



# **REVIEW OF THE NATIONAL MEN'S HEALTH POLICY AND ACTION PLAN 2008-2013**

## **FINAL REPORT FOR THE HEALTH SERVICE EXECUTIVE**

**BY**

**PETER BAKER**

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I have been working to improve men’s health for some 25 years, mostly in the UK and more recently internationally. I would like to place on record my personal view that Ireland is uniquely fortunate to have in its midst a group of people with not only the expertise but also the passion to do what is needed to improve the health and wellbeing of men and boys. I am very grateful indeed for the opportunity to have worked with them on this project.

Finally, I must make it clear that the content and conclusions of this Review are my sole responsibility. I can only hope that my findings will make a contribution, however small, to the improvement of men’s health in Ireland and perhaps also beyond.



**Peter Baker**  
**Men’s Health Consultant.**

## ABBREVIATIONS

CMO	Chief Medical Officer
COSC	National Office for the Prevention of Domestic, Sexual and Gender-based Violence
DECLG	Department of Environment, Community and Local Government
DoH	Department of Health (formerly Department of Health and Children)
GLEN	Gay and Lesbian Equality Network
HSE	Health Service Executive
IMSA	Irish Men's Sheds Association
IPHI	Institute of Public Health in Ireland
IT	Institute of Technology
MDN	Men's Development Network
MHFI	Men's Health Forum in Ireland
MHPIAG	Men's Health Policy Implementation Advisory Group
MHW	Men's Health Week
NCMH	National Centre for Men's Health
NMHPAP	National Men's Health Policy and Action Plan 2008-2013
NOSP	National Office for Suicide Prevention
NWCI	National Women's Council of Ireland
SPHE	Social Personal and Health Education
WHO	World Health Organisation

# EXECUTIVE SUMMARY

## ***Introduction***

Ireland was the first country in the world to adopt a national men's health policy. Given the relatively recent emergence of 'men's health' as an important public health issue, the Irish government's recognition of the need to address it at the strategic policy level was a very significant step and has been widely recognised as such.

The Health Service Executive (HSE) commissioned this Review to consider the overall implementation of the National Men's Health Policy and Action Plan 2008-2013 (NMHPAP) and to inform the future direction of men's health policy implementation in Ireland aligned to the key themes of *Healthy Ireland*.

This Review adopted a pragmatic approach with the aim of providing an accessible and practical assessment of the NMHPAP. The methodology mainly comprised a national and international literature review, in-depth one-to-one interviews with some 30 key stakeholders, a qualitative focus group (with men at a community centre in Dublin), and an online survey of key respondents (which generated over 180 responses).

## ***The state of men's health in Ireland***

- Male life expectancy at birth in Ireland is improving and has risen faster for men than women since 1991.
- Irish men do better in terms of life expectancy and the male:female life expectancy 'gap' than men across the European Union. (Men in Ireland are 11<sup>th</sup> in the life expectancy 'league table' comprising the 31 countries of the European Economic Area.) However, they do less well than men in the UK and in some other neighbouring countries.
- There are major inequalities in outcomes between different groups of men. Men living in deprived areas or who are homeless, Travellers, gay, farmers or agricultural workers generally do worse.
- Men are more likely than women to be affected by cancer, coronary heart disease, undiagnosed diabetes, suicide and weight problems. They are also more likely to smoke, use illegal drugs and drink alcohol at risky levels.
- Men's health problems are costly in both human and financial terms. One guesstimate, based on adjusted data for the USA, is that men's premature mortality and morbidity costs the national economy some €6 billion a year.
- It is not possible to assess the impact of the NMHPAP on national trends in male mortality and morbidity but it is clear that further work in the field of gender-specific policy and practice is needed if progress in improving the health outcomes of men and boys is to be maintained.

## ***The role of policy in improving men's health***

- 'Gender-neutral' public health policies, measures and medical advances have improved men's health over the past 200 years and can continue to do so.

- There is now a widely-shared view that health policies and practices that take account of sex and gender differences will lead to further improvements in outcomes.
- Professor Sir Michael Marmot, one of the world's leading authorities on the social determinants of health, has argued that national governments should develop strategies that are responsive to gender and, in a recent report on health inequalities in the UK, he has called for a greater policy focus on men's health to help tackle the fact that deprivation has a bigger negative impact on men's health outcomes than women's.
- There is now robust evidence of the value of a gender-sensitive approach to the engagement of men in health improvement programmes and the self-management of long-term conditions.
- In some countries, considerable progress in men's health policy and practice, with a measurable impact on outcomes, has been achieved in the absence of national men's health policies.
- Many men's health researchers and advocates around the world now agree that dedicated national men's health policies are required to achieve additional improvements in outcomes.
- Gender mainstreaming policies are important but, on their own, are considered to be unable to provide the necessary focus on men's health.

### ***The impact of men's health policy in other countries***

- Brazil's national men's health policy was published in 2009 and Australia's in 2010.
- The Australian policy was more comprehensive and similar in approach to Ireland's. It has been praised for its social determinants approach, the recognition given to the positive roles of men in society and men's strengths, and the attention paid to sub-groups of men facing particular health challenges. It was supported by significant ring-fenced funding for specific areas of work, including a longitudinal study of men's health and support for the development of Men's Sheds. The policy has, however, also been criticised for being too modest in its scope, ambition and impact, poor governance and a lack of long-term high-level support, the absence of time frames for delivery, no funding for the individual states to take action, a lack of training for staff, and no independent evaluation framework.
- The Brazilian policy was focused on improving men's use of primary care services. There is evidence that some clinics extended their opening hours to attract more men and that the demand for primary care services did increase. But the policy has been criticised for paying too much attention to men's individual responsibility for their health and overlooking wider social determinants of health, a poor implementation strategy (including a lack of resources and staff training), and for not introducing tools for measuring its impact.

### ***The impact of men's health policy in Ireland: general comments***

- There is a consensus among those consulted during the course of this Review that, overall, the NMHPAP has made a significant and important contribution to making the issue of men's health more prominent and providing a framework for action. However, its impact has been stronger in some areas of activity than others and very weak in some.

- Most progress has been towards achieving these three Strategic Aims:
  - Promoting an increased focus on men’s health research in Ireland.
  - Developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.
  - Building social capital within communities for men.
- There has also been good progress in the development of men’s health training for health and other professionals.
- Less progress has made in achieving these seven Strategic Aims:
  - Developing appropriate structures for men’s health at both national and local level to support the implementation of the policy and to monitor and evaluate its implementation on an ongoing basis.
  - Developing health and social services with a clear focus on gender competency in the delivery of services (with the exception of the development of training).
  - Supporting the development of gender-competent health services, with a focus on preventative health.
  - Targeting specific men’s health policy initiatives in the home that accommodate diversity within family structures and that reflect the multiple roles of men as husbands/partners, fathers and carers.
  - Developing a more holistic and gendered focus on health and personal development in schools, out-of-schools settings and colleges within the context of the Health Promoting School and college models.
  - Targeting the workplace as a key setting in which to develop a range of men’s health initiatives that are based on consultation and partnership-building with employers, unions, workers and other relevant statutory bodies.
  - Increasing the availability of and access to facilities for sport and recreation for all men and safe social spaces for young people.
- One key area of particular difficulty has been the translation of inter-Departmental and inter-sectoral recommendations into sustainable actions.
- Funding for the implementation of the NMHPAP has been inadequate to achieve much of what was originally envisaged.
- The number and scope of the specific policy recommendations and actions have been judged to be too extensive, especially in the context of the resources available for implementation.
- The progress made in implementing each of the NMHPAP’s 10 Strategic Aims is summarised in the main report (pp. 29-57).

***Men’s health policy in the context of Healthy Ireland***

- The specific issue of men’s health is absent from *Healthy Ireland* and there is no significant discussion of gender differences in the sections of the report addressing health inequalities or elsewhere. This is a cause for concern among many men’s health advocates.
- This Review found very strong support for the continuation of a dedicated national policy on men’s health. Without this, there is a fear that the momentum and traction that has been achieved through the NMHPAP will be lost.

- Most men's health advocates, as well as government officials and others, also take the view that men's health must now be addressed within the *Healthy Ireland* policy framework.
- *Healthy Ireland* has the high-level political support and the governance and implementation structures that make it much more likely that it will successfully achieve its goals through co-ordinated cross-sectoral activity.

### **Recommendations**

- DoH and HSE should commit themselves to the joint development of a Men's Health Action Plan. The Action Plan should be based on the approach of the existing NMHPAP, take account of the findings of this Review and set out what *Healthy Ireland* means for men's health and how addressing men's health would support the effective implementation of *Healthy Ireland*.
- Men's health must be addressed not only in a separate document but also within other policy areas under the *Healthy Ireland* umbrella.
- The Men's Health Action Plan should focus on a relatively small number of specific and achievable priorities that are aligned with the wider priorities of *Healthy Ireland*. Account should also be taken of the priorities for action highlighted by this Review, notably men's mental health, alcohol and drugs, cancer and men's use of primary care services.
- The implementation of the Men's Health Action Plan should be accountable to the governance structures for *Healthy Ireland*.
- A senior official in DoH's Health and Wellbeing Programme team should have lead responsibility for men's health policy. At least one full-time staff post within HSE should have executive responsibility for implementing the Men's Health Action Plan.
- HSE should institute a transparent and ring-fenced annual budget to support a range of local and national activity on men's health, including the development of Men's Health Forum in Ireland (MHFI). MDN should also continue to be funded by HSE and other organisations to deliver its men's health programmes, especially at the community level.
- DoH should develop a business case to support inter-Departmental implementation of the Action Plan. Other Departments should actively consider how they can fund and in other ways support the development and delivery of men's health projects and programmes where relevant to their sphere of activity.
- A Men's Health Action Plan Implementation Group should be established with a diverse and inclusive membership from all sectors, including DoH and HSE (one of which should take responsibility for leading the Group).

Ireland was the first country to adopt a distinct national men's health policy. It now has an opportunity to continue its leadership in this field by being the first to mainstream men's health throughout the comprehensive approach to improving public health embodied in *Healthy Ireland*.



## BACKGROUND

Ireland was the first country in the world to adopt a national men's health policy. Given the relatively recent emergence of 'men's health' as a significant public health issue, the Irish government's recognition of the need to address it at the strategic policy level was a very significant step and has been widely recognised as such. An article in the *BMJ*, for example, described Ireland's approach as 'a particular source of inspiration for other countries'<sup>1</sup> and the European Commission's report on the state of men's health across Europe called the publication of the Irish men's health policy 'a significant landmark'.<sup>2</sup> Professor John Oliffe, a leading academic researcher on men's health based in Canada, has spoken of the Irish policy as 'well-written, nuanced, terrific in its discussion of masculinity, and well put together. It has had a big impact internationally and has inspired others to think about men's health.'<sup>3</sup>

The National Men's Health Policy and Action Plan 2008-2013 (NMHPAP) was widely welcomed by many commentators because it was not based on the traditional medical model. Instead, it took account of the social determinants of health and health inequalities and proposed action by a wide range of organisations, not just within the health sector. The NMHPAP was also regarded positively for being evidence-led and for involving a significant number of stakeholders in a comprehensive consultation process.

The NMHPAP was conceived in 2001 when the Irish economy seemed set on a course of sustained growth. It was, however, published in December 2008 at a time of economic crisis. The impact of this on the implementation of the NMHPAP cannot be under-estimated. The very difficult economic context must be at the forefront of this Review and any other analysis of the impact of the NMHPAP.

The NMHPAP has completed its five-year course. There is now a new policy for public health, *Healthy Ireland*, published in March 2013. This sets out the government's overarching approach for the period up to 2025 and provides the context for the consideration of men's health policy and practice in Ireland for the foreseeable future.

## PURPOSE OF THE REVIEW

This Review was commissioned by the Health Service Executive (HSE) to consider the overall implementation of the NMHPAP and to inform the future direction of men's health policy implementation in Ireland aligned to the key themes of *Healthy Ireland*.

HSE asked for particular attention to be paid to the effectiveness of governance and implementation strategies, inter-Departmental collaboration, and priority areas of men's health for future work.

Work on the Review began in June 2014 and was completed in March 2015.

## METHODOLOGY

This Review adopted a pragmatic approach with the aim of providing an accessible and practical assessment of the implementation and outcomes of the NMHPAP to date as well as recommendations for next steps.

The Review process was led by Peter Baker, an independent consultant in men's health, supported by a team of five men's health researchers, policymakers and advocates with in-depth academic and experiential knowledge of research methodologies and a knowledge and awareness of national and international men's health issues. (More information about the review team is provided in Appendix 1.)

The methodology comprised:

- A national and international literature review

The literature review process was developed using UK Medical Research Council (MRC) guidance on conducting comprehensive reviews. The databases interrogated included academic, grey literature, systematic review, research register and thesis databases. (Appendix 2 contains a list of these databases.) In line with the key themes of the Review, the literature review focused on three main topics: Ireland's NMHPAP; national men's health policies in Brazil and Australia; and the relevance of policy to men's health. Attention was also paid to the implementation of gender-sensitive health policies and the issue of government inter-Departmental working. Non-English language and pre-2007 literature was excluded from the search.

- In-depth one-to-one interviews with key stakeholders

A number of key stakeholders – individuals who have played a key role in men's health policy, practice or research, or health policy generally – were invited to take part in one-to-one interviews. These stakeholders included members of the Men's Health Policy Implementation Advisory Group (MHPIAG), HSE officials, and Men's Health Forum in Ireland (MHFI) representatives. A total of 25 in-depth interviews took place. The international element of the literature review was supplemented with in-depth interviews with four key respondents. (Appendix 3 has more information about the interview process and the interviewees.)

- A qualitative focus group

A focus group was held with a small number of men (n=7) to obtain the views and perceptions of 'men in the street' about men's health in Ireland and their priorities for future action. The men were recruited with the help of The Larkin Unemployed Centre, a Dublin-based inner-city community service that offers welfare rights advice, adult education, a job club to help people prepare for employment and a crèche facility. All the men taking part in the focus group had attended the Centre's Men's Health and Wellbeing Programme (MHWP).<sup>4</sup>

- An online survey of key respondents

An online survey was used to elicit quantitative and qualitative information about progress towards implementation of the NMHPAP's 10 Strategic Aims, views about the NMHPAP's governance and inter-Departmental working, and a range of other issues. The survey enabled a more detailed assessment of progress on each of the Strategic Aims than was possible through the in-depth interviews. There were over 180 responses to the survey, a

very significant number that was well in excess of the original target of 100 responses. (Appendix 4 has more information about the survey.)

- A survey of key NMHPAP implementation stakeholders

Organisations specifically named within the NMHPAP as having a responsibility for implementing one or more of the Policy's action points were (with the exceptions of DoH and HSE) invited to provide information about their activity. 11 (58%) of the 19 invited organisations replied. (Appendix 5 contains more information about the survey.)

- The collection of other, less structured data

During the course of the Review, a number of additional comments (both solicited and unsolicited) were received from a variety of sources from within Ireland and also internationally. These have been utilised in the Review where relevant and helpful.

## FINDINGS

This section brings together the findings from the main elements of the review to provide a rounded assessment of the context, implementation and outcomes of the NMHPAP to date as well as the future direction of men's health policy implementation aligned to the key themes of *Healthy Ireland*.

### 1. The state of men's health in Ireland

The statistics on men's health in Ireland show that some outcomes are improving but also several significant areas of continuing concern.

Life expectancy at birth for men increased from 72.3 years in 1991<sup>5</sup> to 78.7 years in 2012<sup>6</sup>, an increase of 8.9%. This is a faster rate of increase than for women – their life expectancy increased by 6.8% over the same period – though men still have, in general, significantly shorter lives than women (by 4.5 years).

Men in Ireland can also expect fewer years of healthy life expectancy<sup>a</sup> than women – 66.1 in 2012 compared to 68.3, a difference of 2.2 years.<sup>7</sup>

Life expectancy for men in Ireland compares favourably with the average for the European Union as a whole (76.1 years in 2012). It is also better than in some of its closer European neighbours such as Belgium (77.8 years), Denmark (78.1) and Germany (78.6). It performs as well as France (78.7) but less well than its immediate neighbour, the UK (79.1), and the Netherlands (79.3), Norway (79.5) and Spain (79.5). In 2012, men in Ireland were 11<sup>th</sup> in the life expectancy 'league table' comprising the 31 countries of the European Economic Area.<sup>8</sup>

The gap between male and female life expectancy in Ireland is less than in France (6.7 years), Spain (6.0), Belgium (5.3) and Germany (4.7). The gap in Ireland is also less than in the European Union as a whole (6.1). However, the gap is greater than in the UK (3.7), the Netherlands (3.7), Denmark (4.0) and Norway (4.0).

The national statistics for Ireland mask significant inequalities based on socio-economic deprivation. Data for 2006/7 shows that life expectancy at birth of males living in the most deprived areas was 73.7 years compared with 78 years for those living in the most affluent areas.<sup>9</sup> The corresponding figures for females were 80 and 82.7; this suggests that deprivation has a disproportionately greater negative effect on male life expectancy than female.

New data published by the Economic and Social Research Institute shows that the gap between men in different socio-economic groups actually widened during the period of the economic boom around the turn of the century. For example, death rates among male professionals, managers and the self-employed decreased by 27% between the 1990s and 2000s, but death rates among male working class groups decreased by just 12%.<sup>10</sup>

Premature mortality is a particular problem for men – they are much more likely than women to die at a young age. One way of measuring this is through potential years of life lost (PYLL)<sup>b</sup>. An OECD analysis of PYLL shows that, in Ireland in 2009, males had a much

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<sup>a</sup> Healthy Life Expectancy is the number of years that a person at birth is expected to live in a healthy condition.

<sup>b</sup> Potential years of life lost (PYLL) is a summary measure of premature mortality. The calculation of PYLL involves adding age-specific deaths occurring at each age and weighting them by the number

higher level of premature mortality (4,239 per 100,000 males) than females (2,302 per 100,000 females).<sup>11</sup> In other words, men were 1.8 times more likely to die prematurely.

There are many serious diseases that are more likely to affect men than women, and at a younger age. Men carry an excess burden of cancer, for example, with an age-standardised incidence rate for all cancers which is 30% higher than women's.<sup>12</sup> With an ageing population, projections indicate that between 2005 and 2035 the overall number of invasive cancers will increase by 213% for men compared to 165% for women.<sup>13</sup>

There is a similar picture for coronary heart disease (CHD). In 2009, over 15,000 men died from CHD compared to fewer than 14,000 women.<sup>14</sup> The difference is more marked at a younger age: the age standardised death rate for adults aged under 65 was almost five times higher for men. Men over 25 years of age are also much more likely than women to have raised blood pressure or to be using blood pressure medication (47% of men, 34% women).

While rates of clinically diagnosed diabetes are similar among men and women (about 6% in the 45+ years age group), undiagnosed diabetes is much more common among men (4.0%) than women (1.5%).<sup>15</sup>

Men in Ireland are more likely to have an unhealthy weight: in 2013, 66% of men and 51% of women were estimated to be overweight or obese (with a body mass index of 25 kg/m<sup>2</sup> or more).<sup>16</sup> This increases their risk of cardiovascular disease, diabetes, cancer and other health problems. A recent safefood report on men's food behaviour concluded that men tend to be less concerned about their health and nutrition and are less likely to try to make changes to their behaviour.<sup>17</sup>

Suicide is a major cause of death in young men.<sup>18</sup> Over the past 10 years, the rate of deaths from suicide has been about 4-5 times higher in young males than in females. There was a spike in the suicide rate in young men coinciding with the economic downturn and increasing levels of unemployment, although provisional data for 2013 suggests there may have been a small recent decline in male suicide rates.<sup>19</sup>

Although smoking prevalence has steadily declined in men over the past decade, men are still more likely than women to smoke.<sup>20</sup> They are also more likely to take illegal drugs and to drink alcohol at levels that puts their health at risk.<sup>21</sup>

There are specific groups of men who have significantly worse health compared to the general male population. Male Travellers, for example, had a life expectancy at birth of just 61.7 years in 2008, 15.1 years fewer than the general male population.<sup>22</sup> Male Travellers have a mortality rate almost four times that of the males in general and this gap widened in the period 1987-2008. Gay men are at greater risk of mental and sexual health problems and more likely to smoke, drink alcohol and use illegal drugs than the general population.<sup>23</sup> Homeless men are more likely than the general population to have poor health outcomes.<sup>24</sup>

Farmers and agricultural workers have also been identified as occupational groups with the highest mortality rates – farmers aged 15-64 are five times more likely, and agricultural workers almost 7.5 times more likely, to die from any cause than salaried employees (the occupational group with the lowest mortality rate).<sup>25</sup> Men who are farmers or agricultural workers, or Travellers, gay or homeless, are also more likely to experience difficulties accessing mainstream health services.

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of remaining un-lived years up to a selected age limit, defined above as age 70. For example, a death occurring at five years of age is counted as 65 years of PYLL.

The mixed picture of the state of men's health in Ireland revealed by these statistics is also reflected in the responses to the online survey conducted for this Review. Under one fifth (17.7%) of respondents thought that men's health was, in general, 'good' or 'excellent' while just over one-third (36.4%) described it as 'bad' or 'very poor'. A larger proportion, about two-fifths (42.5%) thought it 'neither good nor bad'.

A majority of respondents, almost two-thirds (61.3%), felt that men's health had generally improved over the past decade. One-fifth (20.4%) thought men's health had got worse and a smaller proportion (16%) believed it had 'stayed about the same'.

While it is known that individual (usually small-scale) men's health interventions have led to improved outcomes, it is not possible to assess the impact, if any, of the NMHPAP on national men's health outcomes (including mortality and morbidity) in Ireland. No system for measuring the impact of the Policy was put in place at the start of the implementation process. In any event, the impact of the NMHPAP cannot be separated from that of other health or social policies; changes in public health are usually long-term rather than short-term (the Policy began to be implemented relatively recently, from 2009); and it is impossible to assess what might have happened to men's health if the NMHPAP had never existed or been different.

#### **Key findings on the state of men's health in Ireland**

- Male life expectancy at birth in Ireland is improving and has risen faster for men than women since 1991.
- Irish men do better in terms of life expectancy and the male:female life expectancy 'gap' than men across the European Union. (Men in Ireland are 11<sup>th</sup> in the life expectancy 'league table' comprising the 31 countries of the European Economic Area.) However, they do less well than men in the UK and in some other neighbouring countries.
- There are major inequalities in outcomes between different groups of men. Men living in deprived areas or who are homeless, Travellers, gay, farmers or agricultural workers generally do worse.
- Men are more likely than women to be affected by cancer, coronary heart disease, undiagnosed diabetes, suicide and weight problems. They are also more likely to smoke, use illegal drugs and drink alcohol at risky levels.
- Men's health problems are costly in both human and financial terms. One guesstimate, based on adjusted data for the USA, is that men's premature mortality and morbidity costs the national economy some €6 billion a year.
- It is not possible to assess the impact of the NMHPAP on national trends in male mortality and morbidity but it is clear that further work in the field of gender-specific policy and practice is needed if progress in improving the health outcomes of men and boys is to be maintained.

However, there is clear evidence, in Ireland as elsewhere, of significant differences in health outcomes between men and women and that, in respect of many of these, men tend to carry an excess burden of mortality and of some significant areas of morbidity. This burden impacts on men's own lives as well as those of their partners and families. It affects their

local communities and, if men are in work, the organisations that employ them. Men's poor health is also expensive, impacting on health service, welfare and other budgets. For example, it has been estimated that, in the United States, men's premature mortality and morbidity costs the national economy about \$479 billion annually.<sup>26</sup> If this figure is adjusted to match the population of Ireland, the equivalent estimated cost would be approximately €6 billion a year.

Whatever the impact of the NMHPAP, many of the problems with male health that it aimed to tackle clearly remain and further work in the field of gender-specific policy and practice will be necessary if progress in improving the health outcomes of men and boys is to be maintained.

## **2. The role of policy in improving men's health**

### ***'Gender-neutral' policies***

There are many ways in which men's health has been and can be improved. The four 'waves' of progress in public health that took place over the past two centuries<sup>27</sup> – which include structural improvements to the water supply and sewerage, biomedical innovations such as antibiotics and vaccination, action to improve the unhealthy lifestyles of individuals and, most recently, an understanding that the primary determinants of disease are mainly economic and social – have, together with medical advances, resulted in a steadily rising life expectancy in men, as in women, over the last 100 years. This has been achieved without any significant attention being paid to sex and gender differences in health determinants, outcomes or service delivery.

It is also highly probable that further gender-neutral actions, such as to control the marketing of tobacco (for example, by the introduction of plain packaging), tackle the problem of cheap alcohol (through minimum pricing) or discourage the consumption of sugar-sweetened drinks (by means of taxation) would improve the health of both sexes, probably men disproportionately as they tend to take more lifestyle-related risks than women. Tackling poverty, perhaps by progressive taxation policies, more generous welfare benefits or the introduction of a mandatory 'living wage', would also improve the health of men and women and, again, probably men in particular as their health is more significantly affected by deprivation than women's.

### ***Taking gender into account***

But there is now a widely-shared view that health policies and practices that take account of sex and gender differences are also required. The World Health Organisation (WHO) has stated that:

To respond to gender inequities in health, men's health status and behaviour must be recognized as resulting as much from the social construction of gender as women's. ... Violence, unsafe sexual contact, smoking, alcohol and drug consumption, and higher suicide rates contribute to premature death among men. Gender heavily influences these risk factors and the health sector is not considering it fully when designing policies and programmes.<sup>28</sup>

Dr Sarah Hawkes and Dr Kent Buse, in a critical analysis of the policies of global health organisations, including WHO (despite the statement quoted above), concluded that the health of men is largely absent.<sup>29</sup> Hawkes and Buse consider that:

In some settings and for some conditions, women suffer more ill health, but globally males have a higher burden of disease and lower life expectancy than females. Some of this

difference is due to gender-influenced patterns of behaviour—particularly alcohol and tobacco consumption (men) and risks associated with unsafe sexual behaviour (women). The tendency to underplay or misunderstand the role of gender, or to equate the gender dimensions of health solely with the specific health needs of women, has led to a failure to address the evidence of gendered determinants that affect and drive the burden of ill health of both men and women.

Professor Sir Michael Marmot, one of the world's leading authorities on the social determinants of health, looked at gender in his report on Europe for the WHO. He pointed out that men's poorer survival rates 'reflect several factors – greater levels of occupational exposure to physical and chemical hazards, behaviours associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they see a doctor, are less likely to report on the symptoms of disease or illness.'<sup>30</sup>

Marmot argued that national governments should develop strategies that 'respond to the different ways health and prevention and treatment services are experienced by men [and] women ... and [ensure] that policies and interventions are responsive to gender.'<sup>31</sup> Significantly, in a more recent report on health inequalities specifically in the UK, Marmot highlighted the fact that deprivation has a bigger negative impact on men's health outcomes than women's and called for a greater policy focus on men's health to help tackle this.<sup>32</sup>

The importance of gender-sensitivity in the design and delivery of health services to men has been highlighted in three important UK studies published in 2014. The first was a study of the Football Fans In Training (FFIT) initiative in Scotland,<sup>33</sup> the first large-scale men's health programme evaluated by means of a randomised controlled trial. The researchers concluded that FFIT demonstrated that 'an evidence-based programme, gender-sensitised in context, content, and style of delivery, offers one strategy to support weight loss in men.' The success of FFIT has led directly to the roll-out of a similar programme, EuroFIT, across 15 top-flight football clubs in Portugal, Norway, the Netherlands and UK supported by European Union funding of almost €6 million.<sup>34</sup>

The second study examined the effectiveness of weight management programmes for men. A systematic review of the evidence found that the key components of effective programmes for men differ from those for women – men prefer more factual information on how to lose weight, for example, and more emphasis on physical activity – and, for some men, the opportunity to attend men-only groups may help. The study also found that weight loss programmes for men may be more successful at engaging men if provided in social settings, such as sports clubs and workplaces.<sup>35</sup>

Finally, a systematic review of experiences and perceptions of self-management support in men living with a long-term condition highlighted the importance of taking a gender-sensitive approach to service provision.<sup>36</sup> The review identified a number of key considerations important in helping to optimise interventions to be more accessible and acceptable to men. Chief among these was ensuring that support is congruent with key aspects of their masculine identity. The review showed that in order to overcome barriers to access and fully engage with interventions, some men may need self-management support interventions to be delivered in an environment that offers a sense of shared understanding, connectedness, and normality, and involves and/or is facilitated by other men with a shared illness experience.

### ***The role of specific men's health policy***

It was the combination of men's specific health problems and the perceived need for a gender-sensitive policy response that led to the development of the NMHPAP in Ireland.



There has also been significant support for a similar response by many individuals and organisations from other countries who share a strong interest in improving men's health.

Australia and Brazil have already produced national policies. The Men's Health Forum's recently-published *Men's Health Manifesto* for England and Wales contains a recommendation for a 'National Men's Health Policy (as in Ireland and Australia)<sup>37</sup> The European Men's Health Forum has called for a men's health policy in every country<sup>38</sup> and for the European Commission 'to take a lead and produce a plan for tackling the deep-seated problems revealed by its [own] analysis'<sup>39</sup> (i.e. *The State of Men's Health in Europe* report<sup>2</sup>). The Danish Men's Health Society has argued for a national men's health policy in Denmark.<sup>40</sup> The Men's Health Caucus of the American Public Health Association has called for 'the creation of the first U.S. National Men's Health Policy'<sup>41</sup> and a national 'Men's Health Strategy' has also been suggested for Canada.<sup>42</sup>

It is noteworthy that the British Medical Association in Northern Ireland has called for the development of a dedicated men's health policy for the North.<sup>43</sup> In the policy report that sets out its case, BMA (NI) mentioned the national policies in Ireland and Australia and commented that 'initiatives at this level are very much welcomed and are a tribute to the campaigning work of men's health organisations as well as to the foresight of the governments concerned.' The report noted the need for 'a concerted interdepartmental effort to improve male health' and called for 'priority action' to 'develop, fund and implement a cross-departmental, inter-agency holistic policy to improve men's health in Northern Ireland.'

An analysis of 'problems and challenges' in men's health in Malaysia stated:<sup>44</sup>

Currently, there is no health policy that promotes men's health activities in Malaysia. Health policy is important to serve as a framework to advocate and promote men's health. It is hoped that more resources and concerted efforts will be directed towards promoting men's health if such policy is made available. Although certain activities have been targeted at health issues related to men at the national, regional or local levels, such as health campaigns for non-communicable diseases, healthy lifestyle, smoking cessation, occupational health, injury prevention and family health, they do not cater specifically to men. Important factors that underlie men's specific health problems, such as men's health-seeking behaviour and myths about men's health, are not being addressed. Therefore, without a men's health policy, health campaigns for men will remain fragmented, and health-care delivery will not be male gender sensitive.

A Delphi<sup>c</sup> survey involving 98 stakeholders from 25 Asian countries, including Malaysia, also found widespread support for the development of national health policies.<sup>45</sup>

In an article published in 2011, after the launch of both the Irish and Australian men's health policies, Dr Noel Richardson and Professor James Smith argued that the experiences of both countries demonstrate that a specific men's health policy document is valuable because it:<sup>46</sup>

- Identifies men's health as a priority area
- Creates a vision and an identity for 'men's health'
- Acts as a blueprint and a resource for practitioners and ongoing health policy development
- Provides the leverage for expanding men's health work, particularly at an inter-sectoral and inter-Departmental level.

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<sup>c</sup> A Delphi survey is a group facilitation technique which uses an iterative multistage process designed to transform opinion into a group consensus.

- Acts as a catalyst for increased men's health activity in other areas (e.g. health promotion, occupational and workplace health, community development projects)
- Provides a platform for further action to deliver effective gender mainstreaming which embeds men's health policy within the wider policy landscape.

Discussions about how to improve men's health often recommend a policy focus on men's health even when a national men's health policy is not specifically proposed. A recent review of men's health globally, published in the *WHO Bulletin*, found that:<sup>47</sup>

Gender disparities ... are not properly addressed in the health policies and programmes of the major global health institutions, including WHO. Policy-makers tend to assume that gendered approaches to health improvement are primarily or exclusively about women rather than about both sexes, a position also adopted by most national governments. To the best of our knowledge, only three countries – Australia, Brazil and Ireland – have to date attempted to address men's burden of ill health through the adoption of national, male-centred strategies ... Given the robust evidence of a 'men's health gap' and the emerging evidence on how to close it, the next step is to move the issue higher up on the agenda of national governments and global health institutions without diminishing efforts to improve women's health.

Professor Alan White and colleagues have called for 'more policy, practice and research aimed specifically at men' at both the Europe-wide and national levels.<sup>48</sup> This recommendation was echoed in a *BMJ* editorial in 2011 which, in a commentary on the European Commission's report on the state of men's health in Europe, stated:<sup>49</sup>

The report includes a depressing review of current policy and practice: only Ireland has a national men's health policy, and in many countries a 'one size fits all (sexes)' approach pinpoints the importance of the authors' call for policy makers to design and implement sex specific policies.

Similar arguments have also been advanced in New Zealand<sup>50</sup> and, in the UK, the Coalition on Men and Boys (COMAB) argued that, because the Department of Health had not fully integrated gender into its work on health inequalities, all national health policies should specifically address men's health.<sup>51</sup> Mental health, cardiovascular disease and obesity were policy areas specifically highlighted by COMAB as in 'particular need' of attention.

### ***Progress without specific men's health policy***

There is evidence that progress in men's health can be made in the absence of a specific national men's health policy. In England and Wales, for example, equality legislation that is sensitive to the needs of both sexes has made a significant difference: it has given men's health advocates a platform and helped to change perceptions more widely about problems facing men.<sup>52</sup> A desire in the UK to tackle health inequalities linked to deprivation has focused attention on men's health because the social gradient is steeper for men than women. The Men's Health Forum has successfully argued for the male perspective to be integrated into cancer and mental health policy as well as for men to be included within the national chlamydia screening programme and for the introduction of abdominal aortic aneurysm (AAA) screening for men. The UK's AAA screening programme is expected to reduce the number of deaths from burst aneurysms among men aged 65 and over by up to 50%.<sup>53</sup>

In Canada, despite the absence of a dedicated policy, there has been a significant expansion in men's health research in Canada over the past decade, led by the Canadian Institutes of Health Research (CIHR) and its dedicated Institute of Gender and Health.<sup>54</sup> The research effort in Canada has also been boosted by significant funding from the Movember Foundation for work on prostate cancer and, more recently, men's mental health. However, the progress in research has not been matched by developments in service delivery,

including in the field of health promotion, where work with men has been patchy and not well connected to the healthcare system, and in health policy. Even suicide is not identified as a men's issue in Canadian health policy.

Considerable progress has been made in Denmark without a national men's health policy.<sup>55</sup> Men's health is seen as social inequality issue and activities such as Men's Health Week have been supported by the National Board of Health (NBH). The Ministry for Gender Equality made men's health one of its priorities for action in 2004. The NBH published a report on the state of men's health in Denmark in 2010 and, more recently, has recognised the need to tackle post-natal depression in men as well as women. In 2012, the Danish Men's Health Society (MHS) was instrumental in establishing a Danish Men's Health Forum which now involves some 40 partner organisations. The MHS is now able to engage a range of politicians in discussions about men's health and the Forum recently received a government grant of €1 million to develop initiatives with unskilled and unemployed men. There has also been funding to develop men's sheds in rural areas.

### **Key findings on the role of policy in improving men's health**

- 'Gender-neutral' public health policies, measures and medical advances have improved men's health over the past 200 years and can continue to do so.
- There is now a widely-shared view that health policies and practices that take account of sex and gender differences will lead to further improvements in outcomes.
- Professor Sir Michael Marmot has argued that national governments should develop strategies that are responsive to gender and, in recent report on health inequalities in the UK, he has called for a greater policy focus on men's health to help tackle the fact that deprivation has a bigger negative impact on men's health outcomes than women's.
- There is now robust evidence of the value of a gender-sensitive approach to the engagement of men in health improvement programmes and the self-management of long-term conditions
- In some countries, considerable progress in men's health policy and practice, with a measurable impact on outcomes, has been achieved in the absence of national men's health policies.
- Many men's health researchers and advocates around the world now agree that dedicated national men's health policies are required to achieve additional improvements in outcomes.
- Gender mainstreaming policies are important but, on their own, are considered to be unable to provide the necessary focus on men's health.

### ***The role of gender mainstreaming policy***

Although most men's health advocates consider that progress should be made within a broader gender mainstreaming framework (GMF), and that attention must be paid to the health needs of both sexes, there are concerns that a GMF alone is not able to drive sufficient action on men's health.

These concerns are, broadly, based on the observations that:

- Gender has often been understood to refer to women alone (and is often still seen that way).<sup>56</sup>
- Men's health, unlike women's health, has lacked a broad social and political movement which has been able to drive changes in policy and practice.
- The concept of gender was developed by the social sciences which have played a minor role in medical research and tend to be given less credibility than the so-called 'hard sciences'.<sup>57</sup>
- Genuine gender mainstreaming policies have in practice proved difficult to implement.
- There is a lack of practical methodologies for gender mainstreaming implementation in service delivery.
- There is a dearth of research into how gender-sensitive policies can be successfully implemented below the top management level.<sup>58</sup>
- It is very difficult to change organisational cultures.<sup>59</sup>

Because gender mainstreaming tends to adopt a binary approach (male/female), there is also a risk that it overlooks lesbian, gay, bisexual, transgender and intersex issues.<sup>60</sup>

### 3. The impact of men's health policy in other countries

In addition to Ireland, two countries are known to have introduced men's health policies: Australia and Brazil. A third, Iran, is believed to have introduced a policy, or is considering doing so, but there is currently no accessible information about this.

#### **Australia**

*The National Male Health Policy: Building on the strengths of Australian Males* was published in 2010. It followed men's health policies previously introduced in two states – South Australia (in 2008) and New South Wales (2009) – and was widely hailed as a 'landmark' document.<sup>61</sup> It was also said to mark a 'cultural shift' from 'prevailing mind-sets and practice ... towards a more rational and compassionate view of men, and hopefully professional practice.'<sup>62</sup>

Six priority action areas were identified in the policy:

- Optimal health outcomes for males
- Health equity between population groups of males
- Improved health for males at different life stages
- Preventive health for males
- Building a strong evidence base on male health
- Improved access to health care for males.

Funding (AUS\$16.7m over three years, equivalent to €11.9m) was made available for work in four areas:

- Supporting the Australian Men's Sheds Association and developing health promotion resources for men's sheds
- Providing fatherhood support and services to Aboriginal and Torres Strait Islander males
- Building an evidence base including the establishment of a national longitudinal study in male health and commissioning regular statistical bulletins.
- Developing a range of health promotion materials for males.

Assessments of the policy's achievements have included:

- It 'names' the issue of male health which helps to facilitate practical improvements
- Its departure from the notion that male health outcomes stem primarily from biomedical or behavioural factors and its acknowledgement that socio-economic and cultural factors are key determinants
- The policy was developed through an inclusive process that generated significant energy and enthusiasm among a wide range of stakeholders (including men and boys)
- A recognition of the positive role of males in society and an aspiration to build on their strengths
- The attention paid to subgroups of men at heightened risk of poor health
- The establishment of a Male Health Reference Group, comprising academics, practitioners and other stakeholders, that reports to a Minister
- Clear identification of what action is needed, and by whom, to implement each priority area
- The longitudinal study, which plans to follow up to 50,000 males aged 10-55 years
- The dissemination of regular statistical bulletins
- The support for the development of men's sheds which will help to address social isolation in older men
- A free 'DIY Health Toolbox' was developed for use in Men's Sheds and by other community organisations
- The support for services to Aboriginal and Torres Strait Islander males to support participation in the lives of their children and families.

There have also been strong criticisms of the Australian policy:

- Some commentators have described the policy as modest in its scope, ambition and impact.
- The priorities 'lack specificity' and rely on the goodwill of stakeholders to implement them
- There is a lack of clarity about who is responsible for implementation and co-ordination and how inter-Departmental collaboration will be achieved
- High staff turnover in the small Gender and Reproductive Health Unit in the Department of Health and Ageing, which has a potentially important co-ordinating role, resulted in a lack of continuity between the policy development and implementation phases
- The Male Health Reference Group did not prove effective in progressing the policy in any practical way and no longer meets
- Although the policy was launched by the Prime Minister, there was no subsequent ministerial engagement and the minister did not attend the Reference Group as planned
- The individual states did not implement the national policy largely because they did not receive any funding to do so
- Time frames for delivery are absent and it is not clear whether the policy is still considered to be current
- It repeatedly refers to the 'men behaving badly paradigm' which emphasises the need for men to change their risky behaviours rather than taking into account the reasons underpinning these behaviours
- There is little discussion of the social constructs of masculinity and how it influences men's health
- Marginalised groups are discussed together in a way that connotes 'otherness'
- Workplace risks are not properly addressed
- Male sexuality and sexual health needs are barely mentioned
- The need to train health workers on how to engage effectively with men receives too little attention

- The government's response to the Report of the Senate Select Committee on Men's Health in 2010 contradicted some of the content of the men's health policy suggesting a lack of consistency in policy direction
- The new funding was ring-fenced to specific areas of the policy and has also been described as 'modest'
- There were no measurable indicators of the impact of the policy and no independent evaluation framework
- The last (of four) statistical bulletins was published in August 2014
- It is unclear how the men's health policy will mesh with other health and social policies – public health policy has generally not taken account of men's health – and how the development of the cross-government gender equity framework will take proper account of male health.
- The funding for services to Aboriginal and Torres Strait Islander males went to the organisations ill-equipped to undertake this work and there is little evidence of any effective outcomes.

### **Brazil**

The Brazilian National Men's Health Policy (PNAISH) was launched by the government in 2009 and ran for three years, until 2011. Detailed information about PNAISH in the English language is difficult to obtain.

A review of the limited literature available in English suggests that:<sup>63</sup>

- PNAISH was government-initiated but based on consultations involving the Ministry of Health, medical and health organisations, academic researchers and social and community groups as well as an online public consultation
- The policy aimed to reduce morbidity and mortality among men by increasing and facilitating access and care in terms of prevention and assistance
- There was a particular focus on men aged 20-59 years
- The policy aimed to guide the formulation of Action Plans in states and municipal areas
- Finance was to be provided for the development of 26 pilot projects in selected municipalities.

Most of the analysis available to this Review is critical of the policy and in particular its implementation. The concerns expressed include:

- PNAISH focused too much on individual responsibility and overlooked wider social determinants of health.
- The policy 'victimises' men and treats them as if they need to be 'protected against themselves'
- The policy 'medicalises' the male body and focuses excessively on prostate disease
- The PNAISH national action plan did not recognise the diversity of men and local managers and health care professionals also tended to see men as a homogenous group and not recognise differences in terms of age, socio-economic backgrounds, religion, sexuality, etc.
- A high turnover of health managers meant that those responsible for the initial development of the Action Plans were no longer in post in the implementation phase
- There was no system for managing the local implementation and no men's health co-ordinating body was established
- Data collection was poor making it impossible to measure effectively the impact of PNAISH (the principal indicator was the proportion of men aged 20-59 attending primary healthcare services)

- A study of the staff responsible for implementation suggested they had ‘little or no familiarity’ with the policy, some had never read any document referring to PNAISH and the majority had not participated in any specific men’s health training
- Staff said they lacked guidance or protocols as well as teaching and support materials and felt unprepared to approach men about key issues such as STIs, violence, obesity and prostate cancer
- Primary care staff were often overloaded and lacked the capacity to implement additional work
- Some local advertising about men’s health issues generated a demand for services that could not be properly met, although some clinics did extend their opening hours to attract more men and there is some evidence that demand for primary care services by men did increase
- The lack of resources meant that some staff had to create handmade and inadequate posters for display in clinics
- There was, overall, limited activity and the activity that did occur was short-term and focused more on clinical care than health promotion.

### **Key findings on the impact of men’s health policy in other countries**

- Brazil’s national men’s health policy was published in 2009 and Australia’s in 2010.
- The Australian policy was more comprehensive and similar in approach to Ireland’s. It has been praised for its social determinants approach, the recognition given to the positive roles of men in society and men’s strengths, and the attention paid to sub-groups of men facing particular health challenges. It was supported by significant ring-fenced funding for specific areas of work, including a longitudinal study of men’s health and support for the development of Men’s Sheds. The policy has, however, also been criticised for being too modest in its scope, ambition and impact, poor governance and a lack of long-term high-level support, the absence of time frames for delivery, no funding for the individual states to take action, a lack of training for staff, and no independent evaluation framework.
- The Brazilian policy was focused on improving men’s use of primary care services. There is evidence that some clinics extended their opening hours to attract more men and that the demand for primary care services did increase. But the policy has been criticised for paying too much attention to men’s individual responsibility for their health and overlooking wider social determinants of health, a poor implementation strategy (including a lack of resources and staff training), and for not introducing tools for measuring its impact.

### **Common themes**

The Australian and Brazilian experiences of introducing national men’s health policies are very different. Nevertheless, it is possible to identify some common themes of relevance to this Review of Ireland’s NMHPAP.

- The most striking criticism of both policies concerns the arrangements made for their implementation. Both countries, it appears, failed to introduce governance structures that were capable of driving effective change.
- Insufficient resources were provided, whether that was in terms of funding or staffing, and there was a lack of training for staff.

- In both Brazil and Australia, systems for identifying and measuring outcomes were not established.

#### 4. The impact of men's health policy in Ireland

##### **General comments**

There is a consensus among most of those who have commented on the NMHPAP, whether in academic articles or in response to this Review, that it has made a significant and important contribution to the improvement of men's health but that its impact has been stronger in some areas of activity than others and very weak in some.

There has been one attempt, prior to this Review, to assess the impact of the NMHPAP. In the article *Building Momentum, Gaining Traction: Ireland's National Men's Health Policy – 5 years on*,<sup>64</sup> Dr Noel Richardson<sup>d</sup> provides an overview of the progress made and the 'challenges encountered'. His key 'positive outcomes' included:

- The strong governance and accountability structures and procedures that are now in place for men's health
- The 'exponential' rise in research and evaluation reports that have contributed to a growing evidence base for men's health
- The implementation of a comprehensive national men's health training programme
- The development of a range of men's health information resources targeted at men in different settings
- The emergence of some promising workplace-based men's health promotion initiatives
- The expansion of community-based men's health initiatives targeted at vulnerable groups of men
- The 'copperfastening' of MHFI as the leading men's health advocacy organisation and co-ordinating body for Men's Health Week.

The challenges encountered in transitioning to policy implementation included:

- Difficulties associated with translating inter-Departmental and inter-sectoral recommendations into sustainable actions
- Securing funding within a difficult economic climate
- The ambitious scope and breadth of policy recommendations and actions
- Ongoing issues with regard to managing expectation and maintaining momentum.

Overall, Richardson believes that Ireland's NMHPAP has 'provided a vision and a framework for action that has enabled men's health to gain traction and to develop momentum that would otherwise not have been possible. Men's health is now more visible and occupies a more prominent place in public discourse.'

Other articles on the NMHPAP have highlighted:

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<sup>d</sup> The current available literature focussing specifically on the NMHPAP has been authored or co-authored by Dr Noel Richardson. This is problematic because Richardson was one of the leading advocates for the NMHPAP and its co-author. He has also been the co-secretariat of the MHPIAG. The potential conflict of interest is obvious. However, the articles clearly benefit from Richardson's detailed knowledge of all stages of the policymaking and implementation process.



- The absence of additional ring-fenced resources or funding specifically for implementation of the NMHPAP which ‘inevitably undermines’ the capacity to deliver on the broad range of policy actions.<sup>65</sup>
- The lack of progress on large number of policy recommendations.
- The ‘huge void’ between the breadth of policy action called for and the number of dedicated practitioners working in the area of men’s health.
- The ‘major challenge’ of achieving ‘buy-in’ across government Departments. It has been suggested that inter-Departmental working was made more difficult because the financial crisis and economic recession severely hindered government Departments’ capacity to fund new initiatives, because staff turnover within government Departments undermined the potential to build on relationships established during the policy development phase, and because ‘the struggles’ associated with leadership, accountability and governance issues made it hard to garner inter-Departmental support.
- The challenge of quantifying the likely health, economic and other dividends realised by targeting men’s health at the policy level.
- The absence of recommendations on structural level interventions which the government could take to improve the living conditions of men and too great a focus on challenging men to look after themselves better.<sup>66</sup>

The stakeholders taking part in the in-depth interviews for this Review overwhelmingly believed that the NMHPAP had been ‘a catalyst for change.’ They saw the Policy as ‘a legitimising influence’, putting men’s health ‘on the agenda’, providing ‘a framework’ and ‘a focus’, creating ‘leverage’ and ‘a roadmap’, and raising ‘the profile’ of men’s health. More generally, it was suggested that the Policy has helped to increase awareness of men’s vulnerabilities and the ‘complexity’ of men.

One respondent observed that the identification of 118 action points was a very valuable exercise in identifying all of the areas where action is needed, if necessary in the long term, to ensure better health for men.

There was a commonly-held view among the stakeholders interviewed that, had the NMHPAP not existed, there would have been continuing men’s health activity, but that it would have been at a far lower level, less co-ordinated and more piecemeal. There would have been fewer partnerships and less funding. Community activity would also have been much reduced in scale.

When asked to consider specific areas where the NMHPAP had been successful, stakeholders highlighted research, training, community-level activity, workplace activity, Men’s Health Week, the integration of men’s health into other policies and resource development. It was suggested that the NMHPAP had contributed to the development of Men’s Sheds. Also mentioned were the development of new partnerships for men’s health work, local activity with disadvantaged men (particularly men who are unemployed or Travellers) and fathers, and increased media coverage.

One respondent believed that the Policy had also helped to make men more receptive to interventions in part by reducing the stigma about asking for help. Another believed that it has enabled men to get better at advocating improvements to men’s health.

Several stakeholders mentioned the collaboration between men’s and women’s health advocates to persuade HSE to adopt policy on gender mainstreaming and also the recognition of Ireland’s NMHPAP at the international level.

The decision by Michael D. Higgins, President of Ireland, to become Patron of the Irish Men's Sheds Association in 2013 was cited by one participant as a prime example of how the NMHPAP has helped to increase the profile of men's health.

There were mixed views about the impact of the NMHPAP on suicide prevention work. Two stakeholders considered that the Policy has helped to create a climate where men's mental health and suicide have become 'a topic of conversation'. However, one interviewee thought that the NMHPAP had a 'limited impact' on suicide prevention work and on the work of the National Office for Suicide Prevention.

One interviewee said that the NMHPAP has helped to create a network of men's health champions and that the field is not now 'run' by one or two key people.

Stakeholders were also asked about areas where the NMHPAP had failed to deliver. There were comments on the lack of inter-Departmental working (including on work-life balance, paternity leave, men as carers, in schools), a failure to attract sufficient levels of funding, a lack of capacity for governance and implementation and a lack of focus on measurable outputs. Some believed that the policy was over-ambitious and lacked priorities. Others stated that the Policy was not adapted to take account of the recession and that implementation was over-centralised. According to one interviewee, the NMHPAP has not enabled men's health to reach the 'tipping point' where it has become 'firmly embedded'.

Respondents to the online survey were also asked to assess the overall impact of the NMHPAP on the state of men's health in Ireland, well over half (59%) considered this to be 'limited'. Over a third 39% believed its impact had been 'good' but only one respondent (1.5%) assessed it as 'excellent'. No respondents thought the Policy had not made any difference.

Respondents to the online survey were asked to make an assessment of the progress made in achieving each of the NMHPAP's 10 Strategic Aims. Three Aims were judged to have seen 'good' or 'excellent' progress by 50% or more of respondents. These were:

- Promoting an increased focus on men's health research in Ireland.
- Developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.
- Building social capital within communities for men.

50% or more of the respondents considered that seven of the Aims had seen 'no' or 'limited progress'. These were:

- Developing appropriate structures for men's health at both national and local level to support the implementation of the policy and to monitor and evaluate its implementation on an ongoing basis.
- Developing health and social services with a clear focus on gender competency in the delivery of services.
- Supporting the development of gender-competent health services, with a focus on preventative health.
- Targeting specific men's health policy initiatives in the home that accommodate diversity within family structures and that reflect the multiple roles of men as husbands/partners, fathers and carers.
- Developing a more holistic and gendered focus on health and personal development in schools, out-of-schools settings and colleges within the context of the Health Promoting School and college models.

## **Key findings - The impact of men's health policy in Ireland: general comments**

- There is a consensus among those consulted during the course of this Review that, overall, the NMHPAP has made a significant and important contribution to making the issue of men's health more prominent and providing a framework for action. However, its impact has been stronger in some areas of activity than others and weak in some.
  - Most progress has been towards achieving these three Strategic Aims:
    - Promoting an increased focus on men's health research in Ireland.
    - Developing health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.
    - Building social capital within communities for men.
  - There has also been good progress in the development of training professionals in men's health.
  - Less progress has made in achieving these seven Strategic Aims:
    - Developing appropriate structures for men's health at both national and local level to support the implementation of the policy and to monitor and evaluate its implementation on an ongoing basis.
    - Developing health and social services with a clear focus on gender competency in the delivery of services (with the exception of the development of training).
    - Supporting the development of gender-competent health services, with a focus on preventative health.
    - Targeting specific men's health policy initiatives in the home that accommodate diversity within family structures and that reflect the multiple roles of men as husbands/partners, fathers and carers.
    - Developing a more holistic and gendered focus on health and personal development in schools, out-of-schools settings and colleges within the context of the Health Promoting School and college models.
    - Targeting the workplace as a key setting in which to develop a range of men's health initiatives that are based on consultation and partnership-building with employers, unions, workers and other relevant statutory bodies.
    - Increasing the availability of and access to facilities for sport and recreation for all men and safe social spaces for young people.
  - One key area of particular difficulty has been the translation of inter-Departmental and inter-sectoral recommendations into sustainable actions.
  - Funding for the implementation of the NMHPAP has been inadequate to achieve much of what was originally envisaged.
  - The number and scope of the specific policy recommendations and actions have been judged to be too extensive, especially in the context of the resources available for implementation.
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- Targeting the workplace as a key setting in which to develop a range of men's health initiatives that are based on consultation and partnership-building with employers, unions, workers and other relevant statutory bodies.

- Increasing the availability of and access to facilities for sport and recreation for all men and safe social spaces for young people.

The survey responses broadly reflect the findings of the literature review and the comments made by the interviewees with the exception that the literature and the interviewees placed greater emphasis on the successful development of men's health training activities. The survey was also more critical of the systems of governance put in place for implementation of the NMHPAP. It is also important to note that there were specific areas of useful activity within each of the seven Strategic Aims where there was least overall progress.

The survey asked respondents to describe the level of attention now paid to men's health in Ireland by a range of professions and organisations. Local community organisations were judged to be the group paying most attention to men's health – 51% of respondents scored them as 'excellent' or 'good'. Health charities were the next highest scoring group with 49% of respondents rating them as 'excellent' or 'good'.

The other six groups, in descending order, were: GPs (46% rated 'excellent' or 'good'), pharmacists (40%), the media (36%), the health service as a whole (23%), schools/colleges (23%), and employers/workplaces (14%).

Survey respondents were also asked if the NMHPAP had made any difference to how they do their jobs. Over three-quarters said it had made a difference: 32% said 'a lot' and 46% 'a little'. Almost one fifth (19%) said it had made 'no' difference.

One respondent, a community development worker, added a comment that the Policy 'underpins all of my work'; another community development worker said that 'I am more aware of the need to target men for community education involvement as a means for improved social connections and informal learning for health benefits'; and a voluntary sector worker/volunteer said that 'my awareness around men's health issues has increased and this allows me to bring them into my own life, my family and the men I come into contact with.'

### ***Specific comments***

This Review has attempted to assess the progress made in respect of each of the NMHPAP's 10 Strategic Aims and their associated recommendations and actions. This has been done through a mapping exercise drawing primarily on the literature review, information provided by those involved in the in-depth interviews, and the survey of organisations named within the NMHPAP as having a responsibility for implementing one or more of the Policy's action points.

Providing a detailed report on all 118 action points was beyond the scope of the Review, however. It was also not possible to corroborate all the information provided or to be certain in every instance that the activity occurred as a direct result of the NMHPAP. It is likely that at least some of the activity would have happened anyway although there was a general view among the stakeholders consulted for the Review that the Policy created an environment that was supportive of and helpful to all men's health activity in Ireland.

The following is a summary assessment which provides a good insight into what has been achieved, the key agencies involved, and the problems encountered. Some individuals and organisations may consider that important areas of their activity have been overlooked. If that is the case, it is regrettable but an inevitable consequence of a Review of this type.

## Strategic Aim 1

**SA5.1.** Develop appropriate structures for men's health at both national and local level to support the implementation of the policy and to monitor and evaluate its implementation on an ongoing basis.

Respondents to the online survey generally believed that progress had been made towards achieving the first Strategic Aim. Almost half (48%) considered that progress had been 'limited', however, while over a third (39%) judged progress to have been 'good' and just 1% scored 'excellent'. About one in 10 respondents (9%) thought 'no progress' had been made.

On the specific issue of leadership, over half (58%) of respondents considered the leadership of the implementation of the NMHPAP to have been 'fairly' or 'very' effective while 13% thought it was 'fairly' or 'very' ineffective. One quarter (25%) took a neutral view, judging the leadership to have been 'neither effective nor ineffective'.

## Achievements

### *MHPIAG*

- The Men's Health Policy Implementation Advisory Group (MHPIAG) was established in 2009 and has met regularly since with a membership comprising many of the key individuals and organisations with an interest in men's health work.
- The MHPIAG met regularly between June 2009 and May 2014, on a total of 19 occasions. It met three times a year in 2009-2012 and four times in 2013. There were also three meetings in 2014 up to and including May. The Group has continued to meet since May 2014, chiefly to discuss this Review.
- The meetings were chaired either by DoH or HSE representatives and minutes taken by the secretariat. Minutes are available for all meetings except two (April 2012 and May 2014).
- The MHPIAG comprised key organisations with an interest in improving men's health. The membership at the outset comprised the following six organisations:
  - Department of Health and Children
  - Health Service Executive
  - Men's Development Network
  - Irish Cancer Society
  - Irish Heart Foundation
  - Institute of Public Health in Ireland
- Men's Health Forum Ireland joined in February 2010, increasing the total number of member organisations to seven.
- DoH representation on the MHPIAG was significant on a body of this sort given that the responsibility for implementation lay with HSE; DoH would normally withdraw once policy had been established. Significantly, men's health was also included in DoH's annual Business Plan over the lifetime of the NMHPAP.
- Analysis of the available minutes shows that the majority of organisations attended each meeting with some organisations sending more than one member. HSE attended every

meeting and DoH all but three. The most senior HSE representative was the same person throughout; there was, however, some turnover in DoH representation, especially in the period 2012-13.

- Clear terms of reference were agreed by the MHPIAG in 2010:
  - To advise on how the National Men's Health Policy might be implemented and the recommendations and actions advanced
  - To identify priority areas for action that might be advanced in the short term
  - To support research and on-going delivery and development of Men's Health programmes
  - To identify areas of co-operation between stakeholders in the implementation of the Policy
  - To monitor progress on the implementation of the policy.
- The MHPIAG was able to establish itself as a hub for a wide range of networks and partnerships. Many of its member organisations, especially MDN and MHFI, brought with them their own extensive webs of contacts. This has helped to embed men's health work within a wide range of organisations.
- The MHPIAG secretariat is now regularly invited to be the 'voice' of men's health on a range of cross-sectoral work (e.g. on obesity, cancer, suicide prevention, workplace health promotion).
- MHFI has continued to develop alongside the MHPIAG as the central men's health organization in the island of Ireland. Operating as an independent charity, MHFI seeks to identify the key concerns relating to male health, increase understanding of these issues and tackle the impact of the inequalities affecting men and boys through research, advocacy, training, networking and demonstration projects. Five of its 12 management committee members also sit on the MHPIAG.
- The annual Men's Health Week in June, led by MHFI, is probably the pre-eminent example of partnership working in the men's health field in Ireland. In 2014, it brought together almost 50 organisations<sup>67</sup> across the island of Ireland to work together on the theme of 'Challenges, Choices and Celebrations - What's Your Aim?'

### *Gender mainstreaming*

- Good progress was made in the development of policy on gender mainstreaming. In 2012, HSE and the National Women's Council of Ireland (NWC) published *Equal but Different: A framework for integrating gender equality in Health Service Executive Policy, Planning and Service Delivery*. The Steering Group for the development of the report included four members of the MHPIAG and two representatives from MDN. Men's health is fully integrated into the report which sets out eight key steps for its implementation.
- *Equal but Different* was followed in 2014 by three complementary resources produced by the NWC. The first two, *Gender Matters: A User Friendly guide to Gender Mainstreaming* and *Gender Matters: Training Handbook on Gender Mainstreaming in Health* were followed by *Gender Matters: Toolkit for implementing gender mainstreaming in the health sector*. The Toolkit aimed to consolidate the work of the previous two documents and provide guidance on the next steps. The suite of publications now available on gender mainstreaming provides an excellent resource and a good basis for developing work in this area. They have already been used in training programmes led by HSE's men's and women's officers and the NWC is currently seeking to embed them in training for nurses and midwives as well as for GPs.

- Gender issues were addressed in HSE’s *Health Inequalities Framework 2010-12*. This document noted that ‘Gender can influence life expectancy ..., mental health, the risk of different chronic diseases, experience of physical and sexual abuse ..., risk of suicide ... and lower participation in decision-making.’ The NMHPAP was referenced and men’s use of alcohol and high risk of suicide were specifically mentioned. The Department of Children and Youth Affairs new national policy framework for children and young people 2014-2020, *Better Outcomes, Brighter Futures*, also pays attention to gender in several areas, including health and education.

### *Funding*

- Funding for work on men’s health has been available since 2008, despite the depth of the recession. HSE, for example, has each year provided some funding for Men’s Health Week and also for the secretariat for the MHPIAG (3.5 days a week). HSE has been able to provide details of its funding for men’s health work since 2011. In that year, it totalled €195,000.00; it was €250,000.00 in 2012 and again in 2013; and €287,000.00 in 2014. This amounts to €982,000.00 over four years. HSE has also funded MDN’s research with unemployed men<sup>68</sup>, its parenting programme and its development of programmes for Traveller men.<sup>69</sup> There are two regional men’s health officers within HSE – in Dublin North East and the West – who are funded in addition to this. It is therefore probable that, since the launch of the NMHPAP, HSE has invested significantly in excess of €1 million in the men’s health sector.
- Further funding for work on men’s health in Ireland has come from a range of other sources. NOSP, for example, has supported the development of men’s sheds through the Irish Men’s Sheds Association (IMSA), MDN’s work to develop conversational tools in relation to men’s mental health and male suicide, and the Mojo men’s support programme. Other work has been supported by local authorities, charitable trusts (e.g. the Arthur Guinness Fund and the Ireland Foundation, which have supported IMSA), other charities (including the Irish Cancer Society and the Irish Heart Foundation), employers and private sponsorship (e.g. Pfizer Healthcare Ireland’s support for the Larkin Centre’s Men’s Health and Wellbeing Programme). The GAA has also funded a number of health and wellbeing programmes, including the Social Initiative aimed specifically at older men.

### **Problems**

#### *Inter-Departmental working*

- The Inter-Departmental Group – a critically-important part of the governance structure envisaged for the NMHPAP – was not established. This made it harder to:
  - Provide high-level leadership for the NMHPAP
  - To develop the cross-government partnerships that were crucial to the implementation of large parts of the NMHPAP
  - To hold other Departments to account for the commitments they had made prior to the Policy’s publication
  - To drive progress on delivery of the NMHPAP’s 118 action points
- Participants in the in-depth interviews commented that many other Departments did not see health as a priority issue and, even where there was some enthusiasm at the start of the policy development process, this diminished as the Departments’ core issues took precedence. Other Departments were also affected by financial cuts and by staff

turnover; it was observed that the individuals who had entered into commitments on men's health were often no longer in post when the implementation phase began.

- There seem to have been communication problems between the MHPIAG and other Departments. Two of the key Policy stakeholders, when asked about their activity to deliver the tasks allocated to them in the NMHPAP, stated that they were unaware of the role expected of them. One said:

I have checked and neither I nor my colleagues have any recollection of having been consulted on the development of this policy. Nor do we have any recollection of ever having had this report communicated to us.

Another made a similar observation:

A further item of note from my examination of our files is that [we appear] .... to have received no communication from the Inter-Departmental Group that the National Policy stated was to be established to monitor and evaluate the Policy; neither does it appear that any communication was received from the National Implementation Group that was to be established to oversee implementation of the Policy.

- Some of the interviewees observed that engagement was patchy even within HSE with, for example, little interest shown by the section responsible for primary care services. One interviewee added that DoH is very service oriented and less interested in the prevention agenda.
- It was also suggested that the problems with inter-Departmental working were not simply due to the impact of the recession. This has been a long-term problem in health policy delivery. However, one interviewee thought that the 'upside' of this is that the NMHPAP was not weighed down by 'the dead hand of bureaucracy' and that NGOs, national and local, could take the lead instead.
- Respondents to the online survey were, in general, also critical of the effectiveness of inter-Departmental working. Over a third (38%) thought it had been 'fairly' or 'very' ineffective and almost as many (35%) assessed it as 'neither effective nor ineffective'. About one-fifth (22%) described it as 'fairly' effective and none thought it 'very' effective.

#### *MHPIAG*

- The organisations represented on the MHPIAG did not change significantly between 2009 and 2014. A decision was taken at the MHPIAG's first meeting to restrict membership to a small group but to engage with other organisations, including other government Departments (which were not invited to join the MHPIAG), when appropriate. It was stated that membership could be reviewed as the work progresses but the MHPIAG minutes suggest this happened just twice: once when the MHFI was invited to join and again when the terms of reference were agreed at the September 2010 meeting. At that time, it was decided that the membership would remain stable.
- Expanding the membership, even slightly, could have made it more diverse and inclusive and brought in fresh experience and ideas. Possible candidates for membership included an organisation representing gay men (e.g. Gay and Lesbian Equality Network, GLEN), the National Office for Suicide Prevention (NOSP), IMSA, a local men's health organisation and perhaps a 'lay' representative from a grassroots men's organisation or programme (e.g. the Larkin Unemployed Centre's Men's Health and Wellbeing Programme or Fir Le Chéile: Men Together). There was also no representation from medical, educational or workplace organisations despite their relevance to the



implementation of the NHMPAP. Indeed, this might help to explain some of the lack of progress in implementing action points relevant to these sectors.

- The MHPIAG did not review its role, performance and membership after 2010. A regular performance appraisal is considered good practice for a body with roles and responsibilities similar to those of the MHPIAG.
- Tellingly, the MHPIAG did not claim for itself any role in managing or directly implementing the NMHPAP. In fact, the MHPIAG had no formal status or powers and existed, in practice, as a voluntary group of individuals and organisations who were committed to the Policy and its successful implementation. Significantly, when the terms of reference were agreed, the Group changed its name from 'Men's Health Policy Implementation *Planning* Group' to 'Men's Health Policy Implementation *Advisory* Group', more accurately reflecting the Group's role.
- DoH was normally represented at Assistant Principal Officer level and HSE's most senior representative was the Health Promotion Manager – National Programmes. While DoH representation was important (as well as unusual for an implementation group), it may be that, in the absence of the Inter-Departmental Group, the involvement of a more senior DoH official could have helped to more effectively engage other government Departments in delivery of the Policy.
- The minutes produced in the period 2009-2011 are generally very brief summaries of the discussion and often lack clarity in terms of identifying decisions agreed and responsibilities for action. As from September 2012, the minutes are generally more detailed and contain action points allocated to named individuals, making the implementation of decisions more likely.
- The MHPIAG produced four annual Progress Reports in the period 2009-2012. The 2010 report appears to be in draft format only; the 2013 report is not yet available and, clearly, now significantly overdue. However, the Progress Reports do provide a useful summary of the main areas of work undertaken by the MHPIAG each year and indicate the work planned for the following year.
- The 2009 Progress Report was published on the DoH website but there is no record of any other Progress Reports being published. It is not ascertainable whether this lack of transparency had any impact on the implementation of the NMHPAP but it would have been good practice for all the Progress Reports to have been placed in the public domain. Wider dissemination might also have led to higher levels of engagement with the NMHPAP by other organisations and generated useful feedback. (It should be noted that a commitment has recently been made to post all the Progress Reports online by the time this Review is published.)
- There was no ministerial or wider political engagement with the NMHPAP that could have helped to drive the implementation process. Health Minister Mary Wallace TD, who launched the NMHPAP, was replaced April 2009 and there was a change in Government in 2011. The new policy focus from that time became the development of *Healthy Ireland* and it is understood that work on other areas of public health policy within DoH were then put on hold. It is possible that a higher level of political support for the NMHPAP – whether from ministers or TDs generally – would have created higher levels of engagement from other government Departments and more widely. It is noteworthy that the MHPIAG did not appear to consider engagement with politicians to be part of its remit. The same seems to be true of other organisations, chiefly MHFI, which could have had a role in this area.

- The MHPIAG did not develop clear, time-framed performance indicators and health outcomes for men's health. While the difficulties in doing so are not to be underestimated, especially during a period when there has been a dearth of official data on health behaviours and outcomes generally, the absence of any measurable targets for the Policy has made it difficult to assess its impact, successful or otherwise. There is also a danger that, in the absence of targets, the focus of those leading implementation can shift too far towards process and an assumption that enough of the 'right' kind of activity will have positive results.
- No formally-agreed men's health research agenda was established by DoH and HSE but there has nevertheless been a significant research effort since 2008, chiefly led by the National Centre for Men's Health (NCMH) with part-funding by HSE.
- The capacity of the MHPIAG secretariat (3.5 days a week) was too limited to fulfil its function. This problem was magnified by the lack of cover for one of the two post-holders who was absent on maternity leave three times over the lifetime of the NMHPAP.

### *Gender mainstreaming*

- Although *Equal but Different*, the gender mainstreaming policy, was briefly cited in *Healthy Ireland* there is no evidence, as yet, that its recommendations have been incorporated into its work programme. The in-depth interviews suggested that, while *Equal but Different* is seen as a potentially significant document, there is considerable scepticism about its implementation. 'No serious attempt is being made to implement gender mainstreaming,' said one stakeholder. 'Gender mainstreaming is not being driven by anyone and not much has happened to it, said a second. A third added: '*Equal but Different* took a long time to develop and is a very valuable document. But to achieve change, we need systems, mechanisms, accountability, timelines and performance indicators. Gender mainstreaming – and men's health – is not yet sufficiently high up on the political landscape. In the meantime, we'll potter along with lots of hard work by some very enthusiastic people.'
- *Equal but Different* itself observed that the cardiovascular strategy, *Changing Cardiovascular Health: National Cardiovascular Health Policy 2010-2019*, failed to implement a gender perspective.

### *Funding*

- While funding was available for work on men's health, the level was significantly affected by the recession and the cutbacks in public spending on health and other areas. Before 2008, Ireland experienced one of the highest economic growth rates in Europe. Public expenditure increased by nearly 40% between 2005 and 2008.<sup>70</sup> After the start of the recession, between 2008 and 2011, Ireland's gross national product fell by nearly 20%. Within the European Union, only Latvia, Italy, Estonia and Greece faced recessions of greater severity. In Ireland, statutory health spending fell by over 10% in absolute terms between 2008 and 2012.
- At the time of the launch of the NMHPAP in early 2009, Health Minister Mary Wallace TD made it clear that, 'in the present economic climate it is not possible to provide additional resources to assist in the implementation of the recommendations and actions contained in the National Men's Health Policy.'<sup>71</sup>

- It is not possible to calculate the total resources that have been made available to support specific men's health work in Ireland during the course of the NMHPAP but the total sum, while clearly not insignificant, is widely believed to be inadequate when set against the scale of the health problems facing men and the range of actions proposed in the Policy.
- The lack of financial support for the implementation of the NMHPAP was, unsurprisingly, seen as a critical issue by most of the interviewees. One commented that this 'undermined' implementation from the start; another said that the financial constraints made it hard for other Departments to deliver the commitments they had made at the policy development stage. DoH itself, including its health promotion unit, was reduced in size and capacity. The lack of effective support for MHFI's infrastructure (it has no permanent office base or staff besides, currently, a temporary Director of Operations) was identified as a particular problem; MHFI's work and impact have been constrained by limited funding since its launch in 1999. The delivery of NMHPAP at the community level by MDN was also affected by reduced funding during the lifetime of the Policy.

### **Key findings – Strategic Aim 1**

- This Strategic Aim was partly achieved.
- Implementation of the NMHPAP was significantly undermined by the absence of a high-level inter-Departmental group.
- The inability of the MHPIAG, on its own, to drive inter-Department collaboration was a problem that undermined progress on implementing large parts of the NMHPAP.
- The MHPIAG was firmly established with strong support from its members and continued to operate in a very unpropitious economic environment.
- The MHPIAG's work would almost certainly have benefitted from a more diverse and inclusive membership.
- Despite major financial constraints, funding was available for work on men's health – from HSE and others – but not at a level that organisations operating in the men's health sector considered sufficient. No new funding was provided to support implementation of the NMHPAP.
- The long-term lack of funding for MHFI has severely constrained the organisation's ability to function at the required level.
- There has been very good progress on developing gender mainstreaming policy but doubts remain about its implementation.
- Progress towards specific health policies addressing gender has been mixed: gender is included in the health inequalities framework 2010-2012 but not the national cardiovascular health policy 2010-2019.

- One interviewee suggested that the NMHPAP was 'the right policy at the wrong time' and that, if had been launched in 2005, there would probably have been significant resources made available for implementation. The lack of support for the NMHPAP was contrasted with that provided for the Cardiovascular Health Strategy, launched in 1999

and partly funded by a 50p tax increase on a packet of 20 cigarettes. It was also suggested that the political will to implement the Policy 'evaporated' because of the financial crisis.

- Respondents to the online survey shared the concern about funding. Over three quarters (78%) described the level of funding and other resources available to support implementation of the NMHPAP as 'insufficient'. Just 1.5% of respondents considered that 'sufficient' resources had been made available.
- But one stakeholder believed that not all the problems with implementation of the Policy should be blamed on funding. It was suggested that, even if sufficient funding had been available, there would almost certainly still have been problems with inter-Departmental working and governance.
- Some interviewees argued that, paradoxically, the recession 'helped' because it demonstrated the need for the Policy to tackle men's health problems linked to rising levels of unemployment and poverty. It also acted as a stimulus to unemployed men to develop 'survival strategies' with assistance from MDN and other organisations, seek out new activities at the community level, not least Men's Sheds, and to ask for help for mental health problems.

#### *Final comment*

None of these comments made about leadership in this section, or elsewhere in this report, are intended to undermine the contribution made by key individuals and the MHPIAG in general. It is clear that that sheer hard work, determination and commitment enabled the MHPIAG to 'punch above its weight' and for progress to be made in implementing significant parts of the NMHPAP. This point was made very strongly by many of the stakeholders who took part in the in-depth interviews.

## **Strategic Aim 2**

**SA5.2.** Promote an increased focus on men's health research in Ireland.

Respondents to the online survey generally believed that progress had been made towards achieving this Strategic Aim. About two thirds (63%) considered that progress had been 'good' (49%) or 'excellent' (14%) although just under one third (30%) thought it had been only 'limited'. Just 3% thought 'no progress' had been made. This Strategic Aim was judged by respondents to be the one where most progress in implementation had been made,

### **Achievements**

- NCMH was established at Carlow IT in January 2008 under the leadership of Dr Noel Richardson. Its aim is to develop innovative and multi-disciplinary research and training programmes on men's health. It is one of a very small number of men's health research centres around the world and its work has achieved international recognition.
- NCMH has consistently aimed to take a biopsychosocial approach to its research, reflecting the NMHPAP's perspective.

- The volume of research produced by NCMH alone is significant and impressive. It is reflected in contributions to a large number of articles, at least 15 since 2008, published in a wide variety of peer-reviewed journals including the *BMJ*, *European Journal of Public Health*, *Journal of Epidemiology and Community Health*, *Public Health*, *Men's Health Journal*, and *Health Promotion Journal of Australia*. The Centre has also contributed to international research collaborations, including the EC's *The State of Men's Health in Europe* report, a variety of research and policy reports, including *A Report on the Excess Burden of Cancer among Men in the Republic of Ireland*, a number of evaluations of local men's health projects, and book chapters. Some 50 oral presentations have been made to conferences in Ireland and abroad (including in the UK, Australia, Belgium, Denmark, Austria and Canada) as well as several poster presentations.
- NCMH works closely with a men's health researcher at Waterford IT (Dr Paula Carroll) and the two organisations are in the process of signing a Memorandum of Understanding regarding collaboration on men's health research. Several postgraduate students have been supervised by the two ITs on different aspects of men's health research. There are also several other academics at other institutions in Ireland working on men's health issues (e.g. at Trinity College Dublin and Limerick IT) and research is also undertaken on men's health issues by other organisations on a more ad hoc basis (e.g. the IPHI's report on the impact of unemployment on men published in 2011, MHFI's evaluations of successive Men's Health Weeks, and a number of research reports by MDN including one on engaging with men affected by unemployment and the recession).
- Importantly, research has contributed directly to improving the delivery of services at the community level; for example, guidance has been produced by NCMH for primary care practitioners on tackling weight problems in men.

### **Key findings – Strategic Aim 2**

- This Strategic Aim has been substantially implemented.
- Since 2008, there has been an increasing focus on men's health research, especially by the National Centre for Men's Health at Carlow IT. NCMH is now established as a research hub within Ireland and has developed significant international links. Other researchers, at Waterford IT and elsewhere, have also made an important contribution.
- The output of the NCMH has been substantial and is reflected in contributions to 15 articles in peer-reviewed journals, including the *BMJ*, *European Journal of Public Health* and *Journal of Epidemiology and Community Health*. There have also been some 50 oral presentations to conferences in Ireland and internationally. The body of work produced by the men's health research community as a whole has contributed significantly to the academic literature and much of it has been directly useful to practitioners.
- There has been a significant effort to evaluate men's health projects and interventions, such as the Larkin Unemployed Centre's Men's Health and Wellbeing Programme and the Farmers have Hearts project.

- NCMH is a partner in the Engage National Men's Health Training programme. Engage was developed in response to the growing demand from service providers for support to improve their engagement and work with men. It was created via a partnership between

Carlow IT, MDN, Waterford IT, and HSE's Health Promotion Department. Engage also provides a means of bringing research to the attention of practitioners.

- The extent to which men's health projects and interventions have been evaluated is noteworthy. A significant number of projects appear to have been systematically evaluated in a way that enables the improvement of practice and the dissemination of effective ways of working. This is particularly important in a field of activity – men's health – where the knowledge and evidence base is relatively undeveloped. Examples of these evaluations include two reviews of the Larkin Unemployed Centre's Men's Health and Wellbeing Programme and assessments of the Farmers Have Hearts, safefood Get your life in gear, and Men on the Move projects. MDN has completed almost 40 evaluations and reports on its five-year programme of NMHPAP implementation work at the community level.

## Problems

- While there has undoubtedly been considerable progress in the area of research, the originally-envisioned National Men's Health Research Framework and Network has not been established nor have baseline measures across different aspects of men's health that could have been used to evaluate changes in men's health status over time.

## Strategic Aim 3

**SA6.** Develop health promotion initiatives that support men to adopt positive health behaviours and to increase control over their lives.

Almost two-thirds of respondents to the online survey (62%) thought there had been 'excellent' (7%) or 'good' (55%) progress towards implementing this strategic aim. About one-third (36%) considered progress to have been 'limited' and only 1% believed there had been 'no progress'.

## Achievements

- Several male-targeted health information resources have been produced, including by the Irish Cancer Society (*Destination Health: Reducing Your Risk of Cancer* [2013] and booklets on prostate and testicular cancer), the Irish Heart Foundation (*A man's guide to heart health* [2011]), An Post (*Male Minder: A Guide to Men's Health for An Post Staff* [2009]), and safefood (*Road to Good Health: Get your life in gear* [2009]), HSE and others (*Staying Fit for Farming: A health booklet for farmers* [2013]), and the Carlow Men's Health Project (*Men's Health Matters: A Practical Guide to Healthcare for Men* [2011]). The SpunOut website, aimed at young people (with some 600,000 unique visitors in 2012), has a men's health section. Pieta House launched its 'Mind Our Men' campaign in 2014 to address the high level of male suicide. The musician and former rugby player Niall Breslin ('Bressie') has also helped to raise public awareness of men's mental health issues by talking openly about his own experience on a dedicated website ([www.my1000hours.com](http://www.my1000hours.com)). In 2015, supported by NOSP funding, MDN will be publishing a book and web content called 'A New Conversation for Men'. These aim to support men reflect on what they need to do to make things better for themselves, each other, their families and their communities.

- MHFI has also produced resources aimed at men. For MHW 2014, with part-funding from HSE, MHFI published the *Challenges and Choices* 'mini manual', a free 32 page Haynes-branded booklet which highlighted a range of key challenges to men's health and offered practical choices for dealing with them. MHFI has also published posters aimed at men during different MHWs. In 2011, the poster featured comedians Joe Rooney and Paul Tylak and contained the message: 'These are challenging times. It's no joke. Let's talk.'
- There have been a number of evaluated health promotion pilot and longer-term programmes aimed at men. The Men on the Move initiative is described below. The Larkin Unemployed Centre's Men's Health and Wellbeing Programme, a 10-week intervention for men aged over 30 years in a disadvantaged part of Dublin, was evaluated by NCMH and found, overall, to be 'hugely effective' in meeting its objectives and 'in connecting in a very special way with the target community. ... The MHWP is a very genuine and worthwhile example of best practice in how to effectively engage with men.'<sup>72</sup>
- Farmers Have Hearts was a free cardiovascular health screening programme for rural men in County Roscommon. It aimed to create an awareness of cardiovascular disease by focusing on the importance of prevention and the promotion of heart health. It identified clients with risk factors that contribute to cardiovascular ill-health and encouraged them to engage in positive health behaviours. The evaluation concluded that the programme had a positive impact on those attending over a relatively short period of time – for example, the proportion of men with hypertension fell from 56% to 40% – and recommended that it should be continued.
- MDN has also been actively engaged in delivering health promotion programmes to men. At the three-day National Ploughing Championships in 2012, for example, MDN held conversations with men and distributed over 1,500 health leaflets and information booklets. MDN's Men's Development in Schools programme has targeted 250 young men and boys in recent years through the provision of live fora for exploring the messages they pick up about becoming men and the impact on their lives and health.
- MDN also used regional radio to raise awareness of the need for men to address the health issues that impact on their lives and to highlight developments such as the NMHPAP itself and Men's Health Week. About 25 'Coming Into View' programmes have been broadcast and some of the content has also been used to support MDN's training and other work.
- Several important new road safety measures have been introduced during NMHPAP's lifetime, although it is doubtful that the NMHPAP was a significant direct driver of these changes. A new lower drink drive limit was introduced in October 2011 with a further lower limit for specified drivers, including learners. Compulsory Novice Plates were introduced in 2014 to protect learner drivers and the Road Safety Authority (RSA) believes that, given the high proportion of young male drivers killed in collisions, this change is particularly relevant to the NMHPAP. The RSA runs a range of educational programmes as part of which a team of road safety educators visits schools, companies, communities, sporting organisations etc. promoting comprehensive road safety education covering drink driving, speed and the correct use of seatbelts. The RSA's Road Safety Strategy for 2013-2020 includes a commitment to develop and implement education and awareness interventions aimed specifically at the high-risk 17 to 24 year age group (Action 9). RSA data shows that Road Traffic Serious Injuries have fallen steadily in recent years, from 2,182 in 1997 to 561 in 2012; the provisional target for 2020 is a further reduction to 330 serious injuries. Given the disproportionate number of

men injured and killed in traffic accidents, this significant fall in numbers is almost certainly of particular benefit to men.

- The Movember and Blue September Ireland campaigns have, in all likelihood, contributed to a greater awareness of cancer among men in recent years. These initiatives have developed in parallel to the NMHPAP and without MHPIAG involvement.

### **Problems**

- Several of the specific action points within this Strategic Aim have not been progressed. For instance, HSE has not developed an overall communications, social marketing and advocacy plan for men's health, piloted a national men's helpline, or provided a national men's health internet site.
- HSE's health promotion website ([www.healthpromotion.ie](http://www.healthpromotion.ie)) contains no male-specific information. The site's publications' search engine contains an option for 'women's health' but not one for 'men's health'.
- HSE together with other Departments has not reviewed the adequacy of existing legislation to deter risk-taking behaviour among men.

### **Key findings – Strategic Aim 3**

- Considerable progress has been made in the implementation of this Strategic Aim.
- Several male-targeted health information resources have been produced, including by the Irish Cancer Society the Irish Heart Foundation An Post, MHFI, MDN and safefood.
- There have been a number of evaluated health promotion pilot and longer-term programmes aimed at men, such as The Larkin Unemployed Centre's Men's Health and Wellbeing Programme, Men on the Move, Farmers Have Hearts and MDN's Men's Development in Schools programme.
- Several important new road safety measures have been introduced, including a lower drink drive limit and Compulsory Novice Plates. Road Traffic Serious Injuries have fallen steadily in recent years, a trend almost certainly of particular benefit to men.
- Several of the specific action points for the implementation of this Strategic Aim have not been progressed. HSE has not developed an overall communications, social marketing and advocacy plan for men's health, piloted a national men's helpline, or provided a national men's health internet site. HSE's health promotion website contains no male-specific information.
- The MHPIAG has not developed and disseminated guidelines for best practice in relation to appropriate portrayals of men and masculinity.
- No action has been taken to advocate the use of appropriate complaints procedures to challenge negative stereotypes of men in advertising, public broadcasting and the popular press. The BAI has, to date, upheld no complaints relating to gender stereotyping, male or female.



- The MHPIAG has not developed and disseminated guidelines for best practice in relation to appropriate portrayals of men and masculinity.
- No action has been taken to advocate the use of appropriate complaints procedures to challenge negative stereotypes of men in advertising, public broadcasting and the popular press, although MDN wrote to RTÉ in 2013 advocating the use of the word ‘men’ in its sports coverage when describing male-specific events. The Broadcasting Authority of Ireland (BAI), in its response to this Review, stated that that its Children’s Commercial Communications Code, General Commercial Communications Code and Code of Programme Standards prohibit gender stereotyping and provide a means for viewers to make complaints. A review of complaint decisions arising indicates that, to date, the BAI has upheld no complaints relating to gender stereotyping, male or female.

#### **Strategic Aim 4**

**SA7. Develop health and social services with a clear focus on gender competency in the delivery of services.**

Over one third of respondents to the online survey (38%) thought there had been ‘excellent’ (7%) or ‘good’ (31%) progress towards implementing this strategic aim. About half (49%) considered progress to have been ‘limited’ and 12% believed there had been ‘no progress’

#### **Achievements**

- The NCMH at Carlow IT has, as outlined above, developed a specialist research programme on men’s health. There has also been research into men’s health issues at Waterford IT and at other academic institutions. The Health Promotion BA (Hons) in Health Promotion course at Waterford IT offers a final year elective module on gender and health; this module is also an option for final year students on the BA (Hons) Exercise and Health Studies course. Waterford IT also offers experiential-based facilitation training for those who train teachers and workers in and out of school settings to deliver Social Personal and Health Education (SPHE) more effectively. The trainers’ training includes an aspect of gender to support further those who work with young men. This training has been developed in partnership with HSE and in collaboration with MDN and it is co-funded by HSE and NOSP. NWCI is currently seeking to integrate gender into training programmes for nurses and midwives and, at a later date, for GPs too. MDN provides placements for second and third year Social Care students from Carlow, Cork and Waterford ITs.
- The Engage training programme, launched in 2012, is a comprehensive one-day men’s health training programme targeted at front-line service providers and was developed to address the current deficit in gender-sensitive service provision for men. The development of this programme was a collaborative effort between Carlow and Waterford ITs, MDN and HSE. The training content is based upon the partners’ experience, evidence from academic and evaluation literature, and an extensive 24-month pilot phase. There is no known comparable training programme in any other country.
- Engage aims to increase participants’ understanding of best practice in engaging men with health and social services. Specifically, on completion of the training programme, it is hoped that participants will:

- Understand the broad determinants of men's health, including how gender influences men's approach to looking after their own health.
  - Understand how to guide health consultations with men using brief intervention and motivational interviewing techniques.
  - Understand how best practice guidelines in working with men should be used to engage men more effectively with health and social services.
  - Be aware of how to set up and support effective group work with men.
  - Be aware of the barriers and prompts experienced by men when accessing health and social services.
- Engage has adopted a 'Train the Trainers' model to increase capacity. The first intake of 18 trainers completed a four-day residential training programme in 2012 and they began delivering Engage in March 2013. By December 2014, Engage had delivered one-day training to over 570 front-line service providers. A comprehensive training resource pack has been developed which comprises training videos, Powerpoint presentations, hand-outs, lesson plans and a range of interactive group work tasks and role plays. These resources are available in hard copy, on USB and online. The programme is currently being evaluated with a view to having Engage assigned a nationally recognised 'Quality' training mark.
  - MDN has delivered men's health workshops to GPs at Irish College of General Practitioners' conferences and summer schools in each of the five years of the NMHPAP and has also delivered a number of men's health events to public health nurses and social workers and in schools, colleges, prisons and to health NGOs. MDN has trained Department of Social Protection staff in how to engage with men who are unemployed; this training was based on MDN research into the impact of unemployment on men's health and self-worth.
  - Support and encouragement for men who are interested in a career in childcare is provided by the Men in Childcare Network, a voluntary organisation founded in 2004.

#### **Key findings – Strategic Aim 4**

- This Strategic Aim has been partly implemented, although the Engage men's health training programme does represent significant progress.
- Engage is now established as a major and unique training resource with the capacity to reach significant numbers of front-line service providers. Over 570 front-line staff have already been through the programme and it is currently being evaluated.
- There are now some health professional training programmes with content on gender and men's health. Waterford IT offers training on gender and health to health promotion and exercise and health students and to trainers of teachers and other workers who deliver SPHE. NWCII is currently seeking to integrate gender into training programmes for nurses and midwives.
- Overall, however, there are currently very few modules on gender and men's health integrated into the training syllabi of health and allied health professionals
- Men remain significantly under-represented in the education and caring workforces and in community work. Few steps have as yet been taken to address this.

## Problems

- There are not, with the few exceptions cited above, any modules on gender and men's health integrated into the training syllabi of health and allied health professionals. In its response to this Review, the Irish Universities Association, which was identified in NMHPAP as a lead agency in this area, stated that it had no knowledge of the Policy. The Institutes of Technology Ireland, also named as a lead agency, asked its members for information about their activities in this area and only Carlow IT responded.
- There has been no significant progress by the relevant national statutory agencies in developing strategies and initiatives to increase men's participation in the education and caring professions and community work.

### Strategic Aim 5

**SA8.** Support the development of gender-competent health services, with a focus on preventative health.

About one third of respondents to the online survey (32%) thought there had been 'excellent' (1%) or 'good' (31%) progress towards implementing this strategic aim. About half (52%) considered progress to have been 'limited' and 12% believed there had been 'no progress'.

## Achievements

- The Engage training programme (see above) aims to educate service providers about the design and delivery of 'male-friendly' health services.
- Male-targeted information has been published to enable men to make more informed decisions about seeking help, such as the Challenges and Choices 'mini manual' published for MHW 2014 (other examples are cited above).
- Complementary models of healthcare for men (e.g. easy-access opportunistic health checks) have been offered in some settings, for example at farmers' marts.
- The Irish Cancer Society report *The Excess Burden of Cancer Among Men in The Republic of Ireland* was published in 2013. As well as analyzing the evidence on the causes of male morbidity and mortality from cancer, it contained 20 recommendations for action and succeeded in generating increased awareness of the issue.
- BowelScreen (The National Bowel Screening Programme) was launched in 2013 and is the first cancer screening programme in Ireland to include men. It is initially being rolled out to 60-69 year olds and will eventually be available to all 55-74 year olds.
- The National Cancer Screening Service has maintained its recommendation that prostate cancer screening at a general population level should not be introduced. This is in line with the latest research from The European Randomized Study of Screening for Prostate Cancer (ERSPC) which suggests that the reduction in prostate cancer mortality resulting from screening is not sufficient to justify population-based screening.<sup>73</sup> This is because of the increased risk of the overdiagnosis of prostate cancers that may not give rise to symptoms or lead to death during the lifetime of a typical man.

- *Reach Out*, the national strategy for suicide prevention, was published in 2005, before the NMHPAP, but covered the period up to 2014. The strategy included several recommendations for action on men, which were reflected in the NMHPAP. The National Suicide Research Foundation and NOSP have regularly highlighted sex differences in suicide. A significant report on young men and suicide across the island of Ireland was published by MHFI in 2013.<sup>74</sup> This reviewed existing mental health promotion and suicide prevention services and programmes, gathered examples of good practice, piloted two practical initiatives, and made 12 recommendations for action. A key test of the impact of this report will be the extent to which it is embodied within NOSP's forthcoming suicide prevention strategy.
- In December 2014, MHFI published *Engaging Young Men Project: A report on the Mapping Exercise conducted in Ireland during 2014*.<sup>75</sup> This report, funded by NOSP, provides data on suicide and young men, identifies some of the risk factors, aims to explore the role of masculinity in determining the choices that young men make, highlight key issues and challenges facing workers in this field, establish the policy context for supporting young men, offer suggestions for key principles and models of effective practice, and inform the development of a practitioners' training package. The report makes a significant contribution to the development of work to improve the mental health and wellbeing of young men.
- MDN has worked with Mental Health Ireland to develop an interactive workshop, Men's Mental Health, which aims to promote positive mental health. MDN also provides a free counselling service funded by the Department of Social Protection through the Family Support Agency, which focuses on men who experience marginalisation, especially through poverty and exclusion. MDN, through its Annual National Men's Training and Development Summer Schools, has trained over 300 men's group leaders and members over the five years of the NMHPAP. This training includes improving men's mental wellbeing and the quality of their relationships within their families and with other men in order to establish ongoing support for themselves. MDN's work on the '7 Key Questions for Men' underpins much of its own activity to promote mental wellbeing in men and also provides a useful tool for the other organisations that MDN has trained in this approach.
- The health of Traveller men has received some specific attention. MDN is working with Pavee Point Traveller and Roma Centre to develop a training programme for Traveller and Roma men to engage their peers. Pavee Point co-ordinates the Traveller Men's Health Project and employs a dedicated men's health worker. This Project, which is based in Finglas in Dublin, aims to find out more about the needs of Traveller men, to explore the possibility of establishing a Men's Shed, to create greater awareness among participating men about men's health issues and to organise health checks and expert speakers on health topics. In 2010, the Meath Primary Care Project for Travellers published an information leaflet, *Health Facts for Men*.
- HSE funded MDN to research Traveller men and agencies that engage with Traveller men about Traveller men's health. The HSE formed a Traveller Men's Health Committee to respond to the results of this research. A programme for Traveller Men's Development was developed and MDN was funded to produce the training manuals for this programme that were published in 2009 and 2010.<sup>76</sup>
- In 2012, the Irish Family Planning Association produced three four-minute online videos as part of its Men Engage Project funded by the International Planned Parenthood Federation (IPPF). The films covered sexually transmitted infection (STI) testing, contraception and vasectomy, and pregnancy. They also highlighted some of the sexual

and reproductive health advice services that the Irish FPA offers to men. MDN has also, albeit infrequently, held workshops on pornography and sex at its summer schools.

## Problems

- No action has been taken by HSE, ICGP or others to make structural changes to mainstream primary care services to address the barriers to access faced by many men (e.g. restricted opening hours and costs for non-Medical Card or GP Visit Card holders).
- To date, the uptake for BowelScreen has been relatively low – it was 42% in 2013 – and the programme’s aim is to increase this to just 50% by 2015.<sup>77</sup> Data on sex differences in uptake is not publicly available but it is highly likely that, despite men’s greater risk of developing bowel cancer, in the absence of gender-targeted interventions, their uptake will be at an even lower level than women’s.<sup>78,79,80</sup> It is also arguable that, because men tend to develop bowel cancer at a younger age than women, that male screening should start at the age of 50 if it is to be most effective.<sup>81</sup>

## Key findings – Strategic Aim 5

- This Strategic Aim has been partly implemented.
- The development of gender-competent health services has been supported through the Engage training programme, the publication of male-targeted health information and the provision of some easy-access preventative and counselling services. MHFI’s reports on young men and suicide and on engaging young men have also made an important contribution.
- There have been a number of significant initiatives to improve the poor health of Traveller men.
- The BowelScreen programme will detect many hitherto undiagnosed cases in men but it has not yet developed interventions that have the potential to increase men’s relatively low uptake. The introduction of HPV vaccination for boys could help to reduce the incidence of several cancers in men (as well as genital warts).
- Mental health services for young men have remained under-developed but this could be addressed through the NOSP’s forthcoming suicide prevention strategy. The national sexual health strategy, currently under development, could also tackle the lack of gender-competent sexual health services and programmes for men. The sexual health strategy could also contain a commitment to review HPV vaccination policy in respect of boys and men who have sex with men.

- HPV vaccination was not mentioned in the NMHPAP but evidence that has emerged since the Policy was developed about the impact of HPV infection on men make it relevant to the section on cancer prevention programmes for men. Girls have been included in a national HPV vaccination programme since 2010 but boys are excluded even though they are also at risk from a range of HPV-related cancers (anal, penile, head and neck) as well as genital warts. There have been calls for HPV vaccination to be extended to all boys in Ireland,<sup>82</sup> in line with an increasing number of other countries (including Australia, Austria, Canada and the USA). The UK is currently considering whether to vaccinate all boys and its vaccination advisory body has recently recommended that men who have sex with men should be offered the vaccine because

they are at increased risk of HPV-related diseases and receive no protection from a girls-only programme.

- *Engaging Young Men Project: A report on the Mapping Exercise conducted in Ireland during 2014* suggests that, to date, there has been little effective activity to develop mental health services for young men. It describes a 'paucity of services for young men, as well as a lack of information on services that are available.' It also suggests that many of the attempts that have been made to engage young men in mental health services were not evidence-based.
- There has been little progress to date in the development of gender-competent sexual health services and programmes for men although this might be addressed in the forthcoming national sexual health strategy. The HSE Crisis Pregnancy Programme National Strategy 2012-2016 contains a commitment to supporting both women and men who are experiencing a crisis pregnancy but the Strategy does not provide any details about how men's specific needs will be addressed.<sup>83</sup>

## Strategic Aim 6

**SA9.1.** Target specific men's health policy initiatives in the home that accommodate diversity within family structures and that reflect the multiple roles of men as husbands/partners, fathers and carers.

About one fifth of respondents to the online survey (22%) thought there had been 'excellent' (3%) or 'good' (19%) progress towards implementing this strategic aim. About half (55%) considered progress to have been 'limited' and almost one fifth (19%) believed there had been 'no progress'.

## Achievements

- Most of the initiatives and interventions aimed at men during the course of the NMHPAP have been based on the key premise that men can and should take increased responsibility for their own health.
- There has been significant further research to identify ways of enabling men to take increased responsibility for their own health. Some of this has been mentioned above. Of particular relevance is research into the lessons of the Carlow Men's Health Programme for engaging 'hard to reach' men through community-based health promotion programmes. This found, for example, that men prefer structured programmes with tangible outcomes, it is important to consult with men about their needs, the approach of the facilitator is key, and using incentives, removing costs and choosing easily accessible venues in non-traditional settings may remove barriers to engagement.<sup>84</sup>
- There have been a small number of initiatives designed to support fathers. MDN delivers a Family Communication and Self-Esteem 8-week parenting programme twice a year in collaboration with HSE and programmes in Dublin for fathers affected by disadvantage. MDN also developed, piloted and evaluated Hey Da, a parenting programme for fathers recovering from addiction (most of whom were living apart from the mothers of their children) and has run two support groups for lone, separated and divorced fathers.

- The Child and Family Agency's website states that Family Resource Centres provide a range of universal and targeted services and development opportunities that address the needs of families and which can include men's groups.<sup>85</sup> The prevalence of such groups is not known, however.
- Fathers can benefit from the increase, introduced in 2013, in the amount of parental leave available to each parent per child from 14 weeks to 18 weeks. (However, parental leave remains unpaid.) A parent, male or female, returning from parental leave may also request a change in working hours.
- In its response to this Review, the Department of Environment, Community and Local Government (DECLG) stated that a survey of the living conditions of men living alone has not been undertaken. However, DECLG has sought to improve the living standards of all households, both privately owned and rented, in the years since the introduction of the NMHPAP. It has commissioned an assessment of the health impact on different groups resulting from the introduction of the Housing Assistance Payment (HAP). As single person households, in particular men, are one of the biggest cohorts on rent supplement, the research will look specifically at the impacts for this group. DECLG expects that HAP will have a positive health impact on this cohort as, under HAP, properties will be inspected and therefore standards should improve. DECLG also expects men to benefit from the requirement, introduced in 2013, for all rental accommodation to have its own separate sanitary facilities. This will ultimately result in the phasing-out of the traditional 'bed-sit', where sanitary facilities are shared between different rental units.
- *The National Strategy on Domestic, Sexual and Gender-based Violence 2010-2014* takes the view that the majority of perpetrators are male but it acknowledges that men can also be victims and that their needs should be taken into account. In 2011, COSC (The National Office for the Prevention of Domestic, Sexual and Gender-based Violence) established the National Steering Committee on Violence Against Men (NSCVAM) with the aim of improving the protection of, and services for, men who are, or may become, victims of domestic violence. COSC supports 13 intervention programmes for perpetrators which deal with clients referred in a variety of ways, including self-referral and by court mandate, and co-ordinates a perpetrator intervention programme committee which comprises representatives from COSC and intervention programmes.
- Men Overcoming Violent Emotion (MOVE) was set up in 1989, originally to tackle domestic abuse in Dublin. It now also operates in Limerick, Midlands, Meath, North Tipperary, Kerry, Wicklow and Cork and offers perpetrators a structured group-work programme. In order to prioritise the safety of women and children, MOVE has changed its focus from being an organisation which worked solely with men to one which now works with both men and their partners.
- MDN runs the MEND (Men Ending Domestic Abuse) programme. This free 32-week group programme service, funded by COSC, is available to male perpetrators in the Carlow, Kilkenny, South Tipperary, Waterford and Wexford regions. The man's partner/ex-partner is also offered support by MEND's Partner Support Service while the he is on the programme. MDN states that MEND has achieved positive results, with violence or abuse ending or at least significantly declining, and that female partners also feel well supported. MDN is now extending MEND into Counties Offaly and Laois and the Department of Justice and Equality states that COSC plans a further extension of perpetrator programmes and also the development of more advanced impact assessment tools.

- In 2014, MDN was invited to present its work on ending men's violence against women to the National Traveller Monitoring and Advisory Committee (NTMAC) in the Department of Justice and Equality. This has resulted in MDN becoming a member of the NTMAC sub-committee on ending men's violence against women.
- The White Ribbon Campaign, the world's largest male-led movement to end men's violence against women, was launched in Ireland in 2010 by MDN, Rape Crisis Network Ireland and Safe Ireland. Since 2012, it has been co-ordinated by MDN with funding from COSC and Vodafone and is supported by 20 civil society organisations including the defence forces, An Garda Síochána, the Irish Congress of Trade Unions and national sports organisations. White Ribbon Ireland is a non-profit campaign and Ireland's only national, male-led primary prevention campaign to end men's violence against women and promote gender equality.
- MDN is also part of the Turn Off the Red Light Campaign (TORL) which aims to raise public awareness about the dangers of prostitution and sex trafficking and to lobby the Government to introduce legislation to end the exploitation of women, men and children in the sex industry. TORL believes that the best way to combat sex trafficking and prostitution is to tackle the demand for paid sex by criminalising the purchase of sex. In November 2014, the Minister for Justice and Equality, Frances Fitzgerald TD, published the draft Heads of a Bill that incorporate this goal.
- Safe Ireland runs the MAN UP national public awareness campaign. This aims to highlight the positive role men can play in ending domestic violence.
- Support for male victims of domestic abuse is mainly provided by AMEN, a charity established in 1997 which provides a confidential helpline, counselling, group support and professional training. AMEN also advocates greater recognition and support services for male victims and the inclusion of men, men's groups and men's experiences in the formulation of relevant social policy and legislation. MDN's counselling service is also used by male victims of domestic abuse.

## Problems

- Paternity leave remains unrecognised in employment law in Ireland. This compares to two weeks' paid paternity leave in the UK, Australia and Denmark.<sup>86</sup> In Spain, men are entitled to 15 days' paid leave, in Portugal to 20 days (of which the first 10 are compulsory) and in Iceland to three months'. All of Ireland's immediate European neighbours have some provision for paternity leave. The government has recently made a commitment to consider the introduction of paid paternity leave.
- Progress towards the development of explicit and gender-competent father-inclusive policies and practices within all health and social services has been very limited. There is no evidence that the Family Support Agency (FSA) has provided the increased focus on the needs of separated and divorced men that was called for in the NMHPAP. The FSA's *Strategic Framework for Family Support within the Family and Community Services Resource Centre Programme* (2013 revised edition) does not mention the NMHPAP, although it does cite several other national family, children's and health policies that it aims to align itself with.
- The national carers' strategy, published in 2012, acknowledges that the number of male carers has increased by 20% since 2006 and that male carers may be particularly hidden and that this may serve as a barrier to accessing services.<sup>87</sup> However, the strategy does not go on to suggest any male-targeted actions that could support male carers, such as



the NMHPAP's recommended training for service providers and development of networks for male carers and between male carers and community groups.

- There is no evidence of any widespread effort to provide improved and targeted information to support and encourage men who live alone to access existing income support payments and social supports.
- There is only one programme for male perpetrators of domestic violence in the northern half of Ireland and currently none in Dublin.

### **Key findings – Strategic Aim 6**

- This Strategic Aim, which covers several diverse issues, has been partly implemented.
- There has been progress in developing health interventions that encourage men to take greater responsibility for their own health and these have been underpinned by research.
- There have been no widespread initiatives to support fathers and Ireland remains relatively isolated in western Europe in respect of provision for paternity leave.
- The government has taken steps to improve housing standards which, if successful, will be of particular benefit to men living alone.
- Steps have been taken to address domestic and related violence which affects men both as perpetrators and victims, although significant areas of the country do not have a service for perpetrators.
- The national carers' strategy largely overlooks the specific need of male carers.

### **Strategic Aim 7**

**SA9.2.** Develop a more holistic and gendered focus on health and personal development in schools, out-of-schools settings and colleges within the context of the Health Promoting School and college models.

About one quarter of respondents to the online survey (26%) thought there had been 'excellent' (3%) or 'good' (23%) progress towards implementing this strategic aim. Half (51%) considered progress to have been 'limited' and about one in eight (13%) believed there had been 'no progress'.

### **Achievements**

- Information about health in schools is mainly provided through the SPHE (Social, Personal and Health Education) curriculum. The curriculum covers a wide range of physical and emotional health issues at all stages, including biological differences between males and females, and there is a specific focus on gender in the Senior Cycle (for 15-18 year olds). The gender studies programme includes the different ways men and women view health and wellbeing, how they access services and the impact of the

workplace on health. There is also a focus on how personal attitudes and values about gender impact on lifestyle choices.

- As noted above, Waterford IT also offers experiential-based facilitation training for those who train teachers and workers in and out of school settings to deliver Social Personal and Health Education (SPHE) more effectively. The trainers' training includes an aspect of gender to support further those who work with young men.
- MDN provides educational programmes for teachers, boys and young men in schools. The Men's Health Programme aims to support boys and young men to explore the meaning of 'health' and the impact of gendered messages on health, how to self-care more effectively and how to ask for help. There is also a specific focus on testicular cancer. MDN has additionally brought the White Ribbon campaign to nine Dublin schools using the creative arts of poetry, prose, painting and photography. All three teachers' unions have now signed up to the White Ribbon Campaign.
- MDN's Men's Education Project seeks to support disadvantaged men who want to complete, continue or increase their education.
- In its submission to this Review, the National Council for Curriculum and Assessment (NCCA) stated that the new framework for Junior Cycle, introduced in September 2014, took account of Economic and Social Research Institute research into students' experiences of the curriculum in the first three years of their post-primary schooling. This found that many students disengaged from learning in the second year and a substantial number of these were boys.
- The Department of Education and Skills published new anti-bullying procedures for primary and post-primary schools in 2013.<sup>88</sup> These included the requirement that all schools should have had in place an anti-bullying policy within the framework of their overall code of behaviour by the end of the second term of the 2013/14 school year. Anti-bullying policies are expected to make clear that the definition of bullying includes cyber-bullying and identity-based bullying (such as homophobic and racist bullying).
- Guidelines on mental health promotion and suicide prevention in post-primary schools were developed by an inter-Departmental group comprising members from the Department of Education and Skills, HSE and DoH.<sup>89</sup> These guidelines, published in 2013, were generic and did not highlight gender differences.
- The national policy framework for children and young people 2014-2020, *Better Outcomes, Brighter Futures*, recognises that girls and boys experience and deal with their health differently, so policies and strategies should reflect this. The policy also states that particular attention needs to be paid to developing boys' literacy skills and promoting different styles of learning to engage boys better.

## Problems

- It has proved difficult to assess the progress made in delivering this Strategic Aim because information from the Department of Education and Skills was not available to the Review.
- From the information available, it appears that progress has been limited in several areas: a revised Exploring Masculinities programme has not been implemented; opportunities to use mentoring to support boys to reflect on their masculinity have not been explored; there has been no systematic effort to enable fathers to be more involved

in their children's education; no concerted action has yet been taken to reduce the rate of drop-out of boys from second-level schools; and the recommendations of the College Lifestyle and Attitudinal National (CLAN) survey report have not been implemented in a way that is informed by a gender analysis and the particular needs of male students.

- SPHE is not a compulsory subject in the Senior Cycle; in the Junior Cycle, however, the government will be introducing into the curriculum a new area entitled 'Well-Being' which will incorporate Physical Education, SPHE (incorporating Relationships and Sexuality Education [RSE]) and Civic, Social and Political Education (CSPE).

### **Key findings – Strategic Aim 7**

- This Strategic Aim has been partly implemented.
- The SPHE curriculum covers physical and emotional health issues and gender differences are addressed in the Senior Cycle (although SPHE is not compulsory at this level).
- Training on working with young men is now available for the trainers of SPHE teachers.
- MDN provides educational programmes for boys and young men in schools, and as a resource for teachers, but these are local and relatively limited in scale.
- New anti-bullying procedures and also guidelines on mental health promotion/suicide prevention were published in 2013 for use in schools.
- There are several important areas where no action appears to have been taken, including enabling fathers to be more involved in their children's education and reducing the rate of drop-out of boys from second-level schools.

### **Strategic Aim 8**

**SA9.3.** Target the workplace as a key setting in which to develop a range of men's health initiatives that are based on consultation and partnership-building with employers, unions, workers and other relevant statutory bodies.

About one quarter of respondents to the online survey (25%) thought there had been 'excellent' (3%) or 'good' (22%) progress towards implementing this Strategic Aim. About half (46%) considered progress to have been 'limited' and almost a quarter (23%) believed there had been 'no progress'. This was the Strategic Aim with the largest proportion of respondents selecting 'no progress'.

### **Achievements**

- There have been a number of workplace-based health initiatives, including at An Post and safefood. There have also been cardiovascular checks at farmers' marts organised by the Irish Heart Foundation. In 2009, An Post's Male Minder campaign involved a Haynes-style guide being sent to over 9,500 employees and occupational health staff

visited the larger sites to promote health awareness. In 2009-10, safefood ran Get Your Life in Gear, a 12-week intervention developed using a social marketing approach which had the aim of supporting truck drivers to eat healthily, lead physically active lives, and attain and maintain a healthy lifestyle.

- The Construction Workers' Health Trust (CWHT) has continued to provide a free health screening service at construction workplaces across Ireland. CWHT says it has, since 2004, delivered over 75,000 screens at 400 sites. The vast majority of these screens will have been of men.
- The Health and Safety Authority (HSA), in its response to this Review, stated that the Health and Safety Strategy Statement 2007-2009 has been implemented in full (one of the action points under this Strategic Aim), that new HSA guidance on certain occupational risks applies mainly to men (e.g. the guides and information sheets published in 2013 on manual handling risk management in transport and storage, on manual handling risk assessment in the manufacturing sector, on the management of manual handling in construction, and on reducing the manual handling of roof panels in construction) and that the HSA's farmers' research project to improve farmer safety behaviour is particularly relevant to men. The HSA has developed an online organisational stress audit tool (Work Positive Profile) and produced guidance and information on stress for both managers and employees. The HSA has also published a code of practice on workplace bullying which requires employers to produce and implement a policy. (This code, published in 2007, predates the NMHPAP.)
- In 2011, IPHI published a research report, *Facing the Challenge*, on the impact of the recession and unemployment on men's health in Ireland. This identified several important challenges, including high levels of stress or anxiety, dependency on or over-use of alcohol/other drugs, deterioration in physical health, development of conflict in family or close personal relationships, social isolation and a reluctance to approach services or seek help. The report made a number of recommendations, including the establishment of an All Ireland Men's Mental Health Forum. This Forum has not yet been established.

#### **Key findings – Strategic Aim 8**

- This Strategic Aim has been partly implemented.
- There have been a number of useful workplace-based health initiatives (An Post, safefood, CWHT, etc.) but these have not been rolled out on a wider scale.
- The Health and Safety Authority (HSA) has taken action to improve occupational health in sectors where men comprise the majority of workers (e.g. construction, transport agriculture) and to tackle workplace stress and bullying.
- The impact of the recession and unemployment on men's health in Ireland has been assessed through IPHI and MDN research.
- Little progress has been made to address issues of work-life balance in men.

## Problems

- There is no evidence that the examples of good practice in engaging men in health improvement interventions at the workplace have been rolled out more widely. Only a small minority of men at work have had an opportunity to participate in male-targeted lifestyle change or screening programmes.
- There is no evidence of any significant activity to enable men to exercise greater choice in the making of decisions regarding work-life balance. Most of the action points for this issue were for the National Framework Committee for Work Life Balance which now appears to be inactive. There is also no evidence of work to track the health status of long-term unemployed men and men engaged in transient work or of an increased focus on the issue of men and retirement.

### Strategic Aim 9

**SA9.4.** Increase the availability of and access to facilities for sport and recreation for all men and safe social spaces for young people.

About half of respondents to the online survey (48%) thought there had been 'excellent' (4%) or 'good' (44%) progress towards implementing this Strategic Aim. About two fifths of respondents (41%) considered progress to have been 'limited' and about one in eight (12%) believed there had been 'no progress'.

Several of the action points for this Strategic Aim were generic, e.g. increasing funding for projects for young people in general. This Review, however, has focused on those areas which have a male focus.

## Achievements

- The GAA (Gaelic Athletic Association) has developed a wide range of health and wellbeing initiatives for the benefit of its members and local communities. This work is co-ordinated by a national health and wellbeing committee and 32 county committees. Every GAA club is expected to have appointed a health and wellbeing officer by early 2015. Recent initiatives have focused on mental health and addiction issues (gambling, alcohol and drugs). While the GAA's work is not explicitly male-targeted, it reaches more men because of their disproportionate involvement in sport.
- In its response to this Review, the Irish Sports Council highlighted the role of the 30 Local Sports Partnerships which develop innovate programmes, some of which (such as Men on the Move) have targeted men.
- The Men on the Move 16-week activity programme aimed to increase the level of physical activity amongst men aged over 35 and was a collaborative project involving Mayo Sports Partnership, Mayo Primary Care Services, Health Promotion Services HSE West, MDN, Croí (West of Ireland Cardiac Foundation) and, as a media partner, Mid West Radio. Funding for the Programme was provided by the National Task Force on Obesity. An evaluation of a pilot run in three sites – Ballina, Claremorris and Westport – reported very positive outcomes, including a significant increase in the proportion of men who rated their health as 'very good' – this rose from 30% of men at the start of the programme to 44% by the end.<sup>90</sup>

- Men's Health Week 2010, organized by MHFI, focused on men and physical activity. The activities included a 12-week online training programme supported men to prepare for the 'Get Up, Get Out, Get Going Challenge' event at Ardgillan Castle in Dublin.
- A briefing paper on men and physical activity across the island of Ireland was prepared by the social science research group ARK in 2010 to support Men's Health Week.<sup>91</sup>
- The National Guidelines on Physical Activity for Ireland, published in 2009, referenced the NMHPAP and mentioned one important gender difference that services should take into account when planning activities: men tend to prefer vigorous and team activities, whereas more women take part in moderate and individual activities.<sup>92</sup>

## Problems

- It has proved difficult to assess the progress made in delivering this Strategic Aim because information from the Department of Transport, Tourism and Sport was not available to the Review.
- The focus of physical activity policy and practical interventions tends to be on women (e.g. the ISC's Women in Sport Programme) because their participation rates are generally lower than men's. Women's participation rates clearly need to be increased but the rates of both sexes remain too low. Physical activity levels in middle-aged and older men are particularly problematic. Because there are gender differences in attitudes to physical activity, explanations for inactivity and in potential drivers for improvement, there is a need for both male-targeted and female-targeted interventions.<sup>93</sup> The extent to which gender is fully taken into account in the forthcoming National Plan for Physical Activity will be a good measure of the impact of this Strategic Aim and the NMHPAP as a whole.

### Key findings – Strategic Aim 9

- This Strategic Aim has been partly implemented.
- Greater attention has been paid to increasing male physical activity in policy and practice since the launch of the NMHPAP.
- The Men on the Move project demonstrated the potential impact of a male-targeted programme.
- A key test of progress on this Strategic Aim will be the extent to which gender in general and men specifically are taken into account in the forthcoming National Plan for Physical Activity.

### Strategic Aim 10

**SA10.** Build social capital within communities for men.

About half of respondents to the online survey (51%) thought there had been 'excellent' (6%) or 'good' (45%) progress towards implementing this strategic aim. About one third of

respondents (32%) considered progress to have been 'limited' and about one in six (16%) believed there had been 'no progress'.

## Achievements

- There has been a significant increase in community-based men's health activities over the course of the NMHPAP.
- MDN has been central to the delivery of community-level activities across Ireland through its Men's Development Health Programme (MDHP). A service agreement with HSE has focused this work on particular themes linked to the NMHPAP. MDN states that, over the five years of the NMHPAP, the MDHP engaged with over 2,000 men, 60 NGOs and state agencies and 65 men's groups, with a particular focus on men who experience disadvantage. MDN was also a key partner in the delivery of the Larkin Centre Men's Health Programme and the Carlow Men's Health Project and has been an advocate of men within communities to inform the development of public policy. As a result of its advocacy work, 'disadvantaged men' were included in the DECLG/Pobal list of beneficiary groups for local and community development programmes in 2011.<sup>94</sup> MDN also presented its Men's Health Programme to the National Economic and Social Council (NESC) Seminar on the Enabling State in October 2014.
- A key development has been Men's Sheds. According to IMSA:

A Men's Shed is any community-based, non-commercial organisation which is open to all men where the primary activity is the provision of a safe, friendly and inclusive environment where the men are able to gather and/or work on meaningful projects at their own pace, in their own time and in the company of other men and where the primary objective is to advance the health and well-being of the participating men. Men's sheds may look like a shed in your back yard yet they innovatively share some characteristics of both community education and health promotion projects.

There was one Shed in Ireland in 2009. There are now about 220 across the island of Ireland and, in 2011, IMSA was established as a charity to support their development and sustainability and it plans to support a minimum of 400 Sheds by the end of 2016.<sup>95</sup>

- IMSA is currently developing tools to measure the impact of Sheds in Ireland on participants. Research already conducted in other countries suggests that their potential is significant. One international study concluded:

Men's sheds demonstrate great promise in supporting social connectedness, enhancing community development and promoting healthy lifestyles for men; their gendered example should be embraced by health promotion professionals as one part of a wider suite of global initiatives to reduce the gendered health disparity that males experience.<sup>96</sup>

- On a smaller scale than Sheds but with similar aims and a similar target demographic, the GAA's Social Initiative is a community-based project that seeks to engage older men who participate infrequently in local community life. It aims to encourage greater participation in community activity by inviting men to special events at their local GAA Club with a view to developing contact, friendships and ongoing support. The initiative was launched by President Mary McAleese in Croke Park in February 2009.
- There have been several community-based men's health projects, including at the Larkin Unemployed Centre and in North Leitrim and Carlow. Pavee Point's work on male Traveller health in Finglas has been based on a community development approach.

Lessons from the Carlow Men's Health Project were disseminated through a guide to practitioners on community-based health promotion for men.<sup>97</sup>

- In its submission to this Review, The Department of Social Protection commented that men are not specifically included as a vulnerable group in the National Action Plan for Social Inclusion because they are not perceived to be a vulnerable group because of their gender. However, there has been a recognition that some men might be more vulnerable than others (e.g. rural older men, long-term unemployed men, homeless men) and there have been some community development initiatives in response. The National Report for Ireland on Strategies for Social Protection and Social Inclusion 2008-2010 referred to the NMHPAP in the context of measures to tackle premature mortality.

## Problems

- The recommendation under this Strategic Aim to develop mechanisms and structures to support community work for men who experience disadvantage was originally assigned to the then Department of Community, Rural and Gaeltacht Affairs (DCRGA), the then Department of Enterprise, Trade and Employment (DETE) and HSE. DCRGA and DETE no longer exist, making implementation of this inter-Departmental task much more difficult to achieve.
- Although MDN has been funded to implement the NMHPAP at community level, no national agency has been established to represent, support and co-ordinate the work of all those working in the area of men's health within communities. Neither MHFI nor the MHPIAG currently fulfil this role.

### Key findings – Strategic Aim 10

- Considerable progress has been made in the implementation of this Strategic Aim.
- There has been a significant increase in community-based men's health activities over the course of the NMHPAP. The single most important development has been Men's Sheds which have increased in number from one in 2009 to about 220 across the island of Ireland.
- MDN is heavily involved in community development work with men across Ireland and has engaged and supported men in community settings with a particular focus on men who experience disadvantage.
- There have been several community-based men's health projects, including at the Larkin Unemployed Centre and in North Leitrim and Carlow.
- Men are not specifically included as a vulnerable group in the National Action Plan for Social Inclusion and no national agency has been established to represent, support and co-ordinate the work of all those working in the area of men's health within communities.

- There has been no effective engagement by the MHPIAG with community Men's Groups, such as MALES Ireland, Mankind Project Ireland, Dublin City Men's Group, Hill Street Men's Group and Fir Le Chéile: Men Together. (However, MDN has sought to engage with these groups by inviting members to MDN events, keeping them informed about the NMHPAP and providing health information resources.) One submission to the Review, from a researcher into Men's Groups, commented that, from a grassroots



perspective, 'it can seem that a small inner circle of policy designers and implementers make decisions from "on high" and rarely engage with the grassroots, except on their own terms.' Although the number of men in Groups is likely to be relatively small and their informal nature can make engagement a more challenging process, Groups are a relevant additional constituency of men with an interest in men's health and wellbeing.

## 5. Men's health policy in the context of Healthy Ireland

*Healthy Ireland* is the national framework for action to improve the health and wellbeing of the people of Ireland. Its main focus is on prevention and keeping people healthier for longer. The four primary goals of *Healthy Ireland* are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

*Healthy Ireland* aims to take a 'whole-of-Government' and 'whole-of-society' approach to improving health and wellbeing and the quality of people's lives.

Despite the existence of the NMHPAP and of the *Equal But Different* policy on gender mainstreaming, the specific issue of men's health is absent from *Healthy Ireland*. Gender is mentioned as one of the social determinants of health and there are some references to different health outcomes for men and women (e.g. in terms of life expectancy and suicide/self-harm), but there is no significant discussion of gender differences in the sections of the report addressing health inequalities or elsewhere.

The omission of an explicit discussion of men's health in *Healthy Ireland* was highlighted as a problem by many of those interviewed for this review. One interviewee suggested *Healthy Ireland* is 'going backwards' as far as men's health is concerned. A second interviewee observed that the policy did not integrate gay men's issues (or LGBT issues generally) and showed 'no understanding of what mainstreaming diversity means.' This was echoed in a comment made in the online survey: 'Healthy Ireland is a one-size-fits-all approach that has never worked for men and never will.' Another survey respondent thought that, without an acknowledgement of gender differences, there would be no 'impetus' to meet men's and women's specific needs.

A similar point was made by Professor Michael Kimmel, Executive Director of the Centre for the Study of Men and Masculinities at Stony Brook University, New York. In a submission to this Review, he noted: 'We are dismayed by the decision not to be gender-specific in the programming and research being undertaken by the *Healthy Ireland* plan. ... In the past few decades, policies and programmes have been gender specific because the aetiologies and epidemiological trajectory of illnesses, and plans to remain healthy, are far more effective when the specific genders are examined equally – and differently. We know that males and females have some different, and some similar, health needs. Failing to acknowledge that and to address it, runs the risk that *Healthy Ireland* will in fact make Ireland less healthy.'

Concerns were also expressed by some interviewees about the policy's focus on individual lifestyle change and health 'topics' (e.g. smoking, alcohol, physical activity, etc.) rather than the social determinants of health. It was also argued that *Healthy Ireland* does not sufficiently recognise the importance of community settings. One interviewee felt that the

policy was 'regressive in terms of the development of health promotion ... I fear for men's health in the context of *Healthy Ireland*.'

This Review found that there is overwhelming support, both from stakeholders and survey respondents, for the continuation of a national men's health policy in some form. One interviewee stated, for example: 'My fear is that if the [current] Policy is not extended, momentum and traction will be lost ... if there is no men's health policy, men's health will fall off the agenda.' Another suggested that 'the men's health policy should continue as a separate policy.' A third interviewee argued that 'we still need a men's health policy'.

91% of respondents to the online survey also thought that a new dedicated national men's health policy should be established for the period up to 2025. Just 4% believed there should not be a new policy. One respondent added: '[It is] essential that men in their own right are provided with a continuing men's health policy specifically focussed on men's issues and lives.'

There is significant evidence, highlighted earlier in this report, that specific policy on men's health is viewed by a wide range of men's health advocates and academics around the world as an important driver for improving men's health. Some progress has been made in some countries without a specific policy and national men's health policies may not always work as well as originally envisaged, but most commentators believe that a dedicated policy can help to push the issue further up the health and wellbeing agenda. A policy can, in short, identify men's health as a priority area for action and establish clear targets and outcomes, provide an identity for what might otherwise seem a somewhat amorphous and intangible issue, and help to provide the leverage for resource allocation and activity by practitioners and policymakers across a range of sectors and disciplines.

Respondents to the online survey were asked whether *Healthy Ireland* provides a good framework for improving men's health. This revealed a somewhat higher level of enthusiasm for the policy than the in-depth interviews. Over a third (38%) said 'yes' and exactly the same proportion said 'possibly'. Just under one-fifth (19%) answered 'no'.

Most of the interviewees also believed, despite the reservations many of them had about *Healthy Ireland*, that men's health must be addressed within the new policy framework. Several used the same phrase – '*Healthy Ireland* is now the only show in town' – and suggested that men's health policy could not now stand alone. 'While the momentum is with *Healthy Ireland*, men's health needs to be under that umbrella', said one interviewee. 'Men's health work now has to be in context of *Healthy Ireland*', argued another. It is clear from discussions with DoH and HSE officials, as well as others, that a standalone men's health policy, autonomous of *Healthy Ireland*, would almost certainly not win the support of government. Any new men's health policy developed on this basis would therefore exist without its defining and cornerstone feature.

The case for both addressing men's health within the *Healthy Ireland* framework and continuing with a dedicated men's health policy is therefore compelling. The most obvious way forward, and the one recommended by this Review, is for *Healthy Ireland* to develop its own Action Plan for addressing men's health. The Action Plan should be developed jointly by DoH and HSE.

The Men's Health Action Plan, based on the existing NMHPAP (including its overall theoretical approach, which remains entirely valid) and taking account of the findings of this Review, should set out how what *Healthy Ireland* means for men's health and how addressing men's health would support the effective implementation of *Healthy Ireland* as a whole.

More specifically, the Men's Health Action Plan should:

- Describe the relevance of men's health to each of the four *Healthy Ireland* goals
- Show how men's health will be addressed within the framework of actions
- Build men's health indicators into the Outcomes Framework

It is important for men's health not only to be addressed in a separate document but for its goals and actions to be incorporated into other policy areas. This would mean, for example, that policy on physical activity, obesity or mental health would also address men's health where appropriate. There is a particular opportunity, in the case of obesity, to incorporate the insights of the recent significant UK studies on the Football Fans in Training project and on men's participation in weight management programmes (referred to above).

Establishing mechanisms for the effective implementation of the new Men's Health Action Plan is of major importance. The high-level structures – the Cabinet Committee on Social Policy (chaired by An Taoiseach), the Cross-Sectoral Group, and the Healthy Ireland Council – that have the means to do so are already in place. But men's health will need to be on the agendas of these bodies if progress is to be made.

The data collected in this Review suggests that progress can best be achieved by:

- Developing a Men's Health Action Plan that is more 'SMART' than visionary. The focus should be on goals that are Specific, Measurable, Achievable, Realistic, and Time-related. These goals should be relatively few in number.
- Prioritising issues in men's health that are aligned with the wider priorities of *Healthy Ireland*. This may well mean that some important and cherished issues highlighted in the NMHPAP will have to be sidelined.
- Making the implementation of the Men's Health Action Plan a process which is accountable to the governance structures for *Healthy Ireland*. At the very least, this should involve an annual report to the three high-level structures.
- Nominating an official, at Assistant Principal Officer level or higher, in DoH's Health and Wellbeing Programme team, who will have lead responsibility for men's health policy and who can ensure that men's health is addressed within all relevant policies (e.g. mental health, cancer, obesity, etc.).
- Creating at least one new full-time staff post, located in HSE, with executive responsibility for implementing the Action Plan.
- Instituting within HSE a transparent and ring-fenced annual budget to support a range of local and national activity on men's health. A review of funding of MHFI should be undertaken with a view to supporting the growth and development of this organisation as a central, independent and broadly representative organisation promoting men's health. MDN should continue to be supported by HSE and other Departments and agencies to deliver its work to implement a wide-range of national and community men's health programmes, including informing policy and practice for engaging and supporting men, engaging in key initiatives and active partnerships, and developing and delivering support and training to other organisations.
- DoH developong a business case to support inter-Departmental implementation of the Action Plan. Other government Departments and agencies should actively consider how

they can fund and in other ways support the development and delivery of men's health projects and programmes where relevant to their sphere of activity.

- The HSE establishing a Men's Health Action Plan Implementation Group, accountable to the *Healthy Ireland* governance structures. This would be based on the existing MHPIAG but its membership should be more diverse and inclusive, reflecting the many strands of men's health activity across Ireland and involving sectors not yet fully engaged (e.g. education, workplaces, the medical profession and organisations such as GLEN, NOSP and IMSA), but without becoming too large and unwieldy. Both DoH and HSE should be members and one of these should take responsibility for leading the Group.

While alignment with the priorities of *Healthy Ireland* will be essential, the priority areas for action identified by contributors to this Review should also be taken into account. Participants in the online survey were asked to list, in order of priority, up to 10 important men's health policy issues for the period up to 2025. Respondents were free to choose any issue and no prompts or examples were provided which might have influenced their answers. The top three issues provided were grouped into about 20 main headings for analysis.

Men's mental health (including suicide) was, by a considerable margin, the issue most frequently mentioned. About two-thirds (63%) of respondents put mental health as one of their top three policy issues. The next most highly rated issue was alcohol and drugs (mentioned by 20% of respondents) followed by cancer (17%).

The need to educate and raise the awareness of men about health was the fourth most frequently mentioned issue (14%); and joint fifth was improving prevention and early diagnosis, including through health checks, and obesity (13%).

Perhaps surprisingly, cardiovascular disease was prioritised by just 8% of respondents, smoking by 6% and sexual health by 4%. Even more surprisingly, was the almost total omission of suggestions outside of the traditional 'medical model' approach; very few respondents mentioned issues like employment, housing, poverty, parenting, social exclusion or masculinity.

A different perspective on possible priorities was provided by the focus group held at the Larkin Unemployed Centre. Among the issues highlighted by the men taking part were: problems accessing GP services, partly because of men's reluctance to seek help but also because of the financial cost; the lack of free check-ups or screening services for men to help early diagnosis; and insufficient information about the availability of local health and wellbeing services. Among the specific health problems mentioned were cardiovascular disease, mental health, alcohol and drugs, obesity and physical inactivity.

Finally, some mention should be made of women's health. The NMHPAP was very clear that 'the development of a men's health policy is not designed to play catch-up with women's health nor should it be at the expense of efforts to improve women's health.' This statement remains as apposite in 2015 as it was in 2008. Women's organisations are best-placed to state how they would like women's health to be addressed through *Healthy Ireland* but it seems appropriate for work to improve the health of both sexes to be addressed in parallel, ideally following the gender mainstreaming framework set out in *Equal but Different*.

## **Key findings – Men’s health policy in the context of Healthy Ireland**

- The specific issue of men’s health is absent from *Healthy Ireland* and there is no significant discussion of gender differences in the sections of the report addressing health inequalities or elsewhere. This is a cause for concern among many men’s health advocates.
- This Review found very strong support for the continuation of a dedicated national policy on men’s health. Without this, there is a fear that the momentum and traction that has been achieved through the NMHPAP will be lost.
- Most men’s health advocates, as well as government officials and others, also take the view that men’s health must now be addressed within the *Healthy Ireland* policy framework.

## **Recommendations**

- DoH and HSE should commit themselves to the joint development of a Men’s Health Action Plan. The Action Plan should be based on the approach of the existing NMHPAP, take account of the findings of this Review and set out what *Healthy Ireland* means for men’s health and how addressing men’s health would support the effective implementation of *Healthy Ireland*.
- Men’s health must be addressed not only in a separate document but also within other policy areas under the *Healthy Ireland* umbrella.
- The Men’s Health Action Plan should focus on a relatively small number of specific and achievable priorities that are aligned with the wider priorities of *Healthy Ireland*. Account should also be taken of the priorities for action highlighted by this Review, notably men’s mental health, alcohol and drugs, cancer and men’s use of primary care services.
- The implementation of the Men’s Health Action Plan should be accountable to the governance structures for *Healthy Ireland*.
- A senior official in DoH’s Health and Wellbeing Programme team should have lead responsibility for men’s health policy. At least one full-time staff post within HSE should have executive responsibility for implementing the Men’s Health Action Plan.
- HSE should institute a transparent and ring-fenced annual budget to support a range of local and national activity on men’s health, including the development of Men’s Health Forum in Ireland (MHFI). MDN should also continue to be funded by HSE and other organisations to deliver its men’s health programmes, especially at the community level.
- DoH should develop a business case to support inter-Departmental implementation of the Action Plan. Other Departments should actively consider how they can fund and in other ways support the development and delivery of men’s health projects and programmes where relevant to their sphere of activity.
- A Men’s Health Action Plan Implementation Group should be established with a diverse and inclusive membership from all sectors, including DoH and HSE (one of which should take responsibility for leading the Group).

## 6. Conclusion

The NMHPAP has been profoundly important in the relatively short history of ‘men’s health’ in Ireland and also internationally. It was the first national men’s health policy to be adopted by a government, it moved beyond the traditional ‘medical model’ and was based on a social determinants approach, and it advocated a ‘whole-system’ response, with roles for a wide range of government Departments, non-governmental organisations, employers and others. It highlighted the need for a focus on prevention and the importance of supporting men through a community development approach. Crucially, it also did not seek to blame men for their poor health and, instead, embraced an understanding of masculinities and the ways men are socialised to behave. But it also sought to support men to build on their strengths and become more active agents and advocates for their own health. The NMHPAP was far-sighted and far-reaching and its basic approach remains as valid now as it was at the Policy’s launch in 2009.

The NMHPAP was, with hindsight, over-ambitious. Even if the national economy had continued to grow at its previous rate and more resources had been available, it would have been a struggle to deliver its 118 action points within five years. The difficulties inherent in securing cross-government action alone would have caused major problems. Once the recession began, almost at the same time as the NMHPAP was published, it became clear to those involved in implementing the Policy that expectations would have to be far more modest. The process of downsizing the action plan might have been easier, however, if the original policy had not only been smaller in scope to begin with but also contained clearly-defined priorities and timescales.

Despite all the difficulties, however, much has been achieved. There is a consensus among the overwhelming majority of those consulted for this Review that progress has been made in implementing all of the NMHPAP’s 10 Strategic Aims. It is true that progress has been distinctly uneven across the Aims – it has probably been slowest in respect of developing workplace-based activities and fastest in the field of developing research – but, overall, a significant amount of activity has taken place.

No system for measuring the Policy’s impact was put in place at its outset and it is not possible to link it to changes in men’s health outcomes nationally. It is clear, however, that most men’s health advocates in Ireland and around the world believe that a dedicated men’s health policy is important as a means of making progress in a field that has, historically, been largely overlooked. There is certainly a strong view in Ireland that the men’s health policy should continue, albeit now within the context of *Healthy Ireland*, as a means to tackling the continuing excess male burden of mortality and in many areas of morbidity.

*Healthy Ireland* has the high-level political support and the governance and implementation structures that make it much more likely that it will successfully deliver its goals through co-ordinated cross-sectoral activity. Aligning men’s health policy with *Healthy Ireland*, rather than creating a new standalone men’s health policy, must therefore be the best way forward. This Review makes recommendations that suggest how this alignment could be achieved.

If men’s health and *Healthy Ireland* are not successfully brought together then there is a real danger that the progress that has so far been made in men’s health will be reversed and that the implementation of *Healthy Ireland* will be less effective because it has not taken proper account of the specific characteristics of about half the population.

Ireland was the first country to adopt a distinct national men’s health policy. It now has an opportunity to continue its leadership in this field by being the first to mainstream men’s health throughout the comprehensive approach to improving public health embodied in *Healthy Ireland*.

# APPENDICES

## APPENDIX 1

### The Review team

#### *Lead reviewer and report author*

- **Peter Baker**, Independent Consultant in Men's Health, Chief Executive of Men's Health Forum England and Wales (2000-2012), Director Global Action on Men's Health (2013-), Campaign Director HPV Action (2013-), Consultant for European Men's Health Forum (2012-to date).

#### *Expert Advisory Group*

- **Dr Ian Banks**, President European Men's Health Forum and Visiting Professor in Men's Health, The Institute of Nursing and Health Research/School of Nursing, University of Ulster
- **Dr Paul Galdas**, Senior Lecturer, Department of Health Sciences, University of York
- **Dr Matthew Maycock**, Investigator Scientist, Gender and Health Programme, MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
- **Professor Steve Robertson**, Co-Director, Centre for Men's Health, Leeds Metropolitan University and Editor-in-Chief International Journal of Men's Health
- **David Wilkins**, Policy Officer, Men's Health Forum (England/Wales).

## **APPENDIX 2**

### **The national and international literature review**

The databases interrogated included:

- Citation Index
- WHOLIS
- CINAHL
- ASSIA
- Embase
- Medline/PubMed Central
- Medline/ PubMed
- Google Scholar
- ERIC
- Social Care Online
- ScienceDirect Ebscohost
- Web of Science
- The Men's Bibliography
- Scopus
- Social Services Abstracts
- NRR Archive
- COPAC Union catalogue of libraries in the UK and Ireland
- National Technical Information Service
- OpenDOAR
- Planex
- The Cochrane Library
- NHS Economic Evaluation Database
- Turning Research Into Practice (TRIP)
- Nice Healthcare Databases
- The National Research Register (NRR) Archive
- metaRegister of Controlled Clinical Trials (mRCT)
- WorldCat Dissertations
- British Library
- Index to theses

Dr Matthew Maycock conducted the literature search.



## APPENDIX 3

### In-depth one-to-one interviews conducted with key stakeholders

The key stakeholders in Ireland were identified chiefly in consultation with Dr Noel Richardson and Dr Paula Carroll and invited to take part in one-to-one interviews with the lead reviewer.

A total of 25 in-depth interviews took place with the following stakeholders:

- Sandra Barnes, Assistant Principal Officer, Health Promotion Unit, Department of Health
- Lorcan Brennan, Men's Health Coordinator, Men's Development Network
- John Cantwell, Facilitator of Fir Le Chéile: Men Together
- Dr Paula Carroll, Lecturer and Researcher, Department of Health, Sport and Exercise Science, Waterford Institute of Technology; part-time secondment to HSE to work on men's health and policy, including co-secretariat to MHPIAG
- Eilís Ní Chaitheá, Women's Human Rights and Health Worker, National Women's Council of Ireland
- Dr Catherine Darker, Adelaide Assistant Professor in Health Services Research, Department of Public Health and Primary Care, Trinity College Centre for Health Sciences
- Dr John Devlin, Deputy Chief Medical Officer, Department of Health
- John Evoy, Irish Men's Sheds Association
- Fergal Fox, Health Promotion Manager, HSE
- Colin Fowler, Director of Operations, MHFI
- Paul Gillen, Health Promotion Officer, HSE
- Dr Cate Hartigan, Head of Health Promotion and Improvement, HSE
- Shay McGovern, formerly Assistant Principal Officer, Health Promotion Unit, Department of Health
- John McNamara, Health and Safety Officer, Teagasc
- Owen Metcalfe, Director, Institute of Public Health in Ireland
- Maureen Mulvihill, Health Promotion Manager, Irish Heart Foundation
- Finian Murray, Men's Health Development Officer, HSE
- Kate O'Flaherty, Director of Health and Well-being, Department of Health
- Alan O'Neill, Chief Executive, The Men's Development Network
- Biddy O'Neill, Interim Assistant National Director Health Promotion, HSE
- Gerry Rayleigh, Director, National Office of Suicide Prevention,
- Colin Regan, GAA Community and Health Manager
- Dr Noel Richardson, Director, Centre for Men's Health, Carlow Institute of Technology, part-time secondment to HSE to work on men's health and policy, including co-secretariat to MHPIAG
- Brian Sheehan, Director, Gay and Lesbian Equality Network
- Joanne Vance, Senior Health Promotion Officer, Irish Cancer Society

The majority of the interviews were conducted face-to-face and the remainder by telephone or internet telephony (Skype). Most of the interviews lasted between 60-90 minutes and followed a similar structure, with variations to take account of an individual's particular areas of expertise and/or any relevant issues raised during the discussion. Notes were taken during the interview and permission was also obtained for digital recording in order to be able to check the notes for accuracy. It was not feasible to prepare verbatim transcriptions of the interviews because of the cost and time constraints.

The international element of the literature review was supplemented with in-depth interviews with several key respondents. Four interviews took place with:

- Dr Anthony Brown, formerly Project Officer at the University of Western Sydney Men's Health Information and Resource Centre and now Executive Director at Health Consumers New South Wales, Chair of Global Action on Men's Health, Adjunct Fellow at the University of Western Sydney and Secretary of the Australian Men's Health Forum.

- Dr Svend Aage Madsen, President of Men's Health Society Denmark, Vice-President of the European Men's Health Forum and Head of the Psychology Department at the Rigshospitalet, Copenhagen
- John Oliffe, Professor, School of Nursing, University of British Columbia
- David Wilkins, Policy Officer, Men's Health Forum (England and Wales)

## **APPENDIX 4**

### **The online survey**

The online survey was 'launched' at the end of August 2014. Data collection initially ran until late September but was subsequently extended to mid-October to maximise the number of responses. Information about the survey was disseminated to potential respondents mainly via the MHFI and MDN. The lead reviewer also distributed information to his contacts, which included all those who had participated in one-to-one interviews.

The survey was aimed primarily at individuals and organisations with some knowledge of men's health issues. The routing within the survey directed those who considered themselves to be aware of the main elements of the NMHPAP to a specific set of more detailed questions.

The survey was developed by the lead researcher in consultation with Dr Noel Richardson and two members of the advisory group, Dr Paul Galdas and David Wilkins. Survey Monkey software was utilised for the survey design and analysis. There were 19 questions in all and most respondents were able to complete the survey in no more than 30 minutes.

The initial target was 100 responses with about 40 completing the more detailed questions about the NMHPAP. By 17 October, there had been 181 responses, 69 of which included answers to the more detailed questions.

144 respondents (80% of the total) provided information about their main role. Excluding those who described their role as 'Other', the largest groups of respondents were voluntary sector workers/ volunteers (27%), community development workers (21%), public health/health promotion practitioners (17%), researchers (8%), teachers/other educational practitioners (6%), civil servants/local government officers (5%), and medical practitioners (5%).

## APPENDIX 5

### The survey of key NMHPAP implementation stakeholders

The 19 organisations listed below were contacted. Those that responded (n=11) are marked with tick and those that did not (n=8) with a cross.

Advertising Standards Authority	x
Broadcasting Authority of Ireland	✓
Department of Education	x
Equality Authority	✓
Department of Environment, Community and Local Government	✓
Department of Jobs, Enterprise and Innovation	x
Department of Justice and Equality	✓
Department of Social Protection	✓
Department of Transport, Tourism and Sport	x
Health and Safety Authority	✓
ICGP (Irish College of General Practitioners)	x
Institutes of Technology Ireland	✓
Irish Sports Council	✓
Irish Universities Association	✓
National Council for Curriculum and Assessment	✓
National Office for the Prevention of Domestic, Sexual and Gender-based Violence	x
Office of the Minister for Children and Youth Affairs	x
Road Safety Authority	✓
Teaching Council	x

Some government Departments named in NMHPAP have since ceased to exist. In these cases, the Department now responsible for the relevant area of work was contacted.

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