MAKING SERVICES WORK FOR MEN
A 10-STEP GUIDE TO DEVELOPING MALE-FRIENDLY HEALTH SERVICES

AMHF receives funding from the Australian Government.
Australia is one of the world’s healthiest societies, yet men of all backgrounds are less likely to live healthy lives and die six years younger than women on average (ABS 2019).

It is widely acknowledged that men experience worse health outcomes than women on average and have poorer access to a wide variety of healthcare providers and related services such as GPs, screening services and helplines (AIHW 2011).

International best practice tells us that one of the key ways to improve men’s access to healthcare is by developing male-friendly services. This fact was acknowledged in Australia’s first National Male Health Policy (DoHA 2010), which called on health professionals to “make their practices more male friendly”.

Internationally, Ireland’s Men’s Health Action Plan (DoH/HI 2016) identifies the ongoing development of male-friendly services as one of its four overarching themes, committing to: “build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level”.

Australia’s current Men’s Health Strategy (DoH 2019) names the provision of “male-centred information, programs and services” as the first of its guiding principles. This male-centred approach is defined as “consciously considering the needs and preferences of men in the design, delivery, promotion and continuous improvement of programs and services”.

But what is a male-friendly service?

Clearly there is no one-size-fits-all approach that will work for all men and boys. There are differences between groups of men as well as differences within individual men themselves that need to be taken into account.

We also know there are differences between men and women that can be found across cultures. Whether these differences are biologically determined, socially conditioned or a combination of nature and nurture does not matter: the differences exist and can be adapted to make health programs more male-friendly.

Australia’s men’s health sector is a world leader in developing innovative, male-friendly approaches to engaging men in health services. This report honours that tradition and identifies some of the key characteristics that are common to health initiatives that work for men, both in Australia and overseas.

Rather than blaming men for not accessing health services, male-friendly approaches challenge the stigmatising stereotype that men don’t care about their health. They don’t insist that men need to change and get better at getting help; rather they change the ways they offer and give help to men.

They do this by working with archetypically masculine interests, practices, norms and roles. At their best, they also acknowledge the diverse and evolving nature of masculinity by affirming men’s positive strengths and allowing for emerging masculine virtues to develop.

As this report shows, there are many different ways to develop male-friendly services. The 10-step guide provides anyone who is committed to improving the lives and health of men and boys with a set of tried and tested principles that can be applied universally to a general population of men as well as being tailored to the diverse needs and preferences of different populations across Australia.
MALE-FRIENDLY HEALTH SERVICES

YOUR 10-STEP GUIDE TO DEVELOPING MALE-CENTRED HEALTH PROGRAMS

How to make your service work for men & boys

1. Target men directly
2. Meet men where they are
3. Use male-friendly language
4. Don’t see men as a problem
5. Combine getting help with giving help
6. Build social connection with men
7. Help men help themselves
8. Support approaches “by men for men”
9. Use male-friendly activities
10. Work with men’s strengths

PROMOTION

STRUCTURE

CULTURE

MALE-FRIENDLY HEALTH SERVICES

MAKING SERVICES WORK FOR MEN

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### How to Develop Male-Friendly Services

**Promotion**

1. **Target Men Directly**
   - If you want more men to access your service, target your service directly at men through your marketing materials, the places you advertise and the way you structure your services.

2. **Meet Men Where They Are**
   - If you want more men to go to your service, go to places where more men are such as workplaces and sports clubs or offer out-of-hours services when more men are around.

3. **Use Male-Friendly Language**
   - If you want men to listen, speak to them in a language they can hear by giving your service a male-friendly name and using everyday language and male-friendly metaphors.

**Cultural**

4. **Don’t View Men as a Problem**
   - If you want men to be positive about your service, start by being positive about men. Value the strengths men already have and focus on the positive benefits of addressing specific health issues.

5. **Combine Getting Help with Giving Help**
   - If you want men to get help, allow them to give help in the process. Create opportunities for peer-support where appropriate and frame the action you want men to take as being helpful to others.

6. **Build Social Connection Between Men**
   - If you help men bond, you can build their support network for life. Hold information events just for men, run men-only group programs and facilitate the development of ongoing men’s groups.

**Structural**

7. **Help Men Help Themselves**
   - Men are expected to be strong and independent. Help men help themselves with male-friendly information and guidance, simple tips for self-care and self-management and opportunities to engage online.

8. **Support Approaches “by Men for Men”**
   - Support approaches “by men for men” by employing male staff and volunteers, offering men-only group sessions and supporting men to develop different levels of male peer support.

9. **Use Male-Friendly Activities**
   - Men take more interest in their health when health programs are built around men’s interests. Try making your approach more solution-focused and action-orientated, link to activities like sport and use venues that signal “this is for men”.

10. **Work with Men’s Strengths**
    - Services work better for men when they work with men’s strengths. Consider how to harness men’s interests and identities; preferences and practices; values and virtues, and roles and responsibilities.
Most health services are not targeted directly at men, either in the way they are delivered or the way they are promoted. Probably the most effective way to increase the number of men accessing support is to redesign the entire service in a male-centred way that makes it more accessible to the men you want to reach.

In practice, very few organisations have the opportunity to undergo a male-focused redesign of their service. However, we can all find time to identify some small changes that could make a service more male friendly.

A good place to start is to look at the way you market and promote your service and the first step is to review if any of your promotional materials speak directly to men.

Making sure that some of your marketing activity directly targets men is probably one of the simplest changes you can make to increase the number of men accessing your service.

The evidence that this simple approach can work is compelling. In 2016, a team of Australian fatherhood researchers set about recruiting dads for a study (Leach 2019). They ran three parallel recruitment campaigns on social media, each naming and picturing a different target audience in their advertising:

- Working parents
- Mums and Dads
- Dads

Around 3,000 parents were recruited as a result of the adverts and close to half of them were dads. Had they relied on their two adverts targeting “working parents”, fewer than 1% of participants would have been male, as only 3 of the 596 respondents were dads. This was in spite of the fact that both of the “working parents” adverts used images of fathers, one with a daughter and one with a son.

Perhaps more surprising is the fact that the three adverts using the words “mums and dads”, which included a version showing a father and son, only had a 2% hit rate for men, with 24 out of 1,141 recruits being dads.

It wasn’t until the researchers ran an advert that specifically targeted men with the headline “calling all dads” that men began to respond in significant numbers. In total, nearly 1,500 parents replied to the advert that directly targeted dads and 97% were men.

This research reflects the experience of effective men’s health programs around the world. The lesson is simple, if you want more men to access a service, be sure to target it directly at men with the language you use in your promotional materials.

**Tip #01**

*If you want more men to access your service, target your service directly at men.*
Men’s Health Downunder is a Canberra-based pharmacy network established in 2013 to provide men and their partners with professional expertise about specific men’s health issues without any embarrassment or privacy concerns.

Patients can self-refer or access MHDU with a referral from a GP, urologist, prostate nurse, sexologist or other allied health practitioners across Australia. A secure website is an extension of the clinic service and enables patients to access specific men’s health information relevant to them, wherever they live and whenever they like.

With some men travelling 500km to sit with an MHDU pharmacist, the website is also a resource for people to ask questions and gain medical advice from home. Initial appointments run for 45 minutes, with follow-ups scheduled to ensure treatment is heading in the right direction. Those who live remotely or choose not to attend in person have the option of a consultation via teleconference.

MHDU clinics are tailored to men: they do not stock anything that isn’t health-related, and the space is set up to ensure men are comfortable. Staff are highly skilled in men’s health and go beyond the simple supply of medication, optimising therapies for each patient to get the best outcomes.

The MHDU movement has 11 pharmacists working in Canberra and regional Australia.
One of the fundamental principles of male-friendly services recognised by men’s health experts all over the world is that they “meet men where they are”.

At its most fundamental level, this simply means being physically located where it’s easier for men to access your service.

We know, for example, that men are more likely than women to be away from home working or commuting during the hours when most local services are open.

For this reason, it has long been known that providing an “out of hours” service in the evening, weekend or early morning, can be an effective way to make your service more accessible to men.

Another common characteristic of male-friendly services is that they often “reach out” to places that men already frequent, such as workplaces, sports clubs and even pubs.

Taking men’s health programs into workplaces (and particularly male-dominated workplaces) is an approach that has been pioneered in Australia by programs like MATES in Construction (see page 25) and OzHelp (below), which delivers the Workplace Tune Up, a diagnostic tool covering physical and mental wellbeing (Gullestrup 2011).

Head chef: OzHelp’s workplace wellbeing programs specialise in mental health and suicide prevention.
A number of successful men’s health projects take their outreach activity to community events that are popular with men. Services like the Regional Men’s Health Initiative and MHERV (Men’s Health Education Rural Van) are regularly found delivering health checks to blokes at events like agricultural fairs, rodeos and car shows.

In the US, barbers’ shops have been used to reach African American men with high blood pressure (Baker 2019). Elsewhere, the Lions Collective is working to prevent male suicide by training barbers around the world in Mental Health First Aid.

Locating the men you want to reach can also mean taking time to find out where they are in “the system”. In the UK, for example, the nurse-led AHEAD project increased the uptake of health checks in men aged 40-65 by 250% year-on-year, by identifying and targeting men who were known to have declined three previous invitations (Baker 2019).

The act of “meeting men where they are” isn’t just about the physical locations, it can also mean working to take a person-centred approach by “meeting men where they are” emotionally and psychologically.

Research by the Man Therapy project in the US, for example, identified eight approaches to successful outreach with men. These included “meeting men where they are instead of trying to turn them into something they are not” (Spencer-Thomas 2012).

**Tip #02**

If you want more men to go to your service, go to places where more men are.

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**CASE STUDY:**

**PRICK AND A PINT: P+P**

P+P is a movement that successfully “meets the men where they are” by delivering men’s health programs in the comfortable setting of a private room in a local pub. The ‘prick’ is a reference to a blood test organised by the man’s own GP.

The aim of the program is to provide men with practical medical information and suggest achievable goals towards improving their health, through a series of group sessions.

The participating men bring their results from their GP blood tests to the P+P gathering. A GP leading the group helps them decipher their tests and discuss what they can do about making positive behavioural changes.

A key focus of the program is prevention, based on five concepts: family history, nutrition, exercise, sleep and stress – coming together in the acronym FNESS. The men are encouraged at all times to have a good relationship with their GP.

P+P has been running in Victoria and NSW since 2016, driven by a group of dedicated professionals in the area including enthusiastic rural GP, Dr Rebecca McGowan. P+P is actively involved in research programs and has ongoing evidence of real changes being made in the participating men’s lives.

P+P hopes to grow over the next few years with many more groups across Australia and the development of an app to support ongoing medical education and prevention.
STEP 3: USE MALE-FRIENDLY LANGUAGE

One of the common characteristics of successful men’s health projects is their use of male-friendly language.

A quick look at some of the projects mentioned in this report reveals a rich seam of men’s health programs with blokey names including Grab Life By The Balls, Men’s Health Down Under, MAN v FAT, MATES In Construction, Spanner in the Works and Pit Stop.

Some men’s health projects go further, using male-friendly metaphors to talk about various health issues.

It’s A Goal! – The UK mental health project – is delivered to men in partnership with professional soccer clubs. It uses sporting terminology to mirror life events to help clients (called “players”) to explore their personal issues and develop greater confidence and motivation.

Similarly, Pit Stop and Spanner in the Works? in Australia, and Man MOT and Haynes Men’s Health Manuals in the UK, draw upon the language of car maintenance to talk about a range of men’s health issues.

The use of male-friendly language isn’t just about coming up with blokey names and manly metaphors. This approach can also be applied to advertising and promotional work, the content of programs and the way that staff and volunteers engage with men.

Male-friendly language can also extend beyond written and spoken language into visual language and the development of a male-friendly service culture.

Some of the earliest analysis of men’s health as a social issue identified the fact that health services, waiting rooms and pharmacies are often viewed by men as being “for women” and that visual cues like feminine décor, literature focused on women and children’s health, waiting rooms filled with women’s magazines and shelves filled with products for women, compounded this belief (Banks 2004).
CASE STUDY: SPANNER IN THE WORKS

The Spanner in the Works? Men’s Health Promotion Toolkit is a collaboration between the Australian Men’s Shed Association (AMSA) and Healthy Male. Originally developed by AMSA, Spanner in the Works? uses male-friendly language and concepts to encourage men to be proactive in managing their health and wellbeing.

The program’s materials are built around a diagram of the Spanner Man whose body is made up of different vehicle parts. The computer system is the head, the chassis relates to the muscles, bones and joints, the body panels are the torso and the engine refers to reproductive and sexual health.

The clever visual metaphor is applied to different body parts, health conditions and social issues that can impact men. For example, the drive shaft is the penis, a worn big end is bowel incontinence and headlights refer to eye health. The program encourages men to get a regular check-up at their GP just like they would with valued pieces of machinery and provides DIY suggestions for self-care.

Spanner in the Works? program resources include booklets, service manuals, information cards, fact sheets, videos, presentation material and web-based tools.

In stark contrast, Man Cave Health in the US created a sports-themed waiting-room at a New York medical centre to make the service more male friendly.

The use of male-friendly language isn’t just about getting more men to access services and stay engaged, important though this is.

According to Oliffe (Oliffe 2019), “knowing and working with the end-users’ language preferences to ensure that programs engage men with content that is familiar and relatable” can help build men’s health literacy and reduce stigma around health-seeking behaviours”.

Seidler (Seidler 2018) also noted the value of “language adaption” for male clients in therapeutic settings, while striking an important note of caution.

If service providers rely on stereotypically male language, they risk excluding men whose identities and interests don’t conform to these masculine norms. At the same time, emerging expressions of masculinity that may support better health, may not be encouraged.

Tip #03

If you want men to listen, speak to them in a language they can hear.

The key here is to build the capacity of services to integrate the effective use of archetypically male-friendly language, with a consideration for the needs of individual men and multiple masculinities (i.e. there are many different ways of being a man).
One of the common themes that is found in the literature on men’s health is the tendency to blame men for their poor health outcomes.

As the authors of the world’s first national men’s health policy noted (DoHC 2008): “public debate on men’s health tends to be dominated by negative portrayals of men and masculinity, whereby men are blamed for failing the health services by not attending, for being violent and for taking risks”.

Advocates for tackling the social determinants of health inequalities (e.g. socioeconomic disadvantage) have coined the phrase “lifestyle drift” to describe the tendency for health policy to start with a focus on upstream determinants of health, before drifting downstream to focus on individual lifestyle factors (Williams 2018).

So while the tendency to blame people for their poor health isn’t unique to men, there is a strongly gendered variation to this “lifestyle drift”, with men being unfavourably compared to women in relation to their health-seeking behaviours.

This negative comparison appears to be part of a wider cultural narrative about men’s issues and women’s issues. According to research on moral stereotypes, in situations involving harm, we are more likely to view men as intentional perpetrators/agents and women as suffering victims/patients (Heterodox Academy 2018).

When applied to social issues, these unconscious biases mean we are more likely to see harmed men as deserving blame or punishment and harmed women as needing care, sympathy and protection.

In relation to gender issues, we experience more moral outrage, greater sympathy, a greater sense of unfairness and are less likely to blame a female victim/patient. As the result of these gender biases, research shows we are less supportive of charitable causes and policy interventions that help men when compared to women (even for the same issue) (Heterodox Academy 2018).

This stereotypical way of viewing gender issues is sometimes described as “women have problems, men are problems” (Poole 2014).

At a strategic level, these negative and stereotypical portrayals of men, masculinity and men’s health (DoHC 2008), have led policymakers to call for the promotion of “a more positive and holistic image of men’s health” and the need to “value and support the multiple roles played by males in society” (DoHA 2010).

At a service level, strengths-based programs that are effective at engaging men often share a common characteristic – they don’t relate to men as problems. Some services signal this fact in their name, such as the Pillars of Strength support group for bereaved dads and a number of Indigenous programs including Strong Fathers Strong Families; StrongBala (meaning strong man) and Dardi Munwurru (strong spirit).

In its most positive form, this positive regard for men will be found at every level of a service’s culture, from the way men’s health issues are promoted and spoken about, to the way staff and volunteers at every level treat men.

Tip #04
If you want men to be positive about your service, start by being positive about men.
CASE STUDY: WORKING WITH WARRIORS

Working with Warriors is an education program from Western Australia’s Regional Men’s Health Initiative (RMHI) looking at men’s physical, mental, social and spiritual wellbeing. The talks aim to help people better understand some of the logic that underpins masculine behaviour, especially regarding a man’s approach to his health and wellbeing.

Warrior education sessions can be tailored to a specific audience and provide health and wellbeing tips and tools in a light-hearted session.

Linking into Warriors is RMHI’s Fast Track Pit Stop interactive tool themed around servicing a car, which it says men can identify with more readily. The Pit Stop provides health checks for waist measurement (chassis), blood pressure (oil pressure) and coping skills (shock absorbers). These Pit Stops can be run at local agricultural shows and regional WA community events.

An independent evaluation of the RMHI for 2014-2018 showed it had connected with an average of 15,256 participants each year and filled an important gap in men’s health and wellbeing education. Stakeholders highly valued its responsiveness to meeting their needs and its availability and flexibility in delivery, whether to large or small audiences, or serving an individual or community in distress.
Research into men’s help-seeking behaviours suggests that men are more likely to access services when they perceive an opportunity to reciprocate (Addis and Mahalik 2003). Put another way, men are more likely to get help if they feel they can give help in the process.

In particular, group work for men often makes reciprocal help-giving a key feature of its therapeutic format.

There’s an anecdote from the early days of the men’s sheds movement that illustrates the importance men can place on giving help while getting help. The story goes something like this: one of the first sheds had around 20 men, when asked why they attended, 19 said they went along to help the other blokes.

A more formal example is research on the use of male-friendly approaches to working with school-age boys (Kiselica 2003), which describes a group of teenage fathers brainstorming ways to handle common problems that arise in the context of new fatherhood.
CASE STUDY: DADS IN DISTRESS

Dads In Distress (DIDs) is a peer support service for separated fathers run by the suicide prevention charity Parents Beyond Breakup. At the heart of the DIDs model are free weekly groups, held in the evening to make them more accessible to working men.

Separated fathers are a high-risk group for suicide and can face a complex mix of social and emotional issues including loss of a partner, reduced contact with their children, housing issues, financial issues, legal matters, feelings of shame and a sense of loss and failure.

Group work isn’t the only way to create a culture of reciprocity. Seeding the idea that taking action for yourself will be helpful for others, can be an effective way of positioning help-seeking as a positive action for men to take.

For example, The Healthy Dads, Healthy Kids program (left), developed by Professor Phillip Morgan at the University of Newcastle, engages dads in positive lifestyle role modelling and effective parenting strategies to improve the physical activity and dietary behaviours of both themselves and their children (Morgan 2019).

When developing male-friendly approaches that include opportunities to give help and get help, it’s important to build awareness of the fact that men may give and receive care in different ways.

Research shows that men may favour practical “caring for” activities that focus on organisational, management and problem-solving practices more than relational “caring about” approaches involving personal disclosure and sharing emotional experiences (Kilvington-Dowd 2019).

A level of reciprocity can even be built into one-to-one interactions between professionals and male clients. There is a range of research demonstrating the benefits of male-friendly therapeutic approaches.

Seidler (Seidler 2018), for example, highlights the importance of balanced, reciprocal, nondirective, and collaborative therapeutic relationships when working with men, shifting from the traditional expert-patient relationship to one of equality.

Practitioners taking this approach may engage in self-disclosure to help promote an equal relationship, encourage men to view themselves as experts in their own experience and empower them to engage and share in decision-making about their health.

This pooling of wisdom approach, where every man has the opportunity to contribute and help others, can still be observed in practice today during Dads In Distress (DIDS) support groups around Australia (see case study).

These examples resonate with research by the Man Therapy project in the US (Spencer-Thomas 2012), which identified eight approaches to working effectively with men including “offer opportunities to give back and make meaning out of the struggle”.

Tip #05

If you want men to get help, allow them to give help in the process.

Evaluation of the service has found that around half of the dads report feeling suicidal when they first attend, with this number falling close to zero within just three sessions.

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STEP 6: BUILD SOCIAL CONNECTION BETWEEN MEN

A common feature of successful men’s health programs is that they work in group settings that give participants opportunities to connect and bond with other men.

According to Addis and Mahalik’s research on men’s help-seeking behaviour (Addis and Mahalik 2003), there are five questions that shape men’s ability to access help in different contexts:

- Is the problem normal?
- Is the problem a central part of me?
- Will I have the opportunity to reciprocate?
- How will others react if I seek help?
- What can I lose if I ask for help?

Delivering programs in supportive, male-only groups can alleviate concerns about “Is it normal for men to do this?” and “What will others think?”. They also build on the gender norms of same-sex friendships, with men being more likely to engage in conversation and companionships “side-by-side” compared with women, who tend to engage “face-to-face”.

While there are of course exceptions to every rule, research has consistently found sex differences from an early age that show boys and men tending towards friendships built on an external shared interest, activity or goal, while women and girls tend towards friendships built around an interest in each other, with researchers describing women’s conversations as more intimate and self-disclosing.
**CASE STUDY: MAN V FAT**

MAN v FAT soccer helps overweight and obese men lower their BMI (body mass index), make new friends and improve their soccer skills in the process. The program holds players accountable through competition, team format, social networks and dedicated support of a weight loss coach.

The men play half hour games of soccer each week, weigh in before each match and receive advice about nutrition and their eating habits, all presented in a manner that resonates with the target group.

MAN v FAT team players ‘qualify’ with a Body Mass Index of 27.5 or higher and most are close to 34, which puts them at an obese level and at risk of serious health conditions. Men can also join a team as non-playing members.

The program was first developed in the UK in mid-2016 and successfully piloted in Australia at the University of Western Australia in 2018, with funding from the WA Government to grow the program.

In the first UWA 15-week season players lost on average 7kgs, or collectively 515kg. The average BMI dropped from 34 to 32 along with reductions in mental illness including depression, anxiety and stress. There are now 10 active leagues, with nine in WA and the first established in SA at Gawler in 2019 with further plans to expand across Australia.

Dr Geoffrey Greif’s 2008 book *Buddy System, Understanding Male Friendships*, highlighted the link between male friendship and men’s health and highlighted new research confirming the “shoulder-to-shoulder” style of male friendship found in earlier studies was still relevant (Greif 2009).

This concept is best known in Australia through the men’s sheds movement, which has adopted the motto “men don’t speak face-to-face, they speak shoulder-to-shoulder”.

Oliffe (Oliffe 2019) argues that while men may be action-orientated and connect by ‘doing’ things together “shoulder-to-shoulder”, the reality of men’s groups is more nuanced. In practice “‘doing’, talking and silences all contribute to men’s health promotion, and the diverse blends of those three components might surprise as groups storm, norm and evolve over time”.

By their very nature, group approaches to men’s health work can provide general benefits such as improving men’s access to services and building men’s social connections. Peer support groups such as men’s sheds, dads’ groups and social groups built around activities like walking, can support good health without targeting specific health issues.

While many groups provide informal access to peer support, some like the Banksia Project, Menslink and Mentoring Men take a more formal approach by providing trained facilitators, counsellors and mentors.

Men’s groups can also be designed around specific topics such as weight loss. Research in the UK found that men are more likely to be overweight, but only 10%-30% of people accessing weight-loss programs are male. Men-only groups were found to be an effective way of engaging men with the “humour, banter and camaraderie” between male participants helping to build positive relationships and promote program adherence (Wilkins 2014).

**Tip #06**

If you help men bond, you can build their support network for life.
One of the common characteristics of masculinity that is consistently referred to in men's health research is independence. Some of the terms commonly associated with this trait include self-reliance, self-sufficiency, agency and variations of the phrase "working out problems without asking others for help".

From the 1970s, when David and Brannon’s four rules of masculinity used the phrase "be a sturdy oak" to describe the ideal of masculine independence (David and Brannon 1976), to VicHealth’s current healthier masculinities framework that lists "self-sufficiency" as one of seven unhealthy characteristics of the "man box", independence has often been viewed as a male deficit that inhibits help-seeking (VicHealth 2019).

Addis and Mahalik argue that a man is "unlikely to seek help if groups of men who are important to him endorse norms of self-reliance or other norms that suggest his problem is non-normative" (Addis and Mahalik 2003).

Seider (Seidler 2018) also states that "societal norms that prescribe "how to be a man" through alignment with traits" like independence, influence men’s help-seeking behaviours.

By taking a strengths-based perspective, however, this drive to be independent and self-sufficient can be adapted to support men in taking responsibility for their health and self-care.

This approach aligns with research into agency (independence, focus on self) and communion (interdependence, focus on others), which finds that agency (independence) is often linked to better health outcomes than communion (Helgeson and Palladino 2011).

According to the Man Therapy project in the US, for example, one of the common characteristics of male-friendly approaches is that they "give men at least a chance to assess and "fix themselves"" (Spencer-Thomas 2012).
The project advocates for a focus on time-limited, mastery-orientated interventions and self-help strategies than allow men to take action in smaller, concrete steps. As one man interviewed by Man Therapy said, “show me how to stitch up my own wound like Rambo”.

Numerous reports on male-friendly therapy note that rather than the professional taking the position of being in charge, men are more likely to engage with therapy when the practitioner builds on masculine norms of strength, power and independence by promoting autonomy.

Various technologies (e.g. websites, apps, SMS messaging) can reduce men’s barriers to accessing support while maintaining their independence. The HeadsUpGuys men’s mental health website, for example, has enabled 150,000 visitors to complete self-check questionnaires for depression since 2015 (Ogrodniczuk 2018).

Group work and peer-support programs can also provide men with access to a wider pool of knowledge while still allowing more “space” than 1-2-1 approaches to “work it out” for themselves.

**Tip #07**

Men are expected to be strong and independent. Help men help themselves.

HeadsUpGuys (headsupguys.org) is a free online resource which provides information, practical tips and guidance for men about managing and recovering from depression. It was developed in Canada by Dr. John Ogrodniczuk at the University of British Colombia and is accessed by men in several countries, including Australia.

HeadsUpGuys is a straightforward, action-orientated online tool that positions depression as a common health issue among men, while offering practical suggestions for developing health-supporting habits, and empowers men in a way that honours their needs while promoting growth and change.

Accessing help online allows men to maintain their sense of agency and autonomy. Furthermore, online services offer anonymity, round-the-clock availability, and low barriers to access (free or low cost).

By building a laddered approach that reframes help seeking as taking care of business, HeadsUpGuys bridges men’s tendency to self-manage their mental health with other formal and informal resources.

Since its launch in 2015, there have been nearly 2 million visits to the site and more than 150,000 self-check screens for depression have been completed.
Men’s health researchers have consistently found that a common barrier to men accessing support is the fact that “many spaces where services are delivered are ‘feminine’ and frontline staff are more frequently women, which can create the perception that services are for women” (Wylie 2012).

This isn’t unique to health services, with the issue being repeated across the wider social sector. UK researchers, for example, found that a lack of male role models and “a lack of visibility of men in the social sector can be detrimental in engaging male beneficiaries if they feel that they are in a female environment” (Johal 2012).

It’s important to note women can and do deliver effective health services to men. There is a long history of women being involved in work to improve the lives and health of men and boys. There have also been mixed reports on the question of whether men have a preference for male health professionals or not.

According to the Men’s Health Information and Resource Centre, there may be some sensitive issues, such as sexual health, where many men...
Men’s Sheds are an international success story, a grassroots movement that emerged in Australia in the 1990s. They are best known for providing friendship and purpose for socially isolated older men. Each shed, however, is unique with Men’s Shed communities located in different types of buildings, offering different activities and attracting men of different ages and backgrounds.

The ‘Shed’ is an archetypically masculine space, particularly in Australian male culture, where men have traditionally retreated to their backyard shed to escape the hectic pace of work and family life. Building on this tradition, Men’s Sheds are a type of community centre for men, providing a space for hands-on activities such as woodwork and often located in large shed-like structures.

While many women have played important roles in the development of sheds, they are generally run by men, for men. In addition to the standalone health benefits of building social connection in men, the shed movement has systematically developed male-friendly approaches to more mainstream health promotion activities such as providing health checks and health information.

In 2010, the important role of Men’s Sheds was recognised in Australia’s National Male Health Policy and government funding provided to support and expand the men’s sheds movement. There are now more than 1,000 sheds in Australia and more than 1,000 men’s sheds around the world in various countries including New Zealand, Ireland, the UK, Canada, the United States, Finland, Iceland and Greece.

prefer a male provider, but for “more general concerns, men seem not to mind the gender of the health worker” (Woods 2014).

That said, one of the common features of successful men’s projects is that they are often run by men, for men. Such peer support models can take many forms:

- 1-2-1 or in a group
- Run by volunteers or paid employees
- Peer-led or facilitated by a professional
- In person, on the phone or via the internet
- Through workshops or social activities
- In ad hoc or ongoing formats

Developing men’s peer support groups can be a particularly effective way to improve men’s access to programs that are traditionally dominated by female service users. Some examples include weight-loss programs, eating disorder groups, bereavement support services and parenting programs.

In recent years, for example, there has been a significant rise in peer support among dads, from one-off local groups to national networks facilitated by organisations like Dads Group Inc and The Fathering Project.

Some peer projects provide multiple layers of support, such as MATES In Construction (see page 25). Others are more informal, like the men-only walking groups that took off in 2019 with the help of initiatives like The Man Walk and Penrith Men’s Walk and Talk.

In terms of their focus, peer groups tend to be formulated around either an identity (e.g. men bereaved by suicide) or an issue (e.g. PCFA’s peer support for men with prostate cancer).

As with any form of peer support, there are a number of factors that can influence success, such as the skills and personalities of those involved and the degree to which peers are developed and supported. One of the built-in benefits of men-only peer support, however, is that it tends to give rise to a culture that is inherently male-friendly.

**Tip #08**

Empower men to take responsibility for their health by supporting them to run their own programs.
Throughout this report we have made reference to various activities that many view as being male-friendly, including sport, car maintenance, woodwork projects, BBQs and even pub culture.

While men and women can enjoy many different interests, one of the most persistent findings in international research on sex differences is that “men prefer working with things and women prefer working with people” (Su 2009).

Whether these differences are biologically determined, socially conditioned or a combination of nature and nurture does not matter, the differences persist and can be utilised to make health programs more male-friendly.

If we know that men in general prefer action-orientated, solution-focused approaches then why not use this knowledge to work with men more effectively?

The Men’s Sheds movement is a prime example of an initiative that engages men by providing activities they want to take part in. There are now more men’s sheds in Australia than there are branches of McDonald’s.

Camping On Country brings together Aboriginal and Torres Strait Islander men in remote communities to discuss local men’s health issues around a bush fire. The program travels to a different location each month with camps facilitated by actor and TV presenter Ernie Dingo.

The Fly Program in New South Wales uses “life-changing experiences for Australian men delivered through the outdoors” to tackle mental health issues. Its Men In Flight program uses a 4-day adventure retreat in the Snowy Mountains, which includes fly fishing, to engage with men.

MAN v FAT Soccer uses men’s love of sport to help overweight men collaborate and compete their way to a healthier weight. Men reduce their waist size by an average of 7cm during the program.

The WellPlayed project is helping socially isolated men who love gaming to build social connection through an online games platform. Dr Daniel Johnson at QUT who created the program says, “video games, much like sport or fishing or footy, are a great way to connect with other people” (Marnie 2018).

Grassroots men’s mental health projects like Grab Life By The Balls, Mr Perfect, Average Joes and The Men’s Table are bringing men together around food and drink, whether that’s manning a BBQ, chatting with mates over coffee or building lifelong friendships through a monthly lads’ night in around the kitchen table.

Using men’s love affair with beer to deliver health initiatives may be a step too far for some people concerned with the negative impacts alcohol can have on men’s health. However, programs like Australia’s Pub Clinic, Prick + Pint and Beer + Bubs nights for expectant dads demonstrate that it is possible to use “unhealthy” settings like pubs to deliver healthy programs that men engage with.

**Tip #09**

Men take more interest in their health, when health programs are built around men’s interests.
CASE STUDY: MR PERFECT

Mr. Perfect is a grassroots, pre-crisis, mental health charity that facilitates meet-ups for men at public BBQs. The tongue-in-cheek name challenges the stigma around men’s mental health and reassures attendees that it’s okay not to be perfect.

Free BBQs in public spaces such as parks and beachfronts, are a traditional feature of Australian life; and meeting up with mates around a BBQ is a popular way for men to bond.

By harnessing these free facilities and utilising the informal familiarity of a BBQ for blokes, Mr. Perfect builds social connection by bringing men together and providing a safe environment for men to have conversations about a range of topics, including mental health issues.

Mr. Perfect aims to be “mental health’s mate” by providing all men with a place of support, community and connection, for the good of their mental health. In addition to meeting in person, men can also access support through Mr. Perfect’s online forums.

Despite being a voluntary organisation, Mr. Perfect has built a network of BBQ hosts at 25 sites across six of Australia’s eight States and Territories since 2016.
Throughout this report we have outlined some of the key characteristics of male-friendly services. The common thread that connects these different characteristics is that they all work with masculine strengths. But what is a masculine strength?

It’s important to acknowledge that there is no universally agreed way to measure and define masculinity, so while some men’s health researchers will talk about “positive masculinity” and “affirming the strengths in men” (Englar-Carlson and Kiselica 2013), others focus on the problems men and boys cause and focus on ways to create “healthier masculinities” (VicHealth).

Such approaches have been challenged for being “overly focused on male pathology and identifying men’s problems”, while not acknowledging the benefits of working with “male strengths, adaptive behavior, and positive aspects of being a man” (Isacco 2013).

At the same time, critics of strengths-based approaches warn that they risk reinforcing masculine stereotypes; excluding men who don’t conform to masculine norms and restricting emerging expressions of masculinity that may support better health.

At their best, strengths-based approaches work to strike a balance between utilising universal masculine strengths to reach out to populations of men, and tailoring interventions to respond appropriately to the diversity of strengths found in individual men.

One way to explore this question of masculine strengths in more detail is to map out the different strengths that can arise across four domains – psychological, behavioural, cultural and social.

This model can be applied both collectively and individually. So we can consider the masculine strengths of the populations of men we want to engage, as well as exploring the strengths of the individual men we work with.

When thinking about men in general, some of the universal masculine strengths that can be adapted to make services more male-friendly are listed below.

**Psychological Strengths (Identities and Interests)** include the drive to be independent, solution-focused and to be protective of others. Common masculine interests include sport, cars, career, outdoor activities, BBQs and pub culture.

**Behavioural Strengths (Practices and Preferences)** include the masculine preference for working with things rather than people, being action-oriented, connecting by doing and talking shoulder-to-shoulder, more than face-to-face.

**Cultural Strengths (Values and Virtues)** are the traits different communities admire in men including strength and courage, being stoic and self-reliant, being helpful to others and, increasingly, being more emotionally open and expressive than previous generations of men.

**Social Strengths (Roles and Responsibilities)** that we continue to expect from men in society include being a good mate, being a caring father and family man, achieving status/being a success and taking on the provider/protector role.

**Step 10: Value Men’s Strengths**

Tip #10

Services work better for men when they work with men’s strengths.
CASE STUDY: MATES

MATES in Construction is a multimodal suicide prevention and early intervention program that is a response to the high rates of suicide among construction, mining and energy workers.

The program has been skillfully crafted to value men’s strengths and is designed to fit in with the industry’s health and safety culture.

MATES is built on the premise that men may not always be great at getting help, but men are great at offering help. The use of the term mate is deliberate. It affirms the male Australian culture of mateship that is based on the masculine value of never letting a mate down.

MATES builds a culture of help-giving within the industries it serves by developing the capacity of the workforce on several levels.

Firstly, a 45-minute general awareness training (GAT) gives workers an understanding of how to look out for their mates. Secondly, the half-day Connector training, skills up workers to be a “mate who can keep you safe while connecting you to help”.

Finally, some workers become ASIST-trained Suicide First Aiders who are supported by employed field workers, case managers and a 24-hour emergency helpline.

MATES has reached over 190,000 workers face-to-face supported by a network of over 17,000 volunteers working in construction, mining and energy. It is currently developing a community-based version of its model that connects to men through local sports clubs.
The concepts outlined in this report provide an introduction to working with masculine strengths that draws on the accumulative wisdom of the men’s health sector worldwide.

Yet it’s vital to remember, when developing male-friendly services, that men are not a homogenous group and there is no “one-size-fits-all approach” that will work for all men.

What we haven’t considered so far is how services can be responsive to the specific needs of men and boys who don’t conform to masculine norms, or those with diverse identities, shaped by factors such as age, race, dis(ability) and sexuality.

Many of the principles in this guide can be applied to specific populations of men. The LGBTI Health Alliance, for example, created the Wingmen Project “for gay guys, by gay guys”, which adapts the “by men, for men” principle. Wingmen is a resource that supports gay men to feel confident about helping each other in tough times.

In Melbourne, the Western Bulldogs Football Club has created Sons of the West, a 10-week program that works to improve men’s health and wellbeing through a series of workshops, presentations, events and experiences. The program has worked in partnership with Culturally and Linguistically Diverse (CALD) community groups to deliver its program to CALD men.

Many services delivered by Aboriginal and Torres Strait Islander men’s health programs build on the Indigenous tradition of doing ‘men’s business’. These apply many of our 10 steps but also work to position language, lore, leadership and the empowerment of Indigenous men and boys at the centre of their program methodology.

While most initiatives outlined in this report work by focusing on masculine strengths, there are approaches to men’s health that “tend to view male gender norms and men’s health behaviours as essentially problematic and work explicitly to transform” masculinity (Baker 2000).
VicHealth, the health promotion agency for the state of Victoria, for example, has developed a framework that makes a distinction between harmful and healthier masculinities. While our guide highlights the value of ‘male-friendly’ norms such as sport, BBQs and even meeting in pubs, the healthier masculinities approach seeks to promote new gender norms that represent “men who are freed from unhealthy masculine stereotypes” (VicHealth 2000).

These include the belief that men and boys should be free to participate in all kinds of physical activity, including dance and sports like netball; no longer considering alcohol to be an essential element of catching up with mates, and rejecting the slogan ‘feed the man meat’ as being ‘old fashioned and a bit of a laugh’.

CREATING A HEALTHIER FUTURE FOR EVERYONE

While programs that specifically target different populations of men play an important role, we also need to consider how we can make all services ‘male friendly’ for men and boys of all backgrounds.

In an ideal world, men would have many different pathways to better health and would benefit from a ‘no wrong door’ policy. This would ensure that wherever they showed up in the system, they would receive or be guided towards appropriate support and services.

In practice, ensuring every individual man and boy receives a high quality, person-centred response from the health system and related sectors, requires a whole system approach. This includes:

- Leading from the top: work to include men in all their diversity needs to be driven from the top with appropriate policies, frameworks and action plans.
- Building your evidence base: collect information and data on different populations of men and boys and evaluate your services.
- Developing relationships: create opportunities to connect with and learn from relevant partner organisations.
- Changing the culture: support staff to deliver culturally responsive services to men of all backgrounds through training and reflective practice.
- Listening to men: find ways to ensure men in general (and men of diverse backgrounds) have a voice and are able to inform your work in meaningful ways.

It’s important to remember that there is no single approach that can tackle the issue of men’s health on its own, rather there is a broad diversity of approaches with the potential to contribute to improving the lives and health of men and boys.

To be reflective of this diversity, men’s health work must aim to include:

- work on a range of health outcomes, health issues, exposure to health risks and access to health resources
- a variety of practitioners working on different issues, with different populations, from different professional perspectives
- a range of different types of interventions that work to tackle men’s health and social issues, including clinical and non-clinical approaches
- a mix of sectors, not just the health system, but social services, education, justice, housing, employment etc
- a focus on a diverse mix of populations of men in a range of different settings
- people with different professional, personal, political and gender political viewpoints that reflect the diversity of men and boys in Australia.
For service providers who want to make their services more male-friendly, the table below provides around 30 different actions that can help start this process. Some actions will be easier than others, some will be more effective, some will take more time and resources, and some will be more relevant. Take time to consider the value of each of these actions to your service and begin to map out the actions you could take in the short, medium and long-term.

**MALE-FRIENDLY SERVICES CHECKLIST**

**PROMOTION**

1. **TARGET MEN DIRECTLY**
   - Create special promotional materials targeted at men
   - Promote your services in places where most of the audience is male
   - Create services, programs and job positions that focus on men

2. **MEET MEN WHERE THEY ARE**
   - Try out-of-hours opening when more men are available
   - Create an evening, weekend, or early morning session just for men
   - Take your service into workplaces or community spaces where men are

3. **USE MALE-FRIENDLY LANGUAGE**
   - Consider giving your service a male-friendly name
   - Use everyday language in your promotional materials
   - Try using metaphors that appeal to men (e.g. sports, motors)
<table>
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| **4** | **DON’T VIEW MEN AS A PROBLEM**  
- Help men focus more on the positive benefits of addressing specific health issues  
- Highlight the value of the strengths men already have  
- Support staff to reflect on their own negative and stereotypical views about men |  
| **5** | **COMBINE GETTING HELP WITH GIVING HELP**  
- Build rapport by asking men for help through surveys and consultations  
- Include opportunities for peer-support where appropriate  
- Frame the action you want men to take as being helpful to others |  
| **6** | **BUILD SOCIAL CONNECTION BETWEEN MEN**  
- Hold information events just for men  
- Run short men-only group programs  
- Facilitate the development of ongoing groups |  
| STRUCTURAL |  
| **7** | **HELP MEN HELP THEMSELVES**  
- Provide male-friendly information and guidance targeted at men  
- Offer simple tips for self-care and self-management  
- Use technology to provide opportunities for men to engage online |  
| **8** | **SUPPORT APPROACHES “BY MEN FOR MEN”**  
- Employ male staff and enlist male volunteers  
- Offer men-only group sessions  
- Support men to develop different levels of male peer support |  
| **9** | **USE MALE-FRIENDLY ACTIVITIES**  
- Try making your approach more solution-focused and action-orientated  
- Link to activities like sport, motors, BBQs, work, pub culture, fathering etc.  
- Use venues and locations that signal “this is for men” or find ways to make existing settings more male-friendly |  
| **10** | **WORK WITH MEN’S STRENGTHS**  
- Consider men’s interests and identities (psychological strengths)  
- Think about men’s preferences and practices (behavioural strengths)  
- Work with men’s values and virtues (cultural strengths)  
- Be aware of men’s roles and responsibilities (social strengths) |
The National Men’s Health Strategy (2020-2030) calls on all levels of government, including different departments and different jurisdictions, to work together to improve men and boys’ health. To achieve this, the government’s strategy recommends a male-centred approach to health where the needs and preferences of men are consciously considered in the design, delivery, promotion and continuous improvement of programs and services.

SUPPORT AUSTRALIA’S MEN’S HEALTH SECTOR
We recommend that policy makers and commissioners help build and sustain the men’s health sector by targeting funding and support at organisations with a long-term commitment to improve the lives and health of men and boys.

MAKE ALL HEALTH INITIATIVES MALE-FRIENDLY
The National Men’s Health Strategy (2020-2030) calls for the health system to “provide male-centred information, programs and services” that consciously consider the “needs and preferences of men”. We recommend the Department of Health leads by example and ensures all relevant health initiatives are taking a male-friendly approach.

PUT MEN’S HEALTH IN ALL POLICIES
In the absence of a Minister for Men, action is needed from the top of government to ensure that all departments are operating in a male-friendly way that supports and promotes a healthier future for men and boys.

MAKE STATE AND TERRITORY APPROACHES MALE-FRIENDLY
There is a lack of administrative structures to support men’s health at state and territory level and only two states have developed a men’s health strategy. We recommend that COAG and individual states and territories take action to ensure the “male-centred” principles of the National Men’s Health Strategy are applied across Australia.

ENSURE HEALTH FUNDING REACHES MEN
The Australian Government and state and territory governments fund two thirds (41% and 26% respectively) of the $170 billion spent on health every year. Action is needed to ensure Primary Health Networks, local hospitals, GPs and other health service providers are delivering services in a male-friendly way.

BUILD A MALE-FRIENDLY WORKFORCE
The National Men’s Health Strategy commits to “improve the knowledge and capability of the health workforce to deliver holistic male-centred services” across the medical, nursing and allied health community. Sustained action is needed to deliver on this commitment.

DIVERSIFY THE WORKFORCE
Men are under-represented in the Healthcare and Social Assistance sector where 80% of staff and 70% of managers are women. Action is needed to increase the proportion of men delivering healthcare and social assistance.

BE MORE FATHER INCLUSIVE
Supporting active and involved fatherhood can improve men’s help-seeking and health-seeking behaviours. Action is needed to promote male-friendly, father-inclusive services across health and other sectors and remove structural barriers to involved fatherhood, such as expanding maternal and child health infrastructure to include fathers and introducing fair and equal paid parental leave.

VALUE MEN WHO CARE
The majority of paid and unpaid carers are women, though one in three unpaid carers are male and more than half of unpaid carers over 65 are men. Providing better support for men who care and valuing the different ways that men give and receive care can help make approaches to formal and informal care more male-friendly.

KEEP BUILDING THE EVIDENCE BASE
The Government has committed to develop a National Men’s Health Research Strategy to help accelerate improvements in men’s health. Action is needed to ensure the strategy is developed and consideration is given to supporting the men’s health sector in Australia to build the evidence-base for the efficacy of male-friendly strategies, service models and programs.
REFERENCES


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