



Summary of Outcomes – National Men's Health Forum

Development of the National Men's Health Strategy | Thursday, 9 August 2018

The Men's Health Forum convened leading Australian health sector stakeholders to define the direction and actions of a new Strategy for men's health.

The National Men's Health Forum to initiate development of a National Men's Health Strategy was held at Parliament House on 9 August 2018. Its objective was to develop recommendations for overall goals, prioritised strategies and specific actions that could help address the health issues that affect men and boys throughout their lives.

The event brought together 65 representatives from advocacy, clinical services, service delivery, research, and government. Discussions and activities were facilitated by Nous Group.

The Forum was the first in a number of consultation opportunities for the development of the National Men's Health Strategy. It will be followed by further public consultation.

The Minister for Health opened proceedings by acknowledging the ongoing need for action.

The Minister for Health, the Hon Greg Hunt MP, opened the Forum with an address and Q&A session with participants. Minister Hunt acknowledged the depth and variety of content within the field of men's health. To ensure a focus on action, he framed the day around five 'areas for consideration,' which guided the structure of the sessions. These areas were as follows:



Minister Hunt also emphasised flexibility, and embraced commentary that cut across the above areas. Ultimately, he posed one central question to the audience: What must we do to improve men's health in Australia?

Passionate contributions from individuals were supported by ongoing, collaborative discussion on the floor.

The Forum blended presentations of the findings from evidence reviews with individual brainstorming activities, an interactive wall of ideas, intensive groupwork, and plenary sessions.

Specific sessions included:

- Brainstorming of the overall objectives, enablers and challenges for the Strategy
- A summary presentation of a men's health evidence review developed by Andrology Australia
- Comments and clarifications from the floor
- Groupwork sessions, enabling 'deep dives' into each of the areas for consideration
- Reporting from the groupwork and plenary discussion
- Final reflections on what is most needed to achieve the overall objectives of the Strategy

Participants set the scene for the Forum by framing an overall objective for the Strategy.

Using mobile phones, participants were asked to reflect individually on their overall objective for the Strategy.

Examples of proposed 'outcome statements,' which responded to the question "If money were no object, what would an enhanced national response to male health achieve in Australia?" are excerpted here:

"Equity in prevention, risk assessment, early detection, access to care and treatment for all Australian males."

"A measurable reduction in the key risk factors shared by the most common and most impactful health conditions affecting Australian males."

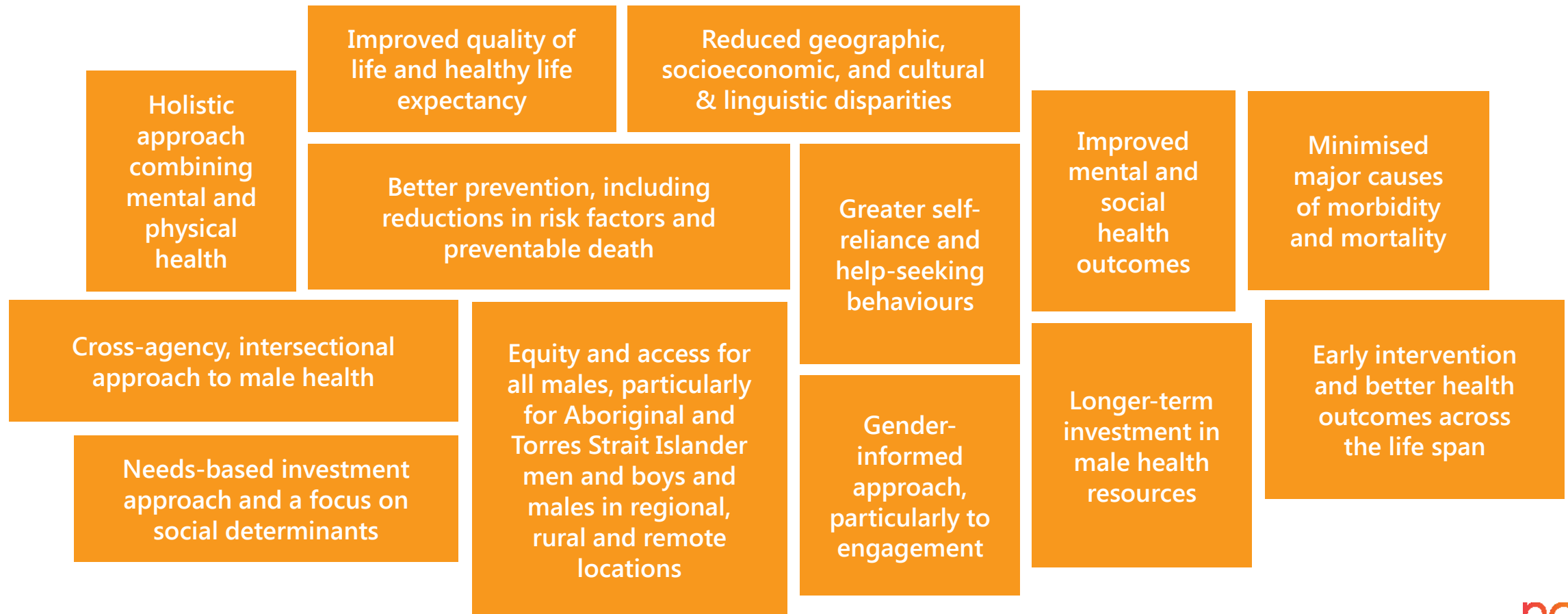
"A holistic approach, with emphasis on prevention first, then coordinated multidisciplinary care and support when it is needed."

"That boys and men are proactively engaged in their health and wellbeing across the life course, and in the roles they play in families and communities."

" A cross government approach with strong focus on social, cultural and commercial determinants of health."

Recurring themes reflected a shared understanding of the overriding goals and enablers in the field of men's health.

The common and often interconnected themes from individuals' responses are presented below.



To move from objectives to actions, discussion aligned with the Minister's five areas for consideration.

- Following the presentation of key findings from the Andrology Australia evidence review, participants chose an 'area for consideration' to workshop in small groups. Each group was given a list of 'potential strategic areas,' devised by Nous as a conversation starter.
- Groups were invited to challenge, reprioritise, add or strike off these areas. They were also asked to identify specific actions (and with them, partners, timeframes, priority populations and research needs) to support progress in their area of choice.

The key themes of the discussion – including comments from the floor, groupwork findings, 'sticky note' contributions, and final plenary – **are summarised in the following slides.**

Although all of the following points were discussed or endorsed by a subsection of participants, not all of the ideas raised were agreed on by the whole group.

Discussions around mental health were wide-ranging, with a focus on identifying risk and improving linkage to services.

Across each of the below areas, participants emphasised the need to reduce barriers to care.

Early intervention

- Develop better identification procedures for distress
- Support family-focused interventions
- Reshape systems through co-design to support protective factors and reduce risk
- Consider framing as early intervention rather than prevention

Access and services

- Fund and support universally accessible, individual-focused services in the community
- Create systems which deliver a spectrum of services from prevention to immediate after care and crisis support
- Communicate clearer pathways to centralised, coordinated support services

Priority populations

- Reduce barriers and support greater access to groups with lower access and greater need
- Include males working in high-risk industries
- Respond to increased experiences of distress in some of these populations

Suicide

- Acknowledge link between male distress and suicide
- Increase access to suicide prevention services
- Link the Strategy to the National Mental Health Strategy
- Focus on reducing the lethality of suicide among men

Destigmatisation

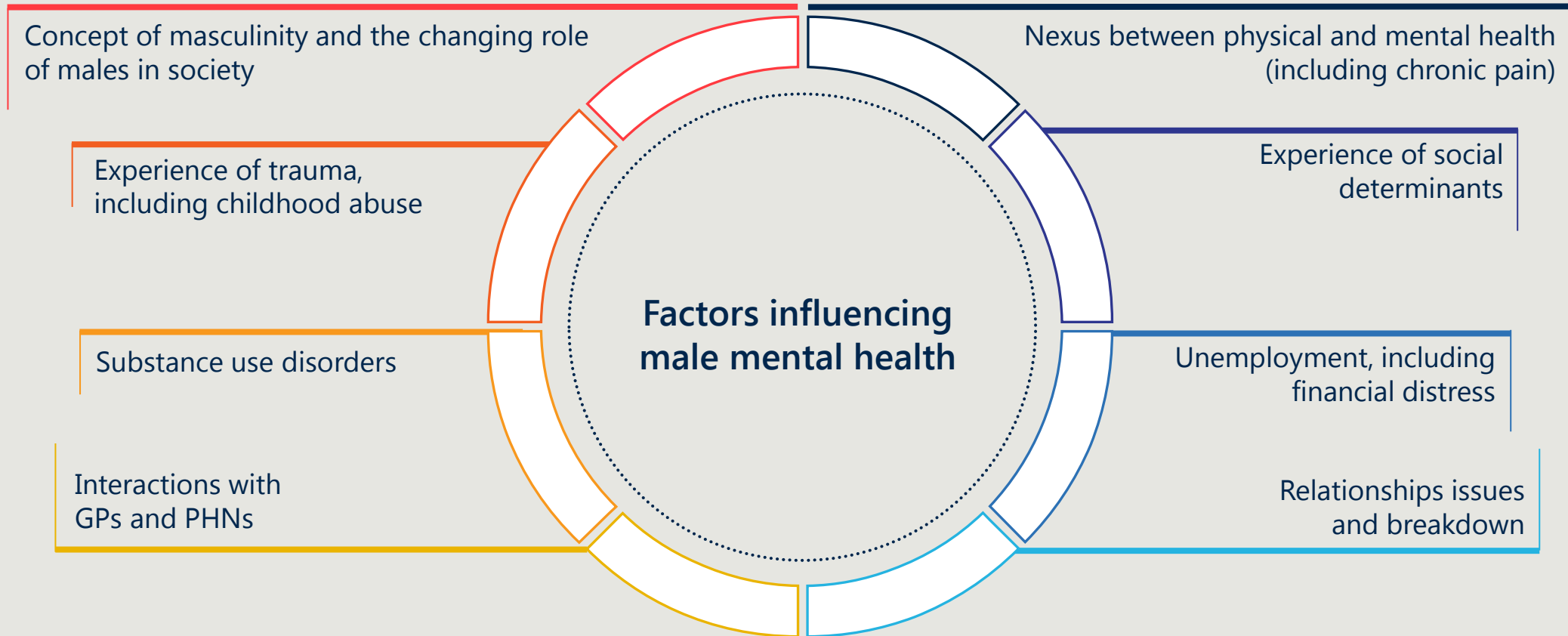
- Make services digestible and normalised, and continue to address stigma in the community
- Support males to engage in help-seeking behaviour, supported by well-trained health professionals
- Target communication strategies to advertise access to services
- Educate on the use of sensitive language

Research

- Use data to map where the need is and where the services are (or should be)
- Promote research into social determinants of mental health
- Invest in qualitative research

Participants used a gender-sensitised lens to identify the risk factors that shape the male mental health landscape.

These were influenced by societal factors, as well as social, emotional and physical wellbeing.



Discussions on chronic disease and preventive health strongly emphasised prevention across the life course.

There was a strong focus on male-specific strategies for engagement and practitioner training.



Within these broad focus areas, participants emphasised a number of specific groups and conditions.

These included key priority populations and urged the development of targeted strategies for each.

1. **Aboriginal and Torres Strait Islander health gap** | In addition to the significant gap in mortality between Indigenous and non-Indigenous Australians, Indigenous men and boys may face additional issues due to stereotyping, lack of access to culturally-sensitive services, or exposure to trauma.
2. **Males in rural and remote areas** | Often limited geographic access to health services, particularly specialists.
3. **Males with disability** | Males with profound disability have an increased risk (10x the national average) of cardiovascular disease and diabetes.
4. **Overweight and obesity** | To reverse the increasing rates of overweight and obesity, address the link with alcohol and consider role of taxation on alcohol and sugar.
5. **Incontinence** | While this is not seen specifically as a men's health issue, it is estimated to affect a notable proportion of men, and needs to be brought into the health dialogue.



The discussion on injuries and risk-taking behaviour identified both priority groups and priorities for action.

It focused on targeting at-risk populations, aided by improved research and regulation.

Priority populations

- Indigenous men and boy's health continues to be a priority and cultural safety needs to be addressed
- Other proposed priority groups included:
 - Farmers and agricultural workers, with suggested campaigns on farm safety
 - Sporting groups, due to high risk of injury
 - Men with socioeconomic disadvantage

Data collection and research

- Necessity for real-time linked data on opiates, crashes and emergencies
- Need to examine workforce safety in a new regulatory environment: what is the impact on injury?
- There is demand for more research on the long-term impact of head injuries occurring during sport

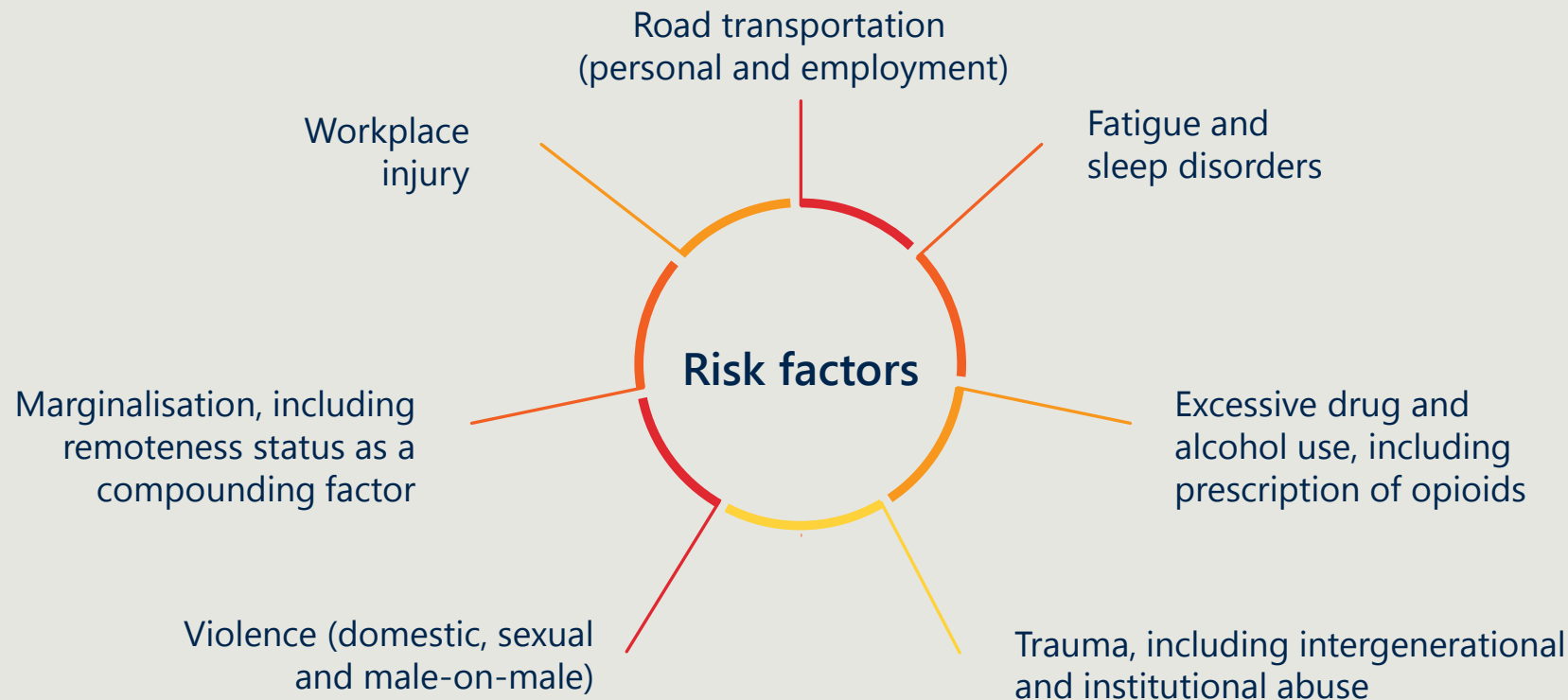
Self-determination and regulation

- The discussion explored the interplay between self-determination and regulation
- Healthy choices and behaviour should be developed through self-determination, aided by diverse promotion and risk reduction campaigns modelling good behaviours
- At the same time, regulation should be considered to address risk-taking among young people, including:
 - Stricter regulation of alcohol and gambling advertising
 - Regulation needed to prevent sporting injuries (concussion, spinal cord and injury prevention)
 - Better access to driver licensing



Participants also identified critical factors contributing to higher rates of injuries and risk-taking among males.

They highlighted the compounding impact of these factors and emphasised risk reduction.



The conversation on conditions predominantly affecting males hinged on improved awareness and research.

Participants emphasised the need for improved awareness among men about what is 'normal.'

Reproductive and sexual health

- Provide better materials communicating prevalence of male fertility, avenues of support and available services
- Acknowledge male infertility as a financial and emotional burden which is vulnerable to exploitation at commercial clinics
- Increase awareness of erectile dysfunction, as well as its role as a biomarker for cardiovascular function
- Increase screening for androgen deficiency
- Build awareness of what is "normal" in genital examination in both the medical and general community
- Regard testosterone as a biomarker of health, but educate on the risks of overuse or improper use of testosterone supplements and overdiagnosis of testosterone deficiency

Prostate cancer

- Educate males about the symptoms of prostate cancer that should lead to medical examination
- Acknowledge that while prostate cancer deaths have reduced, there are many males living post-cancer treatment, not all of whom required the treatment
- Support males living with and beyond prostate cancer, including for health issues resulting from treatment
- Acknowledge that these support needs include mental health and ongoing psychological support
- Provide education and information about where to turn for help, particularly after prostate surgery

Improve data collection and research for all conditions to ensure target materials for diverse populations. This includes overcoming geographic difficulties through electronic engagement, telehealth and utilising social media platforms.



Discussions about healthy aging emphasised the role of prevention early and ongoing across the life course.

Regular help-seeking and proactive responses were key strategies to promote healthy ageing.

Early prevention

- Invest in building an early understanding of key risk factors which contribute to ill-health and mortality in Australian males
- Start at school education for investments in healthy ageing and dementia prevention
- Raise awareness of prevention and avoidance of falls
- Support efforts to change modifiable risk factors over the life course at both individual behaviour and systemic intervention levels

Clinical care

- Encourage general practitioners to act proactively and initiate health checks at 45+ and 70+ years of age
- Improve men and boys' access to primary health providers
- Acknowledge that men and women interact with GPs differently, and employ strategies to improve engagement from men on and about their own health
- Recognise the need for better understanding of interventions to address multimorbidities, including chronic pain

Ageing population

- Fund initiatives to improve and manage oral and dental health
- Address high risk ratio for neurodegenerative disorders in Indigenous people, and its compounding effect on older Indigenous men and women
- Target the increase in homelessness experienced by older Australians
- Enhance access to audiology advice and hearing devices
- Embrace the strong community and individual role played by Men's Sheds in health promotion



Several risks were identified as obstacles to healthy ageing.

Participants emphasised the physical, social and emotional impacts of multiple risk factors.

Social isolation

- Recognise loneliness experienced by older Australians as a key issue
- Increase physical and social interactions for older Australians through bodies such as RSLs, community clubs etc.
- Promote social support for older men, through initiatives like Men's Sheds – endorse and celebrate use of these services by younger males

Danger of overmedication

- Address inappropriate overmedication of many older Australians, particularly in aged-care facilities
- Educate GPs and pharmacists to raise awareness of 'doctor shopping'
- Introduce Medication Reviews to every hospital
- Improve Home Medication Reviews and increase take-up among older Australians

Frailty

- Emphasise the avoidance and prevention of falls – the start of a slippery slope

Incontinence

- Develop research on post-prostatectomy
- Increase promotion of the National Toilet Map, as part of the National Continence Program



In discussions throughout the day, participants drew out four overriding themes.

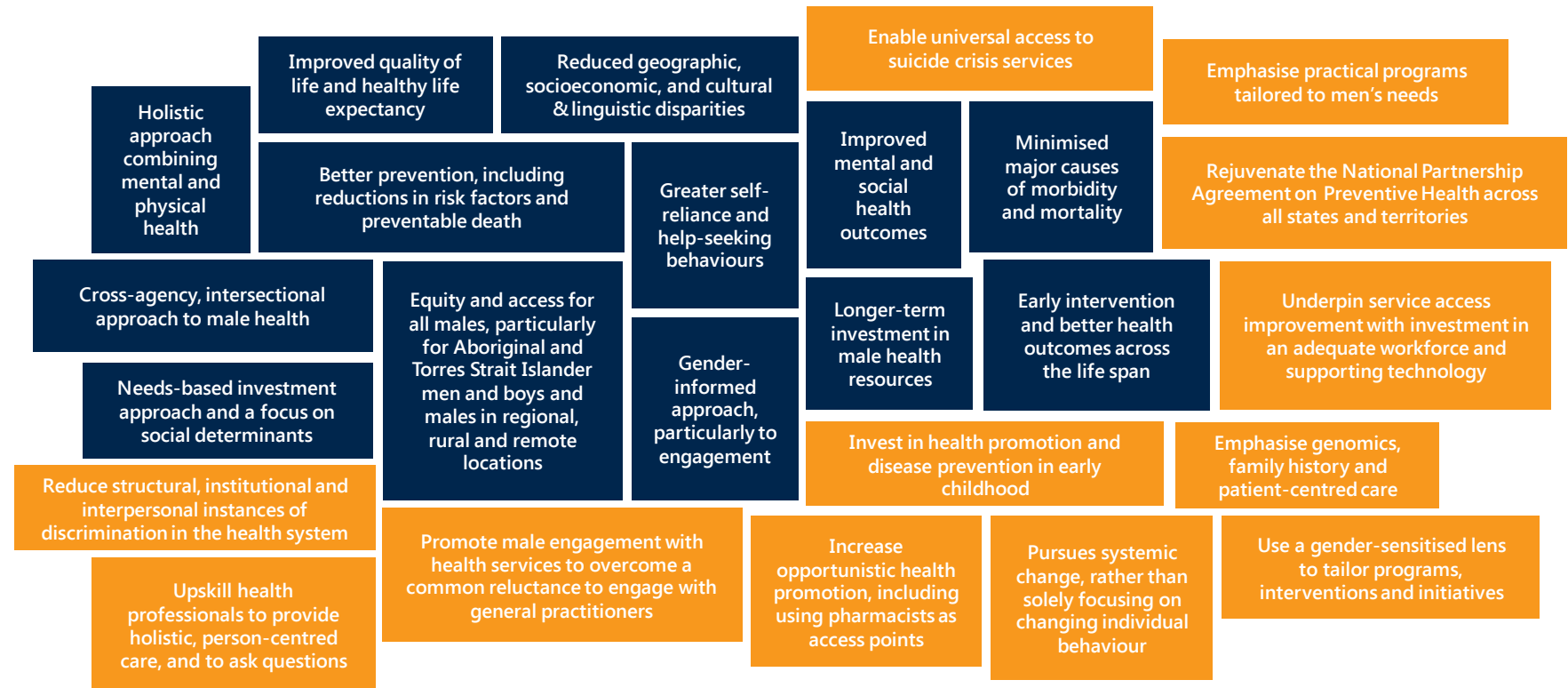
Across these five areas, participants returned to four key points. Each will inform the ongoing development of the Strategy:

- Improvements to accessibility, for all males, is the key conduit to improved health outcomes. This includes offering multiple channels and access pathways, such as telehealth and digital platforms.
- This Strategy should not reinvent the wheel – it must build on and tessellate with the Male Health Policy and other population and disease-specific documents.
- The Strategy should be gender-sensitised, and acknowledge that success is not just about behavioural change. It also requires systemic changes that facilitate access and help-seeking.
- An approach to men's health that is informed by the social, cultural and commercial determinants of health will require a cross-sector response.

The Forum closed by reflecting on the key requirements for action, which also cut across each of the five areas.

Specifically, participants were asked to individually consider Minister Hunt's opening question: "What must we do to improve male health in Australia?"

These final comments reiterated, reframed and built on the objectives expressed earlier in the Forum, adding to a bigger picture.



Next Steps

The Department of Health, along with Andrology Australia, advised that the evidence review and this summary of outcomes would be circulated to participants in early September 2018.

The first draft of the Men's Health Strategy – based on the discussions in the Forum and the information summarised in this document – will be prepared in the coming month.

It will be released for public consultation and feedback in early October 2018. We welcome further input from yourselves and your networks at this time. This feedback will inform the development of a revised draft, to be completed by December 2018.