



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



Western Australian Men's Health and Wellbeing Policy

A roadmap for healthier
Western Australian men and boys

Produced by Health Networks © WA Department of Health 2019

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Acknowledgement (map cover)

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Contents

Acknowledgements	ii
Foreword by the Minister for Health	1
Summary of the Western Australian Men’s Health and Wellbeing Policy	2
Overview	3
Health disparities for men	4
Moving forward with the Policy	6
Guiding principles	6
Priority male populations	7
Policy domains	8
Areas for action	10
Using the Policy	22
Audience	22
Putting the Policy into practice	23
Future vision	23
Monitoring the Policy	24
Glossary of terms	25
References	27
Appendices	30
Appendix 1: Western Australian Men’s Health and Wellbeing Reference Group	30
Appendix 2: References for the health disparities for men infographic	31
Appendix 3: Related policies and frameworks	33
Men’s Health	33
Aboriginal Health	33
Other	34
Appendix 4: Supporting documents – issues in depth	36

Acknowledgements

The *Western Australian Men's Health and Wellbeing Policy* (the Policy) is the result of extensive consultation and considered commentary from a large number of organisations and individuals across the Western Australian (WA) health system and community. We would like to sincerely thank all those who contributed, especially the members of the Policy Reference Group (refer to [Appendix 1](#)), who provided content expertise and insight, community linkages, strategic guidance, and a commitment to optimise the health and wellbeing outcomes of men in WA.



Foreword by the Minister for Health

It is my great pleasure as Health Minister to be able to introduce the *Western Australian Men's Health and Wellbeing Policy*, designed to optimise health and wellbeing of all men and boys living in our State.

This Policy will provide direction to the WA health system and its partners to deliver strategies to improve the physical, mental, social and emotional wellbeing of men and boys living in WA.

This is a much needed piece of work which outlines clear goals and areas requiring action where men and boys are at higher risk.

These are strategies to empower men to be proactive in managing their own health and wellbeing, and help to ensure equitable access to important health services which will meet men's needs.

Men continue to face poorer outcomes than women on almost all key health and wellbeing indicators.

In WA, males are over-represented in the areas of suicide, cancer, type 2 diabetes, heart and lung disease and stroke. More than 77 per cent of WA males are overweight or obese, more than 14 per cent smoke and more than 31 per cent exceed alcohol consumption guidelines, which is the highest figure in Australia. The mental health of our men is also a major concern.

Men also have a significantly shorter life expectancy than WA women – at 79.5 years compared with 83.2 years. This is lower still for Aboriginal males whose current life expectancy is 65 years.

Men in WA are also less likely to use allied health services than are women.

These are among the fundamental and compelling reasons to deliver on the McGowan Government's election commitment to develop this policy and our promise to do more for men's health.

This Policy is the first of its kind in WA and outlines our response to the National Male Health Policy. It is the result of an intensive phase of research, discussion and consultation with many stakeholders.

Community members had the opportunity to provide feedback on the draft Policy, released in June 2018, via either an online survey or at one of the community consultation forums, which included four in the metropolitan region and 15 in regional areas.

Between June and August 2018 more than 400 people provided their insights on the draft *Western Australian Men's Health and Wellbeing Policy*.

I would like to thank the many individuals, organisations and service providers who contributed to the success of the consultation period, by advertising and promoting events to their many networks, attending forums and providing feedback.

This process of harnessing the collective wisdom and expertise has been instrumental in the development of this Policy which will benefit so many.

I now look forward to this work being continued and it leading to real gains, tangible actions and health improvements for men and boys, and for all those working with them, in communities across our State.

Hon Roger Cook,
Deputy Premier,
Minister for Health; Mental Health

Summary of the Western Australian Men's Health and Wellbeing Policy

Our vision

To optimise the health and wellbeing of all men and boys in WA.

Our purpose

To provide direction to the WA health system and its partners to deliver strategies to improve the physical, mental, social and emotional wellbeing of men and boys living in WA.

Goal 1

Men are empowered to be proactive in managing their health and wellbeing.

- 1.1 Increase efforts towards appropriate **health promotion approaches and activities**.
- 1.2 Build understanding of men's health needs and address **attitudes and culture** in order to enable behaviour change.

Goal 2

Men have equitable access to services (including prevention and early intervention initiatives) that meet their needs.

- 2.1 Ensure a **collaborative, whole of government approach** to support a broad, coordinated approach to improving health and wellbeing.
- 2.2 Ensure **access to information** at appropriate life events/stages.
- 2.3 Adopt a **holistic approach** to men's health care and services that consider social determinants of health.
- 2.4 Encourage **early intervention**, including opportunistic screening and treatment.
- 2.5 Improve **service delivery and access** by ensuring services are responsive to men's health and wellbeing needs.

Goal 3

Men's health and wellbeing needs are monitored, evaluated and inform continual improvements of programs, services and initiatives.

- 3.1 Collect data to determine and prioritise the diverse health needs of men.
- 3.2 Continually monitor and evaluate health initiatives for men.

Priority areas

Guiding principles

- ✓ People and community centred
- ✓ Health equity and access
- ✓ Prevention
- ✓ Highest quality
- ✓ Holistic
- ✓ Collaborative
- ✓ Actions across the continuum

Priority populations

- Men living with a mental illness
- Men living in rural and remote areas
- Men in low socioeconomic circumstances
- Men from culturally and linguistically diverse backgrounds
- Aboriginal men
- Men with disability
- Males with diverse sexualities, intersex men and men with transgender experience
- Men directly impacted by fly-in, fly-out work arrangements
- Young men
- Older men

Policy domains

- a. Build healthy public policy
- b. Create supportive environments
- c. Strengthen community actions
- d. Develop personal skills
- e. Reorient health services

Overview

Men are significant and positive contributors to life in WA through their diverse family, work and community roles.¹ They need to be empowered to continue this positive involvement, allowed to reach their potential and be supported to enjoy a long and high quality life.¹

However, men continue to face poorer outcomes than women on almost all measures of key health and wellbeing indicators.² They have lower life expectancy, and have higher levels of mortality from almost all non-gender specific causes of death including injury, cardiovascular disease, cancer, suicide, respiratory disease, and obesity.² In WA, males experience a greater total disease burden than females.³ These health outcomes are primarily influenced by:

- level of disadvantage
- social and lifestyle factors such as smoking, excessive alcohol intake, and low fruit and vegetable intake
- participation in high risk activities
- tendency to use health and community services less and at a later stage when encountering a health or illness concern
- poorer social connections.²

The [infographic](#) on page four of this document depicts the crisis of men's health and wellbeing and the need for more action to be taken to address and prioritise the issue.

From a psychosocial, economic and social point of view, improving men's health and wellbeing is better for men, their partners and families, the community and the economy.² Supporting the health and wellbeing of men needs to be recognised as a whole-of-community issue. This should include a focus on promoting and facilitating men's healthy living and strengthening health and community service delivery to men.²

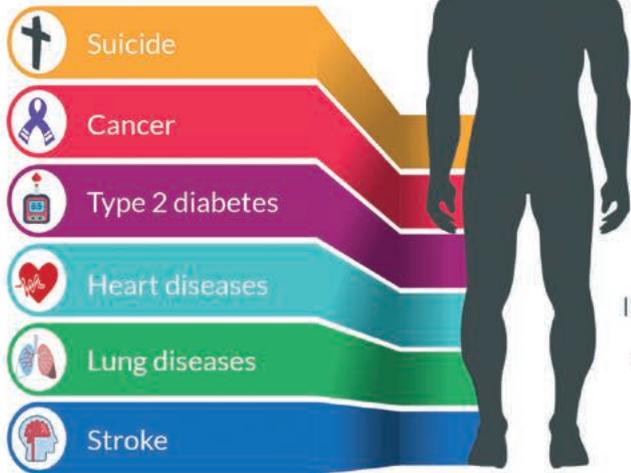
Although the men's health and wellbeing sector in WA has a perceived lack of clear definition and identity, there is an existing network of services that can be leveraged for improving men's health and wellbeing outcomes.¹ All services must recognise and address the health and wellbeing needs of men and ensure they are more strategic, coordinated and gender appropriate.²



Men's Health 101

In WA...

Males are most over-represented in:^{1,2}



77.3%
Males are overweight or obese³



14.2%
Males report being current smokers³



31.4%
Males exceed alcohol consumption guidelines; the highest in Australia⁴

58.3%

Insulin-treated type 2 diabetics are male²

89.3%

Prisoners in full-time custody are male⁵

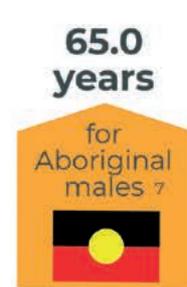
63.1%

Hospitalisations due to assault and other injury, caused by other person(s), are male⁶



Males are less likely than females to use allied health services³

Life expectancy at birth is



In Australia...



75%
of suicides are male¹



72%
of illicit drug-related deaths are male¹⁰



11%
males experienced high or very high levels of psychological distress in 2017-18⁹



18%
males had a mental health or behavioural condition in 2017-18⁹



93%
of workplace fatalities are males¹¹



73%
of road user deaths are males¹²



60%
males do not meet minimum health literacy requirements¹³

See Appendix 2 for references

A timely response – Western Australian Men’s Health and Wellbeing Policy

A policy that can engage and empower men and align the systems, services and communities that support them is urgently needed. The benefits of prioritising and addressing men’s health and wellbeing will be far reaching not just for men, but also their partners, families, the community and the economy. The development of the *Western Australian Men’s Health and Wellbeing Policy* (the Policy) is the first step towards recognising this important issue and calling people to action in WA.

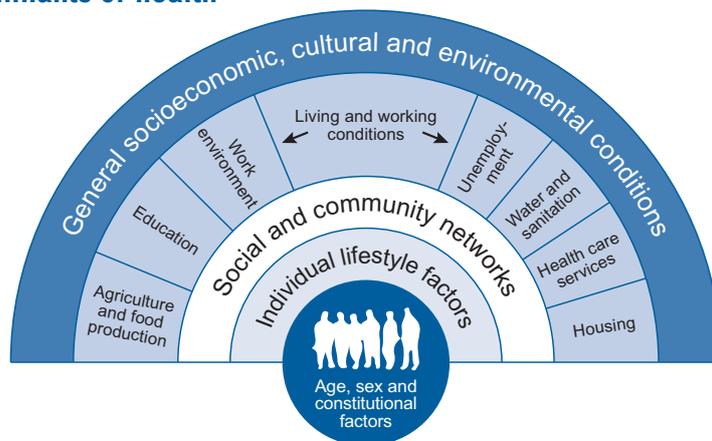
For the purpose of this Policy, the term ‘men’ refers to a male of any age, including boys. It is acknowledged that there is diversity in our bodies, sex characteristics, sexualities and gender identities.

The Policy was developed by the Health Networks Branch, WA Department of Health to demonstrate the WA health system’s commitment towards achieving the priority areas of the [National Male Health Policy: Building on the strengths of Australian males](#)⁴ and the action areas of the draft *National Men’s Health Strategy 2020-2030*.⁵

The purpose of this Policy is to provide direction to the WA health system and its partners to deliver strategies to improve the physical, mental, social and emotional wellbeing of men and boys living in WA.

The Policy recognises that the health and wellbeing of men is influenced by the complex and interwoven web of individual, interpersonal, organisational, social, environmental, political and economic factors known as social determinants of health⁶ (Figure 1). They encourage us to have a deeper understanding of health beyond a focus on biology, physiology and anatomy.

Figure 1. Social determinants of health⁷



Men’s health and wellbeing is the joint responsibility of many agencies and departments beyond the WA health system and necessitates a collaborative approach to achieve common goals.

The Policy includes three goals, areas for action and advice on how to achieve these goals.

The goals and areas for action were developed in consultation with a broad range of stakeholders. This consultation was considered key in ensuring the purpose of the Policy accurately reflected the needs of men, and that the actions were tangible for those working with men and their communities throughout WA.

The goals are:

1. Men are empowered to be proactive in managing their health and wellbeing
2. Men have equitable access to services (including prevention and early intervention initiatives) that meet their needs
3. Men’s health and wellbeing needs are monitored, evaluated and inform continual improvement of programs, services and initiatives.

Moving forward with the Policy

Guiding principles

The following guiding principles set the foundation for the intent of the Policy. They exist to ensure that men are supported and empowered to strive for and maintain good health.

People- and community-centred

Men are involved in all decisions regarding their health and wellbeing. They are co-designers in planning, developing and monitoring health services that impact on men, their families and the community.

Health equity and access

Equitable access to health services optimises the health and wellbeing of all men.

Highest quality

High quality policies, programs and services are evidenced-based and seek continual improvement to achieve best-practice. They are co-designed, monitored and evaluated with engaged community members. Opportunities for innovation in program and service design are explored.

Holistic

The health and wellbeing of men can be improved by influencing the social determinants of health (see Figure 1).



Collaborative

Action to improve men's health and wellbeing will be best achieved by the collective impact and shared commitment of multiple government and non-government organisations, communities and men.

Actions across the continuum

A flexible approach to programs and services is required to recognise and respond to the unique and diverse health and wellbeing needs of men (of all ages and at all stages of life) across the continuum, starting with a focus on prevention.

Prevention

The development and delivery of preventative health-related initiatives and programs, tailored to the needs of men, is required to keep them healthy and prevent illness.

Priority male populations

Priority male populations is the term used within the Policy to highlight vulnerable men who may have complex needs and are at higher risk of:

- poor health and wellbeing outcomes
- barriers to access of health care
- health risk behaviours.

The Policy also focuses on men, who are not in the priority categories, but have health and wellbeing issues that need to be addressed.

It is acknowledged that diversity among men is common and that they have unique and often complex health needs. There are differences in health outcomes across the life course and it is important to provide health services to reach different population groups and men at different stages in their lives.

The priority male populations listed in the Policy reflect some of those groups who experience inequalities in health and wellbeing outcomes including contributing poor health determinants such as marginalisation, education, poverty and gender.

The list is not exhaustive; populations may overlap and encompass varying characteristics and experiences.

These priority male populations have been demonstrated to represent a higher risk of men's health and wellbeing issues, particularly in relation to chronic conditions, and include:

- **Aboriginal** men
- men living with a mental illness
- men with disability
- men living in rural and remote areas
- men in low socioeconomic circumstances
- men from Culturally and Linguistically Diverse (CaLD) backgrounds
- **young men** (10-24 years)
- **older men** (65 years and older)
- males with diverse sexualities, intersex men and men with transgender experience
- men directly impacted by fly-in, fly-out work arrangements.



Policy domains

The Policy outlines three goals, developed in consideration of the [National Male Health Policy: Building on the strengths of Australian males](#)⁴ and the draft *National Men's Health Strategy 2020-2030*⁵ with reference to the specific needs of men in WA.

Priority areas for action are identified under each of the goals for more detail and context.

The Policy also recognises the following domains as the levers for achieving the goals. For the purpose of this Policy, the Ottawa Charter for Health Promotion⁸ domains have been used to address the need for a holistic and collaborative approach to the many and complicated issues that affect men's health and wellbeing. The five domains are:

A. Build healthy public policy

Policy development at all levels seeks to promote health and wellbeing. It includes:

- legislation
- fiscal measures
- taxation
- organisational change.

Health, income and social policies are used to foster equity and ensure:

- safer and healthier goods and services
- healthier public services
- cleaner more enjoyable environments.

Policies need to identify obstacles to health and seek to remove them, making the healthier choice the easiest one.

B. Create supportive environments

There is a link between people's health and wellbeing and their environment. Work and leisure environments should promote health and wellbeing. Therefore health promotion should create safe working environments that:

- are enjoyable
- assess health impacts of developing infrastructure (buildings, energy, etc.)
- protect natural and built environments.

C. Strengthen community actions

Community action is strengthened through communities being involved in setting priorities, making decisions, planning strategies and implementing them to improve health outcomes. The goal is community empowerment, which improves the outcomes of health promotion.

D. Develop personal skills

Personal and social development is supported through information, education and enhancing life skills. This increases options and control for individuals over their own health. It is essential to equip people for life-long learning and to develop skills for coping with ill health. This is done through school, home, and community settings.

E. Reorient health services

A shift towards a health system which promotes health, rather than curative services is necessary to focus on the needs of the whole individual, not just their injury, illness or disease.

Specific areas for action are mapped under each of the domains and describe what is needed to be done. The areas for action focus on social determinants and an approach which capitalises on the strengths of men. It is recognised that there may be additional strategies to address men's health and wellbeing. However the following goals, priority areas and actions focus on those that are deemed to have the greatest impact on the specific health needs of men in WA, based on feedback from local consultations and data.^{1-4, 9-24}



Areas for action

Domain A: Build healthy public policy					
No.	Areas for action	Goal 1	Goal 2	Goal 3	
A1	<p>Promote the importance of addressing men's health and wellbeing and recognise gender disparities among government agencies and service providers by:</p> <ul style="list-style-type: none"> advocating for this Policy to be used as the foundation for development of policies impacting on men's health and wellbeing across government (e.g. prison health) ensuring any initiatives stemming from this Policy align with existing structures, strategies, plans and coordination mechanisms at both a state and national level to avoid duplication or siloed approaches e.g. Sustainable Health Review seeking acknowledgement of the need to contribute funding and resources towards men's health and wellbeing in WA, especially where disparities exist. 	✓	✓		
A2	<p>Ensure policy planners involve men in design, development and evaluation of policy to ensure men's needs remain core to the policy process.</p>	✓	✓	✓	
A3	<p>Create men's health and wellbeing policies and policy implementation plans that:</p> <ul style="list-style-type: none"> are flexible enough to adapt to emerging health and population trends consider the impact on men's health and possible impacts on priority male populations in WA focus actions on trying to promote change to fundamental social determinants of health prioritise service provision and funding towards priority male populations, where appropriate in WA. 		✓		

Domain A: Build healthy public policy

No.	Areas for action	Goal 1	Goal 2	Goal 3
A4	<p>Develop standards and frameworks for commissioning/ procurement of men's health and wellbeing programs, services and campaigns that:</p> <ul style="list-style-type: none"> • foster empowerment and self-management • are evidence-based or evidence-informed and evaluated, while allowing opportunity for innovation • are holistic, culturally appropriate, and designed for men with men's involvement at all levels and ages • address common unhelpful stereotypes • adopt strength-based approaches e.g. reinforcing the importance of men in the community and that taking care of personal health is a sign of strength and enables men to maintain their roles as wage earners, partners, carers, family members and friends. 	✓	✓	
A5	<p>Look for opportunities to integrate the <i>Western Australian Men's Health and Wellbeing Policy</i> into local planning and environments in which men live and work and identify opportunities in local government for health and wellbeing plans.</p>	✓	✓	
A6	<p>Strengthen the evidence base that helps us to understand the way men think and respond to their health and wellbeing, and their barriers for accessing support or services. This can be achieved through:</p> <ul style="list-style-type: none"> • reviewing international research on barriers and enablers of men's uptake of health services over the generations • promoting the need for better testing of education and treatment messages nuanced for men. 		✓	
A7	<p>Give attention to research in men's health especially in areas that:</p> <ul style="list-style-type: none"> • consider the interaction of the social determinants of health on sex, age and different population groups of males, including those from gay, bisexual and transgender groups and culturally diverse population groups • focus on men living in rural or remote areas • focus on men with disability • focus on Aboriginal men's health in partnership arrangements with Aboriginal men • identify strategies to build resilience in adolescents and adult men to enable them to deal effectively with adverse life events such as divorce and re-parenting.⁴ 			✓



Domain A: Build healthy public policy

No.	Areas for action	Goal 1	Goal 2	Goal 3
A8	Explore the potential for surveys such as the WA Health and Wellbeing Surveillance System Survey to establish baselines of health and wellbeing and use the data to re-shape health service delivery.		✓	✓
A9	Build routine evaluation of health outcomes into health programs and services and ensure results are disseminated as widely as possible, including to men and in formats that are accessible and understandable to individuals, for example ⁴ : <ul style="list-style-type: none"> establish a framework and tools to measure the quality and performance of health promotion initiatives create a set of standard minimum demographic information to collect from participants in local programs (i.e. sex, age, geographic location, ethnicity and other variables that are relevant to measuring health outcomes for particular population groups of males) 		✓	✓

Domain B: Create supportive environments

No.	Areas for action	Goal 1	Goal 2	Goal 3
B1	<p>Seek opportunities to bring together quality services and initiatives which recognise and cater to diversity, to be accessible by men and their families in their communities and work environments. For example:</p> <ul style="list-style-type: none"> collaborate with key health organisations such as the Royal Australian College of General Practitioners (RACGP), beyondblue or Primary Health Networks to deliver evidence-based health checks, screening for stress and mental health issues and health promotion programs to employees.⁴ 		✓	
B2	Explore opportunities for the establishment of an online resource centre to be a central repository for resources, services and advice for the community on men's health and wellbeing.	✓	✓	
B3	Encourage service providers, workplace and community organisations to develop supportive spaces and culture ^a for men to have discussion and seek support on health and wellbeing issues, e.g. relevant literature in waiting rooms, screen tools and literature or e-health kiosks.	✓	✓	
B4	Develop strategies to connect men with local services that support their health and wellbeing. This would enable the linkage of men to quality evidence-based services via a number of mediums (online, telephone, social media and face-to-face) to enable accessibility. ²	✓	✓	



a culture refers to values, traditions, beliefs, interactions, behaviours and attitudes.

Domain C: Strengthen community actions

No.	Areas for action	Goal 1	Goal 2	Goal 3
C1	Identify a peak body for men's health and wellbeing to coordinate, promote, support, and represent the needs and activity of health service providers within the WA health sector. ²		✓	
C2	Consider the development of a men's health action group that brings together stakeholders from across community, government, non-government and industry sectors to: <ul style="list-style-type: none"> generate conversations and activities that keep men's health and wellbeing front of mind and advocate for support on action on areas of the <i>Western Australian Men's Health and Wellbeing Policy</i> provide an opportunity for inter sectoral partnerships and collaboration for common projects and goals share new and existing data and research into men's health and wellbeing share information on current initiatives in men's health and wellbeing to avoid duplication and combine resources where appropriate promote and facilitate the implementation of the <i>Western Australian Men's Health and Wellbeing Policy</i> adopt a collaborative approach to seeking funding and investment opportunities for the development and delivery of new health and wellbeing-related research, initiatives and services. 	✓	✓	
C3	Identify men's health advocates within organisations and services that impact on men's health and wellbeing.	✓	✓	
C4	Create a network of local champions/community advocates/ambassadors to promote key messages and address negative stereotypes (e.g. collaboration with local YouTube stars or online gaming community).	✓		
C5	Acknowledge, respect and celebrate, at all levels of society, the positive roles of all men regarding cultural practices, obligations, parenting and spirituality, and interconnectedness between individuals, families and communities.	✓		



Domain C: Strengthen community actions

No.	Areas for action	Goal 1	Goal 2	Goal 3
C6	<p>Acknowledge, respect and celebrate, at all levels of society, the valuable roles men play in family and community life.⁴ This could be done through:</p> <ul style="list-style-type: none"> all health practices providing family-friendly services that are openly inclusive of fathers/grandfather/carers childcare providers and family community services actively encouraging the involvement of fathers/grandfather/carers media promoting men as positive family members and routinely presenting images of males with children when reporting on families promoting positive messages to address gender stereotyping regarding the involvement of men in family and in the community (e.g. primary and secondary schools promoting positive roles of men). 	✓		
C7	<p>Support sons, husbands, fathers, brothers to take early steps towards prevention of risky behaviours and accessing assistance for their health and wellbeing.</p>	✓		

Domain D: Develop personal skills

No.	Areas for action	Goal 1	Goal 2	Goal 3
D1	Provide comprehensive, evidence-based health promotion strategies, programs and interventions that target education, skill building, behaviour change and attitude change to empower and enable men as part of the community to take charge of their health and act to create positive and lasting change.	✓		
D2	Address attitudes and social stigmas by: <ul style="list-style-type: none">acknowledging an individual's motivation to seek, and accept information or advicetapping into men's self-reliance, independence and resilience to encourage them to be more active in seeking professional health advicemaking it socially acceptable to have regard for your health, and to get help or ask for helpaddressing the 'she'll be right' attitude and associated stereotypical attitudespromoting that improving the health and wellbeing of men positively impacts the health and wellbeing of women, children, families, the economy, the workforce and the broader community¹talking about the positive sides of being a man, in the paradigm of masculinity, i.e. the man that takes everything in life as a challenge and meets life head-on; the man that is grounded in himself that has an understanding of his own social/spiritual wellbeing; the man that has qualities of good character.	✓	✓	

Domain D: Develop personal skills

No.	Areas for action	Goal 1	Goal 2	Goal 3
D3	<p>Support behaviour change (including increasing knowledge and skills of preventative and protective health behaviours) in the following ways:</p> <ul style="list-style-type: none">grow men's capacity for meaningful connection (first with other men, then with support services) and the understanding that they have both a 'right' and a 'responsibility' to engage, for their own benefit, and for their families and communitiesschool programs that encourage building of self-esteem, self-reliance, resilience and respect for self and others, designed specifically for young men and boyshealth programs for chronic disease prevention, mental health, drug and alcoholhealth education for men in workplaces, focusing on modifiable risk factors for preventative conditionshealth services, health professionals and support staff share information with men on obtaining a Medicare card, understanding bulk billing, accessing affordable health care, using private health insurance and the National Disability Insurance Schemeengage men of all ages with innovative activities, education and strategies; for example community activities directed to the mix of talents and interests of young males, including sport, art, music, theatre, dance, volunteer and social groups.⁴	✓	✓	
D4	<p>Support skill development through:</p> <ul style="list-style-type: none">health literacyskills related to physical activity, nutrition, and mental and emotional wellbeing.	✓		

Domain E: Reorient health services

No.	Areas for action	Goal 1	Goal 2	Goal 3
E1	<p>Develop guidelines for health services to engage men, their families and communities which recognise:</p> <ul style="list-style-type: none"> that gender along with other social and cultural determinants impact upon health and wellbeing the importance of culture and connection to country, spirituality, family and community in order to provide accessible and culturally safe care for Aboriginal men²⁵ the importance of culture for men from CaLD backgrounds the health needs of men with disability barriers men experience in accessing health services the aims and objectives of health service delivery for men priorities and key strategies to optimise men's health and wellbeing the need for a focus on positive, innovative, relatable, accessible and non-judgemental care the importance of involving men and their communities in the co-design of the services how to measure the effectiveness and appropriateness of services to men using evaluation to inform service improvements. 	✓	✓	✓
E2	Plan time and space in existing systems for focused services for men that create a 'one stop service' in a variety of locations (rural, metropolitan and telehealth options).		✓	
E3	Actively promote, using all means (multimedia and community voices), the delivery of male-friendly health services.		✓	
E4	Upskill health professionals with current, best practice methods and approaches to use every consultation as an opportunity to engage men in a conversation about their health and wellbeing.	✓	✓	
E5	Review current practices to look for opportunities to reinforce or promote engagement in preventative and protective health activities such as: invitation to health checks, recall for health screenings, risk screenings in waiting areas.	✓	✓	

Domain E: Reorient health services

No.	Areas for action	Goal 1	Goal 2	Goal 3
E6	<p>Promote opportunistic screening or referral to appropriate services when men access services related to major life events such as:</p> <ul style="list-style-type: none"> leaving school and early adulthood fatherhood – motivating factor for better self-care relationship failure (including divorce and limited or no contact with children following separation) loss of job/unemployment transition out of Defence and other uniformed services traumatic life events personal injury or disease, e.g. diagnosis of chronic illness grief due to death or suicide commencing work becoming a carer gay, bisexual and transgender related transitions (e.g. coming out). 	✓	✓	
E7	<p>Support capacity building in general practices to fully access Government incentives, including Medicare rebates for longer appointments to engage men in evidence-based chronic disease prevention (e.g. using the RACGP's Red Book Guidelines for Preventative Practice in General Practice).⁴</p>		✓	
E8	<p>Increase the flexibility and options for accessing men's health and wellbeing services; for example:</p> <ul style="list-style-type: none"> co-location with other allied services outside of hours, face-to-face support (i.e. general practices taking up government incentives to extend opening hours) online booking options walk-in services or self/family referral mobile health services, particularly in rural areas²² services in non-typical environments i.e. mobile health programs such as Pit Stop at agricultural shows, workplaces, men's sheds, sporting clubs etc. outreach services for priority male populations, i.e. men who are homeless telehealth (virtual) clinics. 		✓	

Domain E: Reorient health services

No.	Areas for action	Goal 1	Goal 2	Goal 3
E9	Improve the continuity of care through clear referral pathways between primary, secondary and tertiary health services, e.g. creating a men's health and wellbeing HealthPathway. This includes linking men with appropriate community organisations for ongoing social support (i.e. men's sheds, clubs and organisations). ²		✓	
E10	Focus on implementation and support of existing comprehensive health promotion and preventative health initiatives, programs and services in the community, and ensure community engagement events are supported by environmental and policy initiatives.	✓	✓	
E11	<p>Implement sustainable systems for the education, training, mentoring and supervision of all health professionals and support staff working with men to achieve an understanding of effectively engaging and supporting men with their health and wellbeing. This includes undergraduate education and ongoing professional development and education in the workplace. Key messages include:</p> <ul style="list-style-type: none"> • gendered health behaviours of men⁴ • specific areas of health risk and chronic disease prevention relevant to men⁴ • occupational health and safety risks associated with traditional male employment, such as transport, construction and farming⁴ • awareness of health professionals and support staff to encourage men that come into their care to have 'healthier male thinking' about their own health and wellbeing • remove stereotypes and stigmas that provide barriers to health care • recognition that some groups of males can be discriminated against or feel marginalised for various reasons, including ethnicity, sexual orientation, homelessness or mental health issues, and that these can affect access to health care and uptake of health messages⁴ • the latest research and trends in men's health and wellbeing needs • how to provide practical and realistic strategies and interventions • the skills needed to engage effectively with men, including cultural sensitivity and cultural awareness training.² 	✓	✓	

Domain E: Reorient health services

No.	Areas for action	Goal 1	Goal 2	Goal 3
E12	Promote relevant existing training tools and increase interactive learning opportunities for those providing services to men, i.e. online training packages, webinars.		✓	
E13	Employ more male health staff, including those from Aboriginal and diverse backgrounds, particularly in mental health sector and social services.	✓	✓	
E14	Men are meaningfully involved in co-planning, design and evaluation of men's health services, programs and facilities and their needs are recognised by health service planners. ²⁶	✓	✓	✓



Using the Policy

Audience

The Policy recognises the interdependencies that exist between primary, secondary and tertiary health care, and their connection to social care.

The primary audience of the Policy is the WA health system, which includes:

- the Director General and the WA Department of Health, as System Manager for the WA health system
- Health Service Providers – North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), WA Country Health Service (WACHS), Child and Adolescent Health Service (CAHS), East Metropolitan Health Service (EMHS), the Quadriplegic Centre, PathWest and Health Support Services (HSS)
- contracted health entities.

Improvements in men's health and wellbeing are the joint responsibility of a range of agencies beyond the WA health system that need to work collaboratively to achieve common goals. The Policy provides useful guidance on how all men, their families and carers, community and advocacy groups, health professionals and those who provide services for men can work collectively towards improving men's health and wellbeing.

It is recommended the approaches outlined within the Policy are adopted by multiple agencies, including, but not limited to:

- other WA government agencies including:
 - Department of Communities
 - Department of Education
 - Department of Justice
 - Department of Planning, Lands and Heritage
 - Department of Local Government, Sport and Cultural Industries
 - Department of Fire and Emergency Services
 - Public Transport Authority
 - WA Police
- commissioning bodies including the Mental Health Commission and the WA Primary Health Alliance
- Commonwealth government agencies, including the Department of Health
- charitable organisations
- educational bodies
- non-government organisations
- peak professional bodies.



Putting the Policy into practice

The Policy outlines the key elements to improve the health and wellbeing of men, including:

- attitudes of men and the community's attitudes towards men (e.g. cultural factors, stigma, masculinity, perceptions regarding health)
- education/awareness (e.g. of conditions, risks, treatment, health impact and services)
- access to services (e.g. location, cost, availability of health services)
- community support and intervention (e.g. carers, family, friends, colleagues).

It is the intent of the Policy to inform local planning, delivery and evaluation strategies for health services and programs.

To achieve the greatest effect, it is recommended that:

- the WA Department of Health, Health Service Providers and health services develop implementation plans to deliver the recommended actions and achieve the three goals of the Policy
- men are meaningfully involved in the development of the implementation plans and the subsequent measurement of their impact
- the Policy is adopted as a multi-agency, joint government and collaborative community approach.

Future vision

It is envisaged that Implementation Plans for the Policy will be developed, involving high level cross government, service provider and community collaboration, to ensure men and boys in WA have optimal health and wellbeing.

Monitoring the Policy

The WA Department of Health will support the implementation of the Policy by communicating it across the WA health system and to all relevant external stakeholders. It will also be available via the WA Department of Health website.

The WA Department of Health will measure the reach and level of awareness of the Policy as a form of evaluation. Potential uses for the Policy include to:

- advocate at an individual and organisational level, promoting a shared understanding of the importance of addressing men's health and wellbeing
- promote key messages
- inform education and training for consumers and professionals
- support policy, legislation and program and service design and provision
- direct, prioritise and drive relevant research
- assist services to work collaboratively by sharing knowledge and resources and building systemic relationships.

Users of the Policy can build in measures of success into their individual implementation plans. This will assist in reviewing their activity and progress under the three goals.



Glossary of terms

Aboriginal	Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of WA. No disrespect is intended to our Torres Strait Islander colleagues and community. ²⁵
Access	<p>Access is viewed as the opportunity to identify healthcare needs, to seek healthcare services, to reach, obtain or use healthcare services, and to actually have a need for services fulfilled. There are five dimensions of accessibility:</p> <ol style="list-style-type: none">1. approachability2. acceptability3. availability and accommodation4. affordability5. appropriateness. <p>Five corresponding abilities of populations interact with the dimensions of accessibility to generate access including ability to:</p> <ol style="list-style-type: none">1. perceive2. seek3. reach4. pay5. engage.²⁷
Department of Health as System Manager	The <i>Health Services Act 2016</i> establishes the Department of Health, led by the Director General, as the System Manager responsible for the overall management and strategic direction of the WA health system, ensuring the delivery of high quality, safe and timely health services. ²⁸
Equity	Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. ²⁹
Gender	Gender is used to describe those characteristics of women and men, which are socially constructed, while sex refers to those which are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles. ³⁰
Health	The Policy adopts the holistic World Health Organization definition of health: “complete physical, mental and social wellbeing and not merely the absence of disease and infirmity”. ³¹ It also recognises the spiritual dimensions of health and wellbeing.

Health literacy	How people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. ³²
Mental health	“A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” ³³
Older men	For the purpose of the Policy, older men are generally defined as men aged 65 years and older. ³⁴
Wellbeing	<p>Wellbeing is “the state of being comfortable, healthy or happy”. It is a much broader concept than moment-to-moment happiness as it also includes how satisfied people are with their life as a whole, their sense of purpose and how in control they feel.³⁵</p> <p>Wellbeing has also been defined as “...how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.”³⁶</p>
Young men	For the purpose of the Policy, young men are defined as men and boys aged 10-24 years. ³⁷

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Appendices

Appendix 1: Western Australian Men's Health and Wellbeing Reference Group

Name	Position and organisation
Aesen Thambiran	Director, Humanitarian Entrant Health Service, NMHS
Andrew Robertson	Assistant Director General, Public and Aboriginal Health Division, WA Department of Health
Craig McAllister	Senior Policy Advisor, WA Primary Health Alliance
Dean Dyer	Men's Health and Wellbeing WA
Fiona Johnson	A/Senior Development Officer, Health Networks, WA Department of Health
Gary Bryant	Executive Officer, Men's Sheds of WA
Helen Mitchell	Senior Development Officer, Health Networks, WA Department of Health
Joanna Fagan	Director, Public Health and Ambulatory Care, NMHS
Karen Street	Director, Population Health (Geraldton), WACHS
Kieran Bindahneem	Health Consumers' Council WA representative
Mark Pestell	Area Manager, Mental Health, SMHS
Matt Tilley	Lecturer, Faculty of Health Sciences, School of Public Health Curtin University
Megan Burley	A/Director, Health Networks, WA Department of Health
Nicole Depraizer	Senior Development Officer, Health Networks, WA Department of Health
Owen Catto	Senior Community Educator/Executive Officer, Regional Men's Health Initiative (Royalties for Regions)
Paul Coates	Chief Executive Officer, Carers WA
Rachel O'Connell	Senior Policy Advisor, WA Primary Health Alliance
Richard Crane	A/Manager, Health Promotion, SMHS
Rob McPhee	Deputy CEO, Kimberley Aboriginal Medical Service Aboriginal Health Council for WA (AHCWA)
Tim O'Brien	Director, Community and Population Health Services, EMHS
Tim Williams	Former – Consumer and Community Engagement Coordinator, Health Consumers' Council WA

Appendix 2: References for the health disparities for men infographic

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Appendix 3: Related policies and frameworks

The following policies and frameworks have been used to inform the development of the Policy.

Men's Health

Improving Men's Health and Wellbeing: Strategic Directions (2013)

Improving Men's Health and Wellbeing: Strategic Directions provides leadership and guidance to focus attention and direct action on key issues affecting the health and wellbeing of Victorian men.

<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Improving-mens-health-and-wellbeing-strategic-directions>

National Male Health Policy: Building on the strengths of Australian males (2010)

This Policy provides a framework for improving the health of all males and achieving equal health outcomes for population groups of males at risk of poor health.

[https://www.health.gov.au/internet/main/publishing.nsf/Content/7935AC78159969D4CA257BF0001C6B07/\\$File/MainDocument.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/7935AC78159969D4CA257BF0001C6B07/$File/MainDocument.pdf)

National Men's Health Action Plan: Healthy Ireland Men 2017-2021

This Action Plan sets out a new vision for men's health and wellbeing in the years ahead. The Plan works in tandem with existing structures and programmes and is designed to contribute to more effective implementation of programmes and services by mainstreaming men's health across a broad spectrum of policy areas.

<https://www.lenus.ie/handle/10147/621003>

National Men's Health Strategy 2020-2030 – Draft for Public Consultation

This Strategy focusses on improving the mental and physical health of Australian men and boys.

New South Wales Men's Health Framework (2018)

The vision of this Framework is to support and achieve optimal health and wellbeing outcomes for the diversity of boys and men who reside in New South Wales.

<https://www.health.nsw.gov.au/men/Pages/mens-health-framework.aspx>

New South Wales Men's Health Plan 2009–2012

The New South Wales Men's Health Plan 2009-2012 aims to guide the New South Wales health system in providing health care, health promotion and information which appropriately addresses the health needs of men and improves their health outcomes.

https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2009_077

Aboriginal Health

Western Australian Aboriginal Health and Wellbeing Framework 2015–2030

This Framework identifies key guiding principles, strategic directions and priority areas for 2015-2030, to improve the health and wellbeing of Aboriginal people in WA.

https://www2.health.wa.gov.au/~/_media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf

Implementation Guide for the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030.

This guide is a companion document to inform the application and use of the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Aboriginal%20health/PDF/13283-implementation-guide-final.pdf>

Other

Western Australian Disability Health Framework 2015–2025: Improving the health care of people with disability

This Framework and toolkit provides direction to WA Health and its partners on policy development and service delivery to achieve improved health outcomes for people with disability.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/WA%20Disability-Health-Framework-2015-2025.pdf>

Western Australia’s Family and Domestic Violence Prevention Strategy to 2022: Creating safer communities

The Western Australian Family and Domestic Violence Prevention Strategy to 2022 provides the framework in which a comprehensive and shared response to family and domestic violence can be achieved.

<https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/WA%20FDV%20Prevention%20Strategy%20to%202022.pdf>

Western Australian Health Promotion Strategic Framework 2017–2021

This Framework is a five year plan to reduce preventable chronic disease and injury in WA communities.

<https://ww2.health.wa.gov.au/Reports-and-publications/WA-Health-Promotion-Strategic-Framework>

Western Australian Health Strategic Intent 2015–2020

The vision of the Strategic Intent is to deliver a safe, high quality, sustainable health system for all Western Australians.

<https://ww2.health.wa.gov.au/About-us/Strategic-Intent>

Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019-2024 (in development)

This strategy provides a framework to raise awareness of the specific health and mental health challenges of lesbian, gay, bisexual, transgender and intersex people in WA.

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

This plan outlines the optimal mix and level of mental health, alcohol and other drug services required to meet the needs of Western Australians from 2015-2025. It is the Mental Health Commission’s key planning tool for the mental health, alcohol and other drug sector.

<https://www.mhc.wa.gov.au/about-us/strategic-direction/the-plan-2015-2025/>

Western Australian Sexual Health and Blood-borne Virus Strategies 2015-2018

The Sexual Health and Blood-borne Virus Strategies include:

- Western Australia Aboriginal Sexual Health and Blood-borne Virus (BBV) Strategy 2015-2018
- Western Australian Hepatitis B Strategy 2015-2018
- Western Australian Hepatitis C Strategy 2015-2018
- Western Australian Human Immunodeficiency Virus (HIV) Strategy 2015-2018
- Western Australian Sexually Transmitted Infections (STI) Strategy 2015-2018

These Strategies emphasise the importance of partnerships with non-government and community organisations to reduce the transmission and impact of STIs and BBVs in our community.

https://ww2.health.wa.gov.au/Articles/U_Z/WA-Sexual-Health-and-Blood-borne-Virus-Strategy-2015-2018

Western Australian Women's Health and Wellbeing Policy (in development)

This Policy will guide the WA health system and its partners in delivering strategies that improve the physical, mental, social and emotional wellbeing of women and girls in WA.

Western Australian Youth Health Policy 2018–2023: Strong body, strong minds – stronger youth

This Policy aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA.

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Youth-Policy/PDF/Youth-policy.pdf>

Appendix 4: Supporting documents – issues in depth

Statistics

The development of the Policy was informed by evidence in a range of international, national and WA sources in the area of men's health and wellbeing. This included a targeted online survey conducted in late 2017 and extensive consultation in 2018, by Health Networks. This consultation captured views from the men's health and wellbeing sector on important considerations for the WA health system including priority populations and risk factors, strengths and weaknesses of current strategies, and opportunities for future efforts to promote health services to WA men. Other sources include reports by the Australian Institute of Health and Welfare, Men's Health and Wellbeing WA, the Commonwealth Department of Health and the WA Department of Health:

A Quiet Crisis: Male Health in Rural, Remote and Regional Western Australia Report (Men's Health and Wellbeing WA)

https://www.menshealthwa.org.au/wp-content/uploads/2017/01/RRR-Mens-Health_Short.pdf

Caring in Focus – Male Carers (Carers Australia WA)

https://www.carerswa.asn.au/resources/carers-in-focus-factsheets/Caring-in-Focus_Male-Carers.pdf

Health and Wellbeing of Adults in Western Australia 2017 – Overview and Trends (WA Department of Health)

<https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Adults-in-Western-Australia-2017.pdf>

Health and Wellbeing of Children in Western Australia 2017 – Overview and Trends (WA Department of Health)

<https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Population%20surveys/Health-and-Wellbeing-of-Children-in-Western-Australia-2017.pdf>

Impact of FIFO Work Arrangements on the Mental Health and Wellbeing of FIFO Workers (WA Mental Health Commission)

<https://www.mhc.wa.gov.au/about-us/news-and-media/news-and-updates/report-calls-for-action-to-improve-mental-health-and-wellbeing-in-fifo-workers/>

Incidence and costs of injury in Western Australia 2012 (WA Department of Health)

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Injury/Incidence-and-Costs-of-Injury-in-WA.pdf>

Male Health and Wellbeing WA Sector Needs Analysis (Men's Health and Wellbeing WA)

<https://www.menshealthwa.org.au/wp-content/uploads/2017/02/MHWWA-Sector-Needs-Analysis.pdf>

Men's Quick Health Check and Health Information Guide (Australian Government, Department of Veterans' Affairs)

<https://www.dva.gov.au/dvaforms/Documents/D1302.pdf>

Mortality and Life Expectancy of Indigenous Australians 2008 to 2012 (Australian Institute of Health and Welfare)

<https://www.aihw.gov.au/reports/indigenous-australians/mortality-life-expectancy-2008-2012/contents/table-of-contents>

National Male Health Policy Supporting Documents (Australian Government, Department of Health)

<http://www.health.gov.au/internet/main/publishing.nsf/content/male-policy>

Overview of the burden of disease in Western Australia, 2011 (WA Department of Health)

https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Population%20health/PDF/WA_Burden_of_Disease_Fact_Sheet.pdf

Specific Disease Burden in Western Australia, 2011 (WA Department of Health)

<https://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Population%20health/PDF/Burden-of-Disease-Fact-Sheet-April2017.pdf>

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples: 2015 (Australian Institute of Health and Welfare)

<https://www.aihw.gov.au/reports/indigenous-health-welfare/indigenous-health-welfare-2015/contents/table-of-contents>

The Health and Wellbeing Status of Western Australian Males 2016 (Mens Health and Wellbeing WA)

<https://www.menshealthwa.org.au/wp-content/uploads/2017/03/State-of-Mens-Health-2016.pdf>

The Health of Australia's Males (Australian Institute of Health and Welfare)

<https://www.aihw.gov.au/reports/men-women/male-health/contents/who-are>

The Health of Australian Males: A Focus on Five Population Groups (Australian Institute of Health and Welfare)

<https://www.aihw.gov.au/reports/men-women/the-health-of-australia-s-males-a-focus-on-five-p/contents/table-of-contents>

The Western Australian Chief Health Officer's Report 2010 (WA Department of Health)

<https://ww2.health.wa.gov.au/Reports-and-publications/Chief-Health-Officers-Report-2010>

Western Australian Male Health and Wellbeing Policy Information Paper (Men's Health and Wellbeing WA)

<https://www.menshealthwa.org.au/wp-content/uploads/2017/04/WA-Male-Health-Policy-Information-Paper.pdf>

Consumer resources

Effectively Engaging with Men Resource (ConnectGroups)

<http://www.connectgroups.org.au/effectively-engaging-with-men-resource/>

Blokes Book and Pocket Directory (Men's Health and Wellbeing WA)

<https://www.menshealthwa.org.au/services/community-service-directories/blokes-book-and-pocket-directory/>



This document can be made available in alternative formats on request for a person with disability.

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