

# NSW MEN'S HEALTH FRAMEWORK



# A message from the Minister for Health



**Maintaining a healthy body and mind means that men and boys can make the most of their lives. Supporting the health of all men and boys in NSW is an important part of the NSW Government's commitment to keep people healthy.**

Men in NSW live longer than almost anywhere else in the world. However, health risks and health outcomes are not equal between men and women. A boy born today can expect to live four years less than a girl born at the same time.

Men face higher rates of avoidable and premature death due to coronary heart disease, cancer, diabetes, suicide and injuries. There are also distinct groups of men who are at risk of poorer health outcomes. Different life stages also signal the potential for poorer health.

Almost two decades ago, NSW was one of the first jurisdictions in the world to take the lead in acknowledging the health needs of men, with the launch of the Moving Forward in Men's Health policy. Since then, NSW Health has worked with key partners to deliver a wide range of research, innovative services, resources and awareness raising about men's health.

Our partners at all levels of government, as well as in the non-government and community sectors, continue to play an important role in empowering men to look after their health.

The NSW Men's Health Framework has been developed in collaboration with key stakeholders. It provides the latest evidence on the most prevalent health issues for men and boys, as well as which groups are most at risk.

The Framework captures NSW Health's current commitment to these health issues and highlights further work to do to improve health outcomes in four key areas in the coming years.

We all have a part to play to support those men around us whose health and wellbeing we can influence for the better.

**Hon Brad Hazzard MP**  
Minister for Health  
Minister for Medical Research

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## Framework at a glance

# Vision:

Optimal health and wellbeing outcomes for the diversity of boys and men in NSW

To achieve our vision, what further work can be done

### Mental health and wellbeing

- Encourage help-seeking behaviours
- Promote early-intervention and prevention
- Reduce stigma attached to mental ill-health and service access
- Target vulnerable groups and men during periods of elevated risk
- Deliver 'male friendly' services
- Support evidence-based activities for reducing incidence of violence among men

### Cancer

- Reduce high-risk behaviours
- Increase early detection, including through promotion of the National Bowel Cancer Screening Program
- Target groups of men who have poorer cancer outcomes
- Improve support for men and boys with cancer








### Healthy living and chronic disease

- Focus efforts on preventive health
- Target efforts towards groups of men within high-risk population groups
- Deliver a gendered approach to care and health promotion
- Promote integration and continuity of care
- Focus on outreach activities

### Sexually Transmissible Infections

- Deliver culturally appropriate prevention programs
- Sustain the central role of condoms in preventing the transmission of STIs and increase access to pre-exposure prophylaxis for HIV
- Increase comprehensive STI and HIV screening

### Priority populations

-  Young men
-  Men from rural and regional areas
-  Aboriginal and Torres Strait Islander men
-  Gay, bisexual and transgender men, and intersex people
-  Men from low socio-economic backgrounds
-  Men from migrant and culturally and linguistically diverse backgrounds
-  Men and young men in the criminal justice system and after release

### Guiding principles

The Framework:

- 1 Encourages a holistic view of men's health and wellbeing
- 2 Seeks to achieve health equity among and between groups of men
- 3 Recognises the importance of a life course approach
- 4 Empowers men to play an active role in their health, particularly regarding preventive health
- 5 Promotes improved access and engagement in health services and programs for all men

# Snapshot of men's health and wellbeing in NSW

**81**  
years 

**85**  
years 



In 2015, men in NSW were expected to live four years less than women, with the average life expectancy being 81 years for men, and 85 years for women.<sup>5</sup>

In 2016, the rate of death from intentional self-harm was three times higher in Australian men than women.<sup>6</sup>



**10%**

In 2016 in NSW, diabetes or high blood glucose was more prevalent in adult men (10%) than in adult women (8%).<sup>7</sup>



**67%**

In 2015-16, men in NSW represented 67% of all drug and alcohol completed treatment episodes.<sup>8</sup>



In 2015, the death rate from suicide in NSW was around three times higher in males than females. 16 deaths per 100,000 population in males, compared to 5.1 deaths per 100,000 in females.<sup>9</sup>



**61%**

61% of adult men in NSW were overweight or obese in 2016, compared to 46% of women.<sup>10</sup>



Across 2014-15, men in Australia were less likely to have consulted a General Practitioner in the previous 12 months (78%) than women (88%).<sup>11</sup>



**92%**

In NSW in 2016, 92% of newly diagnosed HIV notifications were men.<sup>12</sup>



**19%**

Rates of smoking in 2016 were higher in men in NSW (19%) than women (12%).<sup>13</sup>

## Developing this Framework

Framework development was informed by research and evidence.

Key activities included:

- a knowledge and data review
- a stakeholder consultation with NSW Health staff, including representatives from Ministry branches, local health districts, and Specialty Health Networks
- interviews with men's health experts and representatives from non-government organisations
- a survey of representatives from NSW Health, men's health experts, and representatives from community and non-government organisations involved in providing health services targeted at men.

\*'Aboriginal men' is used to refer to men from Aboriginal and Torres Strait Islander backgrounds throughout this Framework.

## What did the consultations highlight?

Efforts are required to increase boys' and men's access to services across NSW, including ensuring that existing services are 'male-friendly' and respond to their needs and preferences for care.

There was strong support for outreach activities and the importance of bringing health services to men, such as the Australian Men's Shed movement.

Population groups of men were identified as being particularly at risk of poorer health outcomes. Those commonly cited included Aboriginal men\*, gay, bisexual or transgender men and intersex people, men from migrant and culturally and linguistically diverse backgrounds, and men in prison and juvenile justice settings.

There was wide support for the need to prioritise the health issues identified in this Framework, with mental health and wellbeing receiving the strongest level of support.

The Framework should reflect a holistic view of health, acknowledging that good health is more than the absence of disease.



The Framework should adopt a social determinants approach to health, recognising the wide range of influences that impact on the overall health and wellbeing of boys and men. Common determinants cited included men's health literacy, help-seeking behaviour, and socio-economic status.

Recommended approaches for promoting healthy living and reducing the impacts and incidence of chronic diseases include promoting healthy eating, exercise and sports, improving education, targeting groups of men and reaching out to men in different settings, such as workplaces.

Men experiencing periods of change were also identified as vulnerable to poorer health outcomes, including social isolation. Periods of change that were cited included men entering a new life stage, starting a family, or retiring from the workforce.

Recommended approaches for reducing the impacts and incidence of mental ill-health include ensuring services are male-centric, targeting efforts to groups most at risk of mental ill-health, and promoting outreach, social support and community engagement.

There was support for National Men's Health Week, which was recognised as an opportunity each year to raise awareness of men's health and to promote relevant campaigns and initiatives across NSW.

Recommended approaches for reducing the impacts and incidence of cancer among men include early-intervention programs, health screening (including self-screening), education, preventive health measures, and group support.

Existing and future initiatives guided by the Framework should be inclusive of, and supported by, the views and experiences of men in NSW.

Recommended approaches for reducing the impacts and incidence of STIs include ensuring services are inclusive and available to all men, increasing education, and reducing stigma and discrimination, particularly towards gay, bisexual, transgender men and intersex people.

## Guiding principles

The vision of the NSW Men's Health Framework is to support and achieve optimal health and wellbeing outcomes for the diversity of men and boys who reside in NSW. The focus areas in the Framework are underpinned by five guiding principles that provide further context and direction on how best to approach and achieve successful outcomes. These principles are aligned with the priorities identified in the National Male Health Policy<sup>14</sup> and are reflected in many of the initiatives currently being undertaken by NSW Health and a range of its partners.

# The NSW Men's Health Framework:

**1**

**Encourages a holistic view of men's health and wellbeing.**

**2**

**Seeks to achieve health equity among and between groups of men.**

**3**

**Recognises the importance of a life course approach.**

**4**

**Empowers men to play an active role in their health, particularly regarding preventive health.**

**5**

**Promotes improved access to health services for all men.**

## Guiding principle 1

### The Framework encourages a holistic view of men's health and wellbeing

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The Framework recognises that biology is only one determinant of men's overall health and wellbeing. In line with a social determinants approach, it is now widely recognised that men's health is influenced by a broad range of 'political, social, economic and cultural forces'.<sup>15</sup> These include:

- socio-economic status and cultural background
- education and health literacy
- gender norms and the traditional conceptions of masculinity 'embodied by different groups of men'<sup>16</sup>
- engagement in high-risk activities
- relationships, including men's roles as fathers and partners
- employment status and the nature of men's work
- engagement in, and experience of, violence
- institutional barriers, including men's engagement with the health system.

These social determinants of health intersect across a number of demographic features,<sup>17</sup> leading to health inequities between men and women, as well as between groups of men.





## Guiding principle 2

### The Framework seeks to achieve health equity among and between groups of men

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Men are not a homogenous group and as such there is a need to respond to 'the diversity that exists among and between groups of men'.<sup>18</sup> This includes discrepancies in health outcomes between men, as well as their distinct needs.

A 2012 report by the Australian Institute of Health and Welfare found that rates of obesity, tobacco smoking, risky alcohol consumption and hospitalisations for Type 2 diabetes increased as men's geographical remoteness increased.<sup>19</sup> Geographical remoteness also influenced men's ability to access health care and services.<sup>20</sup>

In NSW, the life expectancy for Aboriginal men (71 years) was 9 years less than non-Aboriginal men (80 years) across 2010-12.<sup>21</sup> Over this same period, 31% of Aboriginal men reported high to very high levels of psychological distress, compared to 10% of non-Aboriginal men.<sup>22</sup> Importantly, 'multiple inter-related factors' contribute to the health disparities between Aboriginal and non-Aboriginal Australians, including a 'clear relationship' with their socio-economic status.<sup>23</sup>

These two examples highlight the role that various social determinants play in influencing outcomes. The Framework supports achieving equity in health outcomes between groups of men. It has identified several priority populations and life stages throughout, including:

- Young men
- Men from rural and regional areas
- Aboriginal and Torres Strait Islander men
- Gay, bisexual or transgender men, and intersex people
- Men from low socio-economic backgrounds
- Men from migrant and culturally and linguistically diverse backgrounds
- Men and young men in the criminal justice system and after release.

Other groups of men at risk of poorer health outcomes include men in prisons and the juvenile justice system, older men, men experiencing major life events, and men who are refugees and asylum seekers.



## Guiding principle 3

### The Framework recognises the importance of a life course approach

A life course approach seeks to increase the effectiveness of health services and promotion activities by ‘focusing on a healthy start to life and targeting the needs of people at critical periods throughout their lifetime.’<sup>24</sup> The Framework recognises that men’s health needs, risk profile, and behaviours shift across their lifespan. Examples of health issues that impact men across different stages of their life include:



#### Young Men (approx. 12–24 years)

Suicide is the leading cause of death among young men in Australia aged 15–24 years, with young men 2.6 times more likely to die by suicide than young women.<sup>25</sup>

In 2016, 36% of young men aged 16–24 in NSW were overweight or obese, compared to 30% of young women.<sup>26</sup>

Three quarters of young men aged 18–24 years in Australia exceed the single occasion risk guidelines for alcohol consumption (four or more drinks at one time), representing the age cohort most likely to exceed this limit.<sup>27</sup>



#### Middle adulthood (approx. 25–49 years)

Between 2009–10 and 2015–16, men aged 25–34 years in NSW accounted for the highest number of methamphetamine-related emergency department presentations compared to other age and gender cohorts.<sup>28</sup>

In 2016, alcohol consumption at levels posing long-term risk to health was highest in men aged 25–34 years (49%), compared to men of other ages.<sup>29</sup>



#### Late adulthood (approx. 50–64 years)

Across 2002–16, 40% of men aged 55–64 years in NSW were not getting enough physical activity as defined by national guidelines for their age group.<sup>30</sup>

In 2015, men aged 55–64 years in NSW were the second highest group of men to report high or very high levels of psychological distress.<sup>31</sup>

Between 2001 and 2016, recent use of any illicit drug nearly doubled among men in their 50s from 8% to 15% in 2016, and men in their 60s or older from 4% to 8% in 2016.<sup>32</sup>



#### Older men (approx. 65 years & over)

Men aged 85 and over have the highest rates of suicide across Australia: in 2015, the suicide rate for this group was 39 per 100,000 people.<sup>33</sup>

The risk of prostate cancer increases with age, with the majority of cases diagnosed in Australia occurring in men aged 60–79 years.<sup>34</sup>

Men aged 80–84 years in NSW have significantly higher rates of hospitalisation for coronary heart disease, 4,524 per 100,000 population, than women of the same age, 2,315 per 100,000 population.<sup>35</sup>

## Guiding principle 4

### The Framework promotes improved access and engagement in health services and programs for all men

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Increasing access to and engagement with health services has been identified as a key enabler to improved health and wellbeing among men. In 2014, the Men's Health Information and Resource Centre developed a series of resource kits for practitioners working with men, which identified a range of structural and systemic barriers to men accessing health services.<sup>36</sup>

The resource kits recognise for example, that men do not always feel comfortable in health settings, which can be viewed as 'predominantly female environments'.<sup>37</sup> While the evidence was identified to be 'mixed,' in some instances a lack of access to male physicians and health professionals can also act as a barrier to men accessing healthcare.<sup>38</sup> It is common for men to express a preference to be seen by a male health professional when they perceive a health issue to be 'sensitive', such as issues relating to their sexual health.<sup>39</sup> Research suggests this is particularly the case for Aboriginal men, as well as some groups from migrant backgrounds.<sup>40</sup> Systemic barriers, such as men's health literacy and past experiences engaging with health professionals, can also influence their access to care.<sup>41</sup>

Linked to this is a strong focus on the role of outreach activities and the importance of bringing health services to men. An outreach program commonly cited as an effective means of engaging men in their health is the Australian Men's Sheds movement. One qualitative study found that Men's Sheds provide a 'culturally safe environment' that can facilitate health education and knowledge sharing.<sup>42</sup> Several organisations are also drawing on online and digital technology as a potential means for engaging men particularly, young men, such as ReachOut and headspace.

The Framework acknowledges the importance of addressing barriers to health service access and ensuring that services are appropriate for men. It also includes a focus on activities undertaken in both outreach and traditional health settings.



## Guiding principle 5

### The Framework empowers men to play an active role in their health, particularly regarding preventive health

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The Framework promotes the significant role that men themselves can play in improving their health outcomes, particularly regarding preventive health and wellbeing measures. There are several key areas for improvement, including strategies that respond to men's:

- high levels of smoking
- low levels of engagement in health screening
- engagement in risky behaviours
- high rates of overweight and obesity
- low use of health services, including General Practitioners.

The engagement of men has also been identified as a key enabler to the Framework's success. Men should be involved in implementing the current commitments included in the Framework and in the design, delivery and evaluation of future initiatives targeted at improving men's health and wellbeing outcomes.



# Priority Populations

Achieving equitable health outcomes for boys and men in NSW will require ongoing support for existing programs and new initiatives to address observed disparities, including in access to services, within and across different population groups. Based on evidence and consultation, some of which is included below, the Framework aims to highlight several key groups of men that require continued focus in health.

## Men from low socio-economic backgrounds

- In 2015, there was a five-year gap in the average life expectancy between men in the least disadvantaged and most disadvantaged quintiles in NSW (84 years and 79 years respectively).<sup>43</sup>
- In 2014, men aged 16 and over in the most disadvantaged quintile in NSW experienced the highest rates of food insecurity, when compared to men in other quintiles.<sup>44</sup>
- Men aged 16 and over in the most disadvantaged quintile had the highest rates of diabetes in NSW in 2016 (14%).<sup>45</sup>

## Aboriginal and Torres Strait Islander men

- In 2015-16, Aboriginal men in NSW experienced higher rates of hospitalisation due to intentional self-harm (339 per 100,000 population) compared to non-Aboriginal men (99 per 100,000 population).<sup>46</sup>
- Across 2012-16, the notification rate of hepatitis C diagnoses in the Aboriginal population increased by 25%, whereas the rate in the non-Aboriginal population remained stable.<sup>47</sup>
- In 2015-16, Aboriginal men in NSW were hospitalised for coronary heart disease at higher rates than non-Aboriginal men (1,180 compared to 745 per 100,000 population respectively).<sup>48</sup>

## Men from rural and regional areas

- In 2015-16, the rate of hospitalisations for coronary heart disease was greatest among men living in remote and very remote regions of NSW (1,245 per 100,000), when compared to other regions.<sup>49</sup>
- In 2016, men aged 16 years and over in outer regional and remote areas of NSW (14%) had higher rates of diabetes or high blood glucose than men in major cities (10%).<sup>50</sup>
- In 2015, men in outer regional and remote areas of NSW experienced the highest rates of suicide, when compared to other regions (16 per 100,000 population).<sup>51</sup>

## Men and young men in the criminal justice system and after release

- In 2015, 67% of male prisoners surveyed in the Network Patient Health Survey (NPHS) reported drinking alcohol at a level considered hazardous in the year before incarceration.<sup>52</sup>
- 81% of male prisoners surveyed in the 2015 NPHS identified as current smokers.<sup>53</sup>
- 49% of male prisoners surveyed in the 2015 NPHS reported receiving psychiatric care before coming to prison.<sup>54</sup>

### Men from migrant and culturally and linguistically diverse backgrounds

- In 2016, 19% of men in NSW born in non-English speaking countries were estimated to be smokers.<sup>55</sup>
- In 2011, 6% of people born overseas who also spoke a language other than English at home accessed at least one MBS-subsidised mental health related service, compared to 11% of people born in Australia who also spoke English at home.<sup>56</sup>
- Stigma around mental health in culturally and linguistically diverse communities can act as a barrier to help seeking behaviour.<sup>57</sup>

### Young men

- Suicide is the leading cause of death among young men in Australia aged 15-24.<sup>58</sup>
- In 2016, 36% of young men aged 16-24 years in NSW were overweight or obese.<sup>59</sup>
- In NSW in 2016, men aged between 16-34 were more likely to report drinking alcohol at levels posing lifetime risk than older men.<sup>60</sup>

### Gay, bisexual or transgender men, and intersex people

- Lesbian, Gay, Bisexual, Transsexual and Intersex (LGBTI) people experience a 3.5 to 14 times higher rate of suicide attempt than the general population,<sup>61</sup> with suicide rates in the LGBTI community reported to be 'higher than in any other group in the Australian population.'<sup>62</sup>
- In 2010, homosexual and bisexual people in Australia were more likely to report weekly risky drinking (27%), compared to heterosexual people (16%).<sup>63</sup>
- HIV is most common among gay and homosexually active men in NSW, accounting for around 80% of new diagnosis in Australia and NSW each year.<sup>64</sup>



# Priority health area 1

## Mental health and wellbeing

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### What are the issues?

While overall women (22%) have been found to have higher rates of mental disorders than men (18%),<sup>65</sup> disparities exist in the specific mental illnesses experienced by the two groups, with men and groups of men at high risk of some forms of mental ill-health and suicide. The 2007 National Survey on Mental Health and Wellbeing found that ‘while women were more likely to experience anxiety disorders (18% compared to 11% for men) and affective disorders (7% and 5%), substance use disorders were more common in men (7% compared to 3% for women).’<sup>66</sup> The rates of suicide continue to be high amongst men. In 2015, the death rate from suicide in NSW was 16 deaths per 100,000 population in men and 5 deaths per 100,000 in women.<sup>67</sup> In this same year, young men aged 15-24 years in NSW were more than twice as likely to die by suicide than young women (13 per 100,000 population in young men, compared to 6 per 100,000 for young women).<sup>68</sup>

Across NSW, disparities exist in the experience of mental health and wellbeing between population groups of men. From 2011-15, suicide rates were significantly higher in Aboriginal men compared to non-Aboriginal men in NSW (22 and 15 per 100,000 population, respectively).<sup>69</sup> A broad range of social determinants have been found to influence the overall wellbeing of this population group, such as the over-representation of Aboriginal people in custody and the lower levels of access to prison-based mental health services among this group.<sup>70</sup> The Strategic Plan for Mental Health in NSW recognises that for Aboriginal people ‘social and emotional wellbeing... reflects a more holistic view of health and includes the importance of connection to land, culture, spirituality, ancestry, family and community.’<sup>71</sup>

The LGBTI community is another group that has been found to experience poorer mental health and wellbeing outcomes. LGBTI people ‘suffer from mental health disorders at a significantly higher rate than the heterosexual population,’<sup>72</sup> with the LGBTI community in Australia four to six times more likely to suffer from major depressive episodes than the general population.<sup>73</sup> A 2014 survey of young LGBTI people in NSW found that 33% had engaged in self-harm and 16% had attempted to take their own lives.<sup>74</sup>

Differences are also observed across men’s lifespan. Young people aged 18-24 years’ experience the highest

rates of mental illness in Australia,<sup>75</sup> with research suggesting that around 75% of all adult mental health disorders present prior to the age of 25.<sup>76</sup> While rates of overall mental illness decrease with age, in 2015 men aged 85 and over had the highest rates of suicide across Australia and in NSW.<sup>77</sup>

In considering men’s mental health, it is critical to note the impact that life events have on men’s overall wellbeing. The 2016 Global Health & Wellbeing Survey identified seven major life events that can negatively impact men’s health and wellbeing, including: ‘suddenly or unexpectedly becoming unemployed, becoming a parent for the first time, experiencing a relationship breakdown, retiring, starting a new job, finishing school, or starting university or college.’<sup>78</sup> Significantly, nearly half of the men (46%) who had experienced a stressful life event in last 12 months reported suicidal thoughts.<sup>79</sup> Men were also more likely to respond to life events with coping strategies that had a negative impact on their health, such as ‘increasing alcohol, tobacco and/or drug consumption (35%); becoming aggressive (21%); and taking more risks (27%).’<sup>80</sup> Men and women both reported isolating themselves socially during stressful life events, with social isolation identified more broadly in the Framework’s consultations as a significant issue facing men in NSW, particularly older men.

Despite high levels of need across the male population, men display low levels of help seeking behaviour and access to services in the face of mental-ill health. In 2011, almost three quarters of men in Australia (72%) did not seek help for mental disorders.<sup>81</sup> Additionally, while around 43% of young people with a mental disorder are young men, they account for only between 32 to 37% of mental health service users.<sup>82</sup> A 2014 survey of students in NSW aged 12-17 years further found that while the rates of psychological distress were higher in girls (17%) than boys (10%),<sup>83</sup> 49% of boys who reported feeling unhappy, sad and depressed had not spoken to anyone about their state of wellbeing, compared to 37% of females.<sup>84</sup>

In response, a range of organisations are developing new ways to reach out to young people, including young men, such as digital solutions, which have the potential to positively influence help-seeking behaviour and promote improved engagement.<sup>85</sup>

Many programs also deliver outreach activities, such as the Youth Community Living Support Service. This focus on improving men's engagement with health services aligns with NSW Health's focus on early-intervention and prevention as is reflected in the Strategic Plan for Mental Health.<sup>86</sup> The Plan also stresses a need to reduce the stigma attached to service usage, and mental ill-health more broadly, if access is to improve.<sup>87</sup>

Violence emerged as a key theme in the literature. Data from the 2016 Personal Safety Survey estimated that men aged 18 and over had experienced higher rates of violence since the age of 15 than women (42% compared to 37%).<sup>88</sup> While incidence was higher in women (one in five), the survey also found that one in 20 men had experienced sexual violence since the age of 15.<sup>89</sup>

Consultations noted that men can be both perpetrators and victims of domestic violence, which is supported by evidence. The 2016 Personal Safety Survey found that both men and women had experienced violence from a current or former partner, although women (17%) had experienced it at notably higher rates than men (6%).<sup>90</sup> Research from the Australian Institute of Criminology further found that across 2002 to 2012, 75% of victims from intimate partner homicides were women.<sup>91</sup> Stakeholders recognised that nurturing in boys and youth the importance of healthy relationships, supporting men to tackle the social determinants that impact negatively on their health and wellbeing

as a means of prevention, and working with men to take responsibility for their violence, are pivotal to addressing this important health issue and to reducing reoffending.

More broadly, boys' and men's relationships were identified during consultations as being of critical importance to their overall wellbeing, including men's active role as fathers and nurturing role models, and boys' and men's inclusion and participation in the community.



# Priority health area 1

## Mental health and wellbeing

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### How are we currently responding?

NSW Health have developed a range of strategies and plans to improve the mental health and wellbeing of men in NSW, including:

- **Living Well: A Strategic Plan for Mental Health in NSW 2014-2024:** This Plan outlines a roadmap for reforming the mental health system in NSW. The Plan places a strong emphasis on supporting individuals with moderate to severe mental illness, including men, to remain well in their communities and to lead their own recovery.
- **NSW State Health Plan: Towards 2021:** The State Health Plan brings together the existing efforts of NSW Health into a single framework. It includes an emphasis on prevention and early-intervention activities, as well as delivering truly integrated care for individuals living with mental illness in NSW, including men.
- **NSW School-Link Strategy and Action Plan 2014-2017:** This Strategy and Action Plan focuses on achieving optimal mental health and wellbeing for children and young people in NSW, including boys and young men. It seeks to promote early identification of mental health issues and access to supports.
- **NSW Domestic and Family Violence Blueprint for Reform 2016-2021: Safer Lives for Women, Men, and Children:** This Blueprint provides a framework for building an effective system that addresses the causes and responds to the symptoms of domestic and family violence in NSW. Strategies include prevention and early intervention initiatives, coordinated agency responses to victims of serious domestic violence, and behaviour change interventions for perpetrators.
- **Justice Health and Forensic Mental Health Network (JH&FMHN) Strategic Plan 2018-2022:** This Plan sets the strategic direction for the JH&FMHN, which provides health services to those in contact with the forensic mental health system and NSW criminal justice system, including men and young men. JH&FMHN aims to prevent psychiatric disability, improve the health of this population, and return people to the community in a healthier state through the delivery of comprehensive health services and strategies to improve health literacy.

Examples of programs and streams of activity currently being funded and/or delivered by NSW Health and other community managed organisations (CMOs) or non-government organisations (NGOs), include:

- **The NSW Suicide Prevention Fund, including:** Next Steps Suicide Attempt Response Team, HealthWISE Suicide Prevention Initiative, Three Rivers Suicide Prevention Project with a particular focus on Aboriginal people, and ACON Suicide Prevention Initiative with a particular focus on the LGBTI community.
- **NSW Health programs targeted at children, adolescents and their families, including:** NSW Family and Carer Mental Health Program, CAMHS, Getting on Track in Time - Got It!, NSW Children of Parents with a Mental Illness Program, Parenting Program For Mental Health, and School-Link.
- **CMOs/NGOs funded by NSW Health to deliver mental health support to families, including:** Uniting Care, Parramatta Mission, Aftercare, One Door Mental Health, Mission Australia, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, and CentaCare.
- **Other CMOs/NGOs and campaigns targeted specifically at men, including:** Movember Foundation, Men's Shed Association NSW, The Men's Health Information and Resource Centre, MensLine Australia, MATES in Construction, Andrology Australia, Survivors & Mates Support Network, and the 'One in Three' campaign.
- **Other CMOs/NGOs supporting the mental health and wellbeing of people in NSW, including:** BeyondBlue, headspace and eHeadspace, Flourish, ReachOut Australia, Kids Help Line, MoodGym, Twenty10, RU OK Day, and Pathways Foundation.



## What further work can be done?

Encourage help-seeking behaviour and focus on removing gendered barriers to accessing care

Reduce the stigma attached to mental ill-health and service access

Build on existing efforts to promote early intervention and prevention

Provide support for men through major life events, including fatherhood, and target efforts towards groups of men with higher rates of mental ill-health

Deliver services that respond to the unique needs of men and their preferences for care, including a focus on community outreach and bringing services to men

Support the implementation of evidence-based activities aimed at reducing the incidence of violence among men, including domestic and family violence

## Priority populations and life stages

Efforts to improve the mental health and wellbeing of men in NSW should particularly focus on responding to:



Young men



Men from rural and remote areas



Aboriginal and Torres Strait Islander men



Men from culturally and linguistically diverse communities, especially refugees



Men in transition and experiencing major life events



Gay, bisexual or transgender men, and intersex people



Men and young men in the criminal justice system and after release





# Priority health area 2

## Cancer

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### What are the issues?

In 2013, men in NSW were 1.3 times more likely to be diagnosed with cancer than women, with older men, Aboriginal men, and men from culturally and linguistically diverse backgrounds at especially high risk of a diagnosis.<sup>92</sup> The three most common cancers among men in NSW were prostate cancer (30%), bowel cancer (13%) and melanoma of the skin (11%), while the three most common cancer deaths among men comprised lung (22%), prostate (13%) and bowel (12%) cancer.<sup>93</sup>

Bowel cancer has been identified as a focus of the NSW Cancer Plan, with Australia having 'one of the highest incidence of bowel cancer in the world.'<sup>94</sup> Despite men in Australia having a higher life-time risk of being diagnosed with bowel cancer, with one in 11 men being diagnosed by the age of 85 (compared to one in 15 for women),<sup>95</sup> men have lower participation rates in the National Bowel Cancer Screening Program (NBCSP). In 2014-15, 39% of eligible people invited to participate in the NBCSP took part in screening.<sup>96</sup> The proportion of eligible women who participate is 41%, while only 37% of eligible men participate.<sup>97</sup> This result takes on added significance in light of a 2014 data linkage study by the Australian Institute of Health and Welfare, which found that 'NBCSP invitees, particularly those who participated, diagnosed with bowel cancer - had less risk of dying from bowel cancer, and were more likely to have less-advanced cancers when diagnosed than non-invitees.'<sup>98</sup>

Similar disparities are evident in the areas of skin and lung cancer, the latter of which is also a priority focus cancer under of the NSW Cancer Plan. While lung cancer is responsible for the highest number of cancer deaths in NSW (21% for men and 18% for women in 2013),<sup>99</sup> there is evidence that men continue to engage in behaviours that place them at greater risk of a diagnosis. Specifically, 19% of men in NSW were estimated to be smokers in 2016.<sup>100</sup>

Melanoma of the skin is the third most common cancer among men in NSW.<sup>101</sup> Men aged 40 years and over have been identified as a priority population in the NSW Skin Cancer Prevention Strategy, as there is 'growing evidence that relative risk of melanoma increases with UVR [ultraviolet radiation] exposure in later life,' with incidence of melanoma among

men increasing dramatically from the age of 45 years.<sup>102</sup> The Strategy places a focus on increasing the adoption of sun protection behaviours such as applying sunscreen and seeking shade.<sup>103</sup>

Evidence suggests that some groups of men are at elevated risk of a cancer diagnosis and/or experience 'poorer cancer-related health outcomes.'<sup>104</sup> The NSW Cancer Plan identifies Aboriginal communities and culturally and linguistically diverse communities as two priority populations, developing specific actions targeted at reducing the incidence and impact of cancer in these groups.<sup>105</sup> Men from diverse backgrounds for example, have notably higher rates of smoking than the general population in NSW (15%), including men born in China (20%), Vietnam (32%) and Lebanon (39%).<sup>106</sup> In response, the NSW Cancer Plan supports activities targeted at culturally and linguistically diverse communities that 'prevent tobacco use and assist smokers to quit.'<sup>107</sup> The NSW Tobacco Strategy similarly draws attention to the need to reduce smoking among culturally and linguistically diverse communities.<sup>108</sup>

Prostate cancer has been identified as a significant concern for men in NSW. In the period 2009-2013, prostate cancer was the second most common cause of cancer deaths in men in NSW; the rate of cancer deaths had decreased over the previous 10 years.<sup>109</sup> The incidence of prostate cancer is projected to increase.<sup>110</sup> In 2013, prostate cancer accounted for 30% of male cancer diagnoses; this proportion is expected to increase to 39% by 2021.<sup>111</sup> The Men's Health Information and Resource Centre has observed that comprehensive reviews have identified a range of 'serious and life altering complications' that can result from prostate treatment, even if the cancer treatment is successful. Specifically, 'following any of the three major treatment options, 54% to 75% of patients could not maintain erections sufficient for sex, 6% to 16% had urinary incontinence at least once a day, and 3% to 14% experienced bowel urgency that was a moderate or big problem.'<sup>112</sup> In the period 2011-13 men aged 65-69 years in NSW were the age group with the highest incidence of prostate cancer.<sup>113</sup>



## Priority health area 2

# Cancer

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### How are we currently responding?

NSW Health has developed a range of strategies and plans to reduce the incidence and impacts of cancer on men:

- **NSW Cancer Plan:** This state-wide Plan provides a coordinated and collaborative approach to cancer control. The NSW Cancer Plan focuses on reducing inequities between groups who experience poorer cancer outcomes, including Aboriginal communities and culturally and linguistically diverse communities. It also focuses on lung, bowel and primary liver cancers, cancers that have a substantial impact on the community.
- **NSW Skin Cancer Prevention Strategy:** This Strategy aims to reduce the incidence of skin cancer in NSW, with a particular focus on skin cancer prevention. The Strategy identifies men aged 40 years and over as a key target group.
- **The NSW Tobacco Strategy 2012-2017:** This Strategy outlines a comprehensive set of policies, programs and regulatory initiatives to reduce rates of smoking among non-Aboriginal and Aboriginal community members, including men, in NSW.
- **The NSW Healthy Eating and Active Living Strategy 2013-2018:** This Strategy provides a whole of government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease, including among NSW boys and men.

Examples of programs and streams of activity currently being funded and/or delivered by NSW Health and NGOs, include:

- **NSW Health campaigns and programs focused on preventive health and reducing the risk factors of cancer, including:** Your Time in the Sun (skin cancer prevention), Quit Stalling (quit smoking campaign), iCanQuit and Quitline (website and free, confidential phone service), and Make Healthy Normal (a healthy lifestyle campaign).
- **NSW Health programs focused on early detection, including:** The Cancer Institute NSW provides operational support in NSW for the National Bowel Cancer Screening Program.
- **NGOs supporting a reduction in the incidence and impacts of cancer in NSW, including among men:** Cancer Council NSW and the Prostate Cancer Foundation of Australia.
- **Competitive grants awarded by the Cancer Institute NSW, including:** grants for a broad range of research projects and innovative programs, which aim to reduce the impact of cancer in NSW.

# What further work can be done?

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Reduce high risk behaviours, including the use of tobacco products and UV exposure, and encouraging healthy living among boys and men in NSW

Increase early detection, including promoting participation in the National Bowel Cancer Screening Program by men in NSW

Target efforts towards groups of men with poorer cancer outcomes

Improve support for men and boys with cancer

## Priority populations and life stages

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Efforts to reduce the impacts and incidence of cancer among men in NSW should particularly focus on responding to:



Aboriginal and Torres Strait Islander men



Men from rural and remote areas



Men from migrant and culturally and linguistically diverse backgrounds



Men from lower socio-economic backgrounds



Older men

## Priority health area 3

# Healthy living and chronic diseases

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### What are the issues?

Currently, chronic diseases are the underlying cause of 90% of deaths in Australia, and around 50% of all Australians live with one or more of these diseases.<sup>114</sup> Prominent chronic diseases comprise: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes or mental health conditions.<sup>115</sup>

Over the period 2014-15, 6% of Australian men were living with diabetes and 6% were living with heart disease.<sup>116</sup> Australian men also display a high prevalence of chronic disease major risk factors, as well as a reduced likelihood of adopting a healthy lifestyle, and a resistance to public health messaging.<sup>117</sup>

Chronic diseases were responsible for three-quarters of the total non-fatal burden of disease in Australia in 2011.<sup>118</sup> The increased prevalence of chronic diseases has not only impacted on the health and wellbeing of individuals, but also placed a considerable strain on the health system. According to the Australian Institute of Health and Welfare, the top four most expensive disease groups in 2008-09 were all chronic diseases, accounting for approximately 36% of the total allocated health expenditure.<sup>119</sup>

Chronic diseases disproportionately affect population groups, including both men and women within these groups, through the combined impact of physical environment, social and cultural determinants, and biomedical and behavioural risk factors.<sup>120</sup> For example:

- Diabetes is far more common among older Australians: almost 20% (18%) of people aged 75 years and older were living with diabetes over the period 2014-15. In 2014-15, diabetes was also more common amongst people living in areas of most disadvantage (8% compared with 3% in areas of least disadvantage) and Regional/Remote areas (6% compared with 5%).<sup>121</sup> Aboriginal people are more than three times likely than non-Aboriginal people to be living with diabetes.<sup>122</sup>
- Likelihood of being diagnosed with heart disease increases with age, with almost one-third (31%) of all Australians aged 75 years and over having heart disease in 2014-15.<sup>123</sup> Heart disease is far more common amongst Aboriginal people, with Aboriginal people twice as likely as non-Aboriginal Australians to be affected by heart disease and more than ten times more likely to die as a result.<sup>124</sup>

It is estimated that about a third of the burden of disease caused by chronic diseases could be prevented by reducing exposure to modifiable risk factors, including tobacco use, high body mass, poor diet, alcohol use, physical inactivity, and high blood pressure.<sup>125</sup> There is a high prevalence of the following modifiable risks factors among Australian men, and men in NSW more specifically:

**Smoking:** Sixteen per cent of Australian men indicated that they smoked daily in 2014-15.<sup>126</sup> In NSW, 19% of men report being smokers.<sup>127</sup>

**Obesity:** At a national level, 71% of men aged 18 years and over were overweight or obese (based on Body Mass Index) in 2014-15.<sup>128</sup> In NSW, 61% of men were overweight or obese (based on self-report) in 2016.<sup>129</sup>

**Alcohol consumption:** In 2013-14, Australian men were twice as likely as women to exceed the daily recommended alcohol intake of no more than two standard drinks.<sup>130</sup> Similarly, the 2016 NSW Population Health Survey found that 40% of men consumed more than two standard alcoholic drinks on a day when they drank alcohol.<sup>131</sup>

**Poor diet:** There is a high prevalence of select poor diet indicators in Australian men, and this is also reflected in NSW statistics. For example, Australian men were more likely than women to report drinking sugar-sweetened beverages in 2011-12 (39% compared with 29%).<sup>132</sup> In NSW, men are less likely than women to meet their daily recommended intake for fruit (44% compared to 51%) and vegetables (3% compared to 11%).<sup>133</sup>

In addition, men typically have lower chronic disease health literacy than women, and are less likely to interpret and apply information to maintain and improve health. This has been attributed to (a) a shortage of health promotion literature on chronic disease and modifiable risk factors that is 'male friendly' or specifically targeted at men, and (b) limited promotional material in places where men will access it.<sup>134</sup>





## Priority health area 3

# Healthy living and chronic diseases

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### How are we currently responding?

NSW Health has made a range of commitments to preventing the onset of chronic disease, and promoting a healthy lifestyle, amongst men in NSW:

- **The NSW Healthy Eating and Active Living Strategy 2013-2018:** This Strategy provides a whole of government framework to promote and support healthy eating and active living in NSW and to reduce the impact of lifestyle-related chronic disease, including amongst NSW boys and men.
  - **Get Healthy Information and Coaching Service:** This Service is a free telephone-based coaching service staffed by university qualified health coaches aimed at supporting adults to make lifestyle changes regarding healthy eating, physical activity, reducing alcohol consumption and reaching and/or maintaining a healthy weight.
  - **Get Healthy at Work:** This is a free NSW Government workplace health service that aims to help improve the health of working adults, including men, by giving workplaces tools and support to address healthy eating, healthy weight, physical activity, active travel, tobacco use and harmful alcohol consumption. For individual workers, Brief Health Checks assess the risk of chronic disease and refer those at risk to a General Practitioner, the Get Healthy Information and Coaching Service, or Quitline as required.
  - **The NSW Tobacco Strategy 2012-2017:** This Strategy outlines a comprehensive set of policies, programs and regulatory initiatives to reduce rates of smoking among non-Aboriginal and Aboriginal community members, including NSW men.
  - **NSW Integrated Care Strategy:** Through this Strategy, NSW Health is responding to the challenges of increasing chronic disease incidence by investing in new, innovative models of integrated care, transforming the health system to routinely deliver person-centred, seamless, efficient and effective care, particularly for people with complex, long term conditions.
- NSW Health and NGOs working to prevent chronic disease and promote a healthy lifestyle among men in NSW include:
- **NSW Health campaigns and programs focused on preventive health and reducing the risk factors of chronic disease, including:** An integrated and comprehensive Drug and Alcohol Program including a range of prevention, early intervention, and harm minimisation treatment, as well as specialist and aftercare system services, Quit Stalling (quit smoking campaign), iCanQuit and Quitline (website and free, confidential phone service), 8700 Kilojoule (a menu labelling initiative), Make Healthy Normal (a healthy lifestyle campaign) and the Get Healthy Information and Coaching Service (free, confidential telephone-based health coaching).
  - **NSW Health programs focused on integrated care for people, including men, with chronic disease, including:** NSW Chronic Disease Management Program.
  - **NGOs supporting a reduction in the incidence and impacts of chronic disease in NSW, including among men:** Cancer Council NSW, The Heart Foundation, Diabetes NSW, and The Men's Health Information and Resource Centre.
  - **Activities delivered by NSW Health and funded through NGOs to reduce drug and alcohol related health risks include:** School-based information and education, community settings based support (Save a Mate, Dancewise, Drug Info at Your Library, Community Drug Action Teams), telephone based support (Alcohol and Drug Information Service, Family Drug Support, Get Healthy Service), and online support through the NSW Health drug and alcohol information website [www.yourroom.com.au](http://www.yourroom.com.au).

# What further work can be done?

Promote integration and continuity of care

Target efforts towards groups of men within high-risk population groups

Deliver a gendered approach to health care and promotion

Focus efforts on preventive health measures, including healthy eating, active living, and reduced drug and alcohol and tobacco consumption

Focus on outreach activities, bringing health initiatives to men

## Priority populations and life stages

Efforts to improve healthy living and reduce chronic disease among men in NSW should focus on responding to:



Aboriginal and Torres Strait Islander men



Men from rural and remote areas



Men from culturally and linguistically diverse backgrounds



Men from lower socio-economic backgrounds



Men and young men in the criminal justice system and after release



# Priority health area 4

## Sexually Transmissible Infections

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### What are the issues?

Sexually Transmissible Infections (STIs) remain a significant public health burden in NSW and across Australia. If left untreated, STIs can be transmitted to sexual partners, facilitate the sexual transmission of HIV, can be associated with social stigma and shame, and ultimately lead to serious health complications including death.<sup>135</sup> However, most STIs can be easily prevented, diagnosed, and treated.<sup>136</sup> STIs are often more prevalent in men than in women, and especially common among men who have sex with men.<sup>137</sup> Due to increasing notification rates in men, the Framework focuses specifically on HIV, gonorrhoea, infectious syphilis, and chlamydia.

Despite significant advances in early detection and treatment, HIV remains a major global health issue, with men who have sex with men disproportionately affected. For example, using data to June 2015, it is estimated that there are approximately 11,500 people living with HIV in NSW, 86% of whom have been diagnosed.<sup>138</sup> In NSW in 2016, 92% of newly diagnosed HIV notifications were in boys and men, with 82% occurring in men who have sex with men.<sup>139</sup> In 2016, men across Australia in the 20-29 age groups had the highest rates of new HIV diagnoses (17.1 per 100,000).<sup>140</sup>

Men who have sex with men are disproportionately represented in notifications of other STIs, including:

**Gonorrhoea:** Gonorrhoea is most commonly found among men who have sex with men, most of whom reside in urban settings, and heterosexual Aboriginal people in remote communities.<sup>141</sup> Notification data further shows that more men (5,685) than women (1,284) were diagnosed with gonorrhoea in NSW in 2016.<sup>142</sup>

**Infectious syphilis:** Broadly in line with gonorrhoea, infectious syphilis is mostly found among men who have sex with men, most of whom reside in urban settings, and heterosexual Aboriginal people in remote and outer regional areas.<sup>143</sup> In 2016, men in NSW had a rate of diagnosis 27 times higher than women (22 per 100,000 males compared to 0.8 per 100,000 females).<sup>144</sup>

**Chlamydia:** Data modelling suggests that chlamydia infections in Australia are most common among young people aged 15 to 29, with estimated prevalence amongst this cohort of around 4-5% in 2015.<sup>145</sup> This modelled data also indicates that in 2015 nationally there were more new infections in men compared to women (154,923 compared to 102,322), reflecting infections in both heterosexual men and men who have sex with men.<sup>146</sup> Notification data further shows that while 2017 chlamydia notifications were more common in women up till age 24, the reverse was true from the age of 25.<sup>147</sup>

Despite the overrepresentation in STI notifications, men in NSW continue to engage in risk behaviours and do not regularly test for STIs. For example, the 2017 Sydney Gay Community Periodic survey revealed:

- Only around one in three respondents (31%) with casual partners reported always using condoms for anal intercourse, while over half (52%) reported that they had engaged in condom less anal intercourse with casual partners
- Thirteen per cent of respondents reported that they had never been tested for HIV
- Around one in five (22%) HIV-negative respondents reported that they had not undertaken any sexual health check in the twelve months prior to completing the survey.<sup>148</sup>

In addition, the 2017 It's Your (Love) Life Survey – a periodic survey on sexual health of young people aged 15-29 living in NSW – revealed:

- Around 6 in 10 sexually active male respondents reported having vaginal or anal intercourse without consistent condom use in the past twelve months
- Of sexually active male respondents, only 36% reported that they had ever been tested for STIs or HIV.<sup>149</sup>





## Priority health area 4

# Sexually Transmissible Infections

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### How are we currently responding?

NSW Health has made a range of commitments to improving prevention, testing, and treatment and management of STIs amongst men in NSW:

- **NSW Sexually Transmissible Infections Strategy 2016-2020:** This strategy outlines the priorities in STI prevention, testing, treatment and management in NSW, including for the priority population of gay and homosexually active men.
- **NSW HIV Strategy 2016-2020:** This strategy continues NSW Health's commitment to achieving the virtual elimination of HIV transmission in NSW by 2020, including for the priority population of gay and homosexually active men.
- **NSW Aboriginal Blood Borne Viruses and Sexually Transmissible Infections Framework:** This framework outlines the priorities for Blood Borne Viruses and STI prevention, testing, treatment and management for Aboriginal people in priority settings, including gay and homosexually active Aboriginal men, sister-girls, and transgender people.
- **NSW Youth Health Framework:** This framework supports NSW Health to consider the health and wellbeing of young people when planning and delivering services and programs, including services and programs specifically relating to sexual and reproductive health.

NSW Health, NGOs and other promotional campaigns working to improve the sexual health of men, include:

- **NSW Health campaigns and programs focused on preventive health and reducing the risk factors, including:** NSW Sexual Health Info Link, Ending HIV Campaign, and NSW Health 'Play Safe' online forum.
- **Other NGOs supporting the reduction of stigma associated with HIV and sexual health in NSW:** ACON, Family Planning NSW, AIDS Action Council, Sex Worker Outreach Program (SWOP), and Positive Life NSW.



## What further work can be done?

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Support education professionals to deliver comprehensive school-based sexual education, ensuring developmental, cultural, and gender appropriateness

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Support the delivery of gender and culturally appropriate prevention programs to normalise safe sex, including consistent and effective condom use, and health seeking behaviours

Increase comprehensive STI and HIV screening among men in clinical and community settings, including supporting primary care physicians to screen for priority STIs during routine surgery visits

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Support the delivery of innovative, evidence-based prevention programs targeting men who have sex with men

Support Aboriginal Health Workers to deliver comprehensive education and prevention programs to Indigenous communities across NSW, with a focus on young people residing in outer regional and remote communities

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## Priority populations and life stages

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Efforts to reduce the prevalence of STIs among men should focus on responding to:



Young men



Aboriginal and Torres Strait Islander men



Gay, bisexual or transgender men, and intersex people

# Implementing and monitoring this Framework

## Implementing the Framework

The Ministry is responsible for delivering consistent, evidence-based guidance to the NSW Health system to improve access to health care and health outcomes for diverse and vulnerable population groups.

The Framework highlights a wide range of existing activities which aim to improve men's health, including those delivered by NSW Health and NGOs or community partners. Organisations working in the area of men's health can use the Framework for planning, delivery, and evaluation of relevant activities.

NSW Health recognises that responding to men's health needs is a Commonwealth, State and community responsibility and relies on continued collaboration between each of these partners to drive and deliver stronger health outcomes for men.

Key partners within the NSW health system include:

- Boys and men in NSW
- Local health districts
- Specialty Health Networks
- Primary Health Networks
- NSW Ministry of Health
- NSW Health Pillars
- Government and non-government agencies.

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## How will progress be measured?

NSW Health, with advice from key stakeholders, will monitor progress in NSW men's health and wellbeing through review of available data sources and ongoing measurement of progress across priority health areas.



## Enablers for the Framework's success

In addition to the guiding principles, three key enablers have been identified to drive the Framework's success. These include:

### **INCLUSION:**

Implementation of the Framework and future actions will be guided by the views and experiences of men

### **COLLABORATION:**

Implementation of the Framework will involve public sector, private sector, NGOs, CMOs and community working collaboratively and sharing responsibility

### **EVIDENCE:**

Implementation and refinement of the Framework will be guided by learnings from research and evaluation





# References

1. NSW Department of Health. (1999). Moving Forward in Men's Health. Sydney, Australia: NSW Department of Health.
2. NSW Department of Health. (2009). NSW Men's Health Plan 2009-2012. Sydney, Australia: NSW Department of Health.
3. NSW Department of Health. (2009). NSW Men's Health Plan 2009-2012. Sydney, Australia: NSW Department of Health. p7.
4. Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organisation.
5. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/bod\\_lexbth/bod\\_lexbth?&topic=Life%20expectancy&topic1=topic\\_lex&code=lex](http://www.healthstats.nsw.gov.au/Indicator/bod_lexbth/bod_lexbth?&topic=Life%20expectancy&topic1=topic_lex&code=lex)
6. Australian Bureau of Statistics, 3303.0 - Causes of Death, Australia, 2016: Suicide in Australia. Canberra, Australia: Author.
7. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/dia\\_prev\\_age/dia\\_prev\\_age?&topic=Diabetes&topic1=topic\\_dia&code=dia](http://www.healthstats.nsw.gov.au/Indicator/dia_prev_age/dia_prev_age?&topic=Diabetes&topic1=topic_dia&code=dia)].
8. Australian Institute of Health and Welfare. (2017). Alcohol and other drug treatment services in Australia 2015-16. Drug treatment series no. 29. Cat. no. HSE 187. Canberra, Australia: Author.
9. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. (accessed 2017). Retrieved from: [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth?&topic=Suicide&topic1=topic\\_men&code=men\\_sui%20inj\\_dth\\_cat%20inj\\_hos\\_cat](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth?&topic=Suicide&topic1=topic_men&code=men_sui%20inj_dth_cat%20inj_hos_cat)
10. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_bmi\\_age/beh\\_bmi\\_age?&topic=Overweight%20or%20obesity&topic1=topic\\_bmi\\_OO&code=beh\\_bmi](http://www.healthstats.nsw.gov.au/Indicator/beh_bmi_age/beh_bmi_age?&topic=Overweight%20or%20obesity&topic1=topic_bmi_OO&code=beh_bmi).
11. Australian Institute for Health and Welfare, Australia's Health 2016. p.264. Canberra, Australia: Author.
12. NSW Ministry of Health. (2016). NSW HIV Strategy 2016 - 2020. Sydney, Australia: Author. Retrieved from <http://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.pdf>
13. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_smo\\_age/beh\\_smo\\_age?&topic=Smoking&topic1=topic\\_smoking&code=smo](http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age/beh_smo_age?&topic=Smoking&topic1=topic_smoking&code=smo).
14. Commonwealth Department of Health and Ageing. (2010). National Male Health Policy: Building on the Strengths of Australian Males. Canberra, Australia: Commonwealth of Australia.
15. Commission on Social Determinants of Health. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organisation.
16. Smith, J.A. (2007). Beyond Masculine Stereotypes: Moving Men's Health Promotion Forward in Australia, Health Promotion Journal of Australia, 18(1), 24.
17. Commission on the Social Determinants of Health. (2007). Achieving health equity: from root causes to fair outcomes. Geneva, Switzerland: World Health Organisation. p.10. Retrieved from [http://apps.who.int/iris/bitstream/10665/69670/1/interim\\_statement\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/69670/1/interim_statement_eng.pdf).
18. Woods, M. (2014). Practitioner's Guide to Effective Men's Health Messaging, Men's Health Resource Kit 1, p.11. Men's Health Information and Resource Centre (MHIRC), Penrith: University of Western Sydney; Australian Institute of Health and Welfare. (2012). The Health of Australia's Males: A Focus on Five Population Groups. Canberra, Australia: Australian Institute of Health and Welfare.
19. Australian Institute of Health and Welfare. (2012). The Health of Australia's Males: A Focus on Five Population Groups. Canberra, Australia: Author.
20. Woods, M. (2014). Practitioner's Guide to Effective Men's Health Messaging, Men's Health Resource Kit 1, p.11. Men's Health Information and Resource Centre (MHIRC), Penrith: University of Western Sydney; Australian Institute of Health and Welfare (2012) The Health of Australia's Males: A Focus on Five Population Groups. Canberra, Australia: Australian Institute of Health and Welfare.
21. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/bod\\_lexbth/bod\\_lexbth\\_atst\\_snap?&topic=Life%20expectancy&topic1=topic\\_lex&code=lex](http://www.healthstats.nsw.gov.au/Indicator/bod_lexbth/bod_lexbth_atst_snap?&topic=Life%20expectancy&topic1=topic_lex&code=lex).
22. Australian Institute of Health and Welfare. (2017). Aboriginal and Torres Strait Islander Health Performance Framework (2017 Report), Canberra, Australia: Author. p.54. Retrieved from <https://www.aihw.gov.au/getmedia/580054e1-f967-4d48-82c9-bf67fbfb08d1/aihw-ihw-182-nsw.pdf.aspx?inline=true>
23. NSW Ministry of Health. NSW Aboriginal Health Plan 2013-2023. Sydney, Australia: Author. p.7. [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012\\_066.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_066.pdf)
24. World Health Organisation. (n.d). Regional Office for Europe. Life-course approach. Denmark: World Health Organisation, Regional Office for Europe. Retrieved from <http://www.euro.who.int/en/health-topics/Life-stages>
25. Australian Bureau of Statistics. (2016). "Causes of Death, Australia, 2015." Canberra, Australia: Author. cited in: Baker, D and Rice, S (2017) Keeping it real: Reimagining mental health care for all young men. Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia.
26. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_bmi\\_age/beh\\_bmi\\_age\\_snap](http://www.healthstats.nsw.gov.au/Indicator/beh_bmi_age/beh_bmi_age_snap).
27. Australian Bureau of Statistics, 2014. Men's Health week: Data on Aussie blokes (media release). Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/products/E2AF2DC19731C544CA257CF3001BBCB5?OpenDocument>.
28. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_illimethed/beh\\_illimethed\\_age\\_trend?&topic=Drug%20misuse&topic1=topic\\_illi&code=beh\\_illi](http://www.healthstats.nsw.gov.au/Indicator/beh_illimethed/beh_illimethed_age_trend?&topic=Drug%20misuse&topic1=topic_illi&code=beh_illi).
29. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_alc\\_age/beh\\_alc\\_age\\_snap?&topic=Alcohol&topic1=topic\\_alcohol&code=beh\\_alc](http://www.healthstats.nsw.gov.au/Indicator/beh_alc_age/beh_alc_age_snap?&topic=Alcohol&topic1=topic_alcohol&code=beh_alc).
30. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/group/IndicatorviewList?IndicatorGroupCode=beh\\_phys\\_age&code=beh\\_phys%20physstud&topic=topic\\_phys&name=Physical%20activityTopic](http://www.healthstats.nsw.gov.au/Indicator/group/IndicatorviewList?IndicatorGroupCode=beh_phys_age&code=beh_phys%20physstud&topic=topic_phys&name=Physical%20activityTopic).
31. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from : [http://www.healthstats.nsw.gov.au/Indicator/men\\_distr\\_age/men\\_distr\\_age\\_trend](http://www.healthstats.nsw.gov.au/Indicator/men_distr_age/men_distr_age_trend) (accessed 2017)
32. Australian Institute of Health and Welfare (2017) National Drug Strategy Household Survey (NDSHS) 2016—key findings. Canberra, Australia: Author.
33. Australian Bureau of Statistics. (2015). 3303.0 - Causes of Death, Australia, Suicide in Australia. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0-2015-Main%20Features-Intentional%20self-harm:%20key%20characteristics-8>.
34. Cancer Council NSW. Prostate Cancer. Sydney, Australia: Cancer Council NSW. Retrieved from <https://www.cancercouncil.com.au/prostate-cancer/>.
35. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from <http://www.healthstats.nsw.gov.au/>

[gov.au/Indicator/cvd\\_chdhos/cvd\\_chdhos?&topic=Coronary%20heart%20disease&topic1=topic\\_cvd&code=cvd\\_chd%20cvd\\_type](http://www.healthstats.nsw.gov.au/Indicator/cvd_chdhos/cvd_chdhos?&topic=Coronary%20heart%20disease&topic1=topic_cvd&code=cvd_chd%20cvd_type).

36. Men's Health Information and Resource Centre (MHIRC). Publications. Sydney, Australia: University of Western Sydney. Retrieved from [https://www.westernsydney.edu.au/mhirc/mens\\_health\\_information\\_and\\_resource\\_centre/publications](https://www.westernsydney.edu.au/mhirc/mens_health_information_and_resource_centre/publications).
37. Woods, M. (2014). Practitioner's Guide to Effective Men's Health Messaging, Men's Health Resource Kit 1. Men's Health Information and Resource Centre (MHIRC), Sydney, Australia: University of Western Sydney. p.16.; Australian Institute of Health and Welfare. (2012). The Health of Australia's Males: A Focus on Five Population Groups. Canberra, Australia: Australian Institute of Health and Welfare.
38. Woods, M. (2014). Practitioner's Guide to Effective Men's Health Messaging, Men's Health Resource Kit 1. Men's Health Information and Resource Centre (MHIRC), Sydney, Australia: University of Western Sydney. p.16.
39. Ibid.
40. Ibid.
41. Ibid.
42. Misan, G. & Sergeant, P. (2009). Men's Sheds - a strategy to improve men's health. 10th National Rural Health Conference.
43. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/bod\\_lexbth/bod\\_lexbth\\_ses\\_snap?&topic=Socioeconomic%20status&topic1=topic\\_ses&code=ses](http://www.healthstats.nsw.gov.au/Indicator/bod_lexbth/bod_lexbth_ses_snap?&topic=Socioeconomic%20status&topic1=topic_ses&code=ses).
44. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_foodsec\\_age/beh\\_foodsec\\_ses?&topic=Socioeconomic%20status&topic1=topic\\_ses&code=ses](http://www.healthstats.nsw.gov.au/Indicator/beh_foodsec_age/beh_foodsec_ses?&topic=Socioeconomic%20status&topic1=topic_ses&code=ses).
45. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/dia\\_prev\\_age/dia\\_prev\\_ses?&topic=Diabetes&topic1=topic\\_dia&code=dia\[ \]](http://www.healthstats.nsw.gov.au/Indicator/dia_prev_age/dia_prev_ses?&topic=Diabetes&topic1=topic_dia&code=dia[ ]).
46. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_atst?&topic=Mental%20health&topic1=topic\\_men&code=men\[ \]%20bod\\_dementhos](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_atst?&topic=Mental%20health&topic1=topic_men&code=men[ ]%20bod_dementhos).
47. The Kirby Institute (2017) Aboriginal Surveillance Report on HIV, viral hepatitis and STIs 2017, The Kirby Institute. Sydney, Australia: University of New South Wales.
48. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/cvd\\_chdhos/cvd\\_chdhos\\_atst\\_trend?&topic=Coronary%20heart%20disease&topic1=topic\\_cvd&code=cvd\\_chd%20cvd\\_type](http://www.healthstats.nsw.gov.au/Indicator/cvd_chdhos/cvd_chdhos_atst_trend?&topic=Coronary%20heart%20disease&topic1=topic_cvd&code=cvd_chd%20cvd_type).
49. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/group/IndicatorviewList?IndicatorGroupCode=cvd\\_chdhos&code=cvd&topic=topic\\_cvd&name=Cardiovascular%20diseaseTopic](http://www.healthstats.nsw.gov.au/Indicator/group/IndicatorviewList?IndicatorGroupCode=cvd_chdhos&code=cvd&topic=topic_cvd&name=Cardiovascular%20diseaseTopic).
50. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/dia\\_prev\\_age/dia\\_prev\\_aria\\_trend?&topic=Diabetes&topic1=topic\\_dia&code=dia\[ \]](http://www.healthstats.nsw.gov.au/Indicator/dia_prev_age/dia_prev_aria_trend?&topic=Diabetes&topic1=topic_dia&code=dia[ ]).
51. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_aria?&topic=Mental%20health&topic1=topic\\_men&code=men\[ \]%20bod\\_dementhos](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_aria?&topic=Mental%20health&topic1=topic_men&code=men[ ]%20bod_dementhos).
52. Justice Health & Forensic Mental Health Network. (2017). Network Patient Health Survey. Sydney, Australia: NSW Ministry of Health. p.63.
53. Justice Health & Forensic Mental Health Network. (2017). Network Patient Health Survey. Sydney, Australia: NSW Ministry of Health. p.75.
54. Justice Health & Forensic Mental Health Network. (2017). Network Patient Health Survey. Sydney, Australia: NSW Ministry of Health. p.52.
55. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_smo\\_age/beh\\_smo\\_cob\\_trend?&topic=Smoking&topic1=topic\\_smoking&code=smo](http://www.healthstats.nsw.gov.au/Indicator/beh_smo_age/beh_smo_cob_trend?&topic=Smoking&topic1=topic_smoking&code=smo).
56. Australian Bureau of Statistics (2011). Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications, 2011. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001-2011-Main%20Features-MBS%20subsidised%20mental%20health-related%20services-3>.
57. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: NSW Mental Health Commission. p.85.
58. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_atst?&topic=Mental%20health&topic1=topic\\_men&code=men\[ \]%20bod\\_dementhos](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_atst?&topic=Mental%20health&topic1=topic_men&code=men[ ]%20bod_dementhos).
59. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_bmikid\\_cat](http://www.healthstats.nsw.gov.au/Indicator/beh_bmikid_cat).
60. Centre for Epidemiology & Evidence. Healthstats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_alcors\\_age/beh\\_alcors\\_age?&topic=Alcohol&topic1=topic\\_alcohol&code=beh\\_alc](http://www.healthstats.nsw.gov.au/Indicator/beh_alcors_age/beh_alcors_age?&topic=Alcohol&topic1=topic_alcohol&code=beh_alc).
61. ACON. (2013). Health Outcome Strategy 2013 - 2018 Mental Health and Wellbeing. p.6. <https://www.acon.org.au/wp-content/uploads/2017/02/HOS-Mental-Health.pdf>.
62. Council of Australian Governments Health Council. (2017). The Fifth National Mental health and Suicide Prevention Plan. Canberra, Australia: Council of Australian Governments. <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>.
63. ACON. (2015). Health Outcome Strategy 2013-2018: Alcohol & Other Drugs. Sydney, Australia: ACON, citing: Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra, Australia: AIHW.
64. NSW Ministry of Health. (2016). NSW HIV Strategy 2016 - 2020. Sydney, Australia: Author. <http://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.pdf>.
65. Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results 2008. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/latestProducts/4326.0Media%20Release12007>.
66. Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results 2008. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/latestProducts/4326.0Media%20Release12007>.
67. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth).
68. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_age](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age).
69. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth\\_atst](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_atst).
70. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: NSW Mental Health Commission. p.82.
71. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: NSW Mental Health Commission. p.21.
72. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: NSW Mental Health Commission. p.83.
73. Rosenstreich, G. (2013). LGBTI People Mental Health and Suicide. Revised 2nd ed. Sydney, Australia; National LGBTI Health Alliance cited in Department of Health. (2017). The Fifth National Mental Health and Suicide Prevention Plan, Canberra, Australia: Commonwealth of Australia.

74. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: NSW Mental Health Commission. p.83.
75. Australian Institute of Health and Welfare. (2016). Australia's Health 2016, Australia's health series no. 15. Cat. no. AUS 199, Canberra, Australia: Author.
76. Mission Australia in association with the Black Dog Institute, Young People's Mental Health over the Years, Youth Survey 2012-14, Mission Australia, p5 citing Kessler, RC. et al. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication, Archives of General Psychiatry, 62, 593-602 and McGorry, PD. et al. (2014), Cultures for mental health care of young people: an Australian blueprint for reform, The Lancet Psychiatry, 1(7), 559-568.
77. Australian Bureau of Statistics. (2015). 3303.0 - Causes of Death, Australia, 2015, Suicide in Australia, Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@nsf/Lookup/by%20Subject/3303.0-2015-Main%20Features-Intentional%20self-harm:%20key%20characteristics-8>.
78. Burns, J.M., Davenport, T.A., Milton, A.C. & Hickie, I.B. (2016). Men's health and wellbeing in Australia, Canada, New Zealand, the United Kingdom and United States: findings from an international online pilot survey. The Movember Foundation. p.3. Melbourne, Australia. Retrieved from [https://cdn.movember.com/uploads/images/2017/Our%20Work/Publications/Mens\\_Health\\_Survey\\_Executive\\_Summary\\_FA.pdf](https://cdn.movember.com/uploads/images/2017/Our%20Work/Publications/Mens_Health_Survey_Executive_Summary_FA.pdf).
79. Ibid.
80. Ibid.
81. The Black Dog Institute. (n.d). Facts & figures about mental health. Retrieved from [https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts\\_figures.pdf?sfvrsn=8](https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf?sfvrsn=8).
82. Baker, D. & Rice, S. (2017) Keeping it real: Reimagining mental health care for all young men. The National Centre of Excellence in Youth Mental Health. Melbourne, Australia: Orygen. p.11.
83. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_distrstud/men\\_distrstud?&topic=Psychological%20distress&topic1=topic\\_men&code=men\\_distr](http://www.healthstats.nsw.gov.au/Indicator/men_distrstud/men_distrstud?&topic=Psychological%20distress&topic1=topic_men&code=men_distr).
84. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/men\\_distrstud\\_type\\_proc/men\\_distrstud\\_type\\_proc?&topic=Psychological%20distress&topic1=topic\\_men&code=men\\_distr](http://www.healthstats.nsw.gov.au/Indicator/men_distrstud_type_proc/men_distrstud_type_proc?&topic=Psychological%20distress&topic1=topic_men&code=men_distr).
85. Vogl G., Ratnaike D., Ivancic L., Rowley A. & Chandy V. (2016). One Click Away? Insights into Mental Health Digital Self-help by Young Australians. Sydney, Australia: EY and ReachOut.
86. NSW Mental Health Commission. (2014). Living Well: A Strategic Plan for Mental Health in NSW. Sydney, Australia: Author. p.7.
87. Ibid.
88. Australian Bureau of Statistics. (2017). 4906.0 Personal Safety, Australia, 2016, Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@nsf/mf/4906.0#>.
89. Ibid.
90. Ibid.
91. Australian Institute of Health and Welfare. (2017 June 23). Domestic Violence. Retrieved from <https://www.aihw.gov.au/reports-statistics/behaviours-risk-factors/domestic-violence/overview>.
92. Cancer Institute NSW. (2017). NSW Cancer Plan. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw>.
93. Cancer Institute NSW. (2016). NSW Cancer Plan. Sydney, Australia: NSW Health. Retrieved from [www.cancerinstitute.org.au/cancer-datapages](http://www.cancerinstitute.org.au/cancer-datapages).
94. Cancer Institute NSW. (2016). NSW Cancer Plan Bowel Cancer. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/cancer-plan/focus-areas/bowel-cancer>.
95. Cancer Australia. (2017). Bowel Cancer Statistics. Canberra, Australia: Australian Government. Retrieved from <https://bowel-cancer.canceraustralia.gov.au/statistics>.
96. Australian Institute of Health and Welfare. (2017). National Bowel Screening Program: Monitoring Report 2017. p.14. Canberra, Australia: Author. Retrieved from <https://www.aihw.gov.au/getmedia/7c28bbcb-da33-493d-974c-81706c9ce76e/20839.pdf.aspx?inline=true>.
97. Australian Institute of Health and Welfare. (2017). National Bowel Screening Program: Monitoring Report 2017. p.14. Canberra, Australia: Author. Retrieved from <https://www.aihw.gov.au/getmedia/7c28bbcb-da33-493d-974c-81706c9ce76e/20839.pdf.aspx?inline=true>.
98. Australian Institute of Health and Welfare. (2012). Cancer in Australia 2012, Canberra, Australia: Author. Retrieved from <https://www.aihw.gov.au/getmedia/3da1f3c2-30f0-4475-8aed-1f19f8e16d48/20066-cancer-2017.pdf.aspx?inline=true> p.11.
99. Cancer Institute of NSW. (November 2017). Lung Cancer. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw/lung-cancer>
100. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Health. Retrieved from [http://www.healthstats.nsw.gov.au/indicator/beh\\_smo\\_age](http://www.healthstats.nsw.gov.au/indicator/beh_smo_age).
101. Cancer Institute NSW. (2016). NSW Cancer Plan. Sydney, Australia: NSW Health. Retrieved from [www.cancerinstitute.org.au/cancer-datapages](http://www.cancerinstitute.org.au/cancer-datapages)
102. Cancer Institute NSW. (2017). NSW Skin Cancer Prevention Strategy, Sydney, Australia: Cancer Institute NSW. p.31.
103. Cancer Institute NSW. (2017). NSW Skin Cancer Prevention Strategy, Sydney, Australia: Cancer Institute NSW.
104. Cancer Institute NSW. (n.d). Focus Areas. Sydney, Australia: Author. Retrieved from <https://www.cancerinstitute.org.au/cancer-plan/focus-areas>.
105. Cancer Institute NSW. (n.d). Multicultural Communities. Sydney, Australia: Author. Retrieved from <https://www.cancerinstitute.org.au/cancer-plan/focus-areas/cald-communities>
106. Ibid.
107. Ibid.
108. NSW Ministry of Health. (2012). NSW Tobacco Strategy 2012-2017. Sydney, Australia: Author.
109. Cancer Institute NSW. (2016). Prostate Cancer Statistics. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw/prostate-cancer>.
110. Cancer Institute NSW. (2016). Prostate Cancer Statistics. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw/prostate-cancer>.
111. Cancer Institute NSW. (2016). Prostate Cancer Statistics. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw/prostate-cancer>.
112. Woods, M. (2014). Practitioner's Guide to Effective Men's Health Messaging, Men's Health Resource Kit 1. Men's Health Information and Resource Centre (MHIRC), Sydney, Australia: University of Western Sydney. p.5.
113. Cancer Institute NSW. (2016). Prostate Cancer Statistics. Sydney, Australia: NSW Health. Retrieved from <https://www.cancerinstitute.org.au/understanding-cancer/cancer-in-nsw/prostate-cancer>.
114. Australian Institute of Health and Welfare. (2016). Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199, Canberra, Sydney: Author. Retrieved from <https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true>.
115. Commonwealth Department of Health. (2017). Chronic Conditions. Canberra, Australia: Commonwealth Department of Health. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/chronic-disease>.
116. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf).



117. Martin, S. A., Haren, M. T., Taylor, A. W., Middleton, S. M., Wittert, G. A., & Members of the Florey Adelaide Male Ageing Study (FAMAS). (2008). 'Chronic disease prevalence and associations in a cohort of Australian men: The Florey Adelaide Male Ageing Study (FAMAS)' BMC Public Health, 8, 261.
118. Ibid.
119. Australian Institute of Health and Welfare. (2014). Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra, Australia: Author. Retrieved from <https://www.aihw.gov.au/reports/australias-health/australias-health-2014/contents/table-of-contents>
120. Australian Institute of Health and Welfare. (2012). Risk factors contributing to chronic disease. Cat. No. PHE 157. Canberra, Australia: Author.
121. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)
122. Australian Bureau of Statistics. (2014). Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results 2012 -2013. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/655722F5D777ACA4CA257D4E00170CEC/\\$File/4727.0.55.003%20publication.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/655722F5D777ACA4CA257D4E00170CEC/$File/4727.0.55.003%20publication.pdf)
123. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)
124. Heart Research Institute, (n.d). Heart Disease in Indigenous Communities - Know the Facts. Retrieved from [https://www.hri.org.au/CMSPages/GetAzureFile.aspx?path=-%5Cupload%5Cchri%5Cmedia%5Cpdf%5Cchri\\_indigenous\\_community\\_ebrochure.pdf&hash=2406a3d3453b651ca9df25252c8450293c8d5d-9635ba3890e97991d340c21eb8](https://www.hri.org.au/CMSPages/GetAzureFile.aspx?path=-%5Cupload%5Cchri%5Cmedia%5Cpdf%5Cchri_indigenous_community_ebrochure.pdf&hash=2406a3d3453b651ca9df25252c8450293c8d5d-9635ba3890e97991d340c21eb8)
125. Australian Institute of Health and Welfare. (2016). Australia's health 2016. Australia's Health. no. 15. Cat. no. AUS 199. Canberra, Australia: Author. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/content/chronic-disease>
126. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)
127. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/indicator/beh\\_smo\\_age](http://www.healthstats.nsw.gov.au/indicator/beh_smo_age)
128. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)
129. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_bmi\\_age](http://www.healthstats.nsw.gov.au/Indicator/beh_bmi_age)
130. Australian Bureau of Statistics. (2014). Australian Health Survey: First Results, 2014-2015. Canberra, Australia: Author. Retrieved from [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/\\$File/national%20health%20survey%20first%20results,%202014-15.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CDA852A349B4CEE6CA257F150009FC53/$File/national%20health%20survey%20first%20results,%202014-15.pdf)
131. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney, Australia: NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_alc\\_age/beh\\_alc\\_age](http://www.healthstats.nsw.gov.au/Indicator/beh_alc_age/beh_alc_age)
132. Australian Bureau of Statistics. (2014). Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011 - 2012. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.007main+features7102011-12>
133. NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Retrieved from [http://www.healthstats.nsw.gov.au/Indicator/beh\\_veg\\_stage/beh\\_veg\\_stage\\_trend?&topic=Health-related%20behaviours&topic1=topic\\_beh&code=beh](http://www.healthstats.nsw.gov.au/Indicator/beh_veg_stage/beh_veg_stage_trend?&topic=Health-related%20behaviours&topic1=topic_beh&code=beh)
134. Victoria Government. Department of Health. (2013). Improving men's health and wellbeing: strategic directions. Melbourne, Australia: Author. Retrieved from <https://www2.health.vic.gov.au/Api/downloadmedia/%7BF15A3A14-CA06-4E11-8D57-F2E96DE09A43%7D>
135. Australian Bureau of Statistics. (2012). Australian Social Trends, Jun 2012. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Jun+2012>
136. Australian Bureau of Statistics. (2012). Australian Social Trends, Jun 2012. Canberra, Australia: Author. Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Jun+2012>
137. NSW Ministry of Health. (2016). NSW STI Strategy 2016 - 2020. Sydney, Australia: Author. Retrieved from [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016\\_005.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_005.pdf)
138. NSW Ministry of Health. (2016). NSW HIV Strategy 2016 - 2020. Sydney, Australia: Author. Retrieved from <http://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.pdf>
139. NSW Ministry of Health. (2016). NSW HIV Strategy 2016 - 2020. Sydney, Australia: Author. Retrieved from <http://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2016-2020.pdf>
140. The Kirby Institute. (2017). HIV, viral hepatitis and sexually transmissible infections in Australia. Sydney, Australia: University of NSW. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP\\_Annual-Surveillance-Report-2017\\_compressed.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_Annual-Surveillance-Report-2017_compressed.pdf)
141. The Kirby Institute. (2016). National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Report. Sydney, Australia: University of NSW. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP\\_National-BBV%26STI-Surveillance%26Monitoring-Report-2016\\_UPD170627.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_National-BBV%26STI-Surveillance%26Monitoring-Report-2016_UPD170627.pdf)
142. NSW Ministry of Health. (2016). NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to December 2016 Data Report. Sydney, Australia: Author. Retrieved from <http://www.health.nsw.gov.au/sexualhealth/Documents/nsw-sti-2016-annual-report.pdf>
143. The Kirby Institute. (2016). National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Report. Sydney, Australia: University of NSW. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP\\_National-BBV%26STI-Surveillance%26Monitoring-Report-2016\\_UPD170627.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_National-BBV%26STI-Surveillance%26Monitoring-Report-2016_UPD170627.pdf)
144. NSW Ministry of Health. (2016). NSW Sexually Transmissible Infections Strategy 2016 - 2020 January to December 2016 Data Report. Sydney, Australia: Author. Retrieved from <http://www.health.nsw.gov.au/sexualhealth/Documents/nsw-sti-2016-annual-report.pdf>
145. The Kirby Institute. (2016). National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Report. University of NSW. Sydney, Australia: Author. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP\\_National-BBV%26STI-Surveillance%26Monitoring-Report-2016\\_UPD170627.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_National-BBV%26STI-Surveillance%26Monitoring-Report-2016_UPD170627.pdf)
146. The Kirby Institute. (2016). National Blood-borne Viruses and Sexually Transmissible Infections Surveillance and Monitoring Report. University of NSW. Sydney, Australia: Author. Retrieved from [https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP\\_National-BBV%26STI-Surveillance%26Monitoring-Report-2016\\_UPD170627.pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_National-BBV%26STI-Surveillance%26Monitoring-Report-2016_UPD170627.pdf)
147. Commonwealth Department of Health. (2017). National Notifiable Diseases Surveillance System (NNDSS). Canberra, Australia: Author. Retrieved from <http://www9.health.gov.au/cda/source/cda-index.cfm>
148. Hull, P et al. Gay Community Periodic Survey: Sydney 2017. Centre for Social Research in Health. Sydney, Australia: University of NSW. <http://doi.org/10.4225/53/59598c5643b4d>
149. Adams, P.C.G. et al. It's Your Life: a new periodic survey on sexual health among young people in NSW. Centre for Social Research in Health Sydney, Australia: University of NSW. <http://doi.org/10.4225/53/5971450a427b9>

