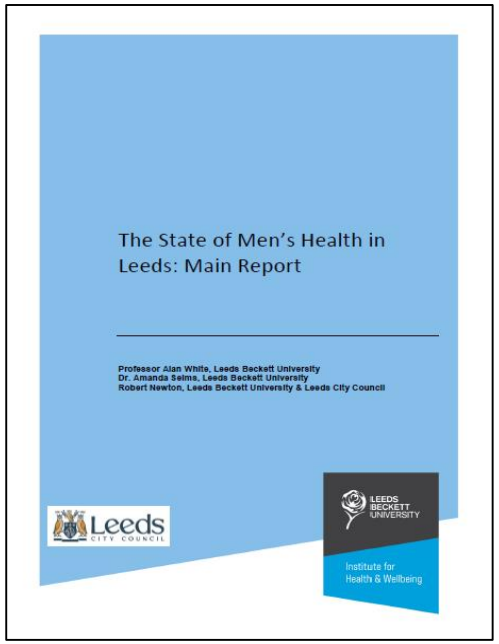
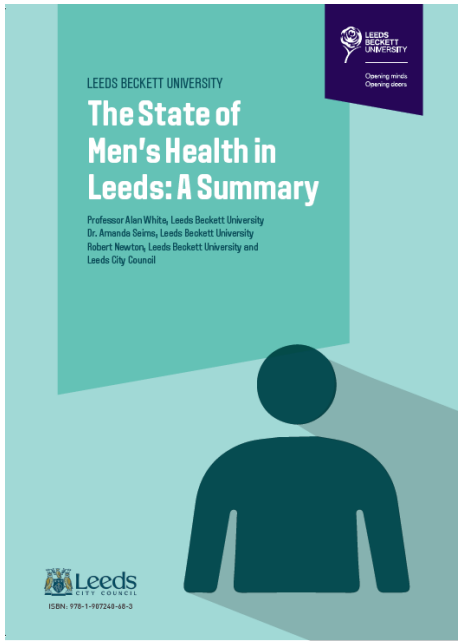
Improving Men's Health

Alan White PhD RN
Emeritus Professor of Men's Health
Patron, The Men's Health Forum
alan@alanwhitemenshealth.co.uk
@ProfAlanwhite

Directorate-General for Health & Consumers
The State of Men's Health in Europe
Extended Report

The Role of Men in Gender Equality - European strategies & insights
Study on the Role of Men in Gender Equality
Contract ref. no. VC/2010/0592
December 2012
Justice


The State of Men's Health in Leeds: Main Report
Professor Alan White, Leeds Beckett University
Dr. Amanda Seims, Leeds Beckett University
Robert Newton, Leeds Beckett University & Leeds City Council
Leeds City Council
Leeds Beckett University
Institute for Health & Wellbeing


Leeds Beckett University
Opening minds Opening doors
LEEDS BECKETT UNIVERSITY
The State of Men's Health in Leeds: A Summary
Professor Alan White, Leeds Beckett University
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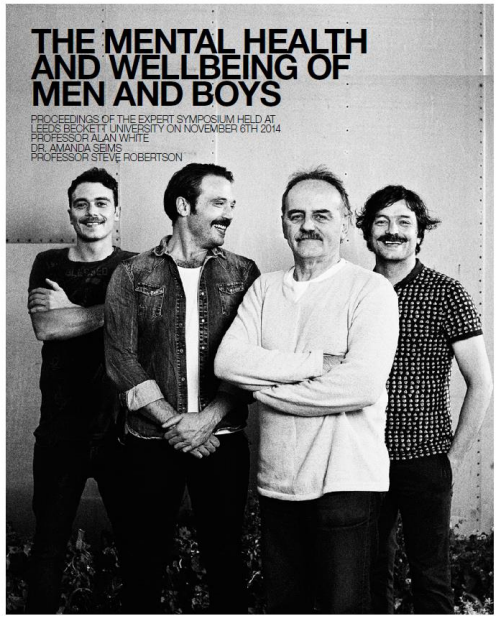
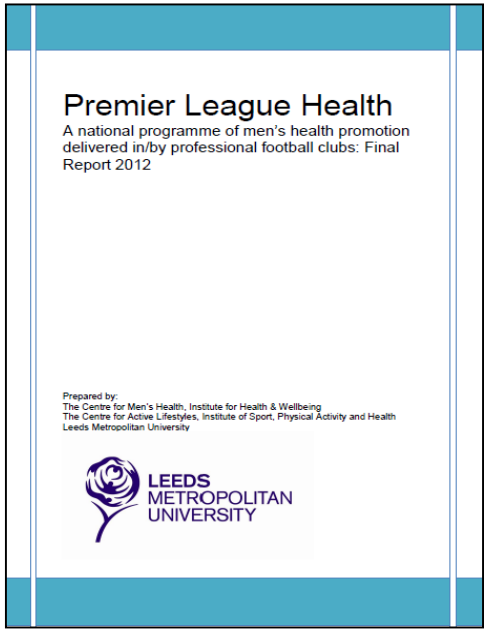
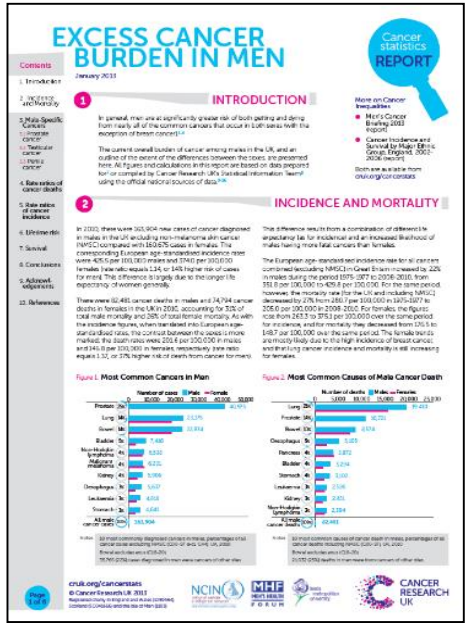
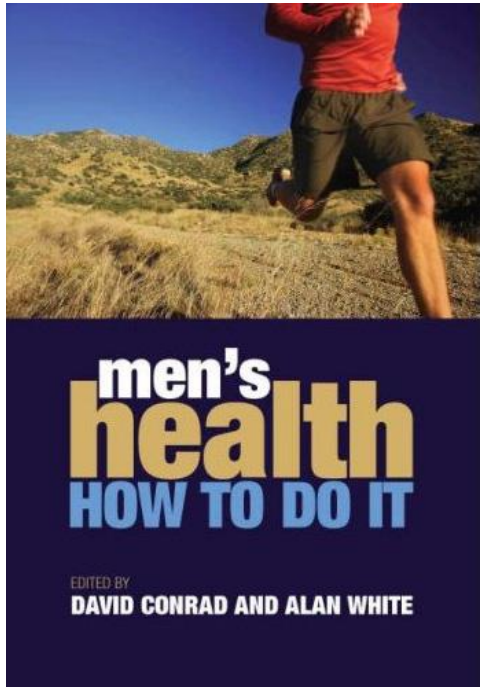
Leeds City Council
ISBN: 978-1-907248-68-3


THE MENTAL HEALTH AND WELLBEING OF MEN AND BOYS
PROCEEDINGS OF THE EXPERT SYMPOSIUM HELD AT LEEDS BECKETT UNIVERSITY ON NOVEMBER 6TH 2014
PROFESSOR ALAN WHITE
DR. AMANDA SEIMS
PROFESSOR STEVE ROBERTSON


Premier League Health
A national programme of men's health promotion delivered in/by professional football clubs: Final Report 2012
Prepared by:
The Centre for Men's Health, Institute for Health & Wellbeing
The Centre for Active Lifestyles, Institute of Sport, Physical Activity and Health
Leeds Metropolitan University
LEEDS METROPOLITAN UNIVERSITY

The NHS Sport and Health programme is delivered by NHS CONFEDERATION
NHS Sport and Health
February 2013 Issue 1
Health and sport – a winning team
Top tips
Speak to local professional sports clubs to identify the scope for collaboration.
Focus on building partnerships – identify common goals and what each partner can contribute.
One-off events do not tend to have much impact, so look at longer-term planning and initiatives.
Ensure there is clear signposting for those who need follow-up tests or support, or want further information.
Establish a sub-group or network of the health and wellbeing board to plan and coordinate activities.
Use evidence from joint strategic needs assessments to support commissioner cases for including sport initiatives in joint health and wellbeing strategies.
Evaluate and follow up all projects.
Play a full part in the NHS Sport and Physical Activity Challenge.
This Briefing highlights the benefits of sport in improving the nation's physical and mental wellbeing and aims to support NHS providers, commissioners and those with public health responsibilities to harness the opportunities provided by sport to improve the health of local populations.
The proven advantages of increased physical activity on physical and mental wellbeing makes the sports-health nexus a crucial area for the new NHS to tap into. The influence and ability of sporting personalities and clubs to reach under-engaged groups in society provide a valuable opportunity the NHS cannot afford to miss.
This Briefing outlines how NHS can build mutually beneficial relationships with sports bodies, both to promote sport as a way to physical and mental wellbeing, and to use the expertise, profile and attraction of sports clubs to reach greater numbers of people more effectively. It sets out some of the benefits that collaboration with sport can bring, and includes key lessons and case studies others can use to inform their plans. It also emphasises the value of the NHS Sport and Health Programme – a national initiative run by the NHS Confederation.
What is 'sport'?
"All forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental wellbeing, forming social relationships or obtaining results in competition at all levels."
European Sports Charter


EXCESS CANCER BURDEN IN MEN
Cancer statistics REPORT
Contents
1 INTRODUCTION
2 INCIDENCE AND MORTALITY
Figure 1. Most Common Cancers in Men
Figure 2. Most Common Causes of Male Cancer Death
cruk.org/cancerstats
© Cancer Research UK 2013
NCIN
MHF MEN'S HEALTH FORUM
CANCER RESEARCH UK


men's
health
HOW TO DO IT
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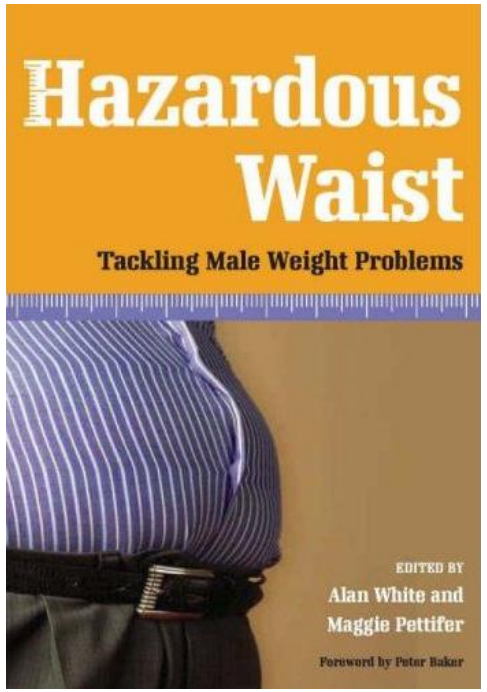
DAVID CONRAD AND ALAN WHITE


Hazardous
Waist
Tackling Male Weight Problems
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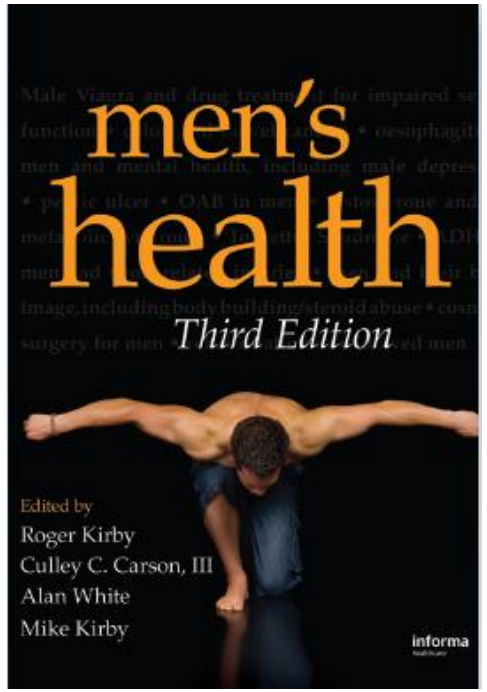
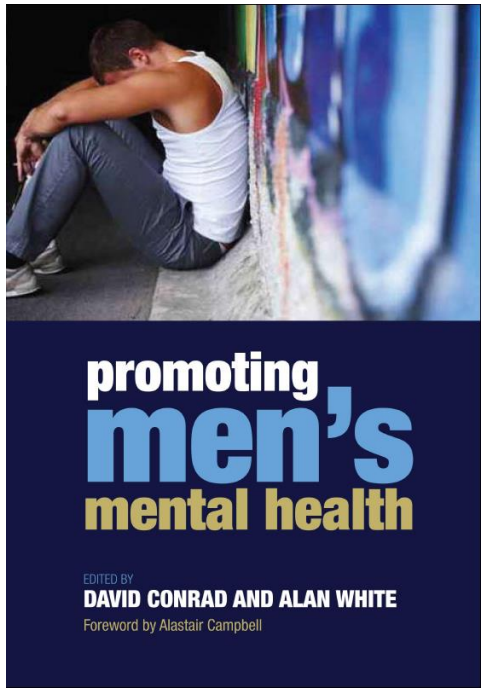
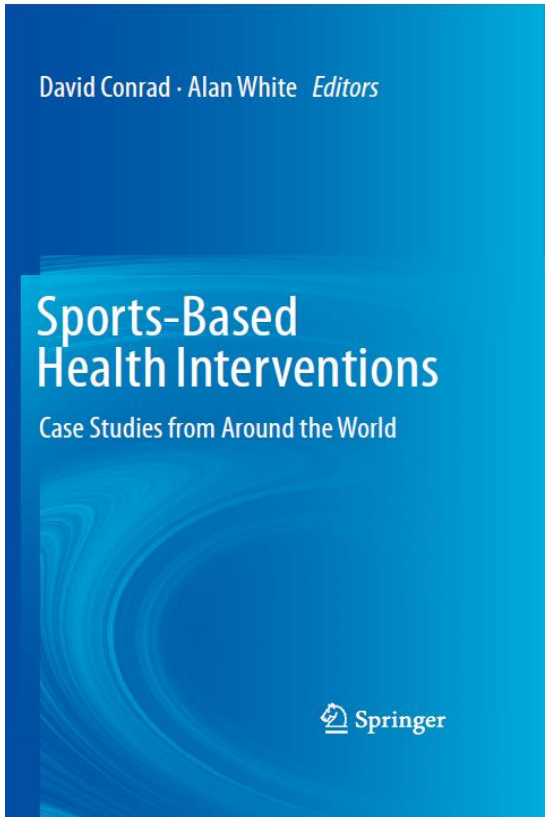
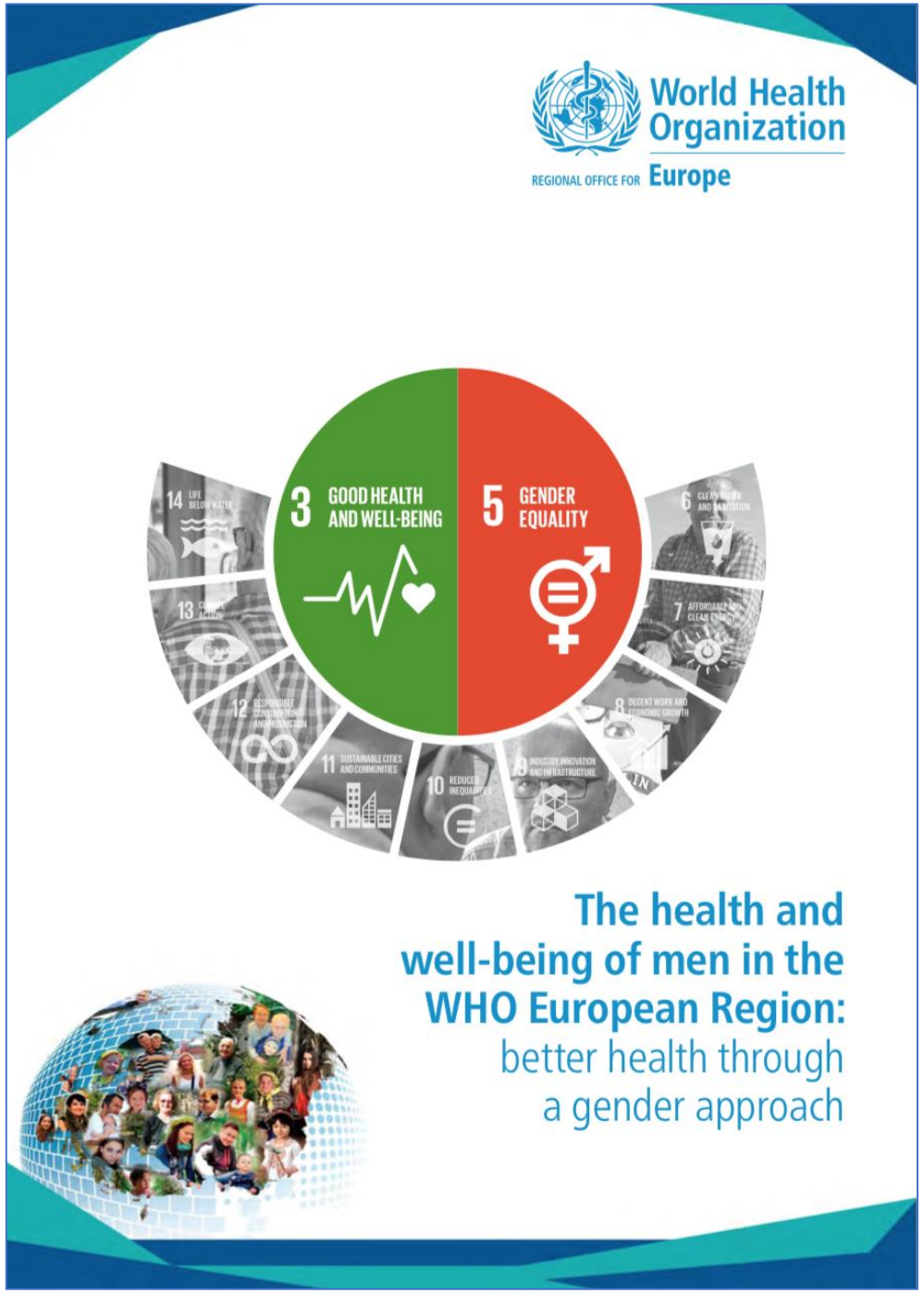
Alan White and
Maggie Pettifer
Foreword by Peter Baker


men's
health
Third Edition
Edited by
Roger Kirby
Culley C. Carson, III
Alan White
Mike Kirby
informa


promoting
men's
mental health
EDITED BY
DAVID CONRAD AND ALAN WHITE
Foreword by Alastair Campbell


David Conrad · Alan White Editors
Sports-Based
Health Interventions
Case Studies from Around the World
Springer

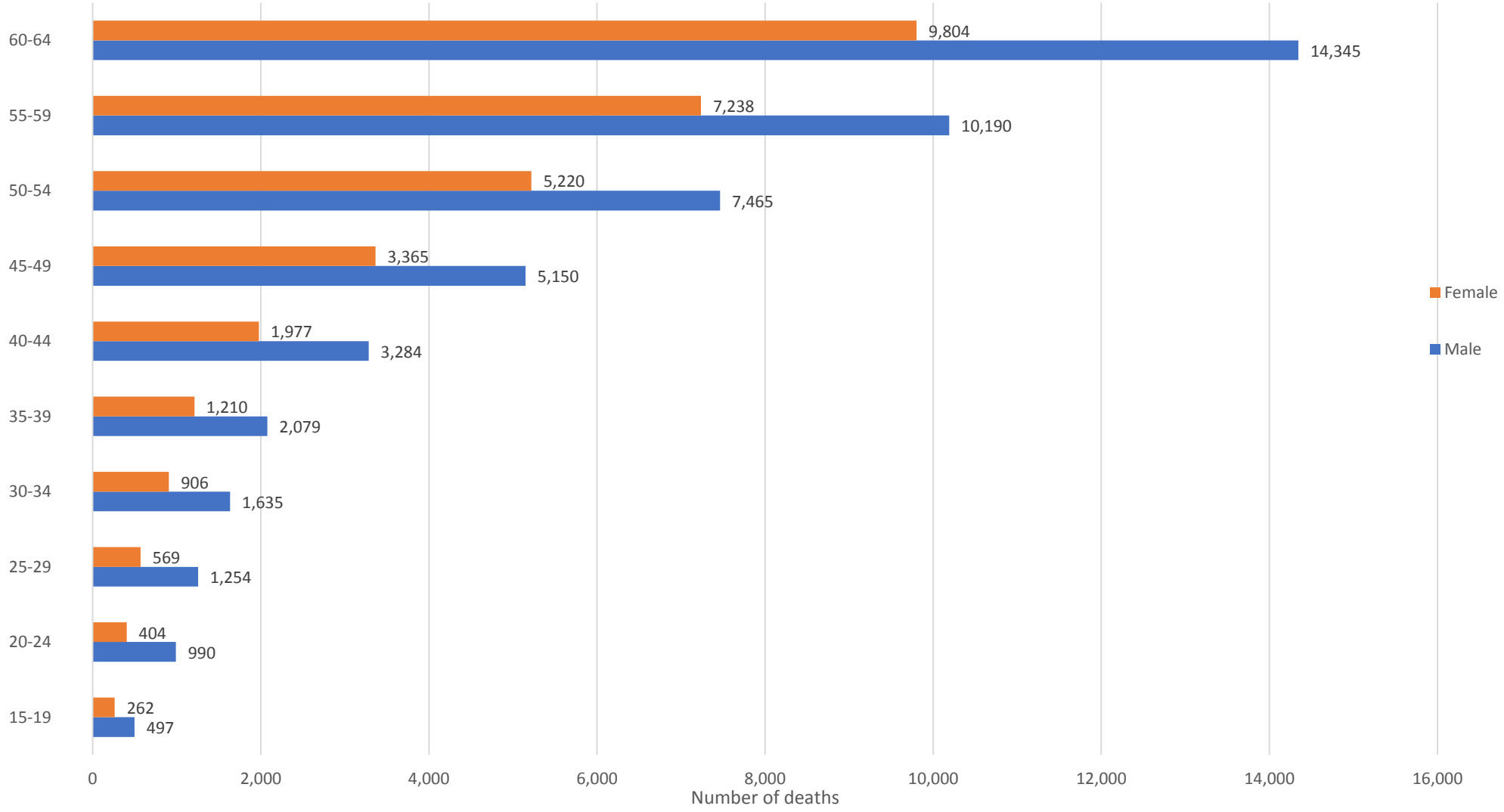


Men's Health Strategy

- *Strengthening governance for the health and well-being of men*
- *Making gender equality a priority for men's health*
- *Making health systems gender responsive*
- *Improving health promotion*
- *Building on a strong evidence base*

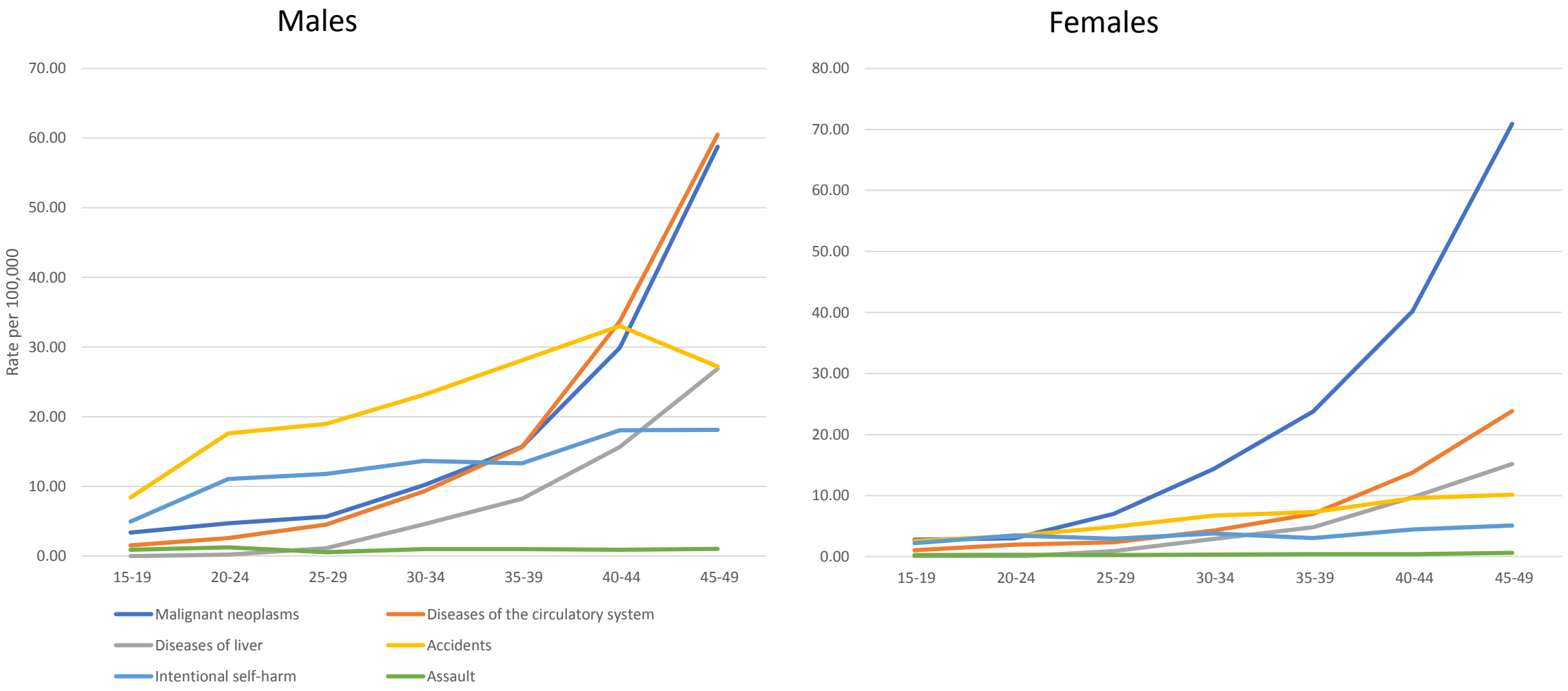
http://www.euro.who.int/en/health-topics/health-determinants/gender/mens-health

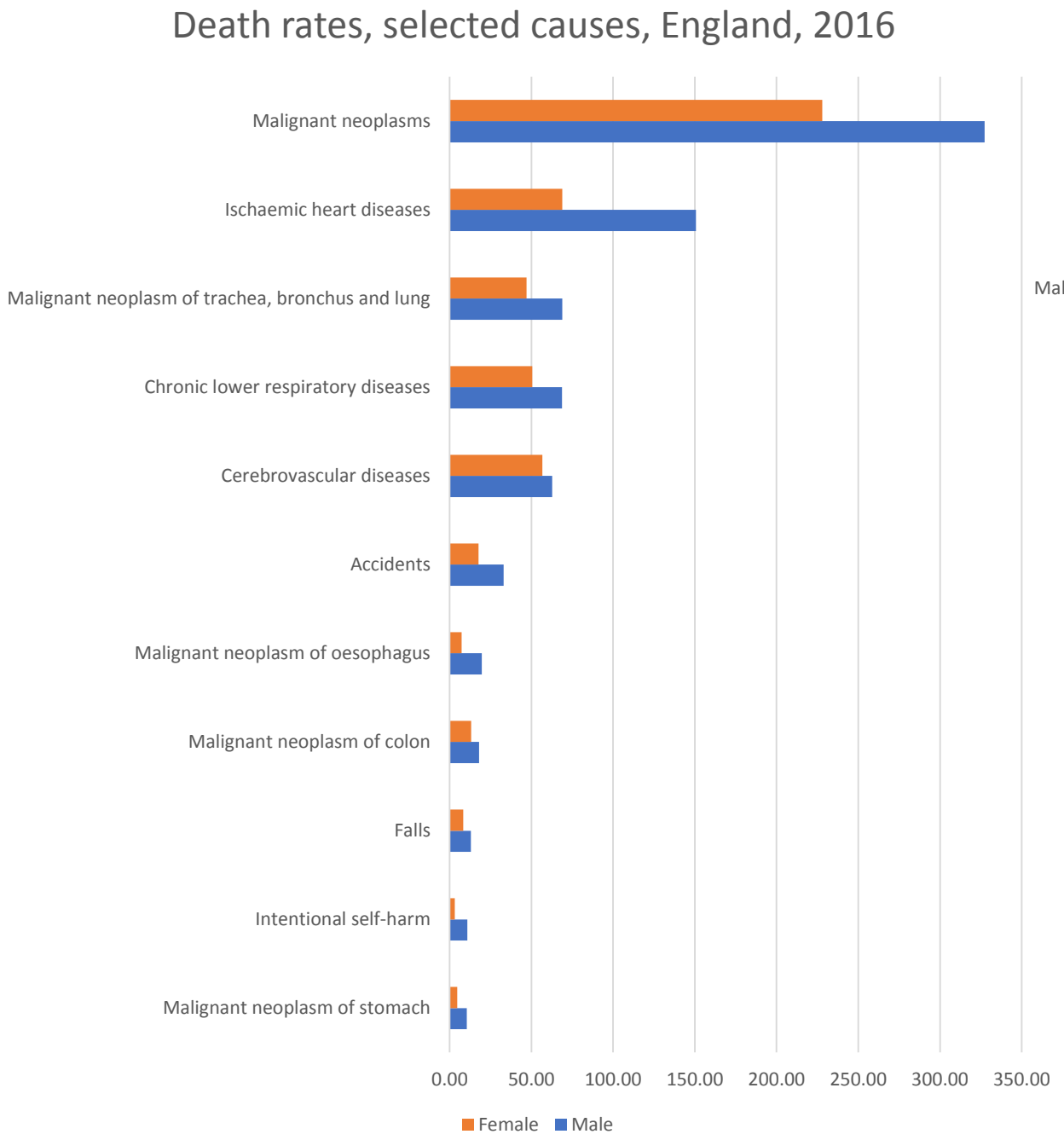
Number of deaths, England & Wales, by age and sex, 15-64 years, 2016

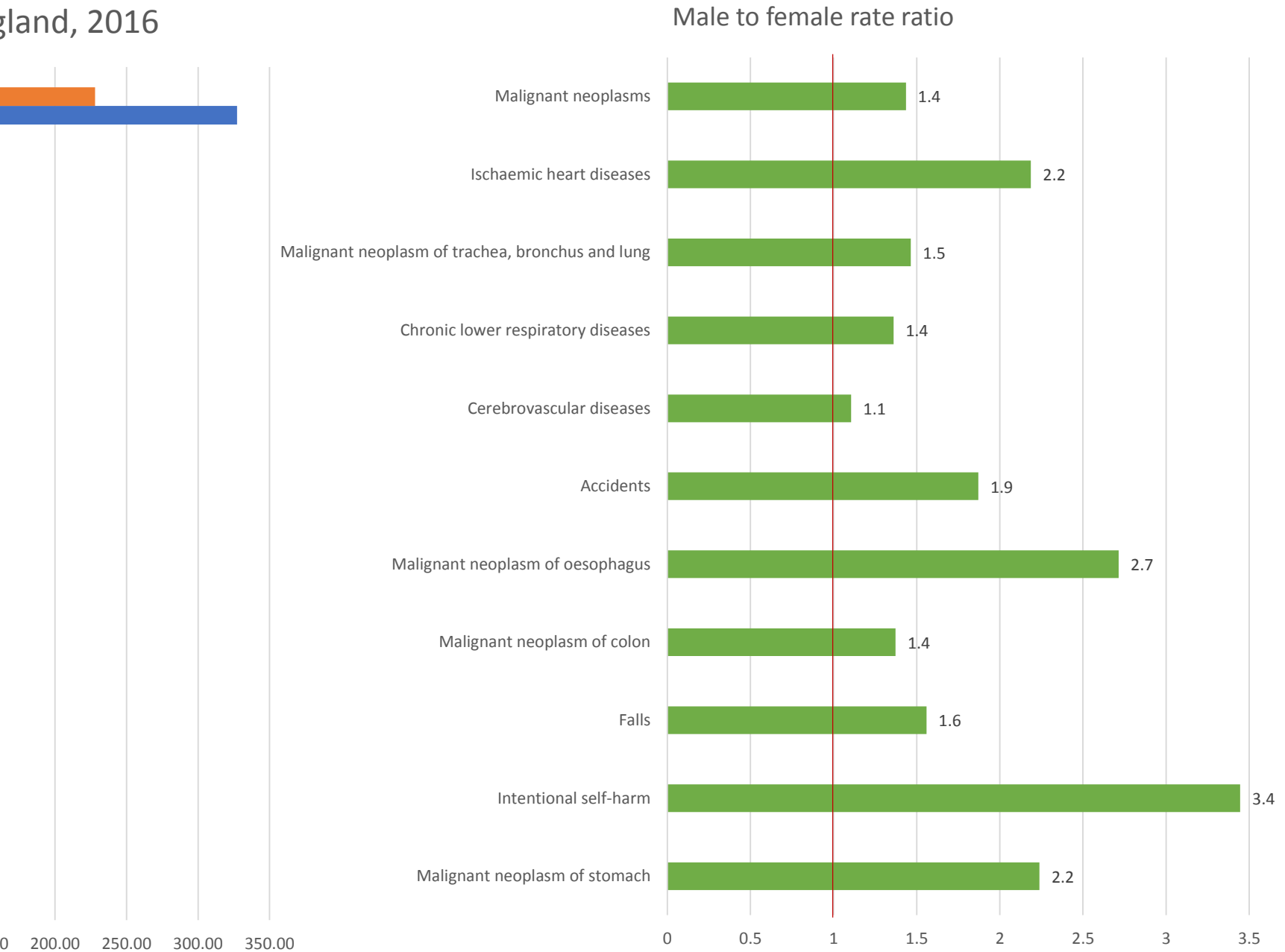


ONS (2017) Deaths registered in England & Wales, 2016

Age standardized death rates, selected causes, 15-49 years, England, 2016




Death rates, selected causes, England, 2016
Malignant neoplasms
Ischaemic heart diseases
Malignant neoplasm of trachea, bronchus and lung
Chronic lower respiratory diseases
Cerebrovascular diseases
Accidents
Malignant neoplasm of oesophagus
Malignant neoplasm of colon
Falls
Intentional self-harm
Malignant neoplasm of stomach
0.00
50.00
100.00
150.00
200.00
250.00
300.00
350.00
Female
Male


Male to female rate ratio
Malignant neoplasms
1.4
Ischaemic heart diseases
2.2
Malignant neoplasm of trachea, bronchus and lung
1.5
Chronic lower respiratory diseases
1.4
Cerebrovascular diseases
1.1
Accidents
1.9
Malignant neoplasm of oesophagus
2.7
Malignant neoplasm of colon
1.4
Falls
1.6
Intentional self-harm
3.4
Malignant neoplasm of stomach
2.2
0
0.5
1
1.5
2
2.5
3
3.5

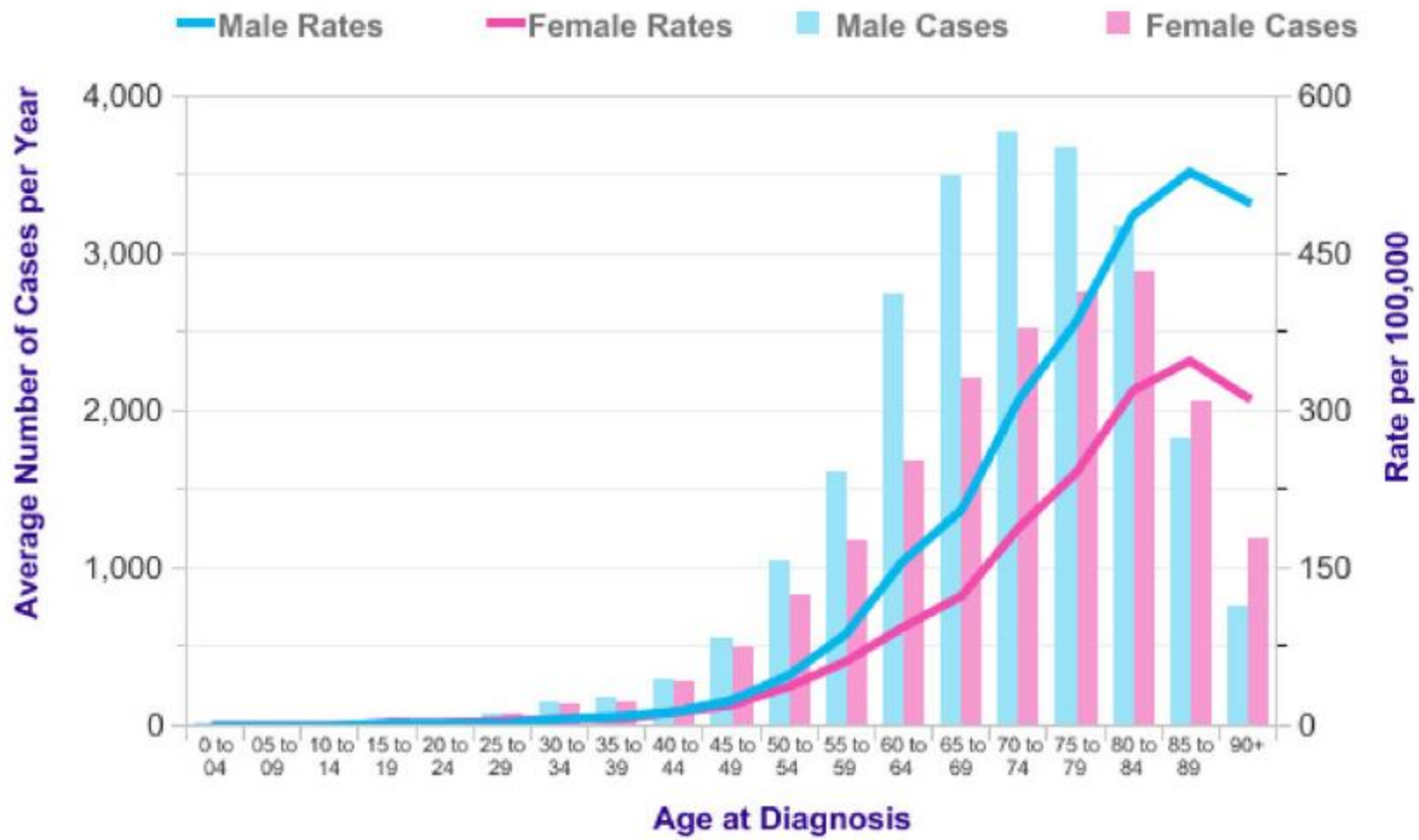


Fig. 1 Bowel Cancer (C18-C20): 2012–2014. Average Number of New Cases Per Year and Age-Specific Incidence Rates per 100,000 Population, UK [11] (with permission to publish from CRUK)

White et al. BMC Cancer (2018) 18:906
https://doi.org/10.1186/s12885-018-4786-7

BMC Cancer

RESEARCH ARTICLE Open Access

A review of sex-related differences in colorectal cancer incidence, screening uptake, routes to diagnosis, cancer stage and survival in the UK

Alan White[1*], Lucy Ironmonger[2], Robert J. C. Steele[3], Nick Ormiston-Smith[4], Carina Crawford[2] and Amanda Seims[1]

Abstract

Background: Colorectal cancer (CRC) is an illness strongly influenced by sex and gender, with mortality rates in males significantly higher than females. There is still a dearth of understanding on where sex differences exist along the pathway from presentation to survival. The aim of this review is to identify where actions are needed to improve outcomes for both sexes, and to narrow the gap for CRC.

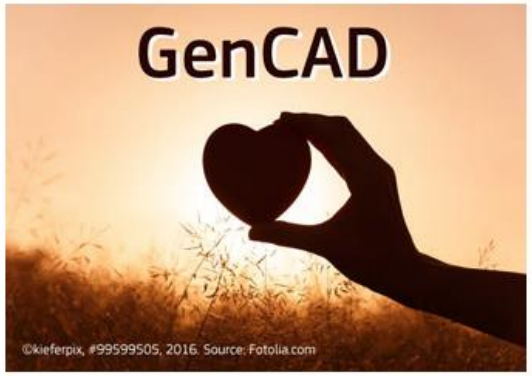
Methods: A cross-sectional review of national data was undertaken to identify sex differences in incidence, screening uptake, route to diagnosis, cancer stage at diagnosis and survival, and their influence in the sex differences in mortality.

Results: Overall incidence is higher in men, with an earlier age distribution, however, important sex differences exist in anatomical site. There were relatively small differences in screening uptake, route to diagnosis, cancer staging at diagnosis and survival. Screening uptake is higher in women under 69 years. Women are more likely to present as emergency cases, with more men diagnosed through screening and two-week-wait. No sex differences are seen in diagnosis for more advanced disease. Overall, age-standardised 5-year survival is similar between the sexes.

Conclusions: As there are minimal sex differences in the data from routes to diagnosis to survival, the higher mortality of colorectal cancer in men appears to be a result of exogenous and/or endogenous factors pre-diagnosis that lead to higher incidence rates. There are however, sex and gender differences that suggest more targeted interventions may facilitate prevention and earlier diagnosis in both men and women.

Keywords: Colorectal Cancer, Premature death, screening, Sex/gender difference, Routes to diagnosis, Staging, survival

GenCAD: Gender-specific mechanisms in coronary artery disease in Europe



This European pilot aims to improve the understanding of gender in addressing chronic diseases, using coronary heart disease (CAD) as an example to highlight differences in treatment and prevention. Existing evidence is sometimes incomplete, and findings are rarely presented to the medical community and public.

Over its three-year lifespan (from February 2015), the GenCAD project aims to:

- **Analyse existing knowledge** on gender differences in CAD risk factors, disease mechanisms, clinical manifestations, treatment options, access to health care, as well as management and outcomes.
- **Assess awareness** of health professionals and general population to identify the most effective practices to raise awareness about sex and gender manifestations of CAD
- **Develop and disseminate information material** based on the outcomes of the studies, surveys, and comprehensive needs assessment.

If you are interested in joining the GenCAD project, you can get involved in the conferences and workshops by contacting Nicholas Alexander, Institute for Gender in Medicine, Charité Universitaetsmedizin Berlin (info@gencad.eu).

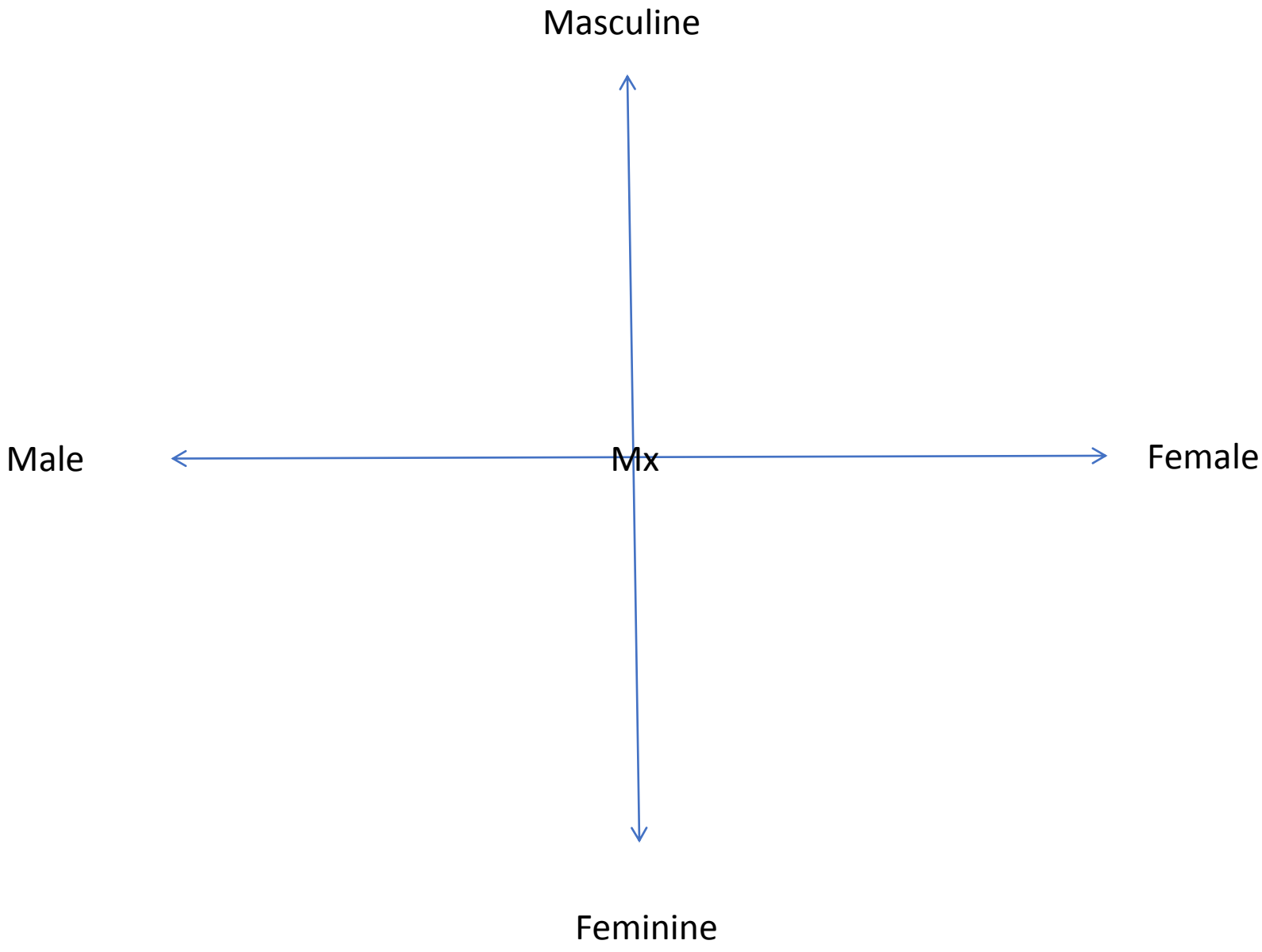
Related information

- GENCAD Conference 2: Gender and health – awareness, facts, and European perspectives (Brussels, 11th October 2017)
- GENCAD Conference 1: Gender and health – a challenge for the 21st century

Publications

- Factsheet for General Public: How to protect your heart – are women and men different?
- Factsheet for healthcare professionals: Gender differences in coronary artery disease in Europe
  - Additional references
- Poster - Gender specific mechanisms in coronary artery disease in Europe (GENCAD)
- Flyer - Gender differences in coronary artery disease in Europe (GENCAD)
- GenCAD project Brochure
- Additional references

https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment3


Masculine
Male
Mx
Female
Feminine

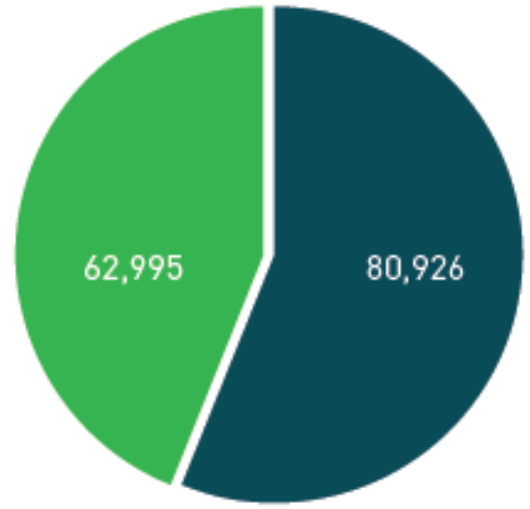
Key health concerns in younger men

- Accident reduction
- Mental health
- Lifestyle related issues
  - Smoking
  - Alcohol
  - Physical activity
  - Sedentary behavior
- Overweight / obesity
- Musculo-skeletal problems

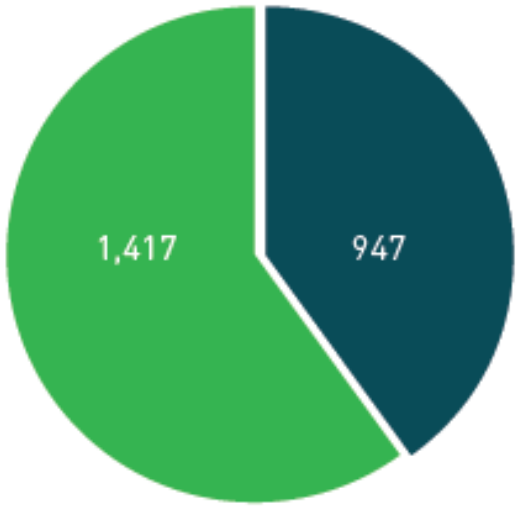
Current problems

- Getting men to preventative care and screening
- Managing weight gain and getting them active
- Getting men to discuss their emotional problems
- Getting the right care to the right group of men - tackling socio-economic social determinants of health

Use of smoking cessation services, Leeds,



Registered as a smoker by their GP

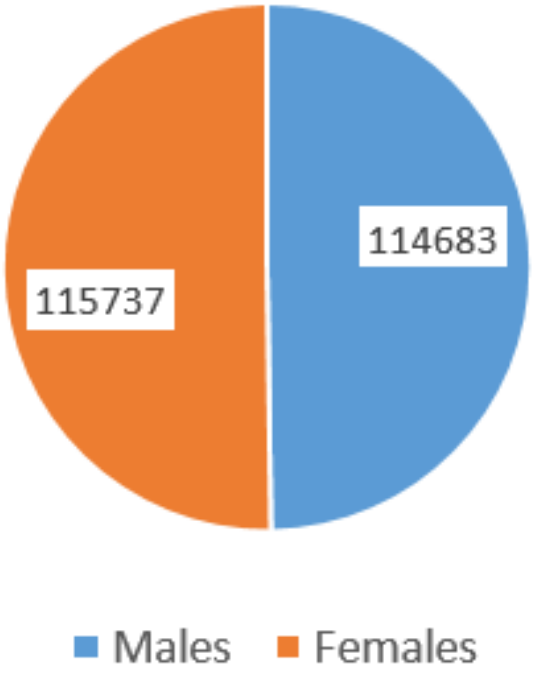


Registered with smoking cessation services

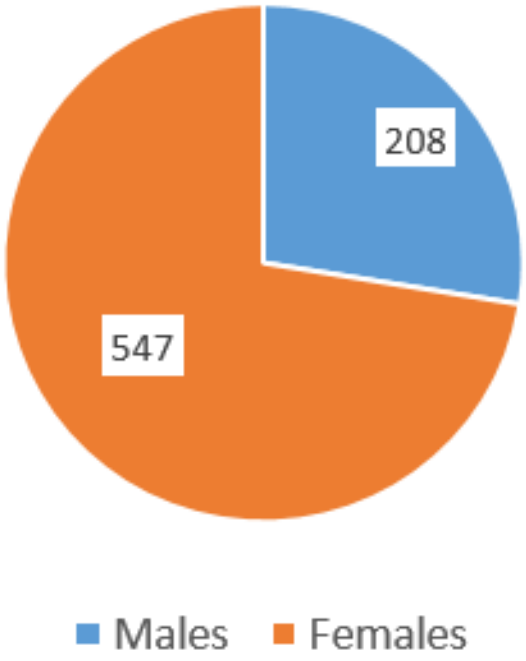
- Males were most likely to stop smoking compared to women
- Focus on getting men to the service

White A, Seims A, Newton R (2016) The State of Men's Health in Leeds: A Summary. Leeds: Leeds Beckett University, Leeds City Council.

Weight management, Leeds



Number of overweight or obese males and females

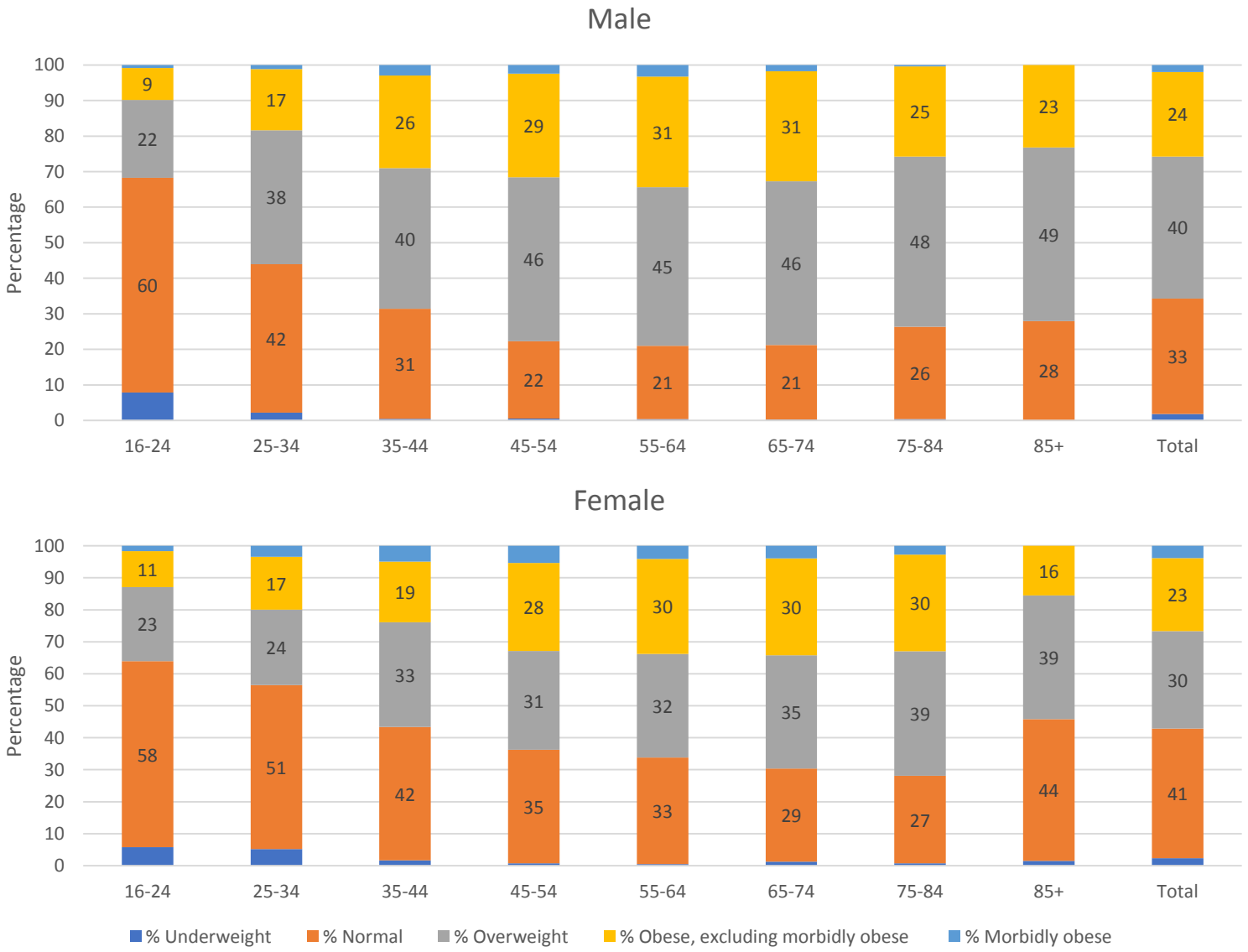


Number of males and females using weight management services

- Males were most likely to achieve weight loss compared to women
- Focus on getting men to the service

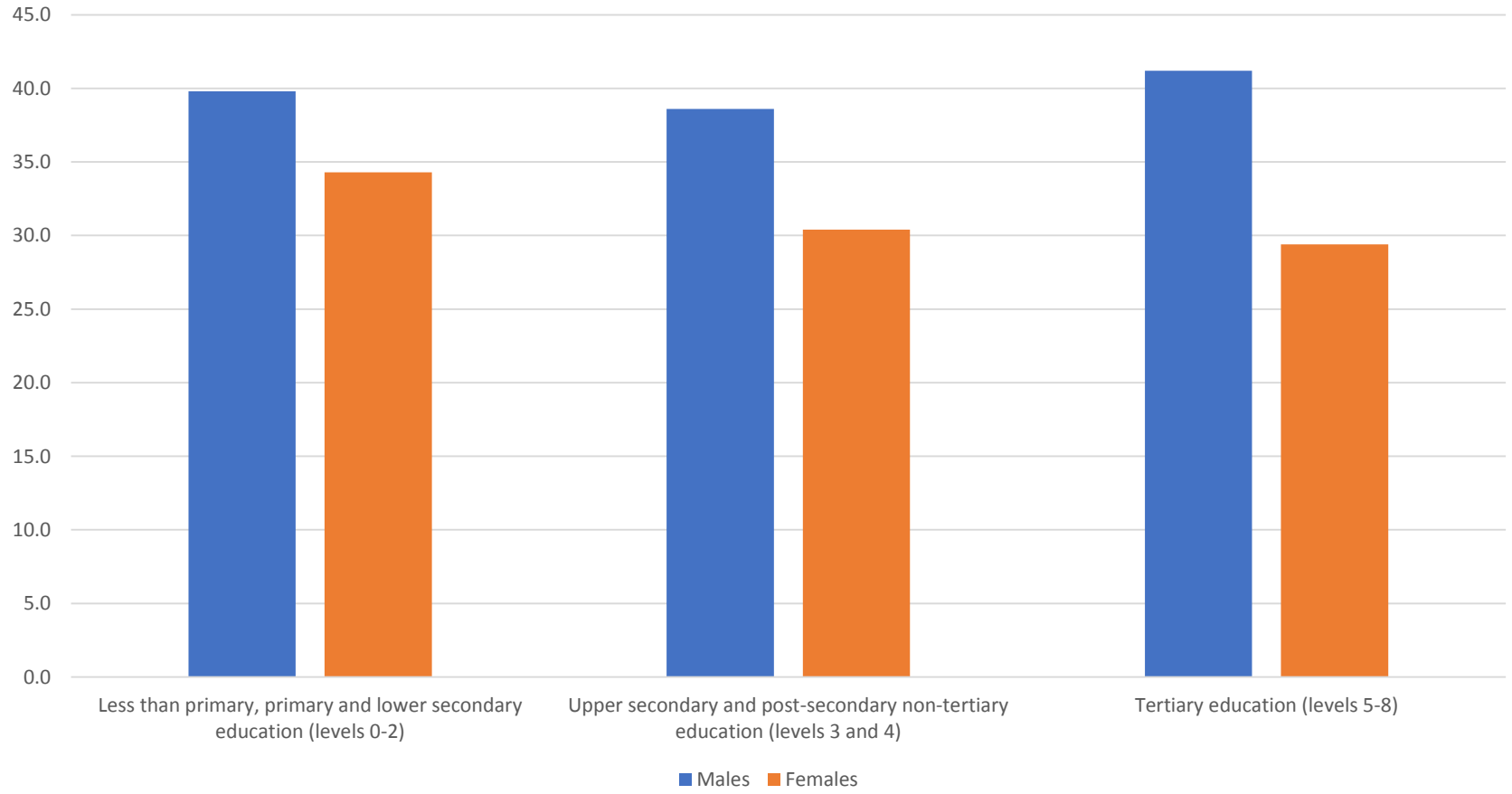
White A, Seims A, Newton R (2016) The State of Men's Health in Leeds: A Summary. Leeds: Leeds Beckett University, Leeds City Council.

Body mass index (BMI), overweight and obesity prevalence, by age and sex, England, 2016



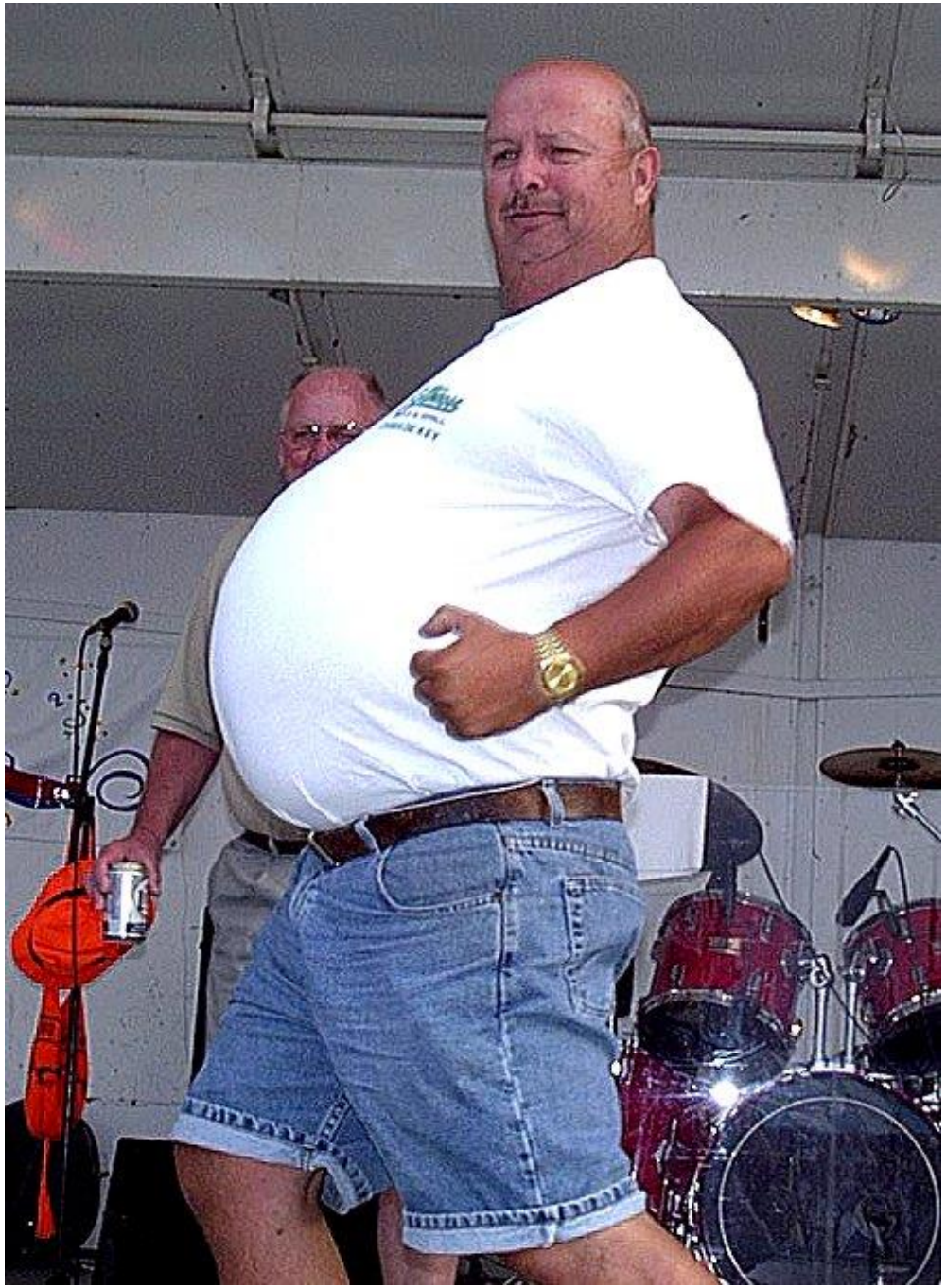
NHS Digital (2017c) Health Survey for England, 2016: Adult overweight and obesity - tables.

Percentage of UK population pre-obese (BMI 25-30), by sex and educational attainment, 2014

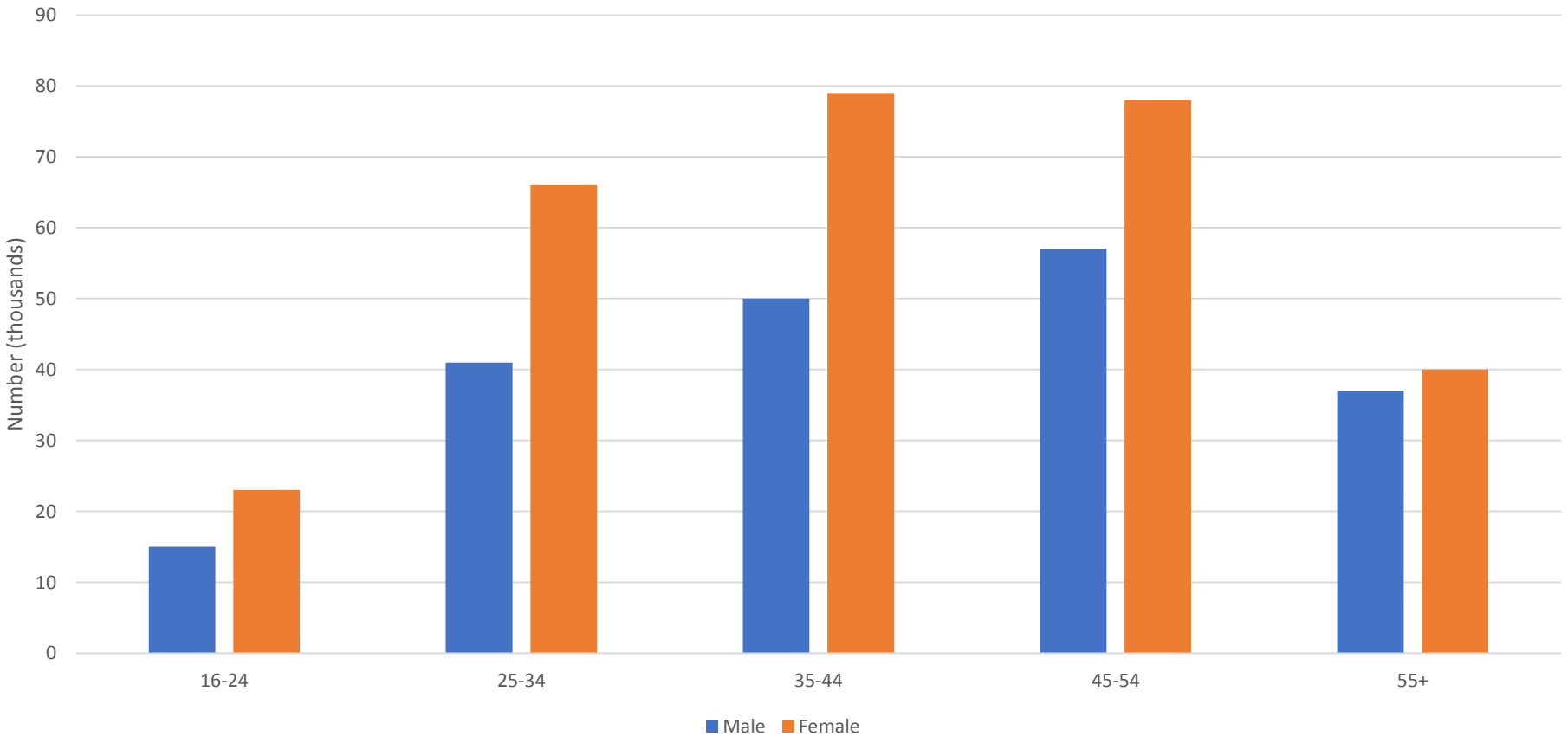


Eurostat (hlth_ehis_bm1e)

Film review
vindieselgallery.net



Estimated prevalence of self-reported stress, depression or anxiety caused or made worse by work, by age and gender, for people working 2014/15-2016/17



http://www.hse.gov.uk/Statistics/lfs/index.htm#illness

Job stressors

- Demand-control – high demands, with low control leads to high job strain
- Job insecurity
- Bullying or psychological harassment,
- Low social support at work
- Organisational injustice
- Effort-reward imbalance

LaMontagne et al. (2014) Workplace mental health: developing an integrated intervention approach BMC Psychiatry 14:131

Work-home interface

- Caring responsibilities
- Financial worries
- Relationship breakdown and loss of contact with children
- Increasing loneliness and isolation

Post natal depression in men

- Occurs 3-6 months post birth
- Can affect over 10% of fathers
- The depression can affect relationships both with the mother and the child and lead to poor bonding
- But it is not routinely looked for or treated.

http://www.fatherhoodinstitute.org/2010/fatherhood-institute-research-summary-fathers-and-postnatal-depression/

Gender differences in work related mental health problems

- 32% of men attribute poor mental health to their job, compared to 14 per cent of women who say it's problems outside of work.
- 38% of women and 31% of men feel the culture in their organisation makes it possible to speak openly about their mental health problems
- 43% of women, 29% of men have taken time off for poor mental health at some point in their career.

https://mind.org.uk/news-campaigns/news/mind-survey-finds-men-more-likely-to-experience-work-related-mental-health-problems/#.WdXvArpFy3B
September 2017

Understanding mental health figures?

Men behaving sadly (Royal College of Psychiatrists 2001)

The EU State of Mental Health report

- Women have higher levels of depression and anxiety (or internalising disorders)
- Men have higher levels of substance abuse and antisocial disorders (or externalising disorders)

http://ec.europa.eu/health/archive/ph_projects/2001/monitoring/fp_monitoring_2001_frep_06_en.pdf (2004 p34)

The experience of symptoms of depression in men vs women

- Men reported higher rates of anger attacks/aggression, substance abuse, and risk taking compared with women.

- Analyses using the scale that included alternative, male-type symptoms of depression found that a higher proportion of men (26.3%) than women (21.9%)(*P* = 0.007) met criteria for depression.

- Analyses using the scale that included alternative and traditional depression symptoms found that men and women met criteria for depression in equal proportions: 30.6% of men and 33.3% of women (*P* = 0.57).

Martin LA, Neighbors HW, Griffith DM. The Experience of Symptoms of Depression in Men vs Women. *JAMA Psychiatry* 2013;**70**:1100.

Men and help seeking

- Only 23 per cent of men would see their GP if they felt low for more than two weeks compared to 33 per cent of women

- Just 14 per cent of men aged 35 to 44 would see a GP if they were feeling low compared to 37 per cent of women of the same age

MIND (2009) Men and mental health get it off your chest.

- Men were almost half as likely to talk to friends about their problems as women (29 per cent of men compared to 53 per cent of women)

- Only 31 per cent of men would talk to their family about feeling low compared to 47 per cent of women

- Men were half as likely as women to go to a counsellor or therapist to talk about their feelings

MIND (2009) Men and mental health get it off your chest.

Possible consequences of seeking help

- The fear of loss of status
- Loss of control and autonomy
- Feelings of incompetence
- Dependence
- Potential damage of identity

Möller-Leimkühler AM (2002) Barriers to help seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders* **71** 1-9.

What can employers do?

- Be vigilant to pressure employees are working long hours, out of work expectations (email etc.), workplace bullying
- Offer confidential services, occupational health can be seen as too linked to management - ‘Crisis cards’
- In-house wellbeing i.e. self care training, building social networks - walking clubs
- Training of staff - mental health first aid courses, ASIST (Applied Suicide Intervention Skills Training)
- Support for new fathers or men widowed or divorced

Social Marketing with men

- Young men - More likely to enquire than seek solutions. More embarrassed talking about health/less likely to seek support
- New dads - Own health often loses out to other more immediate family pressures. Asking about health and seeking solutions
- Middle-aged men - Health more of a priority – starting to impact on day-to-day life. Enquiring and also more solution-focused than younger males
- Older men - More often dealing with health in an ongoing way. Seeking solutions/advice, for example concerning self-care. More likely to seek information alongside personal support

Robinson M, Robertson S. Health information needs of men. Health Educ J . 2013. 73:150–8. doi/10.1177/0017896912471039

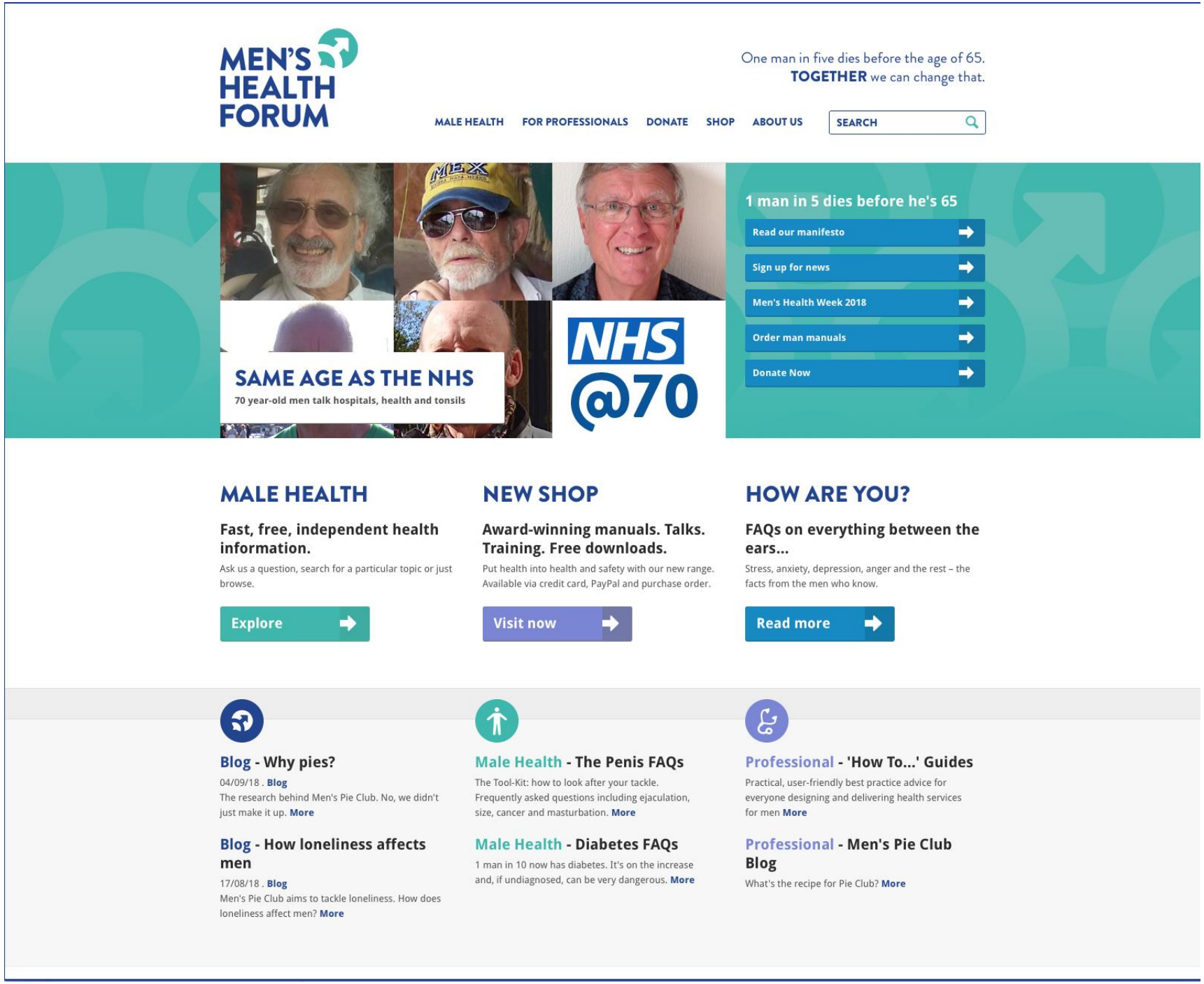
Strengths based as opposed to reticence models

- Interventions should avoid terms that relate to mental health
- Build on problem solving and provider and protector roles
  - Engaging men with *their* health on *their* terms
- Use of positive messages to promote change, without amplifying guilt, shame and blame
- Gaining the permission of other men

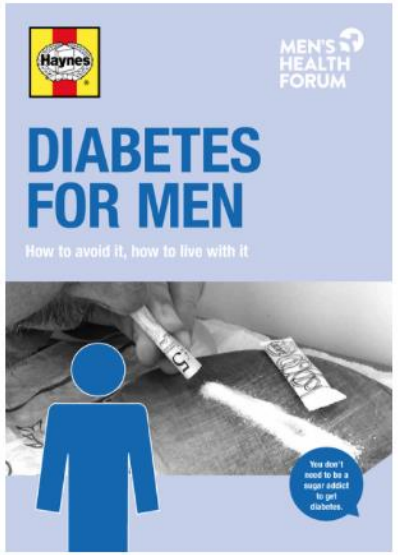
Oliffe & Han (2013) Beyond workers' compensation: men's mental health in and out of work. American Journal of Men's Health 8:45-53

60% of male managers feel they have a good understanding of how to promote the mental wellbeing of staff, compared to 74% female line managers.

https://mind.org.uk/news-campaigns/news/mind-survey-finds-men-more-likely-to-experience-work-related-mental-health-problems/#.WdXvArpFy3B September 2017

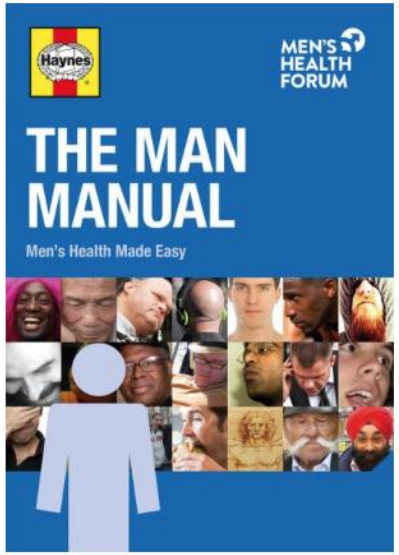


www.menshealthforum.org.uk



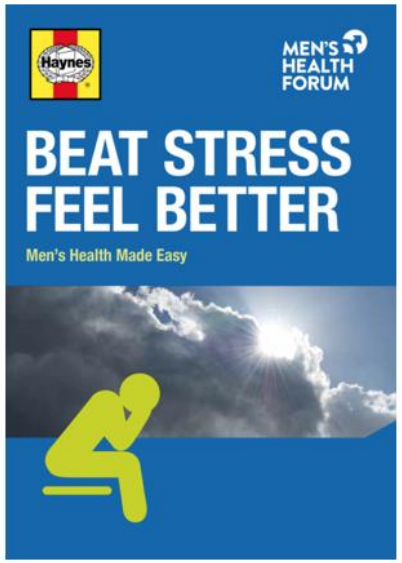
Diabetes For Men - How to avoid it, how to live with it

From £3.95



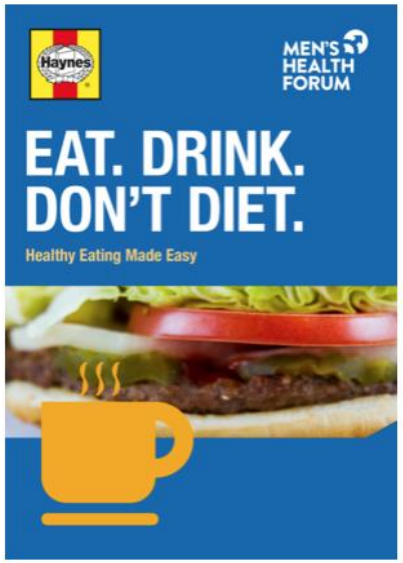
Man Manual

From £3.95



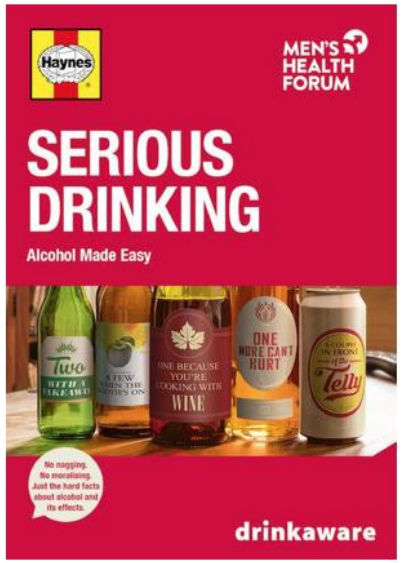
Beat Stress, Feel Better

From £3.95



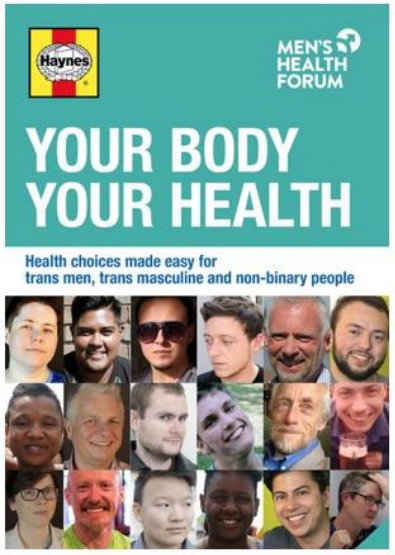
Eat. Drink. Don't Diet.

From £3.95



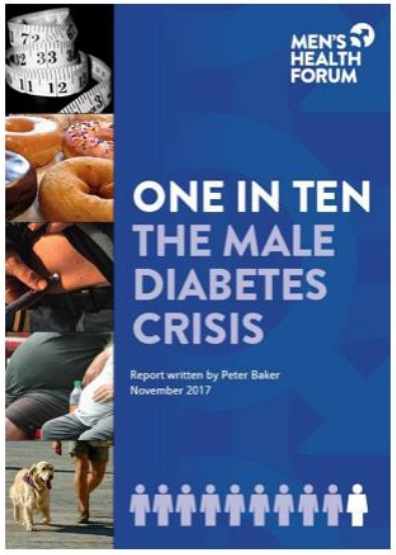
Serious Drinking: Alcohol Made Easy

From £2.95



Your Body, Your Health

From £5.95



One In Ten: the male diabetes crisis

From £0.00

"Check your nuts" Haynes wrench keyring

£5.00

[Highly commended in the 2017 BMA Patient Information Awards.]

"This resource uses a well-established format to present the facts about alcohol. It uses pictures and figures alongside clear explanations to outline its core message. I liked the partnership with the specialist charity Drinkaware and the commitment to user involvement is evident. The tone of the resource is well-judged: it acknowledges the appeal of drinking alcohol but outlines its dangers without 'nagging or moralising'. The tips are practical and useful."

www.menshealthforum.org.uk

Summary

- Stop using the term ‘people’ or ‘population’
- There are many challenges facing men with regard to their health
- Employers and the wider society needs to consider how to reach out and target men more effectively.
- Most of the studies point to a caring and compassionate workplace as being the most important factor in managing men’s health