**SMiW Webinar - Mens Mental Health Stigma and Awareness Webinar for Employers-20241114\_100228-Meeting Recording**

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 **Rachel Gray - Project Officer - SeeMe** started transcription

 **Bryony Mole - Project Officer - Workplace - SeeMe** 0:13  
So I'll start off looking at why are we focusing on men's mental health in Scotland in particular? And I think one of the major things that have come out of research on mental health is the high rates of suicide. So 74% of deaths by prob.  
Suicide in 2023 were men, the largest age group affected were 25 to 44, followed by 4045 to 65, which is particularly pertinent to you as employers and as people in the workplace, because that's.  
Largely working age.  
So I think it's really important to think about kind of the consequences and why it's really important to to create spaces where people can speak to each other, can have that peer support and can kind of be open about their mental health, both in work and outside of.  
Work as well.  
The session is recorded.  
Sorry, forgot to say that so please do turn off your cameras if you're uncomfortable being recorded at all.  
Obviously, you're welcome to have your cameras on if you if you're fine with that.  
But just letting you know that that all that the session is recorded.  
Over the probable deaths by suicide, the occupations that are most affected by this are skilled trade, occupations and elementary occupations.  
This includes things like farming, construction.  
Factory work as well, and a lot of the industries that are coming up for highest numbers of suicide by occupation are traditionally male dominated industries, which again is why we're focusing on men's mental health in the workplace today.  
No, I will send the full kind of description.  
Of those trades as well.  
But I think we'll look at specifically at like construction today as well and kind of from mates in mind.  
And have them speak a bit about what they're doing within that field.  
But yeah, it's largely within male dominated fields that there is those higher rates of suicide and their social isolation as well. So public Health Scotland said that men are less likely to report high levels of social support or frequent social contact.  
So there's more loneliness.  
And.  
Looking at the data on this topic, actually men and women's mental health.  
Kind of has taken a similar depth of COVID, but the difference is that women are more likely to reach out for support from friends or family rather than have this isolation, whereas men are more likely to have levels of social isolation.  
And that's kind of where the concern is that where is that support to open up and have these conversations?  
And there was also an increase in number of men who self harmed in 2021 compared to 2018 and 2019.  
So that was from Scottish Health survey as well. So This is why we're focusing on men's mental health and why it is really important for employers to be aware of their staff, of their mental health and kind of create spaces to have open conversations, remove that St.  
Around talking about mental health, particularly at work and particularly where there is maybe more male dominated fields.  
Create the spaces for those conversations.  
So I think it's really important to have that as an area of focus.  
Today.  
The Scottish Mental Health Illness Stigma Study also covers a lot of data around about the stigma that people feel. It is worth noting that only 97 percent 97 of the participants in this study were male. However, out of 346, however, the kind.  
Of data still stands that participants felt like they'd been untreated at work because of their mental health.  
They'd stopped themselves discussing their mental health at work, 75% said they'd stop themselves from discussing their mental health at work.  
And 65% had stopped themselves from taking leaving.  
Such as annual leave and sick leave due to stigma about their mental illness, and 43% feared being moved on from their position or passed over for promotion due to their mental health and stigma around that.  
So it is really affecting people's perceptions of themselves at work and thinking, oh, if I talk about my mental health at work, if I talk week about my needs and kind of reach out, what will happen? Will I be passed up for promotion?  
Will it affect?  
My performance at work and really thinking about.  
You know, especially for people that line manage, having those conversations, having that reassurance to people that actually like mental health should be treated as same as physical health and really having conversations with your employers that it's fine to speak about this and actually it's needed to speak about.  
This in a lot of cases.  
So touching on the stigma, mental health stigma amongst men remains a really high barrier when engaging with mental health services.  
So not only are they less likely to reach out to friends and family, but also reaching out to mental health services. I think only around about 30% of people that access CBT through the NHS identify as male.  
And this has been associated for a wide variety of reasons, including kind of like masculinity and pride and the the image that you need to be self reliant.  
Which of course.  
Is it's not the case, no one needs to be self reliant, but there is that perception there and then research undertaken by the men's Mental Health Forum found that over 1/3 of men wait two or more years before disclosing a mental health problem, and men were.  
Found to be too embarrassed to take time off for work for mental illness, but did not feel this way about physical illness.  
So this study reported that if, for example, you have a cold or you know you have an injury, then people were quite comfortable taking time off.  
But that was not the case for mental health.  
And actually, why is that?  
There needs to be more of a conversation about treating mental health on the same field as physical health and really kind of breaking down that perception that you shouldn't take time off for mental health, or you shouldn't discuss mental health at work because it can be really dam.  
For people.  
Just briefly, before we move on to kind of the the guest speakers for today's session as well, I wanted to touch on intersectional stigma.  
I think it is something that is not commonly spoken about and that is thinking about your workforce and kind of the different factors that may be affecting them and that the different factors that may stop people coming forward to disclose mental health and mental illness, so evidence shows.  
That men who are from black or ethnic minority backgrounds are less likely to access mental health support services and the Race Equality Foundation, stated that cultural expectations to deal with that or be strong.  
Affected how mental illness was understood amongst people from black and ethnic minority backgrounds.  
So actually it may be even more difficult to access support or disclose mental health concerns in the workplace.  
Thinking about what approach do you take and is it accessible for everyone?  
So is your mental health support services and is the conversation that you're having around what mental health accessible for everyone in your workplace?  
And then lastly, statistical data obtained by Fenix in partnership with NHS Lothian showed that there was really high level of suicide amongst Polish men in Scotland.  
Nearly twice as high amongst Scots, and the consequence of this was around that shame or fear or discomfort or surrounding acknowledging mental health problems as well.  
So in general, men have.  
Do not disclose mental health as often as their female counterparts within the workplace, but there's also other cultural, cultural factors that can contribute to that.  
So when you are having conversations around about mental health in your workplace and really trying to break down that stigma, think about.  
Are you engaging with everyone at your workplace and are you asking them what works for you?  
What would make you feel comfortable talking about your mental health and kind of what do you need as an employee to feel comfortable speaking about this in the same way that people would speak about their physical health because they they should be treated the same within the work?  
I won't touch on this too much, but we do have our see me and work programme, so if you are interested in learning more about how to tackle stigma within the workplace, we focus on the seven building blocks which are senior leadership commitment.  
Creating conditions for safe disclosure.  
Mental health awareness and literacy.  
Mental health training. Confident and informed line management.  
Effective implementation of reasonable adjustments and stigma, free organization, culture and ethos.  
So that's what our program is based around and we support employers to really review their practices, get feedback from staff and to work on mental health stigma through campaigns and through their services.  
To try and tackle some of that stigma, using the seven building blocks.  
As a framework for that. This is based on our 20 years experience of working on stigma and discrimination, working on mental health stigma and discrimination, and working with over 100 employers across Scotland. Throughout those 20 years to think about what works for them and what contributes to.  
A workplace that where you can speak about mental health and can I tackle some of that stigma. So if you are interested, we've got our see me in work programme.  
Again, I'll send these slides out.  
So you can access the links to those.  
Hour. You can contact me directly as well. So my e-mail is on there of brian.e.mole@cmescotland.org, so if you are interested in this programme of work and getting involved, it is free as well.  
So we don't charge for anything. Then please do get in touch with me.  
So yeah, that is a very whirlwind overview of stigma and men's mental health in Scotland.  
However, I will pass on to our our speaker. So our first speakers are fair and Douglas from Sam H.  
We're going to speak about the changing room project and kind of how that's contribute to an environment where people can speak about their mental health and tackle some of that stigma.  
I've got the slides up here, so yeah, please do. Just tell me when to move on and I will navigate the slides from there.

 **Christopher Nicolson, 'The Changing Room' Project Manager** 11:55  
Great. Thank you.  
Thank you, Brian.  
It firstly, it's really good to be with you this morning and we're really happy to be able to talk about the changing room from Sam H.  
So just briefly, the changing room as a mental health program and we'll talk a bit more about that today. But it's really just worth saying that stigma plays such a key role within the changing room, especially in terms of like the experiences from the men that come to.  
The fore so.  
Although it's a mental health program, it's also kind of a stigma programme because when you're getting guys together to talk about mental health.  
That is one way we like to tackle stigma, so we'll talk through the change room and we'll talk through some of the experiences that guys have had within the program and maybe just think about how we create a safe space for guys to talk.  
So Brian, if you could move to the next slide.  
OK.  
So yeah, go back on.  
Just please very quickly I'll introduce myself.  
I'm fair, Nicholson.  
I'm the programme manager for the changing room, so I've been here since about 2017.  
I joined Sam H in that time. I have worked on the changing room, so I've helped with the the design, the delivery and the development of the program, which started as a pilot at Hibs and is now a nationwide working with football clubs around the country and I.  
Just at this point, invite my colleague Dougie to introduce himself.

 **Douglas Gowan, The Changing Room Project Worker Sport & Physical Activity** 13:19  
Hello, thanks for I'm Dougie. And yeah, I got involved at the pilot stage after lots of years in financial services, I decided to do something else.  
So I was volunteering.  
Happened to find this project that addressed an audience that I know men self medicate and don't look after themselves and go to football.  
So found a brilliant project and I've been involved five years.

 **Christopher Nicolson, 'The Changing Room' Project Manager** 13:45  
Thanks. OK.  
Next slide please.  
So I'll just give you a very brief overview of of the change room and kind of extra time, which is another programme that we have.  
So the changing room is our core 12 week mental health literacy program.  
So it has been funded by Movember since 2017, and so that is why specifically we've worked with men over the years because we're funded by a men's health charity who were keen that we we tackle mental health using the power of football so.  
We're able to talk about.  
Mental health within the football environment.  
Different football stadiums around the country. We bring guys together to share over football, but also over over mental health.  
So it's a 12 week mental health literacy program and and by that what we're meaning is that we're effectively encouraging guys to come together to to get a better understanding and knowledge of mental health in order that they can essentially better manage their own mental health and well.  
Being.  
That then leads us on to extra time.  
Sorry, just go back.  
There we are.  
Extra time.  
Is an additional program that we have that follows the the core changing room program.  
So it's funded by the Scottish Government and works with kind four of the bigger clubs are in the country, so it, hearts, Hibs, Aberdeen and Rangers and that programme allows us to go a bit deeper into certain aspects of mental health. And what happened was that during the.  
Initial 12 week programme that we have certain themes that were relevant for men started to be identified and we thought OK, we need to do a bit more here. So things like purpose.  
Identity, emotional control, resilience and confidence. We look deeper into those subject areas with the guys as part of the extra time program and we're trying to give them tools and resources that allow them to manage their mental health better and then just a word on the evaluation in.  
Future, we've evaluated really strongly.  
We know that our program has an impact, especially in tackling stigma, and so we're now looking at different audiences that we want to work with so young men.  
Rural communities, and it's worth saying that we have done some changing room activities with women as well.  
So, you know, we're not totally limited to to one gender, so.  
Hey Brian, if you can move us on.  
Yeah. So just very briefly, we feel during the changing room what comes up often is that men have experienced a stigma and discrimination and they know what that feels like and they know how it has affected them and maybe held them back. But they maybe have a hard.  
Time when it comes to actually talking about it and describing it.  
So we always like to give the definitions that we use, and we find that a really helpful way of equipping guys to better understand their experiences of stigma and discrimination. So just as we go forward.  
This stigma is a negative attitudes or beliefs based on a preconception, misunderstanding, or fear of mental health. And very often it's that fear that plays such a key role in stopping people from chatting about mental health and seeking help, and then discrimination is when a person performs an.  
Action, whether intentional or unintentional, that creates barriers and inequality for people with lived experience and mental health problems, and very often.  
The guys that come into the program, they stigmatize themselves and they also kind of discriminate against themselves. And we unpack that and we explore that with them. So you can move us on to the next slide.  
And Dougie will take from here.

 **Douglas Gowan, The Changing Room Project Worker Sport & Physical Activity** 17:18  
Thanks for. So what?  
What I'm gonna do is this the the four sections in colour in the middle are the the four phases of our twelve week programme.  
So what I'm going to do is work through those, not give you lots of detail, but tell you what we're trying to do in each of those phases. But at the same time, then talk about how we see our experience of stigma and the participants experience of St.  
And how and how it affects them and what we're trying to do with it?  
So signing up actually is quite a challenge because people's experience is is the past.  
It's a family.  
It's a friends and it's a stigma that comes with that because they've tried to talk to someone and been shunned or talk to people, scared to talk to them because they don't know what to see, which is quite a common thing.  
So their friends back off and they kind of begin to isolate themselves.  
And because of the mental health illnesses.  
And manifest themselves.  
People start doubting their worth, so they've got a low self worth and don't really challenge that and don't feel worthy.  
So there's a challenge to get them in.  
So what we do is build up lots of relationships with local public health partnerships and community link workers and the likes to make sure we can get people.  
And what we're finding, I think fairly agrees once once we managed to get people into the changing room, they'll stay.  
They'll come along and talk because they find as we go and as a safe place to talk.  
And feel safe about things.  
So that takes us on to the first phase trust. So we deliberately spend 3 weeks out of the 12, making sure we've built up trust with the guys will do very simple things because he's a stadium tour.  
Where we can depends on the venue we're at, which some people find a bit odd, but it's all about the guys spending time with each other, building up trust using football.  
As a means to get them talking.  
That's the.  
That's the icebreaker, as it were.  
And what? What you what we'll find on the way through this is that there's a, there's a real lack of trust because of the previous experiences.  
With slots on mental health questions that are quiz in the second week.  
And and find that people were just resonating with them, that they've taken years to tell anybody about this.  
Or they've tried and have been pushed away.  
So, and there's also the kind of social and community stigma that comes along with.  
There's so many crimes reported in it is blamed on somebody's mental health, which is really it makes the guys really doubt themselves.  
One particular individual.  
Oh.  
Who came along and he suffers quite severely from schizophrenia, but he decided he couldn't operate in society because of the society viewed him until he managed to get himself alone and then start to, you know, tackling his schizophrenia.  
We've helped him reintroduce himself to society and move himself on, which is a which is our key thing. Fair referred to the extra time course.  
But what we ultimately want to do is.  
Help the guys help themselves to become self reliant.  
Relying on each other and not us, so they're not coming back to us to to manage themselves sufficient. Or at least they're helping each other as well.  
So once we get through that trust phase and do do stop me if I'm going on too quickly here, Bryony.  
The what?  
What we hope to have done is built a connection, so we'll start that point.  
For the first time, what we'll look to do, as you can see in a little image, we'll try and get them to walk around pitch side at the stadium and if they're a fan of that club, it was a big thing for them because.  
You're not allowed to do that normally.  
You get arrested if you go go pitch side.  
So in that different change of environment and to do a shoulder to shoulder walk and actually give them permission to talk to each other, which is it's a really powerful session because at that point you're not sure whether they're going to chat to each other about how they.  
Feel, but certainly they do. And it's it's great.  
It's so uplifting to see them come back in and say, oh, well, we were chatting about all sorts of stuff. So it's a good it's a good.  
Connecting point and starting a conversation as we call it.  
And it helps them find their voice and realize that that voice in their heads in you're alone is not true.  
There's lots of other people like you and quickly move on to start sharing more with each other.  
That's not true for everyone. There's some people.  
When they arrive, they're in a different stage of their mental health journey, and they're trying to recovery.  
And some people are much more open to talk and other people who are much more reserved and hold back for a while.  
But what we do?  
Has encouraged them to keep coming, and gradually you'll find that they they will join in the conversation more openly.  
So at this point, the stigma is similar to the trust phase.  
It's more like they've lost trust with other people, and So what we do, we're very deliberate.  
Each week we'll repeat our operating principles about being a safe space, not not having any judgment in this room and challenge any judgment that comes along to make sure that people are.  
Been absolutely open and honest with each other, but keeping it within the room and there's no carrying on the chat away and can actually let the guard down. There's a great quote from one of our past participants whose case studies on the sandwich website where he said he.  
Forgot to keep his guard up.  
But she spoke for the guys.  
Practice. It's what I've heard all this as you're saying, because of the self worth and the stigma that they've experienced.  
Crunches, but go on.  
We're we're making time posters. We go as well.  
So at the halfway point, we'll we'll kill them.  
We're there and then we start to move into this phase that we call learning and then the main session we have after the half time.  
Really looks to try and challenge the guys on the perception of themselves and their ability to recover. You hear all sorts of stories about.  
In general practices, I don't blame them, but it's like, well, here's here's some medication. Off you go.  
You're kind of stuck with this depression now.  
And what we're challenging the guys and we've deliberately prompt quia a debate in what the session can I get better.  
Can I make myself get better and how can I do it?  
Throughout the 12 weeks we're underpinning this with a simplistic theory called the five ways to better mental health.  
Which is about connecting with people about getting some exercise about learning different things and all different simple things, but will keep pushing that home to them to see. You can challenge yourself. You can do these things differently.  
And and that we help yourself.  
So by that.  
It's by virtue of doing that. We're looking at building up the knowledge and their understanding of their mental health and and how they can get better.  
And you begin to see people talking about.  
Stigmatise myself. I've been defined by illness. I've been.  
Yeah, I am.  
I'm making the schizophrenic come. I make the gambler and it's great to see them start to challenge that. See, actually I can do.  
I can.  
I can do things differently here.  
One one of the the next session after the the meeting, learning one.  
A video of.  
A.  
Marmite football figure, shall I say there's people, love or hate them.  
But actually he speaks so well that the guys in every environments, he actually much more respect for that character now.  
Before I might have seen him as a bit of a hate figure because he played for them, not us, and he was.  
He was a tough guy.  
Midfield player, whatever. And then you see that in themselves.  
Oh, I I've touched people before.  
I I've judged him or that person, and maybe I'm guilty of this as well.  
So they begin to challenge their own behaviour too, which is driven home as we get into the develop stage because we do have a a specific session dedicated to stigma and discrimination.  
And in that, we'll we'll throw up figures that are commonly.  
Stigmatised in society?  
In terms of the people to say, well, what do you think of this?  
Which for me brings up some really great debates in in the room.  
About how people actually are still guilty of stick the feel that they've been stigmatised, but they'll do it themselves.  
So as a really great session to challenge their thinking as well about their own behaviour.  
Couple of examples, perhaps of.  
I might use an image of kind of homeless people.  
Like in the street. And then people would be like, oh, yeah, but they do that through choice. But in in the session that I recall vividly, there's a voice from the fire in the room. Who said, well, I've almost twice and I didn't choose it either time which.  
Led to a great conversation in that group and a huge bit of learning.  
So I think it's great that then become really aware of their own behaviour and we'll encourage them to go away and quietly challenge whatever they see and not ignore it.  
And not judge people as as they might have done in the past.  
So that's a bit of a whiz through, but that, that's that's of course what we aim to do at the end of it is towards the end. We've got a session where again using football, we're trying to not try to, we do encourage them to create their own.  
Well-being team so that this is well, what are all the things I've learnt from each other from coming here?  
From all your different experiences and what can you draw on going forward to take away as a kind of self-care action plan?  
But all dressed up and I can football jargon we which is brilliant.  
Guys still use them.  
The encounter focusing off still got that stuck to my fridge, and it's it reminds me to go out and do things to be active about looking after my mental health and not just.  
Slipped back into that dark hole that used to be, you know, actively challenged myself when I feel was coming on.  
And as we get to the post post, what we'll find is that it really helps the confidence the guys are when a lot of them will move on and some of them have changed jobs.  
They've, they've or they've began work or they've become volunteering.  
They'll bring people back to us to see where I've got a friend.  
Can he come?  
Yeah, they can definitely come.  
So we begin to challenge.  
Whole society around mental health, self worth stigma and.  
And the stop limiting themselves to believe that, and we've got great as far said as great as great post course evaluation about people's social connection and how they feel about the well-being. And as I said earlier on, we're keen to try and help them see we.  
Here you can come back and ask us things, but don't be dependent on us.  
Go forward and look after yourself and.  
Look out there.  
Thanks.  
I'll just stop for a breath.

 **Christopher Nicolson, 'The Changing Room' Project Manager** 29:14  
Thanks Dougie.  
Yeah. I think just to kind of summarize as well in terms of the environment that we try to create for the changing room, you can see from that kind of process that we're talking through just how important trust and connections are and building up those trust and connect.  
For men.  
Because initially they're coming into the program from a place of, I'm not sure about this and I don't really want to talk about mental health, but I feel I may be have to to a point of post program.  
They're empowered and confident to go and tell their story, and we had countless examples of guys.  
Have maybe never talked to anyone about their mental health then going on to share their story and that again just feeds into tackling stigma.  
One of the things Dougie mentioned there was that we have a session that focuses specifically on stigma, and so the slide that you're looking at here quite a lot of words on it, but that is one of the slides that we use within the changing room within that.  
Stigma session and so the point of it is just to provide the guys with a bit of knowledge around what mental health stigma looks like, and so we'll just very briefly I'll work through this and maybe highlight a couple of examples.  
So firstly, we know that stigma around mental health can be a lack of knowledge and understanding around mental health. And actually that is probably the key central point.  
You know, it always comes back to all the other things that we discussed, the negative attitudes, language, behaviours, discrimination.  
Lack of resources.  
It almost always comes back to people having a lack of knowledge and understanding.  
So what we're trying to do is is increase that knowledge and understanding about mental health that people have within the changing room, but across society too. That allows people to to respond better to challenges.  
Couple of examples from the changing room.  
So when we do this slide, it provides opportunities for guys to share their own experiences.  
So some of the the negative attitudes, language and behaviours that people have experienced are really profound.  
One guy that was on our first changing room course at Hibs, he actually talked about in his work life. He's been off twice with kind of longer term sick. Once was because he had a hip replacement and the other time was because of his, his mental health being.  
In a poor place and he always talks about how when he came back to work after his hip replacement, everyone came up to him to know how are you getting on?  
How's your hip?  
And they were very direct and speaking to him about it.  
When he came back after his time off from Peru mental health, nobody said a word to him.  
And that was him experiencing the stigma from other people of actually not feeling they could talk about mental health, not wanting to upset him or or feeling able to.  
To say something for fear of saying the wrong thing, that that negative behaviour, that's a result of mental health stigma, people with mental health problems are often seen as an illness rather than an individual, thus devaluing their sense of self.  
So we've had lots of examples of guys and one in particular who went to the doctor received a diagnosis of depression.  
And it was put to him in such a way that that was who he was. And so everything he saw about himself was through that lens of his diagnosis. And by being in the changing room and being supported by other guys, he eventually came to see that act.  
No, my depression is maybe a part of me at the moment.  
It's something I'm going through, but it's not the whole thing.  
And then discrimination, non fair treatment of people.  
This is particularly relevant to the workplace, and very often we've had guys talk about their experience of workplace stigma and discrimination.  
But the good thing about the Chang room is guys feel equipped and unable to actually support one another and share their experience, and that helps them make decisions that are ultimately going to help them move past and beyond the stigma that they experience.  
And again, just very briefly, stigma around mental health can be lack of resources and unequirable funding.  
So that is something that we know all about. We as a charity and as a program, we need funding every few years so.  
We're very much aware of the challenges that come with that.  
I'll. I'll move us on bringing if that's OK. We just want to talk about the impact very briefly.  
We've in the kind of past seven years of this programme we've had 1 / 700 participants come through our course.  
And that's that's really significant for us because for every guy that comes through it, it's not just them, it's impacted.  
It's actually their families, their friends, their their workplaces that all goes a long way to tackling the impact of of stigma.  
And more people being more confident, we've got a very brief quote there.  
So this is one guy that was on our course at Rangers.  
It's helping me to get into a more positive way of thinking, changing from account to account right now, but maybe I can in the future.  
That's important.  
Or you'll stay stagnant.  
I know I'll have ups and downs, but it's all about positivity.  
I've done it before.  
I'm strong enough.  
That is a great quote.  
I love that one.  
It really represents a shift in someone's thinking and attitudes towards mental health.  
Brian, if you want to move on, I think Dougie's got the next slide covered.

 **Douglas Gowan, The Changing Room Project Worker Sport & Physical Activity** 34:23  
Server I'm muted my mic.  
Yeah. Thanks for the again, this is.  
A quote from a participant in what you said was one of the things that's so important about the changing room is that it helps get past the stigma because men are reluctant to talk about how they feel. But by putting them in the stadium where they've already got.  
An attachment, as I said earlier, it's lowers the guard.  
It's because the love of football and the team and people talk about football already emotionally engaged.  
And it makes it easier to open up about how you feel because you're already there. And that was from the fellow that sort of got a case study on the Sand Beach website and talked about how he let his guard down because he felt at home in the.  
Sense.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 35:13  
Thank you so much.  
Is there anything else you'd like to add or?

 **Christopher Nicolson, 'The Changing Room' Project Manager** 35:18  
No, that's it.

 **Douglas Gowan, The Changing Room Project Worker Sport & Physical Activity** 35:18  
So I'm conscious of the time we could probably give you lots and more examples, but.

 **Christopher Nicolson, 'The Changing Room' Project Manager** 35:19  
Thank. Thanks for listening and yeah.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 35:23  
Thank you so much.  
I thank you.  
It was really useful and I think the main message that the employers should be able to take away from that as well as you know, signposting to this amazing support is also making mental health conversations relevant to the people that are in your workplace.  
So find things that they like, find things that connect people and really like. Build on those conversations and those connections.  
Within the workplace, when you are having conversations with mental health, so maybe make it initially about football, but then lead it on to more conversations about mental health or other things that connect people.  
If you've got other groups or hobbies that people are involved in, so I think it's it's definitely good to, like, have that community and really encourage that people also.  
Thank you so much.  
Yes, Doug Douglas.

 **Douglas Gowan, The Changing Room Project Worker Sport & Physical Activity** 36:12  
Just pick it on a point.  
The point you said about use something else. We did try to do or we did run a changing room course with.  
Male Syrian people. We've been real rehomed here.  
Initially we were told there are big interest in football quite quickly.  
That had zero interest in football at all, but what we did find a big, much bigger interest in history and culture and actually food and things like that.  
So we're able to use that as the means to get them talking.  
So you're right.  
You're spot on spot on about you. Just use something else.  
Find what it is.  
That's the common thread.  
And then build up from there.  
Be quietly.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 36:52  
So much, yeah.  
Thank you so much.  
I think it's really important that when we're in workplaces, we're thinking about the connections and how we can build those safe spaces for people to chat as well as direct them to other places as well.  
Well, now here from Lindsay from mates in mind, who'll speak a little bit about the work that they're doing in the construction industry to create those spaces for people to talk about mental health.  
I touched on earlier about particularly high rates of suicide within the construction industry and how important this work is, so I'll pass on to Lindsay.  
Lindsay, I've got your slide. So just tell me when to move on.

 **Mates in Mind - Lindsay Ewer** 37:26  
Thank you so much.  
So my name is Lindsay.  
I'm a support manager at mates in mind, so while Charity was founded in 2017 as part of the British Safety Council and we came kind of in response to the farmers report.  
So the form the farmers report found that we were losing, on average 2 construction workers a day to suicide across the UK.  
So following this report, a lot of organisations started putting mental health procedures in place for their staff, but often these were all tertiary measures.  
So by this I mean there were measures that would only be effective when someone.  
It's already in a state of crisis.  
So mates in mind like to take a preventative stance and look at how we can get the conversation started and get people talking about their mental health after they've had one bad day at work rather than when waiting until they've had a year of bad days and they.  
Already struggling to cope, so we work with organizations to implement a holistic approach to create permanent change to the culture that is so embedded in the construction industry and the related sectors.  
The next slide.  
So here's some further statistics for the HC found that in 2121 and 22 stress, depression and anxiety accounted for 51% of all work related ill health cases and 55% of all working days lost due to work related ill health in.  
2021 there were 5219 registered suicides, of which 74% were men and in our own research we found almost half of construction workers find it hard to talk about their mental health and over 2/3 believe there's a stigma that.  
Talking about that mental health struggles, all of these statistics reiterate that there is a big problem within the industry and we just cannot afford to keep losing 2 construction workers a day to suicide because these people are our friends, our families, our colleagues.  
They're people that we all care about and we cannot just ignore the statistic.  
I always say it would be so much difficult different if we were losing 2 hands a day to a circle store.  
A circle store.  
The industry would be on meltdown and no one would be able to use that saw until we found out the root of the problem, because we're losing 2 construction workers to mental health.  
It's just being ignored.  
So the only way we're ever really going to make a difference is if we all appreciate that we all have a part to play, and if we can change the way that we think, feel and talk about mental health, we have a power to create a ripple effect.  
Through our entire workforce.  
You just go to the next slide.  
I think 2017 we've worked with over 700 organizations within the industry and through this we have reached over 700,000 employees all across the UK.  
This includes working with some of the biggest in the business, such as Belleville, BT, Macedideaway. But we also like to focus on the kind of single man in the van businesses as we appreciate, sometimes it's these self-employed individuals that are the most vulnerable because they have the.  
Progressive chasing down payments.  
They have the isolation with no colleague support.  
They have the anxiety about where the next jobs coming from, so we really try to make our our work and tailor our approach to everyone within the industry, no matter how big or small the organization.  
So we travel all around the country talking at corporate events as well as running training sessions aimed at raising awareness of the statistics. The factors that contribute into why these statistics are so high and also building confidence in others to spot the signs of when their colleagues may.  
Be struggling.  
In 2023, we launched our BMA tech service in partnership with Shout. So this is very much just the text version of the Samaritans. We appreciate a lot of construction guys around site.  
They don't have the space or the confidentiality to kind of be able to go into a private room and hold a phone call and a lot of them don't want to because of that anxiety.  
Of picking up the phone and speaking to someone they don't know about their mental health yet.  
The BMA tech service.  
It allows people to talk while they're in the bathroom stalls while they're still on shift.  
While they're in their hotel rooms.  
While they're working away is a lot more of an accessible platform for them, and we found it to be extremely useful. We've also started going into related sectors as well, so we're now going into transport and logistics, farming and agriculture and manufacturing because we are seeing kind of.  
Replicated stresses and pressures across all of these, and like brilliant earlier, it does tend to be these male dominated sectors that have these similarities.  
We'll just go to the next slide.  
So as I mentioned, there are specific dresses that arise in the industry that contribute into high suicide rates.  
So from the outside looking in, I think the men often get told things like, you know, you just sit in the sun all day and put bricks together.  
You know what have you got to be stressed about?  
When it rains, you get to go home early like I wish I could work in this industry.  
I think it's a very misunderstood from the outside looking in the misconception that the industry is all plain sailing is really far away from the reality that I've seen.  
So construction deadlines are a massive 1 because they usually kind of get told we've got a 12 month project and we need it to be completed in six months.  
And because different organisations are trying to win the contract, they'll often take on way more than they can actually do in reality. And as a result of this, they then require longer hours getting subcontractors in that don't even live in the area.  
So that means they're working away for a long period of time.  
They don't have the usual support systems around them, and they're usually getting up at 3-4 am in the morning and working outside in the lovely British weather, so they're outside in the cold, they're outside in the rain.  
And it is generally working out into the late they kind of don't almost see. They don't have any of their social time while it is actually light outside.  
Which for their mental health is a shocking effect.  
They're having to work in dusty conditions, loud conditions in very not nice parts of the city as well.  
They're normally in the middle of nowhere and they're running against the clock every single morning.  
The banter on sites is a mass is one as well.  
It's perpetuating stereotypes around male mental health. I've had the privilege of going on to sites and hearing beautiful things such as don't cry. We're still on the clock and we haven't got time to sit around and talk about feelings.  
And because of this, people don't feel safe to talk about their mental health in this industry.  
And that's the issue.  
Even managers, project managers are so under pressure themselves.  
Firstly, they aren't recognizing their own mental health and the impact that's having on them, but they're also not allowing the space or room to consider the mental health of their team.  
Just gone to the next slide. So the CIBCIOB conducted research into mental health provisions and what organizations have in place.  
So we look at the bottom, which is the tertiary measure measures which I mentioned and even the bottom line of having someone in crisis, only 35% of organizations have mental health first aiders. So someone that actually has a suitable training to talk to the colleagues that.  
Are in distress.  
Which is often meaning that a lot of people are going into distress at work and no one, none of their colleagues kind of know what to do.  
No handful. How to handle that situation?  
They're panicking and that is putting that one person under further distress as they aren't receiving the support that they need.  
I also ask organizations as well, kind of what support are you putting in place for your mental health first, aiders.  
Because it's only a 2 day course, you do a 2 day course.  
And now all of a sudden, you've got people coming to you people, you know, people you care about saying I'm struggling. I'm having sickle cell.  
And now that person then got to go home and carry on with their day and not let let that weigh on them.  
So, so many organizations aren't putting the support in place for their mental health first aiders either.  
71% of organizations also aren't having any mental health training.  
So when we look at prevention at employee level, no one is training the staff on how do you speak about mental health.  
How do you approach a colleague if you're concerned about mental health? If someone does come to you and open up, are you confident in having that conversation?  
A lot of the time it's not even mentioned in the induction phase of a training company, which it really shocks me because even when I worked in an office I had to do so much physical safety training even though I was not.  
Construction industry at all.  
I still had to know every single fire extinguisher and how to use them.  
Yet mental health, which is specifically high in this industry, there's still no mention of it when on board.  
And finally, only 56% have a mental health policy.  
So in other organisations that don't have a mental health policy, if someone does come forward and say they're struggling, the organization doesn't have anything formal in place and in a loose way of saying it, they're kind of winging it.  
And this highlights that none of these areas are really being met.  
So it's addressing the source of the problem. Those stresses that I've just mentioned, building the confidence in peer-to-peer support.  
Again, it's not really there and then the treatment even kind of the the bare minimum, you would expect an organization to have still their kind of failing to put that into place for them.  
Just going to the next slide.  
So this is where we step in. So mates in mind, works with organizations on a one to one basis and we look and put into place a holistic approach. So it becomes their company norms.  
We really try to look at every single angle that we can possibly see could improve employee support.  
1st we look at the culture.  
So what are everyone's general thoughts and feelings about mental health in the workplace?  
Our managers caring about the reasons why staff aren't meeting their deadlines or are they just angry about the fact it hasn't been met?  
Are the lads on site still saying I don't have mental health?  
Mental health doesn't exist because we can work with them to change up.  
We look at policies and procedures.  
Are you completing your stress risk assessments? Even though this is a legal obligation, almost half of organizations we still to speak to do not know what even a risk, risk, risk stress assessment looks like.  
Using your return to work interviews as well are a massive thing.  
After sickness, it can be a great way to understand your employees better and put provisions in place to support them.  
Mental health when they're returning to work.  
Yet so many organisations still use these interviews as a way to shame employees for taking the time off in the first place.  
Training and awareness is vital to be provided managers, especially with that training.  
So again, if that employee comes to you and says you, they're struggling being able to have the confidence to know how to handle that conversation because it could have took that person, months of building up to being able to share what they're going through. And if they have.  
A bad experience and you knock them down.  
It can put them kind of back 10 steps.  
And it can make them not want to reach out for help again.  
So we really do try to provide people with the confidence to be able to hold that conversation.  
We don't expect you to be doctors or counsellors, but being able to hold the confident hold that conversation signpost them to the necessary support and you can then go away as well, knowing that you handled it in the best way possible. Because sometimes when you have that convers.  
With someone and worry you've said the wrong thing.  
That then plays on your mind and it can impact your mental health.  
So we really do just try to support everyone in this conversation.  
We know it's going to be happening because the suicide rates are so high, so we know that these conversations need to take place, but we just want to give you the skills on how to do it.  
Leadership practices is a massive 1 as well.  
Do you have the buy in from senior management?  
Do they talk about kind of staff well-being in their monthly meetings and are they identifying the specific stresses are happening on each of their projects? And are they explaining to staff how they're going to intervene?  
Let's go to the next slide.  
As I said, we know that so many more people are likely to go to a partner, a friend, a colleague, a manager, before they ever reach out to professional support.  
It's very much just step one of probably their healing process, but it is a really important step because it is the first one.  
Like I said, just being able to refer on to these services can be vital and can be life saving. So being able to know where you can go for support, knowing what hotlines are available, knowing what your GP support is in the area.  
So the NHS are working on making it so you can self refer to talking therapy and not having to go through your GP because it is becoming so hard to get that doctor's appointment. So again, as a manager, as someone that has a team beneath them knowing and.  
Understanding what's available in your area can be a really, really useful tool to having that conversation.  
There's an app called the hub of Hope, which again you can put your.  
Post code into the the app and it can bring up your local services again.  
So having this on your phone again is a great idea.  
Just gone to the next slide. So this is very much what we do.  
That's very much just a screenshot and a quick run through.  
And this is my e-mail.  
So if anyone was interested in getting further information or you know someone that is in the industry that is struggling with their mental health, please do just make a note of my e-mail and feel free to reach out at any time.  
And yeah, thank you very much for inviting me to speak today.  
I do really appreciate it.  
And yeah, looking forward to hearing the rest of the day.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 50:38  
Thanks so much, Lindsay.  
I think so much of that advice is accessible across different employers, no matter what environment you're in around about having policies, having support mechanisms, having training.  
So I think it was really really useful.  
So thank you so much for that.  
Just very briefly.  
We're slightly over that.  
I'll just quickly hear from Dan around about Dan Henderson. From your work with RMT around about the work that you've been doing with apprentices.  
And some of the sharing, some of that good practice of how you can create safe spaces for employers. So sorry for employees to kind of have more connections and speak about your mental health and make them feel comfortable in the workplace. And we just have just under 10.  
Minutes of you can chat a little bit about what you've been doing, especially with your apprentices.  
And it was really good example of what employers can do.

 **Dan Henderson** 51:34  
Thank you.  
Thanks Bryony.  
And thanks to see me. Thanks for the invited to take part today.  
We've been involved through Rnt and Carmike ferries.  
We've been involved and we see me and the employer support group for a number of years.  
Something we'd also done previously pre COVID was the see me and work survey, which was something was up success.  
I think kind of mattered. Surveys in the maritime industry.  
I don't know how how it is another industries.  
Usually about 1520% survey returns and it's quite high.  
We achieved 5253% on the see me and what survey which for us was phenomenal.  
So we've got a good strong relationship with CME going back a number of years.  
So I don't have any slides, any presentations.  
I'm just going to be blather and take you in a weekend. Adjourned.  
Through what it is that we do.  
My name is Dan Henderson.  
I'm the Epson seafarer. I worked at sea for 33 years.  
As a ship's cook, I'm currently on full time release with RMT. As you can see, there's National Union of maritime transport, real maritime transport workers and for the last 14 years I have been on full time release with Carmike theatres working as a Union learning organiser.  
And union learning is something through Scottish Government is funded, initially, was looking at literacy and numeracy.  
It levels.  
In Scotland.  
And probably UK in general.  
And it was. How did?  
How did how could you engage with people and work with employees, seeing that trade unions was trade unions would play a key role in that?  
So then that that project is funded through Scottish Government and and we've been successful, I think as the changing was funded in a two year basis and we continue, we've been successful in that funding for a number of years.  
So Cal Mac. Calm. Mac. I'm sure a lot of people will hear about Cal Mac.  
I think quite regularly on the news through.  
Probably at the moment which kind of impacts on the employees is quite negative, Cal Mac's a high profile company employee in 19102 thousand employees.  
And we deliver lifeline ferry services through the West Coast of Scotland.  
As I said, the current profile, a lot of stuff we can get to that time of year.  
Timetables, cancellations, breakdowns, waiting for ferries to be built.  
It has a very negative impact on the frontline workers.  
The maritime industry.  
The maritime industry is historically male dominated.  
And again, historically with a high age profile.  
And that could be 4550 upwards.  
We in the multi industry usually work two weeks on two weeks off. So for two weeks of your life you basically you walk up a gangway, you're on board a ship.  
And some people look at it as like having two families.  
You woke up that gang where you work. The minimum of 12 hours a day for two weeks.  
You you don't just work with people, you live with people. You're accommodated on board the ship so that that is.  
That is pretty much your your family.  
And an average crew of 25 to 30 people.  
As I said, the West Coast of Scotland, probably some of the most remote locations, some of the most beautiful.  
Places that you'll be for anybody that that has travelled the network.  
Put that with things like a lack of connectivity.  
In isolation.  
Basically being on call 24/7 for two weeks.  
And really the problem so that that that come along with that as I said isolation isolation is a major factor and the well-being of maritime workers.  
So for us we we looked at the doors and predominantly men's mental health and and how we could do how we could.  
How we could help we engage through the funding that we had we set out with a target and I think if you look at everyday, look at the statutory look at first aid isn't the workplace.  
There's a statutory and legal requirement for the first aid or in every workplace.  
Yes, that Gavin.  
Not so for mental health first aiders. I think it's something that I think through.  
Politically, this is something that has tried to be changed over the years without success.  
So we set out a target through the funding that we had.  
We set out with a target to get a mental health first aid on every workplace.  
It's something that for me and for for us with the employer and trade union that still a target that that we'll go to be able to see.  
That target quite high, so we will continue to go with that.  
Trained over 100 mental health first aiders in the last few years.  
And they are in Cal Mac.  
We have current previously, but I will be an Action Group and a mental health first aid support group.  
And that covered well-being. So we had that support group and I think as well working through COVID.  
And through, as I said, through the network to the Canadian geographical kind of spread of people when the remote locations we would meet up on teams every 3-4 weeks as when required and really look at that.  
So we looked at when we trained medical health first aiders.  
What's the next step?  
What do we do?  
What do they do?  
What's the role in the workplace?  
And it seemed to be something that was quite reactive.  
As you see, somebody that's a first aid on the workplace that's reactive to anything that happened.  
So we look to see we would look to take a proactive approach.  
So we would, we would look and through the mental health, first Aid support group, there will be an Action Group which laterally turned into a kind of well-being committee.  
We decided that we would invite and we would invite groups.  
From throughout Scotland to to to come and meet with, to come in and probably throughout the Carmike network to see how they could influence what we were doing.  
So that was groups like Samaritans.  
Another group, I think very similar to.  
Andy's Mans Club is a group called Manoa and Inverclyde who came into our group to see how we could partner with them to support the mental health first aiders throughout the the probably throughout the network so.  
That's that's something that's ongoing, so.  
As I said earlier, the profile these profiles quite high, so something that we've been involved in with the employer and very proactive in the last probably 9-10 years as a modern apprenticeship program.  
So we looked at how we could replace the workforce, how we could.  
We are part and.  
Young, young workers, young people throughout the Carmack community to give them a career at sea.  
So it's been a very, very successful program.  
Again, it's probably one of the biggest things for us in recruitment is trying to recruit as many young female workers, and that's been quite problematic.  
Over the years, so it's still predominantly male, probably 90% male and The Apprentice.  
Pinterest is that we bring in two Cal Mac into the maritime industry.  
So we looked it through previous issues that we'd had.  
We, we.  
Negotiated with the employer to bring the apprentices to college one week early.  
So in that week we, through the funding that we had and through working with other groups through Scottish Trade Union Congress, Skills Development Scotland and others through Glasgow, the City of Glasgow College, we devised.  
An induction programme and that induction programme would mean four or five sessions with the apprentices, 3 hour sessions and we were bringing specialist providers into the college to work.  
With the apprentices before, before the college programme started before they'd even stepped foot on board the ship, and one of the most important things, there was a three hour session on mental health and well-being to have that conversation. To have that conversation with young people to.  
Prepare them for the the life that they were going to and bear in mind that we're talking about young people who are possibly going into a world that work for the first time, probably this and.  
This they were going to get through the same. It's going to be the same.  
It's going to be working away for home two weeks on, two weeks off.  
All these kind of things for the challenges, as I said, the isolation, everything that went along with. So mental health and well-being well paid jobs, which for me is central trade union point of view was quite a good thing.  
So financial, let me say how to deal with cash, how to deal with the money, social media and cybersecurity as well.  
It's something that's proven for us to have a very negative impact on on young people.  
On young workers and young people in general.  
And that that negative impact and young people as well-being in mental health. So it's something that we we brought the the induction programme six or seven years ago and and now it's it's it's it's there it's just a part that it's something and our work with skills.  
Development Scotland and Wal on apprentice.  
Forums. That's something that's seen as pretty much as a gold standard for young workers before they actually get into that world of work.  
So it's something, it's something that we'll continue to do and the feedback that we get from the providers that we engage with is that we'll take these young people, these young workers, into our classroom. And one of the the, the most positive things for me is the convers.  
That that the disclosure of the conversations that had in that classroom.  
And one of the things for us for for these young workers going forward.  
Is a bit challenging behaviours and what we show.  
This isn't the card as well, but lots of stuff with diversity, inclusion and lots of stuff. Young people are more likely to challenge.  
Things in the workplace challenge stigma challenge discrimination.  
So it's something that that has more of these young workers going to the workplace.  
We we have seen these changes taking place. So it's something that.  
Pretty much a proactive approach.  
As I said to mental health and well-being.  
We other organizations that we work with, as I said, Samaritans.  
We worked with them.  
We brought them in.  
We we've engaged with them.  
We've worked to train the mental health first aiders. We'll work to continually train and upskill the mental health first aiders.  
Things like conversations with vulnerable people, understanding anxiety and stress.  
Citizens Advice Bureau. We work with them on gambling awareness, as I said.  
Young workers.  
Any workers getting any kind of well paid job the the stresses?  
That gambling gambling is a massive, massive issue and probably for everybody, not just workers.  
Other things I think that that some of the other people have to spoke on is mental health for lying managers about actually helping to identify.  
Issues in the workplace looking for the signs of people's mental health.  
And looking how to be again proactive.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:04:31  
Dan oh, sorry.

 **Dan Henderson** 1:04:33  
But just, just probably just to finish is probably the biggest thing about working as a bit encouraging conversations.  
Is for us. It's about breaking down that stigma, discrimination and when for our workers, our members, for working at sea and we set that target, if you're working away from home and you're in that isolated environment, if everybody has at least one person that they can talk to.  
And have that conversation with and we've got people that can listen then.  
We look at that as being a success.  
And and carrying that forward.  
So thanks, Brandy. Thanks. Thanks for the time.  
Thanks for the opportunity to speak.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:05:15  
Thank you so much and it's really useful, especially with apprentices and young workers that this work has been done and there is a focus on mental health.  
So thank you so much.  
We are running out just a wee bit over and I want to make sure that everyone's got time to present.  
We've got Gary speaking about his experience at police Scotland.  
Gary, I know that we've kind of gone through session.  
I was wondering if you could focus really on kind of what support.  
Police Scotland gave you and kind of the advice you have for them employers and then we'll move on to to Andy's mind club.  
We are running a wee bit behind, so yeah, hopefully that'll be fine. So yeah.

 **Gary** 1:05:56  
You're OK, Brian it.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:05:58  
Yeah, I can hear you. OK.

 **Gary** 1:06:00  
Good morning, ladies and gentlemen.  
I'm absolutely buzzing and delighted to be here and I want to thank Ryan for having me on this morning.  
My name is Gary and I joined the Scottish Police Service in 1991 and in 2001 I developed a schizophrenic illness and I lived and worked with a schizophrenic illness for 20 years.  
So today I'm going to take you on a bit of a journey.  
There's no slides.  
I'm just chatting to you. So sit yourself down.  
Buckle yourself in.  
Let's go on a journey.  
So growing up, I had no mental health issues, symptoms whatsoever.  
I was a really keen athlete.  
It did well at school. I got award.  
Join the place like a 1991.  
And Roger and regular police service in 1992 and got a top award at the training college with five years service.  
I was moved into a specialist role and with nine year service I was ready to go for promotion. At that time I had a beautiful wife, a new house, a new car.  
Life was great.  
Happy days.  
So unfortunately, I witnessed a really tragic event in my personal life.  
When I was 27 and that unfolded at 5:00 on the Sunday morning.  
Now after that, obviously I didn't sleep that night and then go to my bed. I couldn't sleep.  
I couldn't eat.  
And then I'm not being melodramatic here, but one of the worst things I did was I went back to my work 8:00 the next morning.  
You know what was I thinking?  
You're young.  
You think you're invincible?  
You think you can quote with everything, so you throw yourself back into that working environment and that's what I did.  
Bosses are great and they're like Gary. You know, you don't need to be here.  
You can take your time out if you want, and I'm like, no, no, I'll be fine.  
You know what, you know.  
You know what it's like? I'll be fine.  
I'll be fine.  
And then I worked on a major inquiry in the police specialist role for two or three weeks.  
And during that three weeks, my colleagues had noticed changes in my personality and my behaviour and approached me and said, Gary, you're going to slow down and you take some time out. And I never listened, but I should have because two weeks later I was having the N.  
Breakdown and I was signed off work for six weeks with Post Traumatic Stress disorder.  
I had good support in the six weeks that I was off from line manager's come to visit me from colleagues coming to visit me. However, at the end of the six weeks, my mental health took a turn for the worst.  
And they ended up being sectioned under the Mental Health Act and detained in a psychiatric hospital for four months.  
Now, when I first went in just a personal thing to the hospital, the first couple of weeks, my wife was taken to one side and told the news that Gary will never work again.  
And do you ever have a family?  
So that's what she was told.  
I had no sense of reality. I'd lost it.  
I don't know if you've seen that film.  
With Russell Crowe called a beautiful mind.  
That's what it was like for me.  
So unknown to me when I was in hospital.  
My wife was getting phone calls every single night and when she went home from visiting from work colleagues, work supervisors asking how I was doing and stuff like that, and when I was in that hospital, my visited me for six hours a day, every day for four months.  
The loving support I got for her was unconditional and so as well as the phone calls to my wife once I've been in hospital for about 3 months.  
One of my bosses phoned up my wife and said I was right.  
Kelly's been in hospital for a few months now.  
We'd like to go and visit him.  
And my wife says I'm really sorry, but Gary's no well enough for visitors. And my boss says, right, well, if we can't help Gary, how can we help you?  
And.  
Boy said there's nothing you can do for me and my boss says, well, if you leave your lawnmower, I'll cut your grass if you leave your list of groceries on your doorstep, I'll get the groceries for you. And if there's anything else you can help with, we're always.  
Here for our level support was pretty significant.  
And then after the the four months and hospitals finally released from a section and allowed home and just on a personal note, my diagnosis is called schizoaffective disorder, guys. So for those who don't know, that's a mixture of schizophrenia and bipolar.  
It's got several symptoms, but the main symptoms I was paranoia, voices and dark thoughts and stuff like that.  
So that's just to give you a flavor of what I suffer from and still do to this day.  
So moving on from there, from getting out of the hospital, the police were brilliant with me when I got out, there was a forced welfare officer came to see me every three weeks.  
He was a good communicator.  
He was a good listener.  
It was good to have him quite enjoyed my my time with him and speaking and open up to him.  
And I was off for six months before I was ready to try and go back to work.  
Also, when I was off about six months, my bosses would come and he would Take Me Out for a coffee or a walk.  
And that seems really simple guys.  
But that was tough because I was off for mental health condition and I had this preconceived idea that you shouldn't leave the house because you're off sick.  
My boss is like Gary. You broke up broken legs and you're struggling here. We need to take you out and go for a walk.  
Go for a coffee.  
Go to the gym.  
So I had that support from my line manager.  
And some of my colleagues as well.  
They also had pans with occupational health who were brilliant with me.  
I said visits to occupational health two or three times and eventually after six months I was ready to dip my toe in the water with work.  
Unfortunately I lost my driving licence.  
I couldn't drive for a while so they accommodated me and gave me a job at Dunfermline, so once I was ready to go back my boss phoned up and says right Gary, I believe you're ready to come back to work.  
And I was like, yes.  
And he was like, well, we'd like you to come back on a phased return if that suits you, if that suits you.  
And I went a phase with them would be great.  
Whatever would you like me to work?  
And he basically said you can work any hours that suit you and that will work for us.  
Just whatever you want.  
Did you say so? I says.  
Well, how about I came come in on a Monday, Wednesday and Friday mornings for a few hours a morning.  
The boss says if that works for you, if that works for us and that's what I did.  
So I gradually bought my hours up over that three months until I was back up to full time and during that three months I had frequent tie insurance. Pretty much most days one of my line manager who would have me in for a coffee and a chat and.  
We just chew the fat, talk about my health, talk about my family and stuff like that.  
So I was really good support.  
Haven't done that for three months, so I was then made office manager on the CID office manager.  
Sounds pretty grand, but essentially you'll see these three ideas sitting boy and you do other admin and stuff like that.  
So I did that for three months and then at the end of that three months I got my license back.  
So they gave me a job in kind desk now.  
Kind desk is take where you take low level criminality with no lines of investigation over the phone and you speak to members of the public over the phone.  
I did that and there's also another one where.  
You check this supports to make sure all lines of investigation have been completed, but did that job for two or three years and the support that had in that time was fantastic. My line manager would have me in pretty much most days.  
Just checking in with me to see how I was doing, see how I was coping.  
Occupational health were involved.  
I had visits to occupational health.  
But after doing that job for two or three years, I then moved into the intelligence world.  
Did that for a few years, then a job came up as a case coordinator at the Public Protection Unit.  
Basically what you're doing guys is you're let me think.  
Checking, yeah.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:13:45  
Gary, I don't want to disrupt your flow, but I was wondering if you could speak a little bit about the teaching role that you did and kind of some of the reasonable adjustments that were put in place. Just some aware time wise, I don't want to rush you.  
But I think that part is really, really handy.

 **Gary** 1:14:03  
Right. OK.  
I'll just touch on one thing before I speak about that, Brian, if that's OK. It was just to say that's the reason I was telling you about this case coordinator job is this is quite important here, guys.  
It's good learning tool before I got the job there, there was a meeting and the meeting was held between a police Sergeant, a police inspector, psychologist, a psychiatrist, a psychiatrist, sorry, and a police doctor.  
And they were having a meeting and I didn't know about this, but they were having a meeting about my health to determine whether I could carry it the role or not.  
So I thought that was pretty cool.  
But I had a meeting there and.  
The psychiatrist asked the police what they knew about mental health and they were like, well, not very much.  
And he says, right, I'll explain mental health here on a scale of 1 to 12 wouldn't been the least of treats and 12 being the most.  
And that's what he did.  
And he talked about mental health and my mental health and stuff like that.  
And then they gave me a job.  
So I thought that was quite significant, a good level of support having that meeting. So moving on from there just to answer Bryony, the one job that I always wanted to do.  
Become a police instructor at police college and teach the recruits. But with my mental health, I never thought we'd be on the cards.  
I never thought I would be supported off like that.  
I've got a quadrant there for a week and it went very well.  
I really enjoyed it.  
And then the big decision came with my wife as to whether or not I would apply for a job with a mask.  
Get so affected disorder. We decided we'd go for it and I spoke to the bosses at work and they said they would support me, so I put an application in, got an interview, got an interview, got a job and I did that for a few years and I.  
Had blips along the way.  
And I thought, you know about how it's supported by the police during that time at the college.  
So I've worked there for about 6 months guys and I was having a particularly bad day and voices are quite strong.  
I was quite emotional and I just broke down in tears in front of one of our supervisors.  
In his office and it's like, give me a minute, Gary. And the first thing he did was closed his door and put the do not disturb sign on.  
Away. This guy's taking you seriously here. And he sat down and he says, right, talk to me. And I just says, look, I'm struggling today.  
I've got the voices. I've got the tears.  
I just can't cope.  
And he's like, right.  
Give me a minute.  
Let me think about this.  
And he came back and he says, what am going to do? Gary, is I'm going to give you 3 options. And you could take whatever one you like.  
This is the first option is take some time out and spend time with your family and I'll think no less of you.  
The second option, he said, is what you teaching tomorrow.  
So I said there was an in the morning for three hours.  
Anyway, I could study the notes and teach that, and you could sit in the back of the classroom tomorrow. Or finally you could teach and I'll be sitting in the back to support you.  
And I chose to go back in the next day and that's what I did.  
I went back into class and talked for three hours, but it was just I felt really confident and comfortable because he was sitting in the back and I knew he was there if I needed them.  
To three hours I was in there.  
I didn't really need any assistance whatsoever.  
That was one example.  
Another good example is again six months later. I was having a bad day.  
I've been teaching in the morning teaching in the afternoon and I was just mentally burst, went up the stairs and I'm thinking to myself, you know, my days of teaching at the college are probably over now and I went and sat down and burst into tears in front.  
Of my first lane manager.  
So again, she closed the door, sat down and she said, right, talk to me.  
And I said, I'm really really struggling because I'm teaching in the morning.  
I'm teaching in the afternoon and I'm just mentally spent and she went well. Let's address that.  
Gary, she says.  
What we'll do is, when do you prefer teaching, morning or afternoon classes for the morning?  
And she went, that's fine.  
I'm in charge of the timetable.  
So timetable you in the morning to teach and you could do a light admin rules in the afternoon, like checking the professors reports.  
They're not stuff like that.  
So that was a really good adjustment, another good level of support guys.  
That was great.  
Open at work on mental health.  
My colleagues kind of looked out for me and I was having a bad day.  
I was in class teaching and the symptoms are again quite strong and I was 45 minutes into 1 1/2 hour input when one of my mates knocked on the classroom door and asked for a quick word in private.  
So I went out and he's like you. All right today, Gary and I went. No. And he went and I knew it.  
Saw you this morning, I thought.  
You never looked yourself what you teaching?  
So I told him what I was teaching and he went right.  
I'll go back into your class for the next 45 minutes and take over the lesson and you can go back to your room and take time out. And that's what I did. That's what I did.  
It was brilliant.  
And one more Brian, if that's OK.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:18:42  
Yeah, that's fine.  
And then we'll perfect.  
Yeah, keep going.

 **Gary** 1:18:46  
Only the only other one, and this is another good example.  
Of maybe having quiet time at your work and having a place for people to go to. So one of my bosses, so I was struggling one day and asked what I was teaching and I said I'm not.  
I'm not in class, I'm just doing admin work and he said.  
If you're really struggling, Gary, go and have some time out in your room and then come back and check in with me afterwards and make sure I'll make sure you're OK and that's what he did.  
So that was another one.  
And that was I had some advice for him.  
Manager's not playing me, but I'm consciously I think.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:19:21  
Yeah, definitely.  
I'm conscious of that.  
We've got another speaker as well.  
I think that's some really good examples of reasonable adjustments and what we can do, Gary, because I really like the advice that you've got. If we could have a chat after or not after, but I'll send you an e-mail and we can get some of that advice like.  
Written down as a piece for workplaces to have, does that sound OK?

 **Gary** 1:19:42  
That sounds fine.

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:19:43  
Thank you. Perfect.  
So thank you so much. And that's some examples of what workplaces can do to put in reasonable adjustments for people so that they can continue to thrive in the workplace.  
And really be comfortable.  
And continue to work and thrive and have safe spaces when they've got mental health concerns and struggles.  
So thank you so much for that, Gary.  
That's really insightful, mark.

I'm going to stop sharing my screen.  
I'm aware we're running over, so if you can share a little bit about kind of the support that Andy's man Club can support, that'd be great.  
And I know that you have to head off soon, so just as long as you can.

 **mark inglis Andy's man club** 1:22:58  
So I'll start off with saying Andy's mind Club is a peer-to-peer social prevention charity aimed at men and get men talking and what we are based about is.  
It's men getting stuff off their chest.  
It's peer-to-peer support.  
As Twitter guys talking and I can't, can't really go any further because.  
Wait a minute.  
I just saw there was just going on here.  
Doesn't help and I've not got it in front of me, that's the thing.  
Why is?  
Why is stuff so hard? Right if I stop sharing?  
Share again, sorry, but I know it's a right.  
Right. Can you see now?

 **Bryony Mole - Project Officer - Workplace - SeeMe** 1:23:52  
Yeah.

 **mark inglis Andy's man club** 1:23:53  
Right here we go.  
So there's a small video.  
It's about 3 minutes long.  
We're going to fly through this, OK. So Andy's my club peer-to-peer support. It started in 2016. It's named after.  
His own life and this charity came off the back of that when I first approached, learning about finding that hole.  
Everyone hear that.  
Just getting one man to stop one of the family.  
Hi, my name is Luke Campbell.  
I'm the Co founder of Andy's man Club talking group.

 **mark inglis Andy's man club** 1:24:41  
Andrew died early hours of the Tuesday 5th of April and the weekend prior to that it had an enormous falling out with his partner.  
And I just think he got himself into a really dark place.  
That he couldn't get out of. And that's the sad thing.  
We just think he did talk to anybody.  
To have snapped him out of it.  
Told him what you were thinking were rubbish.  
He would still have been here today, four days after my brother-in-law Andrew died, broke my partner and asked about setting up a group where we could get guys just like Andy myself, talking three months after I approached my mother-in-law, Elaine, at a wedding from.  
The wedding and asked if we could set up this this idea where men could just meet up and chat, and together we came up with this concept and this man club.  
Simple idea where?  
Men like myself, like any bloke.  
Normal work could just meet and talk.  
You'll have anxiety that nervousness, that fear of judgment.  
But there's none of that when you come through door and his man club to tea a coffee, you sit down, a bar, gets passed around, you have a chat and you'd amazed at what it can do for you. Just letting some of that more than that now and.  
We've been on a bus tour with the Royals. We've had lots of Theresa May, you know, lab Bible, all these cool stuff. Leeds United this week, plenty of time when the the shirts, you know, just reaching the exact demographic that we try to reach. And it's just about.  
Finding guys just like Andy.  
Oh, maybe we've got our mask on or feel like they can't take off.  
They're going to be embarrassed, a little burden, someone just to be comfortable about tech that often.  
I'm proud of.  
I'm proud that we have 800 plus guys a week. Been here to tell our mask off and open up and still get to call with their families on a night. We need to do now is to get the whole world to realize that it is OK to.  
Talk. It's OK to talk. It is OK to talk.  
So in that Vt there you heard from Luke and his brother, not in Elena and his mum about Andy and about how this charity actually got off the ground.  
Yeah.  
Simple start over 4005.  
One guide routers in the UK.  
Globally, it's one guy every 40 seconds.  
That is a scary statistic.  
She said he's biggest killer man under 54. She take out any kind of disease, car crash, accidents at work. You're more likely as a man under the age of 54 to take your own life.  
400 suicide looks like to start with a coffee club for like men to come and talk before things got out of control on the 30th of June 2016 he put a post out on Facebook.  
Due to the response, the very first group was held on the 2016 and 4th of July.  
They managed in that group and this man club was born.  
Those nine men came from Halifax, which is a mining town in England, North Yorkshire, and it was a lot of guys, guys, normal guys like everyday blocks come along and get stuff off the chest.  
Two weeks after that you put it there.  
And so we're OK to talk campaign, which is basically take a selfie, doing the OK sign and pass on A5 year mates and literally went nowhere for 24 hours and it just didn't get any traction.  
The problem being is he didn't think it would go anywhere.  
He actually got his friends at Leeds Rhinos where he used to play to share it, and then it started getting a little bit attraction and it's now been recognized as the largest mental health company on the planet with over 100 million people taking part and people like.  
Mr. Ricky Gervais. We all know Ricky Gervais from the show afterlife. He highlighted the guys suicidal thoughts and idealizations because he's lost his partner and under no illusion.  
Ricky Gervais knows who and his man club is.  
He probably doesn't.  
More likely doesn't.  
But he took part in the campaign, which was amazing.  
His following then jumped on it and.  
Blew it out of the water. Crack on it.  
See the guys on your screen which is Aunty Joshua again.  
The middle.  
Josh Warrington guy the ankama Watkins.  
These are guys that are boxers and rugby players knock 7 belts of crap each other for 11:00. Every one of those guys got involved on this man club on all different levels and still are to this day for them.  
I get involved and help and show their following that it is OK to talk.  
Big boys do cry.  
Men can have emotions was absolutely phenomenal.  
This idea just shows how a varied list of football clubs that are partnered up with us for billboards for wearing our tops on their warm up games for views and our logos on their strips and also giving us space on a Monday night for meetings, the most famous.  
Ones recently are man, Man United and Manchester City.  
They had and Old Trafford.  
On a Monday night, the guys go along there and we have our meetings there and it's phenomenal.  
Guys are doing that for us.  
It's basically the demographic we're looking for. Men from 18 to 80.  
Footballers played and predominantly watched by men and and again it's just a great Ave. for guys to look at that even just looking logo and go. What is that?  
I'll go and look that up and it starts to break the stigma of it at that very that early stage.  
The slide here is a bit person to myself, so I am a grandfather. I have 3 grandchildren, 2 grandsons and a granddaughter and I do not want my grandsons to use this club, not for suicide prevention.  
So if you look at everyone, those black and white photographs on your screen right now, every one of those kids has got a dad because Andy's man Club.  
I know it's a bit dramatic, but it's the truth. Everyone of those kids has got a dad that goes home time on a Monday night. Phenomenal weekend.  
Alfie Roberts as Andrew's nephew.  
And I was told that when Andrew sadly took his own life, when Alfie got told he would cry out the kids smash windows.  
No, I never knew Andrew.  
I always join the charity for my own mental health. When four years ago or over four years ago when I got this job as a lead, I had to do this presentation training.  
And I went down to Halifax.  
I learned how to do this presentation in the morning in the afternoon I stood in front of a lane and his mum, Lucy's brother-in-law, Lisa, his sister.  
And the rest of the staff and did this presentation, and we, Alfie, was in the crowd.  
Once I finished the presentation, I'm not going to lie, there was tears.  
I was talking about a son, a brother, uncle, a friend. That wee boy got up, went to the front of the room and did a presentation on how suicide affected him and his family.  
I was.  
I was absolutely amazed by it.  
One day he'll be the CEO and his man club. He's now 17 and still, and he's still doing presentations himself on the effects of of Andrew's death on him. And as he's an absolute amazing young lad.  
So I'm gonna skip past the five year on video because it's 8 minutes long and it's literally tells us that we started with one club in Halifax and we wanted to have 10 clubs in five years by the time we go to our five year point we had.  
50 clubs nationwide, which is absolutely mind blowing.  
And move on from that.  
So that's as it stands, we now have 230 clubs across England, Scotland and Wales open to any man over the age of 18 want to talk to like minded men.  
Well, every Monday except bank holidays. And right now it's English bank holidays and the only simple reason for that is a lot of our venues are in public buildings, so.  
If the building's closed, then the club's closed and we all we have a policy of one out all out.  
It's not fair that one club can't get support and the rest can, so we just take public holidays off.  
And what we'll see is the guys that run the clubs, the facilitators or volunteers will always do something on that Monday that there's not a club on.  
Go for a coffee, go for a walk and talk.  
Or just get together and it's a really creates that brotherhood.  
The best about that?  
It's free and everywhere, shape and form.  
You don't have to book. You're not charged for that.  
There's no referral.  
It's literally a drop in.  
You come along, grab a brew and get involved.  
Simple as that.  
And that speaks for itself a bit in perspective for you. When I first joined Andy's man club.  
Over four years ago, we had 700 men walking through our door on a Monday night.  
Within four years.  
I'm not big on maths, but you can do it yourself.  
We've gone up 4300 men in four years, which is absolutely insane.  
We have online, so our online groups running concurrently at the same time as an added man club on Monday night and it's an absolutely brilliant tool for a few reasons.  
One, if you've not gone Andy's mind club in your area.  
You can use online if you know someone that's housebound, can't get out, or someone is just I'll they can use online. If you're just not sure about coming to a meeting on a Monday night, try online.  
It's one of the best forums if you have not got a club in your area. It's info on thesemanclub.co.uk.  
The girls at the office will send you out a forum. You fill the form in, obviously via e-mail.  
There's a box on that form to say don't take. Don't keep my details, we don't take details on these man club.  
So what we'll do is we'll send you the invite out once the invite's been been accepted.  
After the meeting goes, we then delete your details.  
We are a confidential society.  
We do not take details from anyone.  
What to expect and management club meeting. First and foremost, we'll have someone standing outside the building wearing something like what I've got on with Andy Man Club logo.  
He's our sweeper.  
He's one of the faculty as he's one of the guys that have come through the door himself, got tested when he wants to give back and stepped up and become a become a member of the facilitating team. His role is to welcome new and old guys to the.  
To the venue.  
Show them where it is and introduce them to the new other two facilities in the room.  
Once the guys come in the door, the other two facilities will show.  
Show them the most important part, the Brew station.  
Get a brew.  
Get yourself. Calm down, chill out and grab a seat which will have a seat.  
Running around down a circle.  
And we all sit in a circle and we have what's called the talking ball.  
And just as that be, there we go.  
This is the ball we use.  
We pass this around from person to person.  
We do have some ground rules for Andy's man club and there's a few things we don't talk about. We have 4 rules in total. We don't talk about medication, politics, religion and criminal matters.  
A passing comment on all of these is fine, but we don't go into detail.  
We have the fifth wheel in Scotland, which gets broken quite often.  
We don't talk about football because you can bring politics and religion into it.  
It's mainly West Coast, but as it has happened.  
So once you're in the meeting and you're sat down, the other two facilities have a lead and a Co facility.  
They'll start off the meeting by doing a little introduction.  
You go around the room and name and a reason for being here.  
At no point do you have to talk.  
There is absolutely no pressure whatsoever to talk if you don't want to talk that bull. I showed you a minute ago. You just pass it on to the next guy.  
What question or what part of the meeting?  
Round the room introduction. Then we go into the meeting bones of the actual meeting.  
Well, three questions that stay the same every single week.  
Our first question is, how's your week been?  
Question 21. Pause it for me week.  
Question three. Anything they got off your chest?  
These questions are designed to get guys talking and opening up.  
And again, you don't have to answer any questions.  
We then have about a 50 minute break and that's where the peer-to-peer support comes in.  
That's where guys that are.  
Basically strangers.  
Talk like they know each other for for years to sit and have a coffee and a brew and a chat. Whether it's talking about their mental health or about the TV on last night, it makes no difference they're communicating.  
And that's the point of what we're trying to do.  
We then come back for the last two questions and then made-up by his man club and it could be what's your what is your guilty pleasure song and what you do for your well-being again, you don't have to answer these questions.  
I'll answer right now.  
My guilty pleasure song is Barbie girl and what I do for Monell Bean is I write a motorcycle and that's truth.  
But the reason they're designed for that is so that you're not left with someone's trauma.  
Questions. He can be quite heavy.  
Quite well on with someone's could be from childhood trauma or PTSD, and they're talking about it.  
To anything else, getting cop in the car park and what we don't want is the guys leaving with someone else's trauma.  
So we'll have two questions then and the changing the week, so every week is a different two last questions and something funny, something uplifting, something good and positive.  
So you're leaving with trauma and at the end we try use about a 10 minute break at the end just for a bit of peer-to-peer socialization.  
So the guys getting to know each other and it does form a club and then a brotherhood of such and guys come in week after week after week. So that's pretty much what meeting does and how it works.  
I am not one man, so that's one of our slogans that pretty much defines who we are.  
So I am not one man. Every man on this call is that one man.  
Believe it or not, every woman on this call is that one, one man as well.  
So I came on this man club over 4 1/2 years ago after my last attempt on my life.  
As I said, I'm mark.  
I'm 46 years old.  
I'm an ex soldier, ex construction worker.  
And like I said, I try to take more life and I got to signpost at Andy Man Club.  
I didn't go in the first time.  
I actually drove past on the motorway and went for me and was in a circle and Kumbaya.  
That's no my sort of thing.  
So when I went home and my wife asked if I went and said no, she asked me to go back the next week. So I did.  
I went back the next week and all the way over there, I'm thinking just just say for half an hour then leave and say it didn't work.  
So I got there. I was actually early, got to the car park, turned my motorbike off and there was a guy standing right beside me. All right.  
So you found his man club.  
I didn't have a reason to be in that car park on a winter's night, 6:30. So I said yes.  
I'm not going to lie.  
I was crapping myself when I walked in that building.  
I wanted to sign myself in places and do a lot of sign up for. He's like, no, no, come with me. And first thing he showed me the brew station. So I grabbed the coffee and I sat down right beside him and I cracked on with a meeting.  
And he went round and he asked the appeal introduction. And then he go on the questions and question one, how should we be paying everyone to go round?  
And they're having a bad week and a good week, and the company I went shop.  
I don't be here was my answer.  
Because it didn't. I was.  
I was still suicidal at that point.  
I went I OK.  
But you're here now.  
Question 2. Won't pause that and everybody's going on with a pause to me.  
I don't have a pause.  
I don't want to be here.  
And the whole room and unison said you're positive as you hear me. You've walked through that door and I was like, wow, brilliant.  
Question three. Anything to go off your chest and this has opened my eyes by clubbing.  
This is what made me really sit up, sit up, and take notice. Every one of those guys was open, honest and showing vulnerability.  
There was a guy that I just gone through a divorce. A guy lost his son. Six years old six months ago.  
And you just kept going around the room and there's so many guys doing so many different things and will come to a guy before just before me.  
He was never.  
He's no longer with us.  
He's an older gentleman.  
It was.  
He passed away with a terminal illness.  
And he he was held the ball and started talking about his life and he's and he's childhood trauma. And when he passed me the ball, my mind screaming. Don't say anything, don't say anything, don't say anything.  
I was like, I held on that ball for what felt like 15 minutes.  
It was about 3 seconds and I started talking and I told that to my 11 perfect strangers, my deepest darkest secret.  
Which was when I was 10 years old.  
I was sexually abused. My mom's ex partner's son, and when I was 17, I was raped just before I joined the Army and I had told no one until I sat in a room of 10. Perfect 11 perfect strangers.  
And I waited for the backlash and for the the normal stuff. When you tell guys something like some of the guys are already alluded to in previous presentations, the barn are that offensive? I was waiting for that and I didn't get that.  
I got empathy.  
I got support.  
I got strength.  
I got love.  
And I never felt that from a peer-to-peer situation from a male audience of feeling. It blew me away.  
I was absolutely blown away by it.  
I don't remember the last few questions, if I'm honest.  
I don't remember the motorcycle ride home if I'm honest.  
But I sat in the in my kitchen with my wife that Monday night, and I opened up about everything.  
And Andy's mind club changed my life that night.  
It saved my life that night because if I hadn't had a plan and I thank God I went down his man club. So I am not one man and my story is unique to me, but it's replicated thousands and thousands of times on the UK.  
Thousands and thousands of men that are needing that support, thousands and thousands of men that don't know. They're that one man. And as somebody else again alluded to that I no longer feel alone.  
And one of the guys said that in his presentation.  
That's exactly what it is.  
We are no longer alone.  
So moving on, we've had some awards and this man club has won.  
We're one of the lasters to get the Queen's Award and we've also won the National Diversity Award.  
These awards are not for Andy's man Club.  
These awards are for the the the stack of volunteers that open the doors on a Monday night.  
And you heard Luke talk about the volunteers of 250 heroes that are opening doors on a Monday night.  
We're now set 2260 men giving up their time.  
On a Monday night to open the doors set of the brew station, ask the questions for these guys to come through the door.  
The best award as an always Robbie, is that one man walking through the door.  
That's a direct quote from Elaine, and it's 100% true.  
So this slide here women and Andes man club.  
So it says, well, it doesn't attend Andy's man Club is a man club.  
That's what it's for.  
It's for men to come along and talk.  
But we do have women in the organization, starting from Elaine, who's Andy's mum, to Sabrina, the office manager and all our admin team are women. There's marketing team. Most of them are women.  
These are the COGS in our machine that keep, like Bryony, sends an e-mail in it goes to info and his man club. Then it comes to through through the women at the admin team comes to me.  
Or if you want to market an event, it goes to M4 marketing and it goes wherever needs to go. As I say, there are cogs. If I didn't have them, we didn't have half the jobs that I go to.  
I wouldn't do.  
I wouldn't have.  
We call them our office angels.  
Oh, and there's Tom. Tom's our resident postman.  
So he was a volunteer and then became a facilitator.  
And he was actually one of the first nine guys in Andy's Man Club and he came along and volunteered as a postman, and he's now full time postmaster and his man club paid position.  
Of the growth of the shares. But on the flip side of this coin, women in general that are helping support their mangoing and his man club and it could be a mother, a brother, a mother, a sister, an auntie, a granny, a partner, a friend, any woman that.  
Supporting someone going along, give you a great example of this.  
So when I was a faculty at one of the clubs in Dundee, I was the sweeper. I was the one outside waiting for just to make sure we come in and everybody was fine.  
I was just about to go into the meeting and a car came around the corner, stopped right suddenly, opened the door and I heard you out.  
Looked at the car and this guy got out of the car very sheepishly.  
And then the woman leaned forward, looked me, and said what time does this place close?  
I said 90 clock when I'll be back at 9:00.  
Door closed and drove off. All right. Looked at the guy and went.  
You found his man club mate. You went.  
Apparently so. I was a morning. I was.  
And he's never facilitated in the club, but the fact that she saw in him what he couldn't see and his bloke sometimes you can't see what's the end of our bloody nose is.  
She saw he needed the support. She found out where to get the support and she dropped him off at the door.  
And I used to say this was unique, but it's now happened on countless times across Scotland now and I'm I'm not sure if it's someone that's actually seen my presentation and listened to me or it's just happened naturally.  
But either way it was because the support the partner or the woman in their life has given them. So will always give a nod to say thank you for that.  
And that's what it's all about.  
Pretty much.  
That's my presentation.  
Any information you want is www.andysmanclub.co.uk