The Real Face of Men's Health

2026 SCOTLAND REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

Introducing Movember

Twenty-two years ago, a bristly idea was born in Melbourne, Australia, igniting a movement that would transcend borders and change the face of men's health forever. The movement, known as Movember, united people from all walks of life, sparked billions of important conversations, raised vital funds and shattered the silence surrounding men's health issues.

Since 2003, we have challenged the status quo, supported men's health research and transformed the way that health services reach, respond, and retain men in healthcare. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination.

We have raised over £945m for men's health globally, thanks to a passionate community of Movember supporters. These critical funds have contributed to more than 1,300 men's health projects worldwide, including hundreds of advancements in biomedical research and the creation of some of the world's largest prostate cancer registries, built on the real-life experiences of hundreds of thousands of men.

Since taking on mental health and suicide prevention in 2006, Movember has emphasised the importance of better social connections, early recognition of men's mental health challenges, and improving clinician competencies in responding to men in distress. We want to ensure that more men know what to do when mental health challenges arise, and that their supporters are better prepared to step in when needed.

Movember will continue championing new research, cutting-edge treatments, and community programmes to promote healthy behaviours in men. We advocate for inclusive healthcare systems that are tailored to the unique needs of men, women, and gender-diverse people from wide-ranging cultural backgrounds. In doing so, we hope to create a future where barriers to healthy living are overcome, stigmas are removed, and everyone has an equal opportunity to live a long, healthy life.

By improving men's health, we can have a profoundly positive impact on women, families, and society. Healthier men mean a healthier world.

To learn more, please visit Movember.com or contact advocacy@movember.com.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 20-year legacy of investment in men's physical and mental health, the Movember Institute of Men's Health launched in 2023 and has ambitious goals to enhance quality of life for millions of men worldwide. Uniting global experts in the field of men's health, the Institute will accelerate research and translate it into tangible, real-world outcomes.

The Institute aims to elevate the profile of men's health with policymakers so that it is considered proportionally to the burden of disease experienced by men's health. By focusing on key areas such as men's mental health, prostate and testicular cancers, gender responsive healthcare, and men's health literacy, the Movember Institute of Men's Health aims to combat preventable risk factors, which contribute to 77% of male deaths and 54% of healthy years of life lost (IHME, 2019). In doing so, we aim to make sustainable gains to men's health internationally.

A NOTE ON STANDING BESIDE OTHERS IN GENDERED HEALTH

This report focuses on the connections between gender and health. On average, globally, men die at a younger age than women, while women spend a significantly greater proportion of their lives in poor health and with disabilities compared to men. Trans- and non-binary people have disproportionately worse health outcomes compared to the general population.

None of these outcomes are acceptable.

Throughout this report, we highlight the health inequities faced by men and examine the impact of men's poor health on others, including women. We also draw on data that shows health disparities between men and women to paint a clearer picture of men's health and to highlight the economic costs of men's poor health.

However, we do not address the economic costs related to the health of trans and non-binary people, women's health, or the many areas where women's health is underserved, such as underdiagnosis of coronary heart disease. We acknowledge and support the work of leaders in the fields of gender and health who have campaigned for decades to raise awareness of gender-based inequities in health and health outcomes.

In the same way that the Movember campaign followed the trail-blazing women raising funds for breast cancer care, we follow in the footsteps of, and owe a huge debt to, women and LGBTQ+ people. These advocates have shown the importance of an approach that takes full account of sex and gender. There is no binary choice in gendered health. We stand alongside and in solidarity with other organisations, including women's health advocates, in advocating for the universal recognition of gender as a social determinant of health and in prioritising investment in healthcare that acknowledges and addresses the health inequities and diverse needs of women, men and non-binary people.

OUR REPORT PARTNERS

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Executive Summary

Men in Scotland are dying too young, too often, and in many cases from avoidable causes.

Today, a boy born in Scotland can expect to live 77.4 years, the lowest male life expectancy of any UK nation and around four years less than women. But the sharper story is premature death and high rates of poor health in later years. In 2024,[1] 12,982 men died before their 75th birthday; for the average man, only 59 of those years are likely to be spent in good health. Men are 1.5 times more likely than women to die prematurely, a gap that holds in every single Scottish Parliamentary constituency.

This report explores the disease groups that are driving premature mortality in Scotland's men and the impact this is having on individuals, families and society.

The cost is not only human. New analysis puts the annual cost of the leading causes of lost life in Scottish men at around £1.73 billion – roughly £642 for every man in Scotland, every year – of which an estimated 90% stems from preventable disease.

Movember's *UK Real Face of Men's Health* report (2024) sets out the wider evidence on poor men's health, men's experiences of healthcare, masculine norms and gender-responsive health policy. This report builds on that evidence, focusing on Scottish data, policy context, inequalities and community examples.

While Scotland has a Women's Health Plan, extended to 2029, which should be welcomed and protected, there is no equivalent for men. Yet gender-responsive health policy is possible: Ireland, Australia and Brazil, are pioneers in implementing men's health policies; England launched a Men's Health Strategy in 2025; and Canada has also committed to a national men's health strategy. As our understanding of gender and health grows, and the discourse around what it means to be a young man or a male role model in Scotland expands, it is widely recognised that gender-responsive health policy is not a zero-sum game. Healthier men support healthier communities.

In summarising the available evidence on men's health in Scotland, this report puts forward the case for the Scottish Government to deliver a fully costed, cross-government Men's Health Action Plan. Drawing on the 5R Framework for men's health policy published in the *Lancet Public Health* (Galdas et al., 2025) – Research, Reach, Respond, Retain and Relational – this action plan should improve the evidence base, reach men where they are, respond to how men present, retain men in care, and recognise the relationships, families and communities around them. It should be an Action Plan that:

- Puts men's health on a formal footing of accountability.
- Funds prevention in the settings and at the life stages where men can actually be reached.
- Builds the data to know what works

The question is no longer whether Scotland needs a dedicated Men's Health Action Plan, but whether this Parliament is prepared to deliver one.

1. The report utilises 2024 age-standardised premature mortality data from the National Records of Scotland which is the latest available at time of writing.

Introduction from Graham

My mum died about 14 years ago, and if I am honest, I still struggle with it.

A few years later, I became seriously unwell myself. Eventually, doctors discovered that I carried a rare genetic condition connected to my mum's health.

My mum had experienced various health problems, so if I became ill, or a doctor said they were not quite sure what was happening, my mind would just spiral. I would think: that's going to be me.

I can be the world's worst overthinker. I would sit on things. Keep them down. Tell myself I was fine.

I think that is probably quite a male Scottish thing. You grow up with: you're fine. It's life. Just get on with it.

There was a point when I was really struggling and spoke to my GP. I was told the waiting list was around a year and that I would not be a priority.

The truth is, I had not phoned my doctor just to say: "I'm depressed." I did not really recognise it that way. I was more likely to be short-tempered or snappy.

My wife would be the first person to tell you that I could be a nightmare when I was struggling. The strange thing is, I never felt uncomfortable talking to her.

I just did not know how to.

I could not explain how I was feeling without getting frustrated. And because I was not talking, she did not know what was happening in my head either.

She told me later that there were times when she was fearful about where my mind was going. That she did not know if she would see me again.

The support that changed things for me did not start in a doctor's surgery. It started through football.

Three years ago, I joined Football Fans in Training through the Rangers Foundation. One week, SAMH (Scottish Action for Mental Health) came in to talk about mental health. Afterwards, the coach suggested I try The Changing Room, a SAMH programme funded by Movember.

At first, it was a room full of strangers. Then people started talking.

They were just guys like me – talking about the same things that I was not talking about.

There was no judgement. Nothing was forced. It was just real conversations.

One of the guys had sat beside me for the entire 12-week fitness programme. After we talked, we realised our stories were practically like-for-like.

I remember thinking: I have sat beside you for 12 weeks and I never knew.

For the first time, I started opening up about how I actually felt.

I have done The Changing Room twice now, alongside other support through SAMH. I've learnt I may never completely get rid of those thoughts, but now I know how to deal with them.

I take a breather. Go for a walk. Take the dog out. Most importantly, I can talk.

My wife sees the difference. We started going for walks together so we could talk more easily. She knows what is happening now instead of having to guess.

The guys I met through The Changing Room are still part of my life too.

Some of us meet for breakfast every week at McDonald's near Ibrox. Somebody always asks: "How are you?"

I do not automatically say "fine" anymore. If I am having a bad day, I say I am having a bad day.

Sometimes somebody will take me away from the football pitch and say: "Right, tell me about your bad day." I never had that before.

If I had never found these programmes, I genuinely do not know where I would be.

I found them almost by chance. There will be men across Scotland who, like me, may not recognise what they are feeling or know how to ask for help.

We need to reach them in places where they already feel comfortable.

That starts with helping boys grow up knowing that talking about how they feel is normal, while making sure men who grew up without that language are not left behind.

Scotland does not need to start again. The Scottish Government should learn from what works, back it and build a system that reaches men where they are – while making sure the right support is there when they do ask for help.

For me, that support was The Changing Room.

"You're fine, just get on with it" cannot continue to be our answer to men's health. We know more can be done. Now we need to do it.

Graham, age 42, from Kilwinning

Why Scotland? Why now?

THE STATE OF MEN'S HEALTH IN SCOTLAND

Compared with the UK as a whole, Scotland has consistently lower male life expectancy and healthy life expectancy, with particularly high rates of premature mortality from preventable causes (NRS, 2026). Male life expectancy is four years lower than women, while the gap in healthy life expectancy between men in Scotland's most and least deprived communities has reached 26 years. Income, employment, housing, social connections and access to health and social care services all shape whether men remain well, seek help early and receive care that works for them. These inequalities are strongly associated with deprivation and are most pronounced in parts of west and central Scotland.

In 2024, 518 men died by probable suicide; the male suicide rate is nearly three times the rate of suicide in women (NRS, 2025a). Prostate cancer is Scotland's most commonly diagnosed cancer, with the incidence rate among men rising by 33 per cent between 2012 and 2023 (Public Health Scotland, 2025). Behind these figures are families, workplaces and communities carrying the consequences of ill health, premature death and delayed access to support.

Scotland's poor health outcomes are well publicised, but so far the policy response to poor outcomes in health for men and boys has not materialised.

The men's health sector has long argued for bold and drastic action to tackle these outcomes, backed by accountable leadership, better sex-disaggregated data and sustained investment in prevention. They also want to see joined-up services designed around how and where men engage, including workplaces, sports clubs, community organisations and peer networks, alongside earlier support for mental health, addiction and cancer. The central message is clear: improving men's health requires action across government and public services, not simply asking individual men to behave differently.

A POLITICAL OPPORTUNITY

Scotland is at a decision point. A new parliamentary term creates a rare opportunity for MSPs to move men's health from the margins of public policy into the mainstream of prevention, equality and health-service reform. Men in Scotland continue to experience stark and avoidable health inequalities, including higher exposure to suicide, addiction, preventable disease and premature death (Public Health Scotland, 2025; National Records of Scotland, 2025; University of Glasgow, 2022). Without a dedicated focus on men and boys, national ambitions to reduce health inequalities, shift care upstream and build a more sustainable health service will remain unfulfilled.

Men's health outcomes have been stubbornly poor in Scotland and amongst the worst in Europe, and other countries such as Ireland and England are already leading the way by creating dedicated and celebrated men's health strategies.

The political and fiscal case is stronger than ever. The Scottish Government is now focused on public service reform, and its prevention agenda is already moving towards earlier intervention, community-based support and better accountability for long-term outcomes (Scottish Government, 2025a). A Men's Health Action Plan would give that agenda a practical test: reaching men earlier through primary care, workplaces, community services, sport, peer support and trusted voluntary organisations before poor health becomes crisis care.

The case for urgent action in Scotland is compelling. Ireland has sustained a dedicated men's health policy approach for well over a decade and has launched Healthy Ireland – Men 2024–2028. Australia has a National Men's Health Strategy 2020–2030; England now has a 10-year Men's Health Strategy, setting out a national vision for improving the health and wellbeing of men and boys and Canada is developing its first Men and Boys' Health Strategy for publication in 2026.

The timing is key. Scotland is currently in Phase Two of its Women's Health Plan, a programme to reduce avoidable health inequalities for women and girls across the course of their lives, which runs until 2029. That progress must be welcomed – and protected. But it also strengthens the case for a dedicated action plan on men's health. Gender-sensitive health policy is not a zero-sum game: recognising the specific needs of women and girls does not weaken the case for action on men and boys, and action on men's health does not diminish the commitment to women's health. Both are necessary if Scotland commits to equitable health outcomes across the whole population.

For Scotland's politicians, the opportunity is clear: Scotland can develop a Men's Health Action Plan that is evidence-based, targeted and prevention-focused, with measurable outcomes on cancer, cardiovascular disease, suicide prevention, addiction, and accidents. It should also address male health literacy and improving access to primary care for men.

It can build on existing work and promising practices that have been led by national and community-based organisations working on men's health. It can also learn about implementation from Ireland and Australia, as well as the new initiatives in Canada and work delivered in England, while tailoring an approach that reflects Scotland's unique population needs, geography and specific inequalities. A Men's Health Action Plan can complement, not compete with, work to improve women's health, reflecting shared values of equity, wellbeing and social cohesion. Most importantly, it can show that a healthier future for men and boys is also a healthier future for families, communities, public services and the economy.

The question is no longer whether Scotland needs a men's health action plan. The question is whether this Parliament is prepared to lead.

What Does It Mean to be a Man in Scotland?

HISTORICAL LEGACY

For much of the twentieth century, manhood in Scotland was inseparable from the shipyards of the Clyde, the coal mines of Fife and the steelworks of the Central Belt. These were overwhelmingly male environments that rewarded physical strength, stoicism and collective solidarity, with men's identities often closely tied to work and providing for their families (Lorimer et al., 2018). The communities that formed around these industries developed a culture in which emotional restraint and toughness were not simply valued but expected.

The deindustrialisation of the 1980s did not simply close factories — it removed the occupational foundation on which generations of Scottish men had built their sense of self. In communities from Motherwell to Methil, mass unemployment hit men disproportionately, impacting families and contributed to profound changes in employment, community life and masculine identity. Researchers argue that these changes, together with persistent socioeconomic disadvantage, have influenced patterns of alcohol-related harm, mental ill-health, health-seeking behaviours and premature mortality over subsequent decades. (Walsh et al., 2010; Lorimer et al., 2018; Parkinson et al., 2018).

Scotland's offshore oil industry, which expanded rapidly from the 1970s and continues to employ tens of thousands of men, has reproduced many of these dynamics in a new setting. While oilmen sometimes resisted simple hegemonic stereotypes, stoicism remained an emotional shielding practice, often masking how men truly felt (Adams, 2025).

With large swathes of rural and remote land compared to other parts of the UK, rurality may also have played a key role in shaping Scottish masculinity. Rural communities carry their own traditions of self-reliance, shaped by occupational cultures in which stoicism and coping alone are bound up with being a good farmer or a capable man (Firnhaber et al., 2024). Rural men face particular barriers to help-seeking, including stigma and a cultural equation of strength with self-sufficiency (Macdonald et al., 2022; Roy et al., 2014).

BEING A MAN TODAY

Scotland has seen significant progress on gender equality and a genuine broadening of how masculinity is expressed, but the legacy of these norms remains visible in health data. Research exploring how men in the West of Scotland constructed their health beliefs found that prevailing masculine norms continued to shape men's relationships with health services, with many equating help-seeking with weakness (O'Brien et al., 2005). As with some of their other research cited here, however, the findings are now dated and may not represent men in Scotland today. It could still explain why cisgender men are less likely than women to engage therapeutic services or simply report when they are struggling with poor mental health (Seidler et al., 2016; Wong et al., 2017).

Gender norms present further challenges as some men view stereotypically male diseases, such as heart disease, and gender-specific diseases, such as prostate and testicular cancer, differently to mental illness. A study of male depression in central Scotland noted that men worried that they would be viewed differently to their peers presenting with less "feminised" illnesses (O'Brien et al., 2007).

Fostering long-term trust and continuity through male-friendly pathways and relationship-based models of care may be able to overcome this and improve men's health outcomes across the full life course of boys and men, including at life stage transitions.

YOUNG MEN AND MASCULINITY

Scotland's boys and young men are growing up in a digital environment where masculine norms are reinforced. Young people readily recognise the harmful impact of "masculinity influencers" but rarely a positive alternative, linking narrow ideas of manhood to risk-taking and violence (YouthLink Scotland, 2022). Research by Fisher and colleagues at the Movember Institute of Men's Health developed the first operationalised framework for analysing manosphere content on mainstream social media, applying it to real-world TikTok data from 142 young men aged 16–25 in the UK and Australia (Fisher et al., 2026). Their Masculinity Content Classification Framework identified content ranging from mainstream men's lifestyle material — sports, fitness and fashion — through to content promoting emotional suppression, the equation of wealth with masculine status, misogyny and violence towards women and girls (Fisher et al., 2026).

Fewer than a fifth of Scottish teenagers meet the international recommendation of under two hours' screen time per day (Active Healthy Kids Scotland, 2026), and those who regularly engage with masculinity influencers are more likely to endorse restrictive masculine norms, experience poor mental health, adopt risky health behaviours and hold negative attitudes towards women and gender equality (Fisher et al., 2026). Research carried out alongside Zero Tolerance's prevention work in Scotland found that online misogynistic content specifically targets young men, reinforcing harmful gender stereotypes that pressure them to conform to a restrictive definition of masculinity emphasising money, muscles and sexual attractiveness, with documented harms to boys' mental health and relationships (Zero Tolerance, 2024). The Online Safety Taskforce Action Plan 2026/27 recognises young men and women face different risks online and responses must be gender informed (Scottish Government, 2026a).

FATHERHOOD

Fatherhood represents one of the most significant opportunities to engage men with their own health and with the wellbeing of those around them, as well as tackling wider societal issues. A father's health, behaviours and attitudes shape his children's outcomes from conception to adulthood. Evidence consistently shows that becoming a father can motivate men to take better care of themselves, and that men who positively engage as fathers experience better physical and mental health outcomes (O'Brien et al., 2009, Kotelchuk, 2022).

Yet, fatherhood in Scotland also carries pressures that prevailing masculine norms do little to help men navigate. The expectation to be a provider and protector creates significant strain for men in low-income communities where employment insecurity is high and the gap between cultural expectations and economic reality is wide (Gonalons-Pons & Gangl, 2021). Becoming a father is a challenge and it can co-occur with depression in some men. Paternal depression is associated with a 42% increased risk of depression in offspring (Dachew et al., 2023). This makes the perinatal period one of the highest-value moments to intervene in men's health — a point at which men's capability, motivation and openness to change align in a way rarely seen at any other life stage (Movember Institute of Men's Health, 2026). Addressing what fatherhood means to men in Scotland, and supporting men to engage positively with that role, will be crucial to challenging these norms.

Furthermore, around 1 in 7 couples in Scotland experience difficulty becoming pregnant (NHS Scotland, 2026). Male factors contribute to approximately 45.1% of infertility cases (WHO, 2025). However, Scotland does not routinely publish data on the prevalence of male infertility, the number of men investigated, common causes, treatment outcomes or geographical inequalities. This limits understanding of Scottish men's reproductive health needs.

Scotland is at an important transition. Traditional expectations around stoicism, self-reliance and being the provider still shape many men's lives, but they no longer tell the whole story. Changing expectations on young men, shifting family roles, economic pressure, greater openness about mental health and the influence of online culture are all reshaping what it means to be a man in Scotland today. Supporting boys and men to adopt healthier expressions of masculinity has the potential not only to improve men's health, but also to strengthen gender equality and contribute to the prevention of violence against women and girls.

The Big Picture: The State of Men's Health in Scotland

TOO MANY MEN ARE DYING TOO YOUNG

A boy born in Scotland today can expect to live 77.4 years — the lowest male life expectancy of any UK nation (ONS, 2025). See **figure 1.1**, on following page. This is two full years shorter than a boy born in England and among the lowest in Western Europe. For men in Scotland's most disadvantaged communities, the picture is even starker: their life expectancy is 13.2 years shorter than men in the least disadvantaged areas (70.8 years compared to 84 years). In parts of Glasgow, male life expectancy is 74.3 years — more than seven years below East Renfrewshire, a few miles away (NRS, 2025b).

But life expectancy only tells part of the story. This report focuses on premature mortality — deaths before the age of 75. These are the deaths we should not accept as inevitable. And in Scotland, they are overwhelmingly male.

In 2024, 12,982 men in Scotland died before their 75th birthday. This means that, on average, more than 35 men died prematurely every single day in Scotland — accounting for 41.5% of all male deaths in Scotland that year.

Men in Scotland are 1.5 times more likely to die prematurely than women. See **figure 1.2,** on following page. That gap holds in every single parliamentary constituency in the country, from a ratio of 1.14 in Rutherglen and Cambuslang to 2.04 in Aberdeen Central, where a man is twice as likely as a woman to die before 75.

Over the last 30 years, Scotland's premature mortality rates have fluctuated. Despite gains in life expectancy for men between 2000 and 2012, improvements stalled between 2012 and 2019. From 2020 onwards, as a result of the COVID pandemic, life expectancy fell noticeably. It has risen again in the past few years but male and female life expectancy continues to be lower in Scotland than in England, Northern Ireland or Wales. A decade of standing still is a decade of lost lives.

Figure 1.1: Male life expectancy in Scotland, England, Northern Ireland and Wales (ONS, 2025)

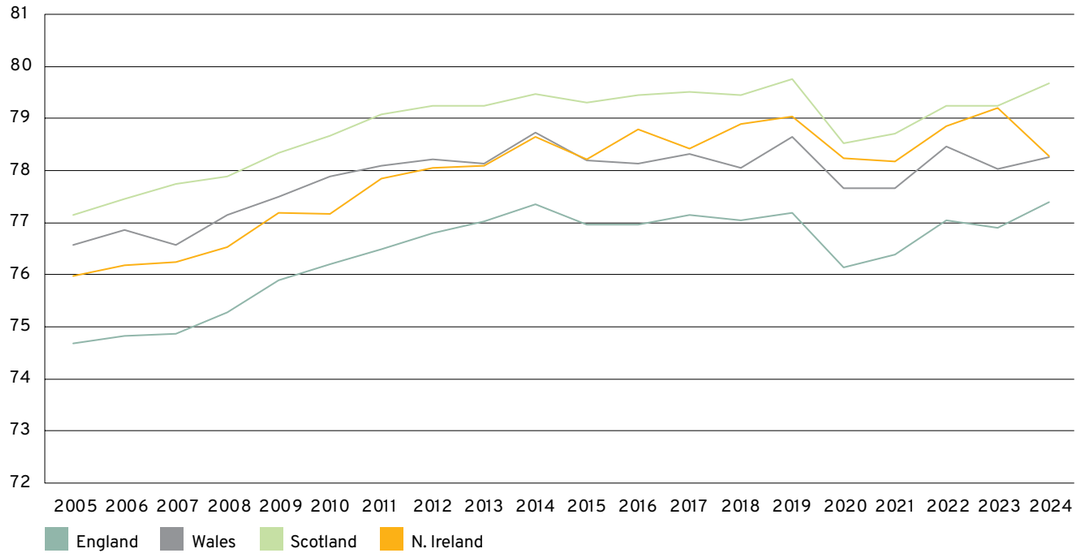
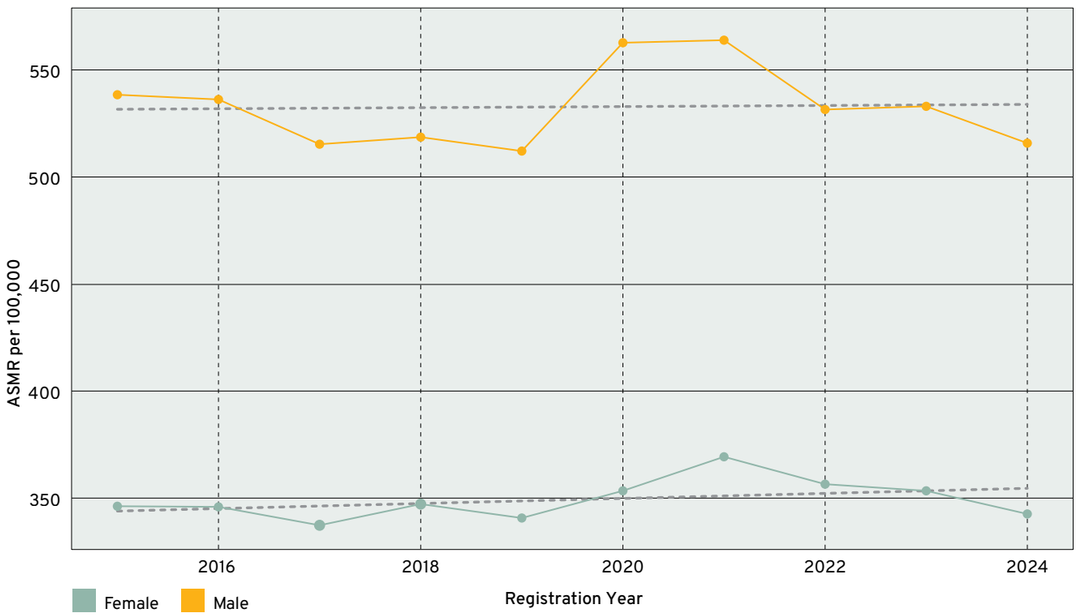


Figure 1.2: 10-Year national trend in premature mortality rate[2] in Scotland (NRS, 2025a)



THE LEADING CAUSES OF PREMATURE MORTALITY

Men's lower life expectancy is not inevitable. It is driven by men's greater probability of death from a range of conditions. These are the leading causes of premature mortality in men in Scotland (NRS, 2025a), as shown in **figure 2.1,** on following page.

Cancer: This is the single largest cause of premature death in Scottish men, with lung, bowel and oesophageal cancer accounting for the highest share of these deaths. In 2024, cancer killed 3,783 men before their 75th birthday, nearly three in ten of all premature male deaths. The overall risk of dying from cancer remains higher for men than women in Scotland and uptake of home bowel screening tests is five per cent lower in men than women (Public Health Scotland, 2026a). The Cancer Strategy for Scotland 2023–2033 provides a vital framework for improving patient outcomes but it lacks specific measures to tackle this gender disparity (Scottish Government, 2023).

Still, premature mortality in men from all cancer types has fallen 21% in the last decade and 45% since 1994. Sustained investment in prevention, screening, earlier diagnosis and treatment has moved the numbers consistently since 2000 (Timmers et al., 2020). Importantly, it tells us that progress is possible.

Cardiovascular disease: Diseases of the circulatory system killed 3,406 men under 75 in 2024, of which ischaemic heart disease (IHD) accounted for 2,023 and stroke 505. Over the last two decades, premature IHD mortality in men has fallen 71% since 1994.

But that progress has stalled. Over the past decade, the rate of premature cardiovascular mortality in men reduced slowly, down 1.5% in ten years against a 21% fall for cancer over the same period. A generation of gains has plateaued, and this is where Scotland's men's health gap is starkest. Men under 75 are 2.9 times more likely than women to die of IHD. Nearly three-quarters of premature heart disease deaths in Scotland are among men.

This trend may be explained by gains from falling smoking rates having largely been realised now, while rising rates of obesity and diabetes are driving new disease faster than treatment can offset it (Scottish Government, 2025b).

Drug and alcohol deaths: In 2024, 694 men in Scotland under 75 died from drug misuse and 708 from alcohol-specific causes, accounting for more than one in ten premature male deaths.

Drug-misuse deaths in men have risen 44% in a decade and are now at 29.6 per 100,000, up from 20.5 in 2015. By comparison, the rate in Wales is 20.1 per 100,000, 19.6 in Northern Ireland and 12.5 in England (ONS, 2025; NISRA 2026).

The percentage of alcohol-specific deaths has increased over the same period, and is 49% higher than in 1994.

These deaths are also overwhelmingly male. Men are 2.4 times more likely than women to die of drug misuse before 75, and 2.1 times more likely to die of an alcohol-specific cause. Scotland's Alcohol & Drugs Strategic Plan 2026–2035 recognises the importance of embedding a gendered approach to drug and alcohol misuse (Scottish Government, 2026b).

2. The report uses age-standardised mortality rate as a measure of premature mortality. This is a weighted average of the age-specific death rates in a population, adjusted to a standard age distribution.

Respiratory disease: Respiratory disease killed 1,095 men in Scotland under 75 in 2024, including 564 from Chronic Obstructive Pulmonary Disease (COPD). Premature respiratory mortality in men has improved modestly — down about 10% in a decade.

Respiratory disease is the one major cause where men are not disproportionately affected. Men's premature respiratory death rate is 1.15 times women's and, for COPD specifically, the women's rate is now slightly higher than men's.

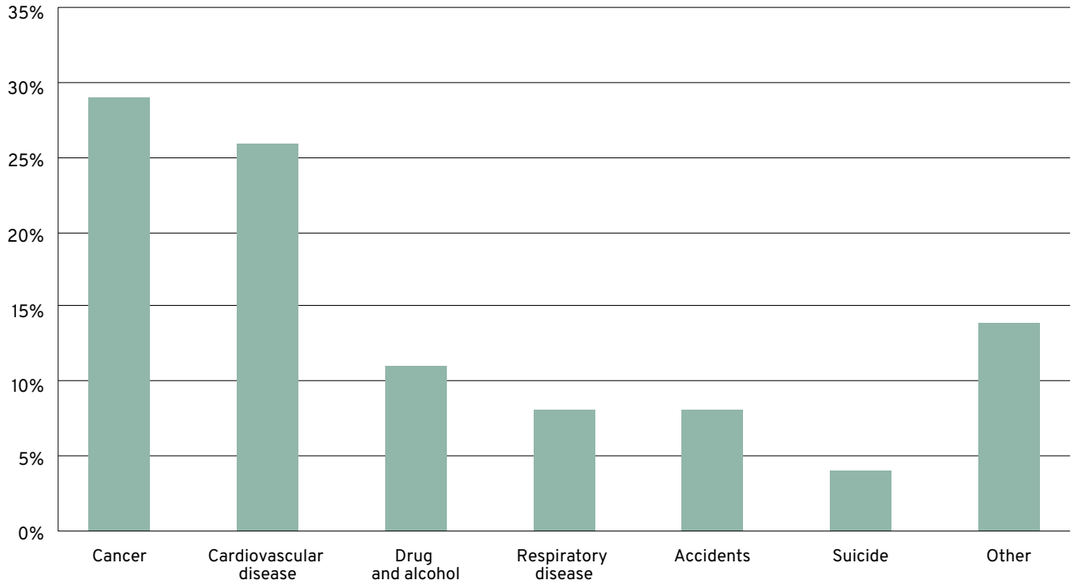
Accidents: Accidents killed 1,048 men under 75 in 2024. The category encompasses transport accidents, falls, drowning, fires and other unintentional injuries, as well as accidental poisonings which are overwhelmingly drug-related. It is the fastest growing major cause of premature death in Scotland: male accidental mortality has risen 30% in the past decade and 62% since 1994.

Men are 2.28 times more likely than women to die in an accident before 75, and men account for 68% of all accidental deaths. In raw terms, there are more than twice as many male accidental deaths as female.

Suicide: 488 men in Scotland died by suicide before the age of 75 in 2024. Nearly three in four suicides in Scotland are men — 488 male deaths against 177 female — and the rate of men's suicide is 2.9 times women's.

Unlike the other causes of premature mortality, a large proportion of those who die by suicide are young men. And unlike cancer or heart disease, the picture has not improved — male suicide rates are broadly where they were a decade ago. While Scotland's latest Suicide Prevention Action Plan acknowledges gender is a risk factor in suicide, it does not propose specific gender-responsive policies (Scottish Government, 2026c).

Figure 2.1: Leading causes of premature mortality in men in Scotland[3] (NRS, 2025a)



3. Note on category definitions: Accidents (1,048) is a broad external-cause category that includes accidental poisonings, which are predominantly drug-related. Drug-misuse deaths include both accidental poisonings (counted within accidents, above) and intentional/undetermined poisonings (counted separately). Alcohol-specific deaths are disease-coded and do not overlap with the accidents category. These categories should not be summed.

Figure 2.2: Percentage change in premature mortality rate among men in Scotland, 1994 to 2024, by cause[4] (NRS, 2025a)

Cause	Change since 1994
Cardiovascular disease	–65%
Cancer	–45%
Respiratory disease	–36%
Suicide	–20%
Alcohol-specific	49%
Accidents	62%

4. Drug misuse not recorded as a separate cause of premature mortality until 2000.

What this tells us

While action remains essential across all these areas, Scotland has made important progress reducing premature deaths among men from major chronic diseases, but this has been partly offset by increases in deaths related to alcohol, drugs and external causes.

Scotland urgently needs a plan that sustains and extends what has already worked for chronic disease, while urgently redesigning services and building earlier, male-sensitive routes into support for mental health and substance use, before men reach crisis point. These should be designed to be accessible to men and rooted in local communities, whether that be workplace, faith-based, sport or other community settings.

Place-Based Inequality

Where a man lives in Scotland remains a powerful predictor of how long he lives, how many of those years are spent in good health and his risk of dying prematurely.

In 2024, the male premature mortality rate in Glasgow Central was 978.6 deaths per 100,000 — nearly double the national average and 3.8 times higher than in Eastwood which is 256 deaths per 100,000, the best-performing constituency in Scotland. These constituencies are less than ten miles apart.

A man's postcode can carry an almost fourfold difference in his risk of dying before 75.

The most socio-economically deprived constituencies reflect compounded disadvantage: four of the ten highest rates are in Glasgow (Glasgow Central, Easterhouse and Springburn, Anniesland, Baillieston and Shettleston), alongside Airdrie, Cunninghame North and Motherwell and Wishaw — all post-industrial communities in commuting distance of Glasgow. Elsewhere, Aberdeen Central, Dundee City West and Kirkcaldy also feature as areas with higher premature mortality in men, a reminder that this is not merely a Glasgow story. The lowest rates cluster in affluent suburbs, rural Aberdeenshire and Perthshire, the Borders, the islands, as well as the north and west of Edinburgh.

In 2024, men in the most deprived fifth of Scotland were 3.6 times more likely to die prematurely than men in the least deprived fifth. The widening inequalities are troubling: figure 3.4 shows that over the past decade, rates for the most deprived men have increased while rates for the least deprived have decreased, with the gap between them widening by an estimated 6.7 deaths per 100,000 each year.

Examining urban and rural data adds nuance. Men in large urban areas face the highest rates of premature mortality (572.8 per 100,000) and men in remote rural areas the lowest (382.5) — a 1.5-fold gap. The outlier, however, is remote small towns where male premature mortality runs close to levels seen in large cities.

Where a man lives shapes his health as powerfully as the diseases he faces. Inequality remains a key challenge. Where a man lives — and the opportunities, resources and services available there — remains one of the strongest predictors of his health, life expectancy and risk of premature death. Closing these inequalities should therefore be a central objective of policy to improve men's health.

Figure 3.1: Premature mortality rate in men by Scottish Parliamentary constituency (NRS, 2025a)

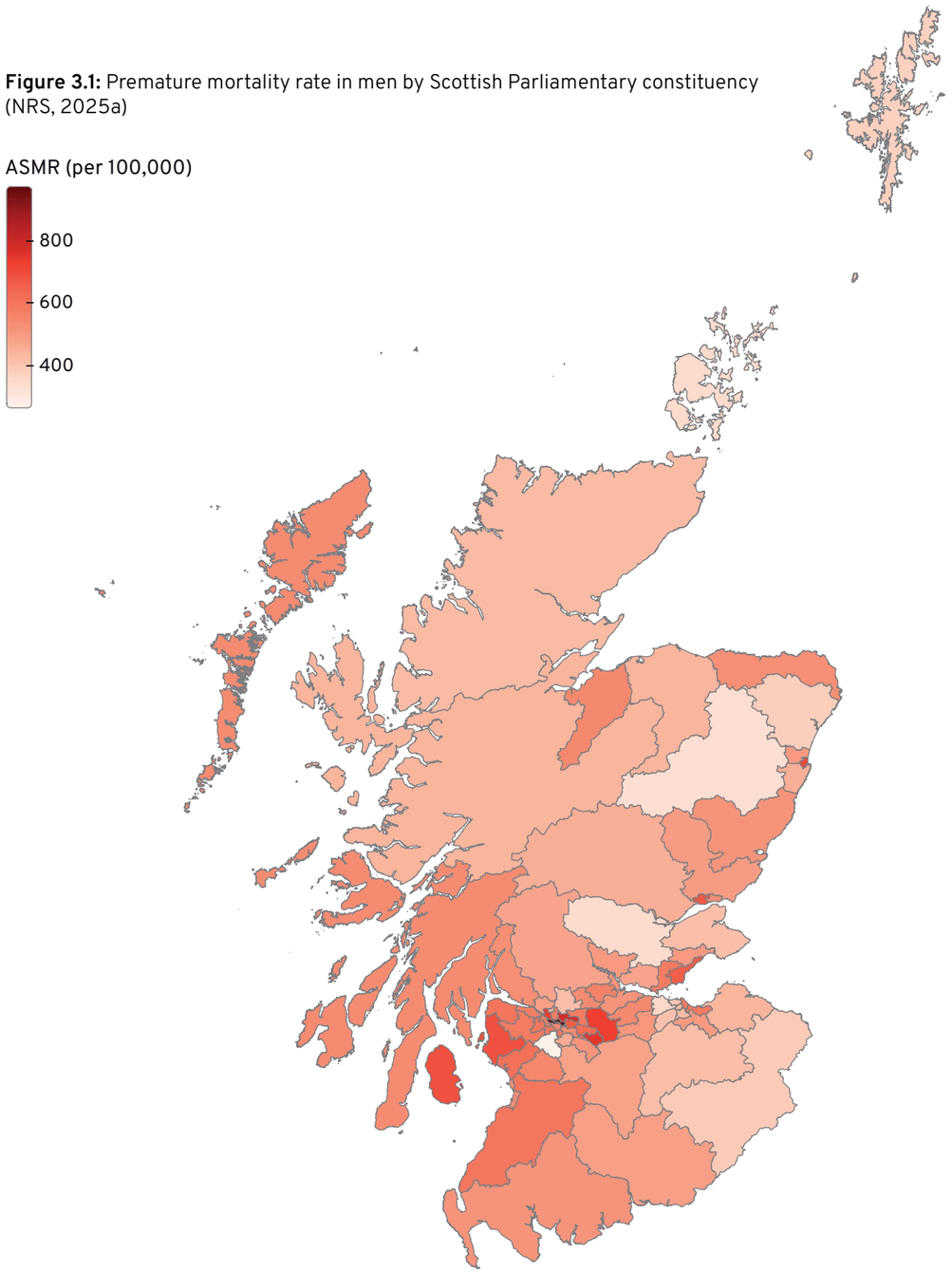


Figure 3.2: Premature mortality rate in men in Greater Glasgow (NRS, 2025a)

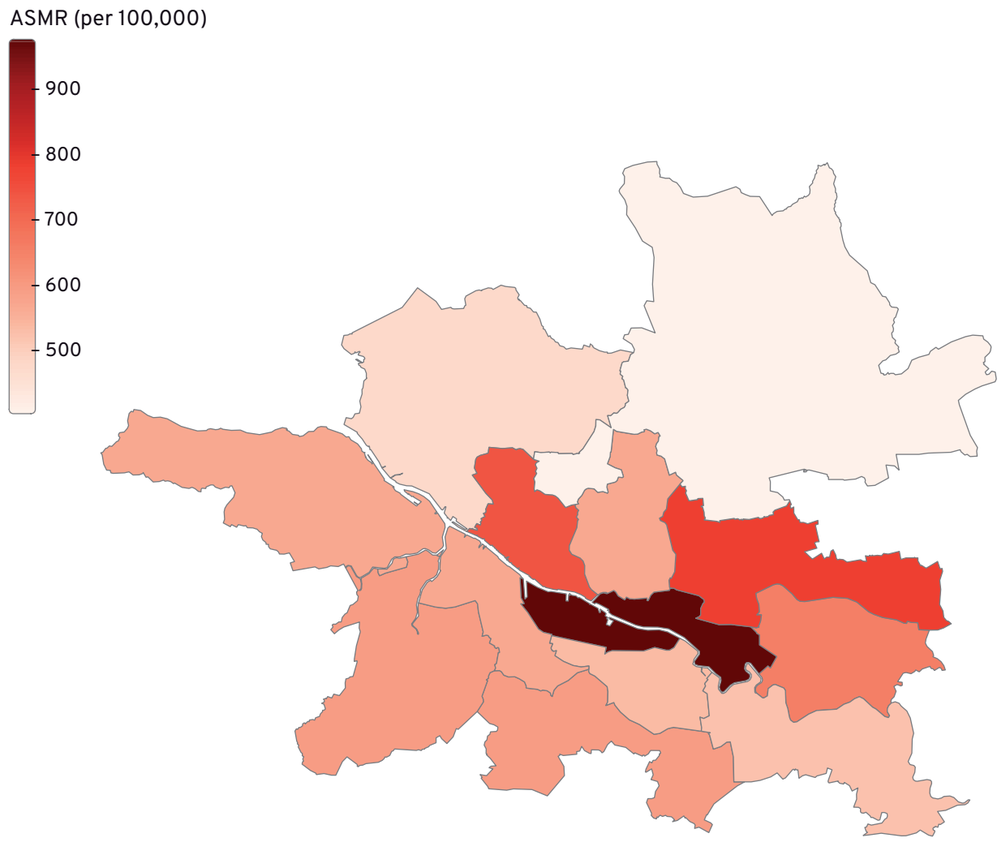
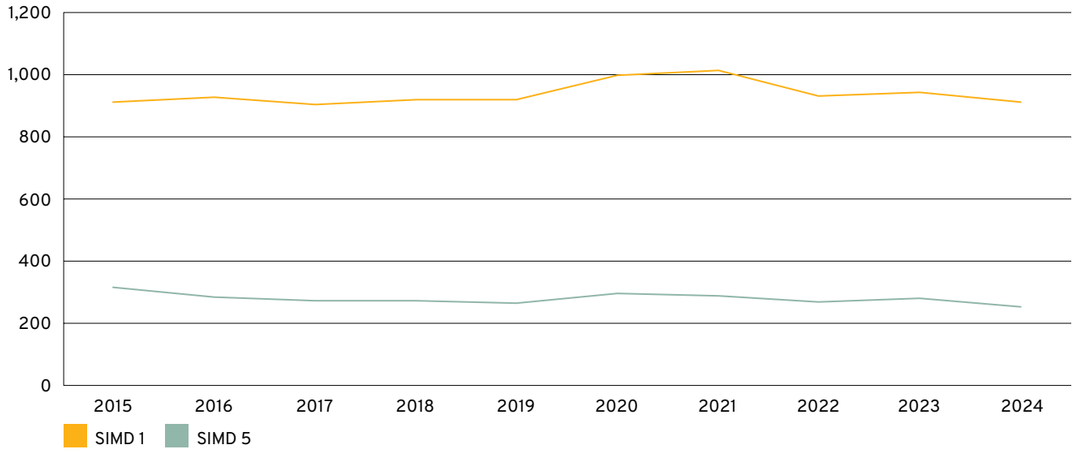


Figure 3.3: Scottish Parliamentary constituencies with the highest and lowest rates of premature mortality in men (NRS, 2025a)

Under-75 All-Cause Premature Mortality Rankings			
Constituency	Deaths	ASMR (per100k)	Rate ratio vs National Average
Highest Premature Mortality (Men)			
Glasgow Central	269	978.62	1.9
Glasgow Easterhouse and Springburn	255	779.71	1.51
Motherwell and Wishaw	260	750.54	1.45
Glasgow Anniesland	241	739.82	1.43
Airdrie	234	729.29	1.41
Aberdeen Central	198	703.09	1.36
Cunninghame North	236	684.51	1.33
Dundee City West	201	668.05	1.3
Kirkcaldy	239	654.81	1.27
Glasgow Baillieston and Shettleston	227	654.18	1.27
Lowest Premature Mortality (Men)			
Eastwood	84	255.97	0.5
Aberdeenshire West	124	324.14	0.63
Orkney Islands	38	335.93	0.65
Perthshire South and Kinross-shire	128	341.37	0.66
Edinburgh North Western	116	352.42	0.68
Shetland Islands	41	369.29	0.72
Aberdeenshire East	143	375.67	0.73
Ettrick, Roxburgh and Berwickshire	140	379.79	0.74
Edinburgh Northern	134	395.41	0.77
Edinburgh South Western	130	405.11	0.79

Figure 3.4: Male premature mortality rate of highest and lowest SIMD quintiles (NRS, 2025a)



Minority Groups

Health inequalities among men in Scotland are not experienced equally. While socioeconomic deprivation remains the strongest predictor of poor health, evidence also shows that some groups of men — including gay, bisexual and trans men, and men from some ethnic minority communities — experience distinct patterns of health need and barriers to accessing care. These differences reflect the combined effects of discrimination, socioeconomic disadvantage, cultural factors, and unequal access to health services, highlighting the importance of an intersectional approach to men's health policy. Health data broken down by ethnicity, sexual orientation and even gender is often hard to come by, making it challenging to understand how well Scotland's health system is serving different groups of men. However, some recent evidence is starting to fill in the gaps.

Men from some ethnic minority communities experience higher risks of particular conditions, including diabetes and coronary heart disease among South Asian populations, although health outcomes vary considerably between ethnic groups (Scottish Government, 2017). For example, compared with white Scottish men, Pakistani men are around a third less likely to take up bowel screening and Indian men around a fifth less likely (Campbell et al., 2020).

Indian and Pakistani men in Scotland have an elevated risk of hospital admission and death from asthma (Sheikh et al., 2016), while African-origin men have almost 40% higher risk of stroke than white Scottish men (Walsh et al., 2019).

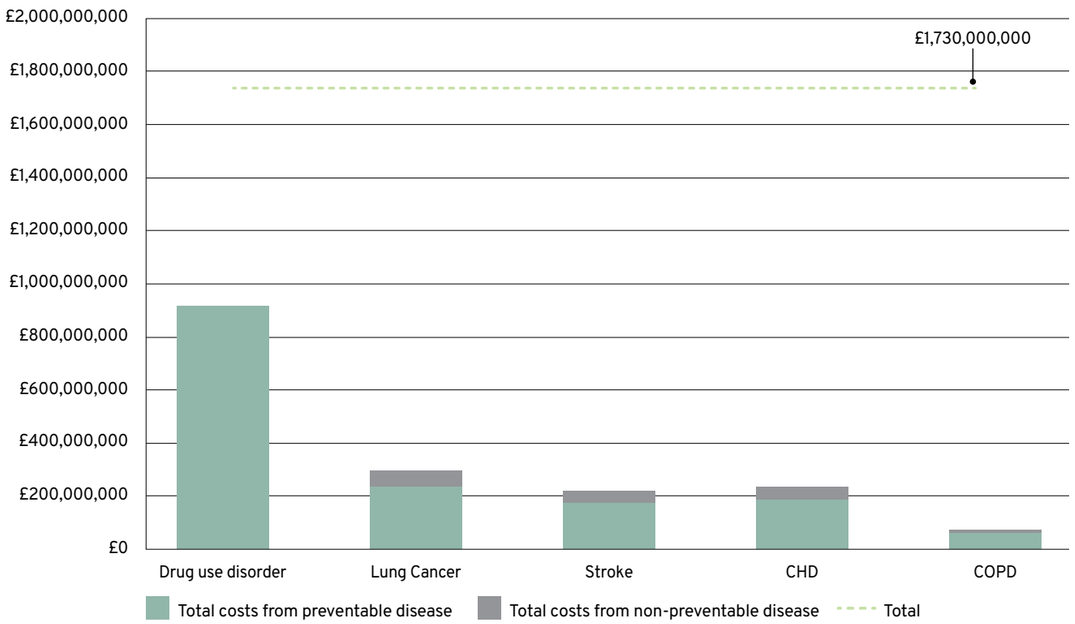
Meanwhile gay and bisexual men face elevated risk of suicide and self-harm, linked to experiences of homophobia and biphobia rather than to sexuality itself (Hottes, 2016). They also report poorer mental health and higher levels of loneliness than heterosexual men (Hodkinson, 2022). Trans men experience some of the greatest inequalities in mental health, disability and access to healthcare (Harkins et al., 2026).

The Cost of Ill Health

The persistent burden of poor health among men in Scotland has important human and economic consequences, highlighting the value of greater investment in prevention and early intervention.

Figure 4.1 shows new analysis by HealthLumen, commissioned by Movember, that puts the annual cost of the five leading causes of years of life lost (YLL) in Scottish men — coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), drug use disorder, lung cancer and stroke[5] — at around £1.73 billion (HealthLumen, 2026). That equates to roughly £642 for every male in Scotland each year — the true figure will be much greater as this only accounts for the five leading causes of YLL (Figure 4.2).

Figure 4.1: Annual cost of leading causes of years of life lost in men in Scotland (HealthLumen, 2026)



5. The five conditions costed here differ from the leading causes of premature death set out earlier in the report. The economic analysis uses HealthLumen modelling based on the Institute for Health Metrics and Evaluation's Global Burden of Disease 2023 estimates, which rank conditions by years of life lost. The two methodologies produce different groupings - most notably, "cancer" here narrows to lung cancer specifically, and suicide, though a major cause of premature death in Scottish men, falls outside the conditions modelled for this costing.

For every pound the health service spends treating these conditions in men, roughly two and a half more are lost to the wider economy and to social care in terms of lost work, lost earnings and the burden of care on families and councils (HealthLumen, 2026). Men's health is not a simple NHS budget line. Its impact on the economy is diffuse, extending well beyond health and care services.

Figure 4.2: Annual costs by condition, per man in Scotland[6] (HealthLumen, 2026)

Condition	Direct	Indirect	Total
Drug use disorder	£52.49	£286.31	£338.80
Lung cancer	£29.28	£80.63	£109.91
Coronary heart disease	£46.68	£39.69	£86.37
Stroke	£36.57	£43.84	£80.41
COPD	£18.32	£8.19	£26.51
Total	**£183.34**	**£458.66**	**£642**

Applying published preventability rates — 79% of lung cancer, 85% of COPD, 80% of stroke and under-75 coronary heart disease, and 100% of drug use disorder — HealthLumen estimate that around £1.57 billion of the £1.73 billion, roughly 90%, stems from preventable disease. £1.57 billion is roughly 7.5% of NHS Scotland's entire annual budget or the annual salary cost of around 47,000 nurses — more than a quarter of NHS Scotland's entire 160,000-strong workforce, for a year[7] .

6. Direct costs include, but are not limited to: treatment; hospital services; prescriptions; health and drug services; family health services. Indirect costs include, but are not limited to: social care; productivity loss; employment costs; long-term care.
7. Starting salary for a newly qualified Band 5 staff nurse in Scotland is £33,247.

£1.73bn

The annual cost of just five leading causes of early death among men in Scotland

=

£642

For every male in Scotland, every year

The scale of the cost

£1.57bn

90% of the annual cost stems from preventable disease

=

7.5%

Of the NHS Scotland's annual budget

=

47,000

Nurses annual salaries

=

>25%

NHS Scotland's annual budget

Recognising Poor Health and Reaching Support Early

Men do not always notice when their health is slipping, or describe it in the language services expect. As Graham's story shows, distress can look like overthinking, frustration, withdrawal or "just getting on with it", rather than a clear request for mental health support. This matters in Scotland, where the leading causes of premature male mortality include cancer, cardiovascular disease, drug and alcohol deaths, accidents and suicide. Reaching men earlier depends on whether they can recognise risk, know where to go, and feel that support is accessible, trusted and relevant to their lives.

While a woman's relationship with her health and healthcare is established early during adolescence, built around her reproductive and sexual health needs, young men tend to have fewer touchpoints with the health system, reducing opportunities to develop 'health literacy' — the lifelong skills needed to understand and look after themselves and know when, where and how to get help. Building and acting on health literacy is often stifled by rigid adherence to traditional masculine norms like self-reliance and stoicism (Seidler et al., 2016). While such norms continue to be challenged by promotion of a wider range of healthy masculinities for boys and men, handing down of these traditional norms through generations and their continued cultural reinforcement slows progress in men's health.

Poor levels of health literacy are associated with lower use of preventive care services and screenings, more hospitalisations and use of emergency care, higher mortality rates and higher care costs (Coughlin et al., 2020; Berkman et al., 2011). Those with lower health literacy levels are far more likely to have more advanced illness at the point when they engage with health services, meaning delayed diagnosis and treatment, and ultimately worse health outcomes (Aljassim & Ostini, 2020; Shahid et al., 2022). A number of studies have shown men to have worse health literacy than women (Oliffe et al., 2020; Christy et al., 2017; van der Heide et al., 2013; Simpson et al., 2020). Gender differences in health literacy are also influenced by intersecting sociocultural drivers. For example, research has found that low income, low education and living alone has been associated with lower health literacy amongst men (Oliffe et al., 2020), and the more male-dominated an occupational group is, the lower scores of health literacy are (Milner et al., 2020). There is, therefore, an education gap for us to tackle by considering when, where and how we reach men with health information. An important caveat is the significant role of informal supports (e.g. friends, family and colleagues) in men's lives as connective pathways to further health information and services.

The Deep End GP interview below brings this into the Scottish context. It shows that the issue is not simply whether men are willing to ask for help, but whether services are designed to recognise distress, ask the right questions and keep men engaged before problems become crisis.

On the Frontline: Interview with Deep End GPs

NHS Scotland general practices (GPs) are at the frontline of primary and community care across the country. The Scottish Deep End Project brings together the general practices serving the 100 most socio-economically deprived populations in Scotland with some of the greatest health needs. Established at the University of Glasgow in 2009 by Professor Graham Watt, the network gives frontline GPs a collective voice: to share the realities of providing care in areas of concentrated deprivation, and to advocate for services and resources that match the scale of need. Almost four in five Deep End practices are in Glasgow, with the remainder spread across Scotland's other urban centres.

Professor David Blane

Dr Marianne McCallum

We spoke to Professor David Blane and Dr Marianne McCallum who are practising GPs in Deep End practices in the west of Scotland, and Joint Academic Leads of the Scottish Deep End Project.

Which health issues do men most commonly present with — and are there conditions you're consistently not seeing until they're more advanced?

Marianne: Our middle-aged and older adults of both genders are very keen not to be a bother and only attend if needed, which means some things present later. The issues where I see consistently advanced presentation relate to addiction and mental health — these often don't present, or present in crisis. They can also overtake everything else, making it hard to manage or prevent other physical issues, because they aren't the priority, often not for the men themselves.

> I worry about the number of isolated young men who are just not seen: often with no social support, isolated, and dropping out of services in a way women are less likely to.

There are also men with extensive trauma who are experiencing homelessness, addiction or the prison system — they often present in crisis, with multiple complex medical and social issues, by the time they are seen.

Did your training equip you to understand the specific dynamics of men's health, or is it something you've developed through experience?

David: There are lots of things our training does not equip us particularly well to understand — managing uncertainty, trauma-informed care, psychoeducation — but which we learn through experience. I think the relational elements of men's health are not particularly well addressed in GP training: the role (or absence) of father figures, the importance of partners and family support, the pros and cons of certain friendship groups in perpetuating unhealthy behaviours, and work relationships.

What do you see as the main barriers preventing men from accessing health services?

Marianne: I think there is a vulnerability coming to the doctor for everyone, but it can be more of an issue for some men. I think for those with addiction issues, or complex trauma, there can be real issues making appointments because of difficulty building trust or being vulnerable.

When men do present, how far into the progression of a condition are they typically? What does late presentation look like?

David: This varies by condition — hypertension only being picked up after a heart attack, for instance — and the outcomes vary too, with late presentation of certain cancers having particularly poor prognosis. We frequently hear phrases like "I didn't want to bother you, GPs are so busy." It's not unusual for symptoms that have been present for many months to come to attention only when they become impossible to ignore.

How aware are male patients of the conditions they may be at higher risk of, and the screening available to them?

David: There are still many men, particularly those with lower health literacy, previous experiences of trauma or negative experiences of healthcare, and some with language barriers, who are either less aware of risk factors or less likely to seek help, or just have difficulty navigating health systems. The main cancer screening programme available to men in Scotland is bowel screening — I think most men over 50 will be aware of this, but uptake is variable and strongly socially patterned.

Do you notice differences in how men present with mental health difficulties compared to women?

Marianne:

> Men may be more likely to attend with another problem in the first instance — a sore knee, say — then mention the real concern as a "by the way."

Sometimes I think they test people out with milder issues first, to see whether someone is kind, before raising what's really worrying them. They often mention that their wives, mums or partners told them to come, and I think men tend to ask for partners to attend these consultations more than women do.

How could health services be designed to be more gender-responsive, particularly in deprived communities?

Marianne: What I've seen work best is male peer support and spaces that are non-judgemental, safe and easy to access, with men who have walked through difficulties themselves. So investing in those — and considering more "middle-range" mental health services for those who don't reach the high bar for professional mental health involvement, and properly funding them — might both improve outcomes and reduce pressure on services. I also think we could significantly improve outreach to people who are "missing," especially those with addiction and prison involvement. Improving social support matters too.

Is there anything about men's health in disadvantaged communities that policymakers consistently overlook or misunderstand?

David:

> There is a tendency to focus too heavily on individual behaviour and not enough on the wider context in which health decisions are made.

The reality is that many men in deprived communities experience an accumulation of disadvantage throughout their lives. Poor housing, adverse childhood experiences, insecure employment, financial stress, addiction, trauma, and social isolation all contribute to worse health outcomes. Yes, we need more and better — trauma-informed and gender-sensitive — health care, but we also need to address the social and economic conditions that lead to poor health in the first place.

The Ripple Effect

A man's poor health is rarely experienced by him alone. The ill-health or premature death of a father, son, partner or brother, can have profound and long-term impacts on those closest to him. This section looks beyond health and premature mortality statistics to consider the wider, long-term effects on partners, carers, friends and family members whose lives may be shaped by a loved one's illness or absence and are navigating changes in caring responsibilities, household circumstances and relationships, alongside impacts on their own health and wellbeing.

In Scotland, where men are more likely to die prematurely than anywhere else in the UK, this ripple effect is not a footnote to the men's health crisis — it is a core part of it.

WHAT HAPPENS WHEN A MAN BECOMES CHRONICALLY ILL

Polling of 1,500 caregivers for men commissioned by Movember for the UK Real Face report found that 64% of them experience negative impacts on their physical health and 57% report negative impacts on their mental health (The Good Side, 2024).

When a father struggles with poor physical or mental health this can impact on their children from conception to adulthood (Kotelchuk, 2022). Increased body mass index in fathers has been found to affect both pregnancy outcomes and also correlates with altered growth curves and increased BMI in childhood (Campbell & McPherson, 2019).

Mental health challenges affecting fathers are associated with an increased risk of behavioural and emotional difficulties in their children, similar in magnitude to those caused by maternal mental health challenges (Ramchandani & Psychogiou, 2009), and paternal depression specifically has been associated with a 42% increased risk of depression in offspring (Dachew et al., 2023).

Given the minimum levels of health required to carry out caregiving tasks, men with poor health are also less able to share the burden with women, who frequently have to take on greater responsibility as a consequence (Bom et al., 2019).

WHAT HAPPENS WHEN A MAN DIES TOO YOUNG

When a man dies prematurely, the impact on those around them can be severe. Research in Australia found that the death of a person by suicide has a ripple effect impacting on average 135 people directly, and many more indirectly, with profound psychological, physical, emotional and financial impacts on them (Cerel et al., 2019).

The death of a close friend can have a significant negative impact on physical and mental well-being up to four years following bereavement, with less socially active people experiencing a bigger impact (Liu et al., 2019). Furthermore, as women in Scotland live longer than men, they are more likely to experience the "widowhood effect," where the death of a spouse or partner can result in poorer health and a much higher risk of death for those left behind (Boyle et al., 2011; Peña-Longobardo et al., 2021).

Taken together, these impacts demonstrate that men's health is not solely an individual concern but a wider social, economic and public health issue. Poor health and premature mortality among men can increase demand for health and social care services, reduce workforce participation and productivity, and place additional financial and emotional pressures on families and communities. Improving men's health therefore has benefits that extend far beyond the individual man, strengthening families, reducing inequalities and easing pressures on public services.

Conclusion: The State of Men's Health

Too many men in Scotland are dying too young, often from causes that could be prevented or treated earlier. Some men are more affected than others, with deprivation and place continuing to shape whether men live long and healthy lives.

The evidence in this report shows that Scotland's men's health challenge is not only about cancer and cardiovascular disease, but also drug and alcohol deaths, accidents, suicide, isolation and access to support.

There is still more to understand about men's experiences of healthcare in Scotland, but what is clear is that too many men are accessing help too late, or not getting the right support when they do. There is much more to do to reach men earlier, respond better when they seek help and stop men slipping through the cracks.

A Brighter Picture: What Works in Men's Health

Across Scotland, organisations are already demonstrating what effective support for men and boys looks like. Through sport clubs, community programmes, family and youth services and welcoming spaces outside of traditional healthcare settings, they are reaching men and boys in the ways that work for them. These approaches recognise that men are not one homogeneous group and that services must respond to their different lives, relationships, communities and experiences.

The examples that follow bring together programmes, newer approaches and community-led work from across Scotland. Together, they show what good, gender-responsive support can look like in practice: meeting men where they are, building trust, strengthening social connection and health literacy, reducing stigma and making it easier for men to access support earlier.

IN THE CLUBHOUSE

Movember's Ahead of the Game

A series of mental fitness workshops for young people aged between 12–18, delivered by professional sports club foundations to community sports clubs across Scotland. The programme equips young athletes, as well as the parents, coaches and other adults around them, with practical skills to understand mental health, recognise when someone may be struggling and how to seek support. Delivery in Scotland forms part of Movember's wider global Ahead of the Game programme, which has already reached more than 150,000 young people, parents and coaches.

Research has shown that the programme can increase mental health literacy and confidence to seek help from formal sources in adolescent athletes who take part (Vella et al., 2021).

Following a successful multi-sport pilot, Movember's Ahead of the Game is now being delivered by Scottish Action for Mental Health (SAMH) in multiple sport clubs across Scotland, from Motherwell to Montrose, with £67,000 of Scottish Government investment helping to extend delivery to island communities such as Orkney. This builds on Scotland's wider investment in community sport and helps embed early intervention and mental health support in trusted local settings.

The Changing Room

Originally funded by Movember, a 12-week peer-facilitated mental health and well-being programme for men, aged 30–64 years run by SAMH. The programme, enhanced by £100,000 of funding from the Scottish Government, brings together men, in their home football stadium, to talk with peers not only about their love of the beautiful game, but also how they are feeling and to support each other to navigate through, and make sense of, a crisis, and connect men to crisis support, if needed.

In an external evaluation, significant increases in mental well-being, life satisfaction and social support were reported by participants, along with improvement in their relationships, career and social lives (Scottish Government, 2023; First Person Consulting, 2022).

Imagine a Man — Tayside YMCA

An inclusive wellbeing project delivered by YMCA Tayside for young men aged 16–25, supporting them to build confidence, develop a positive self-image and make empowered choices about their health, relationships and futures.

The programme creates a trusted youth workspace where young men can explore identity, wellbeing and masculinity in a way that is practical, strengths-based and grounded in their own lived experience.

The project builds on the wider Imagine a Man approach, which uses research and evidence-informed resources to help boys and young men challenge harmful stereotypes, build respectful relationships and develop healthier, more positive masculinities. Through facilitated group work, reflective discussion and supportive relationships with youth workers, participants are encouraged to think about what it means to be a young man, how gender expectations can affect behaviour and wellbeing, and how they can contribute positively to their communities.

Imagine a Man seeks to nurture healthier masculinity, promoting gender norms that support a more equitable and inclusive society. The programme aligns with Scotland-wide work to “flip the script” from harmful masculine norms, giving young men language, confidence and support to imagine the kind of men they want to become.

IN THE COMMUNITY

The Nook — SAMH

SAMH’s The Nook is a new network of free, walk-in mental-health support hubs, offering immediate help without appointments, referrals or waiting lists. The first hub opened in Glasgow in October 2025, with further locations planned across Scotland, providing support in a welcoming, non-clinical setting seven days a week.

The accessible nature of the model is important for men who are reluctant to approach formal services or wait until they reach crisis point. The first 6 months of delivery in Glasgow demonstrated this, as they welcomed over 3,000 visitors, 42% of them male. This positive and early engagement with men is 5% higher compared to all SAMH services.

Scottish Violence Reduction Unit

The Scottish Violence Reduction Unit (SVRU) is Police Scotland's national centre of expertise on preventing violence, treating violence as a preventable public-health problem. Its work is highly relevant to men’s health because violence in Scotland is gendered, with men and boys disproportionately represented as both victims and perpetrators of serious violence. The Unit uses data, research and lived experience to address underlying causes such as trauma, poverty, poor mental health and lack of opportunity. Its work spans early intervention, schools, community-based projects, and the testing and expansion of evidence-led approaches.

Its creation in 2005 formed part of a major shift away from relying solely on enforcement and towards prevention involving health, education, justice and community organisations. Over the following two decades, Scotland recorded a reduction in homicides of 66%. Scottish Government research also found that almost two-thirds of violent incidents were experienced by just 1% of the population, supporting the SVRU’s focus on repeat victimisation, early intervention and tailored work in communities facing the greatest risks.

One of the SVRU’s landmark early initiatives was the Community Initiative to Reduce Violence (CIRV) in Glasgow. A focused deterrence strategy, CIRV directly engaged young men involved in violence and offered a route out of gang involvement by combining enforcement warnings with tangible pathways to employment, housing, education and addiction support.

Today, the Head of SVRU chairs the Scottish Healthy Masculinity Alliance. The Unit also delivers work that predominantly benefits boys and young men, including accredited manual skills learning opportunities in schools, social and emotional learning in the early years to build emotional literacy, and work with different ‘ultras’ groups to understand how positive behaviours can be built through pro-social crowd dynamics.

Scottish Men’s Sheds Association

The Scottish Men’s Sheds Association (SMSA) is the national development and sustainability hub for presently over 200 voluntary led Men’s Sheds across all 32 local authorities. The Association has over five thousand individual members and supports over twelve thousand volunteers who make up the Scottish Men’s Sheds movement. Men’s Sheds are community spaces where men come together to socialise in a safe protected environment. By recognising that men often communicate and bond together while being task orientated ‘shoulder to shoulder’ which can be repair and repurpose, supporting projects in their local communities or any other type of task driven agenda is a unique opportunity found in Men’s Sheds. This results in increased social connections for men improving their wellbeing, reduces loneliness and combats social isolation while creating connection with their communities at the same time.

Men's Sheds offer a healthy intergenerational environment conducive to men who are often in the 'hard to reach' health category in learning and sharing health information in nontraditional formats like the SMSA's Shed-Wise health programmes. In independent evaluations of Australian Men's Sheds and research by Glasgow Caledonian University, Shedders report heightened self-esteem, better physical health and enhanced mental well-being and help seeking (Cordier & Wilson, 2014; Kelly et al., 2019). This is consistent with the Scottish Men's Sheds Association data reporting a 76% reduction in loneliness, 93% made new friends, 86% had stronger community connections and 84% reported a better quality of life.

Feniks

Feniks is a grassroots charitable organisation supporting Central and Eastern European communities in Edinburgh and across Scotland. For many Polish, Ukrainian and other migrant communities, poor mental health is shaped by loneliness, homesickness, racism, insecure work, language barriers and the pressure to stay strong. Feniks responds by building trust first: offering support in familiar languages, creating safe spaces for conversation, and challenging the stigma that stops people — especially men — from reaching out.

Feniks has brought attention to the mental health of Polish men in Scotland, including the heightened suicide risk and the social conditions behind it. Its report on mental health and suicide among Polish men led to Community Ambassadors: trusted members of the community who promote wellbeing, challenge stigma and help Scottish organisations understand barriers around language, GPs, unfamiliar services and cultural expectations of masculinity.

Through its award-winning "Shed Your Armour, Show Your Scars" campaign, Feniks reframed emotional and psychological scars as signs of strength rather than weakness. Its community-led approach raises health literacy within the community, turning isolation into support, stigma into understanding, and survival into the possibility of a healthier life — showing why Scottish services must work closely with migrant-led organisations so people can find help before crisis point.

> "To tackle the stigma and fear around exposing their problems with mental health, we tried to shift it from being something that men are feeling ashamed of into something that they can be proud of. Reaching to the cultural stereotypes about masculinity, we tried to present psychological scars just like the physical ones."
>
> Paweł Kopeć, Feniks

Growing2gether

For many teenagers, poor mental health is shaped by hardship, low confidence, disrupted relationships, pressure at school and the feeling that their voice does not matter. Growing2gether responds by creating small, safe and purposeful spaces where young people are trusted with responsibility, supported by skilled adults and given the chance to practise empathy, communication and care.

Growing2gether's story is the story of early intervention and youth-powered change. By raising mental health literacy, strengthening self-esteem and turning lived experience into leadership, it helps young people become mentors, changemakers and more confident members of their communities—showing that prevention can begin long before crisis, in the everyday moments where someone is trusted, seen and supported.

The John Hartson Gambling and Recovery Workshop

Gambling harm is increasingly recognised as a public health issue in Scotland, with consequences that can extend far beyond finances (Public Health Scotland, 2026b). It can affect people's health and wellbeing, relationships and wider social circumstances, and is associated with poor mental health, stigma, shame and suicide. Emerging evidence also highlights the particular risks facing young men, with gambling harms often occurring alongside wider challenges including adverse mental health outcomes, substance use and social and economic disadvantage (Harkins, 2026).

The John Hartson Gambling & Addiction Recovery Workshop is helping to bring these often-hidden harms into the open. Established by former Celtic footballer John Hartson and his wife Sarah, drawing on their own lived experience, the workshops combine personal testimony with specialist addiction expertise to help people recognise gambling harm, challenge stigma and feel able to seek support. Since October 2025, the programme has reached almost 1,000 people, including 200 young men from the Royal Highland Fusiliers and 250 men within HMP Barlinnie, and John and Sarah are committed to continuing delivery across Scotland.

Men Matter Scotland

Based in Scotland's largest city, Men Matter Scotland provide immediate, accessible mental-health and suicide-prevention support for more than 500 men each week. Its services include one-to-one crisis support, counselling, peer-led groups, wellbeing activities and street outreach for people in distress. Their unique model creates a psychologically safe space for men to disclose their trauma and keeps them engaged, supporting them to confront their mental health head on and develop self-management skills that help their recovery.

Its work responds to a significant need, with men accounting for 73% of all suicides in Scotland in 2024 (NRS, 2025a). Offering informal, non-judgemental support led by people with lived experience, the charity helps men build connections, manage their mental health and seek help before reaching crisis point.

SHAPING MASCULINITY

The Scottish Healthy Masculinity Alliance

The Scottish Healthy Masculinity Alliance (SHMA) is a coalition of organisations (including police, researchers and artists) working to support people of all genders, with a mission to influence positive change for boys and men in Scotland.

SHMA was formed to emphasise healthy, positive, and caring forms of masculine expression, which is rooted in the asset-based approaches to frame these issues effectively & inspire. Promoting healthy masculinities means dismantling restrictive masculine ideals, fostering more equitable gender norms, and creating healthy families & communities for everyone.

The Alliance recognises that promoting healthy masculinity should never detract focus from working towards equality for women and girls. Rather, challenging harmful masculine norms is a core part of building gender equality and preventing violence against women and girls. It believes that supporting boys and young men to deconstruct harmful expectations of manhood will have a positive, transformative impact on people of all genders so future generations can flourish free of the intergenerational transmission of trauma that blights so many men and communities.

Dads Rock

Dads Rock is a Scottish charity that helps fathers and male carers build stronger relationships with their children and become more confident, involved parents. Guided by the fundamental belief that children thrive when dads thrive, Dads Rock sees a world where every child grows up with the best possible version of their family. To bring this vision to life, the charity provides free father-and-child groups, parenting workshops, days out, online communities, tailored support for young and disadvantaged fathers, and peer support for new dads experiencing poor mental health or finding it difficult to bond with their baby.

Dads Rock addresses an important gap in family support, as many fathers report feeling overlooked by services traditionally designed around mothers.

Perinatal mental health research indicates that around 14% of new fathers experience poor mental health during the perinatal period — potentially affecting about 8,400 fathers in Scotland each year.

Dads Rock's own survey also found that more than 85% of the fathers and families using its services were concerned about their mental health, demonstrating a significant unmet demand for accessible, father-specific support.

Research from the Scottish Government also shows that supportive father-child relationships are associated with better social and emotional wellbeing among children. By reducing isolation, improving parenting confidence, and helping fathers engage positively with their children, Dads Rock supports both paternal wellbeing and better long-term outcomes for families.

Fathers Network Scotland

Fathers Network Scotland is a national charity working to improve children's lives by supporting the positive involvement of fathers and father figures. Its research conducted in 2025 highlighted the ongoing prevalence of poor mental health among Scottish dads, with a third reporting their mental health was "not great" or "very poor". Sadly, it also showed the number of dads seeking or receiving any form of support for their mental health has more than halved over the past two years.

There is now wide acceptance that positive, high-quality father involvement is linked with improved children's emotional wellbeing, cognitive development, behaviour and educational attainment. Yet, new fathers also face an elevated risk of depression and anxiety, with consequences for both fathers and their children's wellbeing. Its 2025 research found that a third of dads with children under two reported a decline in their mental health, while two-thirds said they lacked the information needed to cope with the transition into fatherhood, highlighting a clear gap in provision.

Becoming a dad provides a golden opportunity to help support improvements in men's health, benefiting not just men but their families, children and society as a whole. Fathers Network Scotland provides information and signposting to support dads as they journey through this significant life stage.

It also acts as a mouthpiece for these men, helping practitioners and decision-makers understand their needs and benefits of supporting them. It has trained and informed thousands of healthcare and early years professionals across Scotland through training, events and evidence-based resources, helping them recognise paternal mental health challenges, respond effectively, and strengthen families through practical, holistic, father-inclusive practice. By promoting early intervention and support, it helps ensure fathers receive the right help before challenges escalate into crisis.

IN RURAL SCOTLAND

Farmstrong

Scotland's farmers and crofters are the backbone of our rural communities. They feed the nation, steward the land, and sustain a way of life that stretches back generations. Yet they carry pressures few outside the sector fully understand — financial uncertainty, isolation, the relentlessness of seasonal demands, and a culture that too often treats asking for help as a sign of weakness.

Male farm workers in the UK are around roughly twice as likely to die by suicide than the male national average. Yet Scotland's farming and crofting community had no dedicated wellbeing programme, only telephone support, counselling and crisis services.

Inspired by the original Farmstrong programme in New Zealand, the programme in Scotland helps farming communities to farm and croft well. By linking lived farming experience with wellbeing science, Farmstrong turns advice into something usable: taking breaks, staying connected, moving well, sleeping better and asking for support when it is needed.

Movember provided the founding investment: £350,000 over three years, matched pound-for-pound by Scottish fundraising to bring the total budget to £700,000. This delivered a programme, a methodology, an evidence base — and, in August 2024, an independent Scottish charity (Büsst, et al, 2026).

IN THE CLINIC

COMPASS Project, Prostate Scotland

Prostate cancer is Scotland's most common cancer in men, with around one in ten men expected to develop it during their lifetime.

COMPASS is Prostate Scotland's programme of practical, emotional and wellbeing support, helping men and their families navigate prostate cancer. It complements clinical care through Living Well with Prostate Cancer courses in partnership with Maggie's and Ayrshire Cancer Support, a cancer-navigation App and Prostate Football Fans In Training, a tailored 12 week exercise and healthy-living programme delivered with the SPFL Trust. Between 2020 and 2025, COMPASS supported 510 course participants, delivered 68 Living Well courses and involved 224 men in 14 Prostate FFIT programmes.

Cahonas

Cahonas Scotland is Scotland's dedicated testicular cancer charity, supporting men from the moment they find a lump through diagnosis, treatment and into long-term survivorship. Its work spans awareness, early detection, peer support and survivorship guidance.

Testicular cancer is the most common cancer in young men, with around 175 men diagnosed in Scotland each year. When detected early, survival rates (95%) are among the highest of any cancer, making awareness and early help-seeking critically important. Cahonas takes its message directly into schools, workplaces, sports clubs and community settings, using accessible campaigns to normalise conversations about testicular health and encourage men to seek help without delay.

Cahonas is formally embedded within Scotland's testicular cancer clinical pathway. Every man diagnosed with testicular cancer in Scotland receives a You've Got This care box at the point of diagnosis, delivered through NHS clinical partners. Men are referred directly to Cahonas by urology and oncology teams for one-to-one and group peer support and survivorship guidance.

By bridging the gap between clinical care and community, Cahonas ensures that wherever a man is in Scotland, and wherever he is in his testicular cancer journey, he is not facing it alone.

The examples in this chapter show that change is possible.

Across Scotland, we can already see programmes and community-led approaches reaching men and boys earlier, building trust, improving health literacy and creating routes into support. But too often, this work is fragmented, short-term or dependent on local leadership and limited funding.

If Scotland is serious about improving men's health, these examples need to become part of a more coherent national approach — one that supports what works, builds the evidence base and embeds men's health across prevention, service design and public policy. The next chapter sets out how the Scottish Government can make that happen through a dedicated Men's Health Action Plan.

A Future Vision: What the Scottish Government must deliver

Improving men's health is good for men, but the benefits reach much further — to their partners, mothers, sisters, friends, children and communities.

This report highlights what better men's health could mean for Scotland: fewer avoidable illnesses and deaths, less pressure on public services and the economy, and better day-to-day lives for the people closest to them.

WITH THIS IN MIND, MOVEMBER COMMITS TO:

Ensuring all boys and men are supported through policy, programmes and services in actively looking after their health, and the wellbeing of others, with a specific focus on groups who experience health inequalities.

Promoting the mental health of boys and men, and preventing male suicide and self-harm. Supporting the understanding, measurement and promotion of healthy relationships in the lives of boys and men.

Understanding and addressing the role that gender plays in boys' and men's health to advance family and community health.

Scotland already has important building blocks in place. The Scottish Government recognises the value of taking targeted action on gendered health inequalities, as exemplified by the second phase of the Women's Health Plan. Similarly, the Population Health Framework 2025–2035, Health and Social Care Service Renewal Framework 2025–2035 and Suicide Prevention Action Plan 2026–2029 commit to developing action plans on health inequalities, alcohol and drugs, and suicide.

These are important steps, but action on men's health remains spread across separate policy areas. The effect is that men's health is addressed everywhere but owned nowhere.

A Men's Health Action Plan would not replace this work, nor compete with the Women's Health Plan. It would complement it and sit alongside the aforementioned frameworks, bringing these strands together through a clear, gendered lens and reflecting shared ambitions around equity, prevention, wellbeing and social cohesion.

The plan will help facilitate the intended shift to a prevention-focused system, with a focus on reducing inequality and tackling the socio-economic drivers of ill-health, while centring action in areas with greatest need. It would give the Scottish Government a single point of accountability for whether the sum of these plans is genuinely narrowing the gap in men's health outcomes. A plan, with action at its core, is urgently needed to turn the tide on men's health in Scotland.

INTERNATIONAL PRECEDENT FOR ACTION

Scotland would not be starting from scratch. Ireland pioneered national action on men's health, while Australia has an established National Men's Health Strategy running to 2030. England launched its first Men's Health Strategy in November 2025, and Canada has committed to publishing its first Men and Boys' Health Strategy in Autumn 2026. Together, these developments reflect growing international recognition that improving men's health requires sustained national leadership, action across the life course and a clear plan for reaching and supporting men in all their diversity. Scotland now has the opportunity to build on this progress while developing an approach that reflects its own population, geography and inequalities.

A MEN'S HEALTH ACTION PLAN FOR SCOTLAND

Based on the evidence in this report, and in making these commitments, Movember's core ask of the Scottish Government is to learn from other countries' experience of formulating and implementing men's health strategies and:

Invest in and publish a fully costed Men's Health Action Plan to improve health services, systems and policies across the life course.

These policy priorities are informed by the 5R Framework for men's health policy, published in The Lancet Public Health (Galdas et al., 2025). The framework sets out five principles for designing gender-responsive health systems: Research, Reach, Respond, Retain and Relational. For Scotland, this means improving the data and evidence on men's health, reaching men in the places they already are, responding to the different ways men present and seek help, retaining men in care once they engage, and recognising the relationships, families and communities around them.

Men's health in Scotland is shaped across a whole life, not just at the point of diagnosis. Yet the system tends to meet men late, in single disease areas, and once problems have become chronic. Our recommendations are a route towards a gender-responsive healthcare system that recognises men's health needs across the life course and acts before crisis point. This means thinking not only about health policy, but also about how services are designed, delivered and connected to the places where men already live, work and seek support.

Under this overarching call sit three key policy asks to the Scottish Government as presented on the following pages.

POLICY ASK NO.1

PUT MEN'S HEALTH ON A FORMAL FOOTING OF ACCOUNTABILITY

Ambition without accountability changes nothing. Men's health needs visibility, named ownership, and a solid plan of action.

This requires inspired leadership and dedication to keep the focus on a comprehensive vision of physical, mental and psycho-social health across the life course, and for men from different walks of life.

- Ensure the Men's Health Action Plan has measurable objectives and targets, named responsibilities, clear timescales and transparent public reporting against progress. This cross-government plan should have initial funding in place and should encourage every NHS Health Board to implement specific actions related to improving men's health.
- Establish a National Advisory Council on Men and Boys, bringing together clinicians, researchers, public health experts, local authorities, third sector and men with lived experience, and meeting Scottish Government ministers at least three times a year to track delivery against the action plan. This work must engage both formal and informal health and social sectors, employing an intersectional approach to ensure accountability and focus on outcomes.
- Appoint a National Men's Health Champion to lead this work publicly and hold it to account. The champion need not be a Minister but must have the standing and access to keep the issue on the agenda.

POLICY ASK NO.2

INVEST IN HEALTH PREVENTION, PROMOTION AND SERVICES THAT WORK FOR MEN

Men's health is lost early, and disproportionately among men who are isolated, in insecure work, affected by poverty, in contact with the justice system or unlikely to approach a service until a problem is acute. For boys and young men, this also means recognising the role of online spaces in shaping identity, body image, relationships, risk-taking and help-seeking behaviours. Preventive public health and social support services have to reach these men in the settings and at the life stages where specific issues including, alcohol and drug use, physical activity, heart health, mental health and online harms become relevant. Crucial to this success is supporting harm reduction programmes, encouraging physical fitness, smoking cessation and the moderation of alcohol use. But reaching men is only part of the answer. When men do seek support, they need services and professionals equipped to understand their needs, build trust and keep them engaged in care.

- Launch a new public investment fund for grassroots men's health community programmes in Scotland, prioritising those delivered in communities with the highest levels of socioeconomic deprivation. Movember is open to partnering with the Scottish Government on the fund, including to expand the base of other potential funders that could contribute to it. The fund would be used to build a robust framework for impact measurement including measures of healthy masculinity to show future return on action plan investment.
- Drive earlier detection of the diseases contributing to premature mortality — including cancer, cardiovascular disease, respiratory disease and mental illness — through targeted awareness and access in the settings men trust, tackling the tendency to present late to improve health outcomes. Support services for diseases including prostate and testicular cancer should also be strengthened, recognising the psychological impact they have on men.
- Continue to scale evidence-based community sport prevention programmes such as Movember's Ahead of the Game across Scotland, building on Scottish Government investment that has extended the Movember-funded programme to the Highlands and Islands. This should use and invest in the existing infrastructure of professional sports club foundations, community clubs and local delivery partners, including SAMH, to prioritise boys and young men who are least likely to seek help early, including those in rural, island and deprived communities.
- Recognise fatherhood as a public health opportunity, not only a family responsibility, by providing mental health screening for dads and funding peer support programmes for new fathers.
- Develop a public health approach to online harms affecting boys and young men, building on the Scottish Government's Online Safety Taskforce Action Plan. As part of this, online harms to boys and men should be included as a priority area in cross-government priorities and negotiating objectives with the UK Government and Ofcom.
- Strengthen men's sexual and reproductive health by improving prevention, surveillance and access to services across the life course, particularly for male reproductive cancers, male infertility, sexual dysfunction, contraception and reproductive planning.
- Support the adoption and evaluation of evidence-based, gender-responsive training for Scotland's health and care workforce, including programmes such as Movember's Men in Mind, to strengthen practitioners' knowledge, skills and confidence in working effectively with men.
- Prioritise the commissioning of service models with evidence of reaching and retaining men, such as Men Matter Scotland, and treat this as investment: helping men stay well and seek support earlier eases pressure on acute services, with returns shared by households, workplaces and communities. Further, ensure these models are not only scalable, but adaptable in order to meet distinct cultural and community needs across Scotland.

POLICY ASK NO.3

BUILD THE EVIDENCE BASE ON WHAT WORKS FOR MEN

The Scottish Government cannot just collect data — it must be responsive to the data it measures, ensuring it informs policy and system design. Critical men's health data is often missing because it has not been collected, not disaggregated or simply not used, even when it exists.

- Routinely publish and analyse sex and gender-disaggregated health data across the NHS and wider public bodies broken down, where appropriate, by deprivation, geography, race, age and relevant equality characteristics. This should be consistent across premature and avoidable mortality, service access, screening and diagnosis, uptake of preventive services and treatment outcomes, as well as being directly comparable across health boards.
- Direct and commission research beyond describing the problem and towards strategies that are evidence-based and aligned with men's intersectional experiences to build an understanding of what brings men into services earlier, what keeps them engaged, what builds trust and what works in the communities where men are most at risk. This includes understanding the impact of structural inequalities including immigration status, race and sexuality. Work in co-creation with affected men and those closest to them to design and tailor these strategies.
- Support academic partnerships to evaluate promising models, examine their applicability across different settings and groups of men. These findings should translate into policy and practice so funding and accountability decisions are grounded in evidence and move Scotland towards a genuinely gender-responsive system.

Call to Action

Behind every statistic in this report is a man, a family and a community living with the consequences of poor health.

Too many men in Scotland are dying younger than they should. Much of it is preventable, the result of serious illness spotted too late and men who slip through services before anyone intervenes.

Every year that meaningful action is delayed, more men fall through the cracks. More lives are cut short by preventable disease. More families experience avoidable loss. More pressure is placed on a health and social care system already under strain.

The Scottish Government can capitalise on existing grassroots, community-based, and more formal initiatives that are growing in number to build the evidence base on what works, and to drive forward opportunities for prevention, care and support that can result in longer and healthier lives.

The evidence is clear. The need for action on men's health in Scotland is urgent. Scotland's politicians have an opportunity — and a responsibility — to change this trajectory. It is time to seize this opportunity.

The policy actions set out in this report provide a practical and evidence-based foundation for improving men's health outcomes across Scotland. They are achievable and cannot be deferred to a future Parliament or a future plan.

Movember is calling on MSPs from all parties to act with urgency:

Champion the policy recommendations outlined in this report.

Make men's health a visible, sustained policy priority.

Invest in prevention and early intervention to reach men before crisis point.

Ensure health and support services are designed to engage the men who are currently being missed.

Drive Scottish Government action on the social, economic and cultural factors that underpin poor health outcomes.

Scotland has the knowledge, expertise and evidence needed to improve men's health. What is missing is not understanding; it is pace. The longer action is delayed, the greater the cost in lives, wellbeing and public expenditure.

Scottish men cannot wait for another consultation or suffer another generation of avoidable health inequalities.

The time for recognising the problem has passed.

The time for leadership and concerted action to advance men's health on the Scottish agenda is now.

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Cahonas

Change Mental Health

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Fathers Network Scotland

Feniks

Growing2gether

The John Hartson Recovery Workshop

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Dr Marianne McCallum, Scottish Deep End Project

Men Matter Scotland

Pregnant Then Screwed

Prostate Scotland

Samaritans Scotland

SAMH (Scottish Action for Mental Health)

Scottish Healthy Masculinity Alliance

Scottish Men's Sheds Association

Scottish Violence Reduction Unit

Voluntary Health Scotland

YMCA Scotland

Zero Tolerance

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Glossary

The below is a list of terms used in the report alongside the definitions as adopted by Movember and the source references.

Caregiver (informal): For the purposes of new research conducted to support this report, we define caregivers as people who provide at least four hours of informal care a week for at least one man over the age of 18 who has a physical or mental health condition (including addiction and substance abuse, and excluding congenital conditions and parenting caring for their children since birth or childhood).

Gender: The characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from and within societies and can change over time (World Health Organisation, 2024).

Gender responsive healthcare: Healthcare that identifies gender differences and inequalities in women, men and non-binary people regarding their health and healthcare experiences, and sets about addressing them through system-based change (UNESCO, 2017).

Healthcare / Health system: All organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence wider determinants of health, as well as more direct health-improving activities (WHO, 2007).

Health Literacy: The degree to which people have the ability to find, to understand and to use information, supports and services to inform health related decisions and actions for themselves and others (CDC, 2023).

Masculinities (masculine norms): Encompass the diverse socially constructed ways of being and acting, values and expectations associated with being and becoming a man in a given culture, society, location and temporal space. While masculinities are mostly linked with biological men and boys, they are not biologically driven and not only performed by men (Kaufman, 1999; OECD, 2019).

Men: Movember's definition of men includes anyone who identifies as male. It is a broad term to describe boys, adolescent, and adult men, consistent with that used in the Australian National Men's Health Strategy 2020–2030 (Australian Government Department of Health, 2019). "Men" is not intended to exclude males with diverse sexualities, intersex men and men with a transgender experience.

Young Men: At Movember, our Young Men's Mental Health Portfolio supports men aged 12–25 years.

Men's health: A state of complete physical, mental, and social wellbeing as experienced by men and not merely the absence of disease or infirmity (WHO, 1946), with a focus on how sex and gender intersects with other determinants of health to influence boys' and men's exposure to risk factors and interactions with the health system and health outcomes across the life course that requires dedicated prevention and care services).

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