

Engaging Men

In primary care settings



HEALTHY MALE
ANDROLOGY AUSTRALIA

- There is a myth that men don't visit their doctor. In fact, most men 40+ years have visited a doctor in the last 12 months. But compared to women, men visit the doctor less often, have shorter consultations and tend to see their GP later in the course of their illness
- A range of barriers appear to exist for men seeking help, particularly if the topic is of a sensitive nature
- Discussing sensitive issues such as mental health, sexual dysfunction or reproductive health is a shared responsibility between patient and doctor
- It is important for GPs to maximise opportunities to engage men effectively

The GP's role

- The GP is often the first point of contact for men when they decide to seek help for their health concerns
- The GP is ideally placed to effectively engage men in discussions about their health
- GPs can play a leading role in identifying, assessing and managing major physical and mental health concerns faced by men
- GPs are the primary source of help for sexual difficulties in men and women of all ages, particularly for older couples

What influences men's interaction with GPs^{1,2}

- Men are often influenced by their partners and friends when thinking about seeking help
- Metaphors comparing men's bodies to cars have been used in health promotion to enhance men's understanding of preventable risk factors, although it may not appeal to all men
- Displaying and disseminating health information in the local community may improve men's health awareness and encourage men to visit their GP regularly
- Creating more 'male friendly' environments by i) using men's health displays ii) acknowledging the challenges men face in making and waiting for appointments iii) providing a broad range of services and iv) providing evening appointments. However, the effectiveness of 'male friendly' environments should be tested at a local clinic level
- The perception of mental health conditions such as depression and anxiety as weaknesses as opposed to physical illnesses can act as a barrier to seeking help. It's important that GPs reinforce the message that depression and anxiety are illnesses that can be managed in most cases like any other illness
- The gender of the GP does not matter, except when dealing with issues related to sexual or reproductive health where a male may be preferred by some men, particularly for older men
- In older men and/or couples, barriers to sexual health help seeking include the GP's personal attitudes towards sexuality, the perceived relationship with the GP and a preference for the GP to be the same age

¹ Harris MF et al., Med J Aust 2006; 185:440-4

² Gott M et al., Fam Pract 2003; 20:690-5

What influences GPs interaction with men?³

- The amount (or lack) of time a GP has for a consultation
- The nature of the relationship with the patient, e.g. a new/ established patient; appreciation of the individual's background
- Religious, cultural and communication barriers of the GP
- The perceived patient reluctance or embarrassment to discuss sensitive issues
- GP embarrassment or attitude to discussing sexual or mental health
- The GP's level of knowledge in sensitive areas such as sexual or mental health
- Stereotyping men with respect to their health concerns and needs, e.g. older men are less likely to have sexual issues; men don't have depression
- The gender and age of the GP, i) a male GP may be preferred and ii) the younger the GP and the greater the age difference can influence the discussion of sexual issues

³ Andrews CN et al., Aust Fam Physician 2007; 36:867-9

Strategies for GPs to engage men in discussion about their health⁴

- Stating facts clearly during consultations
- Using terminology that is easily understood
- Providing written information for patients to read after consultations
- Listening to and responding to patient needs to facilitate an empathetic style of communication based on respect and trust
- Aiming to deal with a man's health issues quickly and comprehensively
- Referring patients onto specialists when required, particularly if the problem remains unresolved
- Keeping abreast of the latest developments and conveying these during consultations
- Applying and explaining the role of 'new' knowledge to patients when making diagnoses
- Alleviating the perceived seriousness of health concerns by using humour thoughtfully to facilitate the building of rapport
- Being proactive and sensitive in managing patients' sexual and mental health concerns via:
- Routine sexual and mental health history taking, within medical histories
- Asking about sexual and mental health when risk factors are evident

⁴ Smith JA et al., Med J Aust 2008; 189:618-21

How do I approach sensitive issues?

- GPs need to be comfortable to talk to their patients about sensitive issues. A lead-in sentence to engage men should be a common and comfortable question.
- *“Are there any other issues you want to talk about... your relationship, family/work stress, feeling down?”*
- *“Many men experience periods of feeling down, but find it difficult to talk to anyone about it. I can help you, if you are having problems.”*
- *“Many men [of your age/with your condition] experience sexual difficulties. If you have any difficulties, I am happy to discuss them.”*
- *“It is common for men with [diabetes/high blood pressure/heart disease] to experience erectile problems. I can help you, if you are having problems.”*
- *“How are things going with your sex life?”*

What qualities do men value when communicating with GPs?⁴

Adopting a frank approach

Being concise, direct and matter-of-fact when communicating with men in primary care settings.

- *“I prefer him [GP] because... he doesn't beat around the bush. He tells you what is what.”*
- *“I like straightforwardness... my doctor's very straightforward.”*

Demonstrating professional competence

The perceived confidence and knowledge conveyed by the GP and dexterity with physical tasks.

- *“She ah, impresses me, as knowing what she's talking about.”*
- *“As long as they can do the job properly... As long as they're competent I couldn't care less.”*

Using humour thoughtfully

More than just sharing a joke – it is about facilitating a ‘laid back’ and ‘friendly’ environment in which men feel comfortable to speak openly about their health concerns.

- *“A good laugh a day never hurt anyone, you know.”*
- *“A sense of humour wouldn't go astray you know, because quite often it can sort of alleviate the seriousness.”*

Showing empathy

The ability to communicate easily, at the same level as the patient, and listen and understand from the patient's perspective.

- *“You want to find someone who you can approach and talk to – and talk in terms that you can understand what is going on.”*
- *“With doctors, like with anybody, if you don't get on the same wave length, if you don't feel comfortable with them, then you find someone else.”*

Resolving health issues promptly

Men value GPs who resolve health issues promptly.

- *“I just want someone who can do their job, someone who I feel confident in, someone who doesn't mess me around. If he doesn't know, he sends you to a specialist straight away.”*
- *“I don't want someone who shrugs me off, because I only go when I am really bad.”*

⁴ Smith JA et al., Med J Aust 2008; 189:618-21

Debunking myths about men's engagement in health services

Myth	Reality	Implications for health service provision
Men 'behave badly' and don't seek help	Men do seek help... often after a period of self-monitoring to see if the problem resolves	<p>Appreciating some men actively monitor their health prior to seeking help</p> <p>Taking time to understand men's previous illness experiences</p> <p>Recognising men may seek help to maintain regular activities, e.g. for sporting activity rather than improving health</p> <p>Understanding that perceived illness severity may influence the decision to seek help</p>
Men don't talk about their health	Men do talk about their health... if provided with the right environment in which to do so, particularly when using health services	<p>Adopting a frank approach</p> <p>Demonstrating professional competence</p> <p>Using humour thoughtfully</p> <p>Showing empathy</p> <p>Resolving health issues promptly</p> <p>Ensuring sufficient time for discussion by offering a long consultation</p>
Men don't care about their health	Men do care about their health... if we take time to understand how they conceptualise health and health care	<p>Listening to the way men speak about their health and understanding what is important to them (improving their health may be important to family/relationships)</p>
Traditional concepts of masculinity explain why men don't seek help	Traditional masculine traits intersect with other physiological, sociological and cultural aspects of men's lives when they are deciding to seek help	<p>Recognising traditional masculine traits (independence) can be used to promote self care</p> <p>Appreciating age, sexual orientation, cultural background and occupation shape the way masculine traits are perpetuated by men in daily life</p> <p>Appreciating the importance of cultural background so information is not missed</p> <p>Acknowledging older men may see the GP as the 'expert' and allow them to make decisions on their behalf, whereas young men may be more informed (e.g. via the internet) of alternative option</p>
'Real men don't cry' and therefore don't use mental health services	Men do use mental health services if they are tailored to men's needs, e.g. Mensline Australia 1300 789 978	<p>Recognising men are at risk of depression and anxiety</p> <p>Informing men that depression is an illness, not a weakness and effective treatments are available</p> <p>Acknowledging men are more likely to describe the physical symptoms of depression (feeling tired, losing weight), rather than saying they feel low</p>
Older men are not sexually active or sexually capable	Men aged over 70 years are still having sex (37% of this age group). The most common reason for not having sex is the lack of a partner	<p>Being proactive in managing sexual health in older patients</p> <p>Not dismissing questions about sexual health</p> <p>Discussing sexual problems when other chronic conditions (e.g. diabetes) may exist</p>
Health services meet the needs of men	It cannot be assumed that current health services and providers are able to engage men effectively to support their health care needs	<p>Reassessing your clinic's services, e.g. clinic times</p> <p>Developing strategies to promote services specifically for men</p> <p>Understanding the qualities men value when visiting their GP</p>