WESTERN AUSTRALIAN MALE HEALTH AND WELLBEING POLICY INFORMATION PAPER

Please note that throughout the report we use the term ‘men’ or ‘male’ to represent all those who identify as ‘male’ across their lifespan. At Men’s Health and Wellbeing WA we operate from the position that while sex refers to biologically-determined differences between men and women, gender refers to differences that are socially constructed and can capture the interrelated dimensions of biological differences, psychological differences, sexual orientation and social and cultural roles. Gender is the expression of the social and cultural ideas about what it is to be a ‘man’ or a ‘woman’.

Acknowledgement of Traditional Ownership
Men’s Health and Wellbeing WA acknowledges the Traditional Owners of Country throughout Australia, and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to elders both past, present and of the future.

Equity, Diversity and Substantive Equality
Men’s Health and Wellbeing WA values equity and diversity in its workforce and with our stakeholders and communities we serve. We are committed to the development and sustainability of an environment that is inclusive and equal for people from all backgrounds and lifestyles, including Aboriginal and Torres Strait Islanders, people from culturally diverse backgrounds, people of diverse sexuality and/or gender and people with disabilities.

Men’s Health and Wellbeing WA is also committed to substantive equality by striving to achieve equitable outcomes as well as equal opportunity. It takes into account the effects of past discrimination and it recognises that rights, entitlements, opportunities and access are not equally distributed throughout society. Substantive equality recognises that equal or the same application of rules for certain groups can have unequal results.

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EXECUTIVE SUMMARY

1. The purpose of this information paper is to provide the background, data, and next steps required to promote discussion, further consideration, and action to improve male health and wellbeing in Western Australia.

2. There is a gap in the health and wellbeing of Western Australian males, particularly high-risk male population sub-groups.

3. Western Australian males have distinct and diverse health and wellbeing challenges that occur in the context of a varied and expansive state requiring a unique response.

4. A Western Australian Male Health and Wellbeing Policy is required to provide the framework and foundation to drive an evidence-based, considered, targeted, adequately funded, coordinated, and collaborative response to this critical acute health gap in Western Australia. This is critical to drive real and sustainable change.

5. A Western Australian Male Health and Wellbeing Policy will align and assist with the implementation and goals of the:
    a. National Male Health Policy 2010
    b. Western Australian Women's Health Strategy 2013-2017
    c. WA Aboriginal Health and Wellbeing Framework 2015-2030

6. Commitment by the Western Australian Government to develop the first Western Australian Male Health Policy is required. Male health in Western Australia can only be improved if government, health organisations, community and individuals work together to take action.

1. PURPOSE

The purpose of this information paper is to provide the background, data, and next steps required to promote discussion, further consideration, and action to improve male health and wellbeing in Western Australia.

2. INTRODUCTION

2.1 Background

Western Australian men are significant and positive contributors to Western Australian life through their diverse family, work and community roles. To empower men to continue this positive involvement, allow our young men to reach their potential and to support all men to enjoy a long and high quality life, supporting the health and wellbeing of men is an important and critical whole community issue.

However, whilst acknowledging one of the highest life expectancies in the world and an overall increase in life expectancy and quality of life for all Australians over the past five decades, rates of mortality for men continue to be higher than women and have failed to improve to the same extent as women.

Unfortunately, little of substance has been done in Western Australia to address this critical health gap. Despite three decades of adverse statistics, male health policy or rather the lack of it, continues to fail the Western Australian male, their families and the broader community. As research continues to demonstrate a disproportionate gender differential in death and illness for males in Western Australia, little substantive action is taken. In fact, the National Male Health Policy released in 2010 lacks endorsement, an action plan, and adequate funding by the current Federal Government. Sadly, no Australian State or Territory Government has yet implemented a specific, active male health policy (although Victoria was the first state to have a Male Health Strategy 2010-2015). This is particularly disturbing in the context of the disproportionate investment in women's health as evidenced through policy, strategy, funding and resourcing, including role dedication at the Ministerial level, despite males carrying the greater health burden. Women's and male health needs must be addressed together and equitably and in a manner that recognises the importance of a gendered approach to health.

It is time for Western Australia to lead the way. It is time for Western Australia to address this issue though a specific, active male health policy. This must sit alongside women's health policy and strategy to achieve good health and wellbeing outcomes for males and females.

2.2 The State of Male Health in Western Australia

When it comes to their health and wellbeing, men continue to face poor outcomes when compared to women on almost all measures of key health and wellbeing indicators. Specifically, men have a lower life expectancy and higher levels of mortality from almost all non-gender specific causes of death including injury, cardiovascular disease, cancer, depression, suicide, respiratory disease and obesity. Refer to Appendix 1 for further information on the state of male health in Western Australia.

Further, these health inequalities are even greater for particular male population groups. Particularly high risk male population group are identified as Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse backgrounds, rural, regional and remote males, and males form a low socio-economic background.

2.3 Determinants of Male Health Outcomes

The poor state of male health outcomes are primarily influenced by:

- gender (including biological sex, gender identity, expression and role);
- social and lifestyle factors (such as smoking, excessive alcohol intake, low fruit and vegetable intake, injecting drug use including recreational drugs, and participation in high-risk activities);
- a tendency for males to use health and community services less and at a later stage when encountering a health or illness concern; and
- poor social connections.

Traditional male values of stoicism, suppression of emotions, unwillingness to address taboo topics (such as mental, sexual and reproductive health) and a high self-reliance identity have been shown to negatively affect the health behaviours of some men. Further, we know that men are more vulnerable to various disorders at all ages across the lifespan, engage in more health risk behaviours but less help-seeking, and are less likely to have strong and supportive social networks.

These determinants of male health are largely known and accepted as the 'social determinants' of health outcomes. It is critical that policy to address the male health gap take a social determinant view and therefore be comprehensive and holistic.

2.4 The Impact

The impact of poor men's health and wellbeing is well established. From a psychosocial, economic and social point of view, improving men's health and wellbeing is better for men, the family, the community and the economy.

Improved health for males has been shown to positively impact individual lives, improve workforce participation and productivity, improves the cultural and social life of communities, and substantially reduces the provision of high cost health care.

2.5 A New Approach

It is evident that what we are doing (or indeed failing to do) in male health is not working. However, with the right focus and resources, we also know we are able to positively influence these male health outcomes.

Gender is an important consideration in determining health and wellbeing improvement strategies for both males and females. Health service planning and delivery, health promotion and disease prevention strategies are often gender-neutral and based on an assumption that interventions will be equally successful for men and women. However, evidence increasingly shows that this is not the case and that such an approach can contribute to further health inequalities. A gender perspective recognises that men and women can have different health risks, needs, attitudes and behaviours due to biological, social, economic and psychological differences. The approach is important in understanding the influence of different factors affecting the health of men and women, as well as how interventions can be best designed to address differences between men and women and therefore improve outcomes for both Western Australian men and women.

Our increased recognition and understanding of gender differences can now lead us to more effective solutions. For example, new health promotion strategies are needed that tap into men's self-reliance and independence, as these may encourage men to be more active in seeking professional health. In addition, a greater focus on the gendered nature of health attitudes and behaviours needs to be featured in current models of health psychology and behaviour change, and facilitated within the public health agenda.

What is required is a focus on promoting and facilitating men's healthy living, strengthening health and community service delivery to men, and focusing on the health and wellbeing issues that have the greatest impact on men's quality and length of life. With the right support, men will engage proactively and positively with their health and wellbeing.

2.6 The Next Step

A Western Australian Male Health and Wellbeing Policy is required to provide the framework for an evidence-based, considered, targeted, adequately funded, coordinated, and collaborative response to this critical acute health gap in Western Australia.

A Western Australian Male Health and Wellbeing Policy will support a well-intentioned and dedicated yet currently poorly funded, uncoordinated and fragmented sector to address the critical acute gap in male health outcomes in Western Australia. A Western Australian Male Health and Wellbeing Policy will acknowledge that male health is a 'thing'. A sector that deserves acknowledgement and dedicated attention.

3. Principles Underpinning a Western Australian Male Health and Wellbeing Policy

The need for a Western Australian Male Health Policy is based on the principles outlined below.

1. A strong evidence base exists indicating that males continue to experience poorer health outcomes on almost all measure of health and wellbeing when compared to women.
2. A strong evidence base exists indicating that male's health and wellbeing is not improving at the same rate as women.
3. There are specific high risk male sub-population groups that require a concentrated and targeted approach.
4. Males are a population group with unique and diverse health and wellbeing needs which require a gendered approach to health policy.
5. An established and growing body of evidence indicates that a gendered approach to health policy is considered best practice.
6. A Western Australian Male Health and Wellbeing Policy will align and assist with the implementation and goals of the:
    a. National Male Health Policy 2010
    b. Western Australian Women's Health Strategy 2013-2017
    c. Western Australian Aboriginal Men's Health Strategy 2012-2015
    d. WA Aboriginal Health and Wellbeing Framework 2015-2030
7. A Western Australian Male Health and Wellbeing Policy will provide the foundation for the development of a Male Health and Wellbeing Strategy.
8. A preventative, focussed, coordinated, evidence-based and adequately resourced approach to male health and wellbeing in Western Australia is required to drive significant and sustained improvements in male health outcomes.
9. Western Australian males have distinct and diverse health and wellbeing challenges that occur in the context of a varied and expansive state requiring a unique response.
10. Improving the health and wellbeing of males positively impacts the health and wellbeing of women, children, families, the economy, the workforce and the broader community.
11. The current directionless, uncoordinated, and poorly funded approach to male health and wellbeing is failing to achieve significant and sustained improvement in the physical and psychological health of Western Australia's boys and men.
12. An existing network of sector services can be leveraged to utilise as the vehicle in which to deliver improved male health and wellbeing outcomes.

4. Process for the Development and Implementation of a Western Australian Male Health and Wellbeing Policy

The information below provides an overview of the progress already made and the process required to develop and implement a Western Australian Male Health and Wellbeing Policy.

Stage 1 - Needs Analysis - Completed

1. A strong and emerging evidence base has been established indicating that there is a gap in the health and wellbeing outcomes for Western Australian males and that there are priority male population groups that require particular attention.
2. A Western Australian Male Health and Wellbeing Policy will provide the rationale, framework, plans, and actions required to close the male health and wellbeing gap within Western Australia.
3. Results analysis from the 2016 Sector Needs Analysis identifies that the general health and male health and wellbeing sector has identified a WA Male Health and Wellbeing Policy as the primary, priority and critical need for the sector to help drive sustained improvement in male health and wellbeing in Western Australia. The needs analysis surveyed a broad cross-section of the general and male health and wellbeing sector to identify perceptions of the priority needs and issues in the sector. The data provides informed guidance to the Policy on the direction and priority action areas that the WA Male Health and Wellbeing policy needs to address.

Stage 2 - Research - In Progress

1. The WA Male Health and Wellbeing Sector Report series is in progress. This report series is designed to provide the most up-to-date evidence-based information to the sector and policy developers on the health and wellbeing status and needs of males in Western Australia. The first report - A Quiet Crisis: Male Health in Rural, Remote and Regional Western Australia, A report on the status of male health and wellbeing in non-metropolitan Western Australia and access to services has been completed and has been released in November 2016. This can be accessed here: www.menshealthwa.org.au
2. Further research is required to continue to build an accurate and credible evidence base to inform the WA Male Health and Wellbeing Policy.

Stage 3 - Draft Policy Development

1. Endorse and engage the Male Health and Wellbeing Advisory Council to provide highly focused practical independent advice on male health and wellbeing to the Health Minister and Department of Health.
2. Identify and assemble the policy development and review team through the Western Australian Department of Health.
3. Develop the policy development project plan.
4. Engage and consult with key stakeholders across the sector and broader community.
5. Develop the policy framework.
6. Draft the Western Australian Male Health and Wellbeing Policy.

Stage 4 - Approval

1. Receive necessary endorsements, approvals, and sign off.

Stage 5 - Communication and Implementation

1. Launch and publish the Policy.
2. Ensure adequate resources are assigned to drive, coordinate, and fund the Policy including development of the 5-year strategy to map the actions, allocate the resources and measure the success of implementing the intent of the Policy.

Stage 6 - Review

1. Establish review dates, feedback mechanism from stakeholders on the effectiveness of the Policy and report on the compliance and outcomes of the Policy.

5. Next Steps Required to Develop and Implement the Western Australian Male Health and Wellbeing Policy

1. First and foremost, the Western Australian Government and relevant government departments need to in principle and practice commit to the development of the first Western Australian Male Health Policy.

2. Endorse and engage the Male Health and Wellbeing Advisory Council.

3. Priority needs to be given, and funding and other resources need to be allocated to progress the consultation and evidence gathering process, and commence policy drafting.

6. References

1. Alston, M 2012, 'Rural male suicide in Australia', *Social Science and Medicine Journal*, vol.74, no. 4, pp. 515-522. Available from: Elsevier.
2. Australian Bureau of Statistics 2011, *Census QuickStats Western Australia*, Code 53, Australian Bureau of Statistics, Canberra.
3. Australian Bureau of Statistics 2011, *Deaths, Australia, 2010*. ABS cat. No. 33020DO007, Canberra: ABS.
4. Australian Bureau Statistics, 2012, *Australian Social Trends, Data Cube* – Heath WA Summary, Catalogue Number 4125.0 2012.
5. Australian Bureau of Statistics 2014, *Causes of death, Australia, 2014, cat. No. 3303.0*, Australian Bureau of Statistics, Canberra.
6. Australian Bureau of Statistics 2016, *Deaths, Australia*, 2014. ABS cat. No. 3302.0, ABS, Canberra.
7. Australian Indigenous Health Info Net 2015, 'Summary of Australian Indigenous Health 2014', Available from: http://www.heathinfonet.ecu.edu.au/health-facts/summary>.
8. Australian Institute of Health and Welfare 2008, 'Rural, regional and remote health: indicators of health status and determinants of health'*, Rural Health Series*, no. 9. Cat, no. PHE 97, Canberra: AIHW.
9. Australian Institute of Health and Welfare, 2011, *The health of Australia's Males* Catalogue Number PHE 141, AIHW, Canberra.
10. Barker, G, Ricardo, C & Nascimento, M 2007, *Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions*, World Health Organization, Geneva.
11. Bourke, L, Humphreys, J, Wakerman, J, Taylor, J 2012, 'Understanding rural and remote health: A framework for analysis in Australia'*, Health & Place*, vol. 18, no.3, pp. 496-503, Available from: Elsevier.
12. Bull, C Krout, J, Rathbone-McCuan, E, Shreffer, J, 2001, 'Access and issues of equity in remote/rural areas', *The Journal of Rural Health*, vol. 17, no. 4, pp. 356-359, Available from: Wiley Online Library.
13. Caldwell, T, Jorm, A, Dear, K 2004, 'Suicide and mental health in rural, remote and metropolitan areas in Australia', *Medical Journal of Australia*, vol. 181, no.7, pp. S10-14, Available from: ProQuest.
14. Cheung, D, Spittal, M, Williamson, M, Tung, S, Pirkis, J 2014, 'Predictors of suicides occurring within suicide clusters in Australia, 2004–2008', *Social Science & Medicine*, vol.118, pp.135-142, Available from: Science Direct.
15. Commonwealth of Australia 2010, National male health policy: Building on the strengths of Australian males, Department for Health and Ageing, Canberra.
16. Connell, R. W, 1987, 'Gender and power: Society, the person, and sexual politics', Stanford, CA: Stanford University Press. Connell, R. W, *Masculinities* (1st ed.), Sydney, New South Wales, Australia: Allen & Unwin.
17. Courtenay, W. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine, 50*, 1385-1401.
18. Department of Health Western Australia 2009, *WA Health Clinical Services Framework 2010-2020*, Available from: https://www.health.wa.gov.au/.
19. Department of Health Western Australia 2011,*The Epidemiology of Injury in Western Australia 2000-2008*, DoHWA, Perth.
20. Department of Regional Development and Lands, 2011, 'Royalties for regions giving back to WA communities', pp. 1-23, retrieved from: http://www.drd.wa.gov.au/Publications/Documents/R4R_Overarching_Brochure_2011.pdf.
21. Department of Regional Development, 2013, 'Royalties for regions progress report July 2012 - June 2013', pp. 18, retrieved from: http://www.drd.wa.gov.au/Publications/Documents/Royalties_for_Regions_Progress_Report_2012_13.pdf.
22. Elnitsky, C.A., 2013, 'Gender Differences in Combat Medic Mental Health Services Utilzation, Barriers and Stigma', *Military Medicine*, vol. 178, no. 7, pp. 782, Available from Academic Search Premier.
23. Harrison M, Lee A, Findlay M, Nicholls R, Leonard D & Martin C, 2010, 'The increasing cost of healthy food', *Australian and New Zealand Journal of Public Health*, no. 34, pp: 179–86.
24. Hussain, R, Maple, M, Hunter, S, Mapedzahama, V, Reddy, P 2015,' The Fly-in, Fly-out and Drive-in Drive-out model of health care serve provision for rural and remote Australia: Benefits and disadvantages, *Rural and Remote Health*, vol.15, pp. 3068. Available from: Rural and Remote Health.

25. Jeffries, M. & Grogan, S. (2012). 'Oh, I'm just, you know, a little bit weak because I'm going to the doctor's': Young men's talk of self-referral to primary healthcare services. Psychology and Health, 27, 898-915.
26. Lifeline WA 2013, *FIFO/DIDO Mental Health Research Report 2013*, Available from: http://lifelinewa.org.au/download/FIFO+DIDO+Mental+Health+Research+Report+2013.pdf>.
27. Macher, G.O. (2005). Men's health, GPs, and 'GPs4Men'. *Australian Family Physician, 34*, 21-23.
28. Möller-Leimkühler, A. M. 2003. 'The gender gap in suicide and premature death or: Why are men so vulnerable?', *European Archives of Psychiatry and Clinical Neuroscience*, no. 253, pp.1-8.
29. Moon, L, Meyer, P., & Grau, J. (2000). *Australia's young people 1999: Their health and wellbeing.* Cat. no. PHE 19. Canberra: AIHW.
30. National Rural Health Alliance, 2010, 'Measuring the metropolitan-rural inequality, retrieved from: http://ruralhealth.org.au/sites/default/files/fact-sheets/Fact-Sheet-23-%20measuring%20the%20metropolitan-rural%20inequity_0.pdf.
31. National Rural Health Alliance Inc. 2013, *Obesity in Rural Australia.* Available from:<http://ruralhealth.org.au/sites/default/files/publications//nrha-obesity-fact-sheet.pdf>
32. National Rural Health Alliance Inc, 2014, *Smoking and Rural Health*, Available from: http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-smoking.pdf.\
33. National Rural Health Alliance Inc. 2015, *Illicit Drug Use in Rural Australia*, Available from: <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-illicit-drugs-0615.pdf>.
34. National Rural Health Alliance Inc. 2015, *Mental Health in Rural and Remote Australia*, Available from: <http://ruralhealth.org.au/sites/default/files/publications/fact-sheet-mentalhealth-2016.pdf>.
35. Ricciardelli, L.A., & Williams, R.J. (2011). The role of masculinity and femininity in the development and maintenance of health risk behaviours. In C. Blazina and D. S. Shen-Miller (Eds), *An international psychology of men: Theoretical advances, case studies, and clinical innovation (*pp.57-98). New York: Routledge.
36. Ricciardelli, L,P, 2012, The quiet crisis: Challenge for Men's Health in Australia, InPsych.
37. River, J. 2016. 'Diverse and Dynamic Interactions: A Model of Suicidal Men's Help Seeking as It Relates to Health Services', *American Journal of Men's Health*, pp. 1-11, doi: 10.1177/1557988316661486.
38. Robertson, S. 2003, 'Men managing health'. *Men's Health Journal*, vol. 2, no.4, pp. 111–113.
39. Robertson, A. & White, A. (2011). Tackling men's health: A research, policy and practice perspective. Public Health, 125, 399-400.
40. Roy, P, 2014, 'Help seeking among male farmers: connecting masculinities and male health', *Sociologia Ruralis*, vol. 54, no. 4, pp. 460-476, Available from Wiley Database 2016.
41. Schofield, T 2000, 'Understanding men's health and illness: a gender-relations approach to policy, research, and practice', *Journal of American College Health*, vol. 48, no. 6, pp. 247-256, Available from Academic Search Premier.
42. Tomlin S, Joyce S, 2013, *Health and wellbeing of Adults Western Australia 2012: Overview and trends*, Department of Health, Western Australia.
43. Tyler, R, Williams, S 2014, 'Masculinity in young men's health: exploring health, help seeking and health service use in an online environment', *Journal of Health Psychology*, vol. 19, no. 4, pp. 457-459, Available from Sage.
44. Victorian Department of Health, Men's Health Background Paper, 2010.
45. Victorian Department of Health, Men's Health and Wellbeing Strategy, 2010-2014.
46. Wahl, O, F 1999, 'Mental Health Consumers' Experience of Stigma', *Schizophrenia Bulletin*, vol. 25, no. 3, pp.475-477, Available from PsychARTICLES.
47. Wilkins, D, Payne, S, Granville, G & Branney, P 2008, *The gender and access to health services study: final report,* Department of Health (UK), London.

7. ABOUT MEN'S HEALTH AND WELLBEING WA

Men's Health and Wellbeing WA is the peak independent not-for-profit charity organisation dedicated to representing and promoting the health and wellbeing of boys and men in Western Australia.

As a member based organisation, we represent the needs and priorities of the male health and wellbeing sector. We are all about improving the health and wellbeing outcomes for males across our community.

We believe that Western Australian men are significant and positive contributors to West Australian life through their diverse family, work and community roles.

We believe that to empower men to reach their potential and enjoy a long and high quality life to continue this positive involvement, supporting the health and wellbeing of men is an important and critical community issue. We believe that to achieve this we must focus on promoting and facilitating men's healthy living, strengthening health and community service delivery to men and that we must focus on the health and wellbeing issues that have the greatest impact on men's quality and length of life.

We are funded and supported by the Western Australian Department of Health, Lottery West, corporate Western Australia, individual donors, and organisation and individual members.

APPENDIX 1

The Current State of Male Health

See Table 1 for an indicative snapshot of men's health in Western Australia.

INDICATIVE SNAPSHOT OF MENS HEALTH IN WESTERN AUSTRALIA	
Population statistics	**General health and mental health in men**
• **Males comprise 49.8% of the Australian population** • **Median age is 36 years** • **12% are 65 years and over** • **Average life expectancy is 79 years**	• 23,000 excess male death per annum compared to women • 31% have a chronic health condition • 18% have a disability • 48% have experienced a mental disorder in their lifetime (includes substance use disorders) • 93% of all work-related fatalities • 75% of completed suicides
Leading causes of male deaths	**Conditions with highest burden of disease in men**
• **Ischaemic heart disease (16.9% of total male deaths)** • **Lung cancer (6.8%)** • **Stroke (6.4%)** • **Chronic respiratory disease (4.6%)** • **Prostate cancer (4.1%)** • **Suicide in 15-44 year olds (23%)**	• Ischaemic heart disease (11%) • Type 2 diabetes (5%) • Anxiety and depression (4.5%) • Lung cancer (4%) • Stroke (3.9%)
Lifestyle risks in men	**Other Risk Factors**
• **68% are overweight or obese** • **95% do not consume sufficient fruit or vegetables** • **58% do not exercise sufficiently to obtain health benefits** • **18% smoke daily** • **6% drink alcohol at levels that place them at risk and 4% at levels that place them at high risk**	• Social isolation • High-risk behaviour • Occupational exposure to hazards
Most at Risk Male Populations	**Use of health services by men**
• **Indigenous males** • **Rural, regional and remote living males** • **Low socio-economic males** • **'Blue-collar' working males** • **War veterans** • **Gay, transgender and intersex people** • **Males with disabilities** • **Non-English speaking males**	• 16% do not use any medicare services in any given year • 43% of all GP encounters in any given year • 52% of all emergency department presentations • 68% of all alcohol and drug treatment services
Aboriginal and Torres Strait Islander males	**Males born overseas**
• **2.5% of the Australian male population is Indigenous with a life expectancy of 67 years** • **46.2% smoke daily** • **9.3% drink alcohol at levels that place them at high risk** • **98% suffer from some form of psychological distress**	• 27% of all males in Australia were born overseas • 57.5% risk factor for being overweight or obese if born in non-English speaking countries compared to 70% if Australian born • 26% have experienced a mental disorder in their lifetime