



Senate Select Committee on Men's Health

Model Policy

The Irish Government has just 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 Senate Committee should consider the Irish policy as a model upon which to develop its recommendations.

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.

Senate Committee Terms of Reference

1. Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression,

Undoubtedly the treatment of diseases needs to be addressed. However, the treatment of disease and illness should not be the only focus of the government's policy and programs.

In the past there has been little evidence that issues other than those covered by the medical treatment model have been addressed.

The principles outlined in the Irish policy require a much more comprehensive approach to considering men's health and in fact health and wellbeing in general.

2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,

Health promotion campaigns need to be targeted. It appears that many 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 rural and remote areas
- Aboriginal men
- Torres Strait Islander men
- Men in prison
- Homeless men
- CALD men
- Disabled men
- Gay men
- Refugee 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.

3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

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.

4. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas

As mentioned under the second term of reference above, there is no government support for:

- Health promotion and education strategies that target particular groups of men
- Pit Stop
- International Men's Health Week
- Men's health nights
- Men's sheds

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, wellbeing and other issues affecting men and boys in Western Australia. MAN was established in 1997 and incorporated in 2000. It receives financial support from the WA Department of Health.

The primary role that MAN plays is resourcing the sector through 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

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