

MALE HEALTH AND WELLBEING WA SECTOR NEEDS ANALYSIS

*Leading the way towards positive change in the delivery of health and wellbeing
service to males in 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.

ACKNOWLEDGEMENTS

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ABOUT MEN'S HEALTH AND WELLBEING WA

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

To achieve this, our core activities are:

- 1. Well-planned and clear systemic policy direction and critical review;*
- 2. Building capacity of our organisation which is aligned with our vision, mission and values, so as to enhance our credibility as a peak body in the health and wellbeing sector;*
- 3. Contribution to cutting-edge research and practical reports with partner research institutions;*
- 4. Partnering and collaboration with Western Australian government, not-for-profit/ community-based organisations and private enterprises to achieve better health and wellbeing for boys and men;*
- 5. Representation of, and the advocacy for the needs of boys and men's health and wellbeing in Western Australia; and*
- 6. Enhancement and improvement of men's health and wellbeing information through the provision of accurate, evidence-based, relevant and accessible resources and service directories for service providers and consumers.*

All of our core activities are directed towards our targeted service users who are:

1. Men's health services and professionals who work with men in Western Australia;
2. Men and their families living in Western Australia.

Through this activity we seek to achieve the following results:

Men's Health and Wellbeing WA seeks to actively promote and effectively facilitate men's healthy living, and strengthen health and community services delivery to men to reduce health inequalities.

We will drive the improvement of men's health and wellbeing through:

1. Sustainability and relevance of *Men's Health and Wellbeing WA* as a credible, resourceful and integral peak body organisation in the sector with strong stakeholder connections;
2. Growth in sector collaboration and partnership, service coordination, and evidence-based research and innovation to drive positive health outcomes;
3. Development of state level policy and strategy development supported by an improved funding allocation to support better health and wellbeing outcomes for men in Western Australia;
4. Advocacy for the reduction in health inequalities so as to improve the quality and length of men's lives;
5. Ensuring that all barriers in access to men's health and wellbeing services by men are removed; and
6. Increased awareness and dialogue with and amongst men of their health and wellbeing issues through peer-based networks.



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EXECUTIVE SUMMARY

The purpose of this report is to share the information gathered from an extensive research process which explored the needs of the general and male specific health service sector ('the sector') in relation to men's health and wellbeing in Western Australia.

The report addresses what the sector needs to improve the effectiveness and efficiency of men's health and wellbeing services across the Western Australian Community.

The key aims of this report are:

1. To provide the WA Department of Health with a sector needs analysis report, detailing the needs of, and recommendations from health service providers in their engagement with, and service provision to men in the Western Australian Community.
2. To positively influence political and community consideration of men's health and wellbeing in Western Australia.
3. To identify the most effective ways forward for men's health and wellbeing community services in health promotion, building community capacity through awareness and education, thereby leading to behaviour changes in the engagement of men in relevant health services.

The participants in the sector needs analysis were from a diverse range of organisations from the sector across both the metropolitan and non-metropolitan areas of Western Australia. The respondents represent organisations of a wide size scope (in regards to staff numbers) that serve differing age and cultural groups of males in the community across a variety of service types. The Quantitative and qualitative data was collected, and then analysed and summarised in this report through an on-line survey, a focus group, member's forum and 1:1 and key group stakeholder meetings.



There were 7 key needs identified from the sector. These are identified in accordance to the order of questions, not percentages.

1. **Improved communication and co-ordination** - *More efficiency in communication within the health sector, dialogue from provider to provider and liaison with governing bodies.*
2. **More male-specific training and education programs for service providers** - *Professional development cater specifically to men, training service providers on more effective ways to engage their male client base/s.*
3. **More male specific information and resources** - *Funding to provide more evidence based information and resources for men's health providers.*
4. **Improved service access and awareness** - *More promotion of the services that health providers can offer to men, more effective methods in encouraging male engagement and increased exposure of men's health in the community.*
5. **A male health policy** - *An outlined policy and coinciding long term strategic plan catered specifically to aid the operations of men's health providers and reflective of the specific needs of men in the WA community as it relates to their physical and mental health.*
6. **Increased funding** - *Increased funding to support evidence-based initiatives and sector delivery support.*
7. **A peak body for men's health** - *to coordinate, promote, support, and represent the needs and activity of health service providers within the WA health sector.*

It is identified that a current deficit in men's health service needs which continues to fail to improve the health and wellbeing outcomes for males across Western Australia. Therefore, it is recommended that the Western Australian State Government and the WA Department of Health use the results of this study to look towards opportunities to assist in improving these outcomes with a long term view in helpful and constructive ways.

1. INTRODUCTION

1.1 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 (Australia has?) 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.

Specifically, 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 obesity¹²³⁴⁵⁶⁷⁸.

Further, these health inequalities are even greater for particular male population groups. Particularly high risk male population groups are identified as Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse backgrounds, rural, regional and remote males, and males from a low socio-economic background¹²³⁴⁵⁶⁷⁸.

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.

As such, in order to understand what can be actioned to better support the general and male health and wellbeing sector to achieve positive and sustained outcomes for the health of the boys and men of Western Australia, a sector needs analysis was conducted.

Defining the Sector

Unfortunately, the male health and wellbeing sector is yet to have an agreed clear and unified identity. Whilst achieving a clear definition of the sector was identified as a sector need, for the purposes of this report, the sector has been identified as:

“An incorporated individual or body that currently provides a health and/or wellbeing service to the boys and men within the Western Australian community.”

Whilst this definition does not represent the agreed upon framework for defining the sector in the future, it was determined that this definition provided a reasonable and justifiable scope upon which to explore the needs of the sector.

1.2 Needs Analysis Purpose and Objectives

The purpose of this report is to share the information gathered from an extensive research process which explored the needs of the general and male specific health service sector ('the sector').

The report will address what the sector needs to improve the effectiveness and efficiency of men's health and wellbeing services across the Western Australian Community.

The key aims of this report are:

1. To provide the WA Department of Health with a sector needs analysis report, detailing the needs of, and recommendations from health service providers in their engagement with, and service provision to men in the Western Australian Community. This will present the opportunity for MHWWA to **build on a robust and proactive partnership** with the WA Department of Health in addressing emerging trends and issues affecting men's health and wellbeing community services in the WA sector. (Men's Health and Wellbeing WA (MHWWA) Strategic Pillar 4, Service Outcome 2)
2. To positively influence political and community consideration of men's health and wellbeing in Western Australia. This will enable us as peak body to advocate for social reform and the development of the sector agenda, leading to an improvement of knowledge, skills and confidence of the men's health and wellbeing community services sector. This will in turn improve the health and wellbeing outcomes of men in the WA community. (MHWWA Strategic Pillar 1, Service Outcome 1)

3. To identify the most effective ways forward for men's health and wellbeing community services in health promotion, building community capacity through awareness and education, thereby leading to behaviour changes in the engagement of men in relevant health services, and satisfaction from the men's health and wellbeing community services sector with the performance of the services they received (MHWWA Strategic Pillar 2, Service Outcome 3)
4. The research, analysis and delivery of this needs-analysis report contributes towards a solid evidence base from which the premise of our work rests. This contributes towards organisational excellence for us as a peak body, from which we effectively and efficiently utilise our resources to achieve results for improved health and wellbeing for boys and men in Western Australia. (MHWWA Strategic Pillar 3)



2. METHODOLOGY

2.1 Research Design

Utilising Crotty's Methodology Framework, a quantitative and qualitative research design was utilised to both collect and analyse the data of this study.

The purpose of this research design is to ensure a deep and comprehensive understanding of the needs of the sector service providers in the WA health and wellbeing sector by highlighting the current priorities and gaps, and to identifying ways forward in sector support and service delivery.

2.2 Materials and Procedure

The research process was conducted in the forms of:

1. **Online Survey** - An online survey via Survey Monkey which included both quantitative multiple response questions which allowed participants to respond as either: *Strongly Agree, Agree, Neither Agree or Disagree, Disagree or Strongly Disagree*; and four (4) qualitative response questions.
2. **Focus Group** - A focus group where the four (4) questions were presented to participants for discussion. The responses were recorded in written format by a dedicated scribe.
3. **Members Forum** - A Men's Health and Wellbeing WA Members forum where four (4) questions were presented to participants for discussion. The responses were recorded in written format by a dedicated scribe.
4. **1:1 | Group Stakeholder Meetings** - Key stakeholders were consulted where a number of one-on-one meetings were held with representatives of organisations and key stakeholders operating in the health sector.

Please refer to *Appendix A* for an overview of the questions asked through each of the information gathering methodologies.

2.3 Data Analysis

Quantitative

Consistent with social science research methodology, statistical analysis was conducted on the data gathered. Normal conventions of descriptive statistics were applied to describe what the data collected was showing.

Qualitative

As it is most compatible with the interpretivist epistemology and the concepts of social constructivism, the method of thematic analysis has been applied to this study and the interpolation of results rendered from respondents as the data for this report. The observation and interpretation of themes and patterns that will emerge from the data will draw meaning and areas of interest across the spectrum of health service provision, both including or specifically targeting men, in the Western Australian sector.

2.4 Demographics of Respondents

Online Survey

The demographics of respondents who participated in the online survey are presented in the tables below.

Achieving a statistically significant and therefore representative 36.1% survey response rate, the 69 survey respondents were a diverse range of organisations from the sector across both the metropolitan and non-metropolitan areas of Western Australia. The respondents represent organisations from a wide size scope (in regards to staff numbers) that serve differing age and cultural groups of males in the community across a variety of service types.

Table 1. Organisation Type

| ORGANISATION TYPE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|-------------------|---------------------|----------------|
| Government | 10.3% | 7 |
| NGO | 63.2% | 43 |
| Commercial | 8.8% | 6 |
| Sole Trader | 7.4% | 5 |
| Other | 10.3% | 7 |

Total: 68

Other: (1) Not-for-Profit., (2) Physiotherapist, (3) St Barts, (4) Private Business, (5) Not-for-Profit Men's Health promotion within Baker IDI Heart & Diabetes Research Institute, (6) Not-for-Profit, (7) Not-for-Profit.

Figure 1. Allocation of varying organisation types surveyed

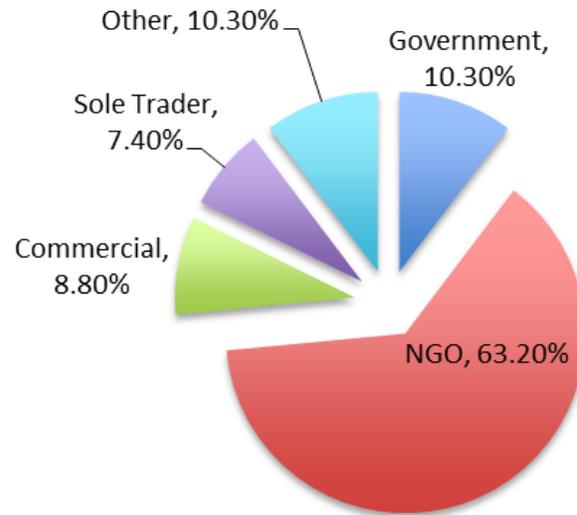


Table 2. Organisation Size

| ORGANISATION SIZE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|-------------------|---------------------|----------------|
| > 5 Staff | 26.47% | 18 |
| 5-25 Staff | 22.06% | 15 |
| 26-50 Staff | 16.18% | 11 |
| 51-100 Staff | 8.82% | 6 |
| 100 < Staff | 26.47% | 18 |

Total: 68

Table 3. Service Scope Demographics (Multiple Selection)

| SCOPE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|---|---------------------|----------------|
| Males Only | 27.94% | 19 |
| Males and Females | 79.41% | 54 |
| Families | 60.29% | 41 |
| Aboriginal and Torres Strait Islanders | 61.76% | 42 |
| Men of Low Socioeconomic Status | 52.94% | 36 |
| Rural Men | 51.47% | 35 |
| Male Youth (Under 16) | 38.24% | 26 |
| Young Men (Aged 16-34) | 58.82% | 40 |
| Middle-aged Men (Aged 35-64) | 67.65% | 46 |
| Men aged over 64 | 57.45% | 39 |
| Men from Culturally and Linguistically Diverse Communities (CALD) | 55.88% | 38 |
| Other (Specified Below) | 19.12% | 13 |

Total: 68

Other: (1) Men who are same-sex attracted and homosexually active, including bisexual men and transgendered men, (2) Trans men and trans masculine men; Gay and bisexual men, (3) corporate Health, (4) Veterans, (5) Veterans and Veterans Families, (6) Gay and Bisexual Men, (6) Gender Diverse People, (8) prostate cancer patients, (9) all men, (10) Children, (11) Couples therapy – about half my practice, (12) Men from sexually diverse backgrounds, (12) seniors.

Table 4. Type of Service (Multiple Selection)

| TYPE OF SERVICE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|-------------------------|---------------------|----------------|
| Individual Counselling | 38.24% | 26 |
| Group Counselling | 29.41% | 20 |
| Peer Support | 33.82% | 23 |
| Education & Awareness | 82.35% | 56 |
| Community Activities | 55.88% | 38 |
| Advocacy | 42.65% | 29 |
| Sector Representation | 32.35% | 22 |
| Other (Specified Below) | 25.00% | 17 |

Total: 68

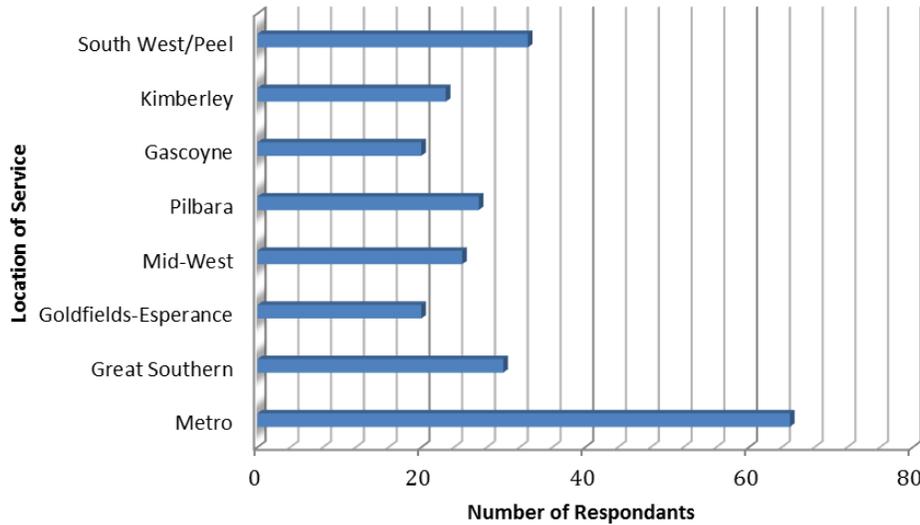
Other: (1) Clinical services including sexual health screening and client support, (2) Sexual health services, (3) Medical and risk support services, (4) Corporate health, (5) Individual, couples, family counselling & group workshops, (6) Consumer engagement, (7) playgroups, early learning, family support, (8) AOF withdrawal treatment, (9) individual and group coaching, (10) Accommodation and recovery, (11) Child protection, assessment of child safety, fostering, (12) Couples therapy, (13) Statutory agency – CPFS, (14) Accommodation, (15) Peak body for Men’s Shed, (16) Telephone support/ listening line, (17) Strategic.

Table 5. Service Location (Multiple Selection)

| SERVICE LOCATION | RESPONSE PERCENTAGE | RESPONSE COUNT |
|----------------------|---------------------|----------------|
| Metropolitan | 94.20% | 65 |
| Great Southern | 43.48% | 30 |
| Goldfields-Esperance | 28.99% | 20 |
| Mid West | 36.23% | 25 |
| Pilbara | 39.13% | 27 |
| Gascoyne | 28.99% | 20 |
| Kimberley | 33.33% | 23 |
| South West/Peel | 47.83% | 33 |

Total: 69

Figure 2. Distribution of service organisations surveyed across Western Australia



Focus Group; Member’s Forum; 1:1 Stakeholder Meetings

The demographics of respondents who participated in the focus groups, Member’s Forum and 1:1 key stakeholder are presented in the table below.

Table 6. Type of Organisation

| ORGANISATION TYPE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|-------------------|---------------------|----------------|
| Government | 2.9% | 2 |
| NGO | 81.2% | 56 |
| Commercial | 5.8% | 4 |
| Sole Trader | 7.2% | 5 |
| Other | 2.9% | 2 |

Total: 69

Other: (1) University, (2) International organisation

Table 7. Size of Organisation

| ORGANISATION SIZE | RESPONSE PERCENTAGE | RESPONSE COUNT |
|----------------------------------|---------------------|----------------|
| Small (Revenue under \$250,000) | 40.4% | 21 |
| Medium (\$250,000 to \$999,000) | 7.7% | 4 |
| Large (Revenue over \$1 million) | 51.9% | 27 |

Total: 52 out of 69 (75.4%)

NB. We were not able to obtain data for all organisations

The 69 participants were a diverse range of organisations from the sector who provide services across both the metropolitan and non-metropolitan areas of Western Australia. The respondents represent organisations of a wide size scope (in regards to staff numbers) that serve differing age and cultural groups of males in the community across a variety of service types.

Refer to *Appendix B* for an indicative list of organisations who responded to the online survey, focus groups, Members Forum and 1:1 stakeholder meetings that were able to be identified.



3. FINDINGS & INTERPRETATIONS

| SUMMARY OF KEY FINDINGS | |
|--|--|
| Need | Explanation |
| Improved communication and co-ordination | More efficiency in communication within the health sector, dialogue from provider to provider and liaison with governing bodies. |
| More male specific training and education programs for service providers | Professional development cater specifically to men, training service providers on more effective ways to engage their male client base/s. |
| More male specific information and resources | Funding to provide more evidence based information and resources for men's health providers. |
| Improved service access and awareness | More promotion of the services that health providers can offer to men, more effective methods in encouraging male engagement and increased exposure of men's health in the community. |
| A male health policy | An outlined policy and coinciding long term strategic plan catered specifically to aid the operations of men's health providers and reflective of the specific needs of men in the WA community as it relates to their physical and mental health. |
| Increased funding | Increased funding to support evidence-based initiatives and sector delivery support. |
| A peak body for men's health | To coordinate, promote, support, and represent the needs and activity of health service providers within the WA health sector. |

3.1 Communication, Co-ordination and Advocacy

Barriers in communication, co-ordination and advocacy have been identified by service providers as issues restricting their ability to both function as a service organisation and deliver that service to the men in the community. According to the survey, 56.45% of respondents *agreed* that a men's health and wellbeing peak body is well-positioned to assist in the provision of improved sector co-ordination and communication, while 35.45% of respondents *strongly agreed* with only 1.61% disagreeing with the statement (Appendix A; Q12).

66.13% of respondents *strongly agreed* that men within the WA community need to be able to link health and wellbeing services more easily (Appendix A; Q21), and a peak body has been highlighted as being able to assist in cross-organisational communication (refer to Appendix A: Q23): *What are the ways that a men's health and wellbeing sector peak body could support your organisation?* "Liaison between organisations, governments and funding bodies; cross referral into programs; public health initiatives." In fact, 56.45% of respondents indicated that a representative peak body could assist in providing improved sector co-ordination and communication.

As a consistent theme in the data collected, from a men's health service provider's perspective, barriers in communication with each other as well as with governing, funding and larger advocacy bodies within the sector has been identified as restricting their productivity and overall service delivery. A representative peak body would effectively act to bridge gaps in communication and work to liaise between these entities to improve production through efficient agency co-ordination and assisting communication in these channels.



Table 8: Survey data on the need for improved communication and co-ordination

| SURVERY REFERENCE | COMMENT |
|-------------------|---|
| Q22 | “Stigma reduction campaigns, improved education about men’s health. Male appropriate services i.e. designed to promote male engagement. Mental health is a BIG issue and needs to be addressed” |
| Q23 | “Advocacy and government lobbying. Raising awareness of men’s issues and providing a platform for organisations to promote services...” |
| Q23 | “Liaison between organisations, government and funding bodies; cross referral into programs; public health initiatives” |
| Q23 | “... Promoting the need to invest more time and money in men’s health to benefit the men and increase productivity in the companies they work for” |



3.2 Professional Development, Education and Training

A key message from service providers that is consistently evident in the data is the desire to receive not only *more* training and education programs for their staff, but also *better* programs that cater specifically to engaging with men and the health needs of men in the community. According to the online survey, 64.52% of respondents *strongly agreed* that the health sector would benefit from additional professional development opportunities in how to more effectively engage and deliver services to men, where 0% *disagreed* or *strongly disagreed* with the statement (Appendix A: Q15).

A desired focus in male engagement within service provision has been highlighted as making services more “male inclusive” (Appendix A: Q22). Gearing more “... in depth education programs” (Appendix A: Q23), that empathise with and are respectful of the barriers, stigmas and constructs around masculinity that exclude in the current health climate and restrict them from seeking out aid and support services. This training would be built around core understanding of the psychology of male engagement with health services, and recognising the power of language and its role in either breaking down or reinforcing the negative stigma around males interacting with their health.

Table 9: Survey data on the need for more professional development, education and training

| SURVERY REFERENCE | COMMENT |
|----------------------------|--|
| Q22 | “... Training to services and organisations to ensure they are male inclusive” |
| Q23 | “Provide training in engaging young men to get involved with policy work” |
| Q23 | “Regular in depth education programs” |
| MHWVA Members Forum | “More trained men to go out into the community and spread the message” |

3.3 Information and Resources

A lack of information and resources has hindered the ability of services providers to deliver the most efficient and effective service to their male clients, widening the deficit in health outcomes and health issue consideration for males in the Western Australian community. Evidence and theory-based practice is the underpinning of effective health service delivery. However, 96.78% of respondents either *strongly agreed* or *agreed* that the men’s health and wellbeing sector would greatly benefit from evidence-based and best-practice information to assist them to direct, develop and implement their services (Appendix A: Q16).

The survey also found that 93.44% of respondents either *agreed* or *strongly agreed* that the sector would benefit from additional programs and services that meet men’s health and wellbeing needs.

Both the abundance and comprehensiveness of information and resources on men’s health issues and approach has implications on health outcomes for males in the community, as more effective research and information provide foundations for more effective strategies to improve men’s health.

Evidence-based information benefits service providers by supporting and validating their health promotion programs, initiatives, activities, ongoing research and general advocacy with a merit that is justified in the male context and supported by literature and theoretical understanding.

Deficits in information and resource that specifically address the physical, mental and behavioural health of males using evidence, theory and literature-based programming, are having a negative impact on health service providers’ capability and capacity to attain men’s health outcomes.

Table 10: Survey data on the need for more male specific information and resources

| SURVERY REFERENCE | COMMENT |
|---------------------|--|
| Q22 | “A centralised and easily accessible database of men’s health and wellbeing providers in WA” |
| Q22 | “Health assessment tools/services” |
| Q23 | “Drive initiatives which challenge the status quo, especially in men’s beliefs, attitudes and behaviours toward physical and mental health, and women” |
| MHWWA Members Forum | “Utilise technology to engage men (online meeting forum) – not only face to face...” |

3.4 Service Access and Awareness

95.16% of respondents either *strongly agreed* (50%) or *agreed* (46.16%) that the men’s health and wellbeing sector would benefit from greater awareness of the services that are available to men in the community, 0% *strongly disagreed* or *disagreed* with this statement. A further 64.52% of respondents *strongly agreed* that men in the community themselves would benefit from this increase in awareness.

Limited awareness of health service/s ties closely to poor health outcomes and is a fundamental link in improving these outcomes from cultural, societal and collective levels. Health and service awareness campaigns can act as catalysts for the interaction of men with health services, through further exposure of male specific issues, connecting males with an understanding of their own health, and producing vital behaviour change in regards to health service engagement.

Table 11: Survey data on the need for improved service access and awareness

| SURVERY REFERENCE | COMMENT |
|-------------------|--|
| Q22 | “Promotion, promotion, promotion – getting men to take the initiative for their own health and their peers health & wellbeing” |
| Q22 | “Mental health needs, especially suicide risk reduction. Services that men can relate to and are willing to access. Easy ability to access information about services” |
| Q23 | “Raising awareness of the issues within government, media and the general community. Advocacy on behalf of men and boys regarding the issues that impact them” |
| Q23 | “Develop a higher profile in the media/ community, continually push the message that men’s health matters” |

3.5 Development of a WA Male Health Policy and Long-Term Strategic Plan

A prevalent theme that arose in the data is a desire of service providers for a specific Western Australian male health policy. It was evident that this policy would need to provide the framework for key priorities and actions, and particularly focus on promoting the health of males across ‘male subpopulations’ (not seeing men as a singular entity but recognising needs across different contexts/backgrounds). It was believed that a policy of this nature would drive much needed financial support and allow services that cater to men to better do so from positions of empowerment and equity.

49.18% of respondents of the survey strongly agreed that the men’s health and wellbeing sector needs a Western Australian Male Health and Wellbeing Policy, while 37.70% agreed (Appendix A: Q10). Furthermore, 74.2% either agreed or strongly agreed that the sector requires a Men’s Health Interest Minister to represent the policy and advocate for men’s health needs in the political and governing system/s (Appendix A: Q7).

Respondents also highlighted the need of a foreword planning in the health sector as it relates to men’s health initiatives. 69.35% of respondents strongly agreed that the sector would benefit from the development and implementation of a long-term strategic plan (Appendix A: Q6).

The data collected in the course of this needs analysis indicates that the current lack of a gendered health policy has its disadvantages for men in the public consideration. A gendered and needs driven public health policy may be more efficient, productive and certainly more equitable in regards to men’s health outcomes.

Table 12: Survey data on the sector’s need for a male health policy

| SURVERY REFERENCE | COMMENT |
|--------------------------|--|
| Q22 | “National Men’s Health Policy needs to be put back on the national agenda.” |
| Q22 | “Male Health Policy, plus a strategic implementation plan” |
| Q24 | “Higher profile for the needs of all male identifying people through the development of a comprehensive policy response” |
| Men’s Focus Group | “A male health policy with sufficient funding to implement the strategy and programs” |

3.6 Funding

Funding is becoming more and more of a prominent theme when addressing the needs of health service providers and their capabilities in providing adequate health services to men. Funding allows service providers to support key health promotion events, activities, general operations as well as employing staff, purchase resources and deliver services on a large scale.

Table 13: funding needs for health service providers

| SURVERY REFERENCE | COMMENT |
|--------------------------|--|
| Q22 | “Adequate funding for men’s health education and awareness programs, support for existing men’s health support groups” |
| Q24 | Barrier: “Current spending priorities of the WA government – cutbacks in community services, health, etc. Current gender bias away from spending on men’s issues...” |
| Q24 | “Poor level of funding for men’ services compared to women’s. Socialisation and stigma around accessing services. Lack of government interest in and commitment to men’s health. Dominance of business and industry (i.e. Economics, productivity and performance in the social discourse” |
| Men’s Focus Group | “Need senior government leaders to advocate, recognised and acknowledged male health” |

3.7 Peak Body

A combined 59.68% of respondents either *agreed* or *strongly agreed* with the idea that the men's health and wellbeing sector would benefit from funding being coordinated and distributed by a representative peak body. A combined 86.89% of respondents also either *agreed* or *strongly agreed* to the idea of the benefit of a peak body driving the sector's agenda.

Based on the data collated, there is an evident need for a representative peak body for men's health and wellbeing within the health sector of Western Australia. A representative peak body for men's health would act to represent men's health service providers in their work through, and by:

- Acting as a vessel of communication between health services providers and governing agencies, policy makers and collective organisations.
- Assisting smaller health service providers in applying for funding and liaising with funding agencies. In fact, a combined 59.68% of respondents either *agreed* or *strongly agreed* that the men's health and wellbeing sector would benefit from a peak body's coordination and distribution of the funding to the sector.
- Driving promotion of men's health issues in the wider health sector, legislation and in the community.
- Advocate for positive change in men's health conceptualisation, breaking down socially constructed barriers that discourage men from interacting with their own health and therefore engaging in health services; de-establishing the negative stigma around men's health in the current context.
- Raising awareness of the service providers that operate within the Western Australian community, both in the metropolitan and non-metropolitan regions, pushing for increased collaboration with/presence within the media with targeted men's health promotions and campaigns.

Bridging the gaps that are evident in the data through the emergence of a supported peak body geared specifically to men's needs would move the climate of men's health towards a space of positive change which will lead to achieving health and wellbeing outcomes for males in the Western Australian community. This is possible because of the support and representation of the health services that can produce this change. Below, Table 6, a number of suggestions on how a peak body could benefit the health sector from a men's health service provider perspective.

Table 14: Survey data on the need for a peak body representative for men's health providers

| SURVERY REFERENCE | COMMENT |
|-------------------|---|
| Q22 | "Being provided with a strong voice re men's interests..." |
| Q23 | "An over-arching body to liaise with and bring together all aspects of men's health" |
| Q25 | "Central body to advise on men's health matters, improve awareness of men's health and services, lead stigma reduction programs and develop and support the implementation of practical actions to improve the engagement of men in services" |
| Men's Focus Group | "Co-ordinate and collaborate across the industry" |



4. CONCLUSION

A significant gap exists in the health and wellbeing outcomes for Western Australian males. Despite the dedication and capability of various organisations within this sector and the sector operating in response to the Western Australian community needs in men's health and wellbeing, there are significant gaps in the needs of this sector. In fact, the highly credible, experienced and diverse representative sample used in this report to identify the needs of the sector have identified that the health sector currently does not provide services that adequately meet male specific needs (54.10% *disagree* or *strongly disagree* the health sector meets the needs of males in the WA community).

There is a general perceived lack of support and recognition of the needs of men in our community. Many in the sector feel that they are lacking the support they need to continue to improve both their operations and produce positive change in the status of male's health and wellbeing in meaningful and sustainable ways. We need to improve communication and co-ordination within the sector; have increased male-specific information and resources available to the WA community; have increased male specific training and education programs for service providers; have increased male specific information and resources; deliver improved men's health services access and awareness; the development and implementation of a male health policy for WA; have increased funding to deliver men's health and wellbeing services; and a peak body for men's health and wellbeing. These were identified as the greatest needs of the sector.

Clearly, this report indicates a current deficit in men's health service needs, which in turn contributes to the lack of improvement in achieving health and wellbeing outcomes for males across Western Australia. Therefore, it is recommended that the WA State Government and WA Department of Health use the results of this study constructively, so as to create vital opportunities for a successful and integrated approach to achieving sustained positive men's health and wellbeing outcomes for the men of WA.

5. APPENDICES

APPENDIX A – NEEDS ANALYSIS QUESTIONS

Quantitative Questions (Q6-Q21)

Q6. The men's health and wellbeing sector would benefit from the development of a long term strategic plan.

Q7. The men's health and wellbeing sector needs a Men's Health Interest Minister.

Q8. The men's health and wellbeing sector receives adequate funding to positively impact male health and wellbeing in Western Australia.

Q9. The men's health and wellbeing sector would benefit from funding to the sector being coordinated and distributed by a representative peak body.

Q10. The men's health and wellbeing sector needs a Western Australia Male Health and Wellbeing policy.

Q11. The men's health and wellbeing sector needs a representative peak body to drive the sector agenda.

Q12. A peak body would assist in providing in improved sector coordination and communication.

Q13. The health sector provides services that adequately meet male specific needs.

Q14. The health sector would benefit from additional programs and services that meet men's health and wellbeing needs.

Q15. The health sector would benefit from additional professional development opportunities in how to more effectively engage and deliver services to men.

Q16. The men's health and wellbeing sector would benefit from evidence-based and best practice information to assist them to direct, develop and implement their services.

Q17. The men's health and wellbeing sector would benefit from being more aware of the services that are available to men in the community.

Q18. The men's health and wellbeing sector would benefit from improved partnerships and collaboration.

Q19. Men in regional, rural and remote areas have adequate social and support services.

Q20. Men would benefit from increased awareness of the health and wellbeing services available to them across WA.

Q21. Men within the WA community need to be able to link to health and wellbeing services more easily.

Qualitative Questions (Q22-Q25)

Q22. What are the greatest needs of the male health and wellbeing sector?

Q23. What are the ways that a men's health and wellbeing sector peak body could support your organisation?

Q24. What are the barriers to improving the state of male health and wellbeing in WA?

Q25. What would drive the greatest improvement in male health and wellbeing in WA?

APPENDIX B – NEEDS ANALYSIS CONTRIBUTORS*

| | |
|---|--|
| Abortion Grief Australia | M Clinic |
| Anglicare WA | ManKind Project WA |
| Asthma WA | Mates in Construction |
| Australian Men's Health Forum (AMHF) | Meerlinga (Dads in the Early Years) |
| Cancer Council | Men's Resource Centre |
| Cancer Support WA | MyHealth Australia |
| Carers Australia WA | Mental Health WA |
| Circle of Men | Ngala (Dads WA) |
| Communicare | Northern Territory Men's Health Directorate |
| Connect Group | ProActive Coach |
| Dads in Distress | PROST!Exercise 4 Prostate Cancer! |
| Darlington Men's Group | Prostate Cancer Foundation of Australia |
| Department for Child Protection and Family Support (CPFS) | Relationships Australia |
| Department of Fire and Emergency Services | Samaritans |
| Department of Local Government and Communities | Seniors Recreation Council of WA |
| Diabetes WA | Shalom House |
| Educate By Nature | St Bartholomew's House |
| Family Works | St John of God |
| Fathering Project | Stop Male Suicide Foundation |
| Fathers Apart | The MensWork Project |
| Foundation 49 | The Regional Men's Health Initiative |
| Health Consumers Council WA | WA AIDS Council (WAAC) |
| Health Service – Wiluna | WA Association for Mental Health (WAAMH) |
| Heart Foundation | WA Men's Gathering |
| Helping Minds | WA Men's Shed Association (WAMSA) |
| Injury Control Council of WA (ICCWA) | Women's Health & Family Services (WHFS) |
| Leukaemia Foundation | Veterans and Veterans Families Counselling Service |

**Note that whilst not all respondents were not able to be identified, this list of respondents is approximately 95% complete.*

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