MEN'S HEALTH FACTSHEET

Men's Mental Health

Recognising changes, starting a conversation and finding the right support

The short version

Mental health difficulties can affect anyone. In men, distress may appear as low mood or anxiety, but it can also show through irritability, withdrawal, disrupted sleep, physical symptoms, drinking more, risk-taking or losing interest in usual activities. You do not need to wait for a crisis or have a diagnosis before asking for support.

Mental health is part of whole-person health

Mental health describes emotional, psychological and social wellbeing. It influences how we think, feel, relate to others and respond to everyday demands. Mental health can change over time and is shaped by health, relationships, work, money, housing, discrimination, caring responsibilities, bereavement, trauma, loneliness and access to support. Struggling is not a failure of character or willpower.

Changes that may deserve attention

- persistent sadness, emptiness or hopelessness
- irritability, anger or being unusually short-tempered
- poor sleep, sleeping much more or ongoing exhaustion
- loss of interest, motivation, confidence or enjoyment
- increasing alcohol, drug use, gambling or risk-taking
- worry, fear, panic or feeling constantly on edge
- withdrawing from family, friends or activities
- difficulty concentrating, deciding or remembering
- changes in appetite, weight, sex drive or self-care
- thoughts of self-harm, death or suicide

One change does not automatically mean a mental health condition. Look at how long it has lasted, how intense it feels and whether it is affecting work, relationships, sleep, safety or daily life. Physical illnesses and medicines can also affect mood, energy and thinking, so a healthcare review may be important.

Common difficulties

Stress and overwhelm	Pressure can affect sleep, concentration, mood, digestion, pain, blood pressure and relationships. Long-term stress may be linked to circumstances that cannot be solved by relaxation advice alone.
Anxiety and panic	Anxiety may involve persistent worry, racing thoughts, avoidance, restlessness, muscle tension, breathlessness, sweating, dizziness, stomach symptoms or panic attacks.
Depression	Depression can include low mood, hopelessness, guilt, reduced enjoyment, low motivation, poor concentration, sleep or appetite changes and thoughts of death. Some men notice irritability or withdrawal more than sadness.
Trauma-related difficulties	After traumatic experiences, people may have intrusive memories, nightmares, avoidance, emotional numbness, hypervigilance or a strong physical alarm response. Effective professional support is available.
Alcohol, drugs and gambling	These can be used to cope with difficult feelings but may worsen sleep, mood, anxiety, finances, relationships and safety. Support should address both the behaviour and what is driving it.

Why men may delay seeking help

- beliefs that men should cope alone, remain strong or avoid showing vulnerability
- difficulty recognising or finding words for emotional distress
- fear of judgement, confidentiality concerns or worries about work and family roles
- previous poor experiences of services or support that did not feel relevant
- practical barriers such as time, cost, transport, disability or long waiting lists

Support should fit the person

Some men prefer a direct conversation, activity-based peer support, a walk-and-talk group, online contact or practical problem-solving before discussing feelings in depth. There is no single correct way to begin.

Starting a conversation

If you are struggling	Choose someone reasonably safe and say what you have noticed: 'I haven't felt like myself lately', 'I'm not coping as well as usual' or 'I need help working out what to do next.' You can write it down or send a message if speaking feels difficult.
If you are worried about someone	Mention specific changes without criticism: 'You've seemed quieter and exhausted lately. How are you really doing?' Listen, take the answer seriously and avoid immediately trying to fix everything.
Ask directly about safety	If you think someone may be suicidal, ask clearly whether they are thinking about suicide or harming themselves. Asking does not put the idea into their head. If there is immediate danger, stay with them where safe and get emergency help.
Follow up	A brief message, shared activity or offer to help arrange an appointment can matter. Do not promise secrecy when someone's safety is at serious risk.

Where to seek non-urgent support

GP practice	A GP can assess symptoms, consider physical health or medicine-related causes, discuss treatment and refer to suitable services.
NHS Talking Therapies	Adults in England can usually self-refer for confidential, evidence-based help with anxiety and depression without first seeing a GP. Availability and eligibility vary locally.
Peer and community support	Men's groups, activity groups, community organisations, faith communities and condition-specific charities may reduce isolation and provide practical connection. They complement rather than replace clinical care when it is needed.
Workplace or education support	An employee assistance programme, occupational health service, student wellbeing team or trusted manager may help with adjustments and access to support.

Everyday actions that may support recovery

- keep one manageable daily routine
- protect regular sleep and waking times
- use movement suited to your health and ability
- break problems into small next steps
- maintain contact with at least one trusted person
- eat and drink regularly where possible
- reduce alcohol or substances used to cope
- seek help with debt, housing, work or caring pressures

These actions can support wellbeing, but they are not a substitute for treatment or changes to harmful circumstances. Recovery is rarely a straight line.

Urgent help and mental health emergencies

Call 999 or go to A&E now

Do this if someone's life is at risk, they have seriously harmed themselves or taken an overdose, or you do not feel able to keep yourself or someone else safe. A mental health emergency should be treated as seriously as a physical emergency.

Urgent, but not an immediate emergency	Use NHS 111 online or call 111 and select the mental health option. You can also ask your GP practice for an urgent appointment.
Samaritans	Call 116 123 free, day or night, 365 days a year, if you need a safe place to talk about whatever you are facing.
Psychosis symptoms	Seek prompt medical help for hallucinations, delusions, severe confusion or behaviour suggesting someone has lost contact with reality, especially when symptoms are new or safety is uncertain.

Making a simple safety plan

- Write down personal warning signs that a crisis may be developing.
- List actions and places that can help you get through the next few hours safely.
- Name people and professional services you can contact, including out-of-hours options.
- Reduce access to anything you might use to harm yourself and ask someone trusted to help.
- Keep the plan somewhere easy to find and share it with people supporting you.

How Health Matters UK can support you

Health Matters UK can offer general wellbeing education, compassionate listening, help you notice patterns and barriers, and support realistic next steps. We can help you prepare questions and identify appropriate services. We do not diagnose mental illness, provide crisis intervention, psychotherapy or psychiatric treatment, and we do not replace a GP or regulated mental-health professional.

Men's mental health matters to us

No man should have to reach breaking point before his distress is taken seriously. Asking for help is not weakness. It is a practical step towards safety, understanding and recovery - and support should respect the whole person and the realities of his life.

Important information

This factsheet provides general education and does not replace personalised medical advice, diagnosis or treatment. If you are worried about your mental health, contact your GP or an appropriate service. Use NHS 111 for urgent mental-health help and call 999 or go to A&E when life is at risk or someone cannot be kept safe.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, UK Government, Office for National Statistics and recognised UK mental-health resources. External guidance remains the responsibility of the issuing organisation.

• NHS. Where to get urgent help for mental health. nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

• NHS. Anxiety, fear and panic. nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/

• NHS. How to cope with depression. nhs.uk/mental-health/self-help/tips-and-support/cope-with-depression/

• NHS. Find NHS Talking Therapies for anxiety and depression. nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/

• Department of Health and Social Care. Suicide prevention strategy for England: 2023 to 2028. gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028

• Department of Health and Social Care. Men's health: a strategic vision for England, 2025. gov.uk/government/publications/mens-health-strategy-for-england/

• Office for National Statistics. Suicides in England and Wales: 2025 registrations. ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest

• Samaritans. Contact a Samaritan. samaritans.org/how-we-can-help/contact-samaritan/

• Mind. How to get help in a mental health crisis, updated December 2025. mind.org.uk/information-support/

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