

# Improving men's health in Ireland

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The state of men's health remains a cause for concern in Ireland. It is well known that men live shorter lives than women (78.7 years compared to 83.2 in 2012) and are much more likely to die prematurely (under 75 years of age). Men are more likely to die as a result of cancer, heart disease, accidents or suicide, and to smoke and drink alcohol above recommended levels as well as eat a poor diet. Even though men are generally more physically active than women, a higher proportion are overweight (BMI 25+). Men attend primary care services less frequently than women and are particularly reluctant to seek help for mental health problems. Are these problems inevitable – perhaps the result of innate physical frailty or a testosterone-induced propensity for risk-taking – or can action be taken that will improve the quality and quantity of men's lives?

The evidence for a mainly biological explanation for men's health problems is weak. Males are certainly more likely to die prenatally in the first year of life and they also lack the protection oestrogen offers against cardiovascular disease. They are also uniquely unfortunate to possess an organ, the prostate, so prone to disease in middle age and after. But the relatively good health of men in some countries (such as Switzerland, where average male life expectancy is now 81.3 years) and of men in the most affluent socio-economic groups in Ireland and elsewhere clearly shows that men are not genetically programmed to die young and that there is significant potential for improvement.

This is recognised in Ireland's strategic approach to men's health. Ireland was the first country whose government introduced a national men's health policy. The first such policy ran from 2008-13 and a new five-year plan, Healthy Ireland – Men, has been introduced for the period 2017-21. HI-M's aims include addressing men's diets, mental health and use of alcohol and tobacco, developing 'men-friendly' approaches to engaging men and boys, and undertaking research that underpins improvements in men's health practice. The plan is aimed at a wide range of stakeholders, including policymakers, service providers, the community and voluntary sectors as well as health and allied professionals.

Men clearly have a responsibility to take care of their own health – and there is good evidence that many want to. A recent global survey found that 83 per cent of men wanted to improve their fitness, 78 per cent their energy levels and 73 per cent their diet. Some 65 per cent also wanted to tackle their stress levels. Adopting a healthy lifestyle, taking part in screening and vaccination programmes (eg, for bowel cancer and flu, respectively), and seeking professional help for health problems in a timely manner are all important.

It is now easier for men in Ireland to take these steps. A new men's health website, *Spanner in the Works* ([www.malehealth.ie](http://www.malehealth.ie)), aims to enable men to learn more about their health and wellbeing. There is also the Irish Cancer Society's Manual for Men on cancer prevention, and The Man Manual

from Men's Health Forum in Ireland. Older men can now make use of some 400 Men's Sheds, community-based organisations where men can meet to socialise or work on meaningful projects with clear health and wellbeing benefits. Younger men can participate in Men on the Move, a physical activity programme for men aged 30+, run in partnership with county sports partnerships, and farmers are eligible for free health checks provided by Irish Heart.

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But the barriers for men should not be underestimated. These are primarily socio-cultural (primarily the nature of masculinity itself) and practical (including the way health services are delivered, especially in primary care). It is important that health policymakers and practitioners are aware of these – and, crucially, how they can contribute to tackling them.

Most men still feel pushed to live in what has been dubbed the 'Man Box', a rigid construct of cultural ideas about male identity. The Box is imposed, often unwittingly, on males by parents (eg, in the toys they choose for their sons or in the way they communicate with them), teachers, the media and, of course, by boys' own peer groups. Despite media talk of 'New Men' or, more recently, 'Metrosexual Man' (exemplified by the English ex-footballer David Beckham), a recent international study of young men by a global gender justice NGO, *Promundo*, found that many still believe they should stick to rigid gender roles, be self-sufficient, act tough, be heterosexual, display sexual prowess and use aggression to resolve conflicts.

To engage with men effectively, health providers must take account of masculinity when designing, developing and delivering services. There is now good evidence that men are more

likely to use services they feel comfortable with and are easy to access and do not threaten their sense of male identity. Several men's lifestyle improvement programmes in the UK and Ireland have successfully worked with professional sports clubs, for example, and workplace-based interventions have also proved effective with men.

In Dublin, the Larkin Centre's successful Wellman Programme for 40-60-year-olds has been run in collaboration with Glasgow Celtic FC and the GAA's Social Initiative aims to make its clubs more age-friendly, by increasing the participation of older members of society, with a focus on men. Workplace initiatives with men have been developed by An Post and Safefood while the Construction Workers' Health Trust has provided over 75,000 health screens at some 400 construction sites across Ireland.

A guide to best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting, published by the Centre for Men's Health at IT Carlow, highlights some male-specific causes of male obesity. These include men's tendency to eat more fried food and less fruit and vegetables than women, men often not perceiving excess weight to be a cause for concern, men lacking control over their diets and being less knowledgeable about healthy eating, men's resistance to being told what to eat and having an approach to food that is often pleasure-oriented. The guide also points out that men tend to view exercise and sport as a more acceptable way of controlling their weight and are often more open to making lifestyle changes when prompted by their GP.

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The guide suggests that primary care professionals should be more confident about raising the issue of obesity with their male patients, treat men as equal partners in discussing lifestyle changes, refer more men to appropriate specialist support services, emphasise the role of physical activity and use practical approaches involving gadgets (eg, pedometers) and goal-setting. Men may need more support at key transitional moments in their lives (eg, becoming a father, retirement or unemployment) and the onset of a health problem may provide the catalyst for increased motivation for losing weight.

When working with men on mental health issues, particularly the more common disorders, it can be helpful to re-frame help-seeking as a show of strength, of taking control and a way of 'getting things back on track'. Asking men if they have been 'struggling with' or 'battling against' pressures rather than 'feeling sad or depressed' may seem more consistent with traditional ideas of male experience and identity.

The Men's Development Network in Ireland has developed seven 'key questions' which provide a tool to assist conversations with men on mental wellbeing. These are deceptively simple and start with 'How are things?' and include 'What's not going well?', 'Is there any support you need?' and 'What's one step you might take?'

Practical changes to services can also make a difference for men. Men in full-time work can struggle to access primary care services that are open only during the 'normal' office hours. This can delay their help-seeking for problems they do not perceive as serious. Extended hours, including weekend opening, could well make a difference, as could offering different ways to consult such as by telephone or web chat.

A web chat service piloted recently in the UK, Man MOT, was particularly successful at reaching younger men with sexual and mental health problems. Subtle changes to the ambience of health services – such as by providing male-interest magazines in waiting areas or displaying men's health posters and leaflets – could also help. The opportunity to make GP appointments online is also likely to appeal particularly to men.

It is important for professionals to be up-to-date on the clinical issues affecting men, such as the pros and cons of PSA testing in asymptomatic men, the links between erectile dysfunction and cardiovascular risk and the long-term decline in male fertility. It is important to be aware of differences in depression symptoms between men and women, the possibility of post-natal depression in men, and the increasing risk of body image problems in young men (which can lead to eating disorders, exercise addiction, anabolic steroid abuse and small penis anxiety). Some occupational health issues (eg, chemical exposure) can also disproportionately affect men. Attending training events and subscribing to a journal such as the bi-monthly *Trends in Urology* and *Men's Health* are a useful way to keep informed.

In GP group practices, it is worth considering the appointment of one GP as a men's health lead with the role of improving service delivery to male patients, providing training for and sharing knowledge with colleagues, and perhaps specialising in one or more male-specific clinical issues. The annual Men's Health Week, which is led by Men's Health Forum in Ireland and takes place in June, provides an excellent opportunity for local health services to organise male-focused initiatives. Movember also provides a platform for raising awareness of prostate and testicular cancer and men's mental health.

Finally, more research is needed into men's use of primary care and other health services, including better evaluation and dissemination of initiatives that help to develop and extend good practice. Practitioners with a particular interest in men's health could work with researchers to assess the impact of new ways of engaging men. Improving men's use of services is one important step towards better health outcomes and the end of a longstanding health inequality.