

Men's health, GPs, and 'GPs4Men'

BACKGROUND Men have poorer health outcomes than women in many areas, particularly cardiovascular health, workplace health and safety, and mental health. They tend to present later with health problems, attend general practitioners less frequently; and when they do present, have shorter consultations and are less likely to attend for preventive health checks.

OBJECTIVE This article discusses issues impacting on men's health, the GPs4Men network, and future directions for improving men's health.

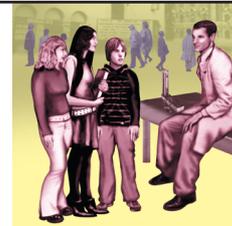
DISCUSSION GPs4Men, the Australian GPs Network for Men's Health, was formed in response to lack of policy and funding for men's health. The mission of GPs4Men is to improve the health of men, both nationally and individually, via greater community engagement by GPs, increased GP participation in population health activities for men, increased professional development in men's health, and the promotion of research into men's health. Collaboration between key bodies including The Royal Australian College of General Practitioners, divisions of general practice, other medical and health organisations, and governments is required to address the problems in men's health.

Men's health gained prominence as an issue in the 1990s as a result of concern regarding poorer health outcomes compared with women, particularly in the areas of mental health, cardiovascular disease, and workplace health and safety. By 2005, little has changed. Australia still does not have a commonwealth men's health policy, despite the existence of a women's health policy since 1989. The Royal Australian College of General Practitioners (RACGP) has a position statement on Delivery of Health Care to Women (1997), and a Women's Health Taskforce, but nothing similar in regard to men's health.

Men and their health

The BEACH report¹ confirms what most general practitioners observe on a daily basis: men approach their health differently and 'consume' health care differently. As our reception staff and many of our male patients tell us, men are less comfortable with the health system, understand it less, and negotiate it less effectively than women.

Only forty-three percent of general practice patient contacts are with men.¹ With the onset of adolescence, boys begin to display the reduced utilisation of health services characteristic of males until their senior years. BEACH shows that annually, only 60% of men aged 20–29 years attend a GP, rising to 75% of the 30–49 years age group. Surprisingly, only 75% of men aged over 75 years attend a GP annually.¹ This difference is not simply accounted for by women's visits relating to contraception, pregnancy and childbirth. It also reflects a greater unwillingness by men to utilise services with which they feel uncomfortable. In addition, men's consultations tend to be more superficial,



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shorter, and occur later in the disease process. Men are reluctant to engage in preventive health consultations (check ups) during their early and middle years; taking time off work for health care is often seen as a sign of weakness. Men from lower socioeconomic groups may defer or avoid medical intervention even more when out-of-pocket costs are anticipated. This creates real problems for a preventive approach which is often dependent upon opportunistic interventions, even more so when coupled with the time pressures of general practice.

Health policy for men

Development of a federal government men's health policy is a critical step in the development of a preventive, promotional, and acute health approach that recognises men's particular needs and issues. There is considerable lack of acceptance in health policy that there are issues particularly relevant to men at various stages of their life cycle, and which are broader than reproductive health. Issues such as male socialisation and masculinity, social connectedness and work-life balance are recognised as having a significant health impact.^{2,3} For example, boys' exposure to violence during their formative years contributes to a range of health issues including homelessness, drug abuse, depression, relationship difficulties, and perpetuation of the cycle of violence later in their lives.

As well, while many of the problems with which men present are not unique to men, the way in which the problems present and need to be managed is often different than is the case with women. Despite men's different health utilisation patterns, there is only a gradually developing acknowledgment of the need to approach men's health in different ways to women's health; although based on a similar premise – responsiveness to their particular realities and needs.

GPs4Men

The Australian GPs Network for Men's Health (GPs4Men) was formed in late 2003 in response to a lack of policy and funding for men's health, and the absence of a mechanism for GPs and divisions of general practice to exchange information and ideas about men's health. There are now over 70 individual GP members and 24 divisional members, covering regions from the Arafura Sea to the Tasman Sea, and from the Pacific coast to the Indian Ocean. This represents 20% of divisions of general practice saying that men's health deserves a better deal.

The mission of GPs4Men is to improve the health of men both nationally and individually. GPs4Men's aims include policy development via engagement with key stakeholders including the RACGP, Australian Medical Association (AMA) and Australian Divisions of General Practice (ADGP). The RACGP Victoria Faculty has endorsed GPs4Men. In addition, GPs4Men is working toward:

- greater participation by GPs in community engagement to utilise GPs' links with local communities
- heightened GP participation in population health activity via continuing rather than ad hoc funding models
- professional development via divisions and other stakeholders, and
- promotion of research in these areas.

Proposed activities for GPs4Men that promote GP and divisional involvement include:

- information exchange about men's health activity, programs and research, both within the GP community and the general community
- a website listing and linking divisional, GP and other relevant men's health programs
- enhanced engagement of men both within and outside general practices (eg. workplace based health assessments; a 2 yearly health assessment HIC item for men aged 35–75 years), and
- community based men's health activity (one example is a proposed link with the Department of Veteran's Affairs Men's Health Peer Education program).

Other initiatives

It is encouraging to note the activity of The National Depression Initiative, *beyondblue*, in regard to men's health, especially in regard to workplace health activity and postnatal depression. More work is required to assess the role of overwork in male mental health problems. Andrology Australia is a key participant in educating the profession and the community in regard to male reproductive health issues. Its 'Train-the-trainer' program is an excellent example of GP education. It should however, be emphasised that men's health is much more than male reproductive health.

Where to?

No single organisation has the answer to the problems of men's health. General practitioners, other health providers, health organisations, and governments, all have important roles to play. Significant needs exist for:

- a greater focus on male socialisation during child-

- hood, adolescence and adulthood
- preventive, promotional and early interventional health services for men
 - more equitable access for all groups of men to services such as men's groups, sexual and reproductive health, workplace health, anger management and relationship counselling
 - health professionals to continue working toward involving men on their terms in decision making about their health and wellbeing
 - greater numbers of health providers with an interest and special training in men's health, and
 - provision of services which take into account specific at risk groups of men, eg. indigenous, unemployed, Vietnam and other veterans, conflict survivors, non-English speaking backgrounds, single, and gay men; and men with addictive problems including tobacco, alcohol and other drugs, gambling, pornography, and overwork.

The GP is the most frequent health care provider consulted by men, and is identified by men as their key health resource. This provides an opportunity for GPs to facilitate preventive health strategies targeted to men, and to assist male patients to become more self confident about themselves and their health, as well as to take more responsibility and control over their health.

General practitioners need to explore ways of making the system more 'man friendly', and of taking the system to those men who do not currently come to us. We need to take masculinity and maleness issues into account in the organisation of our health system. The changes in the GP workforce – with more female, part time GPs – while of benefit to female patients, may have implications for men's health access as an aging and more full time male GP workforce approaches retirement.

The RACGP's role

GPs4Men is submitting a draft: 'Delivery of health care to men' position paper to the RACGP via its Quality Care National Standing Committee. This document will feature aims and principles of health care for men that reflect men's unanswered health needs while acknowledging that GPs play a central role in addressing these needs.

Divisions of general practice

Many GPs and divisions of general practice would respond to local needs for men's health programs but cannot due to lack of funding. Despite impressive

results, many men's health programs involving GPs have been discontinued due to lack of support and vision from state and federal funding sources. In addition, many GPs involved in men's health feel isolated and under resourced. Divisions and their state based organisations have a role to play in encouraging ADGP to develop a men's health position.

Conclusion

The challenge for all involved in men's health is to bring cohesion, cooperation, and stability to an area often characterised by professional rivalry, isolation, and lack of structure. This will involve GPs working with specialist colleagues, community health staff and allied health professionals, governments, health organisations, schools, unions, and employers to promote the best interests of men.

GPs4Men believes that co-operation between key GP groups including the RACGP, ADGP and AMA is crucial to moving men's health forward. A national men's health summit in 2005, perhaps complementing the 6th National Men's and Boy's Health Conference planned for Melbourne, Victoria, would be a good start.

Conflict of interest: none declared.

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