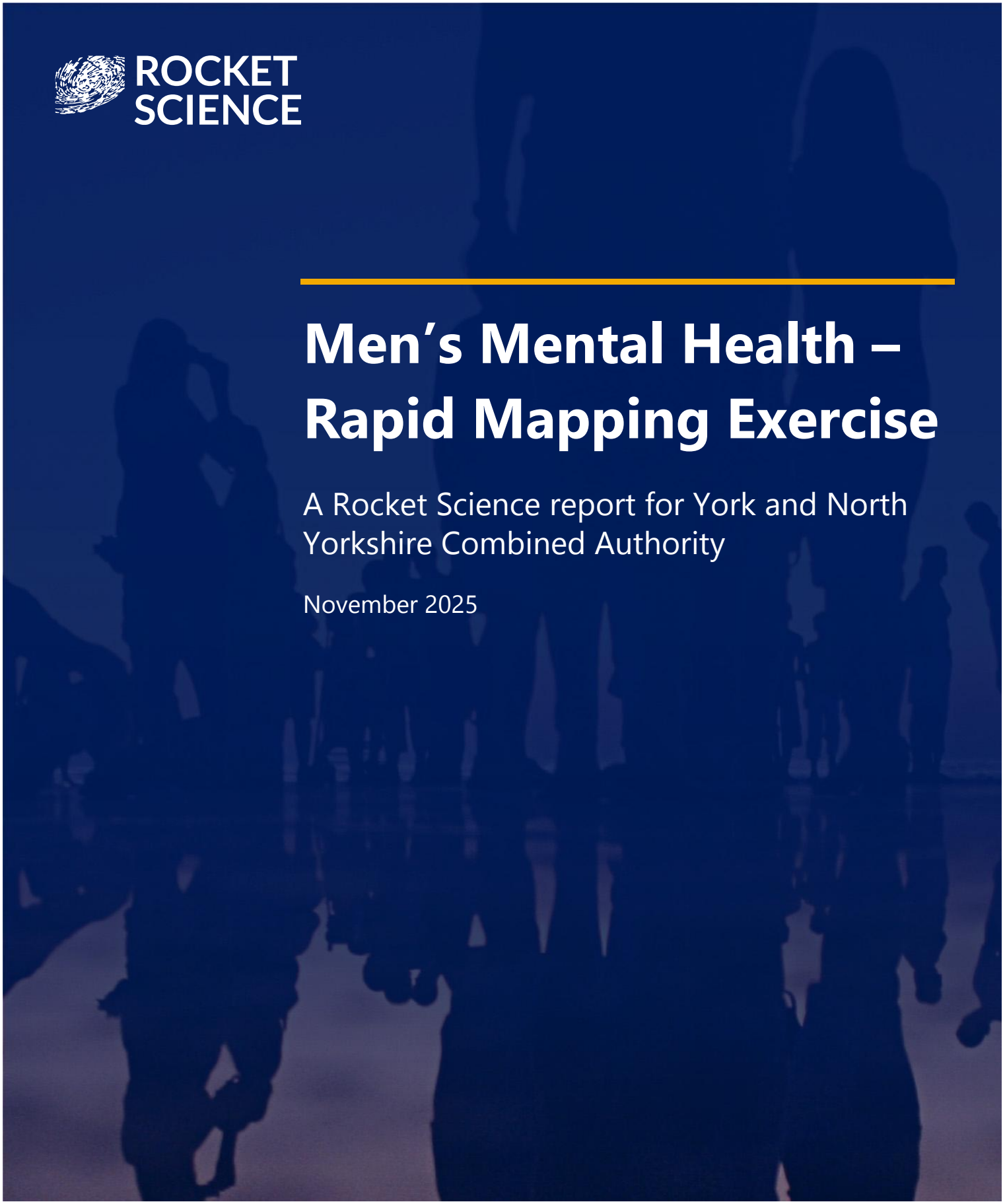


Men's Mental Health – Rapid Mapping Exercise

A Rocket Science report for York and North Yorkshire Combined Authority

November 2025

Prepared for

York and North Yorkshire Combined Authority

Contents

1. Executive summary

This report details the findings of Phase 1 of the York and North Yorkshire Combined Authority's Men's Mental Health Investment Programme.

A rapid mapping exercise was undertaken by Rocket Science to inform strategic investment and system change. The exercise combined desk-based research, stakeholder engagement, and interactive system mapping to identify existing provision, gaps, and opportunities for improving men's mental health across urban, rural, and coastal communities.

Key insights reveal fragmented referral pathways, limited gender specific services, rural access and transport barriers, and persistent stigma proving a barrier to engagement. Population-level data highlights elevated anxiety rates in York and a higher male suicide rate in North Yorkshire compared to national averages. Stakeholder consultations showcased the need for stronger collaboration, clearer service navigation, and tailored approaches for priority groups such as young men, neurodivergent individuals, and those in predominantly male industries.

Recommendations: Actionable recommendations aimed at supporting system level reform and encouraging service innovation via the Men's Mental Health responsive grant funding that is currently being developed are set out. Together, these recommendations should help create a coherent, place-based approach that enhances accessibility, fosters prevention, and supports YNYCA's broader ambition for healthy, thriving communities.

Recommendations

To support system-level reform…

- Strengthen local collaboration and knowledge sharing
- Improve referral pathways and service navigation
- Develop ways to capture lessons and impacts
- Progress actions across the wide social determinants of mental health

To encourage service innovation via the fund…

- Co-design services with communities
- Address rural access and transport barriers
- Tackle stigma through gender-informed engagement
- Tackle stigma through gender-informed messaging
- Promote workplace mental health for men
- Enhance digital presence and clarity of services
- Expand specialist trauma-informed services
- Invest in support for young people, including neurodivergent young people

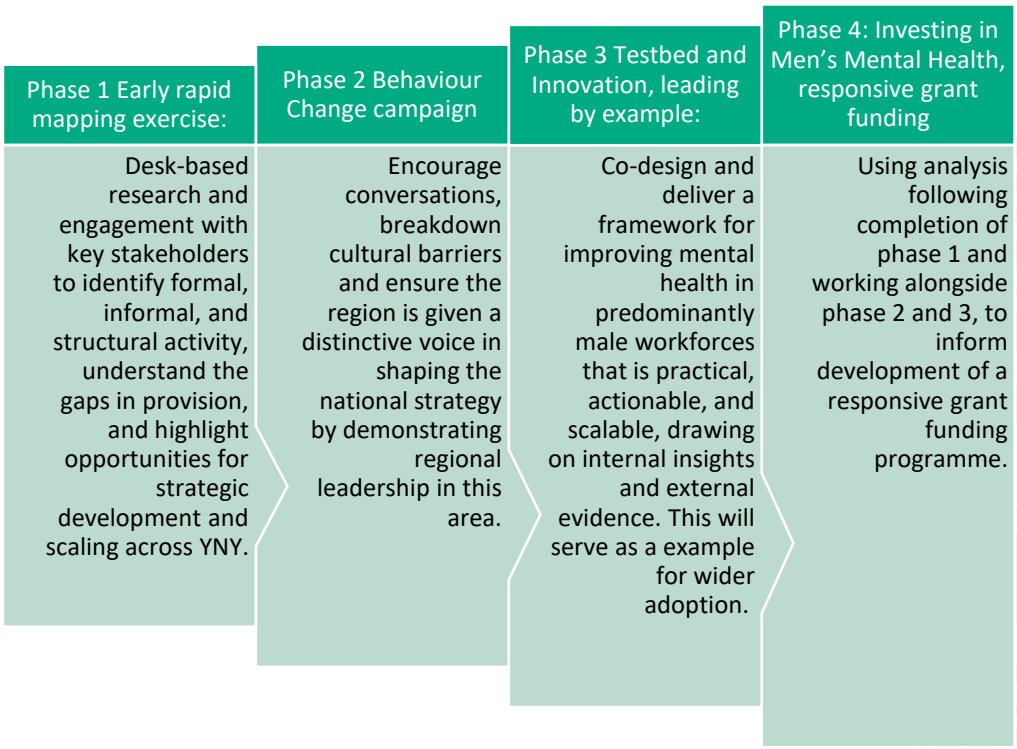
2. Introduction

The York and North Yorkshire Combined Authority (YNYCA) has an Economic Framework[1], focused on healthy and thriving communities. The mental health of men has been identified as a key area to help reach YNYCA's goals, as evidence suggests that region-wide, poor mental health amongst men is a major contributor to long-term sickness absence, reduced workforce participation, and increased pressure on the NHS, criminal justice system and social care systems.

The was initiated to improve men's mental health and well-being by developing, testing, and championing approaches that have local impact and national relevance**.** It aims to ensure that any male living in urban, rural, or super-sparse areas has the potential to feel the benefit. YNYCA have developed a four-phased approach to deliver on this work (see below). This report summarises findings from Phase 1: early rapid mapping exercise.

Rocket Science, a research, evaluation and funding advisory consultancy, was commissioned by YNYCA to lead this mapping phase. Rocket Science recognised the importance of the Phase 1 mapping to provide a strong foundation for the system change and strategic investment across the next three phases. The recommendations at the end of this report support this goal. The team ensured to closely engage the Men's Mental Health Taskforce, chaired by Dr Paul Galdas, throughout the research.

Figure 1: The Men's Mental Health Investment Programme four phased approach



[1] Our economic framework, *York and North Yorkshire Combined Authority*. Link

2.1 Aims and objectives of the Rapid Mapping Exercise

The overall aim of the mapping exercise is to support the ongoing work to improve men's mental health and wellbeing in the region, by identifying existing provision, understanding the gaps, and highlighting opportunities for strategic investment.

Through a combination of desk-based research and direct stakeholder engagement, Rocket Science addressed six core objectives to achieve this aim:

- Conducted a targeted literature review updating and honing knowledge of gender, mental health, and systems work.
- Developed and defined a systematic methodological approach to the mapping exercise.
- Developed and defined a framework for categorising provision based on the literature.
- Identified and categorised/mapped the provision onto the framework, developing a system map.
- Analysed the map, understanding types of providers, as well as connections and gaps.
- Identified and articulated opportunities for scale and strategic investment, considering how findings can inform the development of a grants programme.

2.2 Understanding men's mental health

Men's mental health gained recognition relatively recently as a distinct and urgent area of concern within UK health research and policy. This is despite the fact that men are three times more likely to die by suicide than women in England, suicide remains the leading cause of death for men under 50, and 2023, the male suicide rate was 17.4 deaths per 100,000, the highest since 1999. [2]

Historically, mental health and psychological distress was understood through gendered lenses that over-medicalised women's experiences, while neglecting mental ill-health experienced by men. Despite progress in research and medical settings to better understanding mental health and men's mental health, public discourse has largely continued to frame mental health as a women's issue.

This gendered framing has contributed to underdiagnosis and limited engagement among men, who may be socialised to suppress emotional vulnerability, and avoid seeking or accessing support. 12.5% of men in England have a mental health disorder, yet many are significantly less likely to seek help.[3]

National general men's-focussed mental health charities as well as local voluntary and community organisations have led the way in raising awareness of challenges men face and breaking down

[2] Office for National Statistics (2024), Suicides in England and Wales: 2023 registrations. Link
[3] Mental Health UK (2025), Men's Mental Health. Link

barriers through anti-stigma campaigns, education initiatives, and the provision of specialist support and services.

Organisations in this space also develop evidence-led calls for national action. For example, Movember's recent The Real Face of Men's Mental Health report identifies national priorities for the UK government including: [4]

- Drive demand through support and education, with a focus on the most at-risk groups, to strengthen men's health literacy, so men are better equipped to get the care they need, when they need it.
- Research to understand men's engagement with the health system via robust 'living reviews' from a central research centre which continually monitor men's health data and quality of care outcomes in existing systems.
- Respond to demand by transforming the health system and workforce to have the capacity and skills to respond to the needs of men, in all their diversities.

Transforming the system is a particularly important way to better improve men's mental health, by tackling barriers faced by men in partnership-driven ways.

2.3 Transforming systems

Systems refer to the organisations, assets, and infrastructure that make up a local area. System-level transformation seeks to understand and address underlying causes to complex issues, such as mental health. It does so via promoting coordinated partnership work across the system. By making connections, identifying and filling gaps, pooling resources, and aligning thinking and goals, system partners can change systems more effectively and efficiently together than if alone.

The 5R Framework is an important tool to structure system-level change to develop gender-responsive health systems. It offers a strategic model for translating evidence into scalable, equitable policy and service reform. Each of the 5Rs – research, reach, respond, retain, and relational – offers direction for addressing men's needs through inclusive data, targeted engagement, tailored care, sustained participation, and equity-driven policy.

[4] The Real Face of Men's Health, *Movember*, (2024). Link

Table 1 details the model and the strategic aims for each focus. [5]

[5] Galdas, Seidler, & Oliffe, (2025), Designing men's health policy: the 5R Framework, *Health Policy, Volume 10, Issue 10.* Link

Table 1: The 5R Framework

	Key focus	Strategic aim
Research	Inclusive, longitudinal evidence base	Invest in systems-level and service-level data, including gender-disaggregated and intersectional health
Reach	Structured access pathways	Proactively engage men in settings they frequent (e.g., workplaces, digital spaces, and sports clubs)
Respond	Systems and services reflecting men's realities	Train professionals, redesign services, and challenge unhelpful masculine stereotypes
Retain	Sustained engagement across the life course	Foster trust and continuity through relational care models and male-friendly pathways
Relational	Embedding men's health in social and gender equity contexts	Position men's health as interdependent with family, community, and systemic gender justice

2.4 Strategic background to men's mental health

Gender-specific mental health strategies have only recently begun to emerge. The UK committed to addressing women's mental health as a top priority under the Department of Health and Social Care[6] and forming the Women's Mental Health Taskforce[7]. However, there are no similar strategies targeted at men.

The UK Government committed to developing the UK's first Men's Health Strategy in late 2024. It will aim to address key health challenges including mental health and suicide prevention. The strategy will support the 10-Year Health Plan to reform the NHS that includes aims to close the life expectancy gap between men and women.

In York and North Yorkshire, a series of local and regional policies, strategies, and partnerships work to improve men's mental health and wellbeing outcomes. Together, they provide the foundation for a place-based, partnership-led investment model.

2.4.1 Combined and Local Authority policies and strategies

YNYCA Economic Framework: the framework understands the economic priorities, plans, and policies already shaped by City of York Council and North Yorkshire Council, and uses them to build a framework of priorities and ambitions for the York and North Yorkshire Combined

[6] Government makes women's mental health a top priority, *UK Government, Department of Health and Social Care*, (2018). Link
[7] The Women's Mental Health Taskforce, *UK Government, Department of Health and Social Care*, (2018). Link

Authority. There are three overarching ambitions; transition to carbon negative, deliver inclusive economic growth, and increase opportunities for all.[8]

North Yorkshire and York Community Mental Health Transformation: the programme brings the NHS, local authorities and the voluntary, community and social enterprise sector together to support people to live well in their local communities. It aims to use partnership working to address barriers and help people get the support that's right for them when they need it. Community hubs are being developed across the region with the aim to work closely with wider partners across the public and voluntary sector. [9]

North Yorkshire Suicide Prevention Strategic Group: the group supports action locally by collating knowledge about groups at higher risk of suicide, applying evidence of effective interventions, highlighting available resources, developing stronger links between organisations, and overseeing the North Yorkshire suicide prevention action plan. It includes representation from North Yorkshire Council, NHS Secondary Care and Mental Health Trusts, North Yorkshire Police, national organisations (Samaritans and Papyrus), local voluntary and community sector representatives, and Network Rail.

York Joint Health and Wellbeing Strategy 2022-2032: the strategy sets out a 10-year vision to make York a healthier and fairer city for all. Developed by a cross-sector Health and Wellbeing Board, the strategy responds to key pressures including the cost of living crisis, the long-term impacts of COVID-19, national NHS reforms and demographic shifts. It aligns with the city's wider economic and climate strategies, aiming to drive collective, long-term action to tackle the root causes of poor health and build a healthier, more equitable future for everyone in York. [10]

York Health and Wellbeing Strategy Action Plan 2022-2032: the action plan outlines York's priorities and initiatives to improve public health and reduce health inequalities. Relevant objectives include improving mental health support, preventing suicide, enhancing social connections, addressing loneliness, and tackling smoking and alcohol harm. The plan is community-based, trauma-informed, and partnership-led. [11]

North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030: the strategy sets out a long-term plan to reduce health inequalities and improve the overall wellbeing of residents by focusing on three priorities: Prevention, Place, and People. It aims to ensure everyone has a fair chance at a healthy, fulfilling life by promoting early intervention, creating supportive living environments, and targeting support to those with the poorest health outcomes. Developed through data, evidence,

[8] Economic Framework, *York and North Yorkshire Combined Authority*. Link
[9] North Yorkshire and York Community Mental Health Transformation Programme, *NHS Tees, Esk and Wear Valleys*. Link
[10] York Joint Health and Wellbeing Strategy 2022-2032, *York City Council*. Link
[11] York Health and Wellbeing Strategy Action Plan 2022-2032, *York Health and Wellbeing Board*. Link

and public input, it promotes collaborative action across sectors to address the wider determinants of health and deliver lasting, equitable change. [12]

2.4.2 Independent partnerships and strategies

Mind in Humber and North Yorkshire: the partnership brings together seven local Mind organisations, spanning coastal, rural, and urban communities across Humber and North Yorkshire. The partnership allows for greater coverage and better opportunities for funding and influence as a collective.

Yorkshire Rural Support Network by Yorkshire Agricultural Society: partnership of farming organisations, charities, and voluntary agencies. Together, partners promote and provide sources financial, practical, medical, and emotional support to those who live in farming and rural communities. The network has three priority areas:

- Improving famer health and wellbeing by raising awareness of support, funding free health checks, and delivering training.
- Providing networking and support for women in the countryside.
- Tackling rural isolation with events aimed at over-50s to meet socially.

The Loneliness Campaign North Yorkshire: led by Community First Yorkshire, this is a strategic framework for tackling loneliness across the county by collaborating with voluntary groups, health bodies, local authorities, and private sector partners. Their approach includes county-wide visions and campaigns to reduce loneliness and improve wellbeing for all ages and demographics. [13]

2.5 This report

This report presents the findings of a rapid mapping exercise commissioned by York and North Yorkshire Combined Authority to inform its Men's Mental Health Investment Programme.

It documents the methodological approach: desk review, stakeholder engagement, and system mapping to identify existing provision, gaps, and opportunities for improving men's mental health across urban, rural, and coastal communities. Key insights highlight the fragmented nature of referral pathways, limited male-specific and trauma-informed services, rural access barriers, and the role of persistent stigma.

[12] North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030, *North Yorkshire Health and Wellbeing Board*. Link

[13] Be Social, Be Well, *The Loneliness Campaign North Yorkshire*. Link

Population-level trends, funding priorities, and evidence-based principles for system change, are discussed, and twelve actionable recommendations to strengthen the system and shape service design are provided.

3. Methodology

Rocket Science developed a four-phased approach to conduct this rapid review. It was completed across a 12-week period from mid-August to early November2025.

3.1 Collaboratively finalising research design

An inception meeting with the York and North Yorkshire Combined Authority enabled collective agreement of the aims and objectives of the mapping exercise. Rocket Science then held a workshop session with the Men's Mental Health Taskforce to discuss the approach, maximising the expert local knowledge to identify known opportunities, gaps in provision, and working partnerships.

Five considerations emerged from these discussions that have shaped the approach:

1. Balance breadth vs depth: The mapping should go beyond listing services and aim to be a useful decision-making tool.
2. Definition of provision: Clarity is needed on what counts as mental health provision, including structural and implicit support.
3. Living tool: The mapping should be adaptable and continuously updated.
4. An encompassing definition of mental health: The Taskforce uses a broad understanding, where mental health does not have to be clinically diagnosed.

Additionally, important areas of focus areas were identified as:

- Demographics: Teenage boys, fathers, retired men, neurodivergent individuals.
- Industries: Agriculture, construction, armed forces/veterans, hospitality.
- Geography: Rural, coastal, urban environments.
- Structural factors: Criminal justice, substance use, dual diagnosis, housing, financial wellbeing, gambling.

The Taskforce also discussed known strengths and weaknesses in provision that further helped streamline the approach.

A categorisation framework with overall category for provision, type of support, geographic location, contact information, demographics of attendees, and core services was then created.

3.2 Conducting the rapid mapping

The mapping exercise involved extensive online searches to develop a comprehensive list and concise directory of all the services relating to men's mental health and mental health more generally in the region.

Services were recorded into a database on Excel which was then input into Kumu to provide an interactive, visual map showing the connections and links between organisations in terms of type of support, geography, demographics, and any factor in the categorisation framework which Rocket Science developed.

3.2.1 Stakeholder engagement

As well as the taskforce workshop, Rocket Science engaged two taskforce members individually, and eight other stakeholders, including representatives from Mind in Harrogate District, York City Foundation, Menfulness, Sea Fit, Claro Enterprises, Health and Justice Partnership, and Andy's Man Club. The conversations helped identify and address the gaps in provision as well as priority groups and areas. This engagement ensured the voice, knowledge, and unique perspective of key stakeholders was accounted and allowed for greater understanding of the context, barriers and enablers to services and provision in specific areas.

3.3 Analysis and recommendation development

The Kumu map, Excel database, and insights from stakeholder engagement were analysed to understand the gaps, strengths and opportunities. This analysis considered regional needs and disparities across YNYCA, with a focus on the following aspects:

- Demand and needs assessment: reviewed local data and the prevalence of mental ill health among men, the suicide rates and waiting lists. Gathered demographic insights on the age, ethnicity, employment status, and rurality. Identified priority groups at higher risk aligned with NHS or government strategies.
- Service mapping: identified the existing provision, mapped the geographic coverage across the YNYCA area, listed the referral pathways between services and how they are integrated.
- Service accessibility: evaluated the ease of access, including location, hours, digital and remote availability. Identified the barriers faced when engaging, such as stigma, cultural or language needs. Assessed transport and public connectivity impacts on rural individuals. Reviewed the referral pathways and criteria, identified any exclusions or those falling through the gaps in the system.
- Collaboration and integration: examined how well services are linked with the NHS, local councils, social care, housing, or employment support services. Identified cross-sectional initiatives.

Rocket Science presented initial findings to the taskforce, providing space to discuss recommendations and ways forward. A set of recommendations about how existing provision could be expanded, adapted, or better connected to create a more coherent and effective ecosystem were then developed. These will inform investment priorities and suggest short and long-term changes to feed into Phase 2 of the Men's Mental Health Investment Programme.

4. Insights and findings

Here, key insights and findings on the strengths of existing provision across the region, the gap analysis, the strategic and funding priorities laid out by local organisations, and population trends for mental health are presented.

Please note, in addressing the rapid mapping exercise's overall aim (identifying existing provision, understanding the gaps, and highlighting opportunities for strategic investment), gaps and weaknesses have been the key focus of analysis and discussion.

This report's balance in favour of gaps should not be taken as a comment on the overall strength of the system in York and North Yorkshire. The Rocket Science team were highly impressed with the work that has already been done to develop connections and understand the system, and of the taskforce's commitment to evidence-based work built on meaningful collaboration.

4.1 Existing strengths in the system

Lots of good things are happening in York and North Yorkshire to provide support to men around mental health and wellbeing.

The interactive Kumu map shows the existing provision. Analysis of the map and associated database, population data, and the taskforce and stakeholder engagement highlight key strengths in men's mental health provision across the region. The range of provision is commendable in the sense of encompassing mental health as a broad spectrum and the intersectional nature, with provision sometimes offered as physical wellbeing, then having a positive outcome related to mental health

- Political support: Strong backing from the Mayor.
- Collaborative spirit among system partners: Diverse perspectives and willingness to innovate. For example, the Route One To Wellness Partnership with Orb Community Arts, Wellspring Therapy, Mind Harrogate, Claro Enterprises. The organisations offer pathways between one another and work in a closed loop, unless needing to refer onto professional mental health services.
- Regional knowledge and expertise: the taskforce have a deep understanding of local needs and demographics, while there are Many specialists across different areas of mental health.

- Gender-specific services: although not common in all regions, there are several examples of targeted men's provision in York and North Yorkshire.
- Diverse service types: There are services offering support revolving around therapy, sport, group and peer relations, occupation groups (i.e. fisherman)and these are covering challenges ranging from general anxiety and isolation, to suicide prevention and urgent help and advice
- Diverse delivery models: provision is delivered by national, regional, and grassroots organisations in group, 121, online and in-person settings.
- Effective messaging: services are adapting to engage rarely reached populations, by framing their offer in terms of the activity, i.e., running clubs or walking football, rather than openly stating activities are mental health focused. Facilitating space for to increase their connections and speak to peers in a comfortable environment is important to combat loneliness and social isolation.
- Drop-in services can drive engagement: stakeholders reflect that men from all ages are likely to attend drop-in services that revolve around an activity to initiate the conversations. They are then able to make a judgement if it is the type of environment they would like to come back to.

4.2 Gap analysis

The gap analysis brought attention to a series of gaps, weaknesses and barriers in the system.

Most services are 'catch-all' rather than being targeted at certain groups: Most services are aimed at the general population. Although there are some specialist and/or targeted services, they do not provide cover across the region, meaning not all men will have access. There are few options targeted at those working in agriculture or manual labour, for example.

Also, gender-neutral organisations' activities and services are often geared towards interests that tend to attract more women than men. Where this is not recognised, and alternative provision is not developed, this creates additional barrier to men's access. More than this, mental health stigma is lower for women than men, and women are more likely to acknowledge and take steps to address mental health challenges. [14] This can lead to certain groups becoming comprised of mainly women, and thus seeming to be a women's service, further deterring men from considering it as a space that welcomes them.

A not fully joined-up approach: There is evidence of connections across the system, but generally, there is a difficulty in navigating how and where referral pathways would lie between organisations, which are seemingly in close proximity in terms of service and geography. In some cases, national organisations provide signposting information on their websites that only

[14] Men and women: statistics, *Mental Health Foundation*. Link

links to other national organisations, while local organisations referral pathways are only accessible in-person, rather than through an online search.

Geographic imbalances in provision: There tends to be more services in the city and towns rather than more rural and coastal areas leading to a 'postcode lottery'. Additionally, national charities tend to only operate in major cities/towns such as York and Harrogate. with a lack of options for people living in rural areas.

In other case, services may exist, but not at the rate needed. Scarborough has more provision than most places, but also has higher levels of deprivation and housing and financial pressures than other localities (note: Menfulness are looking to expand to Scarborough imminently).

Websites are unclear: Many people access health information first via online searching. However, information about men's mental health services is a difficult landscape to navigate: general searches do not generate many local services specific to men, with many websites and suggestions offering helplines as the first port of call. Some organisations do not explicitly state how they are able to help or support and who their services are aimed at.

It appears that it is challenging for people to know where to go, especially if unsure about which type of support is best. There are preexisting directories (e.g. Hub of Hope) which offer filters for types of services, however potential service users will be unlikely to come across this using general search terms.

Unclear referral routes: It is difficult for individuals seeking help to understand how referral systems work as not all services are clear online, given the challenges with websites. Stakeholders also discussed barriers when contacting some providers, recognising that this will be even more difficult for individuals seeking help.

An example of good practice is the Route One To Wellness Partnership. the partnership members are well connected with GPs, mental health workers and community mental health professionals and have clear pathways to refer both into and out of NHS bodies.

Working with the NHS: locally, throughout York and North Yorkshire, the NHS have an active presence in men's mental health services. However, there is a gap to be noted in how organisations aren't currently utilising NHS partners into later phases of individuals' journeys. This can be seen with lack of referral pathway to or from NHS based services to more local and specialist services.

Local organisations are unclear about other sources of support available 'out there': Stakeholders tend to have a few 'go-to organisations' to refer to, but are unsure about any wider services. They expressed being uncertain about sending people to places that may have changed the day or location.

Lack of services and support for men impacted by past and/or current trauma: stakeholders reflected there is generally less knowledge about how to best support men impacted by trauma (e.g. those dealing with adverse childhood experiences or vicarious trauma) and there is a lack

of services to refer onto for this type of support. This can be challenging when individuals need a different type of support than they are currently able to offer.

Some services do not have mental health professionals embedded within the service: although helpful conversations and support is provided to individuals , there is often difficulty in the next stage of a person's journey which may require professional mental health support. Organisations do not want to refer onto services where waiting lists are a problem and the individual loses momentum.

Difficulty in engaging rural populations: stakeholders reflect that farming communities and rurality affects people in their ability to engage with services. It is harder to promote support services in rural areas with the need for both physical and social marketing in local GP surgeries or community centres to spread the awareness. Rural communities need to have built up trust and rapport with services before opening up or engaging with topics such as mental health and wellbeing. As noted, support is also more uneven in rural areas.

A large portion of men in the justice system have mental health disorders: most have anxiety or depression and others have more acute mental illness, with around 80% of people in probation being men. Once out of the court proceedings etc, signposting is key and it can be difficult when encouraging engagement to community-led organisations and services. Referrals can be complicated as the onus is on the individual, many can be lost in the complex landscape.

Tailored support for young people or those with neurodivergence is needed: stakeholders not the rate of diagnosis for neurodivergence in younger generations is higher, therefore there is a need for services to offer support for this growing population as they can feel as though they don't fit or belong in certain settings.

Workplace stigma: some professionals try to address stigma about mental health in workplaces by holding mini-counselling sessions in workplaces in collaboration with local organisations like Mind. Often the official source of support in workplaces is for people to use the corporate route for referral and support, although stakeholders state more women than men use these services in the workplace.

Passive and not preventative: there has been a shift in recent years with more people aware of their mental health, although most services are reactive in nature. There is a lack of preventative intervention amongst the organisations, with therapeutic or counselling, and wellbeing activities coming after people recognising their mental health challenges. Depending on the service's remit, some have recognised this as a priority in their future strategies and offer.

Funding issues: Short cycles hinder long-term planning: grassroots initiatives lack support to grow or integrate. They often rely on grants with short timeframes for development, allocation and implementation. Many operate on yearly cycles, which leads to difficulties in maintaining

momentum and building community trust. In turn, this can effect engagement and individual progress towards positive outcomes.

4.3 Funding priorities

YNYCA and the Men's Mental Health Taskforce are, as per Figure 1, using the evidence from phases 1-3 to shape a funding programme around men's mental health. They are committed to providing organisations with as long a time-frame of funding as possible. To support their process, Rocket Science used the engagement with stakeholders to gather insight into priority areas they would seek funding for.

Most organisations are eager to have the opportunity to apply for funding, for either existing provision to be expanded or more knowledge on how they are able to expand their reach and get more details on the needs of the local community and those they target.

- Mind: prevention is key, whilst people are now more aware of their mental health, prevention needs funding. They would like to go into schools to do talks and events, as well as develop projects to address social determinants such as support for housing, or workplace wellbeing activities to offer SMEs the chance to train and run sessions for their employees.
- Probation: identified a need for local units to be able to serve more user groups by having more trauma-based counselling and therapy.
- York City Foundation: would like to explore how they can use their audience in expanding their services to include more people. They are keen to collaborate with other local organisations to achieve more positive outcomes.
- Claro Enterprises: identified the value of funding to deliver more rural work and evening sessions for people in work, as well as more out-of-hours support and a men's shed on the weekend.
- Menfulness: looking to use models like the one they are implementing in Scarborough, to learn from and adapt for other areas. They are going to use area specific knowledge to engage with the local community.
- Sea Fit: host or attend health and wellbeing events in coastal areas and have mental health professionals there to support and signpost with their expert knowledge.

4.4 Population-level trends in men's mental health

ONS, OHID, rural health, health audits for York and North Yorkshire, and publicly available NHS data were reviewed to provide additional insight into the geographical distribution of need. This insight is useful to understand alongside the gap analysis, and has been used to develop recommendations.

4.4.1 Prevalence in York and North Yorkshire

There are multiple metrics to assess the level of mental health at population level collected by the NHS as well as department of Health & Social Care and presented through NHS Mental Health Act Dashboard and Public Health England Mental Health Fingertips at the Sub-ICB and local authority levels.

In the local authority areas of York and North Yorkshire, 12.6% and 12.9% of people suffer with depression[15] with 26.2% and 23.4% of people suffering with high anxiety which is higher than the England average[16]. In 2022-23, 5,875 and 12,740 males came in contact with NHS funded secondary mental health, learning disabilities and autism services in the NHS sub ICBs of Vale of York and North Yorkshire (excluding 7 MSOAs of Craven).

In terms of serious mental illnesses, 0.9% and 0.8% of people in York and North Yorkshire suffer from issues including schizophrenia, bipolar affective disorder and other psychoses (Mental Health QOF Prevalence)[15]. In 2022, 1195 and 1525 people accessed the community mental health service in the NHS sub ICBs of Vale of York and North Yorkshire [17] with premature mortality for adults being 113.5 and 92.7 per 100,000 in York and North Yorkshire local authority respectively[18]. Suicide rates for males in the areas are 14.5 and 22.1 per 100,000 meaning that the men's suicide rate in North Yorkshire is higher than the England and Yorkshire and Humber region averages of 16.8 and 19.6 respectively[15].

4.4.2 Comparison across local authorities and regions

The table below compares the key mental health statistics for Local authorities in Yorkshire and Humber, the aggregate region, and the UK.

[15] OHID, 2022. Suicide Prevention, Mental Health, Public health profiles. 2025. Link

[16] OHID, 2022. Common Mental Disorders, Mental Health, Public health profiles. 2025. Link

[17] NHS, 2022. Data Tables, Mental Health Act Dashboard. Link

[18] OHID, 2021. Severe Mental Illness, Mental Health, Public health profiles. 2025. Link

York and North York rank relatively better in more metrics but concerning highly in others- the proportion of people with high anxiety scores in York and men suicide rate per 100,000 in North Yorkshire was higher than the respective figures in both North-East and England.

Table 2: Mental health statistics across local authorities

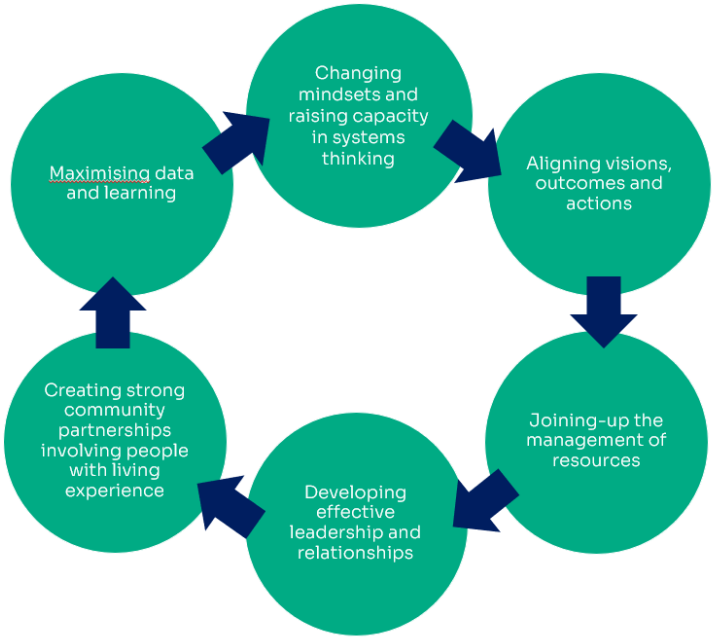
	Depression Prevalence (%)	High Anxiety (%)	Loneliness (%)	Low Life Satisfaction (%)	Mental Health illness (%)	Pre-mature mortality rate (people with SMI) per 100K	Suicide rate (Men) per 100K
England	13.25	23.32	6.83	5.64	0.96	110.80	16.75
Yorkshire and the Humber region (statistical)	13.71	24.24	6.78	6.38	0.95	120.50	19.60
York	12.90	26.17	5.28	3.69	0.90	113.50	14.55
North Yorkshire UA	12.63	23.42	4.89	0.00	0.84	92.70	22.09
Kirklees	14.79	25.91	6.24	6.21	1.07	120.90	17.18
Sheffield	13.21	20.80	7.18	6.92	1.01	115.90	12.91
Leeds	12.46	20.13	7.61	3.84	0.96	126.00	17.64
Kingston upon Hull	13.05	29.04	9.70	6.29	0.93	198.40	22.13
Rotherham	17.29	24.30	7.41	4.45	0.93	143.00	18.96
Wakefield	14.54	30.28	7.67	8.49	0.92	110.10	24.39
Calderdale	16.99	27.12	6.37	9.38	1.18	117.30	28.19
North East Lincolnshire	13.73	20.06	7.41	5.92	0.90	156.70	28.85
Barnsley	14.80	22.34	6.29	6.79	0.86	154.20	20.86
Bradford	13.70	26.07	6.75	-	1.12	117.20	18.20
Doncaster	13.70	27.40	7.75	7.21	0.82	140.80	21.30
North Lincolnshire	15.95	22.87	7.17	4.93	0.81	103.80	18.84
East Riding of Yorkshire	11.99	23.69	5.20	7.31	0.72	86.50	20.69

5. Lessons from other system change and place-based approaches

To help YNYCA drive progress on a whole systems approach to improving men's mental health, a rapid evidence review of other place-based system transformation approaches was undertaken.

Looking across evidence and examples from England, Scotland and Wales, it is possible to identify six key, inter-related principles that are crucial for facilitating partnership working and joined-up services to improve outcomes for people and communities (see Figure 2).

Figure 2: Systems thinking



The evidence emphasises that there is no one effective approach or model that can be transferred from one locality to another, rather partnership working needs to be tailored to the context of the specific place and the partnership.

It is therefore important to consider this evidence in line with the realities of the York and North Yorkshire context. The large proportion of rural places, which cover diverse geographies and poor public transport leads to challenges around service access, and contributes to social isolation. Additionally, core occupational opportunities – such as agriculture, fishing, construction, and the armed forces – are generally considered higher-risk, while many individuals and households across the region face economic insecurity. Nonetheless, these lessons are important to inform future action.

5.1 Changing mindsets and raising capacity in systems thinking

Changing systems requires a different mindset, where local partners understand the importance of addressing complex situations by viewing them as interconnected wholes rather than isolated parts[19]. Traditional problem solving often isolates issues and overlooks broader context, systems thinking emphasises relationships, and explores how different elements interact within a system.

Across Wales, where issues of rurality and economic inequality are similar to the York and North Yorkshire context, systems thinking has been applied to address various public health issues. In the Healthy Weight Healthy Wales strategy and implementation, a slow, considered process, involving multiple local and regional partnerships, and prioritising in-person engagement where attendees receive training about what systems thinking is its value has been led. By encouraging stakeholders across the system to understand how their decision making impacts people's ability to eat well and be active, opportunities for greater and more transformational change are created, such changing local planning and transport, or influencing school-based education. [20]

Similarly, an evaluation of a Health Board-led programme in North Wales to tackle health inequalities, found it effectively established a place-based partnership, despite financial pressures and budget uncertainty at the time[21]. The programme supported organisations to understand how they can work together more effectively to tackle health inequalities from a place-based perspective, through building system capabilities, and encouraging the development of innovative approaches. This process was supported by in-person workshops that were identified as key to success.

In England, the Health Foundation and Local Government Association led a joint grant programme, Shaping Places for Healthier Lives, where five local authorities worked with local partners to improve health and address health inequalities. The evaluation found that complex systems approaches have value across a range of geographies and that modest resources can drive system changes in a short time[19]. In particular, the evaluation highlighted the value of cultivating 'problem-solving mindsets' that consider change at every level of a system as central for promoting a greater a sense of agency for people participating in the work, and improving relationships.

[19] Shaping Place for Wellbeing in Wales: taking action on the wider determinants of health, *The Health Foundation*, (2025). Link

[20] Healthy weight strategy, *Welsh Government*, (2023). Link

[21] Evaluation of the BCUHB Inverse Care Law Programme, *Urban Foresight*, (2024). Link

5.2 Aligning visions, outcomes and actions

Fundamental to effective partnership working and system changes is fostering a shared vision, identifying and agreeing clear outcomes. Having a shared understanding of the desired change across the local or regional partnership (i.e. the broader 'system') is crucial, with flexibility allowed for means through which the outcomes are achieved to allow for adaptation to local contexts of 'place'. Place-based approaches recognise the uniqueness of different demographics and localities in tackling health inequalities[22].

Research focused on Greater Manchester Combined Authority's Scale and Spread programme to improve outcomes for children and young people, found that tensions between a desire for a uniform approach across the variety of structures, cultures and approaches across the ten different authorities can be navigated[23]. Ultimately it was not consistency that was the most important, rather adaptation and variation that is best for different 'places' is necessary to succeed on the overall, collective objectives.

Kings Fund research has emphasised that to deliver more joined-up care and drive improvements in population health requires a major focus on strengthening partnerships at the level of place. [24] The research states that place-based multi-agency partnerships, involving local government, NHS organisations, VCS organisations and communities themselves, provide the most promising means of improving health outcomes. Wherever possible, building on pre-existing agendas, relationships and structures and adopting a coherent place-based way of working "to build up from what already exists locally".

It is particularly important to recognise the role of voluntary sector organisations that are often well situated to influence the determinants of health because of the kind of services they deliver and the proximity to the communities they engage with. People and communities that have often not been connected into statutory or mainstream services, and that often have poor health outcomes, will more often engage with or be more likely to engage with voluntary sector organisations. It is important to actively engage the sector, and where possible to provide funding and resources to allow the voluntary sector to engage. [25] [26]

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[22] Addressing the National Syndemic: Place-based problems and solutions to UK health inequality, *Institute of Health Equity*, (2021). Link

[23] Learning from the Greater Manchester Scale and Spread Programme: Spreading innovation across a city-regio, *Research in Practice*, (2021). Link

[24] Developing place-based partnerships, *The Kings Fund*, (2021). Link

[25] Voluntary Sector Action on the Social Determinants of Health – evidence review, *Institute of Health Equity*, (2017). Link

[26] Addressing the National Syndemic: Place-based problems and solutions to UK health inequality, *Institute of Health Equity*, (2021). Link

5.3 Joining-up the management of resources

It is not always possible to pool funding due to the complexities of organisational budget ownership and associated governance. However, fostering a joined-up approach to resource management (as far as possible) is important for fostering collective ownership of an agenda and driving progress. Place-based partnerships can help create a more joined-up approach to resource management underpinned by shared priorities and an ethos of 'one place, one budget', even if they do not become budget-holding entities in their own right[24].

The five local partnerships within the Shaping Places for Healthier Lives programme in England found that resource constraints limited capacity and made project-scale up challenging. Aligning with complementary policy agendas and local regeneration initiatives was found to provide opportunities to progress the work[27]. The Kings Fund have also emphasised that working with people and communities is crucial for programmes and initiatives to find different routes to augment public sector resource and maximise pre-existing community assets or catalyse new community assets [28].

A new funding model currently being implemented in Scotland has been described by a funder organisation as 'exceptional'[29] – again, Scotland has geographic and socio-economic similarities to York and North Yorkshire. Clackmannanshire's Transformation Space is a partnership between local residents, Clackmannanshire Council and funding partners[30]. Money from the Council is being pooled with external funding to create a new resource to support projects and initiatives which address issues affecting people who live and work in the area. It is a radical shift towards a preventative and relational model of public services, seeking to support work which provides early intervention for issues in new, collaborative ways. Learning about how this works in practice will need to be gathered, but it is regarded as a potentially transformative model.

5.4 Developing effective leadership and relationships

Effective leadership is critical to maximising the opportunities for change and driving progress on improving outcomes. There is growing consensus complex system change to improve outcomes for people and communities requires a collaborative leadership approach. Leadership in this context is no longer about individuals in formal positions, rather it requires a set of processes and activities applied make collaborative efforts more effective[31]. As research about the GMCA Scale

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[27] Shaping Places for Healthier Lives: Summative learning and research report (2021-24), *Health Foundation.* Link

[28] Doing With: reinventing public services in a time of crisis, *The Kings Fund*, (2025). Link

[29] Scotland's next chapter in public service reform, *Foundation Scotland,* (2025). Link

[30] Putting Clackmannanshire's communities in control, *Clackmannanshire Transformation Space*. Link

[31] Docherty, Working Together: A Framework for collaborating in complexity, (2025).

and Spread programme found, leading in a complex system of autonomous organisations requires leaders to provide a sense of direction, without being directive[32].

Research regarding collaborative leadership in health systems in England[32] [33] and public services in Scotland [31], identifies the following important factors for success:

- A shared purpose and group identity, with a common understanding that a shared model of leadership is more effective than a leader or group working alone.
- Collaborative leadership approaches encompass a broad range of organisations and the communities, with a diversity of experiences and views.
- Leaders (at all levels) model and reward collaborative behaviours, supporting all group of staff to develop collaborative skills.
- Healthy relationships are developed, facilitated by sustained efforts to adopt relational ways of working, which require a focus on the quality of the relationships as much as working on the task. Establishing and sustaining new and multiple relationships between organisations (and people in those organisations) is a core task for those in leadership roles, as well as everyone involved
- Leaders foster safe, inclusive and trusting environments, where difference is valued and no single organisation or group dominates, facilitated by using participatory processes. Trust can be slow to build, but is an important foundation for success.
- Transparent, shared decision-making processes that enable all key organisations and/or groups to contribute are developed.
- Emergent approaches are facilitated, without being wedded to a fixed plan, to allow for new ways of working that help drive progress on the long-term goals/outcomes.

5.5 Creating strong community partnerships involving people with living experience

Evidence repeatedly demonstrates that actions to improve outcomes are most effective when undertaken in partnership with communities and involve people[34]. Health inequalities are deeply rooted in place, and no one knows better than local people themselves about the challenges they face[35]. Improving the health and wellbeing of populations and communities, requires place-based partnerships to hear directly from community members and people using services and to use this

[32] Learning from the Greater Manchester Scale and Spread Programme: Spreading innovation across a city-regio, *Research in Practice*, (2021). Link

[33] The practice of collaborative leadership, *The Kings Fund*, (2023). Link

[34] Addressing the National Syndemic: Place-based problems and solutions to UK health inequality, *Institute of Health Equity*, (2021). Link

[35] Growing towards health, *The Health Foundation*, (2025). Link

to shape decisions and action planning[36]. Learning and evidence emphasises the need for the public sector to move from systems that largely do things *to* individuals, families and communities, to systems that works *with* those individuals, families and communities[37]

Local voluntary sector-led alliances, supported by Rethink Mental Illness and funded by the Charities Aid Foundation, have been working toward destigmatising mental illness, improving access to support and treatment, and encouraging innovation. Research examining the impact of local mental health alliances in Coventry and Warwickshire, North East Lincolnshire, Sheffield, and Tower Hamlets in London, found that by co-designing services alongside people with experience of mental health problems, mental health alliances can make support more accessible[38].

Evidence is also growing around the benefits of empowering front line staff and people working alongside professionals in peer support and 'navigator' roles, to work in integrated ways with other services and sectors to most effectively and quickly meet the needs of individuals. Closely related are policy concepts such as '*nothing done to me without me*', '*no wrong door*', and '*no-one left behind*'. Empowering those that know best how to support and transform people's lives, for example, in relation to mental health[39] and in A&E settings[40] enables more change.

For example, Westminster's Community Health and Wellbeing Workers collaborated closely with people in the community to provide trusted, holistic health support in the 20% most deprived neighbourhoods. Subsequently, the NHS in those areas had a decrease in A&E and hospital admissions, and a substantial increase in uptake of preventive measures such as vaccinations, health checks and cancer screenings[41]. In the Scottish Borders adult social care waiting lists have been cut radically following a Community-led Support Initiative. This brought together social workers, health care providers and local community organisations to create safe spaces in a familiar environment, where people drawing on social care can discuss their needs and hopes and receive a tailored response, often resulting in connections to non-statutory services[42].

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[36] Developing place-based partnerships, *The Kings Fund*, (2021). Link

[37] Doing With: reinventing public services in a time of crisis, *The Kings Fund*, (2025). Link

[38] More than the sum of our parts, *Centre for Mental Health*, (2024). Link

[39] "I needed that level of support", *Tavin Institute*, (2022). Link

[40] McHenry R and Goodhall C A (2024) Changes in emergency healthcare use following intervention by Navigator, an emergency department social support programme: a multi-centre retrospective before-and-after study, *European Journal of Emergency Medicine*

[41] A launch year well done: Westminster's Community Health & Wellbeing Worker (CHWW) Programme, *Healthcare Central London*, (2025). Link

[42] Changing culture not just process: Research about Community Led Support*, NDTi;* Link

5.6 Maximising data and learning

Place-based partnerships consistently emphasise the importance of using and sharing data to provide insights regarding challenges and what is working. For example, the Nottingham City Place-Based Partnership[43] has a programme focused on 'severe multiple disadvantage' underpinned by a central focus on sharing local intelligence – both to better identify people who may benefit from a more coordinated package of support and to encourage the delivery of preventive services to reduce the likelihood of needs escalating.

Challenges with data availability and sharing data across organisations are commonly reported by place-based partnerships, nevertheless there is a wide-range of learning about the ways in which different types of data are a crucial part of effective partnership approaches. Key lessons include:

- Gaining an understanding of the population and the place, underpinned by local data and insights, is crucial at the outset of partnership working [44]
- Using tools to share and discuss local data can help partners to come together and build a common understanding, consensus and shared vision[45].
- Ensuring that insights and feedback is obtained from people living and working in the communities is essential,[46] and as far as possible using data that highlights inequalities[47]
- Sharing insights from existing data and research, as well as emerging learning from implementation activities, can be challenging but helps to create a sense of collective learning (e.g. through training, workshops and events) [48].

[43] Priorities & Programmes, *Integrated Care System*. Link

[44] Developing place-based partnerships, *The Kings Fund*, (2021). Link

[45] Leading Partnerships to Transform Place, *New Local*, (2020). Link

[46] Realising the potential of integrated care systems, *The Kings Fund*, (2024). Link

[47] What makes a good mental health assessment?, *Centre for Mental Health,* (2024). Link

[48] Learning from the Greater Manchester Scale and Spread Programme: Spreading innovation across a city-regio, *Research in Practice*, (2021). Link

6. Recommendations

The aim of this project was to map existing provision that supports men's mental health across York and North Yorkshire in order to inform opportunities for strategic investment. A series of twelve recommendations, across areas – system-level reform, and service innovation– have been developed to support The Men's Mental Health Investment Programme moving forward.

Recommendations respond to the current gaps and weaknesses in York and North Yorkshire's men's mental health system and draw on lessons from systems transformation work elsewhere.

6.1 System-level reform

It is important that the taskforce adopts lessons from systems-level transformation to ensure effective leadership. It must be noted the taskforce are already doing well here, and these recommendations are aimed at further strengthening the system.

6.1.1 Strengthen local collaboration and knowledge sharing

Recommendation: Create a regional network or forum for service providers to share updates, best practices, and coordinate efforts.	
Rationale:	Many organisations are unaware of other services, leading to missed opportunities for referrals, collaboration, lessons sharing and resource sharing.
Priority:	High – Enhances system efficiency and service quality.
Potential learning to draw from:	Evidence regarding system changes and place-based approaches highlights the importance of collaborative leadership to encourage relationship-building. Evidence elsewhere suggests that forums and networks are effective to support a whole-system approach to involve emergency, community and specialist services. [49]
What this could look like in YNY:	Setting up a regional network either of all relevant stakeholders, or initially successful fund holders to share learning in a community of practice.

[49] Mental health – distress framework for collaboration: multi-agency partnership approach, *Scottish Government*, (2025). Link

6.1.2 Improve referral pathways and service navigation

Recommendation: Develop a referral framework and digital navigation tool to simplify access and coordination.	
Rationale:	Referral systems are largely fragmented, with only isolated examples of joined-up approaches (e.g. Route One To Wellness Partnership). A regional referral network will allow organisations to be more aware of other local offerings. As the foundation for the referral pathways develop, more organisations will be able to contribute and service user needs will be met more comprehensively.
Priority:	High – Affects all service users and providers.
Potential learning to draw from:	Evidence regarding system change emphasises the benefits of close partnership working between public sector organisations / statutory services and VCS organisations to develop and improve referral pathways. Hosting in-person events and workshops may be necessary to bring people together to build relationships, knowledge and co-develop solutions. There is also established evidence of the benefit of co-locating advice and support services for people experiencing crisis, for example, housing, money advice and wellbeing support services alongside food banks. [50]
What this could look like in YNY:	Co-design sessions held in-person with system partners to map out referral connections and gaps and understand how to fill them.

6.1.3 Develop ways to capture lessons and impacts

Recommendation: Commit to evaluation to track impacts of the work both in strengthening the system and improving men's mental health.	
Rationale:	As the first the first combined authority to centre men's mental health as a core priority, it is important that lessons are gathered and impacts measured to inform and shape other work locally, regionally and nationally in the UK. This will secure YNYCA's position as a leader in this space.
Priority:	High – there is minimal evidence from elsewhere

[50] Mental health crisis: how to improve care, *National Institute for Health and Care Research,* (2024). Link

Potential learning to draw from:	Evaluating system change requires an ongoing commitment and should be started soon. Often, more traditional methods of surveys are not appropriate to capture systems change. Additionally, trauma informed evaluation methods should be used with service users to capture the benefits for individuals.
What this could look like in YNY:	Ripple effect mapping can be helpful to understand how impacts develop and roll out. Maintaining the Kumu map produced for this exercise will show the development of system connections. It is also important that monitoring and evaluation are built into the fund.

6.1.4 Progress actions across the wide social determinants of mental health

Recommendation: Taking a broad public health approach will be helpful for broader framing and action planning, alongside targeted actions to address gaps in services and support for men's mental health.

Rationale:	Men's mental health is interconnected with the conditions in which they grew up and live and work, including economic factors, our physical environments, and social networks. Attention needs to be paid to all of these conditions to improve mental health outcomes and prevent future problems and further demand on stretched public services, in particular NHS services.
Priority:	Medium – systems work can be effective to start with core challenges and then broaden out.
Potential learning to draw from:	There is well established, international evidence regarding the wide social determinants that influence the mental and physical health of populations. There is a wide-range of literature regarding the benefits and importance of taking a broad public health approach to mental health.[51] [52] [53] [54]
What this could look like in YNY:	Training partners in public health concepts around social determinants may be important to help them understand connections and see where their work fits.

[51] What Good Looks Like for Public Mental Health, *Public Health England*, (2019). Link

[52] Barry, et al. (2024), Priority actions for promoting population mental health and wellbeing, *Mental Health & Prevention, Volume 33*. Link

[53] A vision for population health: towards a healthier future, *The Kings Fund*, (2018). Link

[54] Better Mental Health For All, *Mental Health Foundation*. Link

6.2 Service innovation

This research has highlighted certain gaps and challenges in the current landscape of provision that the Investing in Men's Mental Health responsive grant funding could target as priorities.

6.2.1 Co-design services with communities

Recommendation: Encourage the involvement of communities and individuals with living experience in the design of services.	
Rationale:	Engaging potential users and beneficiaries from the outset ensures services are better tailored to their needs and preferences and that barriers to access are not built into new services.[55]
Priority:	High – Critical to ensure services are created that men want to and are able to attend.
Potential learning to draw from:	There are many examples of co-designing services that should be learnt from. Key lessons include ensuring engagement is meaningful, goes to where people are rather than expecting them to seek out opportunities to collaborate, and draws on voluntary and community groups that already have connections. It is important that engagement is not extractive. As per the IAP2 Spectrum of Public Participation, co-design activities should be collaborative, and/or empowering. [56]
What this could look like in YNY:	Building in co-design activities as a requirement of any funding application, and providing training and/or community of practice sessions around successful co-design approaches.

6.2.2 Address rural access and transport barriers

Recommendation: Fund mobile outreach services and local hubs in rural and coastal areas, and improve transport links to existing services.	
Rationale:	Rural communities face significant access issues due to centralised services and poor transport infrastructure. Particular precedence on rurality being a

[55] Working in partnership with people and communities: Statutory guidance, *NHS England*, (2023). Link

[56] IAP2 (2025) IAP2 Spectrum Evolution. Link

	major factor in North Yorkshire and the social and economic factors affecting individuals and communities.
Priority:	High – Critical for equity and reaching isolated populations.
Potential learning to draw from:	Understanding and addressing issues related to mental health in rural areas can be complex, due to the fact that data is often more limited and/or issues faced by some people (e.g. deprivation) can be masked by high-level data. There is increasing evidence and learning regarding the considerations that need to be made (e.g. about existing service provision, different experiences related to specific location, life-stage, occupation etc, and levels of digital connectivity) [57] [58] that can inform action planning, in conjunction with previous[59] [60] and further engagement with people who live in and provide support and services in rural communities across the region.
What this could look like in YNY:	Include rural and/or transport- focussed projects as a priority and/or separate funding stream to ensure the importance is highlighted. This could also involve encouraging fund applicants to develop collaborations with private transport companies, or to pool resources.

6.2.3 Tackle stigma through gender-informed engagement

Recommendation: Support initiatives that use sport, hobbies, and/or operate in spaces predominantly used by men (e.g. barbers, pubs, sports clubs) to engage men in mental health conversations.	
Rationale:	Stigma remains a major barrier to men accessing services, while informal, activity-based settings are more effective in attracting men who may be hesitant to seek formal mental health support.
Priority:	High – Important for increasing uptake and early intervention.
Potential learning to draw from:	There is a wide range of evidence about the benefits of engaging men in activities such as sports, gardening, woodwork, and volunteering to increase social connections and access to support, without being explicitly framed as

[57] Health and wellbeing in rural areas, *Public Health England*, (2017). Link

[58] APPG Rural Health and Care, *National Centre for Rural Health and Care*, (2022). Link

[59] My key takeaways from the North Yorkshire Rural Health and Care Summit, *Community First Yorkshire*, (2025). Link

[60] Rural health inequalities, *Healthwatch North Yorkshire*, (2023). Link

	'mental health initiatives' [61]. It is important to facilitate a wide-range of offers for men at different life-stages and within different interests and preferences. This can include drop-in activities to encourage informal engagement and trust to be built up over time.
What this could look like in YNY:	Highlighting, and providing training on what a gender-informed approach looks like may support potential applicants to understand how to best to this.

6.2.4 Tackle stigma through gender-informed messaging

Recommendation: Ensure language is accessible, and aimed at men that may not be actively seeking out mental health services, using focused on 'stress' rather than 'wellbeing'	
Rationale:	As noted, stigma remains a major barrier to men engaging with services. Using language less coded about 'mental health' can help men find and feel comfortable accessing services.
Priority:	High – Important for increasing uptake and early intervention.
Potential learning to draw from:	See Me, the national programme to tackle mental health stigma and discrimination in Scotland, has developed resources, campaigns and extensive experience in developing approaches and messaging that reduces stigma[62]. There is evidence to suggest that the messaging tailored to address gender differences, improve men's engagement in intervention and using lived experience stories can help strengthen the feelings of empathy and reduce stigma associated with receiving help and advice. [63]
What this could look like in YNY:	Training could be delivered to system partners around accessible language, i.e., using terms such as 'stress' rather than 'wellbeing'.

6.2.5 Promote workplace mental health for men

Recommendation: Encourage SMEs and larger employers to adopt gender-inclusive mental health initiatives, including on-site counselling and peer support.

[61] Social contexts and health, *Glasgow Centre for Population Health*, (2016). Link

[62] See Us, *See Me*. Link

[63] Mental Health Anti-Stigma Approaches – A Rapid Review, *Leeds Mental Health Anti-Stigma Partnership*, (2025). Link

Rationale:	Workplace stigma persists, and men are less likely to use formal support routes than women. Men are more likely to disengage from clinical services that do not accommodate gendered expressions or a gendered outreach. [64]
Priority:	High – Important for reaching men that are not actively seeking help.
Potential learning to draw from:	Many resources can be drawn from. The North East Combined Authority has recently refreshed its good work pledge (SHINE) to better include health and mental health, emphasising fairness, inclusivity and respect. [65] Scotland's Mentally Healthy Workplace Network has resources, campaign materials and guidance to help employers facilitate workplaces that best support good mental health [66] [67]. There is also evidence that peer support can provide valued and authentic support for men who avoid formal routes, if gender-positive attitudes and values are instilled.[68]
What this could look like in YNY:	Ensure any local and regional good work commitments focus on men's mental health. Share relevant resources with employers, and consider encouraging funding employer-engagement projects.

6.2.6 Enhance digital presence and clarity of services

Recommendation: Provide funding and guidance for organisations to improve their websites and online visibility, with clear service descriptions and eligibility.	
Rationale:	Many websites are unclear, making it difficult for men and system partners to understand what support is available and whether it suits needs and preferences. Clearer online spaces will help men navigate the systems and reduce the stress or anxiety about seeking help.
Priority:	Medium – Supports accessibility and informed decision-making.
Potential learning to draw from:	There are also increasing examples, from across the UK, of different initiatives aimed at providing men accessible and useful information regarding mental

[64] Kwon, Lawn, Kaine, (2023), Understanding Men's Engagement and Disengagement When Seeking Support for Mental Health, *AM J Men's Health (7,17).* Link

[65] SHINE, *North East Growth Hub*. Link

[66] Mental health at work, *See Me*. Link

[67] Mentally healthy workplace learning network for employers, *Health Working Lives*, (2025). Link

[68] Vickery, (2022), 'It's made me feel less isolated because there are other people who are experiencing the same or very similar to you': Men's experiences of using mental health support groups*, Health Social Care Community (16,30).* Link

	wellbeing. For example, Brothers in Arms Scotland[69] is a men's mental health charity and online platform that supports men's emotional wellbeing through funding research, innovative initiatives, and tailored digital interventions. It provides a confidential online platform is designed to engage and support men in managing their mental health.
What this could look like in YNY:	Men of different ages and with different characteristics could be engaged to provide feedback on how user friendly and useful websites are, with a view to informing to future improvements.

6.2.7 Expand specialist trauma-informed services

Recommendation: Invest in services tailored to men affected by trauma, adverse childhood experiences (ACEs), and those in the justice system.	
Rationale:	There is a clear gap in specialist provision of trauma-informed support for men impacted by ACEs and trauma, and/or for those in the justice system, who are known to have high levels of ACEs and trauma and mental health difficulties. Stakeholders noted limited knowledge and referral options for such individuals. Trauma-informed services are associated with improved mental health outcomes and reduces the risks of adverse behaviours including violence, substance abuse or seclusion. [70]
Priority:	Medium – These individuals are at elevated risk and require dedicated provisions.
Potential learning to draw from:	There is learning from other UK programmes, such as the West Yorkshire Adversity, Trauma and Resilience (ATR) programme[71] and Scotland's National Trauma Transformation Programme[72], regarding system-wide approaches to supporting people negatively impacted by trauma in ways that avoids re-traumatisation, and builds on strengths to aid recovery and resilience.
What this could look like in YNY:	Encouraging providers to connect with relevant organisations (i.e., probation) to develop new services and approaches. Improving the referral mechanisms is important here too.

[69] Brothers in Arms Scotland. Link

[70] Trauma-informed approaches to supporting people experiencing multiple disadvantage, Department for Levelling Up, Housing & Communities, (2023). Link

[71] Adversity, trauma and resilience, *West Yorkshire Health and Care Partnership*. Link

[72] Responding to Psychological Trauma in Scotland, *National Trauma Transformation Programme*. Link

6.2.8 Invest in support for young people, including neurodivergent young people

Recommendation: Take a preventative approach by ensuring investment in support for boys and young men, likely including tailored programmes for neurodivergent boys and young men	
Rationale:	Early intervention in youth mental health prevents progression of disorders and reduces long-term risks associated with mental health challenges. This is important as around half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. [73] A preventative approach can shape a young person's developmental stage and have a lasting positive impact on their mental health. [74] Additionally, diagnosis rates of neurodiversity are rising, especially for younger people, and current services may not meet the needs of this group.
Priority:	Medium – this is likely to grow as a challenge moving forward.
Potential learning to draw from:	In addition to third sector and NHS services, there is wide-ranging evidence about ways to provide this support, for example, through family and parenting support, nurture approaches within early years settings, and school-based support. In addition, engaging young people in sport and other activities has been found to be important for supporting mental health following ACEs. [75]
What this could look like in YNY:	Ensure some funding is dedicated towards projects that engage young people, both in and outside of education settings. Consider prioritising projects that include peer support and/ or try to develop more inclusive environments.

[73] Child and adolescent mental health, *National Healthcare Quality and Disparities Report*, (2022). Link

[74] Kroll et al., (2024), The positive impact of identity-affirming mental health treatment for neurodivergent individuals, *Psychology*. Link

[75] Summary of evidence on public mental health interventions, *Public Mental Health Implementation Centre*, (2022). Link

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Our objectives are to help our clients reimagine systems, maximise investment to have the greatest impact and transform lifetime outcomes using a whole-person and prevention lens. We do this through research, mapping and analysis, evaluation and impact measurement, strategy and service design, participatory and peer research, learning, collaboration, and end to end fund management.

Please contact **Maddy.Thompson@Rocketsciencelab.co.uk** or **Jamal.Hassan@Rocketsciencelab.co.uk** for more information.

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