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**MRC/CSO Social and Public Health Sciences Unit Consultation Response**

**Title of consultation**

Men’s health inquiry

**Name of the consulting body**

Health and Social Care Committee, UK Parliament

**Link to consultation**

<https://committees.parliament.uk/work/7858/mens-health/>

**Why did the MRC/CSO Social and Public Health Sciences Unit respond to this consultation?**

We conduct high quality research that has a real impact on health and wellbeing, and on reducing health inequalities – both at home and across the globe.

We have a particular focus on developing and using cutting-edge methods to understand how social, behavioural, economic, political and environmental factors influence health. We work with decision makers, practitioners and the public to identify interventions and policies that can have an effective and sustained impact on health and wellbeing, particularly among those most in need.

**Our response**

Key points

1. The most effective ways to improve men’s health and reduce inequalities are ‘upstream’ i.e. they focus on the social and economic determinants of health such as income, employment, education, housing, transport and the environment.
2. ‘Downstream’ interventions like individual behaviour change campaigns have limited effectiveness compared with enacting policies that tackle the root causes of ill health and inequalities.
3. The most deprived men are at especially high risk of poor health and early death. We continue to have health inequalities because we continue to have significant social and economic inequalities. Measures to reduce poverty, including improvements to the welfare system, are essential.

This response focuses on evidence from studies conducted by the MRC/CSO Social and Public Health Sciences Unit relating to male life expectancy, suicide rates, use of health services and health inequalities. We do not address cancer deaths or the role of community/sports-based projects.

Overall trends in health and inequalities in Scotland

Last year we published a report on trends in health inequalities in Scotland since the year 2000. This showed that between 2000 and 2012, life expectancy was increasing, and avoidable mortality was decreasing. Progress was being made in deaths from cancer and cardiovascular disease, alcohol deaths, and suicides. In line with these improvements, absolute inequalities in mortality outcomes - including in men - were generally reducing. However, in the decade since we have seen these improvements stall and in some cases outcomes and inequalities have worsened.

Looking across this period of around twenty years provides an opportunity to reflect on these key trends, and demonstrates that improvements to population health outcomes are possible and within our powers to achieve.

Reference - Miall, N., Fergie, G. and Pearce, A. (2022) Health Inequalities in Scotland: trends in deaths, health and wellbeing, health behaviours, and health services since 2000. Project Report. University of Glasgow. ([doi: 10.36399/gla.pubs.282637](https://www.gla.ac.uk/media/Media_892338_smxx.pdf))

Young and middle-aged men are faring particularly badly

Young and middle-aged men are faring particularly badly for some health outcomes, especially those living in the most deprived areas. For men living in the most deprived tenth of areas in Scotland, healthy life expectancy fell by almost five years (between 2015 and 2020) to just 45 years, compared to being maintained at around 70 years for men living in the least deprived tenth of areas.

Men living in deprived areas are most likely to experience the multiple overlapping social disadvantages i.e. homelessness, justice involvement, opioid dependence, and psychosis, that are associated with premature mortality. The rise in drug deaths from 10 to 24 per 100,000 between 2013 and 2020 in Scotland was largely concentrated among men.

We also know that young and middle-aged men are most likely to miss outpatient appointments. The proportion of outpatient and GP appointments where the patient ‘Did Not Attend’ (DNA) is three times higher in the most deprived fifth of areas compared to the least.

DNAs are thought to be especially high for appointments at alcohol and drug related services, due to the multiple barriers that drug and alcohol users experience, related to poor health, stigma, and wider social disadvantages.

A life course framework can help us to consider why there are especially high rates of ill health and deaths in the most deprived groups. Possible explanations include the accumulative effects of social disadvantage on health across the life course, the strong links between children’s educational and employment opportunities and that of their parents, and the negative consequences that ill health can have for life opportunities such as employment. These can lead to the perpetuation and deepening of health inequalities across people’s lives and from one generation to the next.

Reference - Miall, N., Fergie, G. and Pearce, A. (2022) Health Inequalities in Scotland: trends in deaths, health and wellbeing, health behaviours, and health services since 2000. Project Report. University of Glasgow. ([doi: 10.36399/gla.pubs.282637](https://www.gla.ac.uk/media/Media_892338_smxx.pdf))

There is a significant gender gap in higher education participation, and this has widened over time. By 2020/21, the difference between male and female participation rates in higher education was a staggering 16 percentage points, with women much more likely to study in higher education than men.

Reference – Eiser, D., Congreve, E., Crummey, C. & Catalano, A. (2022) Trends in the socio-economic determinants of health in Scotland. Project Report. University of Strathclyde.

(<https://fraserofallander.org/wp-content/uploads/2022/11/FAI-Health-Foundation-Final-Report-2.pdf>)

Deaths of despair – alcohol, drugs and suicide

Increasing mortality among men from drugs, alcohol and suicides is a growing public health concern. Collectively known as “deaths of despair”, they are seen to stem from unprecedented economic pressures, deteriorating labour market opportunities, a lack of power (political and economic) and a breakdown in social support structures.

For most causes of death, risk increases with age. This is not the case for deaths of despair, some of which peak at far younger ages. Suicide was the leading cause of external deaths and of overall mortality in 15 to 44-year-old men in Scotland up until 2013, when it was overtaken by drug deaths.

However, deaths of despair are not an inevitability of economic transitions or recessions. Countries with high investment in social protection and active labour market programs do not experience increases in suicides or alcohol abuse during recessions.

Reference – Allik, M., Brown, D., Dundas, R. and Leyland, A. H. (2020) Deaths of despair: Cause-specific mortality and socioeconomic inequalities in cause-specific mortality among young men in Scotland. International Journal for Equity in Health, 19, 215. ([doi: 10.1186/s12939-020-01329-7](https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01329-7))

Health and social care services

Improvements to people’s living and working conditions and the reduction of social inequality will reduce need by preventing unnecessary ill health, support people to recognise symptoms and seek advice at earlier stages of illness, remove barriers to accessing services, and could improve the population’s means and confidence in navigating the health system and any treatment regimes.

Reference - Miall, N., Fergie, G. and Pearce, A. (2022) Health Inequalities in Scotland: trends in deaths, health and wellbeing, health behaviours, and health services since 2000. Project Report. University of Glasgow. ([doi: 10.36399/gla.pubs.282637](https://www.gla.ac.uk/media/Media_892338_smxx.pdf))

Impact of austerity policies on deaths

A recent study suggests that an additional 335,000 deaths, i.e. above the number expected based on previous trends, were observed across Scotland, England & Wales between 2012 and 2019. Statistical analyses demonstrate that previously improving mortality trends changed around 2011-2013 in both Scotland and England (following the implementation of austerity policies in 2010).

The study adds to the growing evidence of the profound and deeply concerning changes to mortality trends observed as a result of UK Government economic ‘austerity’ policies. These have slashed billions of pounds from our public services and social security system with devastating impacts. Without support, people have been swept up by a rising tide of poverty and dragged under by decreased income, poor housing, poor nutrition, poor health and social isolation – ultimately leading to premature death.

Reference – Walsh, D., Dundas, R., McCartney, G., Gibson, M. and Seaman, R. (2022) Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? Journal of Epidemiology and Community Health, 76(12), pp. 1027-1033.([doi:10.1136/jech-2022- 219645](https://jech.bmj.com/content/jech/early/2022/09/26/jech-2022-219645.full.pdf))

UK public policy support

Governments should be reassured the UK public favour tackling health inequalities via living and working conditions. A 2016 study explored public views of health inequalities and potential policy responses in three UK cities – Glasgow, Manchester and Liverpool. The results challenge perceptions that there is a lack of public support for upstream, macro-level policy proposals and instead demonstrate support for proposals aiming to tackle health inequalities via improvements to living and working conditions, with more limited support for proposals targeting individual behavioural change.

Reference – Smith, K. E., Macintyre, A., Weakley, S. , Hill, S. E., Escobar, O. and Fergie, G. (2021) Public understandings of potential policy responses to health inequalities: Evidence from a UK national survey and citizens’ juries in three UK cities. Social Science and Medicine, 291, 114458. ([doi: 10.1016/j.socscimed.2021.114458](https://www.sciencedirect.com/science/article/pii/S0277953621007905?via%3Dihub))

The public has remained relatively pro-welfare throughout the Covid pandemic. 52% say they are in favour of increasing taxes to spend more on health, education and social benefits, similar to the 53% who said this in 2019, shortly before the pandemic.

Reference – British Social Attitudes 39. (2022) National Centre for Social Research.

(<https://bsa.natcen.ac.uk/latest-report/british-social-attitudes-39/taxation-welfare-and-inequality.aspx>)

**Date of submission**

5th September 2023

**Who to contact about this response**

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