

# DELIVERING MEN'S HEALTH WEBINAR

MONDAY 22 NOVEMBER 2021



**GLOBAL ACTION ON  
MEN'S HEALTH**

*International Journal of*  
**Men's Social and Community Health**

## INTRODUCTION

Too many men are still dying far too young. But we now know what needs to be done. This webinar highlighted programmes and projects that have successfully engaged men and improved their health outcomes. It demonstrated how the ideas and tips in Global Action on Men's Health's (GAMH) recent [Delivering Men's Health](#) report can be put into practice.

This event was organised by [GAMH](#) in collaboration with its official journal, the International Journal of Men's Social and Community Health (IJMSCH).

## PROGRAMME

- Welcome - Anthony Brown, GAMH and webinar chair
- Delivering Men's Health – Peter Baker, GAMH Director
- Men's Health Promotion in Waiting Rooms - Michael Whitehead, Men's Health Clinical Nurse Consultant, St. Vincent's Hospitals in Sydney, Australia
- Counselling with Men in Mind: Understanding and Responding to Men's Distress and Suicidality - Zac Seidler, Clinical Psychologist, the Director of Mental Health Training at Movember and a Senior Research Fellow with Orygen at The University of Melbourne. Australia
- ScreenMen: Empowering Men to Screen – Chin Hai Teo, UM eHealth Unit, Faculty of Medicine, Universiti Malaya
- Addressing Men's Health in the Western Pacific Region - Kira Fortune, Coordinator of the Unit on Social Determinants of Health and Violence and Injury Prevention at the regional WHO office of the Western Pacific
- Discussion

A recording of the webinar can be viewed [here](#).

### DELIVERING MEN'S HEALTH

Peter Baker

Although men's health globally, nationally and locally is far poorer than it should or could be, and despite the major variations in male health outcomes between and within countries, there has been a lack of systematic action to improve men's health. While there have been some calls to action on men's health by the World Health Organisation (WHO) and others, the delivery of men's health policies and programmes has been very limited and patchy at all levels.

Global Action on Men's Health has published its Delivering Men's Health report<sup>1</sup> and produced an accompanying database,<sup>2</sup> to provide policymakers and service providers with an easily-accessible, evidence-based, practical guide to developing policies and services that meet men's needs.

The report recommends 10 key steps that can be taken:

- Collect, analyse and publish the data
- Engage senior decision-makers
- Listen to men's voices
- Introduce health policies that address men's health needs
- Meet men 'where they are'
- Recognise the differences between men
- Take account of gender norms
- Include boys and young men
- Use Men's Health Week and other hooks
- Be positive about men and recognize their strengths

Information about each step contains top tips and case-studies. For example, "Meet Men 'where they are'" suggests the following top tips:

- Identify where there are significant numbers of men who are in need of health support. Examples of places where men are can include workplaces, community venues, sports settings, faith organisations, and online.

- Develop partnerships with organisations operating in these locations with a view to delivering interventions jointly.
- Consult with men in the target group and co-design interventions with them.
- Be imaginative – even seemingly unlikely settings can prove effective. Men's health checks have been delivered in pubs, at horse racecourses and in do-it-yourself store car-parks, for example.
- Ensure that interventions are monitored and evaluated.
- Plan for sustainability so that successful services can continue once the initial funding has run out.

The case-studies cited include Football Fans in Training (delivered at sports stadia), POWERPLAY (workplaces), Men's Sheds (community venues), and QuitNow Men (online).

Global Action on Men's Health plans to continue to disseminate Delivering Men's Health, develop the database, establish a training programme, and work with partners to implement the guidance.

*Peter Baker is Director of Global Action on Men's Health and was Chief Executive of the Men's Health Forum charity in the UK (2000-2012). He has written numerous reports and papers on men's health issues, including The Lancet, the BMJ, The Journal of Global Health and the WHO Bulletin. In 2014-2015, Peter led an independent review of Ireland's first national men's health policy; this led directly to the Irish Government's decision to publish a second policy based on the review's recommendations. Peter is a Fellow of the Royal Society for Public Health (UK) and a member of the editorial board of The International Journal for Men's Social and Community Health.*

#### References

1. Baker P. Delivering Men's Health: A Guide for Policymakers and Service Providers. Global Action on Men's Health; 2021. Available from: <https://gamh.org/wp-content/uploads/2021/09/Delivering-Mens-Health-report.pdf> [Accessed 2nd March 2022]
2. Global Action on Men's Health Database. <https://www.mengage.org.au/global-action-men-s-health-database/> [Accessed 17th December 2021]

## MEN'S HEALTH PROMOTION IN WAITING ROOMS<sup>1</sup>

Michael Whitehead

### Issue Addressed

Currently, in Australia, male health outcomes are poorer than that of females, with males experiencing a lower life expectancy, accounting for 62% of the premature deaths.<sup>2</sup> Exploring male-specific health promotional material in health facility waiting rooms provides an opportunity to examine available health information. There are few studies on health-related education for patients, families and carers in general practitioner (GP) waiting rooms, and no studies on male-specific health material content in waiting rooms.

### Methods

This prospective observational study audited all printed health promotional materials in all health facility waiting rooms within a single local government area. A total of 24 sites were surveyed, which included general practice centres, community health centres and hospitals. The surveyed health literature included posters, brochures and booklets.

### Results

There were 1143 health materials audited across the sites. Of these, 3.15% (n = 36) were male-specific literature, 15.31% (n = 175) were female-specific health literature and 81.54% (n = 932) were neutral/others. Overwhelmingly, the audited health literature evidenced a 5:1 ratio favouring female-specific literature versus male-specific literature.

### Conclusions

This research highlighted that despite the known outcomes of lower male life expectancy and higher burden of disease, male-specific literature was observed to be significantly under-represented within the audited health facility waiting room spaces. There remains potential for health clinicians to provide targeted male health education and thereby improve male health literacy.

*Michael Whitehead is the Men's Health Clinical Nurse Consultant at St. Vincent's Hospitals in Sydney, Australia. Michael is the clinical lead for the St. Vincent's Men's Health Centre which is due for launch in early 2022. Michael provides consultancy to NGO health agencies in boys and men's health and presents to webinars and conferences discussing men's health promotion.*

### References

1. Whitehead, M., Chok, H.N., Whitehead, C. and Luck, L., 2021. Men's Health Promotion in Waiting Rooms: An Observational Study. *International Journal of Mens Social and Community Health*, 4(1), pp.e17-e27.
2. Australian Institute of Health and Welfare (2019) The health of Australia's males. 2019. <https://www.aihw.gov.au/reports/men-women/male-health/contents/who-are-australias-males> – accessed 16th February 2022

## COUNSELLING WITH MEN IN MIND: UNDERSTANDING AND RESPONDING TO MEN'S DISTRESS AND SUICIDALITY

Zac Seidler

Despite the rise in the number of men seeking professional mental health care over the past two decades, men remain less likely to engage in care. They attend fewer sessions and are more likely to drop out prematurely from care than women<sup>1,2</sup>. While men account for three-quarters of suicide deaths worldwide, over half of these males who die by suicide have sought mental health help in the year prior<sup>3</sup>.

The question remains then, how can we provide a service offering for these men that effectively engages them? A clear means for intervention lies in equipping treating practitioners with skills to improve their confidence and competence in their work with male clients. The Men in Mind training program is an online self-paced, interactive course aiming to advance the clinical competencies of mental health practitioners skills and understanding around men and masculinities.

Men may need a stronger emphasis on education and orientation to mental health symptoms and services to improve insight and reduce barriers to treatment<sup>4</sup>. The 5-module program has undergone a successful pilot trial with over 150 practitioners showing potential efficacy in increasing user knowledge, skills and attitudes, and is now planned to be rigorously evaluated in a gold-standard randomised controlled trial<sup>5,6</sup>. If we are to positively intervene in the growing burden of men's mental ill health on our communities, it is imperative that researchers and clinicians alike seek to listen, understand and connect with men's unique experiences to ensure a return on investment.

*Dr. Zac Seidler is a Clinical Psychologist, the Director of Mental Health Training at Movember and a Senior Research Fellow with Orygen at The University of Melbourne. Zac has devoted several years to the goal of reducing the staggering male suicide rate, treating and researching men's mental health with over 50 peer-reviewed articles published. Zac is a member on the advisory committees for White Ribbon, the Australian National Mental Health Commission and Suicide Prevention Australia. Zac has appeared on the ABC, BBC, Sky News and in The Guardian, The Age and Vice for his work.*

### References

1. Seidler ZE, Rice SM, Dhillon HM, Cotton SM, Telford NR, McEachran J, Rickwood DJ. Patterns of youth mental health service use and discontinuation: Population data from Australia's headspace model of care. *Psychiatric services*. 2020 Nov 1;71(11):1104-13.
2. Seidler ZE, Wilson MJ, Kealy D, Oliffe JL, Ogrodniczuk JS, Rice SM. Men's Dropout From Mental Health Services: Results From a Survey of Australian Men Across the Life Span. *American journal of men's health*. 2021 May;15(3):15579883211014776.
3. Appleby, L., Kapur, N., Turnbull, P., Rodway, C., Graney, J., and Tham, S-G. Suicide by middle-aged men. *The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)*. 2021. The University of Manchester.
4. Seidler ZE, Rice SM, Oliffe JL, Fogarty AS, Dhillon HM. Men in and out of treatment for depression: Strategies for improved engagement. *Australian Psychologist*. 2018 Oct 1;53(5):405-15.
5. Seidler, Z. E., Wilson, M. J., Toogood, N., Oliffe, J.L., Kealy, D., Ogrodniczuk, J. S., Owen, J., Lee, G., & Rice, S. M. Pilot evaluation of the Men in Mind training program for mental health practitioners. *Psychology of Men and Masculinities*. (in press).
6. Seidler ZE, Wilson MJ, Owen J, Oliffe JL, Ogrodniczuk JS, Kealy D, Rice SM. Teaching Gender Competency with Men in Mind: Foundations of an Online Training Program for Mental Health Practitioners. *The Journal of Men's Studies*. 2021 Aug 5:10608265211035941.

## SCREENMEN: EMPOWERING MEN TO SCREEN

Chin Hai Teo

Health screening uptake remains low in men in Malaysia and ScreenMen, a mobile web app, was developed to address this gap. It aims to educate men about their health risks, motivating them to stay healthy and empowering them to undergo evidence-based health screening.

The development of ScreenMen was guided by theories, evidence and the needs of men themselves. The researchers interviewed 31 men in the community to explore the barriers and facilitators to health screening and gather their views on an ideal screening web app<sup>1,2</sup>. ScreenMen advocates comprehensive and evidence-based health screening for men. It covers a wide range of evidence-based screening including; lifestyle risk factors, cardiovascular disease, cancers, infectious diseases and mental health. These factors were identified from local and international clinical practice guidelines on screening. Male-sensitive features were also incorporated into ScreenMen to increase its uptake and utility for men. ScreenMen was designed following the user-centered and iterative software development approach. The utility and usability of the prototypes were tested iteratively with experts from various backgrounds and men in the community<sup>3</sup>.

Subsequently, an online pragmatic randomised controlled trial was conducted via Facebook to evaluate the effectiveness of ScreenMen. Preliminary analysis showed that the actual screening uptake at 3-month follow-up was significantly higher among ScreenMen's users as compared to the control group (23.2% vs 12.9%,  $p=0.047$ ). The intended number of months to undergo screening was significantly lower in ScreenMen users at immediate post-use (median=6 months) than the control group (median=12 months) while knowledge scores were significantly higher in ScreenMen's users than the control group at immediate, 1-month and 3-month post-use.

Currently, a pilot implementation study is being conducted to integrate ScreenMen into a public health clinic. This pilot study has found that men were more likely to access ScreenMen via a QR code on buntings placed at a waiting area ( $n=30$ ) than through postcards delivered by clinicians ( $n=9$ ) or posters ( $n=0$ ).

ScreenMen has demonstrated a complete research pipeline on how innovation can improve men's health, from development to implementation in the real world. Future research should explore the use of digital platforms to reach out to men to improve their health as recommended by experts<sup>4</sup>.

*Chin Hai UM - eHealth Unit, Faculty of Medicine, Universiti Malaya*  
*Chin Hai ventured into the field of men's health in 2013 when he published the first Asian Men's Health Report with the team in Malaysia. Recognising the gaps in men's health, he subsequently embarked on his PhD with the aim to improve men's health, specifically using digital technology, which is also his passion. He has developed and evaluated the ScreenMen web app which aimed to improve health screening uptake in men. Besides that, he also develops online training modules for doctors to manage men's health and is involved with the Ministry of Health to form the National Men's Health Plan of Action for Malaysia.*

### References

1. Teo CH, Ng CJ, White A. Factors influencing young men's decision to undergo health screening in Malaysia: a qualitative study. *BMJ Open*. 2017 Mar 10;7(3):e014364. doi: 10.1136/bmjopen-2016-014364.
2. Teo CH, Ng CJ, White A. What Do Men Want from a Health Screening Mobile App? A Qualitative Study. *PLoS One*. 2017 Jan 6;12(1):e0169435. doi: 10.1371/journal.pone.0169435.
3. Teo CH, Ng CJ, Lo SK, Lim CD, White A. A Mobile Web App to Improve Health Screening Uptake in Men (ScreenMen): Utility and Usability Evaluation Study. *JMIR Mhealth Uhealth*. 2019 Apr 15;7(4):e10216. doi: 10.2196/10216.
4. Baker P (2021). *Delivering Men's Health: A Guide for Policymakers and Service Providers*. Global Action on Men's Health; London (UK).

## ADDRESSING MEN'S HEALTH IN THE WESTERN PACIFIC REGION

### Kira Fortune

Over the past few decades, the Western Pacific Region (WPR) has made significant progress in terms of improving the health and development of its populations. In many societies men have benefited from this progress, enjoying more political, economic, social and cultural rights and opportunities than other genders. At the same time, men are at an increased risk for both morbidity and premature mortality from communicable diseases and non-communicable diseases, which are linked to poor health-seeking behaviours and lifestyle. Furthermore, men are also at a higher risk of dying from suicides, homicides and injuries, in comparison to women.

These differences in health outcomes are demonstrated in gendered pathways that increase men's risk of developing or dying from certain conditions, illnesses and violence. Much of the poorer health outcomes among and in between groups of men are related to the conditions in which they are born, grow, live, work and age; that is, they are a result of the social determinants of health. These conditions can influence barriers to health that accumulate across the life course, putting both men and boys, at an increased risk of experiencing health inequities today, tomorrow, and across generations. In these ways, increased attention to men's health, without overlooking that of women's health, is warranted and needed to reduce gender inequality and to improve men's well-being across the life course.

At the WHO Western Pacific Regional Office, we are committed to ensuring that the WPR becomes the healthiest and safest region for all. As a part of this agenda, the Organization is working with its Member States to strengthen national and local health systems that 1) enable the establishment and implementation of gender-responsive policies 2) enable the collection and use of sex disaggregated data 3) enable the delivery of gender-sensitive services and 4) that engage individuals from diverse and representative communities to better understand and address their specific needs.

*Dr. Kira Fortune has spent the last 20 years specializing in public health, gender, health promotion and social determinants of health in various international organizations across the globe. She has extensive experience working across the international stage from global NGOs, academia as well as with inter-governmental organizations. Prior to joining the World Health Organization, Kira coordinated The International Health Research Network in Denmark and spent four years working in the Department of Global Advocacy at The International Planned Parenthood Federation in London.*

*Kira is currently the Coordinator of the Unit on Social Determinants of Health and Violence and Injury Prevention at the regional WHO office of the Western Pacific, in Manila. She leads the work on gender mainstreaming, health equity, community engagement, migration, alcohol and violence with a key focus on the implementation of the Sustainable Development Goals.*