

**people's  
health  
trust**



# Men's Health: Everybody's Business

How businesses, statutory services,  
Government and community organisations  
can work together for change

## 1. The State of Men’s Health: What the evidence says

Right now, men are dying too young and spending more of their lives in poor health because services and systems are not fully meeting their needs. The latest data from [The Office for National Statistics](#)<sup>1</sup> shows that:

- Male life expectancy is now 78.8 years, almost four years lower than women’s, and has fallen in every part of England over the last five years.
- Men born in the most deprived communities in England are expected to die almost 11 years earlier than those in the least deprived (on average just 72.6 years).
- The gap in men’s healthy life expectancy is even greater - nearly 20 years - with men in deprived areas living, on average, just 51 years in good health, compared with 70 years in the least deprived.
- Where men are born directly impacts how long they live: Boys born in the North East today will live almost seven fewer healthy years than those born in the South East.

Social and economic factors, rather than solely genetics or lifestyle, are largely responsible and have a direct link to men’s physical and mental health outcomes.

- Cardiovascular disease remains the single biggest killer of men in the UK, with men more likely than women to experience heart attacks and at younger ages.<sup>2</sup>
- Rates of type 2 diabetes and associated complications are also higher among men.<sup>3</sup>
- Cancers that disproportionately affects men, such as prostate, lung, and colorectal, continue to drive early mortality, with survival rates closely tied to late presentation and delayed diagnosis.<sup>4</sup>
- Men are also less likely than women to seek help through primary care or community services.<sup>5</sup>

- The pandemic intensified these trends, contributing to missed diagnoses, reduced physical activity and worsening mental health.<sup>6</sup>
- Male suicide rates reached 17.4 deaths per 100,000 in 2023, the highest since 1999.<sup>7</sup>

These health outcomes cannot be separated from the building blocks of health - the social and economic factors shaping everyday life:

- Men in insecure or low-paid work face chronic stress, irregular hours, and reduced access to workplace health support, contributing to higher rates of CVD and poor mental health.<sup>8</sup>
- Housing quality and stability directly affect men’s respiratory conditions and mental wellbeing, while financial insecurity and debt increase the risk of anxiety, depression, and suicide.<sup>9</sup>
- Discrimination and social class also shape outcomes: for example, men from racialised communities and deprived areas often face barriers to early diagnosis and culturally appropriate care.<sup>10</sup>

## 2. The Government’s Response: Men’s Health Strategy

In May 2025, the Department for Health and Social Care [consulted on](#) creating its first ever Men’s Health Strategy for England. Alongside the recently published 10 Year Health Plan for England and its commitment to neighbourhood health, this is a once in a generation opportunity to transform the health outcomes of men and older boys in England for the better. People’s Health Trust and the communities it works with welcomes this opportunity to shape the future of men’s health.

## 3. The Community Response: What we heard

In response to the Department’s call for evidence to inform the strategy, People’s Health Trust engaged with our extensive network of expert grassroots organisations about men’s health – what was important and what was lacking.

We heard from organisations working at the front line of health inequalities in neighbourhoods across the country – between them working with tens of thousands of men and older boys each year. The lived experience and professional perspectives highlight the barriers, inequalities and innovative grassroots approaches shaping men’s health today, taking account of both the individual and universal experiences.

We heard from organisations working with older boys and men in all age groups and representing a broad diversity of people and communities, in coastal, rural and urban areas.

Distinct contexts and views were evident, but several themes emerged across all demographics and places:

- Men’s mental health and loneliness are dominant, interconnected concerns.
- Health services are often inaccessible or mistrusted by men, until crisis point.
- Debt or money worries, poor housing or homelessness and a lack of work, or good work are viewed as driving poor health for men and boys.
- Charities and grassroots organisations, rooted in communities, play a vital role in supporting men, but are under-resourced.

“Organisations frequently reported the cumulative and corrosive effect of poverty, poor housing and a lack of good work on men’s mental and physical health, as well as its intergenerational impact.”

### a) Mental health and loneliness are dominant concerns

“Poor mental health is the number one factor we see daily - it is the root cause of many other issues.”  
 (Community organisation in North East)

Mental health, including chronic stress and anxiety, emerged as the overwhelming concern. Organisations reported a high level of need across different groups of men of all ages and older boys, with varied experiences of statutory health services. The impact of mental ill-health was observed on personal, family and community levels.

Loneliness, including social isolation, was identified as a major issue in itself and as a driver of poor health outcomes.

“Men need to find places to belong and men to associate with and remove loneliness. Isolation is the biggest curse for men in [our town].”  
 (Service for abuse survivors, East Midlands)

Health services were reported as scarce and difficult to access until crisis point, and this was compounded by men’s lack of trust in the system.

### b) Root causes: poverty, poor housing and a lack of good work

We heard from organisations working with men and older boys with a range of needs and experiences, including learning disabilities, neurodivergent need, men who are gay or bisexual, men who are refugees or seeking asylum, men and older boys from 16 to 70+. Poverty was the underpinning issue affecting the health of nearly all groups of men and older boys.

Organisations frequently reported the cumulative and corrosive effect of poverty, poor housing and a lack of good work on men’s mental and physical health, as well as its intergenerational impact:

“Poverty is the foundation of poor life outcomes... which then transmits across generations of men... poor self-esteem is tangible within our group.”  
 (Employability and personal development organisation, Wales)

### c) Discrimination: negative impacts on health

Some groups experience everyday, lifelong and systemic **discrimination**. This stress causes psychological distress or poor mental health and can, in turn, trigger changes to biological functions resulting in a greater likelihood of long-term conditions. This is often referred to as allostatic overload.

## 4. Acting on what we've heard

Alongside community organisations working at the front line of health inequality, businesses and decision-makers all have a critical role in improving men's health.

Workplaces are where many men spend much of their time, giving employers a unique opportunity to engage with men about their health (at any age), including mental health, and encourage and provide access to early interventions. A healthier workforce is good for business, for employees and their communities, and employers have an important role in creating the right conditions for good health.

At the same time, there is a critical role for Government and decision-makers in creating the conditions for improving men's health – from addressing low income and poor housing to access to appropriate services and shaping health policy and campaigns that speak directly to men's needs.

Meanwhile, grassroots organisations bring lived experience, cultural insight and trusted relationships that ensure solutions can reach men most at risk and in a way which most closely meets their needs.

We believe it is critical for businesses, statutory services, Government and community organisations to work together and we invite you to join with People's Health Trust to ensure men's health is everybody's business.

### Together we can:

- Commit to further exploration of what is driving poor health for men, and what could be done differently.
- Support a national conversation, led by trusted community groups and business, to hear directly from men about what would help.
- Co-develop guidance, frameworks and campaigns with men, employers and frontline services – rooted in lived experience and local knowledge.
- Work together with Government to address some of the fundamental issues driving poor health for men.
- Support local pilots that bring together employers and community organisations to try new ways of supporting men's health where they live and work.

### End Notes

- Office for National Statistics (2025). Healthy life expectancy by national area deprivation, England and Wales: between 2013 to 2015 and 2020 to 2022
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- ONS (2022). Indirect impacts of the coronavirus pandemic on healthcare and mortality.
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### About People's Health Trust

**People's Health Trust** has been working with people living in communities experiencing disadvantage and marginalisation across Great Britain for more than 14 years. Our goal is to stop people dying too young because of avoidable inequalities, such as in wealth, housing, education, and work. We partner with local communities at a grassroots level to find vital and timely solutions to tackle the causes of poor health at a local and national level. Through our work with local people, companies, academics and decision-makers, the Trust has built evidence of successful community action to improve health and reduce health inequalities.