2012

Working to Improve the Health of Men

Men's Heath Service 10 year Report.

Camelon men's health centre was Scotland's first primary care nurse led service offering a range of services aimed entirely at improving the health of men.
This paper celebrates 10 years of the service describing the findings and experiences gained to date.

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The Camelon men's health centre developed by NHS Forth Valley was Scotland's first primary care nurse led service offering a range of services aimed entirely at improving the health of men.
Incorporating elements of anticipatory care, health promotion and screening, the service has been at the forefront of developing a gendered approach and has received international recognition since opening in September 2001.

The service has developed from an acknowledgement that men "do" health differently. It has pioneered methods to engage with men regarding their health and has developed ways of working with men that make the most of the positive qualities that men have to improve their health.

Content

Why Men's Health?

A better understanding of how to improve the health of men is important for two main reasons.

Firstly it is becoming increasingly apparent that men's health is unnecessarily poor. The recently published European Union report "The State of Men's Health in Europe" (1) confirmed that not only do men have a poorer life expectancy than women, they also suffer from and die more from just about every disease. This situation exists across the EU. The report suggests that men experience poorer health outcomes "across the majority of conditions that should on biological grounds affect men and women equally".

Clearly men are not a homogenous group and their poorer health outcomes cannot be explained purely in physiological terms. Indeed the health of men comes into an even sharper contrast when comparing men from different social, economic or cultural status. A man, for example, living in Iceland can expect to outlive a man living in Latvia by almost 14 years. Closer to home in the most affluent area of Scotland men can expect to live 7.6 years more than those living in the poorest.

The inequality in health outcomes experienced by men is often explained by men's poorer lifestyle choices as well as their infrequent use and later presentation to health services. If, indeed, this is the case then much of the disparity in men's health may be preventable. Men's poorer health, however, seems to be viewed as the accepted norm by health planners and providers alike with little thought given on how to engage with men more effectively.

Secondly men's poorer health outcomes have a huge impact not only on men themselves but also on their families and the wider society they live in. One of the most startling findings of the EU report was that more than double the number of men die at working age (16-64) compared to women within the same age range.

With men experiencing a disproportionate amount of illness especially at working age, clearly improving the health of men is not only the right thing to do in terms of social justice but also has a strong economic argument as well.

Over the past 10 years the Men's Health service developed by NHS Forth Valley has embraced a broad social determinants approach to defining men's health.
As recognized by both the European and Scottish Men's Health Forums (2,3) this approach accepts that men's health is more than a consequence of biological, physiological or genetic factors, but that it is affected by much more broader social, economic and environmental factors which influence how men experience health.

The health engagement sessions adopted by the service incorporate the physical, mental and social elements of health. At the core of the service is a one to one discussion and assessment

that has its focus as much on the promotion of wellbeing as it does on the detection of disease or dysfunction.

NHS Forth Valley's Men's Health Service has worked closely with other local services aimed at improving health through early intervention, screening and health promotion (anticipatory Care).

In 2009 a women's version of the service was developed and along with Men's Health and other anticipatory care services in Forth Valley joined Keepwell, Scotland's national programme of anticipatory care. Keepwell has a focus on reducing Scotland's rates of cardiovascular disease by targeting people experiencing deprivation.

Building on the success of the Men's Health Service Keepwell has developed in Forth Valley with a strong gender focus with the health assessments provided designed to be gender sensitive.

Introducing a similar service for women based on an established service for men has allowed for a comparison to be made on how men and women respond to services that are aimed at health improvement through the early detection of problems, treatment and lifestyle interventions.

The Camelon model

The recently published report from the European Commission on the health of men in Europe (1) concluded that men across Europe access primary care services less frequently than women. The report identified a range of factors at service level that were barriers to men's more frequent or more prompt use of health services, particularly within primary care services. These included services only being available during traditional working hours, lack of flexibility in many men's working environment, excessive delays for appointments, rushed consultations, a perception that GP waiting rooms and other services are designed around the needs of women, a lack of understanding of the process of making appointments and negotiating with female receptionists, and lacking the vocabulary and confidence required to discuss sensitive issues. Conversely, the provision of services that have been found to be more effective are those that offers flexible opening hours, longer consultation times, individualised and male-specific health assessments and the provision of lifestyle and behaviour modification programmes.

Since opening in September 2001 the Camelon Centre has offered comprehensive, individualised health assessments and health promotion activity designed specifically for men.

Two community nurses working in Camelon, a relatively deprived area of Scotland, developed the service. They recognised that not only were the local men that they cared for experiencing poorer health outcomes but that they were inadequately catered for in terms of health promotion, early intervention and preventative care.

Previous attempts to develop Well-Man clinics both locally and nationally were reviewed and it became clear that difficulties engaging with men and the resultant poor attendance to services were common problems that required to be addressed.
With this in mind the following emerged as the key principles for a new service aimed specifically for men: -

- Evening availability – thus attracting working men who were unable to access conventional daytime services.
- It would be available on an appointment system therefore avoiding the pit-falls of a drop-in service and also allowing for a more comprehensive engagement.
- That as well as publicising the service through traditional means, invitations would be sent out from GP practices inviting men to attend.
- Advertising would focus on "what men wanted" from a health check. The "men only" aspect of the centre would be highlighted in the advertisements as well as the availability of "well-known" tests such as cholesterol and blood pressure checks. However in reality these checks would be part of a much more holistic assessment incorporating the physical, mental and social determinants of health.
- Staff working in the service would be trained on masculinity and gender influences on health.

NHS Forth Valley's men's health clinics started as a small local pilot in Camelon - an area of Falkirk identified as having significant levels of deprivation and high health need.

The service immediately proved popular with all available appointments taken up.

With support from NHS Forth Valley, local General Practitioners and the Scottish Men's Health Forum the pilot developed into a Forth Valley wide service.

With further investment in 2009 the challenge was to expand on this "gender sensitive" approach by developing a service aimed at improving the health of women.

Influencing Men's Health

It became clear that the Camelon model was a successful and cost effective way of engaging with local men. This led to it being adopted as the core model for a nation wide well-man pilot.

While the focus on men's health nationally proved to be short lived and was replaced by a programme that has a focus on deprivation, the methods of engagement and assessment pioneered within Camelon remain evident within this and other anticipatory care programmes. The interventions are aimed at preventing ill health through health promotion, early detection and early intervention.

Over the years strong working links were made with other services in Forth Valley to cultivate a gender- based approach to anticipatory care. Since 2009 this "family" of services has worked together as part of Keepwell. Keepwell is a national anticipatory care programme aimed at preventing cardiovascular disease in vulnerable groups through targeted health assessments and primary intervention. Within Forth Valley these assessments were developed to be gender sensitive**.**

The Camelon Model of working with men has featured within various health related journals and books (4,5,6,7,8,19) as well as being the subject of presentations at international conferences in Scotland, England, Ireland, Australia and the USA.

A men's health training programme that was developed to share the experiences and knowledge gained within the service has had over 300 people attend from across the UK.

Currently the men's weight management programme developed as part of the Camelon model is being used in an initiative that encourages overweight football fans to lose weight. The "Football Fans in Training" programme (10) is a collaborative involving the Scottish Government, Glasgow University and the Scottish Premier League Trust. The aim is to use the draw and attraction that football clubs have with men to encourage them to participate in a weight loss and fitness programme.

Outwith the UK the model has had an influence on national policy adopted by Ireland and Australia to improve the health of men (these being the only 2 countries to have adopted a national men's health policy).

Engaging with Men

To date 7647 men have attended the service across NHS Forth Valley.

Letters informing men of the service sent out from participating GP practices remains the most successful means of encouraging men to make an appointment.

The letters sent out are formal in appearance either on NHS or GP practice headed paper in order to catch the men's attention. The content of the letter however is less formal. The letter briefly describes the benefits of the "men's health check" and the opportunity available for them to attend a service that has been specifically designed with men in mind. This has proved an effective way of engaging with men particularly in the early stages when attempting to establish the service.

% referral/attendance method as cited by men attending Camelon MH

Letters	42%	Word of Mouth	8%	Attended before	18%
GP referral	12%	Advertisements & Flyers	5%	Other	15%

It is however important at the same time to work within communities and local organizations that can encourage men to attend. While this networking may take longer it can in time be a significant means of engaging with men. This can be seen within Camelon where most men who now attend have became aware of the service through a different route other than receiving a letter, whereas in the first year of operating letters accounted for nearly all (80%) appointments made.

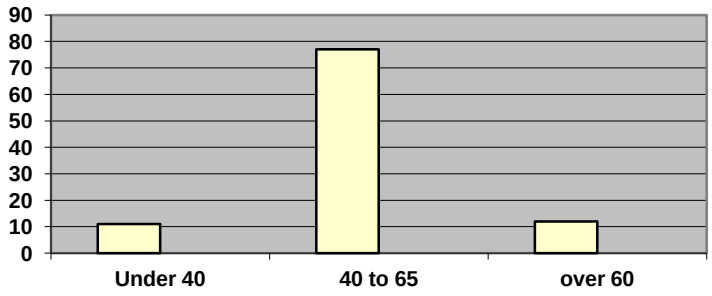
Establishing a clear "for men" identity was an essential feature of the Camelon men's health model. When comparing services that were similar however offered a mixed set of appointments for both men and women the outcome was that less men attended. Whereas when a comparable but separate service was introduced for women alongside the men's health clinics, allowing the "for men" identity to remain intact, the result was that men and women would attend at similar rates.

Having appointments available in the evening as well as during the day in accessible venues that are centrally located were also considered key in encouraging men to attend.

The Men's Health Forum described how men are more reluctant than women to take time of work to visit their doctor.

One of the main reasons for providing a service in the evening was to provide a more accessible service for working men, indeed 90% of the men who attend in the evening who were of working age were in employment. The convenient time of the service (in the evening out with normal working hours) has been cited by working men as a major reason for them attending. However having appointments available during the day proved more effective at attracting unemployed men. Overall 1 in 10 men who attended the service were unemployed.

% of Men's attendance by Age



Men with Learning Disability

The men's health service also has a focus on targeting men with a learning disability.
This grew from recognition that men with a learning disability were less likely to access health services and found it difficult to access health improvement and screening programmes. Men with a learning disability have more and different physical and mental health needs than the general population.
Where appropriate, carers were encouraged to accompany men with learning disability to aid corroboration and to promote involvement in health promotion activity. Learning disability community nurses were employed in order to provide specialist assessment and support as well as to

- Summarise findings of significance.
- Outline action required, facilitate GP appointments
- Provide specialist interventions such as weight management.
- Offer health promotion literature and revisit of information.
- Offer Health card, involve support, suggest goals as indicated and organise return to Well Man service 12-18 months

The Therapeutic Encounter

Research has shown that men are often less knowledgeable than women about health in general and about specific diseases particularly cancer and heart disease risk (10). They also have less experience with the health care system than women and may lack the vocabulary and expressive skills to discuss issues related to health and well-being. Furthermore men often compound their risks by concealing their pain and illness, particularly in relation to their emotional health and wellbeing.

With men often lacking in routine health care, this makes any contact with a man an important opportunity for education, assessment and intervention.

It was important to acknowledge this when developing the assessment process in order to make the most of the encounter. The assessment therefore was developed with the following principles in mind

1. That it would be holistic and person centered with enough time allocated to the appointment to facilitate this process
2. That all practitioners providing the assessment would have an understanding not only on the sex specific aspects of health but also on how gender and masculinity influences health outcomes.
3. That to make the most of the encounter the assessment itself should have a therapeutic value.

The assessment was seen as an opportunity for the individual not only to gain an understanding on their health status but also to explore how their behaviors influence their health and well-being.

The outcomes of the assessment can be seen as two fold, with one being a technical appraisal of health need with directed action the main outcome e.g. referral for further investigation, treatment or support.
The second outcome involves encouraging the individual to reflect on their health experience and expectations and to connect these with changes to behavior that would enhance their well-being.

This person centered approach requires the practitioner to not only have the technical skills required for clinical assessment - that have traditionally been the main focus on such interventions - but also interpersonal relationship based skills that allow the development of rapport, empathy and compassion. These skills were further enhanced through the introduction of training on The Human Therapeutic Encounter by Dr David Reilly, National Clinical Lead for Integrative Care (11).

The human therapeutic encounter is an approach, ethos or attitude rather than a technique in itself and the main elements are summarised below:

- Based on some general ***principles*** rather than specific theory or technique
- Such principles include: ***holistic*** care, ***person***-centred, ***life*** wants to emerge.
- Recognises the importance of ***preparation*** (of environment and self)
- Preparation includes ***attention*** (focus on the individual), and ***intention*** (i.e. the intended meaning of the encounter)
- Recognises the importance of ***first impressions***
- Emphasises the importance of allowing the participant to tell ***their story***
- Recognises the importance of working towards a common ***understanding*** (of the past present and future), which usually means using a common language.
- Encourages the development of ***empathy***
- Recognises that ***compassion*** comes before action
- Emphasises compassion as encompassing ***self-compassion*** (in both participants)
- Considers action to emerge from the process, based on a realisation of ***new possibilities*****.**
- Allows the individual to change themselves (i.e. ***enablement***).
- Recognises that we are all on a ***journey***, which has many ***states and stages***
- All of the above can be ***learnt***

Dr Oliver Harding, Consultant in Public Health, NHS Forth Valley

Previous Engagement in Primary Care Services

1 in 5 people attending for a health assessment had not visited their GP within a year. There was however significant gender variance with men less likely to have visited their GP during this time.
Women were twice as likely to have visited their GP within a two year period. In the under 40 year age group this increased to more than 3 times as likely while in the over 65 age group the GP attendance rates for men and women were similar.

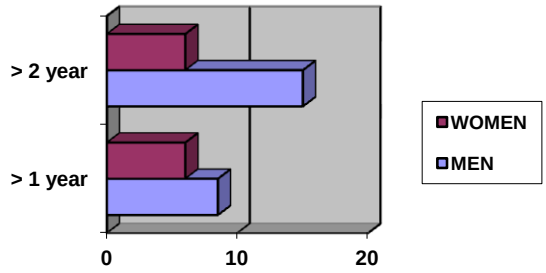


Table 2
% of men and women under the age of 65 who had not visited their GP for over a year or for more than 2 years.

This seemed to reinforce previous studies that suggest that men were less engaged with primary care services than women especially as young adults and during working age.

The convenient time of the service (in the evening out with normal working hours) has been cited as a major reason for attendance.

Interestingly men who attend the Men's Health service in the evening were also the least likely to have visited GP within the past year. This seems to suggest that if services are set up to be clearly identified for men and are at times that are convenient then men will attend. Indeed many men described their attendance to the men's health service as being their main or only regular health contact.

Referral Method

Letters informing men of the clinic have been sent out from local GP practices. This has been the most successful means of sustaining the clinic with almost half of men attending stating receiving a letter as the reason for their attendance.
The mailing of letters is spread throughout the year depending on the availability of appointments.

GP's and other service providers both statutory and voluntary can also refer men directly to the service.

Posters and leaflets advertising the service are placed within health centres and GP practices as well as some local businesses, leisure and shopping complexes.

Periodically press releases describing the men's health service are produced. These have been published within local newspapers and have been particularly effective when detailing specific services such as weight management. Radio features have also been produced detailing the service.

Recently flyers have been placed in health visiting records to be given out to the new dad's and Granddads in each household at the health visitors' first visit.

Demand for appointments are consistantly greater than availability with an average waiting time of 2 to 4 weeks for appointments.

% referral/attendance method as cited by men

Letters	45%	Word of Mouth	16%	
GP referral	9%	Advertisements & Flyers	12%	Other 18%

THE ASSESSMENT

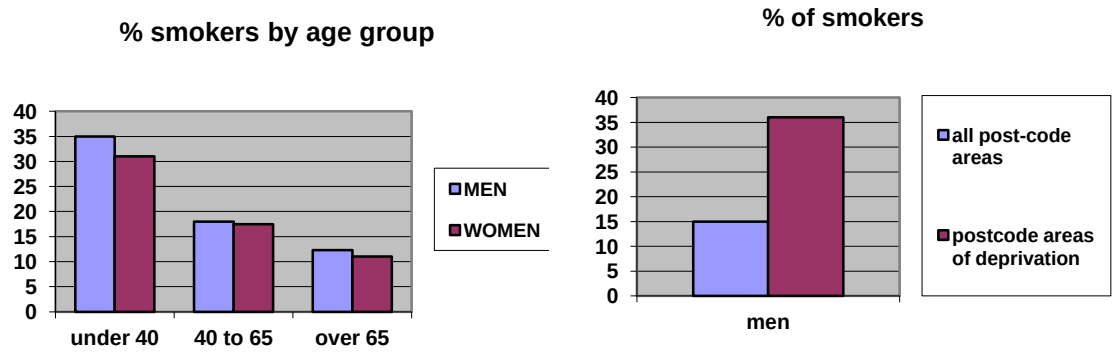
On arrival men are greeted by a receptionist and given a welcome sheet to complete. The welcome sheet is designed to prepare them for the forthcoming assessment as well as helping them focus on health issues that may be relevant to them.

A nurse who has undergone additional training in men's health then assesses each man in private. Appointments last on average 50 minutes allowing time to discuss aspects of health promotion relevant to the individual.

Lifestyle factors

Smoking

Similar to the trend accross Scotland the number of men attending the Men's Health clinics who smoke has been falling. In 2003 1 in 6 men were smokers and in 2008 this had fallen to 1 in 7 men. However the adoption in March 2009 of a more targeted approach towards men living in areas of deprivation led to much higher smoking rate of 1 in 4 being recorded.
Men under the age of 40 and living within a postcode area of deprivation were the most likely to be smoke.



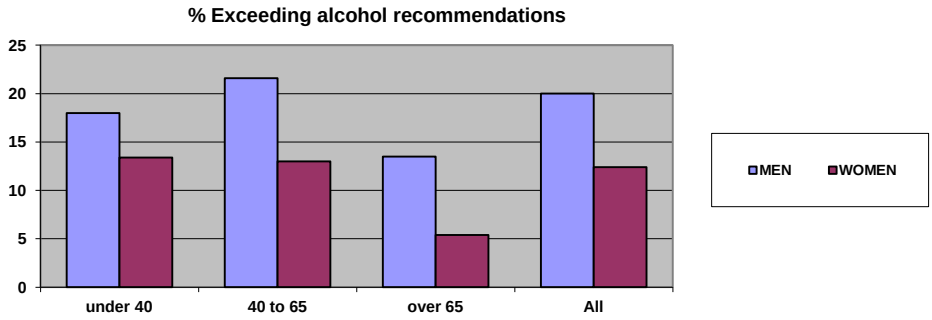
A brief intervention approach is taken with all men who smoke. Men are encouraged to discuss their feelings regarding smoking as well as their motivation towards taking action. They are then offered further support and referral to smoking cessation services.
The same approach is taken with women who smoke and have attended anticipatory care services across Forth Valley. While less women than men were smokers, more women (1 in 4 as opposed to 1 in 5 men) went on to attend smoking cessation services.

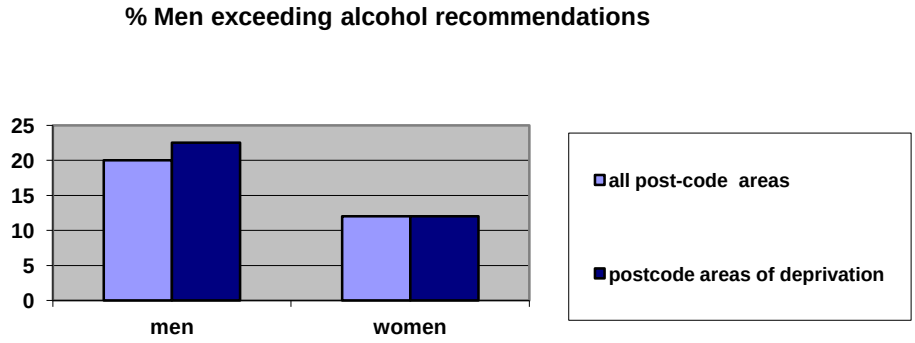
Alcohol

Within Scotland men are more likely to be “hazardous” drinkers – with alcohol consumption over 21 units a week (Scottish Health Survey 2009 - report). Excessive alcohol consumption is the third most important cause of morbidity and mortality in Europe (12)

As part of the assessment each individual is encouraged to describe their alcohol intake over an average day and week. The aim is not only to assess whether the individual is drinking at levels that may be harmful to them or others but also to explore how their alcohol intake may relate to their social and mental wellbeing.

Most men were aware that alcohol consumption was measured in units and had a fair understanding of the drink to unit ratio. They were also aware of previous guidelines on a “safe” limit of 21 units per week, however very few men were aware of current guidelines of no more than 3-4 units per day for men and to have alcohol free days each week. They often misunderstood the 21 unit recommendation and regularly reported drinking at levels that would be classified as binge drinking.





1 in 5 men had an alcohol intake that exceeded 21 units per week or regularly drank more than 8 units in a single session.

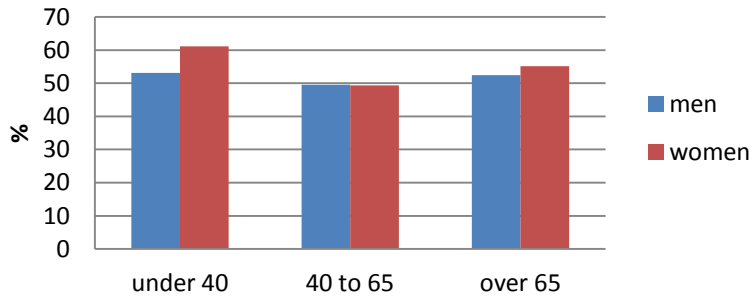
Exercise and activity

The benefits of regular exercise and activity are discussed and current levels assessed. This initially proved a difficult factor to assess with opinions on what constituted regular exercise varying from individual to individual.

In order to simplify the definitions exercise was described as any activity (excluding normal working activity) lasting for at least 30 minutes (or 2 periods of 15 mins) and resulting in them breathing faster and feeling an increase in their temperature.
From these definitions 1 in 4 (24% of men and 25.5% of women) indicated that they were either unable to exercise due to health problems or avoided exercise completely.

Slightly more women than men reported that they were active on most days of the week. Ways by which physical activity levels could be increased were explored and if appropriate referred on to walking groups or exercise on prescription initiatives.

% active 3 to 7 days a week



Health Status and Presenting Problems

According to the European Men's Health Report (1) men generally identify themselves as having better health than women. This however, did not accurately reflect their actual level of health and wellbeing with the rate of premature death in men far exceeding that of women and that this is evident across the majority of diseases.

While as expected life expectancy was seen to be lower for men than for women across all the EU Member States, it was the deaths at working age that made the headlines – more than twice the number of men than women dying between the ages of 15 and 65.

Cardiovascular disease (CVD)

While rates of cardiovascular disease are falling, CVD remains the most common cause of death in Scotland. Throughout the country the prevalence of the associated risk factors (e.g. smoking, diet and physical inactivity) is high and around 8.2% of men and 6.5% of women are living with coronary heart disease.

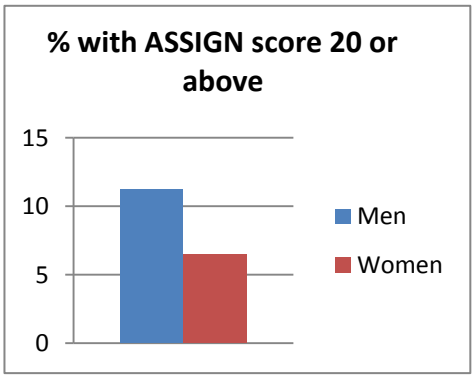
The most striking difference between men and women in terms of heart disease is men's tendency to develop cardiovascular disease a decade earlier than women.

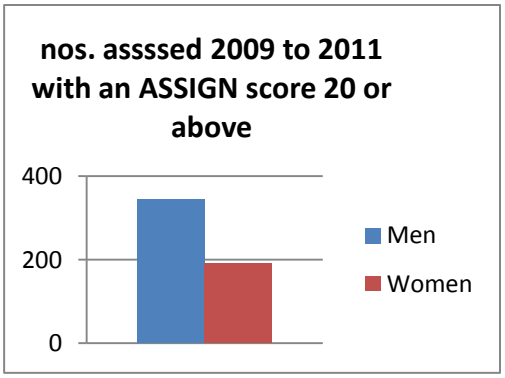
Although coronary heart disease is often stereotyped as a disease of middle aged men, many men display a high degree of ignorance and avoidance of the risk factors associated with it. For instance, though women may avoid considering their risk of developing coronary heart disease by assuming it is a male disease, men too delay in seeking medical help when experiencing problems. Although coronary heart disease remains the main cause of premature death in men throughout the Western World it remains relatively un-researched from the perspective of men's health behaviour (13).

Like many other diseases and conditions, there is a clear gradient of increasing mortality from CVD with increasing deprivation. Recognising the need for early intervention especially within high risk groups the cardiovascular risk tool ASSIGN (14) was developed and introduced into Keepwell services. Since 2009 the tool has also been used within Men's Health Clinics.

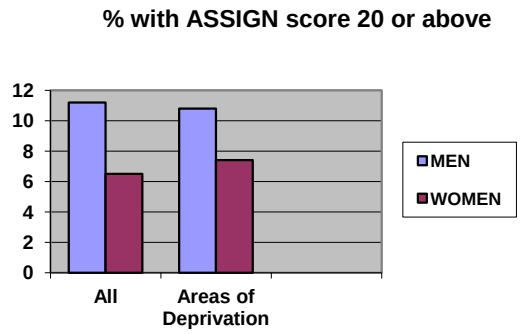
ASSIGN includes social deprivation for the first time, and family history of cardiovascular disease with the classic risk factors i.e. hypertension, raised cholesterol, sex and age.

It identifies people free of cardiovascular disease most likely to develop it over ten years. 'High risk' (score 20 or more) implies risk-lowering medication and/or other medical help.





When comparing the ASSIGN scores of men and women attending for a health assessment in Forth Valley over the period 2009 to 2011, men were more likely to have an ASSIGN score of 20 or more (high risk).
This occurred in all areas and in all settings within Forth Valley even in areas where less men than women were seen overall e.g in Clackmannanshire 1130 women were assessed compared to 737 men however only 73 women had an ASSIGN score of 20 or above compared to 83 men.



While women living in areas of deprivation were more likely to have a higher ASSIGN score compared to women living in other areas this difference was not seen in men.

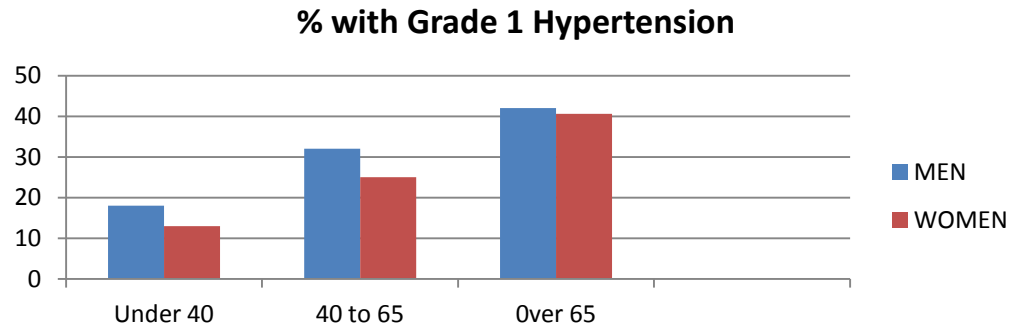
Having a clearly identified gender based service engages with men who it seems are a hard to reach, high risk group in terms of cardiovascular risk in their own right. The findings suggest that as men generally have a higher cardiovascular risk at an earlier age that they should be seen as a target group for services aimed at reducing cardiovascular risk.

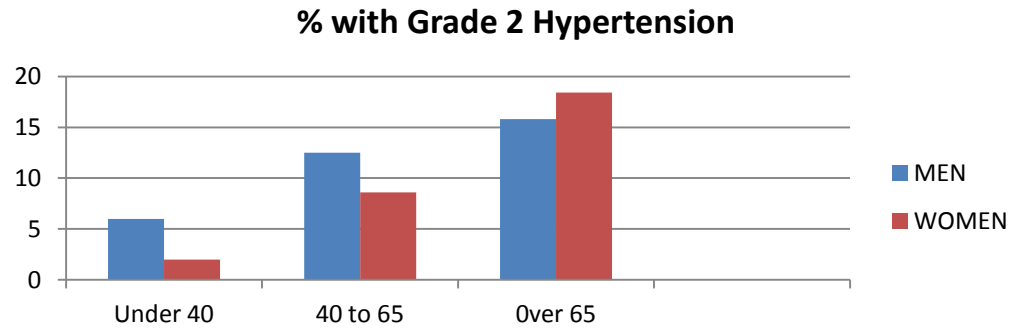
Raised Blood Pressure

Blood Pressure readings if raised are re-checked on three separate occasions. Results described in this report relate to the final Blood Pressure reading.

1 in 3 men had a blood pressure reading within the Grade 1 Classification (mild hypertension - Diastolic >89 and <100 or Systolic >139 and <160) while slightly more than 1 n 9 had a blood pressure reading within the Grade 2 or higher Classification (moderate to severe hypertension Diastolic >99 or Systolic >159)

The Blood Pressure statistics were similar between the target (areas of deprivation) and non target postcode groups. Men had higher rates of raised blood pressure than women at most age groups – the exception being within the 65 and older age group.





Type 2 Diabetes

Diabetes UK reported research that suggests that men over 50 are nearly twice as likely to have undiagnosed Type 2 diabetes as women within the same age band.
Type 2 diabetes is often undetected in men at an early stage of the condition and by the time it is diagnosed complication have already set in.

Men and women attending the service are offered a random glucose capillary check and if raised followed up with a fasting sample.

3 times as many men than women aged 40 to 65 had raised blood glucose levels that required further investigation.

Cancer Risk

The National Cancer Intelligence Network reported on "The Excess Burden of Cancer in Men in the UK" (15) described the changing pattern of male cancer with rates of lung cancer declining while prostate cancer has become the most diagnosed cancer. Testicular cancer, despite effective treatment, still remains the first cause of cancer death among young males (20-35 years).

In the UK men are almost 40% more likely than women to die from cancer, and they are 16% more likely to develop the disease in the first place. In Scotland men had a 17% higher cancer mortality rate than the UK average.

One of the more startling conclusions of the report was that in non-gender specific cancers the mortality rates in men are significantly higher than those seen in women. Men in seems develop and die sooner from those cancers that should affect men and women equally.

The causes of men's increased risk and poorer outcomes are complex and may be associated with men's increased exposure to risk factors (e.g. smoking, alcohol intake) and later presentation of problems.

A report by the West of Scotland Cancer Network presented at the Men and Cancer in Scotland seminar in 2009 (16) looked at the length of time it took for patients to present to primary care with their first symptoms/signs of cancer. This showed that men present later with symptoms and that this would likely be a contributing factor to men's poorer outcomes.
It was also highlighted that men have had lower uptake of the Scottish Bowel Screening Programme in the Forth Valley area and that this is also evident across other health board areas in Scotland.

With survival worst in people who present later in a more advanced stage clearly early detection as well as lifestyle intervention may save lives.

Within the Men's Health Service the approach taken is to promote key messages around lifestyle factors such as smoking, alcohol, obesity, inactivity and diet as well as encouraging men to have a proactive approach regarding cancer risk by encouraging them to be more bodily aware and to report problems early. The national bowel screening programme is also discussed and men are encouraged to take part.

Prostate disease is a major cause of illness in men, with benign prostatic hyperplasia (BPH) estimated to affect over a third of all men aged above 50 and prostate cancer the most common cancer in UK men. Despite this men's knowledge of the prostate is poor.

Many men attending the service were unaware of the importance of reporting symptoms such as frequency of micturition, poor urinary flow and straining to urinate. Often men had experienced these symptoms for some time but had decided to ignore them.

Men presenting with urinary symptoms were assessed further using the International Prostate Symptom Score (IPSS).

160 men had an IPSS score 0-7 indicating **mild** symptoms
221 men had an IPSS score 8 -18 indicating **moderate** symptoms
70 men had an IPSS score >18 indicating **severe** symptoms

All men were given information on the importance of testicular awareness and asked if they had experienced any abnormality.

A total of 196 men described having a problem either with a swelling, lump or other testicular abnormality. These men were referred to their GP for further investigation.

Sexual Health

Associated with pleasure, self worth, responsibility, self esteem, relationships and family or conversely with disease, despair, depression and loneliness, sexual health is one of the fundamentals of life and should be treated as such – sex matters.

However sexual health is usually discussed briefly or not at all at most health checks. It was decided to include sexual health as an integral part of the men's health assessment process.

Adopting an approach based on the principles of the therapeutic encounter encourages men to open up and discuss areas of their health such as relationships and sex. The outcomes of the approach have included advice on contraception, signposting to relationship counselling as well as interventions related to disease or dysfunction.

As erectile dysfunction (E.D) is recognised as an indicator of cardiovascular disease in men, clearly assessments aimed at the early detection of disease should include a discussion on sex and functioning.

Within the Men's Health Service all men are asked if they experienced problems with sex and if they have problems achieving or maintaining an erection. This proved an effective method for men to disclose a problem without having to initiate the conversation.

1 in 10 men describe symptoms of erectile dysfunction - these men were assessed further using the sexual health inventory tool.

Mental and Social Well-being

Studies using the World Health Organisation's wellbeing score show that men report better mental well-being than women (1). Men are also likely to have less contact with mental health services than women. However according the European Union report on The State of Men's Health, Mental ill-health in men is often under-diagnosed and therefore under-treated. Many men seem to find it challenging to seek help when it comes to mental or emotional health problems. The report concluded that it may be difficult for health professionals themselves as well as individual men to identify changes in behaviour as signs of mental disturbances. According to a report by the European Commission in 2004 (17), while more women are diagnosed with depression and anxiety (or internalizing disorders) men commit suicide more often, and have higher levels of substance abuse and antisocial disorders (or externalizing disorders).

Although 3 times as many men than women complete suicide in Scotland, fewer men are known to the health care system prior to suicide. Often these men have not been regarded as depressive or suicidal. Instead of seeking help or support men may be compelled to use other coping strategies such as acting aggressively, increasing their use of alcohol and other forms of destructive behaviour.

An accepted male trait is that men in general tend not to talk about their feelings and are reluctant to seek help if in distress. That they tend to bottle things up, rarely talking to family, friends or colleagues let alone seek out professional help when experiencing problems.

Addressing the reluctance for men to discuss their mental wellbeing clearly is a major challenge. Not only do we have to reach out to those men experiencing problems but also find ways to promote emotional and mental wellbeing in all men.

In May 2006 the Forth Valley Men's Health Service organized a seminar to explore these issues. Involving experts from around the UK, the purpose was to provide a framework for discussing and evaluating mental wellbeing in men during a general health assessment.

Following the seminar the Men's Health Service reviewed its assessment process and adopted a simple method to encourage men to discuss and explore issues relating to their mental wellbeing.

Men are asked if they agree that having good mental health is as important as good physical health. They are then asked to think about their own mental wellbeing and moods over the last few weeks and give themselves a score between 1 and 10, with 1 feeling very low in mood, very stressed or anxious and 10 feeling very content, happy and unworried.

Most men described their general mood as very content (56%), while 6% described feeling very low in mood, stressed or anxious most of the time.

Men living in deprived areas were twice as likely (13%) to describe themselves as feeling low in mood, stressed or anxious.

Using the same assessment with women showed fewer women than men described themselves as content (50%) and more feeling either low in mood, stressed or anxious (9.2%) while women living in deprived areas were the most likely to describe themselves within this category (14%).

Most of the men experiencing emotional problems associated these with work or relationship pressures. Many of these men had not disclosed their feelings prior to the assessment and seemed to have been reluctant to discuss problems with family and friends.

The approach taken with men is to help them explore positive means of support and identify links between emotional problems and acting out behaviours that they may have disclosed such as drinking heavily. If indicated more specific assessment tools may be used, such as the Hamilton Anxiety and depression score (HADS) and referral to mental health services when appropriate.

Men are asked if they have any issues related to debt, housing or employability and when appropriate are given relevant information or signposted to services that may help their situation.

Overweight/Obesity

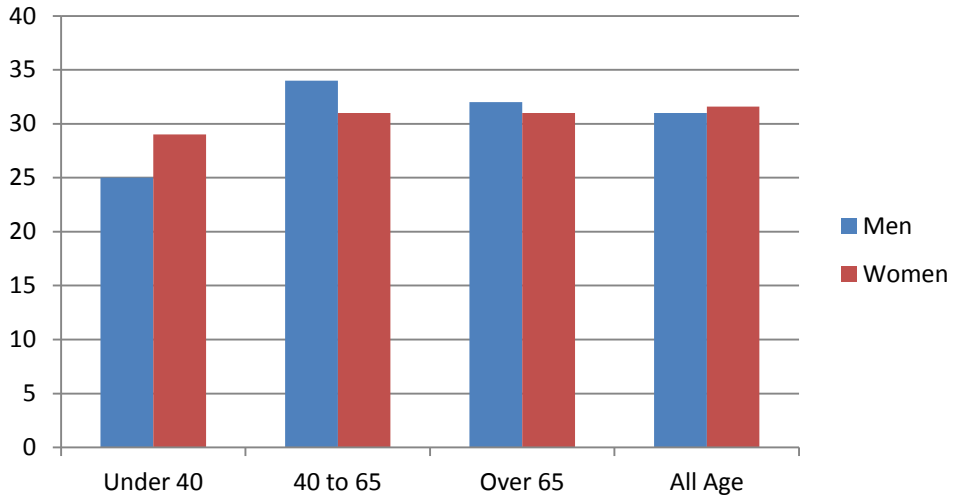
Most adults in the UK are overweight and around a quarter obese (BMI 30kg/m² or over) with the expectation that these figures are likely to rise year by year. This situation is not confined to the UK with the World Health Organisation describing the situation as epidemic. However, within Europe, Scotland has one of the worst obesity levels.

It is predicted that obesity will soon overtake smoking as the biggest cause of ill-health and death within the Western World.

Within the western world male obesity is forecast to rise at a faster rate than female obesity. This is of particular concern as men tend to gain fat in a way that has specific health risks. Men are more likely to deposit fat intra-abdominally leading to the classic apple shaped form of obesity where women more often are pear shaped depositing their fat around their thighs and hips.
Intra-abdominal, visceral fat, unlike most forms of fat, is not an inert substance it can increase cancer risk as well as risk of hypertension, hyperlipidaemia and diabetes. Other reported risks include sleep apnoea and increased likelihood of dementia.

Within NHS Forth Valley's Men's Health Service the number of men with a BMI of 30 or above has increased from 21% in 2003 to 25% in 2008 and in 2011 to 32% - almost 1 in 3 men.
Men living in areas associated with deprivation were most likely to be obese with 38% having a BMI of 30 or above.

% men and women with BMI 30kg/m² or over on attendance to NHS Forth Valley's Men and Women's Health Clinics (sample 6882)



Culturally, being big has been associated with strength and prosperity in men but in women has a strong negative connotation on attractiveness.

The result is that weight gain in men may be more socially acceptable with men feeling much less pressurised to lose weight. For instance men are much less likely to be involved in commercial weight loss programmes.

Weight management

Since 2003 NHS Forth Valley's Men's Health Service has been providing a weigh management programme that has proved effective in engaging with men. Over 400 men have completed the 12 week, group programme.

The demand for places on the programme has been high and seems to go against commonly held assumptions that men are not concerned about weight issues.

With the vast majority of the men presenting at the Men's Health Service overweight, and one in every three obese, helping men manage their weight has become a clear priority.

All men when attending are given information on healthy eating as well as advice on keeping active.

Overweight men are encouraged to explore lifestyle issues that may have contributed to their weight gain and changes they could make to help their weight. They are asked to consider setting 1 or 2 goals with an offer to return in a month to review their goals. It is important that t goals are both realistic and achievable set within the context of the men's lives.

Men with a BMI of 30 or above or a waist size of 102cm or greater are also offered a place on the Men's Health Weight management Programme.

Known as the Camelon model of weight management, the programme is based on an intervention designed by local dieticians and further developed by the Men's Health Team to be specific to the needs of overweight men. The programme comprises of 12 themed sessions lasting an hour and involving groups of around ten men.

Each session has been designed specifically with men in mind for example early sessions encourage men to take more control regarding their eating, recognising that many men are inactive regarding their food choices perhaps rarely being involved in either shopping for food or preparing meals.

Meal portion sizes as well as the relationship between alcohol and weight gain were found to be of particular interest to men. Increasing activity and exercise was also viewed as important by the men especially in terms of their long- term weight management and was a consistent theme throughout the programme.

400 men have completed the 12 week programme with an average weight loss of 5.78kg**.**

The group support and the camaraderie felt between the men on the programme are consistently reported as the main reason for the men achieving their goals. The result is that most continue to meet after the 12 week programme has finished feeling that this will support their long term weight management.

Quotes from men illustrate these feelings of camaraderie:

"The support we got from each other was one of the most important elements of our success. It was really great to talk to other men with similar programmes."

"We had a good laugh; everyone was in the same boat. The team, that's what helped me."

A recent audit of a group of 12 men who have continued to meet showed that after a year most (18) continued to lose weight with a further 2 managing to maintain their end of programme weigh. Only 1 man had gained weight.

This seems to support the aim of the programme; which is to provide men with strategies that will not only help them lose weight over the 12 weeks of the programme but would enable them to make changes that would have long lasting benefits.

The weight management programme has received much attention featuring in numerous publications and has been adopted by service providers elsewhere in the UK as well in Ireland and Australia.

The programme has been described as providing a template for practitioners of a male specific intervention that has been particularly successful in attracting hard to reach men (19).

The programme has been adapted within *Football Fans in Training* (FFIT): a randomized controlled trial of a gender-sensitive weight loss and healthy living programme delivered to men aged 35-65 by Scottish Premier League (SPL) football clubs. This is seen as a groundbreaking initiative and was recently the focus of a BBC television documentary.

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Actions and Referrals

All actions and referrals identified during the assessment are discussed fully with each man. A copy of the assessment form is sent to their GP along with a covering letter indicating any relevant concerns and actions that may be required.

Guidelines are in place to cover all aspects of the assessment process this has been important to assure equality and uniformity of service.
Men are signposted to networks and services available both locally and nationally that are particular to their individual needs.

Personal Health Card

Following completion of the assessment the results are carefully explained with each man and recorded within his personal Health Card. The health cards were designed to be small enough to fit inside a wallet and include

1. Key assessment results and related information.
2. Relevant contact numbers.
3. Client centred goals*

It helps each man to be more aware of his key health statistics and allows him to update his card during routine or opportunistic health checks. It has been designed to allow a year-to- year comparison of his health information.

*Note that these goals may differ from those identified by the assessing nurse e.g. Smoking cessation may be an obvious priority recognized through the assessment process, however if this is not seen by the individual as his main concern but instead he identifies losing weight as his main goal then actions are planned to help him achieve this, with an open invitation to discuss his smoking if he should reconsider.

The health cards were designed and developed by the Men's Health Service and has proved popular with men. They have also been widely adopted by other service providers throughout the UK.

User views and Evaluation

Client satisfaction surveys have consistently provided positive comments regarding the service. Research based evaluation has been carried out to seek the experiences of men who have attended. Focus groups involving men and their partners have also provided invaluable service feedback.

Men who have attended weight management programmes and found it beneficial often volunteer to support other men and provide direct input to sessions within the programme. User views have been vital in shaping service developments.

Health Outcomes following Assessment

In 2002, one year after opening the Men's Health Clinic in Camelon, 50 men who had been referred to GP services following their assessment were audited to review their outcomes. It was found that more than half of these men (26) had a diagnosis made following their assessment and a further 5 were undergoing investigation.

Results of Audit – sample 50 men

Conditions Diagnosed	Nos. of Men	Treatment	Referral
Cancer – Testicular	*1*	*Medication*	*Urology*
Prostate	*1*	*Surgery and Radiotherapy*	*Urology*
Hypertension	*10*	*Medication 2 Monitoring 8*	
Ischaemic Heart Disease	*1*	*Medication*	*Cardiology*
Type 2 Diabetes	*1*	*Diet*	*Diabetic Clinic*
Erectile Dysfunction	*3*	*Medication 2 Vacupump*	*ED Clinic 2*
Infection – UTI	*2*	*Medication*	*Urology*
Mouth	*1*	*Medication*	*ENT*
Skin	*1*	*Medication*	
Testicular	*1*	*Medication*	
Depression	*1*	*Medication*	
Stress	*1*	*Counselling*	*Psychology*
Hydrocelle	*3*	*Surgery 1*	*Urology*
Benign Prostatic Hyperplasia	*1*	*Monitoring*	*Urology*
Enlarged Prostate	*1*	*Monitoring*	*Urology*
Bladder Cyst	*1*	*Monitoring*	*Urology*
Benign Persistent Haemauria	*1*	*Monitoring*	*Renal*

In 2011 following the introduction of the Women's Heath Assessment service a further audit was carried out involving 121 women and 93 men. This audit showed that while more women were seen, more men required referral to their GP.

20% of men compared to 17% of women required referral to their GP regarding a health problem detected during the assessment - more than half of these men went on to have a diagnosis made.

Disease detection, however, highlights only part of the value of the service - helping men to make positive behaviour changes and adopting healthier lifestyles is the other.

Men returning to the service have consistantly described making positive changes to their lifestyle in respose to previous assessments. These changes include drinking less, stopping smoking, increasing their activity, eating healthier and feeling more positive regarding their health.

Conclusion

Over the past 10 years the model of service delivery that emerged from Camelon has played its part in providing valid and reliable information on men's perceptions of their health and their needs. It has also pioneered ways in which to engage with men as well as the practice to improve the health of men.

While developing methods that encourage men to attend for a health check has been an important goal of the service it is not an end in itself. Providing a service that then makes the most of this engagement to improve the health outcomes of the men attending must be the ultimate aim - the therapeutic encounter approach adopted within the Camelon model is a way of working towards this

It has shown that if health messages are kept real and relevant to their individual circumstances men will respond to them.

However ten years on and the real challenges remain the same, that is for policy makers and service providers to recognise that men's poorer health outcomes are not inevitable and that to improve the health of the population as a whole, men's health needs to be recognized as an inequality in it's own right and needs to have a specific targeted focus.

In summary the service has

- **Proved popular with over 7,500 men having attended.**
- **Been successful in attracting its target group – *men in or approaching mid-life, who have not been regularly engaged in health services previously.***
- **Been innovative and influential in its approach to men's health with new developments including personal health plans, a men only weight management programme, a service for men with learning disabilities as well as new approaches to discuss and assess mental and social wellbeing with men.**
- **Shown that significant health gains can be made by providing a service which is sensitive to the needs of men.**

Key Elements

- **Men are more likely to attend for a health related assessment in a venue that is near to them and with appointments available in the evening or alternatively provided within their workplace setting.**
- **Sending out letters to men inviting them to make an appointment is an effective way of engaging with a significant amount of men.**
- **Having a clear "for men" service identity increases the uptake of appointments by men compared to services that are designed for both sexes**
- **Men often have had fewer opportunities to discuss their individual health and wellbeing therefore the assessment process should be designed in a way to fully explore the potential of the engagement.**
- **Men will respond better if given the time and space to discuss and explore issues relating to their health and well-being. The assessment should be holistic and made relevant to their individual needs.**
- **The assessment itself can have a significant value. Men respond to an approach that recognises their individuality and has an aim to make the most of the "therapeutic encounter"**
- **The potential to improve the health of men has not been fully explored.**

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