



National Men's Health Policy

Men's Advisory Network

The Men's Advisory Network (MAN) is the peak body for service providers, organisations and individuals concerned with men's health, well-being and other issues affecting men and boys in Western Australia. MAN was established in 1997 and incorporated in 2000. It is a not-for-profit non-government organisation that receives financial support from the WA Department of Health.

The primary role that MAN plays is supporting service providers, organisations and professionals from various disciplines, who work with men and boys. In addition, MAN provides information to individuals about appropriate services and professionals, plus provides general community education and raises awareness of the issues affecting men and boys. Further information is available on the website: www.man.org.au

MAN is a member of the Australasian Men's Health Forum (AMHF), the national peak organisation. Julian Krieg, the MAN President is Vice-President of the AMHF and Gary Bryant, MAN Executive Officer, is a member of the AMHF Executive.

The members of the Board of Management and their vocations are:

- Julian Krieg, President, Wheatbelt Men's Health
- Janet Armarego, Vice-President, Health Promotion Officer, City of Melville
- Terry Olesen, Secretary, MensTime, Kinway
- John White, Treasurer, retired
- Les Gray, Board Member, Lone Fathers Association of Australia (WA)
- Bill Johnstone, Board Member, Teacher, Fremantle Primary School and Co-ordinator Fremantle Men's Shed
- Andrew Markovs, Board Member, Men's Resource Centre, Albany
- Patrick Toohey, Board Member, Teacher, Leda Primary School
- Roger Turvey, Board Member, Derbarl Yerrigan Aboriginal Health Service

National Men's Health Policy Consultations

MAN has been actively involved in the consultation process regarding the national men's health policy. Julian Krieg, President and Gary Bryant Executive Officer, attended the roundtable held at Parliament House on 19 March. Four Board members attended the consultation conducted by the Department of Health and Ageing in Perth on 15 April.

MAN conducted a workshop on 26 February. The Executive Officer facilitated two video conferences. One was organised by the WA Office of Aboriginal Health on 13 May. The other was supported by the WA Country Health Service on 28 May. The outcomes from these have already been submitted to the Department of Health and Ageing.

Model Policy

The Irish Government recently released the world's first national men's health policy *National Men's Health Policy 2008-2013: Working with Men in Ireland to Achieve Optimal Health and Wellbeing*.

http://www.dohc.ie/publications/national_mens_health_policy.html

It is suggested that the government should consider the Irish policy as a model upon which to develop its recommendations. The following is an extract from the Executive Summary.

A number of key theoretical and philosophical principles have been adopted in developing this policy, each of which is discussed below.

1. Adopting a gender-mainstreaming approach

This policy adopts a gendered approach to men's health and recognises gender in the context of culturally defined masculine or feminine traits that are deemed to be socially appropriate to the sexes. A 'gender-mainstreaming' approach recognises that gender equality is best achieved through the integration of the health concerns of men and women in the development, implementation and evaluation of policies, both within and beyond health. Building on the Equal Status Acts 2000 to 2004, this policy endorses the approach taken by Health Canada's Gender-based Analysis Policy and the Equal Opportunities Commission's Gender Equality Duty Code of Practice in England and Wales, and adapts these policies as potential frameworks from which to develop a gender-mainstreaming approach to men's health in Ireland, across all Government departments, in the future.

2. Adopting a social determinants approach

This policy adopts a social determinants approach to defining men's health. It recognises that social and economic factors, including poverty, are key determinants of the health status of men. The policy aligns itself with existing strategies that target the reduction of poverty in Ireland and that seek to tackle health inequalities by working in partnership with National Anti-Poverty Networks and the Community Development Programme. By recognising diversity within men, this

policy acknowledges the right of all men in Ireland to the best possible health, irrespective of social, cultural, political or ethnic differences.

3. Adopting a community development approach

In recognition of the fact that one's community, defined by geography, culture or social stratification, is a valuable resource for health, this policy seeks to harness social capital among communities of men through a community development approach. By adopting this approach to men's health and positioning this policy within the wider social inclusion policy of Government, all communities of men in Ireland may be supported to achieve optimum health and well-being.

4. Adopting a health promotion, preventative approach

In the context of supporting health behaviour change and reducing premature mortality among men in Ireland, this policy calls for a gendered approach to the implementation and evaluation of health promotion policy in Ireland. It centres on three core areas – settings (eg. workplace), populations (eg. young men) and topics (eg. smoking cessation) – whereby lifestyle modification is targeted via key settings and topics through a life stage approach.

5. Adopting an intersectoral and interdepartmental approach

Under the aegis of the Advisory Health Forum, this policy seeks to promote men's health in synergy with other policies and services within and beyond the health sector. Such an approach calls for the strengthening of alliances and partnerships with the community and voluntary sectors, as well as with the statutory sector in areas such as education, employment, environment and social affairs.

6. Tackling men's health from a strengths perspective

This policy endorses a positive and holistic approach to men's health – one that addresses the underlying causal factors that can be attributed to men's poorer health outcomes and that create health-enhancing environments for boys and men. While it is imperative not to overlook the 'problems', it is equally important to build on the many strengths of men in Ireland and to challenge men to take increased responsibility for their own health. This policy does not seek to make men dependent on the healthcare system, but rather to facilitate them in looking after themselves and in their use of appropriate services for better health and quality of life.

7. Supporting men to become more active agents and advocates for their own health

This policy sets out a range of initiatives, in the statutory, community and voluntary sectors, designed to support men in becoming better advocates for their own health.

The incorporation of these principles into the Australian policy would ensure that a holistic approach is adopted that emphasises the overall well-being of men and boys. It must address the physical, mental, psychological,

emotional, intellectual, educational, social, spiritual, developmental and inter-personal relationship needs of men and boys.

These principles would also ensure that early intervention and prevention, in addition to the treatment of illness and disease, are key components of the strategies that are adopted.

Priorities

Several areas require particular attention including:

- Aboriginal men's health and wellbeing
- Suicide prevention
- Mental health
- Alcohol and drug abuse
- Dual diagnosis of mental health in conjunction with alcohol and/or drug abuse
- Community violence to be considered as a public health issue rather than solely as a criminal justice matter

Health Promotion and Community Education

Health promotion campaigns need to be targeted. It appears that many current campaigns are generic in nature. These probably inform those people who are already conscious of their health. However, they are not effective in reaching those who have the poorest health profile and are often marginalised and disadvantaged.

Campaigns need to be developed that target particular groups of men and boys. Some possible target groups are:

- Boys at school
- Adolescent males
- Apprentices and trainees
- Single men
- Fathers
- Separated fathers
- Men working in particular industries such as: mining, fishing, defence forces, emergency services, police, truck drivers, etc.
- Fly in fly out workers
- Unemployed men
- Low socio-economic men
- Older men
- Men in regional and rural areas
- Men in remote areas
- Aboriginal men
- Torres Strait Islander men
- CALD men
- Refugee men
- Disabled men
- Gay men
- Men in prison
- Homeless men

It is clear from this list, which is not exhaustive, that a generic campaign will not be effective in influencing the behaviour of many of the men from these groups.

A particularly effective program for engaging men in a discussion regarding their health, emotional wellbeing and general lifestyle is *Pit Stop*. The program was developed by the Gascoyne Public Health Unit in Western Australia. The kit, which contains a manual and CD-Rom, is available from the WA Country Health Service and approximately 150 kits have been sold to a variety of agencies throughout Australia.

Various versions of *Pit Stop* have been adapted for use in a variety of settings, including work places, agricultural shows and field days, community festivals, prisons, universities and with Aboriginal men. However, there are no funds available to conduct the activity.

The Australasian Men's Health Forum and the Men's Health and Information Resource Centre at the University of Western Sydney promote International Men's Health Week, which is held in June each year, without government support.

Similarly there is no government support for men's health nights, which have proved to be very popular.

Men's sheds are yet another grass roots response to supporting men that has developed without government support.

A number of organisations have developed innovative programs that support fathers in enhancing their role as a parent.

The provision of small grants for local initiatives could support these programs and would probably lead to the development of other very effective initiatives.

Engagement of Men

The March 2009 edition of *Australian Family Physician*, the flagship journal of The Royal Australian College of General Practitioners (RACGP), features an article titled *Engaging men in health care* by Greg Malcher.

<http://www.racgp.org.au/afp/200903/200903malcher.pdf>

This article explores the concept that not all men can be engaged in their health care through a particular technique or strategy. The article challenges the perception that men are disinterested in their health and discusses opportunities for engaging men in their health care in general practice, in the workplace, in schools and in various community settings. It argues that men consume health care differently to women.

Malcher identifies barriers to engaging men in health care and offers potential and existing solutions to overcome these barriers in a range of health care settings.

In an article titled *Beyond masculine stereotypes: Moving men's health promotion forward in Australia* (Health Promotion Journal of Australia, April 2007, Volume 18, No 1) James Smith challenges the notion of a stereotypical concept of masculinity.

It is not appropriate for organisations to blame men for not using their services. They should be asking themselves, how can we make our service more male friendly?

Workforce

Approximately 80% of the workforce in the health and human services industry are female.

There is an immediate need to train all people who work with men and boys, how to do this effectively in both their own approach as well as the practices and procedures of the service.

Strategies need to be developed to increase male participation, particularly in services that are dealing with men and boys.

A major barrier to men pursuing careers in this field is the very low pay. The pay is low because it is a female dominated industry. Because the pay is so low, very few men are prepared to work in the industry. Service providers cannot attract male staff. University and TAFE courses cannot attract male students.

Pilot Projects

There would be merit in testing various suggestions that have been made, but not able to be implemented due to a lack of resources. Pilot projects that were evaluated for their effectiveness may prove to be very beneficial. Some suggestions that have been made in the past include:

- Men's health centres in metropolitan and large regional centres, plus mobile men's health clinics in rural and remote areas
- Provision of men's crisis accommodation, particularly in relation to being both the perpetrator and victim of domestic violence
- Provision of adequate public housing for fathers who have less than 50% of the care of their children
- Provision of legal advice to men, particularly regarding family law and child support issues, which adversely impact on the mental health and emotional well-being of some men
- Encourage men to take advantage of the benefits offered by some employment practices, which may require a change in the culture of some work places (e.g. some men won't take time off work to see a doctor).

Conclusion

The Men's Advisory Network congratulates the government on developing a men's health policy.

The policy, strategies and programs that are developed must adopt a holistic approach that emphasises the overall well-being of men and boys. They must address the physical, mental, psychological, emotional, intellectual, educational, social, spiritual, developmental and inter-personal relationship needs of men and boys.

They must ensure that early intervention and prevention, in addition to the treatment of illness and disease, are key components of the strategies that are adopted.

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