support from peers.



# Themes

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**People do not feel they are properly prepared by professionals for the side effects of medication and that medication is a go-to for doctors when all it does is suppress your emotions.**

***“You go to the GP and they just give you tablets. For years, people thought men were strong but they weren’t they were just masking it.” He said that this is how addictions start.”***

***“I never really saw a way out, I thought ‘I’ll just be on tablets for the rest of my life, they don’t work with you at the GP, they just give you tablets.”***

***He said that GPs should be coaching patients with mental health issues to work through their issues and develop coping strategies, rather than just prescribing meds and offering no other forms of support.***

***“You’ve got to wean yourself off them but with brain chemistry, they might not even need tablets”.***

Healthcare professional behaviour and attitudes during consultations have been shown to be contributors to patients feeling unsafe. Participants within a research study reported practitioners lacking empathy, not allowing discussion and advocating medication above all other treatment options that the participant showed an interest into.

Stigmatising behaviours and attitudes of practitioners were reported by participants who explained they felt they were treated unfairly compared to other patients without mental health problems. They also reported an imbalance of power in the relationship between the healthcare professional and patient.

Ayre, M. J., Lewis, P. J., Phipps, D. L., Morgan, K. M., & Keers, R. N. (2024). Towards understanding and improving medication safety for patients with mental illness in primary care

With this lack of feeling safe with a general practitioner when it comes to medication for mental health, it is clear people do not feel ‘properly prepared’ for the side effects of medication.

# Theme Continued

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From case studies collected as part of this project, these snapshot quotes aligned with the present theme.

***'He went to his GP and was referred to First Step, they gave him Sertraline but that made him 10 times worse. Eventually they got the GP to change his medication to Fluoxetine, that smoothed out his emotions, the deep lows were not there anymore but the highs were not there either'***

***"I don't work due to my physical and mental health, I take 4 to 5 tablets daily but I don't take them properly as they give me bad side effects sometimes, I know I should take them as I get very anxious but its not nice when I feel ill with the tablets"***

In relation to how medication seems to be a 'go-to' for doctors, the first quote shows how this can cause larger issues which calls into question why medication is prioritised over methods such as therapy. However, once this individual eventually got their medication changed, they felt much better. More awareness and support of side effects would help people have a more informed choice in the medication they are taking.



The second quotation, further explores the need for support with side effects resulting from medication for mental health. Inconsistency of medication can cause worsened side effects, however without the proper preparation given by a practitioner, how would they know?

Attitudes need to change within healthcare to allow freedom of choice for those seeking mental health assistance in other forms rather than medication being given first.

# Themes

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**Participants have reported poor experiences with crisis services where they were supposed to be given a call back but didn't. Long wait times for other services in addition to not receiving further contact can have detrimental impacts.**

**People feel they have been 'fobbed off' because the person they spoke to has not taken them seriously.**

**"I've learned to change the order around with what I say, learning that when I go in, probably the first thing I'll say is what's going to get the attention of the doctor"**

The Care Quality Commission produced a survey in 2020 on community mental health investigating crisis services, accessibility to care and support available.

This research into crisis service experiences has shown from a sample of 17601 people, that 28% would not know who to contact during out of office hours in the NHS, during a crisis. Out of those who did try to make contact with a crisis service, 17% said they did receive the help they needed. Finally, 2% were unable to make contact at all, with the sample being significant, this is sadly a large number of people who could not get help when needed.

These findings show that since 2020, as a result of Healthwatch Cumberland's engagement through case studies, there has not been enough action to improve crisis services.



# Theme continued

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**“It feels there is a technique to getting what you need from NHS services”**

In June this year, a study investigated the detrimental impact NHS wait times for mental health treatment is having on the public. Responses to a survey by 656 people was analysed and the sample included people who had tried to access mental health services in England within the past two years.

80% of participants reported their mental health deteriorated further whilst waiting for support. Further showing the implications of wait times on these vital services.

Out of those who experienced mental health deterioration during waiting for support, 64% experienced a mental health crisis, 25% attempted to take their own lives, 42% resorted to urgent and emergency care. 22% had to contact the police as a result of the distress being experienced for their own safety.

One-third of people in the sample had to take time off work due to not receiving support in adequate time (34%), with some people indicating they had lost their jobs as a result of their mental health.

**New survey reveals stark impact of NHS mental health treatment waiting times. (June 2024).** /Rethink Mental Illness/ **New Survey Reveals Stark Impact of NHS Mental Health Treatment Waiting Times.** <https://www.rethink.org/news-and-stories/media-centre/2024/06/new-survey-reveals-stark-impact-of-nhs-mental-health-treatment-waiting-times/?whatsnew>





# Men's Mental Health impact on fathers: further rationale for why action needs to be made

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1 in 20 British fathers, and likely more, suffer significant psychological distress at some point during the first year after their child's birth. A higher level of distress is experienced in disadvantaged populations. In families with children who have a disability, rates of depression and stress are higher (Fatherhood Institute, 2019).

A study into men's mental health and well-being experiences of first time fatherhood identified the following categories: 'preparation for fatherhood', 'rollercoaster of feelings', 'new identity', 'challenges and impact', 'changed relationship: we're in a different place', 'coping and support', 'health professionals and services: experience, provision and support', 'barriers to accessing support', and 'men's perceived needs: what fathers want' (Baldwin et al., 2019). Many of the categories identified link directly to the themes developed with Healthwatch Cumberland's men's mental health project. In particular health professional and service experiences.

Men at an increased risk of paternal depression includes those of lower economic status, unemployment, maternal depression in their partner, young paternal age and couple conflicts (Nath et al., 2016; Davé et al., 2010)

**This research in addition to our own findings influenced the following recommendations.**



# Recommendations

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## **Advocate for support group use and increase financial support to help successful groups improve/expand.**

Healthcare services and related organisations have shifted their focus on implementing peer support opportunities to promote recovery and improve the availability of support for those with mental illness. This began following the World Health Organisation stating that peer support is a 'feasible tool' to develop a person-centered approach to medical practice (WHO, 2021). In relation to the feedback Healthwatch Cumberland collected, men in Cumberland want to be more involved in their mental health treatment decisions.

A review of research evidence found peer support initiatives may be an effective intervention for clinical and personal recovery of mental illness. Results were small however consistent, suggesting peer support groups can be effective for a variety of mental disorders and in various support settings.



By the end of 2026, Healthwatch Cumberland recommend that the local authority in Cumberland increase funding for peer support mental health groups by 25%, with a focus on expanding services tailored to men. This initiative should include supporting existing peer support groups to scale up their services. Progress should be monitored through quarterly reports on participation rates, user satisfaction, and recovery outcomes.

Smit, D., Miguel, C., Vrijzen, J. N., Groeneweg, B., Spijker, J., & Cuijpers, P. (2023). The effectiveness of peer support for individuals with mental illness: systematic review and meta-analysis. *Psychological medicine*, 53(11), 5332–5341. <https://doi.org/10.1017/S0033291722002422>

# Recommendations

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## **GP awareness of medication concerns and patient choice in mental health treatment. Further training for GPs and healthcare staff on mental health stigma and attitudes:**

Research has shown that societal sympathy is significantly lacking for men with mental health issues. Stanford University Professor Philip Zimbardo calls this an “empathy gap.” Research shows that women with mental illness are presented much more sympathetically by the media than men. From our project feedback, we’ve found that men feel medication is a practitioner’s ‘go-to’ to treat mental health issues.

**Whitley, R., Adeponle, A., & Miller, A. R. (2015). Comparing gendered and generic representations of mental illness in Canadian newspapers: an exploration of the chivalry hypothesis. *Social psychiatry and psychiatric epidemiology*, 50(2), 325–333. <https://doi.org/10.1007/s00127-014-0902-4>**

By the end of 2027, we recommend all GP practices in Cumberland should implement a structured mental health medication review process, where patients are asked about their experiences, preferences, and concerns regarding psychiatric medication during routine check-ups. This initiative will include a dedicated segment during mental health appointments to discuss medication, supported by the practitioner to allow exploration of all treatment options before medication. Success will be measured by achieving at least 80% patient satisfaction in annual surveys.

By December 2026, we suggest that a large majority of healthcare professionals in primary care across Cumberland should complete at least one accredited training module focused on reducing stigma and improving attitudes toward individuals with mental health conditions. Training effectiveness will be evaluated through pre- and post-training attitude assessments and feedback forms, aiming for a 75% improvement in staff confidence when supporting patients with mental health needs, and a decrease in complaints related to staff attitudes, as recorded in patient feedback forums.





# Recommendations

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## **Evaluation of crisis service effectiveness and wait times, with action plans:**

By March 2026 (as a suggestive timeline), an independent audit of Cumberland's mental health crisis services should be completed to assess average wait times, service availability outside standard hours, and patient outcomes.

Based on this review, a publicly available action plan should be developed by mid-2026, outlining clear steps to reduce average wait times by at least 30% within the following year.



## **Address paternal mental health in the perinatal period through tailored services:**

By the end of 2026, it is suggested that healthcare commissioners in Cumberland should ensure the development of at least one pilot programme dedicated to supporting paternal mental health during the perinatal period. This programme should offer screening for expectant and new fathers at key touchpoints (e.g. postnatal check-ups), group support sessions, and referral pathways for those needing further help.

The goal should be to screen at least 60% of new fathers by the end of the first pilot year and use the findings to inform future, wider service development in the area.



## **Expand access to gender-sensitive mental health services**

Along with further developing and promoting male-focused support groups and counselling tailored to men's experiences, the availability of male therapists/trained professionals should be increased.

Implement specific telehealth services in rural and underserved areas to reduce access barriers.

## **Increase Community Awareness and Reduce Stigma**

Launch local awareness campaigns that normalise mental health discussions among men. Partner with local sports clubs, workplaces and community centres to deliver workshops and talks. Use real stories and experiences from local men to harness relatability and trust.

## **Target High-Risk Groups**

Identify and offer targeted programmes for

- Unemployed or underemployed men
- Men with substance use issues
- Veterans and ex-service members
- Men in isolated and rural areas
- Support for LGBTQ+ men, ensuring inclusive services in Cumberland.

## **Workplaces encouraged to train Mental Health First Aiders as they would for First Aid**

Each workplace to have identifiable people who can recognise the signs of deteriorating mental health and mental health distress.

## Summary of Responsibilities

Recommendation Area	Responsibility
Access to Services	NHS, ICB, Public Health at Cumberland Council
Awareness and anti-stigma	Cumberland Council, Community organisations, Employers
High-Risk Groups Support	Third Sector, NHS, Housing, Veterans Services
Peer Networks and Informal Support	Community organisations, Charities, Local Leaders, Support Groups
Data Collection and Monitoring	Cumberland Council, ICB, NHS Trusts
Policy and Funding	Cumberland Council, ICB, Regional and National Government

Healthwatch Cumberland will commit to undertaking a Paternal Wellbeing Project in 2025 to look at the experiences of Dads, the current support available and where the gaps are.





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