



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



Western Australian Men's Health and Wellbeing Policy

**A roadmap for healthier
Western Australian men and boys**

Community Consultation Report

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Executive summary

The purpose of the [Western Australian Men's Health and Wellbeing Policy](#)¹ (the Policy) is to provide direction to the Western Australian (WA) health system and its partners to deliver strategies that improve the physical, mental, social and emotional wellbeing of men and boys living in WA.

The Policy is the result of an intensive phase of research, discussion and consultation with many stakeholders. This report details the findings from the community consultation of the [Draft Western Australian Men's Health and Wellbeing Policy](#),² and the methodology used.

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

The Policy is the result of considered commentary from over 400 individuals and organisations across the WA health system and community on the Draft Policy. In total:

- 292 people attended metropolitan and regional forums
- 107 responses were received via the online survey
- 11 submissions were received via email.

This consultation captured views from the men's health and wellbeing sector on important considerations for the WA health system.

Feedback from individuals and organisations showed overwhelming support for the development of the Policy. It was considered a comprehensive document and demonstrated a targeted and committed effort to improve the health and wellbeing of men and boys in WA.

There was broad support for the Policy's guiding principles, vision, purpose, goals, priority populations and areas for action.

Feedback indicated that the most common concern was the Policy would not be adequately resourced or implemented. The Policy would have no value unless it leads to real change.

A variety of other priority population groups were identified for inclusion in the Policy, including men with disability, males with diverse sexualities, intersex men and men with transgender experience, and men directly impacted by fly-in, fly-out work arrangements.

It was also noted that while the detail in the Policy was important for services planners, providers and policy makers, the general community would benefit from a summary version that communicates the essence of the Policy.

Project staff from the Health Networks Unit and the WA Men's Health and Wellbeing Reference Group considered the findings from the statewide consultation when developing the Final Policy.

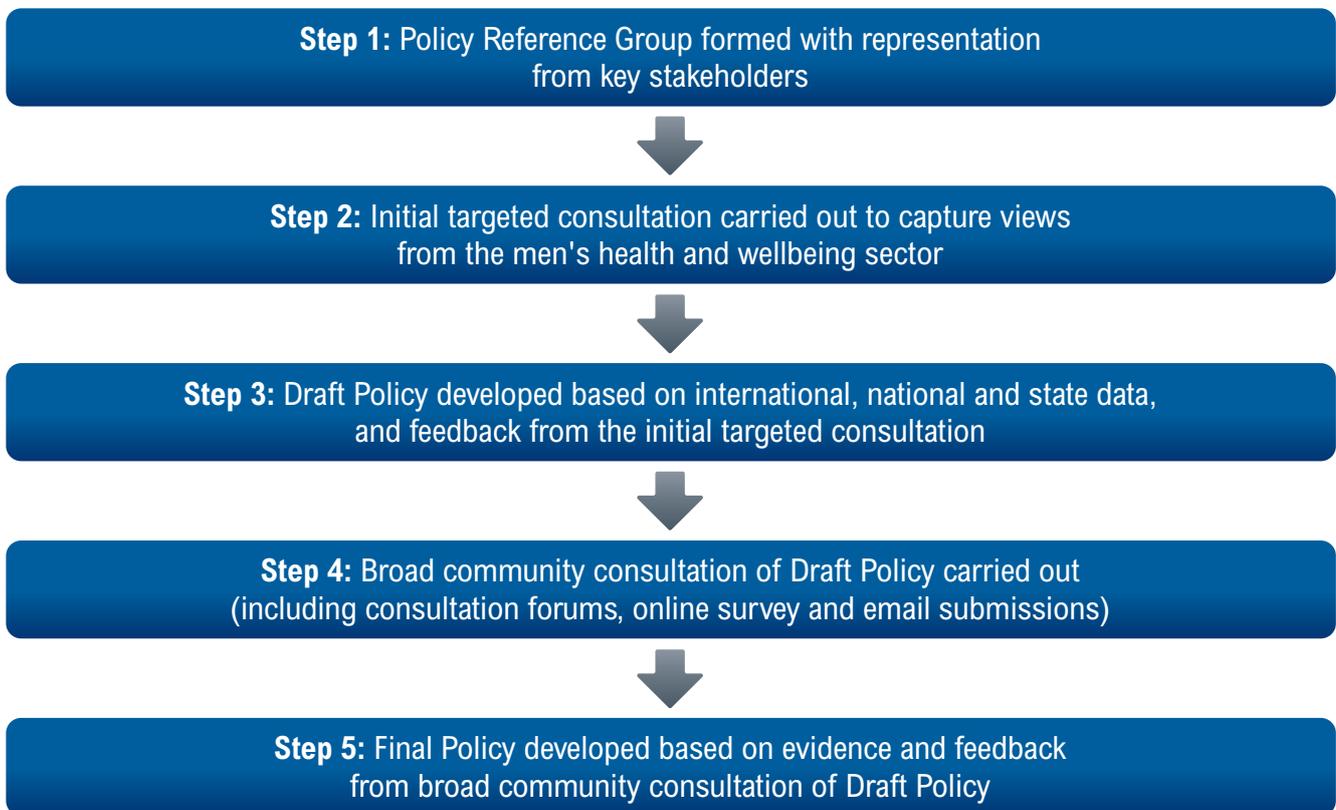
Background

The Policy was developed by the Health Networks Unit, Clinical Excellence Division, WA Department of Health. The purpose of the Policy is to provide direction to the WA health system and its partners to deliver the strategies to improve the physical, mental, social and emotional wellbeing of men and boys living in WA.

The Policy is the first of its kind in WA and outlines the Department of Health's response to the [National Male Health Policy: Building on the strengths of Australian males](#)³ and the action areas of the then draft National Men's Health Strategy 2020-2030.⁴ The final [National Men's Health Strategy 2020-2030](#)⁵ has since been released.

A summary of the process for the development of the Policy is outlined in Figure 1.

Figure 1. Summary of the process for the development of the Policy



Firstly, a WA Men's Health and Wellbeing Policy Reference Group was formed with representation from key stakeholders (Step 1). A list of Reference Group members is provided in [Appendix 1](#). The purpose of Reference Group was to independently advise the WA Department of Health during the development of the Policy.

Secondly, an initial targeted consultation was conducted to capture views from the men's health and wellbeing sector on important considerations for the WA health system including priority populations and risk factors, strengths and weaknesses of current strategies and opportunities for future efforts to promote health services to WA men (Step 2).



Thirdly, the [Draft Western Australian Men's Health and Wellbeing Policy](#)² was developed based on feedback from the initial targeted consultation and a range of international, national and state data (Step 3). This data showed that men continue to face poorer outcomes than women on almost all key health and wellbeing indicators.⁶ They have lower life expectancy, and have higher levels of mortality from almost all non-gender specific causes of death including injury, cardiovascular disease, cancer, suicide, respiratory disease and obesity.⁶

Step 4 involved broad, statewide community consultation of the Draft Policy with individuals, organisations and service providers, to harness the collective wisdom and expertise. This included community consultation forums, an online consultation survey and email submissions.

Step 5 involved the preparation of the Final Policy. This was informed by a range of evidence and feedback from the broad community consultation of the Draft Policy.

This report summarises the feedback that was received from the broad community consultation of the Draft Policy (Step 4 of the above process).

Community consultation

In 2018, there was broad community consultation of the Draft Policy, by the Health Networks Unit, with a wide range of stakeholders.

Community members had the opportunity to provide feedback on the Draft Policy from 1 June to 3 August 2018. The aim of this consultation was to:

- confirm the content of the Policy reflects the health and wellbeing needs of men in WA
- commence awareness raising of the existence of the document and encourage people to consider how they could implement the specific areas for action
- involve a broad range of stakeholders in the development of the Policy to promote a culture of disseminated ownership of the Policy and its implementation
- gather information on how people intend to use the Policy to inform and guide broad stakeholder groups on prospective plans for implementation, monitoring and evaluation.

This community consultation involved:

- a series of **community consultation forums** in metropolitan and regional areas managed by an external consultant
- an **online consultation survey** managed by the Health Networks Unit
- an opportunity for the community to make **email submissions**.

Over 400 individuals and organisations across the WA health system and community provided feedback on the Draft Policy. In total:

- 292 people attended metropolitan and regional community consultation forums
- 107 responses were received via the online consultation survey
- 11 submissions were received via email.

This report details the feedback received on the Draft Policy from the metropolitan and regional community consultation forums, online consultation and email submissions.

Feedback from the community consultation forums

The main aim of the community consultation forums was to seek input on the Draft Policy to confirm that the content reflects the health and wellbeing needs of men and boys living in WA.

The WA Department of Health contracted the Community, Spirit, Development (CSD) Network in partnership with Kambarang Services, and Kim Bridge and Associates to undertake the community consultation forums for the Policy.

The forums were open to all men and women living in WA. Examples of stakeholders invited to attend workshops included representative from:

- government departments
- private organisations
- not-for-profit organisations
- research institutions
- residential care (aged care)
- universities and schools
- advocacy organisations
- professional associations
- people working or volunteering in the health sector.

The forums were structured, interactive and encouraged dialogue between participants. The key questions, devised by the consultants, were:

1. What are the key challenges and key opportunities that the Policy needs to address in improving the health and wellbeing of men and boys?
2. What are you pleased by about the Policy?
3. What are your key concerns or issues with the Policy?
4. What would help make the Policy more relevant and useful to me or my organisation?

Meetings were scheduled for three hours. At most meetings, the discussion initially occurred in small groups, followed by a plenary discussion.

An example of a metropolitan consultation forum program is provided in [Appendix 2](#).

The location and number of attendees at the metropolitan and regional community consultation forums is shown in Table 1 and Figure 2 respectively. In total, 292 people attended the forums.

Table 1. Location and number of attendees at the metropolitan community consultation forums

Location	Number of attendees
Metropolitan 1 – Maylands	40
Metropolitan 2 – Wembley	43
Cockburn (targeting Aboriginal men)	17
Stirling Men’s Shed	23
Total	123

Figure 2. Location and number of attendees at the regional community consultation forums



* Met with individuals and agencies only

A total of 169 people attended the regional community consultation forums. Some meetings were well attended, while others had a small number of attendees. In the Pilbara region, the consultant had informal conversations with local service providers outside of the forums and these views have been incorporated in this report.

While centrally generated invitations and publicity were similar for all the regions, the key to higher attendance appeared to be having a “local champion”. This involved someone in the local area directly inviting people and reminding people to attend the forum.

A summary of the feedback in relation to the key questions is outlined below.

General feedback

Participants were asked to provide general feedback on key elements of the Policy and the following themes were identified.

It was acknowledged that the Policy contained a high level of detail which may be relevant and important to those guiding the implementation. However, a summary version of the Policy would also be beneficial. Forum participants expressed the need for some of the language in the Policy to be simplified, while not losing the contextual meaning.

The inclusion of “wellbeing” in the title of the Policy was considered essential. Many participants emphasised the importance of including “boys” in the title or referring to men as “males”. It was also suggested that the title “WA Men’s Health and Wellbeing Policy” could be misread as being “Women’s Health and Wellbeing Policy”.

The vision in the Policy reads “To optimise the health and wellbeing of all men in WA”. An alternative suggested vision was “Healthy men contributing to healthy families and communities in WA”. Another suggestion was “To optimise the health and wellbeing of all men in WA to contribute to a healthy WA.”

Overall, there was strong support for the Policy’s goals and priority areas. Most suggestions regarding the possibility of additional goals appeared to be points of emphasis on existing goals. Many applauded the comprehensive nature of the Policy while others voiced concern that, if it had too many priority areas, it may not be possible to address them all.

It was also suggested that a more comprehensive, all-of-government approach to the Policy would be beneficial to optimise the health and wellbeing of men. This was based on the assertion that men’s health and wellbeing is influenced by significant factors outside of the health system.

In general, the Guiding Principles were well supported. Points of disagreement were largely points of emphasis. For example, it was suggested that there should be more emphasis on the need for “prevention” and “person centred” and “flexible” approaches.

In the metropolitan forums, no respondents disagreed with any of the priority male populations. Similarly, the overwhelming majority of participants in the regions agreed with the stated priority populations. However some men believed that “all men should be included as a priority population.” Additional priority populations that were suggested included:

- men with disabilities
- individuals who identify as gay, bisexual, transgender, intersex or queer
- prisoners and those involved in the criminal justice system
- men with alcohol and other drug issues
- boys
- first responders and defence personnel.

While there was almost no disagreement with the areas for action outlined under the five domains, there were many comments that related to how these actions would be implemented and resourced. The identification of key areas for action was also considered important.

What are the key challenges and key opportunities that the Policy needs to address in improving the health and wellbeing of men and boys?

Overall, it was emphasised that this was an important and significant Policy. The need for a targeted and committed effort to improve the health and wellbeing of men and boys in WA was overwhelmingly supported. Few people expressed disagreement with the idea of the Policy although some remained sceptical that it would make a difference and remained uncertain if it would be adequately resourced and implemented.

While participants considered the “challenges” and “opportunities” that the Policy needs to address as two separate questions, the key themes were inter-related and have been broadly grouped into “culture” and “practice.” For the purposes of this report, culture referred to the ideas and social behaviours that affect the health and wellbeing of men and boys. Practice referred to how society responds to, and seeks to enhance, the health and wellbeing of men and boys.

Culture

Many forum participants spoke of the dominant culture of masculinity, at personal and societal levels, that may not have a positive influence on the health and wellbeing of men and boys. Specific examples included:

- Sharing feelings is not manly
- Men are seen as breadwinners and providers rather than connected fathers and partners
- Violence can be a response to intense feelings, fears and powerlessness.

Toughen up and ignore it.

Many men reported wanting to be able to feel proud of their maleness, rather than criticised for it. The importance of building on the strengths of men and boys, rather than their problems, was emphasised. For example, the crucial role of fathers and husbands in raising children and in family life was highlighted.

Forum participants expressed that disconnection was a key factor in poor health and that social isolation is a significant problem for many males. As a result, there is a need to create and resource opportunities for easy connection (e.g. men’s sheds).

A woman under stress talks to someone about it. A bloke sits with it, alone.

It was also noted that in rural areas, where there is agricultural or economic downturn, health problems including mental health issues and suicide are higher. Likewise, fly-in, fly-out work practices and other intensive work practices (e.g. long shifts) or unreliable work practices (e.g. the rise of the “gig economy” whereby temporary work positions are common and organisations contract with independent workers for short-term engagements) can create significant health and wellbeing issues including disconnection from family and difficulty accessing health services.

Forum participants highlighted the need to raise resilient, informed and self-caring boys.

Practice

The Policy will need to encourage approaches that make finding or accessing services easier. Many participants noted that men were reluctant to seek and access relevant health services and urged concerted efforts to address this. Forum participants also believed that the Policy should prioritise prevention, early intervention and community care.

Some men reported feeling “out of place” in health services. Fragmented services can create confusion and disincentives amongst a group already reluctant to seek assistance. Health services need to “follow-up men” as they may not actively seek medical care. The importance of collaboration, including data sharing, service integration, referral pathways and co-located services was emphasised.

The importance of ensuring health professionals are skilled at engaging, supporting and providing services to men was discussed. The need for professional development and education in the workplace to ensure health professionals engage effectively with men, including cultural sensitivity and cultural awareness training, was highlighted.

Forum participants identified a need to make health information readily available in appropriate formats. For example, while online formats present a significant opportunity, some men do not have internet access and are not users of certain social media. This issue was particularly raised by older men at men’s shed meetings.

It was also identified that services, particularly specialist services, can be hard to access in rural and remote areas. The need to support community-based solutions and co-design strategies was emphasised.

What are you pleased by about the Policy?

The overwhelming majority of forum participants were very pleased the Policy was being developed. It was an indication that the health and wellbeing of men and boys was being taken seriously.

People also highlighted the importance of the Policy being broad and holistic. That is, the need to include “wellbeing” (in addition to health) was considered essential. It was noted that the Policy needed to be strategic, inclusive, comprehensive and foster discussion. There was praise that the development of the Policy has involved men in the conversation.

It can give us a “kick start” in the journey towards a stronger focus on men’s health and wellbeing.

What are your key concerns or issues with the Policy?

When participants were asked what most concerned them about the Policy, two primary themes emerged. Firstly, the most common concern was that the Policy would not be adequately resourced or implemented. The Policy has no value unless it leads to real change.

Secondly, it was noted that while the detail in the Policy would be important for services planners, providers and policy makers, the general community would benefit from a summary version that communicates the essence of the Policy.

We’ve got the rock. Let’s get it rolling!

Some participants also called for a more explicit inclusion of boys’ health and wellbeing and consideration of a more meaningful vision.

Other themes that emerged were not common but remained important for a number of participants. Some of these themes are briefly summarised below.

Some participants believed that the Policy is too focussed on the health system. As outlined in the Policy itself, men's health and wellbeing is influenced by the complex and interwoven web of individual, interpersonal, organisational, social, environmental, political and economic factors. A number of people believed that, for this reason, the Policy should be located in Premier and Cabinet and embraced by all agencies. It should aim to mobilise community, non-government and corporate organisations and sectors.

Many participants requested a stronger focus on prevention and early intervention. The focus needed to be on encouraging men to take responsibility for their health early. It was also considered important to make it easier for men to access services, as every additional referral step is a potential disincentive if they are resistant to seeking help.

Others noted the importance of community and connection. Connection was often emphasised as a key to health and healthy communities.

Some participants suggested that the perspectives of particular groups may not have been adequately heard. These groups may include:

- young men
- men from culturally diverse backgrounds
- male prisoners
- males with diverse sexualities, intersex men and men with transgender experience
- male war veterans
- men with disabilities
- Aboriginal men.

It was noted that a meeting in Cockburn, that targeted Aboriginal men, had 17 attendees. In addition, the Broome community consultation forum had high Aboriginal representation. There was also Aboriginal representation at a number of other forums and a Men's Health Statement was developed by Aboriginal men in the Kimberley region.

What would help make the Policy more relevant and useful to me or my organisation?

Having considered the Policy, participants were asked "What would help make the Policy more relevant and useful to me or my organisation?" By far the most common response to this question was that a simplified, more accessible "plain English" version is needed – a summary that highlights the key rationale for, and elements of, a men's health and wellbeing policy. It needed to be presented in a way that was easily understood and gave community members and organisations a sense of direction.

It was also noted that the Policy is broader than the health system and to be effective, there is a need for genuine collaboration with the community. The importance of engaging the community by creating simple, effective and meaningful messaging was also deemed important.

Regional issues

Finally, it was evident from the consultation forums held in rural areas that there were some regional specific issues. For example, many participants were particularly concerned about the stressors that farmers were experiencing, especially in marginal agricultural areas. Forum participants reported that the stress created by agricultural or financial downturns (including climate change) is pronounced and efforts to support men affected by this should be a priority.

The geographical isolation of living in rural and remote areas was also considered a challenge as men tend to socialise less with others and services are harder to access compared with men living in metropolitan areas. This lack of community connection and/or hobbies can also make transition to retirement challenging.

Feedback from the online consultation survey

On-line consultation of the Draft Policy complemented the community consultation forums to support public involvement.

A questionnaire was developed to address the aims of the broad consultation. A copy of the questionnaire is provided in [Appendix 3. Citizenspace](#) was used to design the questionnaire and collect responses. A hard copy of the survey was available on request.

A link to the survey inviting individuals or organisations to participate was distributed via the following mechanisms:

- Health Happenings
- Health Networks Bulletin
- emails to individual network officers to send to Health Network Executive Advisory Groups (EAGs)
- Yammer
- email to WA Men's Health and Wellbeing Policy reference group members
- email to the selected stakeholders (individuals and organisations)
- Healthy WA webpage
- media release from the Minister for Health's office
- HealthPoint
- emails to local Member of Parliament offices
- print advertisements in selected regional newspapers (Geraldton, Albany and Manjimup)
- radio interview (Kununurra).

The online survey for the Draft Policy was open for consultation from 1 June to 3 August 2018.

Data from the survey was downloaded and quantitative data was analysed using Microsoft Excel. Qualitative data was analysed using thematic analysis to identify recurring themes occurring within the respondents' feedback.

A total of 107 responses were submitted via the online survey. Seven per cent of respondents identified as Aboriginal or Torres Strait Islander. Seventy seven per cent of respondents provided their views in the survey as an individual, with the remainder expressing views on behalf of a group or organisation.

A summary of the feedback is provided below. Due to privacy and confidentiality considerations, quotes have been paraphrased and are representative of the collective feedback.

Overview, health disparities guiding principles

Respondents generally agreed that the overview and health disparities section of the Policy was succinct and described the importance of systemic improvement and change within the men's health and wellbeing sector.

There were many comments on the infographic ranging from "excellent" and "very effective infographic" to querying the usefulness of comparing males and females, and confusion regarding specific statistics and the linkages to the goals. There was also a variety of other comments, many of which related to the Policy more broadly.

The infographic is excellent.

Over 80 per cent of respondents believed that the Policy's guiding principles were relevant to the health and wellbeing needs of men and are clear and concise. Respondents were less certain if the guiding principles provided sufficient information to help guide service implementation and guide policy development.

Other comments suggested the need to include "culture" and "sustainability" in the guiding principles.

Priority male populations

Over 90 per cent of respondents believed that men living with a mental illness and Aboriginal men were either an essential or high priority male population group for the Policy.

Men living in rural and remote areas, young men, older men and men from culturally and linguistically diverse (CaLD) backgrounds were also considered priority populations.

Respondents were asked to list any other groups that should be included in the list of priority male populations in the Policy. The largest group to be identified was males with diverse sexualities, intersex men and men with transgender experience, followed by men with disability.

Various other priority male populations were suggested for possible inclusion in the Policy. These included:

- men directly impacted by fly-in, fly-out work arrangements
- incarcerated men (including men transitioning from prison)
- divorced or separated men (including men estranged from their children)
- first responders, service members and/or veterans
- men who live in drought affected communities
- men who are substance abusers
- men who belong to groups (e.g. sporting clubs, men's sheds etc.)
- babies, children and adolescents
- retired men
- men with low health literacy
- men in aged care facilities
- men who are violent.

Some respondents believed that all men were important and that individual priority populations groups should not be singled out.

Title

Respondents were asked to suggest wording or a short phrase for the Policy slogan. Selected examples are outlined below.

“The Policy slogan could be...”



Some respondents noted the need for the slogan to be inclusive of men and boys and that it should be short.

Vision and Purpose

The majority of respondents believed that the vision and purpose in the Policy clearly:

- identified who was intended to use the Policy
- described what the Policy aimed to achieve
- described the purpose of the Policy.

Additional feedback included the need for the purpose to be broadened and not restricted to the “WA health system and its partners” and the importance of including “men and boys.”

Goals, priorities and areas for action

The majority of respondents believed that the goals, priorities and areas for action:

- adequately described what organisations can do to support change
- identified actions that could be feasibly implemented
- are based on current evidence
- clearly identified what type of action was needed to achieve change
- identified changes required by the community to improve health and wellbeing for men
- identified changes required by the WA health system to improve health and wellbeing for men.

Suggested feedback included a need for a summary version of the Policy (as the areas for action were comprehensive) and an implementation plan. The importance of collaboration and consultation was also highlighted.

How is the Policy going to be implemented? This is a real concern.

General Feedback

The majority of respondents either agreed or strongly agreed that the Policy is easy to understand and provides appropriate direction for future policy development in WA. Respondents were less certain if the Policy had the potential to lead system-wide reform for men in WA, provide appropriate direction for future service delivery or if it aligns with other national and international policies aimed at men’s health and wellbeing.

Strengths

The strengths of the Policy identified by respondents included that it was clear and comprehensive, the goals were concise and achievable and that the Policy could result in “real change”. The consultation of the Draft Policy was considered valuable as it raised awareness of the Policy and engaged men.

The fact that there is a Policy being developed is in itself truly at strength.

The Policy is a comprehensive road map for driving change to improve men’s health and wellbeing in Western Australia.

Gaps and limitations

A variety of gaps and limitations of the Policy were identified. Some respondents believed that specific areas should be addressed in more detail (e.g. prevention, education, regional issues etc.). Multiple concerns were raised regarding the logistics of implementing the Policy. Respondents highlighted the need for an implementation plan and the importance of monitoring and evaluation. Resourcing of the Policy was also a concern.

The Policy will be of no value unless funds are adequately allocated to each of the guiding principles and for the development of effective initiatives for each of the target groups.

The Areas for Action are very comprehensive. Do you have the resourcing capacity to achieve all of them?

Other comments

Overall, there was praise for the Policy and that it was considered a welcome and commendable initiative.

Congratulations for developing this Policy and thank you to all those who are trying to improve men's health and wellbeing.

Effective communication of the Policy

Respondents provided a variety of suggestions for the effective communication of the Policy to stakeholders across WA. The importance of a summary version of the Policy in "simple language" was noted.

While it is envisaged that the Policy will be distributed to relevant government agencies in Western Australia, it may also be useful to develop a summary version for dissemination to other stakeholders, including consumers. This abbreviated version of the Policy would be more likely to be read and acted upon, and would have the potential to reach larger audiences, through different networks, because of its condensed format.



The need for a comprehensive stakeholder engagement plan was recommended. There were many suggestions regarding who the Policy should be communicated to including:

- health professionals
- WA branches of peak professional bodies
- research organisations in WA, including research institutes, universities, and research-focused hospitals.
- individuals attending men's sheds
- women (as well as men)
- other WA Government departments (e.g. Department of Education)
- service providers and/or non-government organisations
- Members of Parliament
- local government
- Aboriginal community elders
- stakeholders external to WA.

Feedback from the email submissions

The submission of feedback via email during the consultation period of the Draft Policy was not actively promoted. However, a total of 11 email submissions were received – seven from organisations and four from individuals.

The main themes that emerged from these submissions included:

- identification of other priority populations including:
 - men and boys in the justice system
 - men experiencing social isolation
 - males with diverse sexualities, intersex men, men with transgender experience and men who have sex with men
 - males in the first four years of life
 - men directly impacted by fly-in, fly-out work arrangements
 - men associated with the defence forces and emergency responders
 - men who have experienced trauma
 - men with disability
 - men and boys who witness, experience or perpetrate family and domestic violence
 - men experiencing drug dependence
 - men experiencing or at risk of homelessness
- improving the terminology throughout the Policy
- consideration of the development and implementation of a WA Gender Health Strategy
- implementation and monitoring suggestions and issues.



Evaluation of community consultation forums

In line with the Health Networks Unit practice of evaluating community consultation forums, event participants were encouraged to complete an evaluation form ([Appendix 4](#)).

A total of 292 people attended the metropolitan and regional forums. Online evaluation forms were sent to 99 individuals who provided their email addresses either in the registration form or at the forum. A total of 30 people who attended the workshops completed an evaluation form.

The majority of respondents (96 per cent) who completed the evaluation confirmed that they benefitted from their attendance at the forum by having their opinions and views heard. Participants noted that the forums were well-organised, inclusive, culturally appropriate and well-facilitated. Overall participants valued the opportunity to contribute to discussion on the Draft Policy and network with the community.

Participants provided feedback on the best elements of the forum. Examples of responses included:

Good discussion and opportunity for all to contribute.

Overall discussion about such a crucial topic. Networking with like-minded people.

Participants provided comment on what changes would have improved the forum, these included:

- broader advertising to ensure all groups were represented
- more notice prior to event
- bigger venue
- longer time for discussion
- varied times of workshops e.g. after hours.

Overall, the community consultation forums were well-attended with a diverse range of participants attending the metropolitan and regional workshops. Feedback from participants showed that the forums were valued and provided attendees with an opportunity to provide input into the development of the Policy and networking opportunities.

Final Policy

All feedback from the community consultation forums, the on-line survey and the e-mail submissions was considered by the Health Networks Unit project staff and the WA Men's Health and Wellbeing Policy reference group during the development of the Final Policy.

Some of the main alterations to the Draft Policy, that were directly attributable to the feedback received, included:

- the Policy was amended to include other priority population groups including men with disability, males with diverse sexualities, intersex men and men with transgender experience, and men directly impacted by fly-in, fly-out work arrangements
- the infographic was altered to ensure the information presented was easier to understand
- the language in the Policy was simplified (while not losing the contextual meaning)
- a summary version of the Policy was developed.

A copy of the Final Policy and the summary document can be accessed at:

https://ww2.health.wa.gov.au/Articles/U_Z/WA-Mens-Health-and-Wellbeing-Policy

The Final Policy was launched by Hon Roger Cook, Deputy Premier, Minister for Health and Mental Health; in Men's Health Week (10–16 June 2019). The Minister submitted a [recorded message](#) to a variety of organisations that hosted events to promote the Policy and enhance men's health and wellbeing. These organisations included:

- Kimberley Aboriginal Medical Service (KAMS) in conjunction with the official opening of the Bidyadanga Men's Wellness Centre
- Men's Health and Wellbeing WA (forum held at the WA State Library)
- Wyalkatchem Men's Shed
- Yanchep Community Men's Shed
- Centracare Family Services, Geraldton
- WA AIDS Council.

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



Conclusion

The community consultation forums, online survey and email submissions provided an opportunity for diverse groups of people to provide feedback on issues relevant to the Draft Policy.

Feedback from participants showed widespread support and praise for the development of the Policy. There was broad support for the Policy's guiding principles, vision, purpose, goals, priority populations and areas for action.

Feedback highlighted other priority population groups to include in the Policy including men with disability, males with diverse sexualities, intersex men and men with transgender experience, and men directly impacted by fly-in, fly-out work arrangements.

In addition, the need for a summary version of the document and the importance of implementation and monitoring was emphasised.

The findings from the statewide consultation of the Draft Policy were considered by the Health Network Unit project staff and the WA Men's Health and Wellbeing Reference Group. Many of the findings were incorporated in the development of the Final Policy.



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Appendices

Appendix 1: Western Australian Men's Health and Wellbeing reference group

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

Appendix 2: Example metropolitan consultation forum program

WA Men's Health and Wellbeing Policy consultation forum program

Friday 15 June 2018 – Function Suite, The Rise, 28 Eighth Avenue, Maylands

After the brief introduction, the forum will involve a mix of small group and plenary discussion.

9.00am	Registration
9.30am	Session 1: Introducing the Policy
	Welcome to Country – Ben Taylor
	Welcome Address – Minister for Health Hon. Roger Cook MLA
	Introduction to the Policy
9.50am	Session 2: Men's Health and Wellbeing – general discussion
	Discussion (small group and plenary)
	What are: <ul style="list-style-type: none">a. key challenges andb. key opportunities that the policy needs to address, in improving the health and wellbeing of men and boys?
10.30am	Morning tea
10.45am	Session 3: The Policy detail
	Discussion (personal reflection, 'wall-work' and plenary)
	Detailed consideration of the Draft Policy (See 'Feedback' version of the Policy)
11.45am	Session 4: Ensuring it's relevant
	Discussion (small group and plenary) <ul style="list-style-type: none">a. Overall, how relevant and useful is the Policy, and what would enhance it?b. What would help make the policy relevant and useful to me or my organisation? (e.g. what tools, information or resources might be useful?)
12.30pm	Close

The Forum will be facilitated by CSD Network, in partnership with Kim Bridge and Associates, and Kambarang Services.

The draft Policy and online feedback survey are available at

<https://consultation.health.wa.gov.au/strategy/draft-wa-mens-health-and-wellbeing-policy/>

Appendix 3: Copy of the online consultation survey

Draft Western Australian Men's Health and Wellbeing Policy

Overview

The *draft Western Australian Men's Health and Wellbeing Policy* (the Policy) was developed by the Health Networks Branch, Department of Health Western Australia (WA) to demonstrate the WA health system's commitment towards achieving the priority areas of the National Male Health Policy: Building on the strengths of Australian males.

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

The primary audience of the Policy is the WA health system. However, improvements in men's health require the involvement of a range of agencies beyond the WA health system working collaboratively to achieve common goals. Therefore, it is recommended that the approaches outlined within the Policy are adopted by multiple agencies.

Why we are consulting

The feedback received will inform and guide the development of the Policy as well as support its implementation across the State.

A series of community consultations will be occurring between June-July 2018 and provide an opportunity for face-to-face feedback in addition to this online survey. Further information about this will be made available closer to the time.

About the Survey

The survey is expected to take about 10 minutes to complete.

All responses to this survey are anonymous and will remain private and confidential.

The survey does not ask specific questions about every section of the Policy. There is however opportunity for you to provide general or specific feedback about the Policy at the end of the survey if you wish.

Before commencing this survey, please ensure you have downloaded the Policy and have it available to refer to.

You may exit the survey at any time and can save your progress by providing your email address.

The survey will **close on 5pm on Friday 3 August 2018.**

To begin the survey, click on the '**Online Survey**' link below.

Demographic Information

Please assist us to understand the range of stakeholders involved in this consultation by answering the demographic questions on this page.

1. What category best describes your **primary** role in the men's health sector?
Please select only one item.
 - I do not have a role in the men's health sector
 - Hospital based clinical services
 - Community based clinical services (including general practice/general practitioner)
 - Social/community services (e.g. counsellor, social worker)
 - Administration (e.g. policy development, planning, or governance officer)
 - Management
 - Research/evaluation/teaching
 - Other (please specify below)

2. What category best describes your **primary** place of work? Please select only one item.
 - I do not have a primary place of work
 - WA Health – Child and Adolescent Health Service (CAHS)
 - WA Health – East Metropolitan Health Service (EMHS)
 - WA Health – North Metropolitan Health Service (NMHS)
 - WA Health – South Metropolitan Health Service (SMHS)
 - WA Health – WA Country Health Service (WACHS)
 - WA Department of Health – Royal St Divisions
 - Academic / teaching / research institution
 - Private General Practice
 - Health contracted organisations (including Community Controlled Health Services)
 - Other Government agency (e.g. Police, Justice, Housing, Education)
 - Non-Government agency
 - Community-based service or organisation
 - Other (please specify below)

3. Do you identify as Aboriginal or Torres Strait Islander? Please select only one item
 - Yes
 - No
 - Prefer not to say

4. Are you providing your views as an individual or on behalf of a group / organisation?
Please select only one item.
 - Individual
 - Group / organisation (please specify below)

Name of Group / Organisation

Overview and Health Disparities

The Overview and Health Disparities are shown on pages 4-6 of the Policy. You may view this section by clicking on the Related Information link below.

5. To what extent do you agree/disagree that the overview and health disparities section of the Policy:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	Unable to answer
clearly describes the importance of change within the men's health and wellbeing sector						
clearly describes the importance of systemic improvement within the men's health and wellbeing sector						
provides a succinct overview of the health and wellbeing issues of men in WA						

6. Please provide any additional feedback you have for the overview and/or health disparities sections of the Policy. Please give particular consideration to anything that may be missing in this section of the Policy.

Guiding principles

The guiding principles are shown on page 7 of the Policy. You may view this section by clicking on the Related Information link below.

7. To what extent do you agree/disagree that the guiding principles in the Policy:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Unable to answer
are clear and concise						
are relevant to the health and wellbeing needs of men						
provide sufficient information to help guide policy development						
provide sufficient information to help guide service implementation						

8. Please provide any additional feedback you have for the guiding principles in the Policy. Please give particular consideration to anything that may be missing from this section of the Policy.

Priority male populations

The priority male populations are shown on pages 7 and 8. You may view this section by clicking on the Related Information link below.

9. Within the Policy, what level of priority do you believe should be given to the following male population groups?

	Essential priority	High priority	Medium priority	Low priority	Not a priority	Unable to answer
Aboriginal men						
Men with mental health issues						
Young men						
Men living in rural and remote areas						
Culturally and linguistically diverse (CaLD) men						
Older men						

10. Please list below any other populations you believe should be included in the list of priority male populations in the Policy.

Title, vision and purpose

The vision and purpose of the Policy are shown on page 10 of the Policy. You may view this section by clicking on the Related Information link below.

11. Please suggest wording or a short phrase for the Policy slogan. A slogan is a simple and catchy phrase. The purpose of the slogan is to help make the document title more memorable and reflects the purpose of the document.

The document title will include the words 'WA Men's Health and Wellbeing Policy'. Please suggest a slogan that can be used with the title. Examples of a slogan in a policy title are: 'National Male Health Policy: Building on the strengths of Australian males.'

The policy slogan could be.....

12. To what extent do you agree/disagree that the vision and purpose in the Policy:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Unable to answer
clearly describe the purpose of the Policy						
clearly describe what the Policy aims to achieve						
clearly identify who is intended to use the Policy						

13. Please provide any additional feedback you have for the title, vision and/or purpose of the Policy. Please give particular consideration to anything that may be missing in this section of the Policy.

Goals, priorities and areas for action

The Policy identifies 3 goals. These are:

Goal 1: Men are empowered to be proactive in managing their health and wellbeing

Goal 2: Men have equitable access to services (including prevention and early intervention initiatives) that meets their needs

Goal 3: Men’s health and wellbeing needs are monitored, evaluated and inform continual improvements of programs, services and initiatives.

The Goals, Priorities and Areas for Action are shown on pages 10-18 of the Policy. You may view these sections by clicking on the Related Information link below.

14. To what extent do you agree/disagree that the goals, priorities and areas for action in the Policy:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Unable to answer
identify changes required by the WA health system to improve health and wellbeing for men						
identify changes required by the community to improve health and wellbeing for men						
clearly identify what type of action is needed to achieve change						
are based on current evidence						
identify actions that could be feasibly implemented						
adequately describe what organisations can do to support change						

15. Please provide any additional feedback you have for the goals, priorities and/or areas for action in the Policy. Please give particular consideration to anything that may be missing in this section of the Policy.

General feedback

The following questions are designed to collect feedback about how all the sections of the document come together as a Policy. Please answer each question by considering your overall impressions and understanding of the Policy.

16. To what extent to you agree/disagree that the WA Men's Health and Wellbeing Policy:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Unable to answer
is easy to understand						
provides appropriate direction for future policy development in WA						
provides appropriate direction for future service delivery in WA						
will assist with improving the quality of services available to men in WA						
has the potential to lead systemwide reform for men in WA						
will foster a broader understanding of the health and wellbeing needs of men in WA						
aligns with other national and international policies aimed at men's health and wellbeing						
will help provide a voice for men's health and wellbeing						

17. What (if any) are the strengths of the WA Men's Health and Wellbeing Policy?

18. What (if any) are the gaps or limitations of the WA Men's Health and Wellbeing Policy?

19. Please provide below any further comments concerning any aspect of the WA Men's Health and Wellbeing Policy.

Making it happen

Thank you for your valuable feedback so far in this survey.

Finally, we are interested in hearing any ideas you might have around communicating the final version of the Policy broadly to all relevant stakeholders across WA.

The Health Networks will encourage health providers to incorporate the Policy into their operations. This will include all public health service providers (permanent, temporary, casual, contract) addressing the health and wellbeing needs of men.

It is also appropriate for use by other government departments, private, not-for-profit and non-government organisations working with men.

20. Please provide below any suggestions for effective communication of the WA Men's Health and Wellbeing Policy to stakeholders across WA.

Appendix 4: Evaluation form

WA Men's Health and Wellbeing Policy community consultation forum evaluation form

Thank you for participating in the WA Men's Health and Wellbeing Policy consultation forum. If you could take a moment to provide feedback, below, it will help us improve the way we engage with you and others at future events.

All individual responses to this survey will remain private and confidential.

1. Please rate the extent to which you agree/disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
I had ample opportunity for my views and ideas to be heard.						
All participants were able to have their views heard in an open and respectful way.						
The forum provided good opportunities for networking.						
I gained a better understanding of different people's perspectives						
I feel confident that the meeting will influence the final Policy.						
This was good use of my time.						

2. What were the **best** elements of the forum?

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3. What changes would have **improved** the forum?

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4. Do you have any additional comments or suggestions?

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