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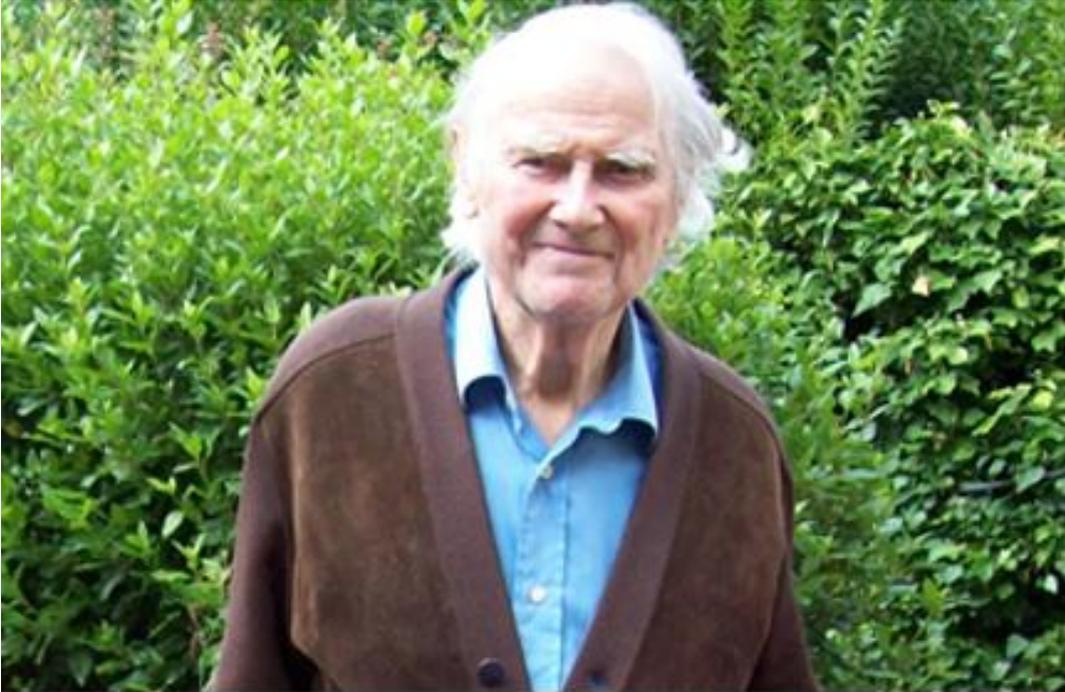
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**Registered Charity No.
1107795**



David Yarwood

Born 3 September 1929

Died 29 June 2022

<https://parity.charity/index.php/2022/07/12/obituary-notice-late-david-yarwood-1929-2022/>

This issue of Parity News Briefing with all articles is dedicated to David Yarwood, Founding Father of Parity, who sadly passed away on 29 June 2022.

HM QUEEN ELIZABETH II

1926-2022



We are very saddened by the death of Her Majesty Queen Elizabeth II. Her life was dedicated to the country, the Commonwealth and the world. Our thoughts and condolences are with the Royal Family in their grief.

DAVID YARWOOD REMEMBERED

David Yarwood was born on the 3rd September 1929 to Isabel (nee) Dewar, (a name David was to use in later life) and Joseph Yarwood, a schoolmaster. In 1934 David's father was appointed Deputy Head and Senior Mathematics Master at Wembley County School in Middlesex and David attended the Byron Court Junior School from 1934 to 1939. The second world war broke out in September 1939 and David, together with his mother and brother Richard moved to the Isle of Man while Joseph remained in Wembley as Deputy Chief Air Raid Warden. The family returned to Wembley in 1942 and David attended Wembley County School for the next two years. In 1944 Joseph Yarwood was appointed Headmaster of the Stockport School and the family moved back North. David attended the prestigious Manchester Grammar School from 1944 to 1948 where he specialised in Mathematics and played soccer for the school in the 1947/1948 season. David's father died aged 54 in 1946. In his last year at MGS David won a scholarship in mathematics and physics at Cambridge

University to study engineering at St John's College. As was normal at the time David did his National Service from 1948 to 1950 in the Royal Engineers including a six months' stint in Hong Kong where he was involved in constructing Jeep Tracks along the frontier hills using explosives! From 1950 to 1953 David attended St John's College and achieved a BA Hons in Mechanical Sciences in 1953 followed by a MA in 1957. He played soccer for the College from 1951 to 1953. In 1953 on coming down from Cambridge, David joined an international consulting engineering firm ultimately called Binnie & Partners. He stayed with this company throughout his working life until he retired in 1994. His speciality was urban and rural water supplies in UK and abroad. He travelled widely including among others Nigeria, Algeria, Turkey, Iran, Iraq, Jordan, Malaysia, Singapore, Brunei and Thailand. He lived and worked in Malaysia with his family during 1963 to 1967. David gained extensive knowledge of river intakes, control structures and all aspects of water infrastructure. One outstanding project was the test facility at RAE Farnborough for a programme on the Concorde supersonic airliner from 1970 to 1972. Page 2 Other important professional events included membership of the Service Reservoirs Panel and as Construction Engineer for several reservoirs in the London area. David retired from Binnie & Partners in 1994 but worked for the next five years as an Independent Consultant Engineer. He was always interested in gender issues and in 1986 co-founded with David Lindsey the Campaign for Equal State Pension Ages (later renamed Parity) and was the Honorary Secretary. Between 1995 and 2001 Parity achieved four successful legal challenges in the European Courts on Statutory Discrimination against men. These included prescription charges, winter fuel payments, bus passes and widowers benefits. Prior to these successful actions women obtained benefits at the age 60 and men at 65. David met his future wife Anne Davies in 1955 and they married two years later on the 30th March 1957. Their first child Sally was born on 20th April 1958 followed by Richard on the 26th March 1960

and a second daughter Claire was born on the 29th March 1962. In the next generation there were five grandchildren Rachael (1992) Joseph (1993) Becki (1995) William (1997) and Emma (1997). In 1995 David set up Dewar Research (a name derived from his mother's maiden name) a private initiative to collect and publish impartial information on a range of family and gender conflict issues. He had a wide range of interests outside of work including his charitable activities. He was interested in creation, landscaping, astronomy, philosophy, history, archaeology, music and justice. He also retained an interest in soccer and cricket which he developed at school and university. David was a collegiate man who enjoyed the company of colleagues and friends. He had a wide circle of both and a wonderful happy marriage. He died on the 29th June 2022 aged 92 at home in Ascot surrounded by his family.

John Mays - 12 07 2022

RECOLLECTIONS OF DAVID AS A FATHER

Hello Everyone and Hello Mum at home. (RAISE HAND AND WAVE)

I'm Sally and I'm speaking these recollections of Dad as our greatly loved father to Richard, Claire and myself.

When we think of Dad - we remember a very kind and honourable gentleman, a man with huge personal probity and integrity, someone who led by example. He was very hardworking and meticulous - this reached into all aspects of his life.

His meticulousness in his professional, campaigning and research work has already been acknowledged and it also applied to the family home at Constables where he and Mum have lived for 54 years.

One recollection is that he was meticulous about keeping the living room lime green carpet clean - no outdoor shoes were allowed in this room whilst we were growing up. Any marks on the carpet would get a good spit from Dad who highly

recommended this from his National Service days. When the local carpet fitter visited recently, Dad proudly shared his magic spit technique - the carpet fitter was most impressed.

Dad had a great sense of humour and enjoyed pranks and funny routines.

Dad loved singing - he had a lovely speaking and singing voice. He would often sing to himself merrily in the kitchen when he was making his breakfast porridge. He and Mum had a wide repertoire of war time songs and hymns they'd sing together.

Dad was very kind and was a champion of the underdog especially if he felt there was injustice. He was motivated by a desire for justice and for presenting detailed facts to speak 'truth to power'.

Dad was very honourable and loyal - if he was on your side, he'd loyally support you throughout whatever happened. He saw the best in us and made us all feel special in what we brought to him. He was quite strict when we were growing up as teenagers - looking back I realise now that because he lost his own father when he was only 15 - it must have made him very aware of doing his fatherly duty. The early loss of his father was a great informer in Dad's life as it was for his younger brother Dick who sadly died last year.

Dad was very courteous to people - and in the kind condolences we've received, many people have praised these qualities. One recollection is that he'd walk outside into the courtyard to wave you off in the car - when we go up the drive now and look in the mirror, we can imagine him standing there waving.

One of the nicest tributes a friend said of Dad was that he was very easy to like. His gentleman courtesy, lively mind and sense of humour meant he was very enjoyable company.

We are very proud of all Dad's achievements during his life.

We loved our Dad very very much and he will be forever in our hearts.

Sally Yarwood-Dillon 20/7/22

DAVID YARWOOD: GENTLEMAN AND PIONEER FOR MEN'S EQUALITY

As Chair of the ManKind Initiative charity for male victims of domestic abuse, it was with great sadness that I heard the news about David's passing. He was a supporter of the charity from the very start – from 1999 when the organisation was founded to 2001 when we became a registered charity and then continually after. In fact, he was used to join our board meetings as an observer, providing us with his wise counsel as we started to establish ourselves, setting up our helpline and deciding how we were to approach Government. His research on the Parity website alongside his Dewar Research have been such a great help to our work and we would not be where we are today without him – including providing support for over 2,500 men every year who are victims of domestic abuse.

After the news of his passing, I contacted my colleagues Tom Aldridge and Graham Starkey, both of whom have known David for over 25 years and who were with him when the charity started. They all remarked about his importance to the charity and their great friendship. Others I contacted included our trustees such as Lori Busch and Cllr Roz Willis who remember him fondly.

Just as important were the thoughts of other board members such as Professor Ben Hine (University of West London) and Dr Elizabeth Bates (University of Cumbria), both of whom are world leaders in the field of male victims of domestic abuse. They were clear on the contribution that he has made to their work directly but also in making it more acceptable to talk about male victims and their children.

We still have challenges of course, including the fact that all male victims of domestic abuse (as well as sexually abused boys, male victims of rape and forced marriage) are called victims of violence against women and girls. This is an absurd Orwellian situation which we and others are campaigning to change.

I mentioned at David's wake in Ascot about the importance of his contribution to equality he had made to every single man in the UK. This was not an exaggeration. Together with colleagues at Parity's founder organisation (Campaign for Equal State Pension Ages) ensured that there was an equal state pension age (which came into force in November 2018) and also equality of access in terms of age to prescription charges, winter fuel payments, bus travel concessions and widower's benefits. When you reflect on this, it is incredible to think that such a campaign had to exist where successive governments and society felt it was acceptable for women to receive these benefits at 60 but men had to wait until 65. Without David's brave campaigning, this still would be the situation today and this form of discrimination would still be happening on an industrial scale.

David will always be remembered by us at the ManKind Initiative for his being a true gentleman, for providing us with wise counsel and for providing us with the foundations upon which we have built the charity. For me personally, I will always miss those trips where he would join me on the train to Taunton at Reading, and we would put the world to rights on the journey there and the journey back.

RIP David

Mark Brooks OBE

Chair: ManKind Initiative

Hon, Patron: Parity

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AGM OPEN SESSION - POST SEPARATION: PROPERTY RIGHTS & WRONGS

Parity's 35th AGM was held on 18th June 2022. The speaker this year was Elizabeth Hobson. Elizabeth is a well-known and respected men's rights and issues advocate. She has previously held the positions of Director of Communications as well as Leader of the Justice for Men and Boys Party (J4MB). She has been the organiser of Messages for Men conferences to coincide with International Men's Day. Elizabeth has also given speeches at the International Conference on Men's Issues (ICMIs) that have been running annually for a few years now. These are just some of her achievements. Her speech was entitled 'Post Separation: Property Rights and Wrongs'.

Elizabeth started by saying "Thank you for joining in the divorce capital of the world to discuss post separation rights and wrongs!" The economic approach to answering the problem is both 'dry' and 'gross'. 'Dry' as civilisation has accepted a degraded, perfunctory and narrow concept of economics, lacking in moral imagination. 'Gross' as the victims of parental

separation are children and instead of protection, they are denied access to loving parents. Equally, parents who struggle to gain access to be with their children will spend all the money they can in their battle to do so. Economic justice would naturally defend family justice if it removes animosity and the incentive to minimise the other parent's time with children.

Raising children requires responsibility. Historically men and women have done this through a division of labour. We are technically past that now but instinct plus the lobbying of special interest groups prevents us from adapting to current conditions. This would include those who profit from the mess we are in and those who weaponize gyno centrism. She then gave a quick definition of gyno centrism as the human tendency to prioritise the needs and wellbeing of women over men, a result of women being the limiting factor in reproduction. Women have shorter reproductive years and can only produce one child per year whereas men can have many children in this time. Thus, if you want your society to continue you need to place more importance on protecting women in comparison.

At this point Elizabeth made a disclaimer. She said this speech was not necessarily concerned as such about the divorce rate in terms of numbers but in the disparity in the rates on men and women initiating it. Women request divorce much more often than men and this would suggest different systemic incentives/disincentives to pursue break up. She could not believe there is such a disparate ratio of unsuitable husbands compared to wives! Referring to the total amount of divorce she said it is not unusual. Although monogamy is still common today and historically, the modern-day divorce rate is proportional to rates in typical hunter/gatherer as well as British society in the past. There have always been ways to end marriages and this was tolerated. Today's statistics seem greater but only because there are more legal marriages. Historically there was a tendency among the working class not

to marry officially so when they separated it was not counted on record.

Today's unscrupulous behaviour is encouraged by the approach to dividing property. This has an impact on children and wider family. The system perversely punishes productivity. In 21st century U.K. there is still a sentimental idea of women's inability to provide for themselves, along with it being men's responsibility to do just that. This leads to unfair standards of property division. There is currently no cap on the amount of capital or value of assets to be awarded in divorce settlements. There is no time limit on how long payments to former spouses can last with respect to keeping them in conditions they were used to. There are no time limits on former spouses applying for financial settlements even if they have been reached in court already - they can go back years later and say they need more money. Pre-nuptial agreements are non-binding in the U.K. The principle of a 50/50 split in assets is disregarded when children are involved, who typically live with their mother.

China however shows there can be another way. Their 2011 interpretation of marriage law revolutionised the situation. Although previously akin to U.K. law, now assets belong to the purchasing party. Despite concerns that women would suffer, in fact adverse effects for them have weakened as they adapted to new conditions. Disputes were minimised. The incentive to marry for money was removed. Women became motivated to become independent. Does this help children though? Which parental provision is more important - money or time? People like to portray non-resident parents as irresponsible but this is rare. We are hardwired to prioritise our children's needs. We need to be free to do so.

Currently perverse economic incentives encourage resident parents to deny children what they really need - co-parenting. Resident-parents appropriate money and property in order to

relinquish responsibility for that provision. This punishes productive people and risks discouraging diligence in our population (a virtue we weaken at our peril!). It is not good enough to reject child maintenance awards in divorce as standard if the state delegates tax payers' money to fund the lifestyle of those choosing single parenthood. Some working-class resident parents stay at home to maximise their eligibility for welfare benefits. The U.K. was the first state to ratify the Universal Declaration of Human Rights in 1951 - article 16.3 states 'The family is the natural and fundamental group of society and is entitled to protection by society and the state'. If the state is potentially funding the destruction of families, we have a legal and moral obligation to exercise preventative measures - this might involve: viewing claims for benefits in more detail; obliging the state to ascertain why one parent has sole custody before awarding benefits on that basis; the state denying awards if it is found that the non-resident parent can care for the children more than they do but are denied the opportunity by the resident parent. Allegations of unfitness for parenting need to be judged by the standard 'beyond reasonable doubt' criteria and this needs to happen with urgency. The same is true if the state decides that one parent is entitled to full benefits on account of being solely able to raise the children. The obligation to protect the family might even involve a more general reduction in benefit entitlement to make refusal to work less attractive which would leave some children poorer - is that a bad thing? It may feel bad but in the words of Jiminy Cricket: "The right things may seem wrong sometimes or sometimes the wrong things may be right at the wrong time or vice versa".

In his research, moral economist Thomas Sowell found no causal link between the transference of wealth and positive outcomes for children who supposedly benefit from this. He said there was a preponderance of negative results when the incentive to develop personal human capital (ability to create

wealth) is mitigated. In a 2016 discussion published by the Hoover Institution (available on YouTube) he even suggests the pain of poverty is a useful motivator for individual self-development. Making relative poverty more comfortable, particularly in societies where the poor have smart phones, flat screen TVs and obesity problems, does not ameliorate relative poverty it only increases the intransigence of the problem. In his book 'Black rednecks and white liberals' he explores black education, achievements, myths and tragedies. One myth he dispels is that being born into the working class is the death knell for success. He points to Washington DC's Dunbar High School for black students. This had outstanding academic achievements between the 1890s - early 1950s. 1970s academics were quick to insist the students were middle class but in 1892-1893 the known occupations of parents included 51 labourers, 25 messengers, 12 janitors and just 1 doctor! As late as 1948 a third of black youngsters attending high school were attending Dunbar far more than if we only counted children of doctors and lawyers. From 1870-1955 most graduates went onto higher education (unusual for black or white students during that era). The reputation of the school was so great they did not have to take entrance examinations for Dartmouth, Harvard or other selective universities. Dunbar provided an excellent foundation for students lacking in economic privilege - returning: the first black federal judge; the first black general; the first black cabinet member; the first black senator elected since the reconstruction; and other notables such as the doctor who pioneered the use of blood plasma, the historian Carter G. Woodson, the poet Sterling Brown and jazz composer Duke Ellington. During World War Two many achieved high rank. Sowell suggests Dunbar was not alone - many schools entirely or predominately attended by economically underprivileged students have had impressive outcomes, including Albany Avenue. In the 1970s this school had black children like you would find in any ghetto and many came from broken homes.

Substantial changes to the welfare system are necessary although need to be carried out with caution in case they make things worse. Feminist Janet Street-Porter in a 2017 article for the Independent expressed moral condemnation for current divorce law saying "Why should divorce entitle a former wife to an income for life? Expecting to be supported after children finish education seems to be asking for special treatment yet most judges (men) seem to think women need help and should be allowed to live in the manner to which they have become accustomed. Marriage must be treated like a simple contractual agreement where terms of separation, division of property and financial arrangements in the event of a break up are included in the legal document that binds one person with another". In Porter's estimation the status quo that we have come to with regards to property division post separation is "a patronising load of tosh spouted in the name of chivalry". Elizabeth said in her own anti-feminist estimation the misandry and geocentricism that her feminist sisters and brothers have deliberately weaponised in their quest for control can only have encouraged most judges to be more sympathetic to divorced wives than husbands. Also, the drive for women's rights and the liberation of relational feminine aggression championed by feminism coupled with the opportunities they have in divorce can only pervert women's morality which may be very vulnerable as a result of the emotional strain of breaking up. However, despite all this, Elizabeth honestly thought it was possible we will move in the Chinese direction in the U.K. with fairer and better divorce arrangements. If and when that happens Elizabeth said "I for one will cheer!"

Elizabeth ended her speech and invited questions from the floor:

Rex asked what about couples that live in stable relationships without the legal binding of marriage?

Elizabeth said they have recently codified the idea of common law marriage as a legal standard and is now treated the same.

Regardless of the situation she said the wealth someone creates should be theirs to dispose of as they will.

John said the present situation is the party who has care of the children gets the most advantageous settlement. Children do best and thrive with affection, love and care.

Elizabeth said there is an idea that children benefit from having more financial resources available. But the evidence suggests this is not true, instead they benefit from meaningful time with both their parents.

John referred to the American schools producing excellent results despite children being poor and asked what they had in common?

Elizabeth says there was an emphasis on discipline. Parents were also encouraged to be active - if children misbehaved the mum and dad were informed and asked to speak to them.

John agreed there was evidence to show children do well academically when discipline is encouraged - uniform, tidiness, respect etc.

Elizabeth said there is a modern-day approach to building children's self-esteem and just wanting them to be happy. But it is unstable to tell them they are automatically right as they are and not push them to achieve something.

Terry asked what exactly is the disparity between female and male initiated divorce rates?

Elizabeth replied between 70-80 per cent are requested by women.

Rex wondered if that was because in people's eyes men are more guilty?

Elizabeth thought it was because women feel fairly confident, they will be looked at favourably upon divorce. Thus, there is a social acceptance of women giving up on relationships when it might be better to persevere and work things out. Women's magazines and literature compound this. A book by Naomi Wolf called 'Vagina' spends a whole chapter explaining all the things men need to do if they are to be worthy of women staying with them. No such prescriptions exist the other way round

Tom observed Elizabeth was quoting evidence to support her claims and views. He asked if people disagree still and try to make the evidence fit their narrative?

Elizabeth explained that the evidence she sees based on the writers she reads and the principles she has will often be interpreted completely differently by others.

Rex remembered that at the very beginning of her speech Elizabeth remarked there was one Parity objective she disagreed with but didn't end up mentioning. He asked what it was?

Elizabeth said Parity objective f), which states there should be more rigorous enforcement of child maintenance orders. We should be concentrating on parental contact. The enforcement of contact orders is a national shame and tragedy. It is not mandatory for resident parents to oblige. Less than 1 per cent of contact orders (even before the Covid pandemic) were upheld when they were not abided by and contact was denied, even though the judge mandated they should be. She thought maintenance orders should be abolished not enforced!

Keith remarked that his experience of Parity members shows that lack of enforcement of contact orders really is the key point. It is usually the man who suffers. Co-parenting is the key. The financial side is not something we should focus on. He felt that previously pre-nuptial agreements were problematic but are increasingly accepted by courts and were a useful tool for both parties.

Elizabeth said that people should be at liberty to make their own pre-nuptial arrangements.

Rex said the goalposts can move. There could be a long marriage where there is a division of breadwinning and homemaking. If they split, how do they come to an arrangement?

Keith asked if the solution is to be able to update pre-nuptial agreements the way you can do with wills?

Elizabeth agreed, but said that courts have the right to say they weren't being sensible when they did that and can

overrule arrangements. They shouldn't have that right. A person's signature should be respected.

David spoke of a friend that had great difficulty in getting to see his daughter as contact arrangements were not being honoured. He was having to spend thousands of pounds to fight his case still with no guarantee.

Elizabeth responded by saying that even if we accept that money is integral to children's prospects (a notion she rejects), given that the money probably would have gone to the children anyway what good does it do make parents pay money out to lawyers? It might be an idea to have two separate fields - economics dealt with by contract law and contact regarded as a public health issue. Courts are an adversarial system. Why bring money in to it?

Chandra said the interest of the child should be the priority. Only then should we look at the financial aspects.

Keith said the English family court system is adversarial. Other issues are not necessarily dealt with that way. He wondered if other countries deal with this issue differently?

Elizabeth replied her understanding is the Israelis treat this as a public health issue. This is obviously correct as it involves much emotion. She wondered if they should bring in expertise to mitigate conflict with the aim of producing better outcomes rather than set people against each other in delicate situations.

Chandra mentioned there had been articles recently in newspapers about parental alienation and wondered maybe if Parity should take it up as a topic?

Elizabeth said parental alienation is in the process of being recognised. It needs to be brought to people's attention but this could be counter-productive. She is worried about giving malevolent parents tips on how to cause damage! But there is no choice - it is a problem that needs solving and so has to be raised.

Tom felt that part of the reason why fathers lose out badly is because family courts are sympathetic to feminist, liberal and left-wing politics. He asked Elizabeth if she agreed and if she

came across people of that political stance who were sympathetic to men going through these experiences? If we are to deal with the problem we will need to talk to those people as well.

Elizabeth answered by initially referring to her own family. She said they are all traditionally left-wing but are able to have rational, objective conversations. They have all seen men shafted in the family courts and children suffer by having no access to their fathers. So, they know there are problems and would get behind ideas to mitigate them. Regarding feminists in general she said she had a less favourable opinion. There are some exceptions but usually they are quite bogged down with misandry and prejudice. The real fear is this issue will not come down to whether the ordinary person is reasonable about it but about vested interests so she wasn't sure if we could make a difference currently. She felt the whole system might need to collapse first and then be rebuilt!

Rex said Elizabeth had great expertise on this subject matter and had given us a lot of food for thought.

Finally, Ian said that he often gets pessimistic about these kinds of issues. That those who are the most determined and radical are making the decisions whilst the majority of people who disagree tend to suffer. But he sensed a growing awareness from different sources (online comments sections, YouTube channels, GB News channel etc) and a desire for change along with speaking out. Although he did not know how or when he thought that positive change therefore might somehow materialise.

Elizabeth totally agreed. She said awareness is really growing and people are changing. She pointed out that many people would now rather watch a three-hour podcast by Joe Rogan than mainstream media. Surveys also point to people regularly being very sensible. There are many encouraging signs out there. She believed in the general social progress that Steven Pinker speaks of - it is not a linear path upwards, there are bumps in the road but we do progress. She did think we would

be better off in a hundred years but was concerned with how willing the powers-that-be are to hold on to power despite our wishes - if they refuse to give way things will be very chaotic and suffering will be more than necessary on the way.

Rex asked everyone to show their appreciation for Elizabeth and officially ended the meeting.

'PARENTAL ALIENATION: A COMMON AND SERIOUS CONCERN OR A RARE OCCURRENCE OPEN TO HARMFUL CORRUPTION?'

Parental alienation is a subject well known to some parents involved in child custody battles. It has gained more attention and exposure in recent years. It is the concept of one parent painting an unfair portrayal of the other parent to a child, usually upon separation or divorce. It can involve such things as running down, defaming the character of, saying they don't care and falsely claiming abuse or maltreatment etc. It is normally perpetrated by the resident parent (as they have far more time with the children) against the non-resident parent and hence the child becomes unfairly and unjustly alienated from the parent they don't live with. This is both extremely damaging to the non-resident parent and the child. When it happens it is usually, though not exclusively, a process inflicted on children by mothers (who mainly have primary custody) against fathers. Equally, it can be the other way round and this is no less serious. People who want to draw attention to it talk of its prevalence and the need for authorities to address the problem.

However, recently there have been some who have spoken out against this concept. They say it is far rarer than it is claimed to be and it is used to counteract genuine cases of domestic abuse. They say the courts now take parental alienation very seriously and thus an abusive non-resident parent can say the resident parent's claims of abuse are false and part of a process of parental alienation. By claiming this they will win back custody of the children by courts keen to be seen to be dealing with this issue. They say that experts who formulate a diagnosis of parental alienation are not regulated and have

financial interests at play. Thus, innocent resident parents (mainly mothers) lose custody of their children and have great difficulty winning them back. Children therefore end up with the other, abusive parent this way.

The subject was covered by two articles in The Observer on the 12th June 2022 by Hannah Summers and Beatrix Campbell. One was entitled 'Families broken by unregulated court experts', the other 'How children's lives can be shattered by unregulated family court experts'. They were essentially reporting the same thing, the second being a feature length version of the first. Here are some extracts from the second:

'The Observer is aware of a number of cases in which mothers, and sometimes fathers, have lost custody of their children after being accused of 'parental alienation' (PA).' 'The concept stems from the theory of "parental alienation syndrome" coined in the 1980s by US child psychiatrist Richard Gardner. The "syndrome" went on to be largely rejected. But the idea of parental alienation as a pattern of behaviour gained traction and has been complex legal territory in English and Welsh family courts.'

'The family lawyer Jenny Beck QC said: "There are arguments about whether it is even a concept, or if it is used as a counter-allegation to domestic abuse. There are rows about how to hear the child's voice and about experts and their qualifications - and there is deep concern about unregulated experts who have an economic interest in both diagnosis and therapeutic intervention". When a finding of alienation is made, a PA expert can recommend all contact is cut with the "alienating" parent while therapy is undertaken. They can be prevented from seeing their children for several months. "Resumed contact can depend on the success of therapy recommended by the expert, mandated by the court and either paid for by the parent themselves or another source", said Dr Adrienne Barnett, senior lecturer in law at Brunel University, London. "In cases where the court instructs the 'alienating' parent to foot the bill, they can find themselves held to ransom - either pay up or risk losing their children indefinitely." In particular, there has been growing anxiety about the potential conflict of interest presented where an expert could be financially incentivised to

make a finding of PA in a system that allows them to recommend their own therapy or that of colleagues.'

'An expert report can cost as much as 10,000 pounds, but the costs of therapeutic interventions can run into tens of thousands of pounds. This is in addition to legal fees, which can prove crippling to parents embroiled in drawn-out litigation. "Several mothers reported they had lost their homes and life savings during lengthy court battles that ultimately resulted in the removal of their children," said Natalie Page of the Survivor Family Network.

'The options for a parent who believes they have been wrongly accused of alienation are limited and costly. "There is no way of getting your children back unless you admit you have alienated them" said Waxman (Claire Waxman, Victims' Commissioner for London). "Not wanting to do the therapy is seen as resisting" '.

"In some extreme cases, children have disclosed very serious abuse and were told by experts and judges they haven't been abused but rather have been 'alienated' by the parent they deem to be safe. That is potentially hugely dangerous for those children, who are at risk of being removed from their protective parent." (Quote by Claire Waxman, Victims' Commissioner for London).

'A report by the Ministry of Justice in 2020 found: "Fears of false allegations of parental alienation are clearly a barrier to victims of abuse telling the courts about their experiences" '.

'The barrister Charlotte Proudman says that parental alienation has become a "go-to tac-tic" used by alleged or found perpetrators of domestic abuse'.

These articles prompted a subsequent article that appeared in The Observer the following week, June 19th 2022 entitled 'Inquiry urged into parental alienation court experts'. The authors were again Hannah Summers and Beatrix Campbell. It spoke of how the previous week's Observer investigations had prompted further action by various groups and people. According to the piece a letter was sent to the Justice Secretary, Dominic Raab, by Victim's Commissioner for London Claire Waxman and a group of MPs - including the shadow minister for victims and youth justice, Anna McMorrin; the shadow minister for domestic violence, Jess Phillips; Tory MPs Caroline Nokes and Robert Halfon; and Labour MP Sarah

Champion. The letter essentially spoke of their concern of courts accepting recommendations from unregulated experts regarding the issue of parental alienation. They say they should be regulated so as to be properly accountable. It also highlighted concerns of parental alienation being used to counter genuine allegations of domestic abuse. The Tory peer Arminka Helic also wrote separately to the Justice Secretary with her concerns. A third letter was also sent to Raab from 85 academics, lawyers, charity leaders and health workers with the same concerns including: Survivor Family Network; Centre for Women's Justice; Feminist Law Society; Rape Crisis England and Wales; Refuge; Brunel University; University of Suffolk; Equality Now; Safe Schools Alliance.

Robert Halfon MP, who is chair of the Education Committee, told The Observer "As the MP for Harlow, I've seen some thoroughly tragic cases of domestic abuse but it always seems to me that the family court is weighted against the victim, rather than the perpetrator. There is one hurdle after another that the victim must jump over in terms of parental custody and access. Anything that can be done to ensure the court system presents a fair and real chance to limit parental access by abusers is welcome".

The article finished up by stating 'The Ministry of Justice confirmed it had received the letters and would respond in due course, saying: "The justice system would thoroughly investigate any reports of false evidence and courts have recently issued guidance on what type of expert evidence should be authorised."

We therefore now have a situation where there are two diametrically opposing points of view on the subject. Which is correct? There is no doubt the issue will continue to be debated in the future with justice for parents and children at stake. It is crucial that the truth is correctly determined, whichever it is, and that it is done so objectively, free from ideology and special interests. Only then should it be allowed to guide public policy.

ISTANBUL CONVENTION RATIFIED BY UK

A cynic might suggest that Priti Patel wanted to get the Istanbul Convention (IC) signed-off quickly before she became

at risk of losing her job under the new boss. But, to be fair, she said the ratification would be completed by end of July 2022 before Johnson resigned. And so, <https://www.coe.int/en/web/istanbul-convention/-/the-united-kingdom-ratifies-the-istanbul-convention>

I have addressed the contents of the IC several times before on this site and will not regale you again; see <http://empathygap.uk/?p=892> and <http://empathygap.uk/?p=1416> and <http://empathygap.uk/?p=4034>.

It was always inevitable that it would be ratified. The political process in the UK is entirely in thrall to feminism.

A letter from the Home Office, in my possession, addressing the concerns of an MP over ratifying the IC contains this statement,

“I would like to reassure you that my ministerial colleagues and I are satisfied that the Convention applies to male victims of these crimes as well as female ones”.

The basis of this “satisfaction” is obscure as the Convention contains almost no mention of men or boys in the context of victims, nor does any of the narrative surrounding it (such as <https://icchange.co.uk/#story>). The only mention of men as victims is the usual throw-away line,

“Recognising that domestic violence affects women disproportionately, and that men may also be victims of domestic violence”

However, that does not imply inclusion of men within the requirements of the Convention. The rest of its 25 pages gives a very emphatic indication to the contrary.

“Boys” appear only in this para,

“Parties shall take the necessary measures to encourage all members of society, especially men and boys, to contribute actively to preventing all forms of violence covered by the scope of this Convention.” (*i.e., violence against women and girls, my addition*)

The IC presents as factual, as well as Government policy, the feminist perspective on history and on society in general, not just on matters relating to domestic abuse. It promotes a wild historical distortion which encourages grievance where none is

necessary. It promotes a perspective on “gender” (sex) which is scientifically false. It promotes an aetiology of domestic abuse which has been repeatedly and definitively debunked.

The IC is part of a long-standing globalist power-play. It is deeply divisive. Divide and conquer is the MO in play, as it always was. The winners in this obscene game are not women but the elites. It’s their game.

The UK now becomes subject to examination and enforcement by a non-UK body (hence out with our democratic influence) called Grevio, - <https://www.coe.int/en/web/istanbul-convention/-/grevio-secretariat-presents-istanbul-convention-as-a-tool-to-improve-access-to-justice-for-women-victims-of-violence>

The text of the IC can be found <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e> for your delight & edification.

This entry was posted in <http://empathygap.uk>

8 thoughts on “Istanbul Convention Ratified by UK”

Greg Allan, 27th July 2022 at 10:53 am

I’ve begun to believe there is a gendercide in play and the target is boys.

Reply ↓ Nigel Johnson, 24th July 2022 at 2:23 pm

Bad news indeed. Though I am equally pessimistic about a “men’s rights” movement as such. I am heartened by the fact that a number of European governments have recognised the anti-family nature of the convention and not ratified, and the Turks have of course de-ratified. Whatever any wider movement the truth is that mostly the public are oblivious to the detail of such things and the decisions are taken by a tiny number of people. This has been the success of feminists in lobbying at the heart of the civil service and government. After all we are in the process of deciding on a new PM and Government based on the actions of no more than a couple of hundred MPs and with the final decision pending a vote by less than 200,000 of the 40 millions electorate. At the most charitable the process as involved less than 1% of the public. So too legislation and treaties.

Reply ↓ Nigel, 24th July 2022 at 2:32 pm

In short, the tactic has to be to do as the feminists do and focus on civil servants and friendly MPs. Generally speaking, in the UK mass movements have little impact unless their leaders gain the ear and get into the corridors of power.

Reply ↓Mike, 24th July 2022 at 10:13 am

People in the Men's Issues movement need to take full responsibility for this.

Collectively, not enough energy was put into explaining to politicians what was in the Convention and what the implications of signing would be.

Besides your excellent blog-posts and work by others, GPUK produced a video <https://youtu.be/64II8Ob-Oyk> and webpage <https://genderparity.uk/istanbul-convention/> a couple of years ago and we wrote to every MP a few weeks ago.

It was not enough.

The lack of 'in-group preference' in men means that we seem to be incapable of creating anything as effective as, for example, Women's Aid despite men earning the majority of the money in society and there being plenty of resources there which, if organised, would make an effective fight-back possible.

Reply ↓William Collins Post author, 24th July 2022 at 1:20 pm

FULL responsibility? Do you mean "a share in the responsibility"? The whole of society bears responsibility, but not evenly distributed. Joint top in terms of culpability are the feminists and those politicians who find it convenient to go along with their demands rather than risk being bothered by truth, justice or even the protection of children. Second in the list is almost the entirety of the population – of all involved nations. The public are also wedded to the convenience of sticking their collective heads in the sand, their ignorance being as much wilful as ill-informed. The so-called men's movement, in as far as such a thing exists, takes a rather lesser share of blame than the public at large – for at least recognising the problem and attempting, however poorly, to draw attention to it.

And don't forget that some people have been attempting to draw attention to these issues – especially as regards family court issues, which are actually inextricably linked with DV issues – for well over two decades. F4J's demonstrations were born of frustration that conventional democratic channels were not listening – as they still are not. And recall that this was preceded by the more measured, evidence collecting of the Cheltenham Group – whose massive compendium of factual evidence (1996) was summarily dismissed without even being read.

Yes, men lack in-group preference, which prevents a strong men's movement emerging. And you will not overcome this, as it is innate (and evolved for a reason). This is precisely why I doubt that the conventional political / campaigning approach to these issues will work (though I'd be happy to be proved wrong). I long ago – following the same track you have been on – came to the conclusion that these issues would only be rectified after they resulted in catastrophic social collapse or replacement by a different culture proof against feminism. Feminism, in its modern form aided by our technology, is a social pathology against which the body politic has no effective immune response. The reason is that the preferencing of women was one of the key adaptations which, confined to the domestic arena, allowed Homo sapiens to thrive. But the combination of feminism and technology has permitted this preferencing to "go large", and will never be sated because it is an innate drive (in both sexes).

Reply ↓ Mike, 24th July 2022 at 4:27 pm

Ok, maybe not 'full responsibility', perhaps your 'share in the responsibility' is better. However, the tiny level of action to oppose this Convention has led to the current result. 'The only thing needed for Woke to succeed is for god man to do nothing.' Well, we're not doing 'nothing', but we need to do 20 times more. You are doing a great job, William. My rantings do not apply to you personally. However, I do not share your pessimism.

Reply ↓ Nigel, 24th July 2022 at 9:56 pm

Though my experience is mainly in the NHS and local government my observation on the civil service and ministers is much the same. In fact, policy and guidance is rarely much influenced by politicians unless something prompts them to the effort to read stuff. In fact, civil servants in particular seem to rely very heavily on a few “experts” and use them frequently to do their policy work for them. Hence consultations are designed to be closed to familiar “experts” rather than wide consultation, because the last thing they want is some dissenting voice. So, generating some fuss and influencing a few key people to probe sufficiently to cause ripples can make a difference. In fact, one can see this in the success of feminist lobbying in the corridors of power. In fact, the success, after 2008, in being practically the only “Ring fenced” central budget (insulated from local authority cuts) has meant Refuge and Women’s Aid have garnered roughly £300millions a year and a large proportion goes on campaigns and lobbying in Westminster. Unsurprisingly this has meant all feminist lobbying always links to domestic violence in some way in the political centre. A strategy that has served them well. And one to observe and learn from.

Reply ↓ Logan, 8th August 2022 at 12:37 pm

I completely agree with William and Nigel on this, Mike. The men’s movement – even if its voice increased 30 times as you say – would just be branded misogynistic 20 times more by the feminist movement. They have absolute institutional capture, total media control of the narrative, and vast, vast amounts of funding to keep producing questionable studies and to keep lobbying. It’s like comparing China to the Federated States of Micronesia. Add to that the fact they have biology on their side, and it’s just a losing proportion. Not that it isn’t worth fighting, but really, don’t expect to ever win. As William said, short of societal collapse which would require re-emphasising the usefulness of men in the face of the victimisation narrative of women, nothing’s going to change. If you really want someone to blame – beyond the aforementioned feminists themselves and the corrupt politicians who enable them – blame the many,

many women who are well aware of the unfairness of some of the things the feminist movement pushes for (particularly wealthy, well-educated women), but still go along with it so they can feel like they're 'fighting the Patriarchy' and they deserve it because they're victims somehow. Rich girls who like to think they're battling for their Independence while big daddy Government does everything for them are a big part of this problem.

<http://empathygap.uk/?p=4134>

MEN'S HEALTH FORUM





<https://www.menshealthforum.org.uk/statistics>

PROSTATE CANCER SYMPTOMS AND TREATMENT: WHAT TO CHECK FOR

By Michelle Roberts - Digital health editor

Published 2 September 2022

Bill Turnbull presented BBC One's Breakfast programme for 15 years, later moving to Classic FM radio. Bill Turnbull's campaigning saved lives and encouraged "thousands and thousands" of men to come forward for prostate cancer testing, experts say. The broadcaster died from the disease, at the age of 66, on Wednesday.

When Turnbull revealed his diagnosis, in 2018, referrals to the NHS increased by about 20%, according to charity Prostate Cancer UK, and calls to its helpline saw a large increase. News of his death could have a similar impact.

Fry and Turnbull effect on prostate cancer. 'I lost my dad to prostate cancer, don't lose yours'. Inspiring men to be tested for the illness was the "one useful thing" he had done in his life,

Turnbull said, admitting he was "cross with myself" for the pride he had felt at not visiting a GP in four years.

What symptoms should people check for?

The common ones are:

- needing to urinate more frequently - particularly at night;
- difficulty starting to urinate, weak flow and it taking a long time
- blood in urine or semen

These symptoms can be caused by other conditions too - but it is important to have any changes checked by a doctor.

What is prostate cancer?

Part of the male reproductive system, the prostate gland, about the size of a walnut, is in the pelvis, below the bladder. It surrounds the urethra - the tube that takes urine out of the body through the penis.

Cancer is abnormal and uncontrolled cell growth. But in the prostate, it usually develops slowly. There may be no signs or symptoms for years. And some never develop any problems from it. But in others, the cancer can be aggressive and deadly. Early diagnosis and treatment is key.

Bladder and prostate

The prostate gland sits just below the bladder.

Is prostate cancer hereditary?

The chances of developing prostate cancer increase with age.

Cases in the under-50s are rare. Men whose father or brother were affected by prostate cancer are at slightly increased risk.

It is also more common in black men.

Prostate Cancer UK has a 30-second online risk checker. This video, made by the BBC in 2018, includes the warning signs to look out for <https://www.bbc.co.uk/news/health-62755001>

Is there a test?

There is no single diagnostic test. Doctors make a diagnosis based on various measures. This can include a prostate-specific antigen (PSA) blood test and a scan as well as a biopsy, which involves taking a small tissue sample to examine in the

laboratory. But PSA tests are not routinely used to screen for prostate cancer, as results can be unreliable. A high PSA does not always mean cancer. A large trial is testing whether MRI scans could be an effective way to screen men for prostate cancer, in a similar way to mammograms offered to women to check for breast cancer

What about treatment?

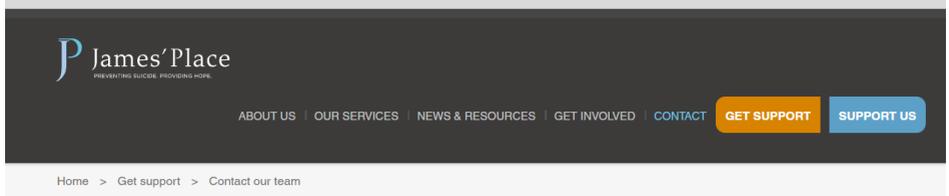
Different options are available and your doctor will be able to advise which might be most suitable. If the cancer is at an early stage and not causing symptoms or growing quickly, it might be possible to keep it under observation or "watch and wait". Some prostate cancers can be cured with treatments such as surgery and radiotherapy. Hormone therapy may also slow cancer growth.

It may also be possible to destroy the cancer cells using extreme cold (cryotherapy) or high-intensity focused ultrasound.

<https://www.bbc.co.uk/news/health-62755001#:~:text=Prostate%20cancer%20symptoms,intensity%20focused%20ultrasound.>

JAMES' PLACE CHARITY – CLOSE TO DAVID YARWOOD'S HEART

 **24/7 Crisis Textline:** Text SHOUT to 85258 |  **Prefer to talk?** Call Samaritans on 116 123



The screenshot shows the top section of the James' Place website. On the left is the logo, a stylized 'P' followed by 'James' Place' and the tagline 'PREVENTING SUICIDE. PROMOTING HOPE.' Below the logo is a navigation menu with links: 'ABOUT US', 'OUR SERVICES', 'NEWS & RESOURCES', 'GET INVOLVED', and 'CONTACT'. To the right of the menu are two buttons: 'GET SUPPORT' (orange) and 'SUPPORT US' (blue). Below the navigation bar is a breadcrumb trail: 'Home > Get support > Contact our team'.

<https://www.jamesplace.org.uk/>

Our mission is to stop men dying by suicide.

We believe death by suicide is preventable. Yet, in the UK in 2018, 6,507 people died by suicide of which three-quarters were men. Suicide is still the single leading cause of death of men under 50.

At James' Place, we want to make sure that help is available for every man facing a suicidal crisis and support them to find hope for the future.

We work with health partners to deliver a service to men whose needs have not been met by traditional services.

ONS. (2020).

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>

Our story

James' Place exists to save the lives of men in suicidal crisis. The charity was set up by Clare Milford Haven and Nick Wentworth-Stanley in 2008 after their twenty-one-year-old son, James, died by suicide ten days after a minor operation. James had no history of mental illness or depression and had sought urgent help for anxiety and suicidal thoughts, but didn't find it.

James' Place makes the experience of finding help as easy as possible. It offers men who are experiencing a suicidal crisis a brief, intensive, therapeutic intervention in a safe environment. Men who walk through the door at James' Place will be in a space where they feel valued and respected.

The first James' Place opened in June 2018 in Liverpool, the first of its kind in the UK. Our second James' Place centre opened in London in 2022, and we will open three new centres in the UK over the next three years. We have to date supported more than 800 men experiencing suicidal crisis, delivering over 2,000 therapy sessions using an innovative and safe therapeutic intervention.

Our services

We believe suicide is an avoidable death and have created a place where men in a suicidal crisis can access support, advice and help. We provide a safe therapeutic environment in which men are cared for and respected. Our mission is to help men aged 18+ who are in crisis, by providing quick and free access

to non-residential therapy and support. We offer an individualised person-centred intervention to men experiencing a suicidal crisis.

Our team works with referrers to offer an intervention to men who have arrived at a crisis point in response to predominantly social and psychological stressors, such as debt, loneliness and relationship problems. James' Place does not offer longer-term mental health or psychotherapeutic support, but supports the person practically and emotionally through the crisis period, helping them to access any longer-term support they may require via other services. We do not replicate or replace existing statutory services, but instead work closely with the local NHS and wider services to ensure the right men are referred to our service, and supported when they leave it.

To inform the design of James' Place we worked with men who had previously been at risk of suicide or who work with men at risk of suicide. We incorporated their experiences and views to ensure we created a calm, welcoming and safe environment.

James' Place is a registered charity and almost all of our funding comes from voluntary donations given by charitable trusts, companies and individual supporters.

Our centres

We believe that people who are experiencing a suicidal crisis need to be in a space where they feel, safe, valued and respected.

The therapeutic support that we provide does not need to be delivered in a cold, clinical setting, but should rather be delivered in an environment that reflects our values.

Our first centre opened in 2018 in Liverpool and we have recently opened a new centre in East London.

Our aim is to open further centres across the country.

Who we help

At James' Place, we work with men who are experiencing a suicidal crisis. By this, we mean that you might be experiencing

intense and distressing suicidal thoughts, perhaps feelings of hopelessness and despair, and you may have made plans or intend to act on your suicidal thoughts. You may have tried to hurt or kill yourself.

We support men in Merseyside and London who can self-refer or have been referred to us by a health professional such as a GP, mental health practitioner or voluntary organisation.

We support men (including those who identify as male), who are 18 and over and are willing and able to engage in talking therapy. You must be registered or eligible for registration with a GP.

What we mean by suicidal crisis

Intense and distressing suicidal thoughts

Feelings of hopelessness and despair

Plans or intent to act on their suicidal thoughts

Recent suicidal acts or attempts – with or without physical harm

Contact our team

You can contact us by phone or email. Our teams work 9:30am-5:30pm Monday-Friday (exc. Bank Holidays).

James' Place Liverpool: liverpool@jamesplace.org.uk 50 Catharine St, Liverpool L8 7NG TEL: <u>0151 303 5757</u>	James' Place London: london@jamesplace.org.uk 20 Bunhill Row, London EC1Y 8LZ TEL: <u>020 3488 8404</u>
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Alternatively, please visit our <https://www.jamesplace.org.uk/get-support/> page to make a referral to our service.

COMPLETE A REFERRAL FORM

If we are unable to help you based on these criteria and you need urgent support, please visit your local walk in centre or A&E.

You can also find support by calling Samaritans, Papyrus or CALM.

<https://www.samaritans.org/>
<https://www.papyrus-uk.org/>
<https://www.thecalmzone.net/>

Hub of hope could help you find the closest services available to you. <https://hubofhope.co.uk/>

You can find more information about mental health services by visiting the website of your local NHS Mental Health Trust.

MALE SUICIDE: MIKE MCCARTHY PRAISES SHEFFIELD TALK CLUB

Published 17 January 2022

Ross McCarthy, 31, battled depression for 10 years before taking his own life

The father of a man who took his own life has said setting up a "talking club" for men to discuss their feelings has proved "immensely helpful" to him.

Former TV journalist Mike McCarthy launched the Talk Club at Sheffield United in memory of his son Ross, who died last February.

Mr McCarthy said the South Yorkshire group had now proved so successful it was going to be expanded. Suicide is the biggest killer of men under 45 in the UK, statistics show.

Mr McCarthy, an ex-BBC and Sky News reporter from Sheffield, said he set up Talk Club because his son wrote a note before he died asking his family to campaign for better mental health support for men. Ross McCarthy, aged 31, had a young son and a fiancée, had struggled with depression for 10 years Mike McCarthy said: "Suicide is the single biggest killer of men under 45 in the UK. Three quarters of people who take their own lives in the UK are men.

"There's a real need to encourage men to speak up about their feelings. It's something we men aren't very good at. That's a generalisation, but it's true nonetheless."

Talk Club was originally founded in Bristol in 2019 and now has 35 groups in the UK, plus some in Australia and the US. The South Yorkshire group, run by Sheffield United Community

Foundation, is free and no booking is required. "It's as simple as it sounds," Mr McCarthy said. "Men just turn up and we sit and talk. There's no advice offered, it's more what we can do to look after our mental wellbeing." Mike McCarthy says the way Talk Club works is "as simple as it sounds"

Josh Blunkett, from Sheffield United Community Foundation, said he had seen for himself how men had changed after attending a few Talk Club sessions. "We've seen people who have come in really quiet and anxious, unsociable to an extent," he said. "A few weeks later, we're seeing them get to know people. They come in early just for a bit of an extra chat. It's really changed their demeanour."

Mr McCarthy said it had been "extremely gratifying" to be able to listen to men open up and talk about their feelings. He added that hopefully other sport clubs would set up their own Talk Clubs.

<https://www.bbc.co.uk/news/uk-england-south-yorkshire-60018145>

THREE PARENTS ON THE 'BLACK HOLE' OF CHILD SUICIDE

BY ALISON FREEMAN & CAROLINE LOWBRIDGE

BBC News Published 28 August

Jamie Kenny, Tilly Tomlinson and Charlie Hargreaves all took their own lives

When three fathers set off to walk 300 miles in memory of their daughters, they hoped to raise a few thousand pounds for charity. They ended up raising more than £800,000, and also helped many other bereaved parents. The BBC has spoken to a mother and two fathers who reached out to them.

"This will pass. However bad you feel now, this will pass. You are not on your own, things will likely look different tomorrow, in fact they will likely look different in a few hours."

This is what Pete Kenny would have said to his only child, Jamie, if he had been able to read his suicide note before he died. Jamie, described as a fit, bright and funny boy by his father, was only 17 when he killed himself in July 2019. He had

completed his A-levels and secured a place to study history at university. His death made no sense to his parents. "There were no signs at all," said his father, speaking at his home in Leicester. "There's an explanation [in the note] but it's not adequate basically. He's talking about problems in his relationships and feeling bad, that's essentially it. And so that makes sense, you have problems and you feel bad, the next step [suicide] is the thing that doesn't make sense.

"He was into debate, discussion, and I think I would have said, 'What's the logic of this? This doesn't hang together, does it?'"

Jamie Kenny, pictured here with his parents and cousins, was a bright and funny boy, his family said

Jamie was among 1,621 young people under 35 who took their own lives in 2019 in England and Wales, according to the Office for National Statistics. Suicide is the biggest killer of people under 35 in the UK, which Pete had no idea about until his own son's death.

"I think people imagine that these issues don't affect many people, and one of the things that really strikes me is how many young people end up in that territory," said Pete. "Because it's a difficult subject people avoid it, or they think it doesn't apply to them. Or they think that you get warning."

Pete Kenny joined the Three Dads on their walk in October 2021. Pete had been struggling to cope with his son's death for two years when he read a newspaper article about three other fathers going through the same thing.

Known as the Three Dads, Andy Airey, Mike Palmer and Tim Owen walked 300 miles in October 2021 in memory of their three daughters. They originally aimed to raise £3,000 each for suicide prevention charity Papyrus. They eventually raised more than £800,000, with Daniel Craig and Nicole Kidman each adding £10,000 to the total.

"What happened to them was what happened to us," said Pete, who decided to support the Three Dads by joining them along some of their journey. "It felt like being engaged in something useful." Tracey Hargreaves also lost her son, Charlie

Hargreaves, when he was 17. Tracey Hargreaves, who also joined the Three Dads for some of their walk, said it helped her "massively". "As soon as I saw them I just gave them a hug," she said. "It's like I'd always known them. And they were fantastic. They were just so open, friendly, let me talk.

"It was just talking to three dads who had been through exactly the same, and they just got it straight away. They understood exactly that horrible, gut-wrenching feeling you have every morning, every time you get up in the morning knowing that they're not there."

Tracey's son Charlie killed himself in May 2020, near the start of the first national coronavirus lockdown. Like Jamie, he was only 17 and his parents had no idea he was feeling suicidal. "He just lit up a room. He was an amazing lad, everybody loved Charlie," said his mother, speaking from her home in Gedney in Lincolnshire. "He wanted to go to university and do sports science. In fact, he did get into two universities, which he didn't know about, it was too late. "He had a beautiful girlfriend who he absolutely adored. He had so much to live for, and I think that's the tough bit, the fact he had a good future."

Tracey said her son "lit up a room". Charlie had some counselling a couple of years before he died, and shortly before he died he told his mother he had made another appointment.

"I did say to him we'll get you all the help in the world, because that's what we do, that's what mums do," she said.

"All teenagers or young children go through life where they have their ups and downs, but you never expect this to be the end result. Most of the time he was so happy, he made everyone laugh."

Tracey now believes suicide prevention should be embedded in the school curriculum, which is also what the Three Dads are campaigning for. "Our schools use PSHE [physical, social, health and economic] lessons to talk about knife and gun crime, the dangers of drug misuse, radicalisation and the terror threat but nothing is said about the biggest killer of young

people - suicide," said the Three Dads, explaining the motivation for their next walk on their website.

"Over 200 school-aged children take their own lives every year but we are doing nothing to equip young people with understanding and skills that could allow them to save themselves."

The Three Dads all lost daughters to suicide – Sophie Airey, Beth Palmer and Emily Owen

As part of their campaign, the Three Dads plan to visit all of the parliaments in the UK during a 600-mile fundraising walk, beginning on **World Suicide Prevention Day on 10 September**. "You get bullying, you get social media, you get everything thrown at youngsters and they just can't deal with it all," Tracey said. "Like my Charlie, it was like he was looking for perfection, and I think this is too much on youngsters nowadays, that they need to be that perfect person. "Well they don't. They don't need to be that perfect person, they need to be real, they need to be them, and I think there needs to be as much help out there as possible for them." Tilly Tomlinson appeared to be doing well when she took her own life, her family said. Martin Tomlinson, whose daughter Tilly killed herself at the age of 26, said her problems started back when she was at school, when she developed bulimia. "The schools didn't know much about it; they did their best but it was a bit swept under the carpet," he said. "They are under a heck of a lot of pressure these youngsters today. You don't know what's going on in those little minds at all. Obviously, they will try and hide things as well, so it needs trained people in the right places to suss it out."

'On the up'

Tilly was taking anti-depressant medication when she died but her parents did not know she was feeling suicidal. She had moved from Catforth in Lancashire to work for Urban Splash in Manchester. "She was doing really well, things were on the

up," her father said. "Even work said she was fine, she lit the office up, they loved her coming in, she just smiled as she came through the door." Her colleagues found her dead at her flat when they went round to check on her, after she did not log on for work one day in September 2021.

"It's made a big black hole basically and you can't fill it in," said her father, who met up with the Three Dads only three weeks after Tilly died. "Just to talk to those dads, in the same situation, it made a big difference, it really did," he said. Martin Tomlinson said he has learnt to "talk things out" since meeting the Three Dads. Talking, he said, is not something he has always been very good at. "Louise [his wife] used to talk to Tilly a lot but I was more of a 'shut it up and not let it out' sort of thing, which you learn now is completely the wrong thing to do," he said. "I've learnt to talk things out and try to show your emotions sort of thing. I'm not very good at that sort of thing but just because we're men we don't have to be big, tough and rough. "I think talking is the key." A government spokesperson said: "The death of any child is a tragedy and our deepest sympathies are with the families and friends of those who have died by suicide. We welcome the work 3 Dads Walking is doing to raise awareness of this important issue. "All children are taught about mental health as part of the mandatory relationships, sex and health education curriculum, which helps them recognise and manage issues to prevent suicide. This includes understanding that experiencing mental ill-health is not uncommon and how to seek support for themselves or someone else. Schools can also teach older pupils about suicide in an age-appropriate and sensitive way."

<https://www.bbc.co.uk/news/uk-england-leicestershire-62646892>

<https://www.papyrus-uk.org/>

LATEST SUICIDE DATA

We share the latest suicide data for nations across the UK and Republic of Ireland in our Suicide Statistics factsheets.

Please note: data reported on this page represents suicide registration. This means the figures do not necessarily reflect the date of death. Some deaths by suicide are only registered after a year or more and statistical agencies often provide updates after the initial release.

Therefore, 2020 suicide data doesn't necessarily reflect suicides during the coronavirus pandemic. For information from the Office for National Statistics about suicides that occurred in England and Wales during April-July 2020 (start of the coronavirus pandemic) please visit this release: Deaths from suicide that occurred in England and Wales - Office for National Statistics (ons.gov.uk)

The data below reflects the most up-to-date data available and will be amended as-and-when agencies provide updated statistics. Download summaries of the latest suicide data available across the UK nations and Republic of Ireland below.

For more information about how to talk about suicide responsibly and sensitively, please see - <https://www.samaritans.org/about-samaritans/media-guidelines/>

To find out more about how suicide statistics are collated, the reliability and validity of suicide data and the changes we want to see, as well as our tips on using suicide data, please visit - <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/understanding-suicide-statistics/>

England 2020

Download document: Suicides in England 2020 - [https://media.samaritans.org/documents/Suicide Stats England 2020 FINAL sLIIAyu.pdf](https://media.samaritans.org/documents/Suicide_Stats_England_2020_FINAL_sLIIAyu.pdf)

- 4912 suicides were registered in 2020*. This is 404 fewer than in 2019.
- The overall suicide rate was 10.0 per 100,000* compared to 10.8 per 100,000** in 2019.
- The male suicide rate for was 15.3 per 100,000* compared to the female suicide rate of 4.9 per 100,000*
- Males aged 45-49 continue to have the highest suicide rate (23.8 per 100,000)
- There is regional variation in the suicide rates. The North East of England had the highest suicide rate (13.3. per 100,000) in 2020, which has been the case in five out of the last 10 preceding years and saw an increase of 15.7% compared to 2019.

*It is important to note, that these deaths didn't all happen in 2020, and we will not know how many did until all deaths are officially registered- this can sometimes take a year or more.

**Rates are age-standardised, find out more in our Using Suicide Data information - <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/understanding-suicide-statistics/>

Wales 2020

Suicides in Wales 2020 Download document: - https://media.samaritans.org/documents/Suicide_Stats_Wales_2020_FINAL_JN0wn6.pdf

- 285 suicides were registered in 2020*. This is 45 fewer than in 2019.
- The overall suicide rate was 10.3 per 100,000** compared to 12.2 per 100,000** in 2019.
- The male suicide rate was 16.7 per 100,000** compared to the female suicide rate of 4.3 per 100,000**

*It is important to note, that these deaths didn't all happen in 2020, and we will not know how many did until all deaths are officially registered- this can sometimes take a year or more.

**Rates are age-standardised, find out more in our Using Suicide Data information <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/understanding-suicide-statistics/>

Scotland 2021

Suicides in Scotland 2021 Download document: - https://media.samaritans.org/documents/Suicide_Stats_Scotland_2021_WEB.pdf

- 753 suicides were registered in 2021*. This is 52 fewer than in 2020.
- The overall suicide rate was 14.0 per 100,000.
- Males remain almost 3 times as likely to die by suicide than females, but the female suicide rate has increased since 2017.
- People living in Scotland's most deprived areas remain more than three times more likely to die by suicide than those living in the least deprived areas.

*For Scotland, the registration time for deaths by suicide is around 8 days so the suicide registration data is more likely to reflect occurrences (the date of death) than other nations but is still registration data.

Northern Ireland 2020

Northern Ireland Statistics and Research Agency (NISRA) publish suicide data for NI - <https://www.nisra.gov.uk/statistics/cause-death/suicide-deaths>

- 219 suicides were registered in 2020. This is 14 more than 2019.*
- 157 males (75%) and 52 females (25%)
- The overall suicide rate was 13.3 per 100,000**
- The male suicide rate was 19.6 per 100,000** compared to the female suicide rate of 7.1 per 100,000**
- The most deprived areas had a suicide rate that was almost twice that of the least deprived areas in 2020 (19.7 per 100,000 in the most deprived, 10.8 per 100,00 in the least deprived)

*It is important to note, that these deaths didn't all happen in 2020, and we will not know how many did until all deaths are officially registered- this can sometimes take a year or more.

**Rates are age-standardised, find out more in our Using Suicide Data information - <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>

WORLD SUICIDE PREVENTION DAY

<https://www.samaritans.org/support-us/campaign/world-suicide-prevention-day/>

NOMINATIONS OPEN FOR THE NATIONAL MEN AND BOYS' AWARDS 2022

The Men and Boys Coalition is proud to announce the launch of this year's National Men and Boys Awards: celebrating excellence and exceptional achievement in the promotion of care, compassion and social change for men and boys in the UK. Deadline for nominations is midnight Friday September 30th, 2022.

The winners will be announced and presented at an in-person Awards Ceremony as part of the National Men and Boys Conference at Stoller Hall, Manchester, on Friday November 25th. Full details of the event and registration to follow.

This year, we are also inviting sponsorship partners for the awards - we have a range of sponsorship and branding

opportunities available with proportionate budgets, get in touch if this could be of interest and please share with your networks.

We are now inviting nominations for:

Campaigner of the Year

For an individual showing outstanding achievement in providing care, compassion or social change for men and boys.

Project of the Year

For a charity, organisation or project showing outstanding achievement in providing care, compassion or social change for men and boys.

Award for Public Understanding

For a writer, academic or media creative who has made an outstanding contribution to our understanding of men and boys and their needs this year.

Diversity and Inclusion Award

For any individual or organisation that has made an outstanding contribution to combatting unfair prejudice and discrimination against men and boys in all their diversity.

Lifetime Achievement Award

For any individual or organisation that has made a significant lifelong contribution to supporting men and boys.

NOMINATION AND JUDGING RULES

Anyone (whether or not an MBC member) can be nominated for any award. Anyone may make nominations.

The MBC Board of Trustees shall act as judges. MBC Trustees (and any organisations they represent) may not be nominated or receive awards. The winners shall be those judged to best represent the values and achievements to which the coalition aspires.

TO SUBMIT YOUR NOMINATIONS

Please email info@menandboyscoalition.org.uk stating:

1. Which awards category you are nominating for
2. Who you are nominating
3. A sentence or two explaining your choice

You may make as many nominations as you wish for any or all of the awards categories.

DEADLINE FOR NOMINATIONS: Midnight Friday September 30th, 2022

You can watch short videos about last year's fantastic shortlisted nominees here

<https://www.menandboyscoalition.org.uk/newsevents/nominations-open-for-the-national-men-and-boys-awards-2022/>

MEN AND BOYS' COALITION SUPPORTS DHSC TO ENGAGE MEN AND BOYS ON MENTAL HEALTH AND WELLBEING PLAN CONSULTATION

MBC were pleased to support the Department of Health and Social Care in their engagement with men and boys' organisations, after only 19% of submissions to the Mental Health and Wellbeing Plan consultation had come from men and boys.

The Coalition promoted the consultation to our members and across our channels and we are particularly grateful to the DHSC for responding to our suggestion of hosting a roundtable discussion with leading expert voices supporting men and boys' wellbeing.

The talk offered powerful insights of the drivers and causes of mental ill-health and suicide among men and boys.

You can read the Coalition's own submission to the consultation below.

c/o ManKind Initiative, Flook House, Belvedere Road, Taunton, Somerset, TA1 1BT

info@menandboyscoalition.org.uk

[@MBCoalition](https://www.menandboyscoalition.org.uk)

Submission to the Department of Health and Social Care Mental Health and Wellbeing Plan: discussion paper and call for evidence

Executive summary

A. Male suicide

- B. Men's overall health and wellbeing
- C. Role of public and policy narratives around men's mental health
- D. Barriers to men's wellbeing and help seeking
- E. Key social determinants affecting the mental and physical wellbeing of men and boys
- F. Policy recommendations
- G. Examples of best practice

Precis

The Men and Boys Coalition represents more than 100 leading academics, charities, practitioners and professionals, who all work to address gendered health and wellbeing issues disproportionately affecting men and boys – these range from educational underachievement and fatherlessness, to suicide and male victims of domestic abuse. We have a deep understanding of the structural issues and barriers impacting on the physical and mental health and wellbeing of men and boys in the UK.

The core message that we hear from our members and the men and boys' sector as a whole, is that it is not enough to say "men must talk" – it is imperative that society and policy makers take action to address the gendered issues that impact on men's mental health and wellbeing. We would like to make three central points in our submission below.

- 1) Men are willing to talk, however forums and spaces must be created that are 'male friendly' and tailored to meet men 'where they are', not where society thinks they should be. The public and public policy discourse (characterised by the highly damaging phrase "Toxic Masculinity") is shifting the blame for health problems that men and boys face -- framing them as primarily down to out-dated forms of masculinity and/or the health problems they develop are the fault of men and boys themselves due to poor lifestyle choices. This is a form of victim-blaming and must change.
- 2) Society and policy makers must listen when men express their distress over issues that may be hard to hear, such as due to lack of post-separation contact with children, or as a result of being victims of domestic abuse.
- 3) Policy action is needed to address the structural wellbeing issues such as those mentioned above, along with numerous

other grave issues of social exclusion including homelessness and educational underachievement – that are disproportionately experienced by men and boys and are the key drivers of male mental ill-health.

A public discourse that places the overwhelming onus and responsibility on men and boys to address their own health problems is an avoidance of social, statutory service and Governmental responsibility. It is an excuse for society and policy makers to not address the structural causes of men and boys' health problems and also for service providers to not create male friendly health services.

The Men and Boys Coalition is acutely aware of the intersectional issues affecting, and addressed by, our members and the men and boys they work with. This submission is intended as an overview of key issues affecting the mental health of men and boys from all backgrounds and demographics – we hope colleagues will also contribute from their own perspectives and expertise. Sources for the information and data included below are available on request.

About the Men and Boys Coalition

The Men and Boys Coalition is a registered charity which is a network of more than

100 leading academics, charities, practitioners and professionals committed to highlighting gender-specific issues affecting the well-being of men and boys.

A number of its members are experts in this field such as the founders of the Men's Section of the British Psychology Association (Dr John Barry and Martin Seagar), leading UK men's well-being organisations such as UK Men's Sheds, and a range of charities that deal with the effects on the physical and mental health of men and boys. The charity also supports organisations such as the Men's Health Forum and the Fatherhood Institute in their work.

The trustees of the Coalition are also the team behind International Men's Day in the UK (www.ukmensday.org.uk). The UK has more events marking the day than anywhere else in the world and men and boys' health is a significant feature in those events – especially those run by employers, education providers (schools, colleges and universities) and health bodies. International Men's Day in the UK has become a vitally

important national vehicle for conversations about men's physical and mental health.

The views expressed here do not necessarily represent the views of all the Coalition's members but are representative of a broad range of views held by members of the Coalition.

The issues that the Coalition focuses on all have a negative impact on the mental health of men and boys in one shape or form. These issues are:

- The high male suicide rate
- The challenges faced by boys and men at all stages of education including attainment
- Men's health, shorter life expectancy and workplace deaths
- The challenges faced by the most marginalised men and boys in society (for instance, homeless men, boys in care and the high rate of male deaths in custody)
- Male victims of violence, including sexual violence
- The challenges faced by men as parents, particularly new fathers and separated fathers
- Male victims and survivors of sexual abuse, rape, sexual exploitation, domestic abuse, forced marriage, honour-based crime, stalking and slavery
- The negative portrayal of men, boys and fathers

A) MALE SUICIDE

Male suicide continues to be a significant problem in the UK. Over 4,500 men in the UK took their own lives in 2020. With 2019 figures from Northern Ireland (157), this is the equivalent of 13 per day.

Men make up 75% of all death by suicide and it is the biggest cause of male death under 50. Whilst female suicide has halved since 1981, male suicide rates have only reduced by 20%.

While the suicide rate (deaths per 100,000) has gone down since 1981, the actual number of men (England and Wales) who have died by suicide has risen due to population growth: from 3,562 in 1981 to 3,925 in 2020. (The peak was 4,303 in 2019.)

There are also subsets within the male group:

- Males aged 45 to 49 years had the highest age-specific suicide rate at 24.1 per 100,000 male deaths (457 registered deaths) – 7.1 women (138)

- 124 male full-time students died by suicide in 2019 (England and Wales) as did 58 female students. Between 2012-2107 the rates were 5% and 2.1% respectively.
- Men in the building trades are three times more likely to take their own lives than the average UK man, with almost nine tragedies a week
- Rates of suicide for men in prison are three times higher than men not in prison

The Government's approach through a national suicide strategy (alongside approaches from others) focuses on suicide prevention: stopping men going through with their suicide ideation.

There is less research/agreement on preventing suicide ideation in the first place.

This needs to be better understanding of the actual underlying causes of these high rates and demographic differences and to draw policies from that understanding.

B) MEN'S OVERALL PHYSICAL AND MENTAL WELLBEING

The statistics on male suicide are set in a context of broader health wellbeing issues affecting men and boys.

The following is a (non-exhaustive) list of key statistics about men's wellbeing which have long been known, but with little male-focused action by Government or the NHS. (References for women's health are solely provided for context and understanding).

Many of the issues of male physical ill-health and social exclusion outlined below are both drivers of, and caused by, poor mental health creating a "negative feedback loop". While both men's and women's life expectancy are reduced by poverty, poverty has a greater negative impact on men's life expectancy than on women's.

- 5,957 men suffered alcohol-related deaths in 2020 across the UK (3,017 women) and the rates are increasing (19 per 100,000 men and 9.2 per 100,000 women);
- Men are nearly three times more likely than women to become alcohol dependent (8.7% of men are alcohol dependent compared to 3.3% of women, more likely to use (and die from) illegal drugs yet are less likely to access psychological therapies than women;

- 676,000 years of life lost every year in the working age male population in England and Wales (16-64), mostly through avoidable premature mortality and 19% of UK male deaths – around one in five – were before the age of 65;
- Men in the London Borough of Kensington and Chelsea now live 27 years longer than those in Blackpool: a seven-year increase on the life expectancy age gap calculated two years earlier;
- In September 2021, the ONS reported the first decline in male life expectancy since the 1980s;
- Among adults 16 and over, 68% of men and 60% of women were overweight or obese, with only 34% of men aged 25-34 years normal weight, compared to 44% of females
- In 2019, 32,304 men in England die prematurely from heart disease (18,837 women);
- Between March 2020 and November 2021, 93,665 men died due to Covid-19 (77,990 women). Men made up a higher portion of Covid mortality rates. For working age men there were 31 deaths per 100,000 compared with equivalent female death rates of 17 per 100,000, respectively;
- Boys lag behind girls at every stage of education and boys are around 3 times more likely to be excluded from school;
- An estimated 13.2% of men aged 16 to 24 years were NEETS (Not in Education, Employment or Training) and for women the proportion was 10%;
- Among rough sleepers 83% are male;
- Men make up 96% of the prison population.

C) THE ROLE OF PUBLIC AND POLICY NARRATIVES ON MEN'S MENTAL HEALTH AND SERVICE PROVISION

It is crucial that any solution-focused response to the issues and statistics outlined above recognises the structural barriers to men's wellbeing and help seeking.

The 2012 Big Lottery report, *Invisible Men* conclude that "one of the biggest barriers in engaging men into social projects is this overall resistance to engage with gender as an issue from a male perspective. Despite evidence that tells us that that male engagement is an issue, we do not rethink our approach. This needs to be tackled so that engagement can happen effectively."

The public discourse around men and boys' health tends to take a negative view of men, presenting a gender stereotype of stubbornly refusing to get help in order to maintain a strong and silent façade. While there may be some truth in this stereotype, there is general agreement among practitioners who specialise in working with men, that focusing on this deficit is unhelpful and the way forward is to develop male-friendly services that respond to men's strengths.

In short, men do talk, but it is imperative that services are tailored to offer approaches that work for men – for example, UK Men's Sheds "shoulder to shoulder" rather than "face to face" approach has been found to be effective for engaging men.

The public and public policy discourse (characterised by the highly damaging phrase "Toxic Masculinity") is shifting the blame for health problems that men and boys face as being primarily down to innate masculinity and/or the health problems they develop are the fault of men and boys. We believe it is vital that this phrase is not used in public discourse as it is a shaming phrase. When you front load the noun "masculinity" with a term like "toxic", what implicit message does this drip feed to boys? We know that self-esteem has a big role to play in mental health, so how is this slow drip-feed of discourse about toxic masculinity helpful for boys?

A public discourse that places the overwhelming onus and responsibility on men and boys to address their own health problems is an avoidance of social, statutory service and Governmental responsibility. It is an excuse for society and policy

makers to not address the structural causes of men and boys' health problems and also for service providers to not create male friendly health services.

In his evidence to the APPG on Men and Boys hearing on male suicide, Glen Poole, CEO of the Australian Men's Health Forum, said:

"The general cultural view of male suicide is usually quite simply that suicide is a mental health issue and that men aren't as good as women at talking about their feelings, their mental health, and that's why more men kill themselves ...men don't get help, that's why they kill themselves."

“But that really does a great disservice to men in distress who end up taking their own lives and actually when you look at the data, it’s a complete mis-analysis of the problem of suicide. The fact is, apart from the fact men are 3-times more likely to kill themselves in countries like the UK and Australia, there are some really clear distinctions between male suicide and female suicide that we need to understand before we start to seek solutions.

“The first one, is that generally, while the majority of women who die by suicide have a diagnosed mental health issue, the majority of men who suicide don’t.

“In fact depending in the data you use, in up to as many as 98% of cases, there is at least one other serious social or psychological distressor that’s going on in a man’s life, and that will be things like: relationship issues; money issues; legal issues; alcohol problems; trauma at any time in life – often unresolved trauma from childhood – so a whole range of other issues that put men on the path to suicide, other than mental health.

“It’s important to actually note that the vast majority of people who have mental health issues like depression or anxiety, don’t attempt suicide and don’t kill themselves. There’s not this straight from depression and anxiety through to suicide.

It’s much more commonly a response to a mix and it’s very rarely just one issue.

“In the vast majority of cases of cases of [male] suicide, it’s men coping with a combination of stressors that makes them feel like life is unbearable – and yet if you help them solve those distressors, the suicidality goes away. That’s not true of all male suicide, but that’s a very common feature of male suicide that we completely miss in all our policy and interventions.”

D) BARRIERS TO MEN ACCESS HELP FOR HEALTH

There are a range of barriers that prevent men and boys from accessing help with respect to their health needs. These include:

Social determinants:

- Boys’ educational attainment;
- The impact of poverty on men’s life expectancy;

- Vulnerable employment, such as risk-related occupations, redundant skills/industries and shift-based work patterns;
- Availability of social housing for single men;
- Marital status, the growth in single men (including those still living at their parent's home) and relationships (including fatherhood and family breakdown/child contact).

Intersectional factors:

The impact of race, ethnicity, sexual orientation, age, and disability alongside broader notions of 'class', 'poverty' and 'place'.

Gender Norms:

The way society responds to men and their needs, including:

- It is 'up to men' to use the health service as it is and if they do not use it, it is their fault;
- In empathy gap on male vulnerability and disadvantage;
- Strategies and initiatives that look at the symptoms causing adverse health outcomes for men rather than looking at or taking significant enough or successful action on the causes (suicide);
- Men are expected to live with their problems. For example: Men with a bad back feeling they need to turn up to a construction site for fear of 'letting the team down.';
- Men fear being ridiculed or not taken seriously. They worry about the consequences of disclosure, especially employment;
- Lack of health literacy from an early age where teenage boys are not given support on how their bodies/minds work, how to deal with emotions/anger and how to 'use' the health system (such as how to register/book an appointment with a GP without parental involvement).

A public health system that is not male-friendly:

A health system that is not built on patient needs first means health services engage men, especially working age men, less effectively. As set out in the Men's Health Forum policy document 'Levelling up men's health: The case for a men's health strategy', this lack of engagement not only means that men's allround wellbeing is under-supported by regular health check-ups, it can result in much more serious issues going untreated for longer, sometimes until it is too late.

Some of the statistics cited in the policy document include:

- Men are 32% less likely than women to visit the doctor – particularly during working age;

- Despite making up 75% of suicides, men make up 34% of those referred to IAPT therapy;
 - Men make up 76% of premature deaths from heart disease and the majority of those with Type 2 Diabetes, but are a minority of those undertaking NHS Health Checks, despite its effectiveness in detecting both conditions;
- A lack of understanding or focus on actual male help-seeking and communications

This leads to one-size-fits-all campaigns rather than gender-informed campaigns which include male orientated messaging, identity, placement (based on where men go rather than a view on where men should go) and often initial anonymised help-seeking.

E) KEY SOCIAL DETERMINANTS AFFECTING THE MENTAL AND PHYSICAL WELLBEING OF MEN AND BOYS

The Outcome and Impact of Fatherlessness

In the UK, 92% of lone-parent households are headed by mothers and about one million children in the UK are growing up without any contact with their fathers

In recent evidence to the APPG on Men and Boys, the male mentoring charity, Lads Need Dads, stated that young boys whose father is absent or who have no appropriate male role model at home have a higher risk of:

- low self-esteem;
- mental health issues;
- under-achieving at school
- dropping out of education;
- antisocial behaviour;
- substance misuse, and,
- being engaged in criminal activity.

The charity further described the emotional and behavioural impact of absent fathers on boys which they see every day with the boys that present to LND:

- a sense of rejection which can lead to unworthiness, self-doubt/hatred;
- a feeling of being adrift, rudderless and lost;
- a crisis of identity because they do not have not have a male at home to identify with (in the school system this is compounded as it is a “man desert” particularly in the early years/nursery and primary sector);

- they are susceptible to anger, bouts of rage, a lack of motivation and have difficulties in forming relationships;
- they are at higher risk of joining gangs because boys have a natural, innate sense of wanting to belong;
- they develop a poor judge of character;
- they are more likely to underachieve in their studies, and,
- they are at risk of developing addictions (in an attempt to fill voids in their life).

Impact of family separation and lack of contact with children

- Kpsowa (2000): Divorced and separated men were found to be nearly 2.4 times more likely to die by suicide than their married counterparts
- Kpsowa (2003): When comparing gender differences, divorced men were nearly 9.7 times more likely to die by suicide than divorced women. In other words, for every divorced woman that dies by suicide, more than nine divorced men died by suicide.
- Evans et al. (2016) reviewed 29 studies comparing gender differences in suicide risk following relationship breakdown. 17 studies found that men were at greater risk of suicide following relationship breakdown (while 6 suggested women were at greater risk and 6 found no gender difference).

Educational underachievement

Boys are behind girls at every level of education, with young men 35% less likely to attend university than young women.

A very common problem for some boys, which often starts in primary school, is that they fall behind with literacy and numeracy skills and they then lose hope of catching up. They can become despondent and so give up trying. This problem particularly affects poor working-class boys, who also have the lowest attainment outcomes.

If this is not attended to early enough it is carried forward into secondary schools. It becomes a downward spiral and highlights three critical issues that need to be resourced:

- Early detection systems to spot barriers to learning;
- Effective and individually-tailored interventions to address these barriers, and,
- Programmes and initiatives to develop and sustain higher levels of boys' resilience ("Bouncebackability") in terms of educational development – to handle bumps in the road in their learning.

Some schools involved in the University of Belfast's Taking Boys Seriously 2 (TBS2) boys' education research project, have looked at the communication between feeder primary and secondary schools to ensure early learning issues are detected and resolved. This is to make sure they do not become deep seated and intractable. In addition, mentoring for Year 8 boys has played a crucial role in this.

Community interventions are really important. One example cited by TBS2 is the 'Box Clever' project in Monkstown, County Antrim. This reaches out to the most hard-to-reach and disengaged boys: Year 11 school refusers. Boys turn up twice a week and receive life coaching in areas of improvement from specially trained youth workers. The 'deal' is they can only join if they go to school for the other three days and do not get into trouble. Boys routinely exit with 5 GCSEs and successfully go onto post-16 education or employment.

Imprisonment

Men make up 96% of the prison population.

Dr Naomi Murphy, is a Consultant Clinical & Forensic Psychologist and the Clinical Director of the Fens Offender Personality Disorder Pathway Service based in the high secure prison, HMP Whitemoor. In her evidence to the APPG on Men and Boys for the 'A Boy Today' report, Dr Murphy stated that while we are very familiar with the idea that women in prison are a traumatised population and that prison may not be the right solution to how we deal with and support women who have offended, the same is very often true for male inmates.

Her team has collected data in the prison service on what is known about the history of men referred to her service, which is perhaps the 'last chance saloon' for men in prison.

By the time men get to her they have typically all been assessed on multiple occasions by a probation officer and by a psychologist and many of them have multiple reports. However, Professor Murphy states:

"We have an idea about what their history is when they come to us, yet six months after they've been with us we see a statistically significant increase in the kind of disclosures that men talk about. These are typically disclosures of vulnerability. The men are highly resistant to sharing stories about their vulnerability, about trauma early on in life and mostly men take

much longer to talk about that than they talk about their offending.

We also know that some men take much longer than six months to disclose.”

Of those being supported by Dr Murphy, she stated that at least:

- 73% have experienced abuse;
- 81% have been physically or emotionally neglected;
- 81% have been subjected to emotional abuse such as active denigration by their parents.
- 66% have been sexually abused; often been sexually abused by multiple perpetrators not just one individual (at multiple points during their childhood) and of those 52% have been sexually abused by a woman, or women, during that time;
- 44% of men have witnessed domestic violence;
- 53% were spent periods in local authority care;
- 77% were bullied during childhood;
- 16% identified themselves as being raised in poverty by not having enough food, not having adequate clothing and not having things like washing machines, and,
- 20% were pressurised by older peers to engage in violence or crime.

Dr Murphy stated that the stories that she hears in prison from men relating to child abuse are not dissimilar to the kinds of accounts that were heard from the girls in the Rochdale and Rotherham child abuse scandals. This includes where child abuse took place where older peers were befriending them and were offering money and incentives to engage in criminal activity.

F) POLICY RECOMMENDATIONS: THE CASE FOR A UK MEN'S HEALTH STRATEGY

In the UK there is little in the way of proactively planning for or reacting to emerging issues facing men's mental and physical health.

For example, Covid mortality rates for working age men and women were respectively 31 and 17 per 100,000. Unfortunately, we have had minimal discussion, either public, political or in the health community on the causes and how to address this gender-related issue.

In 2019 the Women and Equalities Committee inquiry into the mental health of men and boys recommended the development and roll out of a dedicated national Men's Health Strategy.

A Men's Health Strategy will be a more effective way of improving the mental and physical health of all men and boys throughout their life course.

Some examples showing why this is a better solution:

- If we simply address the problems of suicide, alcoholism or obesity as separate issues, we will fail to see that they often result from similar circumstances;
- If we treat differences in life expectancy, work-related deaths/injuries and prostate cancer deaths separately, and do not take into account intersectional matters such as poverty, class, occupations and place then we may fail to address the real causes

There has been a growing awareness of the health and wellbeing needs of men and how these should be best met by service providers, community action and through research – but this has not been fed through into national or local health policies, plans and actions.

Much of the recent positive development in men's health has been ad hoc and delivered by community organisations starting from scratch. These include

organisations such as UK Men's Sheds, Andy Man's Club, the Lions Barber Collective, Movember and Save Dave (Domestic Abuse). This grassroots activity is welcomed but it is unfortunate that they are operating in a health system with no overall men's health strategy that supports and underpins their work.

In addition, no one is accountable for men's mental or physical health at a national level from a ministerial perspective through to divisions within the Department of

Health and Social Care, Office for Health Improvement and Disparities or the Government Equalities Office. The same can be broadly said at a regional /local level with no known people/roles with specific accountability with Clinical Commissioning Groups, Mental Health Trust's and within local authorities.

It is noted and very welcome, that the Government's new Women's Health Strategy proposed the appointment of a Women's Health Ambassador. The Government should also

propose a Men's Health Ambassador as one of the key components of a Men's Health Strategy.

A Men's Health Strategy would pull these threads together through creating a holistic and gender-informed approach to men's health across their life course.

Some claim existing policies cover the need, that we should just improve healthcare for all. However, as the evidence here shows, men and women each have specific health needs and challenges.

Professor Alan White, Founder and Co-director of the Centre for Men's Health at Leeds Beckett University, now Emeritus Professor of Men's Health at the University, responded to these claims: "It is true that there have been many areas of women's health that have been under-researched and poorly managed, especially around their reproductive health. It is also the case that there are many aspects of men's lives that have been historically overlooked and show similar gender inequities and inequalities, which suggest that a more targeted approach is needed because current policy is not working. This has not been helped by a lack of any formal statement on men's health by the government since a chapter on men's health in the 1992 Chief Medical Officer's annual report."

G) EXAMPLES OF RECENT AND EFFECTIVE COMMUNITY ACTIONS ON MEN'S HEALTH

In any men's health strategy, community-based projects and organisations must always be included and the lessons from their work learnt. Much of the recent and welcome development in men's health has been ad hoc and delivered by community organisations starting from scratch. These include successful organisations such as:

- UK Men's Sheds
- Andy's Man Club
- The Lions Barber Collective
- Save Dave (Domestic Abuse)
- Male Survivors Partnership
- Male Domestic Abuse Network
- Black Men's Health UK
- Mental health 'First-aiders'
- Football Fans in Training (weight loss initiative)
- Men's Health Unlocked in Leeds

It is vital they have the opportunity of being included in any development of a mental health plan that meets the needs of men and also that there are places for them on any longer term official advisory/expert roles.

PARITY MEMBERSHIP

PARITY is one of few charities in the UK whose sole constitutional remit is to try to protect the equal rights of both men and women in our society. Our work is important despite ever more equality legislation which often creates unfairly new losers as well as winners.

PARITY is run entirely by volunteers and is wholly dependent on subscriptions and donations to fund its work. **Our subscription rate remains at minimum of £10 per annum. (Concessionary rates for younger members in Education and those in hardship).**

We hope therefore that you will join us or continue to support us, either by sending a cheque or completing a Standing Order Form. Please use the loose form enclosed and complete accordingly. Alternatively, you may pay online via DONATE button on our website with your Reference Number: your surname/ post code/ initials (if more than one member at the address).

If you are a tax-payer, please do consider also signing the Gift Aid form. **Please therefore send in your renewal subscriptions for 2022 now.** Please disregard this reminder if you have already renewed your membership for 2022 or pay by Standing Order.

In order to ease record keeping, it is hoped that members will agree to renew their subscriptions in future at the beginning of each calendar year rather than on their anniversary of joining.

FUNDING PARITY - GIFT AID

PARITY's work and effectiveness depends largely on the funds we have available. We are grateful to our current members and all those who have made donations in the past.

Boost your donation by 25p of Gift Aid for every £1 you donate

Such income can be increased by applying to HMRC for Gift Aid, a method of giving tax relief for donations.

A donor must have paid tax at least equal to the amount being reclaimed by the charity. The donor is then entitled to tax relief on the amount of the donation plus the amount reclaimed by the charity (the gross amount).

In order to operate the Gift Aid scheme, charities are required to keep records, which can be audited by HMRC to show that their tax reclaims are accurate. In other words, they must keep records that enable them to show an audit trail linking each donation to an identifiable donor who has given a valid Gift Aid declaration, and that all the other conditions for the tax relief are satisfied. If a charity does not keep adequate records it may be required to pay back to HMRC tax reclaimed

Before a charity can reclaim tax on a donation by an individual, it must have received a Gift Aid declaration from the donor containing certain information and confirming that the donation is to be treated as a Gift Aid donation. Without this declaration, a donation from an individual will not qualify under the scheme.

Donors are able to give the charity a declaration in advance of their donation, at the time of their donation, or **up to four years after their donation**. It can cover a single donation or any number of donations. A declaration can be in writing (e.g. by post, by fax or electronically through the Internet) or orally (e.g. over the phone or face to face).

In order to keep PARITY's records up to date we would be grateful if Members could send a communication (by email or post) that includes the information and statement as shown on the last page. Such information will be kept securely in accordance with PARITY's privacy policy.

PARITY LEGACIES?

PARITY's work and effectiveness depends largely on the funds we have available. In this respect, we are grateful to all those who have made donations in the past. Funds for our work could also be helped, of course, with legacies. Perhaps

members who are able to would like to consider remembering us also in this way when writing or amending their will.

Thank You

GIFT AID DECLARATION

I want to Gift Aid any donations I make in the future or have made in the past 4 years to: **PARITY**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My Details

Name (CAPS)

Address.....

.....

TownPostcode

Tel NoE-mail

TO :- **Honorary Treasurer PARITY, 10A Kennard Street,
London E16 2HR.**

OR EMAIL **treasury@parity-uk.org**

Please notify PARITY if you want to cancel this declaration or change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

FUNDING PARITY - STANDING ORDERS

We would also take this opportunity to ask members to consider paying their membership and any additional donation by Standing Order if they are not already doing so – **preferably at the beginning of the year**. A suggested wording to be sent to your bank can be found below.

For payment by Standing Order please complete the following details:

To: The Manager,

.....
.....

(Name and address of your Bank)

Please pay to the Santander Business PARITY Account No. 1909 1904, Sort Code 090154 from my Account No.....

The sum of £ on (date) / / and then the sum of £ on 5th January annually.

Date

Signature

.....

Name (CAPS.....

END