The health and wellbeing status of Western Australian males and the MAN Forum Report
This report is designed to give you a snapshot of male health and wellbeing in WA, and also to answer the questions about:

a. What changes do we want to see?

b. What do we need to do to make those changes?
Executive Summary

MAN is a not for profit health promotion charity, working in partnership with providers, business groups and individuals to improve male health and wellbeing outcomes. MAN believes that by respectfully addressing male health and wellbeing issues, the benefits will be a healthier community with healthier outcomes for men, women and children alike.

In May 2010 the Australian Government launched the National Male Health Policy (1), thus providing a national framework for the improvement in the health of Australia’s males. The policy responds to the increasing awareness that males and females have biologically distinct health needs, concerns and roles in society.

There is a very large gender disparity in health and wellbeing, specifically in the areas of heart disease, select cancers, injury, violence and suicide.

The Western Australian (WA) Government has yet to develop a male health policy. In May 2013, MAN brought together key sector leaders to collectively investigate issues of male health and wellbeing. Forum findings reveal that in order to achieve changes in male health and wellbeing outcomes, there needs to be an increase in the number of males accessing support and assistance, as well as increased innovation and leadership from both the state government and the wider community.

The forum further revealed that these changes could be achieved through the development of:
1. a policy framework
2. increased collaboration amongst providers and support agencies
3. use of positive role models
4. use of social media

Implementation of these steps would ultimately make significant inroads into what is a concerning landscape.

About MAN

MAN is a not-for-profit health promotion charity for male health and wellbeing in Western Australia; we have been active for over 13 years and are based in East Perth.

MAN works with health/service providers, business groups and individuals to improve the health and wellbeing of all males; at work, at home and at play. We would love you to join with us in some way by subscribing to our newsletter, becoming a member, spreading the word, or just doing your bit to be a healthy and happy male in our community.

Becoming a healthy male can be a challenging journey; it requires a lot of support, wisdom, guidance, good resources and some older/wiser men to help guide the way. Plus, when things go off track with our health and wellbeing, we need some helpful and supportive health professionals to assist and get us back on the road again.

We rely on support from volunteers and others who are passionate about boys and men in WA being healthier and happier than the current data suggests. We believe this will benefit the whole community and future generations.

Dean Dyer
President
(for MAN Board)

www.man.org.au
An Overview of the Health and Wellbeing Status of Western Australian Males

Part One of this report presents an overview of the health and wellbeing of Western Australian males and is divided into three sections, namely: general demographics and characteristics of Western Australian males; leading causes of mortality; and lifestyle factors influencing male health.

Where do they live?

Western Australia has the largest land area of all states and territories in Australia, and has 10.2% of the total Australian population.

In 2010 there were 2.3 million people living in WA, with about 74% living in the capital city, Perth.

### Table 1. WA males at a glance

<table>
<thead>
<tr>
<th>Characteristics of Western Australian Males</th>
<th>2010 Census (b)</th>
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<tbody>
<tr>
<td>Number of Males in WA</td>
<td>1.26 million (50.3% of total WA population)</td>
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<tr>
<td>Median age</td>
<td>36</td>
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<tr>
<td>Number aged over 65</td>
<td>12.3%</td>
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<tr>
<td>Number born overseas</td>
<td>30%</td>
</tr>
<tr>
<td>Number who speak a language other than English at home</td>
<td>20.7%</td>
</tr>
<tr>
<td>Average weekly income</td>
<td>$1673.90</td>
</tr>
<tr>
<td>Number unemployed</td>
<td>4.7%</td>
</tr>
<tr>
<td>Number who report having a religious affiliation</td>
<td>74.5%</td>
</tr>
<tr>
<td>Number of homeless males</td>
<td>WA has the highest rate of homoelessness in Australia, 65% of people sleeping rough are male</td>
</tr>
<tr>
<td>Number in prison</td>
<td>4502 (includes sentenced &amp; non-sentenced, 62% of the prison population are male)</td>
</tr>
</tbody>
</table>

The Longevity of Western Australian Males

Life expectancy is an indication of the general health of the population. Increased life expectancy is reflective of improvements in access to health care, diet and changes to social, economic and environmental circumstances. The average life expectancy of Western Australian males has steadily increased over the last decade, with men likely to live to 80 years of age. However, men are still likely to live 4.5 years less than women, and because many men are dying prematurely due to risk taking, accidents, violence and poor lifestyle choices, the Potential Years of Life Lost (PYLL) is more than twice that of women, i.e.: 67,235 which is equal to over 850 male lifetimes per year.

In tandem with healthy women, healthy men can make powerfully positive contributions to Western Australia – simply by being a good father or role model.”

Table 2: Potential years of life lost PYLL

<table>
<thead>
<tr>
<th>Underlying cause of death, All causes, Western Australia, 2008</th>
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<tbody>
<tr>
<td><strong>Number</strong></td>
</tr>
<tr>
<td>Total deaths</td>
</tr>
<tr>
<td><strong>Years of potential life lost (f)</strong></td>
</tr>
<tr>
<td>67,235</td>
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**What are the leading causes of mortality?**

**Heart Disease**
- In 2010, heart disease claims the life of one Australian every 11 minutes and remains one of the country’s biggest killers.
- The number of heart failure deaths is 1.7 times higher for Australian women than men. However, the average life expectancy for Australian women is 83.7 years compared with 79.2 years for men. On average, women can be free of heart disease for 10 to 15 years longer than men, so they are generally much older than their male counterparts when the symptoms develop.
- For a 40-year-old, the risk of having coronary heart disease at some time is one-in-two for men and one in three for women (7).
- Men were over one-third more likely to be hospitalised for stroke, heart, and vascular diseases than females (1).

**Cancer**
- In 2011 prostate cancer was the most common form of cancer in Western Australian males, yet lung cancer was the biggest killer, followed by prostate, bowel and melanoma (8).
- More men die from prostate cancer than women from breast cancer (8).
- Men are 84% more likely to die of preventable cancers common to men and women (9).
- Estimated incidence of all Cancers Males 56% Females 44% (9a).

**Injury and fatalities**
- Males continue to remain an extremely high risk group for injuries at work. Male work fatalities are ten times the number of females (13).
- Over two-thirds of deaths on public roads in Australia involve men (11). Overall, males have ten times the fatality rate of women (11).
- Over the three-year-period between June 2009 and July 2011, of 73,400 hospitalisations, 68% were male (11).
- Males are more than twice as likely to die from injury as females (27).

**Mental health**
- Suicide is the number one killer of men aged 15 to 44. Suicide ranks second only to coronary heart disease in its contribution to potential years of life lost by Australian men (12). Approximately 80% of suicides in Australia are male.
- In 2011, there were 1,727 male suicides in Australia, compared with 893 males who died on Australian roads, a ratio of almost 2:1 (13).
- For every person who dies by suicide, at least six additional people are profoundly impacted for the rest of their lives (14).
- One in eight men is likely to experience depression in their lifetime, and one in five men is likely to experience anxiety. In a 12-month period, 12.5% of men aged 16 to 54 are likely to have anxiety and 6.6% of men in this age bracket are likely to have depression. The highest rates of depression and anxiety occur in men aged 35 to 44 (15).
- Less than half will seek any help and instead will self-medicate with alcohol and other drugs.

**Obesity**
- Around two thirds or 68% of adult males are overweight or obese, and those men have higher rates of illness and chronic disease.
- When a population is overweight or obese, significant health, social and economic impacts may increase (16).

Table 3: Number of Adults Overweight or Obese

| MALES | 63% |
| FEMALES | 48% |

(17)

**Health Services Access**
- Males are less likely to go to the GP (18).
- Males are more likely to present at hospital emergency departments (19).
- In the year 2008–09, 16% of males did not use any Medicare services (19).
Which lifestyle factors are influencing poor male health outcomes?

**Smoking**
Smoking has been identified as one of the leading causes of heart disease and stroke in the population and is the major cause of preventable death, illness and disability in Australia. It kills over 15,000 people each year, outweighing the total deaths from many other causes (20).

Residents in regional areas were significantly more likely to be current smokers, compared with metropolitan residents (16.6% compared with 11.7%) (20).

**Number of Smokers in WA**

<table>
<thead>
<tr>
<th></th>
<th>Region</th>
<th>Metropolitan</th>
<th>Regional</th>
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<tbody>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>19.8%</td>
<td>14.9%</td>
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**Physical activity**
Regular sufficient physical activity helps maintain a healthy body weight and reduces the risk of many chronic conditions and injuries. Sport and other forms of physical activity can also improve mental wellbeing and may foster social networks, which provide support and opportunities for development.

Sufficient physical activity is generally interpreted as 30 minutes of moderate or vigorous physical activity on at least five days of the week—a total of 150 minutes per week (20).

**Number of WA adult males who exercise sufficiently**

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<td>54.3%</td>
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**Diet**
Diet has a significant effect on health. A poor diet can lead to obesity, hypertension and other health-related diseases.

The WA Department of Health recommends that adults eat at least two serves of fruit and five serves of vegetables each day (29).

**Inadequate fruit intake**

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<tbody>
<tr>
<td>Inadequate fruit intake</td>
<td>57%</td>
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**Inadequate vegetable intake**

<p>| | |</p>
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<tbody>
<tr>
<td>Inadequate vegetable intake</td>
<td>94%</td>
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</table>
Regional/Remote living

Males living in regional and remote areas are identified as having poorer health outcomes than those who live in cities. Key characteristics of this group of WA males include:

- More likely to experience lifelong health conditions such as cardiovascular disease, heart failure and respiratory lung illnesses (31).
- More likely to be overweight or obese, less likely to participate in sufficient physical exercise or eat fresh food.
- 70% more likely to smoke, 50% more likely to consume alcohol in excess and 28% more likely to have experienced a substance use disorder (31).
- Less likely to be married.
- Less likely to achieve higher education,
- More likely to work in manual labour positions.
- Less likely have a fair level of health literacy.
- More socially isolated
- Less likely to get the help they need (physically and emotionally).
- More likely to work long hours.
- Higher rates of death and injury, particularly in young males aged 15-24 (80% higher in remote communities) (34).

Number of Western Australians who live outside of major cities

- 22%

Number of Aboriginal Australians who live outside of major cities

- 62%

Illicit Drug Usage

- Male prisoners over the age of 14 were three times more likely than their female counterparts to have injected illicit drugs (3% and 1%) (35).
- The death rate from drug use for those aged 20-24 years was twice as high in male prisoners (6 per 100 000) as females (3 per 100 000) (36).
- In 2007 men had experienced substance-use disorders at more than twice the rate of women (7% and 3.3% respectively) in the previous 12 months (37).

Number of males accounting for drug-induced deaths

- 70%

 Violence

Interpersonal violence includes domestic violence, elder abuse and community violence. Males are 1.9 times more likely to die and 1.8 times more likely to be hospitalised than females.

Men's and Women's experience of violence over a 12 month period in Australia.

- Male deaths from assault more than double female deaths (40).
- 12% of young males aged 18-24 report having been physically assaulted by a man within the last year (40).
- 77% of these assaults were by a stranger (40).
- 5% of women related an assault by a male in the past year.
- In 21% of cases the perpetrator was known to the woman (40).
- Alcohol was a contributing factor in 45% of deaths and hospitalisations due to violence in WA (27).

Domestic Violence

- Over a twelve month period between 2008 and 2009, the WA Police attended 30,933 incidents of family and domestic violence in Western Australia.
- Of these incidents 12,329 were linked to criminal offences e.g Assault Charges.
- In 2012, 21 people lost their lives to domestic violence in WA.
- Domestic violence has risen by 9% in the last two years (43).
- Men make up the majority of perpetrators and there is increasing awareness of males as victims of partner violence (44).

Sexual Abuse

National Crime and Safety Survey 2002 sexual assault data indicate that the prevalence rate of sexual assault for adult victims was females 0.4%, males 0.1% (42).
Fly In / Fly Out (FIFO) Workers

In 2011-12 the resource sector directly employed, on average, 105,581 people across Western Australia. It is generally calculated that every job created in the mining and petroleum sector indirectly creates three more jobs, equating to 422,300 workers, of whom 53% are FIFO (46).

Concerns of the FIFO workers lifestyle:
- Family/home separation.
- Absent parents and partners.
- Relationship breakdown and isolation.
- Shifting culture – FIFOs are considered ‘temporary’ and generally disliked by the locals, however home is not somewhere they are often enough to carry on with “real life”.
- Young workers straight out of school are ill-equipped and unprepared for the fast lifestyle, high disposable income, macho culture, as well as the high incidence of drug, and alcohol use, and high incidences of STDs.
- High stress due to long shift periods, family/home separation, disruptive sleep and fatigue, accommodation and work conditions on-site, and onerous rules that for some FIFO workers created a distinct sense of entrapment (46).

Prison
- WA has the second worst re-offending rate in the nation at 44%.
- More than half of all male prisoners had previously been imprisoned and male prisoners were consistently more likely to have prior imprisonment than females (47).
- WA has 190 children in jail costing approx. 46.5 million dollars each year.
- Mental health problems among prisoners are more than twice as high as for the general population (48).
- Aboriginal and Torres Strait Islanders are over represented in WA prisons, making up 40% of the male prisoner population (48), while they are only 3% of the general population (48).

To ensure a healthy community it is necessary to improve and address the needs of all its members – men, women and children. Males and females have different experiences of health and wellbeing, particularly when it comes to the social determinants, biology and attitudes to their own health.

An examination of statistics demonstrates that males face significant health inequalities, particularly in the areas of:
- Heart failure
- Select cancers
- Work-related injuries, accidents and fatalities
- Suicide and mental health issues
- Road trauma

Generally males experience poorer health outcomes when compared with females in terms of life expectancy, potential years of life lost and morbidity.

Male Health and Wellbeing Community Forum

On 22 May 2013, MAN hosted a one day community forum, bringing together service providers from across non-government, government and private enterprise. The forum was facilitated under the World Café method (refer appendix for methodological explanation) to capture the critical issues and to improve outcomes of male health and wellbeing. The forum acted as a vessel, capturing collective experience and perspective whilst also acting as an opportunity to network and strengthen links between those in attendance.

An opening address from MAN’s president, Dean Dyer provided a context of future optimism and opportunity for change. Further keynote speakers included Professor Mike Daube, School of Health Policy, Curtin University and Akram Azimi, Young Australian of the Year 2013.

All forum participants were united in a belief that change needs to occur in order to improve male health and wellbeing. (Key findings of the forum are located in the appendix, along with participant details.) It is imperative to stress that improvement to male health and wellbeing is not to be made at the expense of any other subgroup and instead it is suggested that healthy, happy males are more likely to have healthy, happy relationships on professional, social and personal levels. Males are interwoven into the community as fathers, sons, brothers, husbands, partners, uncles, friends and role models – positive changes in males will translate to positive changes in the whole community. All forum participants support MAN in its pursuit of a society in which opportunities for all WA males are at their optimal.

Data Summary

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What changes do we want to see happen in male health and wellbeing?

The forum identified two key areas of critical success, namely:

1. More males accessing health and wellbeing supports and services

Outcomes cannot be improved unless behaviours in seeking help alter. The data confirms that 17% of men never use their Medicare card, men are dying from preventable diseases and stigma barriers exist as to why males are reluctant to address issues of their own health and wellbeing. Males need to become proactive consumers of supports and services, so that they end up with the right support and service at the right time.

2. Leadership

a) Development of a state-wide policy framework, driven by strong leadership in male health.

b) Each and every organisation across the state to adopt a proactive approach to improve male health and wellbeing outcomes.

What do we need to do in order to make these changes and improve health and wellbeing outcomes for Western Australian Males?

The forum identified four critical areas of focus to support improved outcomes for the health and wellbeing of WA males, namely:

Policy Framework

Making up over half of the Western Australian population, males are a wide and varied group. Correctly identifying, acknowledging and dealing with the issues of males will result in positive impacts resonating through the wider community. One solution or one initiative will not ‘solve’ the issues impacting the males in Western Australia. Real and long-term improvements in health and wellbeing require sustained and concentrated efforts.

Forum participants advocate for a whole-of-community approach, in which government, non-government and private enterprise all partner to improve male health and wellbeing outcomes. The Western Australian Government has an opportunity to play a lead role in the facilitation of this change through the development of a Male Health and Wellbeing Policy. A policy framework would facilitate the development of a whole-of-community, shared and united pathway for improvement by:

- Raising awareness of unique gender-specific needs
- Identifying and increasing awareness
- Reducing the stigma of seeking help
- Strengthening the positive profile of males, facilitating their increased participation in the community

and recognizing the importance of their role

- Providing advice and information on issues faced by males and the supports available to help them e.g. violence, drugs, alcohol, families; and
- Empowering males to make use of the support services that are available to them through mentoring, modelling, communication and support. Guiding them to a path of responsibility, leadership, health and wellbeing.

Collaboration

The current service landscape is one of fragmentation and competition, creating confusion and complexity for the customer. Forum participants acknowledged the limitations of real life, and that money is limited; however—a fragmented system does not maximise efficiency or effectiveness; neither reducing waste, maximising opportunity nor simplifying customer experience.

Additionally, it was felt that there is uncertainty as to what supports and services already exist and how these can be accessed. For change to occur in health and wellbeing outcomes for WA males, we need to develop an integrated and exhaustive system of supports and services, which is agile and responsive to customer need. This system needs to be relevant, innovative and sustainable. The system should be developed from an assessment of what already exists, leveraging off current strengths and success. Underpinning the system is an alliance of providers, with a shared vision, robust communication mechanisms, and an ethos of collaboration and partnership. The alliance is driven by strong leadership and resource capacity, people who champion the creation of a winning team as opposed to a team of winners.

This system is supported through state government policy and legislation, which is championed by a newly created Minister for Men’s Interests.

Positive Role Models

The modern Western world is undergoing rapid change and development. Within this environment sits a changing social norm in which traditional definitions of masculinity can no longer be relevant. Forum participants assert public presentations of positive role models are few and far between. Instead they suggest that we should mirror techniques and strategies being used in mental health issues and communicate to the Western Australian public through the use of positive male role models. Role models are a tool which can be used by the Western Australian government, MAN as a peak body, profit and not-for-profit organisations and individuals as a way to create social change and improve outcomes for male health and wellbeing.

Social Media

Technology has not only challenged the status quo but also brings with it many opportunities for change and development. Forum participants report that failure to leverage from social media will result in an unchanged operating environment. The use of social media presents an opportunity to create a new social norm in which males are proactive, health-seeking individuals.
Appendix

Community Forum Findings:

Q1. What does the male health and wellbeing sector in WA look like when it is the best it can possibly be?

An integrated and exhaustive system of supports and services, which is agile and responsive to customer need. This system is relevant, innovative and sustainable. The customer can access and navigate the systems with ease and always ends up with the right support and service at the right time. Males are proactive consumers of supports and services. This system is supported through policy and legislation, which has been championed by a Minister for men’s interests / male health and wellbeing.

A healthy and well male is the new norm. Male health and wellbeing issues are commonly talked about.

Q2. What are the current key challenges facing male health and wellbeing in WA; and as a networked community, how can we utilise our joint capacity and capabilities to improve the situation?

Challenges
- Lack of political will. Male health issues are not perceived to be a vote winner
- Lack of State strategy
- Lack of sophisticated and sustainable funding framework.
- Lack of collaboration across sectors
- Stigma attached to males seeking help

Improve the situation by
- Challenging traditional roles
- Demystifying health-seeking behaviour
- Develop a whole community approach
- Advocating
- Long term investment
- WA male health policy and strategy
- Development of a collaborative framework for government, not-for-profit and for profit organisations
- Prevention and early intervention investment

Q3. What is working now in relation to the male health and wellbeing sector and how can we learn from the success to date?

Changing social norm
- Effect of destigmatisation of mental health issues
- Increasing social awareness through events such as Movember and ManTherapy commercials
- Public presentation of positive role models
- Word of mouth referral
- Young males (12-25) use of internet to find pathways to services

Whole of person approach
- Treat/support the person in the context of their family and community network
- Treat/support the whole person not just the presenting disease condition

Developments in the workplace
- Flexible work environments
- Work places which support work/life balance
- Paternity leave
- Greater openness in workplaces to watch male health initiatives

Government support
- Investment in supports and services for men and boys
- Funding focus on male health and wellbeing issues

Examples of programs which are perceived to work
- Peer-based programs
- Men’s sheds
- Fathering project
- Hearing from blokes
- Rock and water programme
- Outdoor – connect to nature
- Father and son camps

Q4. What are the exciting new opportunities on offer/or how can we further develop current initiatives?

- Creation of an Office for Male Interests, Minister for Male Health and Wellbeing
- Use of social media to promote seeking help
- Use of technology eg TED talks, YouTube etc.
- Social enterprise and social innovation offering sustainable funding models
- Cultural diversity
- Evolving role of masculinity to one which encompasses care giving and care receiving, nurturer
- Men’s sheds and other such clubs
- Use of sport to educate males
- Use of peer role models
Q5. What would it take to sustain and grow the sector and how will we know we are making progress?

- Leadership on every level
- Collaboration between agencies
- Community-driven action
- Creative approaches
- Encourage male health-seeking behaviour
- Diversity of prevention, intervention and treatment options
- Capturing knowledge of Aboriginals and Elders

Indicators of progress

- Action-based outcomes
- Noticeable community acceptance
- Research – evidence based practice
- Success stories
- Annual conference
- Statistical evidence

Organisation representations at the forum

WA Police
LifeCrafting Group
Department of Defence
WA Association of Mental Health
Metro Migrant Resource Centre
City of Stirling
Prostate Cancer Foundation of Australia
Mankind Project
Centrecare
Lifelong Fitness
Injury Control Council WA
Eco Culture
Australian Men’s Health Forum,
Pathways to Manhood
Mates in Construction

Department of Veteran’s Affairs
Department of Child Protection
McCuister Centre for Action on Alcohol and Youth
Ngala
One Life WA
Palmenton
Cancer Council WA
Men Alive
Angicare
The Fathering Project
Lifeline WA
Relationships Australia
Department for Communities
WA Men’s Sheds Association

What is a World Café?

The World Café method is based on the experience that people interact in more meaningful ways in a relatively informal, relaxed and unthreatening environment. The process enables large and small groups to interact and have creative conversations (i.e. exchange of ideas) over a relatively long time in different environments about a clearly defined set of interrelated issues.

Typical applications include identification of problems and solutions; pre-planning creative ideas development; strategy development; developing team spirit and commitment; and promoting authentic exchange between people. In its original form the World Café is primarily meant to facilitate creative conversations among groups of people interested in a particular issue. The method assumes that each participant takes up her/his responsibility in deciding how to use the outcome of the event or the interaction with others...

References

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9. Cancer Council Western Australia, Western Australian Cancer Statistics 2013 www.cancerwa.asn.au
20. Tolmin S, Joyce S, 2013, Health and wellbeing of Adults Western Australia 2012: Overview and trends, Department of Health, Western Australia.