



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

Men's Health and Wellbeing WA Sector Report

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Government of **Western Australia**
Department of **Health**

Men's Health
& Wellbeing 
Western Australia

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.

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.

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BACKGROUND

All Western Australian men are significant and positive contributors to Western Australian life through their diverse family, work and community roles. However, males in non-metropolitan areas have not only been identified as being significantly inferior to that of males living in metropolitan Western Australia and Australia^{1,2,3}, there is less access to health and wellbeing services.

In fact, despite good intention and considerable investment, there has been little to no overall improvement in the health of regional, rural and remote males. It is suggested that resources have not been directed towards the most effective approaches and there is a need to place greater emphasis on targeted programs and preventative measures.

The purpose of this brief report is to:

- Provide an evidence based understanding to the health sector on the state of men's health in rural, regional and remote Western Australia;
- Build an understanding of the determinants that underpin these outcomes and;
- To explore the implications of these determinants as they relate to the provision and operation of health services in non-metropolitan Western Australia.



THE STATUS OF MEN'S HEALTH IN REGIONAL, RURAL AND REMOTE AREAS

In general, those living in non-metropolitan areas have been identified as having lower life expectancies^{4,5}, higher rates of mental health issues, suicide, chronic pain, cardiovascular disease, diabetes, obesity as well as higher rates of lifestyle related risk factors for ill health such as drug and alcohol use and abuse, poor diet and smoking habits⁶. More specifically, males residing in such areas have lower life expectancies^{4,5,7} and are at greater risk of such poor health and health risk factors than females and urban counterparts^{3,8}. Indigenous persons have also been identified as having a significantly lower life expectancy, especially in non-metropolitan regions and are at greater risks of poorer health and health outcomes for males and females^{5,9}. Such outcomes in Indigenous persons have been found to be more prominent in Indigenous males and as a result, the life expectancy of Indigenous males in non-metropolitan regions has been identified as the lowest when compared to Indigenous females and non-Indigenous persons residing in metropolitan regions^{5,8,9}.

Further, the Australian Institute of Health and Welfare has identified those in non-metropolitan areas are more susceptible to additional health issues in comparison to metropolitan counterparts relating to geographical location, occupation and lifestyle choices⁸.

Mental Health and Suicide

Men in regional and rural areas are found to suffer more from negative mental health pressures, issues and outcomes in comparison to those in metropolitan WA^{2,3,10}. Males residing in non-metropolitan areas are 68% more likely to be a victim of suicide than those in non-metropolitan areas¹¹ particularly in the middle to late age demographic of those in the agricultural centre, with two thirds of farmers taking their own lives being aged 55-64 and identified as owners/managers of agricultural property¹¹.

Suicide rates are indicative of a number of pressures that work to deteriorate the mental health of males in rural and regional areas. These include ongoing financial insecurity, social isolation, indigenous status, over-working, environmental stressors¹² (e.g. weather and natural disasters impacting productivity and therefore livelihood) and high impact workplaces (including those considered dangerous, for example the work environment in mining sectors)⁴.



Physical Health

Physical health issues are prevalent in both metropolitan and non-metropolitan areas, although, research indicates that men in nonmetropolitan WA are more susceptible to a large array of physical ailments including higher rates of cardiovascular disease, chronic pain, arthritis, diabetes, obesity, heart and circulatory issues^{3,13} due to these areas being dominated by labour intensive industries. Other health factors, notably obesity and poor dietary standards become prominent¹⁴ due to fluctuation in costs, availability and freshness of foods moving further from metropolitan areas combined with low incomes and lack of nutritional education/access to dietary information¹⁵. Men in these areas are at higher risk of suffering from poor physical health, but results also find that they are less equipped to eradicate this¹⁶, with considerably slimmer access to health services in both general healthcare and specialist care¹⁷.

Lifestyle Factors

Lifestyle factors including drug & alcohol abuse, smoking and the stressors of mobile employment have been identified as large signifiers underlining the deficit in men's health geographically. Males in regional areas are more likely to drink alcohol at high risk levels, consume methamphetamines at a rate double (4.4% to 2.1%) to those in major cities¹⁸ and more likely to smoke (... and to smoke with increased frequency), with the average number of cigarettes smoked p/week in remote areas being 161.3¹⁹. Substance abuse is heavily linked to mental health, behaviours relating to substance abuse (e.g. the activity of binge drinking) often act as 'masks', distractions and relievers for existing mental health issues; with these options chosen over seeking aid for them²⁰.

As an example; the surroundings, lifestyle and mentality of men employed in mobile workplaces outside the metropolitan area is a major contributor to poor mental health, linking closely to negative lifestyle choices and activities such as those described above. Men in fly in/fly out (FIFO) and drive in/drive out (DIDO) sectors suffer specific stressors due to their geographical isolation from their family and friends back at home, as well as little time for social & domestic activities, hobbies and recreation exposing workers to negative emotional experiences²¹ including mood swings, lack of motivation, irritability, anxiety, homesickness and stress²².



THE DETERMINANTS OF MEN'S HEALTH IN REGIONAL, RURAL AND REMOTE AREAS

Determinants of health and wellbeing of males tend to relate to social, economic and environmental conditions². Geographical location, socioeconomic status, employment status and occupation, education status, environmental status and Indigenous status have been identified as the main determinants of poor health in non-metropolitan regions of Western Australia and Australia².

In non-metropolitan regions, remoteness or isolation geographically tends to be a significant driver in poor health due to lack of provision of health services and specialists^{1,7,18,23} and generally exhibiting a higher level of socioeconomic disadvantage^{1,2,4,5,8,24} as well as being especially vulnerable to changing environmental conditions²¹.

Socioeconomic status is related to geographical location with a large proportion of areas in non-metropolitan regions of Western Australia classified as being of a higher level of disadvantage when compared to metropolitan regions, which has been attributed to a lack of and slower rate of economic and social development²⁵. Furthermore, education and employment opportunities tend to be limited due to this lack of development in such sparsely populated regions when compared to metropolitan areas²⁶.

Across non-metropolitan regions of Western Australia, there is a lack of higher educational opportunities, which in turn, has led to the outmigration of youth and as a result, decline in population in these areas²⁶. Education attainment has also further been linked to employment opportunities and success as well as socioeconomic status, with those obtaining higher education, generally living in lower levels of disadvantage²⁶.

Climatic conditions are influential most notably in terms of the mental health and wellbeing of farmers throughout the State. Unpredictable environmental conditions such as droughts, floods, salinity problems and bush fires, have been seen to directly relate to poor mental (generally anxiety and stress) among men in rural areas¹⁸. Furthermore, the construction of rural masculinities, notion of stoicism and self-reliance in small communities throughout non-metropolitan areas has been cited as being a contributing factor to poor mental health with the reluctance to firstly admit to mental issues and secondly, seek the help needed^{7,8,12,13,23,27}.



Another contributing factor to the poor status of men's health in non-metropolitan regions has been the lack of health service provision in terms of general healthcare and specialist care^{7,9,14,28,29,30}. Across non-metropolitan Western Australia, the number of specialist health services tends to decrease with increasing remoteness, and therefore decreasing the accessibility and chance of preventing even poorer health conditions^{28,29}.

Poor physical and mental health can result in a number of possible outcomes for males across non-metropolitan areas inclusive of; further decline of such health, exacerbated mental health states, alcohol and substance abuse, antisocial behaviour, domestic violence and an inability to work.



THE KEY IMPLICATIONS

Health Service Provision Deficit

Males in non-metropolitan areas are more susceptible to negative health issues and are less equipped to manage them. Research suggests that men in rural and remote areas are lacking heavily in health services, assistance and resources. Rural and remote communities, due to their smaller populations, are known for their sense of community and connectedness, but are vulnerable to socio-economic disadvantage and reduced access to health services³¹. Non-metropolitan areas of Western Australia have only; 82% of mental health nurses, 54% of psychologists and 33% of the psychiatrists of metropolitan Perth¹⁰. There are also significantly lower rates of general practitioners that address mental issues in remote areas and residents are prescribed half the mental health medication of those in capital cities¹⁷. Industries in the mining sector also tend to prioritise operations ahead of health service provision and it becomes difficult for these areas to provide service and resources to clients and employees on site³². It is clear that men in non-metropolitan areas are not receiving adequate levels and standards of health services and support, and their health and wellbeing is suffering as a result.

The Masculinity Stigma and Hesitation to Seek Help

The construction of 'rural masculinities', built around male self-resilience and stoicism, is a contributing factor to poor health outcomes for men in non-metropolitan WA. The stigma behind a 'hegemonic masculinity' construct (as proposed by Connell³³, the socialised discrepancy of power and dominance between males and females) and the manner in which a man struggling with health issues engages with that stigma will impact their decision on whether or not to utilise health services³⁴. Males tend to "deny" their vulnerability³⁵, opting instead for secrecy. Men that are impacted by the stigma become discouraged from seeking treatment/support, contributing to pre-existent mental issues such as anxiety and depression, producing conditions "antithetical to the goals recovery"³⁶.

their particular industry would be threatened and they will appear as 'soft'²² if they are revealed to be seeking help for a health issue, particularly a mental health issue²². As examples, this is often the case of men stationed in military environments, who fear their health seeking may leave them vulnerable to discrimination by leadership bodies within their workplace⁵ as well as men stationed in other high impact workplaces such as in the mining and agricultural industry/s. The NATSISS survey in 2009 revealed Indigenous males also indicated a large hesitation in proactively seeking help from



service providers in relation to mental health issues. The survey claimed 98% of Indigenous males identified themselves as struggling with some form of psychological stress, with 88% claiming they had not sought out professional help for assistance, up to four weeks prior to the survey⁶.

Using the case of suicide as a mental health outcome, males with suicidal tendencies are labelled as both victims of “poor” health services and as poor seekers of health services themselves⁹. Möller-Leimkühler, in her studies on sex role theory and the relationship between gender and service assistance seeking, claims that there is a social construction of the male role, that men must remain self-sufficient, strong and tough through emotional turmoil and circumstance⁹. The suggestion is made that looking for help, and seeking out a health service, disrupts this construct, “offending” pre-established expectations of males in their social environments (particularly those in labour intensive areas), and thus puts men off proactively seeking help⁹. This contributes to a male ‘stigma’ surrounding men’s health and help seeking which ties closely to health services and a man’s resistance to it. Men who do in turn access health services may experience feelings of emasculation in interaction with their own gender identity/s⁸, there is often a validation process that must occur where a man feels he is justified within his environment in using services, only then feeling comfortable to do so⁷.



Connectivity between Client and Health Services

Men in rural and remote areas are far more isolated than those in major cities, urban hubs and non-metropolitan areas. Isolated not only geographically, but isolated in connecting and familiarising themselves with health services that are available to them. Elnitsky acknowledged these difficulties in her report on gendered help seeking in combat/military environments, discerning that these issues can be addressed in 'program planning'⁵.

Partly, men in remoter areas resist seeking help due to a lack of knowledge on how to do so²³. Due to a lack of health services in non-metropolitan areas, locating a service becomes difficult. While even if a service is located, men hesitate to make the vital first contact due to the reasons discussed above, men in rural areas therefore not only have an issue locating health services, but then connecting and interacting with them.

Service Provision, Funding and Males in Health Service Roles

As the Department of Health notes in the WA Health Clinical Services Framework 2010-2020, providing outreaching health services to rural and remote areas becomes more difficult the further out from the central hub of Perth they are required²⁴. Even while services such as the WA Country Health Service strive to deliver high quality health care and service to these areas, they face a number of challenges including; employing and retaining staff (particularly in specialist departments), follow up care forcing patients to travel from country to the Perth Metropolitan area and a scarcer availability of appropriate professional support/resources²⁴.

Despite the resources invested in the Royalties for Regions funding scheme, a huge deficit in funding to male specific programs, service and support sources for men in non-metropolitan Western Australia remains. The scheme, passed in 2009, was introduced to promote and facilitate economic, business and social development in regional Western Australia²⁵. As a part of social development, the scheme introduced streams of funding to a number of health services in rural and remote areas under the banner of the 'Regional Community Services Fund', aimed to increase the access of health services to regional populations²⁵. In 2012-13, \$204.5 million was distributed to services under this banner³². Although the scheme has provided funding to great programs that benefit men's health particularly the Regional Men's Health Initiative (\$0.48m)²⁶, statistics drawn for this report indicate that the state of men's health and wellbeing in these areas is still nowhere near an acceptable standard, and more funding delegation to the support and production of new services that cater to men's needs is becoming more and more necessary, funding where the community needs the most, as well as a



funding push for health service professionals and staff to relocate to areas where these support services are required for change to be seen.

Although there is a higher rate of students in medicine based degrees coming through the tertiary education system in Australia than ever before²⁷, there is not enough encouragement and incentive for graduates to take roles in non-metropolitan areas in comparison to the inclination of picking up work in the metropolitan health sector instead²⁷. Not only must health service provision increase in terms of numbers of services for men in these areas, but roles for staff within them must also be promoted as appealing and accommodating for graduates in both general and specialist health care. Of course, this requires funding.

Furthermore, a decreased number of males in health service roles is becoming a negative implication to the betterment of men's health & wellbeing in rural and remote areas. Numbers of health service professionals are limited in across both sexes²⁷, but there are a distinctively lower number of males in these roles in particular²⁸. Men can be beneficial to other men in support and service roles, as much as women can be, as often males feel more comfortable engaging with male health professionals due to experiences of discomfort and senses embarrassment in discussing sensitive health issues with professionals that are female²⁸. A 'blokes helping out blokes' approach to health service can be beneficial to a man's comfortably in interacting with their own health issues and males play important roles in health leadership within the community. Placing more men in these positions will not only add elements of personal experience and perspective to the ways in which providers deliver their male clients, but also works to break down barriers built by the stigmatisation around male help seeking.



Importance of Mobile Health Services

Men in rural and remote areas suffer in their ability to engage with health services due to their proximity and consequentially, reachability, to them. The sprawl of non-metropolitan Perth leaves men isolated from already limited health services, and restrictions such as employment obligations, large distances to travel, far less public transport for example²⁷ on being able to reach them often outweigh the urge to do so. Because of this, mobile health services must be funded and promoted. Mobile health services are services that specialise in reaching clients that are unable to travel to areas to receive support. Mobile services provide outreaching support, check-ups and counselling, a few examples include the following:

The Regional Men's Health Initiative, a program run by the not-for-profit organisation Wheatbelt Men's Health (Inc.) (WMH) has been operating since 2010, advocating for and raising awareness of men's health and wellbeing issues. The initiative offers a program titled 'First Track Pit Stop', all built out the back of a vehicle that travels around regional WA, the service offers health awareness, listening ears and a number of services themed around the servicing of a vehicle including waist measurement ('chassis'), blood pressure tests ('oil pressure') and coping skills ('shock absorbers')²⁹.

The Bindoon Mobile Recovery Campaign (Inc.) is an organisation run out of a vehicle and trailer driving around both non-rural and particularly rural WA which delivering information, directories of services and an experienced listening ear to anyone who needs it³⁰. The campaign continues to connect men in remote areas to services they could not reach or may not have even been aware of.

Funding to mobile health services such as these is vital as so many men opt to not seek out services solely because they cannot reach them, bringing the service to them is therefore pivotal in their engagement with their health outcomes.



Requirement of a Funding Subsidy for Metropolitan Service Access

There is evidently an inequality in the financial costs of health services for men in non-metropolitan areas compared to those in metropolitan, it costs rural residents an average of 2 to 10 times the amount to access the health services they need³⁷, while this gap becomes even greater when considering the financial costs that damage men in rural areas when they must migrate to metropolitan Perth to receive healthcare not provided in their area. Although Patients' Travel and Accommodation Assistance schemes are in place that financially aid patients in rural areas, whether it be through funding transport to a specialist, accommodation while in care or emergency air services such as those operated by the Royal Flying Doctor Services, there are gaps in these schemes which still leave regional patients in the red³⁸.

There is a lack of unification and equity in the eligibility of financial assistance for those needing to travel for necessary health and support service (support should be extended for all specialty cases), a lack of allowance to visit more distant services in the case that closer services are not available in the appropriate timeframe, ambulance fees not being covered by these schemes as well as costs for carers/family to escort clients to areas where the medical aid is located³⁸ - gaps in these funding schemes damage those in non-metropolitan in ways that they don't for their metropolitan counterparts. There is not enough compensation for males who must leave their employment, (often their roles that their livelihood depends on, for example in the agricultural and farming sector) for a period of time while receiving the support they need, placing their production, families and livelihood in financial danger as well as possibly damaging their own mental health as leaving their community, social support and surroundings they consider safe, also comes with its stressors.

There is a need for revision of existing funding schemes related to patient transport for men in regional areas to receive specialist care that is not available to them, and an introduction of a funding subsidy which adequately compensates for the sacrifice and financial detriment accompanying interstate health seeking which promotes and demonstrates an approach/attitude towards male health issues that demonstrates that no man should be unable to access treatment because of cost and/or location³⁸.



Service Directory for Rural, Regional and Remote WA

The introduction of a health service directory non-metropolitan specific and easily accessible to clients and their families in remote areas would be beneficial in connecting clients to the services they need. Based on 'The Blokes Book'³⁹, released by Men's Health and Wellbeing Western Australia in 2013, the directory would offer clients direction and contact information for all available services in their general vicinity. In terms of distribution, the directory could be produced in physical form and distributed in the mail to rural properties and/or workplaces/industries in remote areas. The directory should also be made available online (in the form of a PDF and/or downloadable document).

The directory must be simplistic, approachable and accommodating to cliental. Directions on how to make the first contact must be legible, easy to find and understandable. Men will often be turned off if they find it difficult to make the first contact³⁵ so ensuring they are guided efficiently through this process is pivotal. This is in turn is also a responsibility of service providers who must be diligent in their handling of that first contact, appearing as accommodating and, as a result, approachable, as possible.

Language, Approachability and Breaking down Barriers in Service Delivery

Although a service directory would aid men in locating a service by providing them contact details to services in their vicinity, they must make this contact. Here, a focus in health service delivery has to be emphasised. The relationship between client and their health service must be healthy, as they must feel comfortable and encouraged to firstly approach, and encouraged to then keep utilising the service/s. Gaps in help seeking indicate a need for more innovative ways to engage, relate and assist men in health service delivery in rural areas.

Data interpolated for the purposes of this report suggests that men in non-metropolitan areas are particularly more resistant in proactively seeking help, hence, service providers must be find ways to not only be approachable, but to allow men to feel a sense of validation when seeking out a health service, working to break down walls built between men in these environments and the services that provide the help they need. Knowledge on how to engage with the specific needs of men in non-metropolitan areas is vital to service delivery. Funding to delegate evidence based research, workshops and male specific programs to health service providers will not only increase the effectiveness of their service delivery, but also work to combat the masculinity stigma surrounding men's health issues by allowing service providers to



understand its significance and impacts when formulating and, in particular, communicating, their advocacy to males.

Health services and providers must not contribute to the stigma in any form, the use of language surrounding men's health and help seeking must be emphasised. This includes removing language of negative connotation (such as "desperate", "soft", "feminine side" – which work to deter males from engaging with their health issues, particularly their mental health)³⁶ in service promotion, avoiding disparaging remarks and discouraging language/behaviour in recovery at all costs. Service providers must always be empathetic and non-judgmental towards their clients while always remaining conscious of their contexts and backgrounds. By making services more approachable, and allowing male clients feel more comfortable in their decision to seek out a service will increase service utilisation. As to males, feeling able to speak out is "self-advancing", the courage of participants feeling comfortable to do so reduces both the impact and presence of the stigma, therefore bettering health & wellbeing of males in a social context as well as just simply from individual perspectives³⁶.



Male Specific Programs, Marketing, Digital Media and Confidentiality

There is a requirement for more targeted health promotion towards males in rural and remote areas. As men in these areas face different struggles, issues and outcomes of their health to counterparts in urban areas, this must be acknowledged, and marketing programs developed by service providers and governing bodies must be innovative in their construction to target these different contexts. As men in these areas are less likely to seek out health services than males in metropolitan Perth, more funding towards advocacy campaigns and promotion projects bearing the specific needs of men in these areas is a necessity.

A typical characteristic of males in rural areas is a fear of their confidentiality being breached and their image within their community being damaged by their utilisation of health services/support. Rural communities are much smaller than urban communities, and much more close-knit, meaning that if you visit your GP, the whole town is most likely to know about it. The application of digital media may be the key implication to encouraging males to overlook this fear, by providing online services that males can interact with anonymously; whether it be booking a service through, accessing online resources or contacting anonymous support group services; use of digital media can implement change in the way providers can engage their male clients, while also providing an outlet for clients to access when service/s and support are not directly available to them.

Furthermore, the development of a network which links health service providers in remote areas would benefit in efficiency and effectiveness of client liaison and referral. Good communication is heavily linked to public health and social capital, while human connectedness is linked to social wellbeing²⁷. The continued focus on social networks as vehicles for advocacy must also be maintained as a space for males to not only interact with service providers, but with each other, spreading stories and building community connections which promote positive health and wellbeing outcomes for men.



Social Determinants

A variety of factors influence people's health, including genetics, conditioning and personal behavioural choices, however, a growing body of evidence shows that health and illness are, to a large extent, influenced by our environment or context.

Environmental factors in the human environment include the cultural, political, economic, psychological and spiritual contexts of our lives. These factors are known as the *social determinants of health*.

It is critical that services in regional, rural and remote areas consider their specific and most critical social determinant of health when considering the most effective and sustainable solutions for assisting males' health and wellbeing. This is particular so for mental health and suicide factors.

Of particular consideration should be social economic characteristics and employment. Programs which aim to provide immediate and practical solutions to raise socioeconomic status and under employment would have some of the greatest and sustained impact of changing a man's health and wellbeing status – and that of his future generations.



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