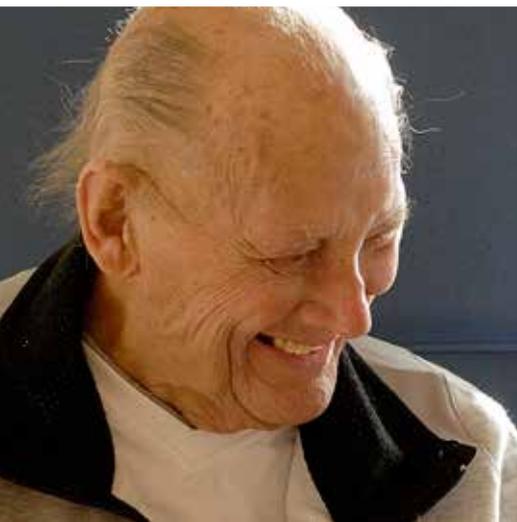




The  
Queen's  
Nursing  
Institute

# Men's Health

Nurse-led Projects in the Community



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The wide range of nursing roles in the community enables nurses to work with men to improve their physical, mental and emotional health.



Foreword

The Queen’s Nursing Institute (QNI) has a long and successful history of supporting the delivery of nurse-led innovation projects in the community. These projects have allowed hundreds of nurses in diverse community specialisms to benefit tens of thousands of patients with complex, long term conditions at all stages of life.

Nurses working in the community are highly motivated to improve the health of the people they work with – patients, their families and carers – and the wider community they live in. With support from the QNI, they can deliver successful and innovative projects when they have never had any previous experience of project leadership and management.

There are specific and well documented challenges to improving the health of male patients of all ages. The wide range of nursing roles in the community – and their diverse and holistic approaches to care – enables nurses to work with men to improve their physical, mental and emotional health.

The outstanding success of the nine men’s health projects described in this report clearly demonstrate the impact and long-term benefit of nurse-led interventions, which inspired the QNI to commission this publication.

I would like to thank Peter Baker for his inspiration in bringing together these project summaries, which clearly demonstrate the power of nurses working in these services to improve men’s health and to the Burdett Trust for Nursing for their generous support.

A handwritten signature in black ink, appearing to read 'Crystal Oldman'.

Dr Crystal Oldman CBE, Chief Executive

Funded by the Burdett Trust for Nursing





Introduction

# Nurses have played a leading role in many of the UK's biggest men's health projects and have been central to many smaller-scale initiatives.



## Introduction

This report aims to provide information and guidance to community nurses who want to work more effectively on men's health. At its core is information about a range of men's health and wellbeing projects that the QNI supported in 2017 with funding from the Burdett Trust for Nursing. The report also includes wider information about men's health including details of additional information and support.

Even though just over 10% of nurses are male, the nursing profession has been in the forefront of men's health work in the United Kingdom (UK). The Men's Health Forum, the leading national charity working in the field, was originally set up by the Royal College of Nursing in 1994. The UK's only two professors of men's health, Alan White and Steve Robertson, began their careers as nurses.

Nurses have played a leading role in many of the UK's biggest men's health projects, such as Bradford Health of Men<sup>1</sup>, the Preston Men's Health Project<sup>2</sup> and the Well Man Health Service Pilot Project in Scotland<sup>3</sup>. They have been central to many smaller-scale initiatives. For example, work to engage men through health checks delivered in pubs and at other 'male-friendly' venues such as motorway service stations was pioneered by a nurse, Jane Deville-Almond<sup>4</sup>. Nursing journals have also regularly covered men's health issues.

The projects supported by the QNI therefore build on the significant work already delivered by nurses in the UK over the past 25 years. They are especially relevant because they are recent and demonstrate how men's health can be addressed effectively within the current NHS structures and at a time when the demands on all health service practitioners are greater than ever.

## Background

The Burdett Trust for Nursing's empowerment grants programme for 2016 focused on men's health, specifically 'Men's Health and Emergent Longer-term Conditions.' The aim was to support nurse-led projects that helped to define proactive strategies and interventions promoting better self-care and reversing the negative impact of undetected and untreated longer-term health problems in men. About £950,000 was invested in eight grants which were used to support 16 projects across the UK.

The QNI received a grant of £105,000 which it used to deliver a Fund for Innovation and Leadership (FFIL) programme

that would enable community and primary care nurses to develop new approaches focusing specifically on men's health. The QNI's FFIL programme supported nine of the 16 projects funded by the Burdett Trust.

The QNI men's health projects were:

- AHEAD
- Best Foot Forward
- The Blues Boys
- The Healthy Man
- The Light Bulb Course
- My PSA Passport
- Play Safe, Stay Safe
- Way to go
- We seek him here

These projects covered a very wide range of physical and mental health issues, including improving men's uptake of National Health Service (NHS) Health Checks and their wider use of general practice, engaging military veterans with Post-Traumatic Stress Disorder (PTSD) in a new treatment programme and enhancing the health and wellbeing of men taking antipsychotic medication, providing a foot care service to homeless men, increasing the uptake of sexual health screening by university students, supporting men who are transitioning to fatherhood and engaging obese men in the pre-retirement age range in a weight management programme.

The other Burdett Trust projects covered a similarly wide range of issues, such as health checks and lifestyle change for men with prostate cancer, tackling mental health issues linked to erectile dysfunction, improving the sexual health of male offenders and addressing post-cancer diagnosis self-care and self-management for men in paid work.

## Why address men's health

Men's health has been described as a global problem 'hiding in plain sight.'<sup>5</sup> This is because the largely obvious and significant health burden borne by men (see Box 1) has not received the attention and response that is needed if it is to be tackled effectively. The vast majority of countries have not developed strategies or programmes for men specifically. Only three countries around the world – Australia, Brazil and Ireland – are known to have introduced national men's health policies.

There are many compelling reasons for addressing men's health beyond the simple need to reduce human suffering

whenever possible. There is, first of all, a powerful human rights argument for action: the World Health Organisation (WHO), of which the UK is a member, believes that the 'highest attainable standard of health as a fundamental right of every human being.'<sup>6</sup> This right clearly applies to men just as it does to every other population group.

In the UK, there is also a legal duty on health providers to act. The Equality Act 2010 and the Health and Social Care Act 2012 require action to be taken to address a range of inequalities, including gender inequality. The NHS Constitution, which services must take into account, also states that 'the NHS provides a comprehensive service available to all' irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.<sup>7</sup> The Constitution goes on to say:

'The [NHS] is designed to diagnose, treat and improve both physical and mental health. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.'

There are compelling economic reasons for tackling men's health. Put simply, unhealthy men are expensive. One study estimated the annual cost of male morbidity and mortality to be £365 billion for the USA alone<sup>8</sup> while the economic burden associated with smoking, excess weight, alcohol and physical inactivity in Canadian men is believed to be about £21 billion a year.<sup>9</sup> It is therefore highly probable that improved male health would lead to economic benefits in

#### Box 1: Men's Health in the UK: Key Facts

- ✦ A boy born in the UK in 2014-16 can expect to live for 79 years and a girl for 83 years, a four-year difference.<sup>10</sup> He has a 21% chance, and she has a 32% chance, of surviving to 90.
- ✦ Life expectancy at birth among the most deprived males in England in 2014-16 was 74 years, compared with 83 years among the least deprived, nearly a decade difference.<sup>11</sup>
- ✦ Men are much more likely to die prematurely (under 75 years). In England and Wales in 2016, 61% of all male deaths were under 75 compared to 26% of female deaths.<sup>12</sup>
- ✦ About 60% of all 'avoidable' deaths in England and Wales in 2016 were male. (Avoidable deaths are those that could have been avoided by public health interventions or in cases treatable by good quality healthcare.)<sup>13</sup> 29% of all male deaths were from avoidable causes compared with 19% of all female deaths.
- ✦ Healthy life expectancy at birth among the most deprived males in England in 2014-16 was 52 years, compared with 70 years among the least deprived, almost two decades of life in "Good" general health less.<sup>14</sup>
- ✦ Men are more likely than women to develop and die from cancer. The age-standardised incidence rate for all cancers in the UK in 2015 was 22% higher in men and the mortality rate was 44% higher.<sup>15</sup>
- ✦ Suicide rates are higher in men. Around three-quarters of all suicides in 2016 in the UK were male.<sup>16</sup>
- ✦ Men are more likely to carry excess weight. In England in 2015, 68% of men were overweight/obese compared to 61% of women.<sup>17</sup>
- ✦ Men are more likely to take risks with their health. In England in 2015, more men (53%) did not eat the recommended number of fruit and vegetables (5-a-day) than women (43%) and more men (19%) were current smokers than women (15%).<sup>18</sup> In 2016, 31% of men and 16% of women usually drank at increased or higher risk of harm (i.e. more than 14 units of alcohol a week).<sup>19</sup>
- ✦ Symptom awareness tends to be lower in men. One study found that men in England were less likely than women to recognise all but one of a range of common cancer symptoms. The largest gender difference was for recognition of 'change in the appearance of a mole'. The odds of recognising this symptom were 60% higher in women than men.<sup>20</sup> There is also evidence that most overweight and obese men are unaware of their increased risk of developing Type 2 diabetes.<sup>21</sup>
- ✦ Men are less likely to use primary healthcare services. One large UK study found that, overall, men had a 32% lower consultation rate in general practice. The biggest difference was in the working-age group.<sup>22</sup> Men also have a lower uptake of NHS Health Checks.<sup>23</sup>
- ✦ Men are significantly less likely than women to seek professional help for mental health problems.<sup>24</sup>

## Programmes that take account of gender differences and male sensibilities are much more likely to work than many 'one size fits all' approaches.



the UK and that these would be particularly welcome at a time when healthcare costs are spiralling.

Better men's health is likely to lead to better health for women and children. Reduced levels of sexually transmitted infections in men would clearly be beneficial to women's sexual and reproductive health but, more widely, improved health outcomes for men would reduce men's dependency on female carers, boost family incomes and impact on violence linked to mental health problems and substance misuse.

Robust evidence on how to deliver health services that meet men's needs effectively is now increasingly available. (The most accessible evidence is listed in the Resources chapter of this report.) Much of this is based on evaluations of interventions with different groups of men as well as on research into men's attitudes, behaviours, needs and preferences. It is now very clear that programmes that take account of gender differences and male sensibilities are much more likely to work than many 'one size fits all' approaches.<sup>25</sup> This has been obvious to commercial organisations for many years which is why, for example, Pepsi and Coca Cola introduced Pepsi Max and Coke Zero respectively to complement their 'Diet' brands which mainly appealed to women.

Traditionally, health-related work with men has focused on their 'deficiencies' and tended to blame them for their health problems.<sup>26</sup> There is now a greater awareness of how gender role norms have impacted on men and also on

the way health policymakers and providers have responded (or not) to men's needs.<sup>27</sup> There is a recognition that, far from all men being simply 'reckless and feckless', many are already interested in health and actively engaged in self-care and self-management and that significantly more men would do so if provided with the right opportunities. The most effective approaches acknowledge men's difficulties with respect to their health but attempt to build on their strengths and to work with them in a positive and supportive way.

There is no national men's health policy for the UK, but the WHO European region, which covers 53 countries including the UK, plans to publish its first men's health strategy in 2018. This will set out a wide range of measures that health services and others can take to improve the health and wellbeing of men and boys. The strategy is not binding on member states but aims to be a catalyst for action. It could help to create a climate in which it is easier for nurses and other health professionals to make the case for commissioning and developing men's health projects and initiatives.

### The QNI projects

The following section of the report provides more information about the nine men's health projects supported by QNI. It is based on responses to a survey created specifically for this report completed by the project leads.

All patient names have been changed to preserve confidentiality.



## The QNI Projects - Ahead

“Mike had just thought his asthma was ‘playing up’ and he was getting old. He said that if he had not attended his review then it was highly likely that he would have had a heart attack at any time or even died. He asked the HCA to let me know that I had saved his life and he was so grateful for the review.” Project Lead

The main reason why men avoided health checks was actually due to a fear of blood tests, blood pressure checks and finding a problem with their health.

\*\*\*\*\*

## AHEAD

Darwen Healthcare, Lancashire

### Project aims

- To improve the uptake of men aged 40-65 attending NHS Health Checks, and respiratory, cardiovascular and diabetes chronic disease reviews in general practice.
- To reduce the risk of diabetes, heart disease, smoking rates and increase the uptake of flu and pneumococcal immunisations.

### Rationale for the project

- Audit data for 2016/2017 showed that there was a higher uptake of female patients attending NHS Health Checks (52%) following invitations than male patients (37%).
- Fewer men attended chronic disease reviews when invited.
- The practice wanted to create a successful project that would be sustainable and also transferable to other settings.

### Project methodology

- Male patients who had already declined three previous invitations to attend either a health check or a chronic disease review were identified and targeted.
- Extra evening appointments were introduced.
- Men were initially invited for a blood test which was followed up by a health check appointment at their convenience where a member of the nursing team went through the results with them.
- At an early stage in the project, it was identified that several men had elevated blood pressure readings at their health check appointment. It was therefore decided that a blood pressure reading would be obtained at the initial blood test appointment and then a further reading would be taken at the review appointment.
- The practice team used motivation techniques to increase the uptake of men. Posters, promotion banners, the practice website and the Patient Participation Group were utilised.

- A 61% response rate to NHS Health Check invitations was achieved. 407 men attended compared to 158 in the previous year.
- 52 new cases of chronic disease (hypertension, diabetes, asthma, chronic obstructive pulmonary disease [COPD], mental health, coronary heart disease or stroke) were detected.
- 118 males were screened for COPD specifically (in the previous year only 60 were screened). 10 patients were confirmed with a new diagnosis of COPD.
- The pre-diabetic register increased from 55 male patients in the previous year to 112 male patients.
- There was increased attendance at the lifestyle programme for pre-diabetes run by Health Care Assistants (HCAs) and General Practice Nurses.

### Project sustainability

- The practice focuses on achieving sustainability across all its successful projects.
- Junior clinical and non-clinical staff have been upskilled to engage with the target population.
- Administrative systems have been established that will enable continued engagement without the need for additional ongoing costs.
- The additional clinic costs were funded by the practice and embedded in the annual staff budget to ensure sustainability.

### New learning about working with men

- The project's initial working hypothesis was that men did not attend health checks because the appointments offered were at inconvenient times and more evening appointments would be needed.
- Conversations with men who did attend revealed that the main reason why men avoided health checks was actually due to a fear of blood tests, blood pressure checks and finding a problem with their health.

### For more information

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## The QNI Projects - Best Foot Forward

“I didn’t think such a simple idea would make such a difference. We started off having to cajole people to take part and now have service users recommending it. One of them said he couldn’t believe that someone would want to do this for him and that it was one of the most relaxing hours that he’d spent in a very long time.” Project lead

Some of the most marginalised members of the population attended on a regular basis. The foot care of all who attended was improved and one client's foot possibly saved.



**BEST FOOT FORWARD**  
Heart of Bath GP partnership

**Project aims**

- To provide high-quality foot care and improve the health of homeless men.
- To establish a one-to-one podiatry clinic once a month on a drop-in basis.
- To enable the purchase of socks and equipment such as nail clippers, foot products and files to promote self-management of foot care.

**Rationale for the project**

- Poor foot care and subsequent health-related problems are particularly problematic for homeless people who are often leading chaotic lives. Neglect can cause sore and painful ulcers which can sometimes lead to foot loss.
- Service users can find maintaining appointments a challenge and often impossible due to their personal circumstances.
- The problems that homeless people present with can go beyond the knowledge and ability to treat of a GP practice but service users would not be eligible to use local NHS podiatry services.
- Service users lack access to facilities to carry out basic self-care such as soaking and washing their feet and changing their socks regularly.

**Project methodology**

- The new monthly drop-in foot clinic was promoted by posters, outreach teams and word-of-mouth.
- A specialist foot health practitioner was available at the monthly drop-in session.

- Service users were able to drop in at any time during normal surgery opening times to wash and soak their feet and exchange their socks for a new pair.
- Records were kept of attendance figures, sock stock and distribution of foot care packs and also the general condition of foot health.

**Outcomes**

- 32 homeless men were engaged and came to the sessions but also took care of their own foot health.
- Some of the most marginalised members of the population attended on a regular basis.
- The foot care of all who attended was improved and one client's foot possibly saved.
- While service users were having their feet attended to, they would often open up about other health issues.

**Project sustainability**

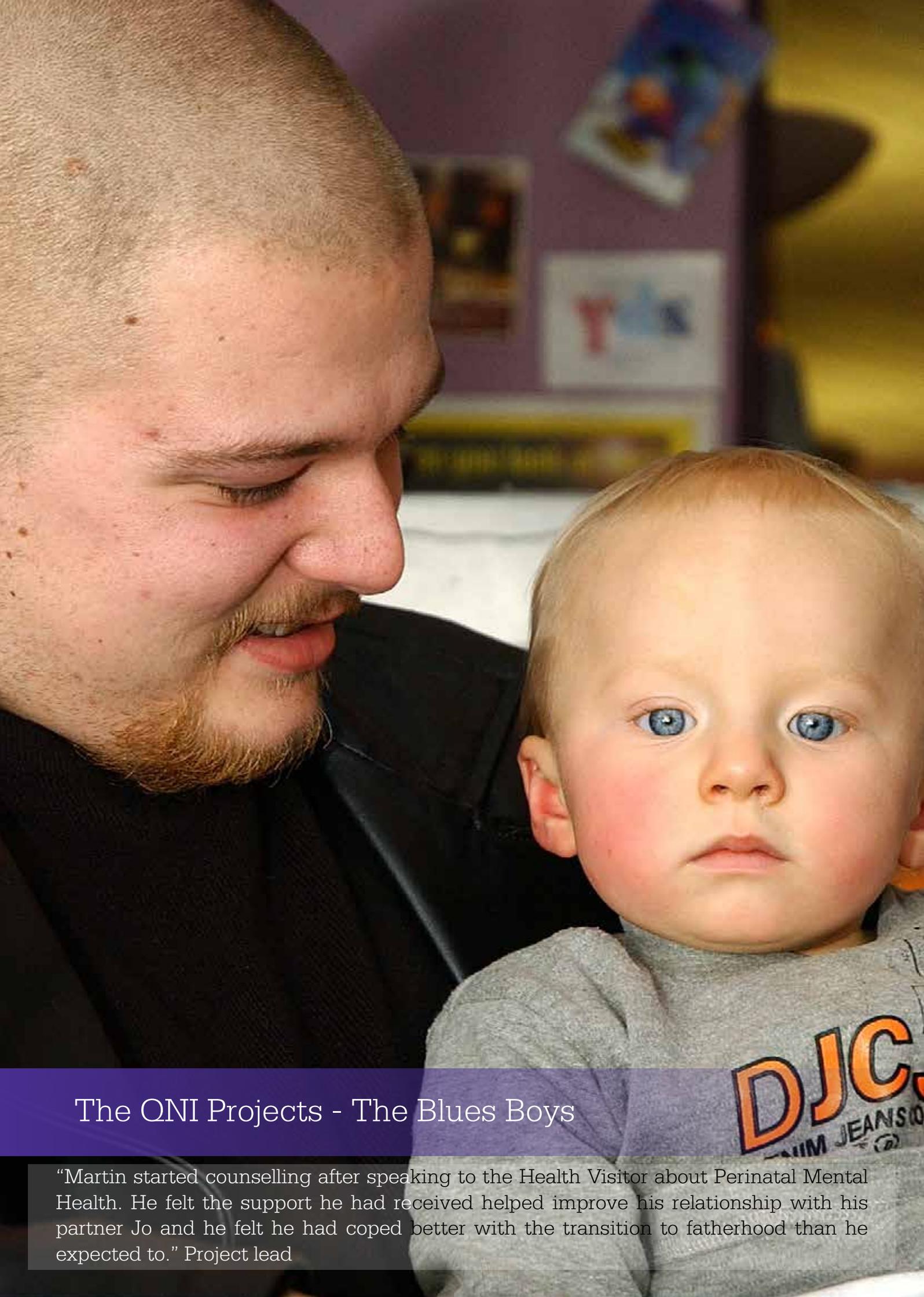
- It is anticipated that the project will continue once the grant money has been spent.

**New learning about working with men**

- Men are very embarrassed about showing health practitioners their feet.
- Practitioners must be prepared to be proactive and persistent to get men to attend.
- Men often only seek help when they are absolutely desperate and in agony.

**For more information**

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## The QNI Projects - The Blues Boys

“Martin started counselling after speaking to the Health Visitor about Perinatal Mental Health. He felt the support he had received helped improve his relationship with his partner Jo and he felt he had coped better with the transition to fatherhood than he expected to.” Project lead

20% of men who completed the EPDS were identified as having pPND. Other men scored in the normal range but identified that they were struggling with their mental health.



## THE BLUES BOYS

City Health Care Partnership CIC, Hull

### Project aims

- To increase Health Visitors' knowledge about men's transition to fatherhood with a particular focus on paternal postnatal depression (pPND).
- To promote recognition of the mental health needs of both parents in the perinatal period (pregnancy, birth and beyond).
- To raise awareness of the need to engage with fathers, identify the barriers that inhibit the process, promote a better understanding of the issue and determine how health visitors can act in a supportive and inclusive way.
- To put in place strategies to meet identified needs and aim to improve the engagement of fathers.

### Rationale for the project

- The Health Visiting service is often perceived as a purely mother/child-centric service and can unknowingly act as a barrier to fathers.
- Health Visitors are in a prime position to support fathers as well as mothers with their transition to parenthood.
- Approximately 10% of fathers<sup>28</sup> experience post-natal depression. Despite robust evidence of pPND, it has not been recognised in current policy and is not discussed more widely in society.
- The National Institute for Health and Care Excellence (NICE) recommends the use of the Edinburgh Postnatal Depression Scale (EPDS) screening tool as best practice for mothers but there is no recommendation about screening fathers in the current guidance.

### Project methodology

- Support for the initiative was secured from the Health Visiting service itself but also, as a result of consultation work, from key partner organisations.
- Health Visitor knowledge of pPND was improved through a new bespoke training programme, 'Engaging Fathers and Men's Health'.
- 19 Health Visitors took part in the screening/intervention phase of the project which involved fathers completing the EPDS. This was undertaken following a wider, inclusive discussion about perinatal mental health when the Health Visitors were visiting both mothers and fathers-to-be as part of the core contact offered by the service.
- Men were also engaged through opportunistic initiatives, e.g. the local maternity services' monthly antenatal event though which over 1,000 fathers-

to-be were reached through talks on 'Men's Health', 'Preparation for fatherhood' and 'Paternal post-natal depression.'

- A leaflet on perinatal mental health for mothers and fathers was produced.
- Communication briefings were sent to local media which resulted in a newspaper article and two radio interviews.
- To widen the project's reach further, social media was used to connect with other like-minded professionals. Project staff also attended regional Perinatal Mental Health network events in Durham and London.

### Outcomes

- Over 50 staff have participated in the 'Engaging Fathers' training programme which has been positively evaluated.
- An increase in Health Visitor knowledge about detecting pPND.
- An increase in Health Visitor confidence about supporting and understanding the needs of fathers.
- During the screening phase of the project, 462 fathers were present at 851 New Birth visits (54%).
- 20% of men who completed the EPDS were identified as having pPND. Other men scored in the normal range but identified that they were struggling with their mental health.
- A significant input into the development of a city-wide multi-agency 'Engaging with Men & Fathers Strategy'.

### Project sustainability

- The staff training programme has underpinned the creation of a more father-inclusive Health Visiting service in Hull.
- Changes to the electronic record-keeping processes have enabled men/fathers to be 'kept in mind'.

### New learning about working with men

- Listen to men
- Support them to develop a language that helps them articulate how they are feeling
- Value what their story is and be interested
- Ask for their opinion on problems that they could help to solve
- Respect their role as new fathers and help them gain confidence and competence.

### For more information

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## The QNI Projects - Healthy Man

“The nurses helped by making the solutions with me, they broke down problems and actions in a way I could understand and try myself, they understood it was hard for me and went at my pace.” Client

10% of patients achieved a measured weight loss demonstrable by a reduction in waist circumference of between 7 - 20cms.



**HEALTHY MAN: IMPROVING THE PHYSICAL HEALTH OF MEN DIAGNOSED WITH PSYCHOTIC ILLNESS**

Rotherham, Doncaster and South Humber NHS Foundation Trust

**Project aims**

- To expand and enhance targeted clinics designed to support medication management, physical health assessment and also social prescribing to enable an improvement in the physical, mental and social health of men with psychotic disorders.

**Rationale for the project**

- To address a locally-identified need in patients accessing clinics with high levels of side effects from prescribed psychiatric medication and poor physical and psychological health.
- The experience of patients mirrored national concerns about the mortality gap for people with Severe Mental Illness (SMI).

**Project methodology**

- An action research cycle method was used following these seven stages:
  1. Mapping exercise, comprising a locality-wide database search of all men in the community mental health service.
  2. Clinics were assessed for their capacity to undertake physical health checks and for workforce upskilling about physical health literacy and signposting to structured lifestyle interventions personalized to the needs of the presenting person.
  3. Research focus groups with patients, carers and peer support workers.
  4. Nursing staff monitored the number of people who accessed the medication and social prescribing clinic and enhanced the service provided.
  5. The peer support workers and patient governors took part in focus groups to ascertain patients' experience.
  6. Work with clinic staff to enable the clinics to introduce more wellbeing literature and targeted health cards to increase personal responsibility for wellbeing.
  7. Clinic evaluation concerning patient and staff perception, and also evaluating patient outcomes with respect to smoking cessation, weight management, participating in physical exercise, subjective measurements of health and wellbeing, and cardiometabolic parameters.

**Outcomes**

- The project engaged 50 patients with positive results measured through both quantitative and qualitative data.
- 21% of all patients attending the clinics engaged in active smoking cessation and reduced their smoking.
- 46% of attendees lowered their blood glucose level during clinic attendance by between 1-6 mmols.
- 28% of patients had a waist circumference over 102cm. 10% of patients achieved a measured weight loss demonstrable by a reduction in waist circumference of between 7-20cms.
- Two serious heart problems were detected, resulting in urgent cardiology referrals.
- Exercise programmes and social activities were prescribed resulting in 38% of patients achieving a blood pressure within a healthy range rather than within the 'at risk' range.
- There were several additional benefits for patients and carers who supported the design and delivery of the project, e.g. they gained free training about becoming patient researchers thereby improving their employability; they were involved in producing a video which will be instructive for other patients who wish to take on similar research roles; and they have commented on how their confidence has improved through engagement with the project.

**Project sustainability**

- An internal evaluation has been positive and the project and is being considered as a model for other care pathways in the Trust.

**New learning about working with men**

- Small changes can make big differences for men with long-term conditions.
- Leaving home and attending a clinic with others in itself is a social activity that increases mobility and interaction, all of which can benefit mental health and well-being.
- Health literature should take account of the differing literacy levels of the patient group.
- Engage those who have had success in clinics themselves in order to support others. This helps them build upon their own recovery and also can improve engagement with new patients, who at times may not value someone who does not have the same experience as themselves.
- Utilise enhanced clinics as education platforms for student nurses, doctors and GP trainees.

**For more information**

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## The QNI Projects - The Light Bulb Course

“Henry said that these interventions have allowed him to ‘feel steady and ready’ to engage more fully in the future.” Project lead

Coming from a 'macho' military culture, many veterans with mental health problems often report feeling ashamed of their 'invisible injuries.'



### THE LIGHT BULB COURSE

NHS TILS (Transition Intervention and Liaison Service), London and South East England

#### Project aims

- To help male military veterans suffering from Post-Traumatic Stress Disorder (PTSD) better understand their symptoms and how they might manage and mitigate the effects of these.
- To develop an innovative psycho-education and skills-training course designed with and for hard-to-engage veterans specifically.

#### Rationale for the project

- There are 2.6 million veterans in the UK and about 4% of them have PTSD,<sup>29</sup> around 100,000 at any one time.
- Many men, and in particular those who conform strongly to traditional masculine norms, are resistant to seeking out, or engaging in, the standard evidence-based psychological treatments – or 'talking therapies' – recommended for mental health problems.
- There is a growing awareness amongst mental health professionals that psychological interventions may need to be adapted in order to offer men the same care that is currently available to women.
- Veterans in particular are likely to experience a variety of barriers preventing them from accessing mental health services. Coming from a 'macho' military culture, many veterans with mental health problems often report feeling ashamed of their 'invisible injuries'.

#### Project methodology

- The Light Bulb Course was designed as an educational course delivered in a classroom-like setting over five weekly 90-minute sessions.
- A manual was developed for the Light Bulb Course for the use of facilitators. The issues covered included: making sense of trauma; the roles of alcohol, substances and sleep; the role of avoidance in maintaining trauma; how thoughts can be used to overcome these effects; and how to make sure the progress made during the course is taken forward into day-to-day life.
- During the start of each course, clients were asked to complete assessment forms. They were asked to complete them again at the end of their course in order to measure progress made. Records were also kept of the attendance rates of clients.

#### Outcomes

- The four groups that ran during 2017-18 had a total of 20 attendees.
- The data collected showed a clear pattern of a reduction in clients' PCL-5 scores (a validated measure of PTSD/Traumatic stress) and an increase in clients' self-reported understanding and ability to cope with the symptoms of their trauma.
- These results were found still to be the case not only after the initial five-week course, but also during the follow up session (usually held a couple of weeks after each course had finished).

#### Project sustainability

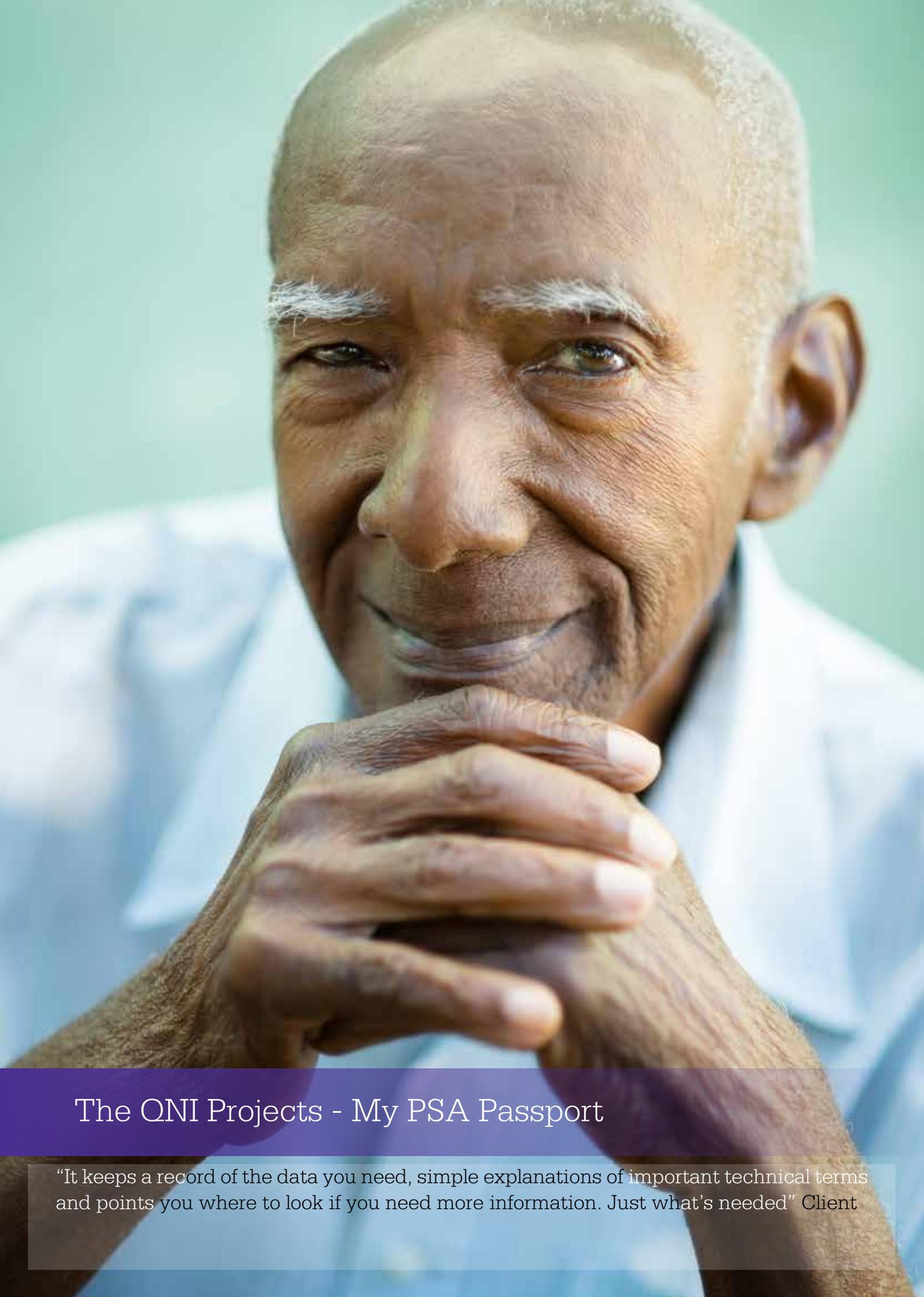
- The course has been fully integrated into the pathway of the TILS.

#### New learning about working with men

- Although the veterans come from a close-knit group of individuals and find opening up hard, they do not care whether a mental health professional has a military background. All they want is assurance of clinical competence and respect from practitioners.
- Even when motivated to engage with support and with a healthy desire to change for the better, the men's mental health problems can still create significant barriers to engagement that must be taken into account in any intervention.
- To ensure practical engagement with techniques being taught, a group facilitator must lead by example in order to gain participants' confidence.
- The men shared much in common and were able to empathise well with each other having gone through similar experiences but they were still unique in their own presentations. The facilitators could therefore not make assumptions about how the men might behave or think.
- The best interventions proved to be those where clients were provided with multiple options regarding how they could best manage a symptom. This increased their sense of ownership over the process as they could tailor it to their own needs and circumstances.

#### For more information

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## The QNI Projects - My PSA Passport

“It keeps a record of the data you need, simple explanations of important technical terms and points you where to look if you need more information. Just what’s needed” Client

Discussions are taking place with voluntary sector partners about adapting the tool into an App and providing it as a national resource.



**MY PSA PASSPORT**

SW London Health and Care Partnership

**Project aims**

- To develop a patient-held resource to support the self-management of men living with and beyond prostate cancer.
- To do this in partnership with men living with the disease to ensure it best met their needs.

**Rationale for the project**

- There are information gaps for patients and clear benefits from better self-management.
- Men are at risk of getting lost to follow-up when their care is transferred between services.

**Project methodology**

- The project began with a brief literature review and scoping of current resources available for patients.
- 12 men with experience of prostate cancer were recruited to participate in a focus group.
- A PSA (prostate specific antigen) passport was then developed and reviewed by the focus group and then 100 copies were tested with men with prostate cancer. Clinicians (urologists, urology clinical nurse specialists and oncologists) were also invited to comment.
- 100 copies of the passport were distributed via local clinicians to patients who were asked to comment on the content.

- A final version has been designed and will be distributed with a print run of over 2,000 in SW London.

**Outcomes**

- Patients have provided positive feedback that the content is useful and that it will facilitate self-management.
- Patients from the focus group are now engaging with clinicians to participate in service redesign and education.

**Project sustainability**

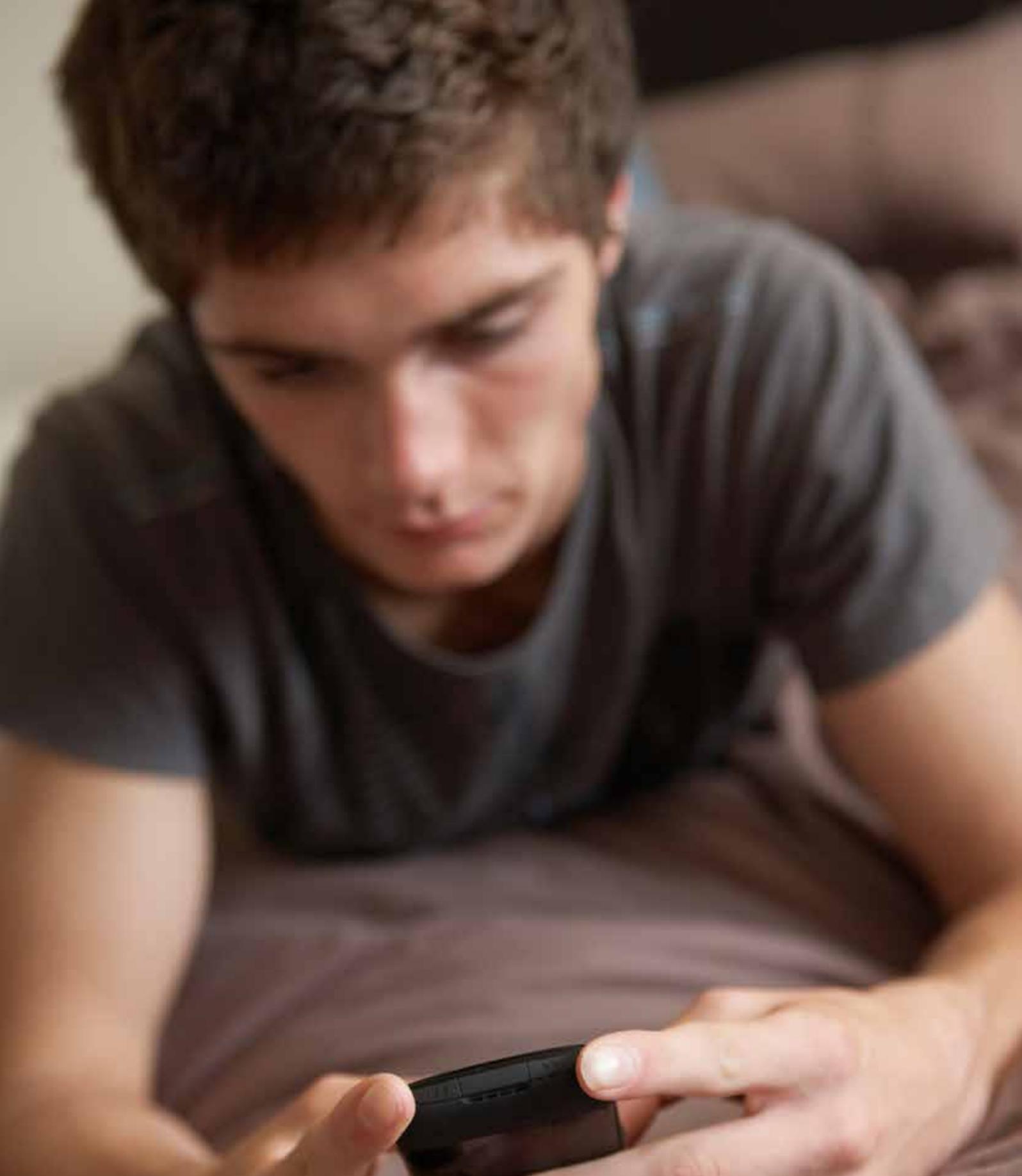
- Clinicians around the country have expressed an interest in creating similar resources.
- Discussions are taking place with voluntary sector partners about adapting the tool into an App and providing it as a national resource.

**New learning about working with men**

- Projects need to look for incentives to engage users in co-design.
- Users may have diverging ideas about what resources will be helpful so it is important not to make assumptions.

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## The QNI Projects - Play Safe, Stay Safe

“Max was having a great time and believed he could not possibly catch a sexually transmitted infection as he and his friends were invincible!” Project Lead

Between the introduction of the pack in April 2017 and December 2017, 668 male patients were screened in clinic or via the self-screening packs.



**PLAY SAFE, STAY SAFE: INCREASING SEXUAL HEALTH AWARENESS AND THE IMPORTANCE OF SCREENING FOR YOUNG MEN IN PRIMARY CARE**

The University Health Centre, Huddersfield

**Project aims**

- To improve the uptake of men accessing sexual health screening by developing a new method for engagement.
- To destigmatise screening for sexually transmitted infections (STIs) and make it accessible for all students.

**Rationale for the project**

- An audit revealed that the number of males attending the in-house sexual health clinic was nearly two-thirds lower than that of females.

**Project methodology**

- The project began with a survey of male health centre patients. 262 responses were received providing information about why men did not access screening and views about the proposed project.
- Sexual health self-screening packs were developed.
- Post boxes and pick up bins were installed across the university and in the health centre. The boxes were emptied each day and processed by the clinical staff at the health centre and sent to the local microbiology lab. Upon receipt of the individual's results they were either texted with a negative result message or invited into the clinic to be seen for follow-up care and, where needed, treatment of any diagnosed infection.
- Alongside packs, access to screening was improved by provision of a sexual health drop-in clinic which was based in the student union in the main university campus.
- A Facebook page was created to promote the project.
- The student union helped to promote the service with a poster, table talkers and linked social media to raise awareness. The union also held a competitive event amongst the sports teams and had a prize for the team who completed the most packs.

- In Freshers' Week, every new student was informed of the service when they registered at the health centre.
- Clinicians had a selection of packs in their rooms and promoted them during consultations.

**Outcomes**

- In 2016, 255 male patients were screened for STIs at the health centre. Between the introduction of the pack in April 2017 and December 2017, 668 male patients were screened in clinic or via the self-screening packs.
- The health centre has achieved a 12% pick-up rate for STIs, a level above the national average.
- Screening uptake by students who were not registered with the health centre and therefore previously 'unreachable' has been significant.
- STI screening has been normalised and made available to all students.

**Project sustainability**

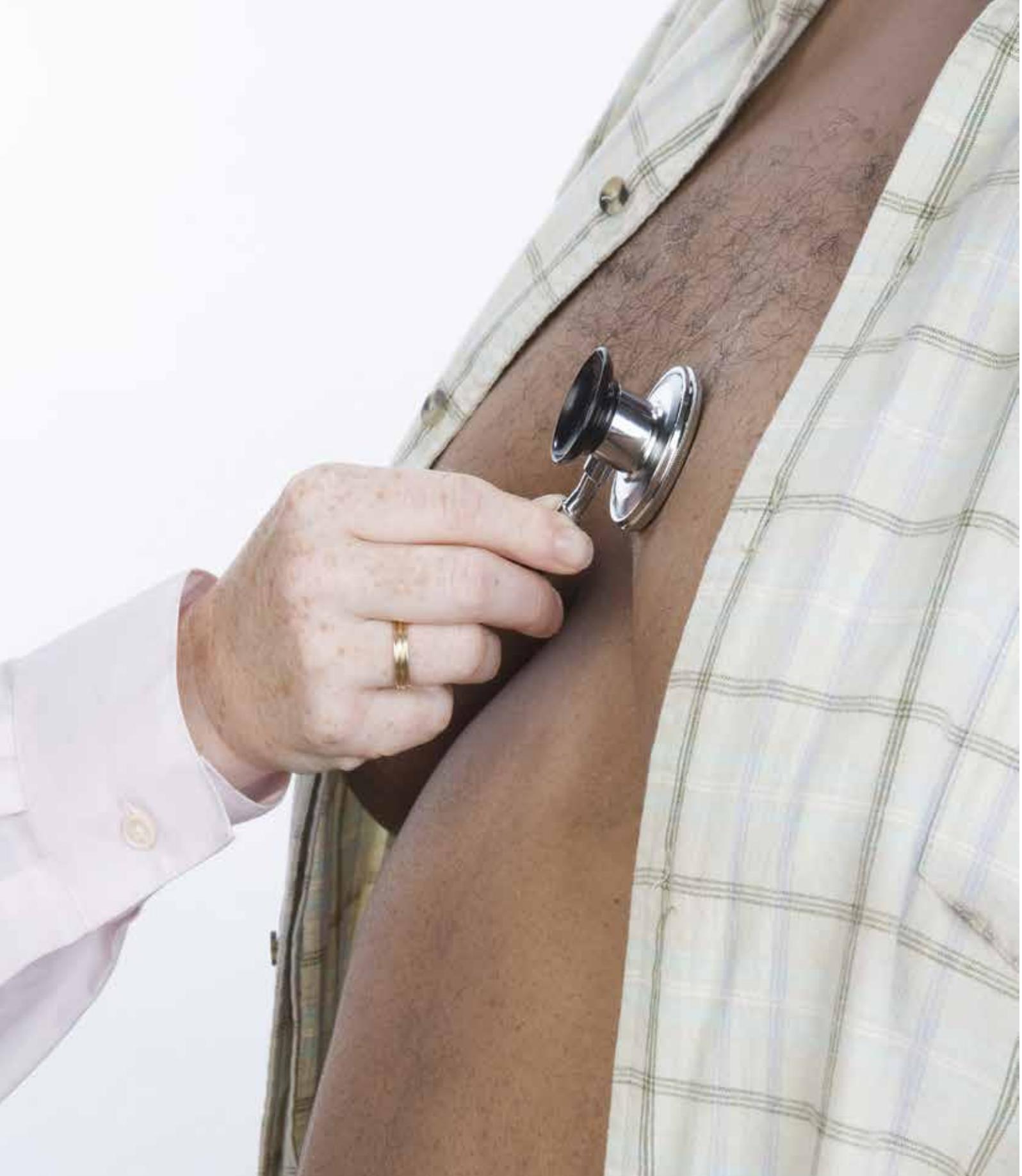
- The packs have become part of the students' experience and the branding is visible around the student union and the health centre.
- The programme will continue and the aim is to embed it into the health centre's day-to-day work.
- The service is transferrable to any university practice and this opportunity will be explored further.

**New learning about working with men**

- The male student population wants facts and evidence. When surveyed, they stated that they wanted to see pictures of the effects of sexually transmitted infections as this would help convince them of the need for screening.
- The survey results indicated that male students were more likely to access a drop-in clinic rather than use a self-screening kit, but this was not reflected in practice. A one-hour clinic was provided three times per week over a six-week period but, despite marketing efforts, no one attended.

**For more information**

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## The ONI Projects - Way To Go

“A very useful service which has focused the mind on some important issues and given me the kick I didn’t think I needed but probably did.” Client

Over a nine month period, 100% of the men either saw a reduction in their waist circumference or no change.



### WAY TO GO

Eagle House Surgery, Blandford Forum, Dorset

#### Project aims

- To enable men aged 45-64 with already-recorded obesity to understand more about their current health and how to improve their future health outcomes.
- To offer an individualised service for men with obesity, aiming to attract them into the practice for screening, education and support.

#### Rationale for the project

- The Eagle House Surgery had a higher average level of obesity than neighbouring practices (10% compared to a North Dorset average of 8%).
- The surgery's General Practice Nurse was seeing many men aged 45-64 with newly-diagnosed Type 2 diabetes or recent cardiac events who had previously had little or no contact with health services.

#### Project methodology

- Way To Go positioned the clinic as 'A dedicated men's MOT' service for men aged 45-64 who were on the surgery's records as being obese.
- The men were proactively offered an appointment with the General Practice Nurse outside the usual clinic hours. A series of baseline indicators for physical and emotional health were recorded: weight, body mass index, blood pressure, waist circumference, blood sugar, cholesterol, family medical history, smoking history and emotional health. The men's risk of diabetes, heart disease and their 'heart age' were determined. This baseline data was compared to measurements and calculations taken at three-, six- and nine-month reviews.
- Men completed a questionnaire at the beginning of the project about their knowledge of blood pressure, cholesterol, diabetes and more generally how they perceived their general health. This was repeated six months after their first consultation.
- Throughout the duration of the project, the men were offered support via follow-up appointments. All men were given a comprehensive information pack which was specific to their individual health profiles and included signposting to other services and groups.
- An information evening was organised towards the final stages of the project.

#### Outcomes

- A total of 40 men accessed the service plus four women who were partners. 34 of the men, plus the four women, were still attending after nine months.
- Previously undiagnosed health problems were

detected. Seven men were diagnosed with hypertension and four with hyperlipidemia. Others had diabetes or pre-diabetes. Two men were identified as being at risk of anxiety or depression.

- Over a nine-month period, 100% of the men either saw a reduction in their waist circumference or no change. 86% lost some weight. 83% improved their total high-density (healthy) cholesterol profile. 67% had a decrease in their cardiovascular risk profile.
- 76% of men who attended the MOT clinics were aiming for weight loss. 79% of men considered that they were making different diet choices and 67% of men had increased their weekly amount of regular exercise. 82% of men had an improved knowledge of local weight management services and 89% reported an improved understanding of blood pressure control and cholesterol targets and the impact on their health.
- The information evening was attended by 65 men and some partners, many more than had been expected.

#### Project sustainability

- While there is no longer a specific 'MOT' service for men, elements of it have continued. Clinical staff now have an increased awareness of the need to identify men (and women) in the pre-retirement age-group whom may be at risk of diseases associated with obesity. The surgery also offers a one-to-one support service to patients that need more intensive education and guidance with regards to weight management.

#### New learning about working with men

- Men of a working age find it difficult to access primary care and tend to only see a GP or nurse when they consider something is more seriously wrong with their health. Consequently, diagnoses are often made at a later stage when there is a potentially more serious health impact.
- Men prefer facts, figures and statistics, e.g. concerning the risk of diabetes or heart disease in the next 10 years. 'Heart age' proved to be a particularly powerful tool.
- Men preferred a one-to-one, individualised approach to supporting them with their health and lifestyle changes rather than the local weight management services that they had been signposted to and which they perceived to be primarily aimed at women.
- Men do have a thirst for more information about their health, as proved by the high attendance at the Men's Health Information evening.

#### For more information

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## The QNI Projects - We seek him here

“Thank you for being so on the ball and so supportive – it was reassuring that things moved so quickly and smoothly.” Client

Because men are often reluctant to divulge information about their health and wellbeing, the same question may have to be asked in four different ways to get to the answer.



**WE SEEK HIM HERE**

Seaside Medical Centre, Eastbourne

**Project aims**

- To tackle late presentation to general practice by men and the less favourable health outcomes they experience following diagnosis.
- To engage men with healthcare services at an earlier stage.

**Rationale for the project**

- The Quality and Outcomes Framework (QOF) in general practice identifies health risks and monitors people on the register but many men do not attend and so their risks are often not identified until disease has seen significant progression.

**Project methodology**

- A cohort of men over the age of 50 years who had not been seen for the last three years were identified and invited to the surgery for a health screen.
- Men were contacted by telephone in the first instance. Where this was not possible, they were sent a letter.

**Outcomes**

- 161 men were in the initial cohort contacted by the project. A few declined to take part but a large proportion proved uncontactable by phone or letter (a significant number had moved address without notifying the practice). 46 men attended for a health screen of whom 42 had previously undiagnosed health issues which were then treated appropriately.
- The intervention detected 15 cases of obesity, two of pre-diabetes, two of diabetes, and seven of hypertension. There were also cases of varicose veins, erectile dysfunction, sleep apnoea, tuberculosis, prostate cancer and lung cancer as well as a number of other health problems.
- 68 referrals were made to a combination of other health providers.

**Project sustainability**

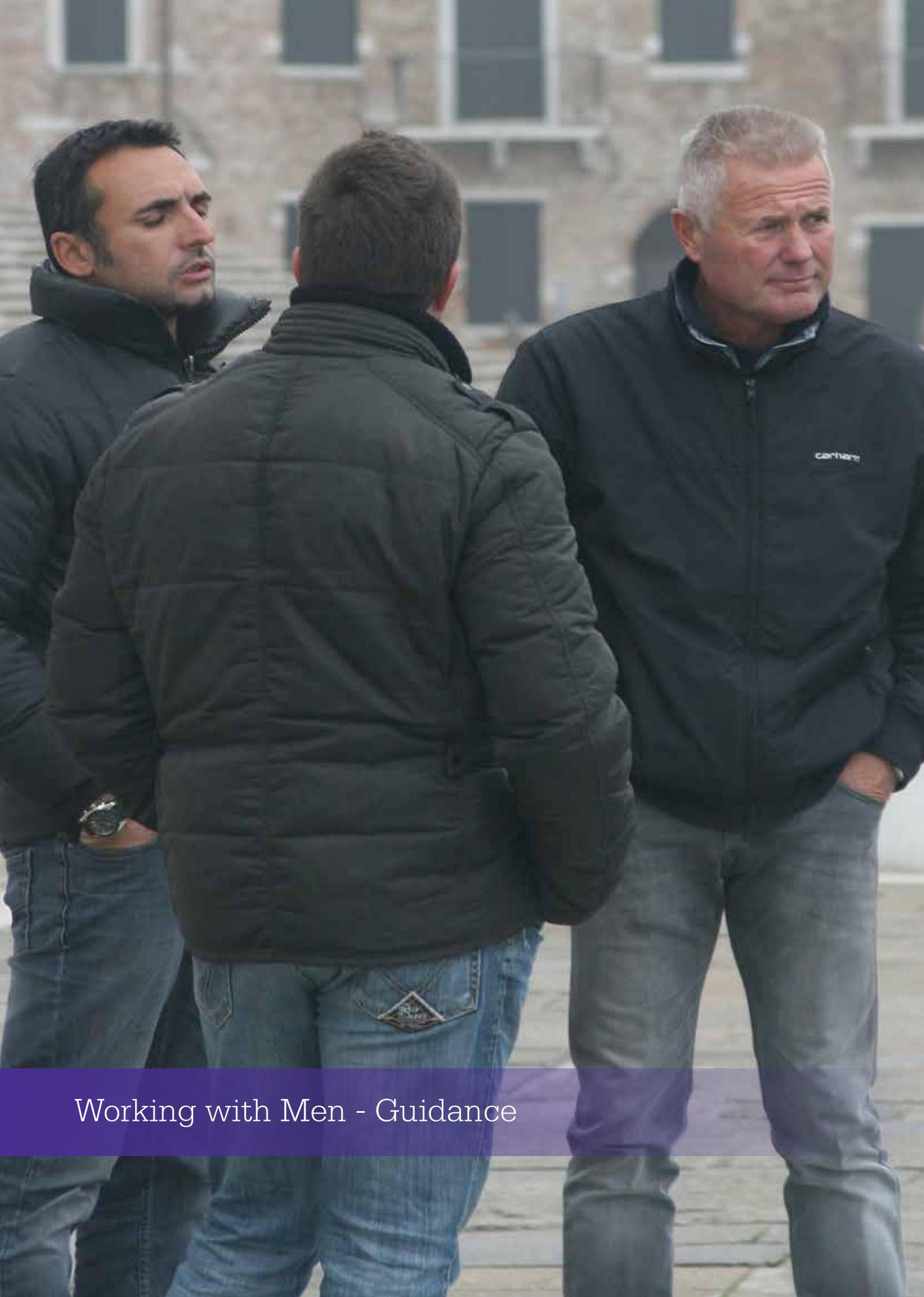
- The partners at the practice are very keen for the project to continue and staff will also be doing some 'field work' at local Men's Sheds and a working men's club. Men's Sheds are communal spaces where men can pursue practical interests, such as woodwork, metalwork electronics, 'shoulder to shoulder'. The UK Men's Sheds Association estimates that there are currently over 400 Sheds throughout the UK.

**New learning about working with men**

- Most men want straight facts about their health.
- Many men genuinely believe that it is not appropriate to visit general practice until they are actually ill.
- Because men are often reluctant to divulge information about their health and wellbeing, the same question may have to be asked in several different ways to get to the answer.

**For more information**

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Working with Men - Guidance

Refer to 'healthy eating' rather than 'dieting', for example, 'fitness' rather than 'weight loss' or 'stress' rather than 'mental health'.



**Working with men: guidance**

There are many ways in which community nurses can develop work on men's health. The projects described in this report provide a variety of good case studies about how this can be achieved.

It could also be worth considering these 12 tips when designing and delivering men's health interventions:

1. Learn more about men's health and how to work with men most effectively through training and reading. (See the Resources for men's health section below.) The Men's Health Forum provides one-day training courses for nurses and other professionals. The Royal College of General Practitioners (RCGP) runs an annual men's health training day which is also open to non-GPs.
2. Be aware of male gender role norms when developing services. Although these norms can vary according to men's age and their specific social group, men tend to prefer a concise, direct and factual style of communication with a practitioner, for example.
3. Use humour appropriately when communicating with men as it can help to break down barriers. Sharing positive stories about other men's experience and using the 'right' language can also make a difference. Refer to 'healthy eating' rather than 'dieting', for example, 'fitness' rather than 'weight loss' or 'stress' rather than 'mental health'.
4. 'Make every contact count', especially with men who are irregular service users, by taking the opportunity to ask about health risk-taking and other possible health problems.
5. Capitalise on key transition points in men's lives when they may be more receptive to health messages. Becoming a father is one such moment and retirement is another. Many men will be much more willing to make lifestyle changes after they have been diagnosed with a serious condition.
6. Identify groups of men at particular risk (e.g. men who are migrants, refugees, homeless or have low incomes) and develop new and targeted services.

Men who are already on record as having clinical risk factors but who are infrequent users of GP services are also a potential target group. A service that attracts mostly affluent men already in good health may not represent the best use of limited resources.

7. Promote NHS Health Checks, particularly to those groups of men most at risk, and increasing awareness of other screening programmes (chlamydia, bowel cancer and abdominal aortic aneurysm) available to men.
8. Go to 'where men are' (e.g. workplaces, sports clubs, faith groups, Men's Sheds) to provide health education or check-ups. Many organisations will welcome offers of free health interventions for 'their' men and some, such as professional football or rugby clubs, may already have men's health programmes that would be open to new ideas and initiatives.
9. Set up men-only groups. Many men prefer to work in this setting, especially for weight management.
10. Ensure that general health clinics are 'male-friendly' with male-interest magazines in the waiting room, men's health posters and leaflets on display, and available at times men find most convenient.
11. Organise local health promotion activities linked to national events, such as Men's Health Week each June. The Week is organised by the Men's Health Forum.
12. Record, evaluate and disseminate interventions with men to help improve the evidence-base and to share good practice.

Female practitioners often wonder whether male service users would prefer to see a male staff member. This may be true for some users, but men in general seem not to have the same strong preference that many women have for a practitioner of the same sex. The limited research into this issue also suggests that many male patients have a greater level of comfort, engagement, disclosure, and assertiveness when speaking to female health providers.<sup>30</sup> Ideally, men should be given the opportunity to express a preference for a practitioner of a specific sex but this would clearly require the recruitment of many more male nurses.



Do not underestimate the shame men feel about discussing their thoughts and beliefs associated with their wellbeing, weight and health habits.



Finally, it is important to treat men with respect. It is undoubtedly true that some men do behave badly towards women, children and each other and can sometimes be challenging to work with, aggressive and even frightening. But most men will respond well not to explicit or implicit disapproval but rather to genuinely positive and enthusiastic interest and concern.

#### Top Tips

The men's health projects supported by The QNI were asked to suggest Top Tips that, based on their experience, could be useful to other nurses working with men. The suggestions included:

- ◆ Don't confront men with questions about their health that they may find challenging or immediately offputting.
- ◆ Listen rather than talk.
- ◆ Give men information and let them process it for themselves.
- ◆ Do not underestimate the shame men feel about discussing their thoughts and beliefs associated with their wellbeing, weight and health habits. Ensure there is sufficient time to explore these issues.
- ◆ Think about incentives or how best to attract men to the intervention.
- ◆ Make services accessible to men at a time, day or venue that they can attend.
- ◆ Ensure targeted approaches are used for specific groups of men.
- ◆ Be proactive and persistent – don't expect men to come to you.
- ◆ Men often reveal the key issue when hovering at the door to leave.
- ◆ Always continue to consider what you are offering, and the tone you strike when doing so, from the client's perspective.
- ◆ Ask yourself honestly what your values and beliefs are towards men.
- ◆ Sensitively explore the skill sets and attitudes held by clinic staff, as these will vary dependent upon age, length of time in service and also past experiences. Upskill where needed to ensure that interventions are compassionate and well-informed.
- ◆ Get good support and supervision – when you are trying to move mountains it can at times be quite exhausting.
- ◆ Practitioners should also be mindful about individual differences, in sexuality or cultural background for example. These can have a complex interplay with health and wellbeing and it is important not to make assumptions about any individual patient.
- ◆ Do your best to give your male clients options and choices in their treatment.



Resources for Men's Health

The Men's Health Forum is a national charity that provides information and guidance for professionals, training courses, and a wide range of male-targeted health publications.



The Men's Health Forum ([www.menshealthforum.org.uk](http://www.menshealthforum.org.uk)) is a national charity that provides information and guidance for professionals, training courses, and a wide range of male-targeted health publications. Among the Forum's publications are evidence-based guides on working with men on weight management, long-term conditions and mental health. The Forum also co-ordinates National Men's Health Week, which takes place each June and is a good focal point for local initiatives.

There are several other charities that provide male-targeted information on a range of specific health issues. For cancer, contact Prostate Cancer UK (<https://prostatecanceruk.org/>) and Orchid (<https://orchid-cancer.org.uk/>). Orchid addresses all the male-specific cancers.

There are now several organisations that address men's mental health, including CALM ([www.thecalmzone.net/](http://www.thecalmzone.net/)) and Time to Change (<https://www.time-to-change.org.uk/>). Men Get Eating Disorders Too (<https://mengetedstoo.co.uk/>) is aimed at men, carers and families but also provides training for professionals. Survivors UK ([www.survivorsuk.org/](http://www.survivorsuk.org/)) provides a range of services for sexually abused men and the professionals who work with them.

The FPA ([www.fpa.org.uk/](http://www.fpa.org.uk/)) and the Terrence Higgins Trust ([www.tht.org.uk/](http://www.tht.org.uk/)) publish sexual health information for men. The FPA focuses more on boys and young men. Man v Fat (<https://manvfat.com/>) is one of the few sources of information and support for men specifically on weight issues.

Spanner in the Works? (<http://malehealth.ie/>) is a general health information website aimed at men of all ages run by the Irish Men's Sheds Association.

Alan White has co-authored three books which provide practical guidance on how to engage men on health issues in general, on weight and on mental health:

- Conrad D, White A, eds (2007). *Men's Health: How to do it*, Radcliffe Publishing: Oxford, UK.
- White A, Pettifer M, eds (2007). *Hazardous Waist: Tackling male weight problems*. Radcliffe Publishing: Oxford, UK.

- Conrad D, White A, eds (2010). *Promoting men's mental health*. Radcliffe Publishing: Oxford, UK.

The Centre for Men's Health at Carlow Institute of Technology in Ireland has published a guide to engaging men in weight loss interventions in primary care settings which is also useful to professionals working in the UK:

- McCarthy M, Richardson N, (2011). *Report on best practice approaches to tailoring lifestyle interventions for obese men in the primary care setting: A Resource Booklet for Health Care Professionals working with obese men in the Primary Care Setting*. Centre for Men's Health, Carlow IT: Carlow, Ireland.

Paula Carroll has co-authored a paper on how to engage 'hard to reach' men in community-based health promotion programmes.

- Carroll P, Kirwan L, Lambe B, *Engaging 'hard to reach' men in community based health promotions*. International Journal of Health Promotion and Education 2014;52(3):120-130. doi:10.1080/14635240.2013.876185

Susanne A. Quallich has edited a book, with a mainly clinical practice but still wide-ranging focus:

- Quallich SA, ed (2018). *Manual of Men's Health A Practice Guide for APRNs and Pas*. Springer Publishing: New York, USA.

Marina B. Rosu has co-authored a paper on how nurse practitioners can work with men in primary care settings to optimize men's self-health and illness prevention and management:

- Rosu MB, Oliffe JL, Kelly MT. *Nurse Practitioners and Men's Primary Health Care*. American Journal of Men's Health. 2017;11(5):1501-1511. doi:10.1177/1557988315617721.

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