

IMPROVING MEN'S HEALTH TOGETHER

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www.manbassador.uk





Who I Am

- 25 years in health & social care as a practitioner and educator
- Developed & Piloted Mind's Blue Light Programme
- Founder of the Wellbeing Lead Academy
- Created the first and only Certified Wellbeing Leader Career Pathway
- Pioneered the first workplace men's health intervention Manbassador™

GROUP AGREEMENT.





HOUSE KEEPING

WHY ARE WE HERE?

Over 700 Suicides annually in the Construction Industry 34 per 100,000, Over 3 times national average

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SUICIDE AND MEN.

KEY STATISTICS:

- Men die by suicide 3 times more than women on average (ONS)
- Half of male suicides are known to mental health services before suicide
- 81% of male suicides had visited primary care services within 6 Months of their death
- Over 80% of 97 men who died by suicide and who had visited a primary care service was deemed "not at risk or low risk" *British Journal of General Practice*



SUICIDE AND MEN.

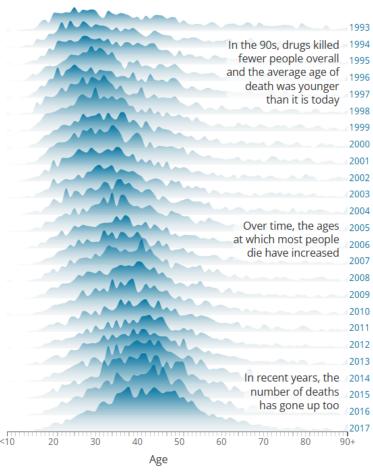
KEY STATISTICS:

- Suicide is the biggest killer of men under the age of 50
- Generation X men have the highest suicide rates and have done since the 90's
- Now aged 45-60, generation X men are also dying in greater numbers by drug and alcohol problems than any other age group and have done so since the 90's
- Drug and alcohol problems kill twice the number of people who die by suicide in the UK



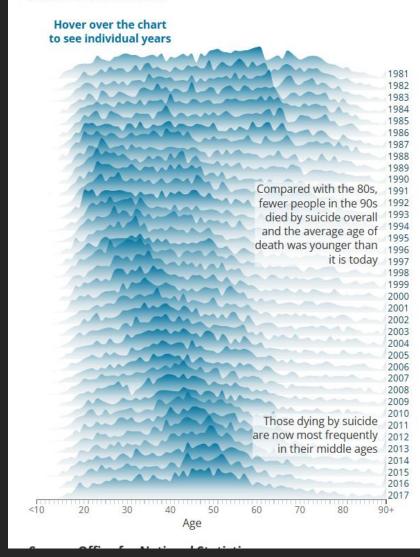
Number of drug poisonings by single year of age, England and Wales, deaths registered between 1993 and 2017





Source: Office for National Statistics

Number of suicides by single year of age, England and Wales, deaths registered between 1981 and 2017



64% of UK tradespeople surveyed reported misusing drugs, alcohol, or both drugs and alcohol

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On The Tools White Paper 2024



WHY SUICIDE IN CONSTRUCTION?

THE PERFECT STORM OF RISK FACTORS:

- Large male dominated workforce (2.1 Million / 87% male)
- Around 45% of the workforce is 45-60 years old (highest risk bracket)
- High density of low socio-economic status (blue collar workers)
- High levels of financial distress
- High levels of drug and alcohol problems and gambling



WHY SUICIDE IN CONSTRUCTION?

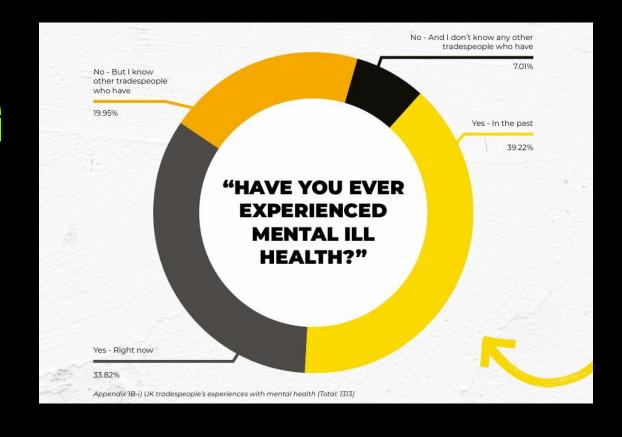
THE PERFECT STORM OF RISK FACTORS:

- Occupational hazards (inc bullying, long hours and other work-related stressors)
- Capability for fearlessness, recklessness, bravery and/or stoicism
- Gendered coping strategies to stress (experiential escape and addiction)
- Poorer general health and risk assessment of health
- Barriers to healthy behaviours, help seeking and lack of appropriate services



WE SURVEYED OVER 300 WORKING MEN ACROSS THE UK ABOUT THEIR PHYSICAL AND MENTAL HEALTH.

THE STATISTICS ARE CONCERNING.



ONLY

O/O

reported good
physical health

ONLY 34 0/0

reported **good** mental health

44 0/0

are **living with** a diagnosed mental health condition

34%

don't have a mental health diagnosis but **think they have** a mental health problem 44 0/0

had **experienced suicidal thoughts** at some point in their lives

(28% were in the last 12 months)

RESPONDENTS ALSO TOLD US....

- 28% said when they were struggling, they didn't speak to anyone for support
- 84% of men said they wanted to improve their mental health and wellbeing.
- Only 30% said that their workplace initiatives for them were good or very good
- 77% said that their work was negatively impacted by poor health and wellbeing
- They wanted better manager support, less work-related stress and a healthier culture of work.

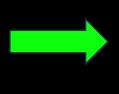


IS MALE SUICIDE IN CONSTRUCTION COMPLEX?

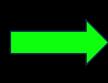
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THEN WHY DO WE THINK ABOUT MALE SUICIDE LIKE THIS?

A SUICIDAL MAN IS MENTALLY UNWELL AND WILL DISPLAY SYMPTOMS OF DEPRESSION



MEN ARE LESS ABLE TO TALK ABOUT THEIR EMOTIONS AND ASK FOR HELP



MEN NEED TO TALK
ABOUT THEIR
FEELINGS TO
SOMEONE TO
PREVENT SUICIDE



WHERE IS THE FOCUS AND BLAME IN THIS NARRATIVE?

"WE MUST **STOP BLAMING MEN** FOR NOT SEEKING HELP DUE TO CHARACTERISTICS OR DEFICITS IN THEMSELVES. RATHER THAN TO CHARACTERISTICS OR LIMITATIONS OF THERAPY, **SERVICES AND INTERVENTIONS** PROVIDED."

DR JOHN BARRY THE CENTRE FOR MALE PSYCHOLOGY





WHAT DO WE KNOW ABOUT MEN'S EXPERIENCES OF SUICIDE?

- The current approach does not tackle the root causes and isn't working
- Suicide is often a symptom or outcome of a build-up of problems & suffering
- Many men view suicide as a 'rational' decision and a solution based on their failure to fix the problems
- Men do talk, are we listening, understanding, asking and acting?
- Many men don't conceptualise their problems in mental health terms
- Lack of empathy and compassion towards men in society
- Lack of effective male-friendly services







#5 Evaluate your current initiatives

- Are your current initiatives relevant, targeted and engaging for your male workers?
- Are your current initiatives **creating barriers** for your male workforce to engage in?
- Does your current mental health and wellbeing strategy account for the **health inequalities** men experience?
- Consult with your male workers to avoid assumptions about their needs



#4 Build a culture of trust

- Promote positive male role modelling and sponsorship of men's health and initiatives from the top
- Develop managers with the knowledge, confidence and skills to prevent work related stress and be more supportive
- Ensure buy in at all levels of the organisation of a commitment to men's health



#3 Use male friendly activities

- Use initiatives that specifically target men and what important to them
- Consider using 'shoulder to shoulder' goal orientate activities that encourage natural conversations
- Use activities that harness male camaraderie
- Embed education about men's health into activities.
- Provide access to online information and signposting

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#2 Be welcoming and accessible

- Create a sense of fun and playfulness
- Go where your male workers are
- Communicate clearly using practical information, that is accessible and welcoming
- Ensure male workers are provided with time away from their day job to engage in activities and initiatives easily.

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#1 Keep engagement going

- **Evaluate** impact
- Embed initiatives that promote ongoing engagement
- Embed male peer to peer support (beneficiary to volunteers)
- Send regular reminders of initiatives and information available
- Promote participation in initiatives by word of mouth by male peers





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ACTIVE LEEDS

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Holland&Barrett





PUBLIC HEALTH



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When We Change The Way We Engage Men In Wellbeing, We Don't Just Improve Lives - We Save Them.

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Download Your Free eBook 5 Ways to Engage Men in Workplace Wellbeing



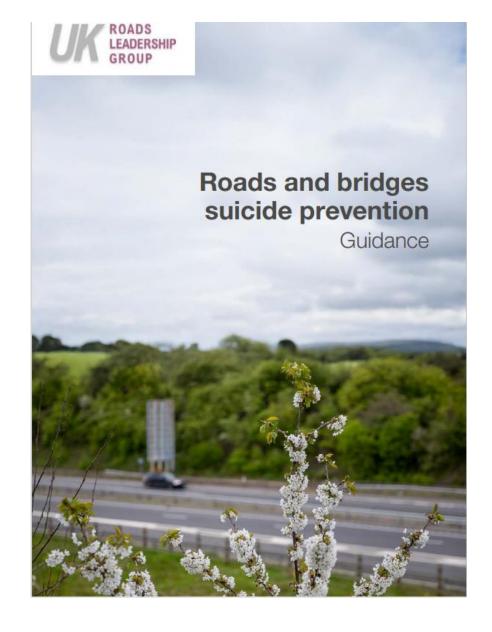
SAFETY MOMENT

•Preventing suicide



Suicide happens on UK roads

- The impact of suicide is far reaching and devastating for people and communities.
- It is estimated that around 20% of all deaths on the strategic road network every year are suspected suicide.
- The road sector has an important role in supporting work that reduces suicides in the UK.
- We've led the development of the UK RLG Roads and Bridges Suicide Prevention Guidance.
- The guidance is an industry first for the road sector, bringing together national and local government from across the UK to factor suicide risk in the design stage of bridge and road schemes.





CONSTRUCTION

- 4 times more likely to die by suicide
- 73 per cent of the UK's 2.1 million construction workers have been affected by mental illness
- 7,000 have taken their own lives in the last decade





SIGNS

- Unexpected and intense shifts in mood sadness or elation
- Intense anxiety, mood swings
- Changes in behaviour, routine, disrupted sleep pattern
- Spiralling risks
- Increased isolation
- Increase in alcohol/drugs
- Sickness absence
- Giving away belongings
- Planning to say goodbye to loved ones

PREVENTION: A LIFELINE

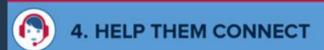
• In a time of crisis what can we do to support someone?

















National Highways Suicide Prevention Strategy



NATIONAL HIGHWAYS TOOLKIT HOME SAFE AND WELL





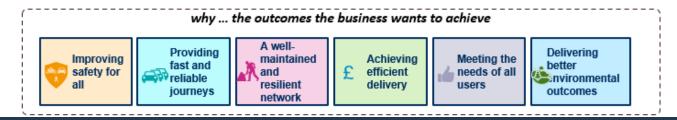


National Highways Supplier Development Programme

RDP, SDF and PDF Frameworks 2025

REVISED SUPPLIER DEVELOPMENT SYSTEM: Better Capability, Better Roads, Better Journeys

Better Enterprise Maturity ... enabling the deployment of improved capability throughout the whole enterprise

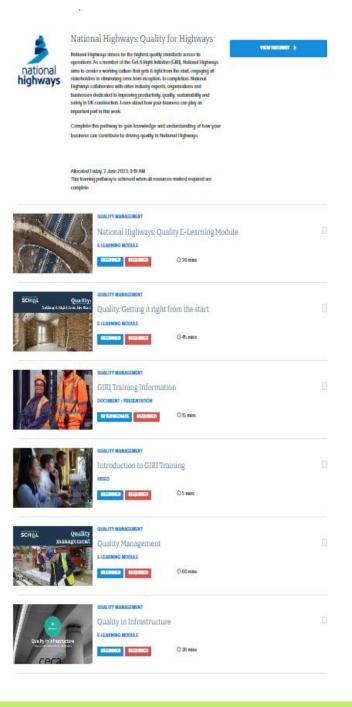


New National Highways E-Learning Pathways

<u>Refreshed Supplier Development System</u> Video Guidance and More Information – Assess and Complete Action Plan

Pathways -Register on the links below to complete this online learning

- NEW Increasing Productivity Through Lean
- NEW Network Occupancy
- NEW An Introduction to Health and Safety
- NEW Quality for Highways
- NEW Compensation Events
- An Introduction to Modern Slavery
- Social Value Pathways 1 & 2
- FIR Pathways Level 1 & 2
- Customer Experience Pathways x 3 Strategic Procurement, Roadworks & Supplier Customer Maturity
- Core 1 & 2 Pathways
- Sustainability and Net Zero Pathway







SUPPLIER DEVELOPMENT SYSTEM - SDS

REFRESHED SYSTEM - ACCESS HERE

National Highways updated Supplier Development System will prepare our supply chain for the third Road Investment Strategy (RIS3). Our revised capability assessment allows any company to benchmark and improve organisational competence. This system is now open for all suppliers to use & complete.





















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