

KEEPING THE BALANCE

OLDER MEN AND HEALTHY AGEING

A FRAMEWORK FOR DISCUSSION

NSW Committee on Ageing

Men's Health Information and Resource Centre University of Western Sydney

The NSW Committee on Ageing advises the Premier, through the Minister for Ageing, on matters affecting the needs, interests and well-being of older people in NSW. The 14 members of the Committee come from diverse backgrounds and have skills and interests in many different areas of public policy.

This report was prepared for the NSW Committee on Ageing by the Men's Health Information and Resource Centre (MHIRC)

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The **Men's Health Information and Resource Centre (MHIRC)** is located at the University of Western Sydney, Hawkesbury Campus. MHIRC builds on what men and boys are doing right. The Centre conducts and brokers research that promotes a positive view of men and boys, as well as working to establish and maintain networks of people and organisations working with men and boys.

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Foreword

Many men look forward to retirement with eager anticipation of endless golf or fishing and release from the tyranny of going to work. However, for many men the reality of retirement, particularly if it comes earlier than planned or in circumstances not of their choosing, can be very different.

While some older men revel in the chance to explore new dimensions of life, others suffer a loss of self-esteem and sense of purpose in their lives as a consequence of their changed role in life and status in the community. They may find the adjustment very hard, feel lonely and isolated, missing the contact and camaraderie with other men associated with their work.

Many also feel that health services and community services are more sensitive to the needs of older women than older men and that the environment in which they live is not conducive to their well-being.

The *Older Men: New Ideas* group (OM:NI) is an innovative response to such concerns and earlier this year the NSW Committee on Ageing was pleased to support an OM:NI seminar about older men and community building. The seminar aimed to identify the key factors that enable older men to achieve personal satisfaction and become successful contributors to the building of their communities. This report, by the Men's Health and Information Research Centre (MHIRC), draws on the results of the seminar and MHIRC's own research with older men members of OM:NI.

How can we more effectively support older men so that they in turn can play an active role in their families and local communities? What needs to happen to make health and community services more older men-friendly and open to hearing the voices of older men?

The report aims to stimulate discussion about these and other issues. The Committee on Ageing is seeking feedback from readers on the questions in this paper and I urge you to let us know what you think. The Committee will then advise the Minister for Ageing on changes needed.

We look forward to hearing from you. Our contact details are on the opposite page.



John Mountford
Chairperson
NSW Committee on Ageing

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1. Executive summary

This paper is based on discussions that took place during the 'Older Men and Community Building' seminar held in February 2001 at Parramatta. The seminar was conducted by Older Men: New Ideas (OM:NI) and Council on the Ageing (NSW) with support from the NSW Committee on Ageing.

It also draws on interviews and focus groups conducted with members of OM:NI by researchers from the Men's Health Information and Research Centre (MHIRC), during which two main questions were explored:

- What do older men consider to be important contributors to their health and wellbeing?
- What strategies do older men adopt in response to these considerations?

The discussion paper was written by the Men's Health Information and Resource Centre, MHIRC, one of whose aims is to honour the contribution of boys and men – in this case older men – to society (MHIRC 2001). Although there has been some editing, the larger part of the text is a record of the voices of older men and a commentary on these voices in the light of relevant literature.

We believe that the health and wellbeing of older men in our community is a matter of great importance. Older men have particular health needs, but they have also a particular role to play in contributing to the health and wellbeing of the society in which they live. Older men and their health and wellbeing have not received very much attention, nor have older men's views been widely sought. The aim of this discussion paper is to take a step towards remedying this situation. It sets out to record what older men think and feel about their health and health needs, and to serve as a basis for a more general discussion about older men's health.

The paper takes a social view of health. Health is the capacity to keep a balance, to deal with the environment, be strengthened by it and to overcome obstacles encountered in it. Promoting older men's health is about supporting older men in their interactions with their physical, social, emotional and spiritual environments. Promoting older men's health is also about service providers, and society in general, making environments as conducive to the health and wellbeing of older men as possible.

In this perspective, maintaining good physical health is seen as important not just for its own sake. Its absence is a hindrance to being able to interact with others and participate in community life.

The paper looks at the relationships between older men and their partners, families and friends, before moving on to more specific aspects of health and wellbeing, sexuality and social networks. It then moves on to the wider

environment – work and retirement, financial wellbeing, volunteering, unpaid work and interactions with health and community services.

In all of these areas it is clear that, while older men have particular needs which have to be addressed, they also have a special contribution to make to the wellbeing of our society.

FEEDBACK

It is hoped that the issues and questions raised in this discussion paper will stimulate broad and lively discussion across the community about older men, their health and wellbeing.

The NSW Committee on Ageing is keen to receive comments on the issues raised so that it may consider them in formulating its recommendations to the Minister for Ageing.

Please forward your comments, by 15th November 2001, to:

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2. Introduction

Many of the ideas shaping the approach to the health and wellbeing of older men are based on the assumption that their needs are understood by providers of health and community services. Modern service providers tend to believe that the care they offer is participatory and that they listen to the people they are working with (Macdonald 2000). The reality is often very different; people's voices are rarely heard and assumptions are made about the needs of people. In the case of older men we wanted to make a start and to begin to listen to their voices, to hear them.

This paper is based discussion that took place during the 'Older Men and Community Building' seminar held on 21st of February 2001 at Parramatta. The seminar was conducted by Older Men: New Ideas (OM:NI) and Council on the Ageing (NSW) with support from the NSW Committee on Ageing. A major part of the day was given over to groups of older men discussing their views on health, their health needs and their involvement in community.

OM:NI aims to be a focal point for issues relating to older men. It is a developing organisation of local groups of older men in NSW, mostly in Sydney. Its aims include empowering older men to take greater control of all aspects of their lives, improving the holistic health of older men and enabling older men to build their self-esteem and make new friends. Each local OM:NI group is autonomous and aims to provide older men with a opportunity to share knowledge and experience, concerns and problems in a safe environment. OM:NI currently operates under the auspices of Council on the Ageing (NSW).

The paper also draws heavily on interviews and focus groups conducted with members of OM:NI by researchers from the Men's Health Information and Research Centre (MHIRC), during which two main questions were explored:

- What do older men consider to be important contributors to their health and wellbeing?
- What strategies do older men adopt in response to these considerations?

It should be emphasised that the views expressed here may not be representative of those of all older men. More work needs to be done to record the perceptions and needs of older men from communities not yet well represented in OM:NI groups; namely older men from non-English speaking backgrounds, indigenous older men, older men with disabilities, older men who are carers, gay older men and older men who live in rural and remote communities.

The discussion paper was written by the Men's Health Information and Resource Centre, one of whose aims is to honour the contribution of boys and men, in this case older men, to society (MHIRC 2001). Although there has

been some editing, the larger part of the text is a record of the voices of older men with a commentary on this drawing on the wider literature.

We begin the discussion (in Sections 2 and 3) by looking at what we mean by 'health' and by addressing older men's interaction with the wider environment. We then explore, in Section 4, the relationships that are important to older men and that form part of their emotional environment. Section 5 deals with health at the level of the individual. Finally Section 6 on equity, looks at the health and wellbeing of older men who are often disadvantaged.

We are grateful to the older men from OM:NI who participated both in the focus groups and at the seminar. We also hope that this report is able to provide OM:NI (and other older men's groups) with a better understanding of the needs and concerns of their members.

We believe that the health of older men in our community is a matter of great importance. It is an area that has not received very much attention. We hope that this discussion document will help remedy this situation. The overall aim is to promote the wellbeing of older men. To achieve this, the paper sets out to:

- record older men's perceptions of health and health needs, and
- serve as a basis for a more general discussion about older men's health.

It is with the conviction that we can all do much to improve the health and wellbeing of older men that this paper is being released for public discussion, consultation and feedback by the NSW Committee on Ageing.

2.1 What is health?

Very often, when people say 'health', they are actually thinking of disease – the absence of health. When it comes to health, our society and 'health services' usually focus on fixing what's already broken, the pathologies, rather than on preventing these and on building *health* and wellbeing.

A *health* focus, which we advocate here, has to do with the interaction between a person and their environment. The World Health Organisation's definition of health is that it 'is the total physical and social wellbeing of individuals and communities and not merely the absence of disease'. This is echoed by the work of recent researchers.

Health is the capacity, relative to potential and aspirations, for living fully in the social environment (Tarlov 1996).

Our environment nourishes our physical, emotional and spiritual selves, or works against these. Health is the capacity to keep the balance – to deal with the environment, be strengthened by it and to overcome the obstacles and stressors that we encounter. This social-environmental view of health emerged also during the seminar and interviews on which this discussion paper is based.

Promoting older men's health, then, is about supporting older men in their positive interactions with their physical, social, emotional and spiritual environments and reducing their negative interactions with these. This capacity of people to deal with their environment in a health-promoting way and to be nourished by it has been called a 'salutogenic' approach (see website: www.menshealth.uws.edu.au). Health has partly to do with how individuals tackle their environment. But a salutogenic or health-promoting approach (as opposed to a pathogenic approach which focuses on what's wrong, the pathologies and what creates these), also means making efforts at many levels to create environments which sustain older men's health and wellbeing. Any discussion of the physical and mental illnesses of older men must be seen in this light.

The international literature on the social determinants of health (Marmot and Wilkinson 1998, 1999) provides us with academic support for this common sense position that the environment in which we live has an impact on all aspects of our health and wellbeing. This is as true for older men as it is for everyone else. It means that everyone (including health and community service providers) needs to adopt a positive approach to older men and have as a major aim the creation of environments that are as health-supporting as possible.

A positive approach to older men's health also means not accepting too quickly stereotypes about men in general and older men in particular that, for example, 'they don't go to the doctor', 'they don't take care of themselves' or 'they don't talk about their situation or their problems'.

We should challenge these assumptions; older men are just as rational as any other group. The position taken in this document is that we want to work towards a health system which hears the needs of older men and addresses these needs; and we want to pursue the notion of a health-promoting culture, one that is affirming of older men and which contributes to their health and to their sense of value to society.

As one participant in the seminar said of the support he found in his OM:NI group:

I need to see that it's alright to be a male. Even with all my failings, I am OK. And nobody said I was a load of garbage because I was a male. Nobody said I was violent or all sorts of things. Which I may be, but nobody would look down at me.

This quote highlights the need for a salutogenic, health-promoting strategy for older men, a strategy which encourages an environment in which '*nobody said I was load of garbage*'. There is indeed, now in Australia, a need to say: '*It's OK to be an older man. Good on you*'.

(separate box)

Life expectancy for men in Australia is 75, six years less than for women (ABS 1999). From birth to old age, men and boys are more likely to die than women and girls of the same age (see Table 1). Throughout life, men are also more prone to most types of cancers and other illnesses than women (see Table 2).

Table 1: Death rates in NSW in 1999 by age groups

	Male rate*	Female rate*	Male to female ratio
Infant mortality rate	6.4	5.4	1.2
1-4	0.3	0.3	1.0
5-14	0.1	0.1	1.0
15-24	1.0	0.4	2.5
25-34	1.4	0.4	3.5
35-44	1.7	0.9	1.9
45-54	3.3	2.0	1.7
55-64	8.9	5.2	1.7
65-74	26.4	14.0	1.9
75-84	65.5	41.4	1.6
85 and over	170.5	135.9	1.3

* deaths per 1,000 population

(ABS, 2000i)

Table 2: Leading Causes of Death, 1999

Cause of death	Number of males	Number of females	Male to female ratio
<i>All causes</i>	67277	60875	1.1
All cancer	19866	15187	1.3
Bowel and stomach cancer	5600	4312	1.3
Lung and respiratory cancer	4655	2148	2.2
Ischaemic heart diseases	14865	12744	1.2
Stroke	4894	7372	0.7
Asthma and other respiratory diseases	3609	2487	1.5
Accidents	3486	1801	1.9
Transport accidents	1441	570	2.5
Diabetes mellitus	1485	1462	1.0
Diseases of arteries	1476	1388	1.1
Suicide	2002	490	4.1
Organic, including symptomatic mental disorders	648	1296	0.5
Influenza and pneumonia	765	1133	0.7
All other causes	14131	15515	0.9

(ABS, 2000i)

3. Healthy environments

If I have a healthy environment, a supportive environment, I can withstand a lot of stress that may be placed on me, be it physical or environmental or from other sources. Without a supportive environment around me, someone, or an environment which upholds my esteem, my image of myself, I think I would find it very difficult to find whatever resources I need within myself only to maintain a good attitude for good health.

(OM:NI member)¹

As the above quote shows, there is an understanding among older men that their environment has an effect on their health and wellbeing. While none of the older men interviewed defined exactly what they meant by 'their environment', we have understood it to mean the totality of everything and everyone they interact with. It is not just the people older men encounter (friends and families, doctors, health providers and others), it is the quality of their relationships with these people. It is not just the house they live in, it is their street and neighbourhood, their suburb and town, the community and society as whole.

3.1 Older men supporting their communities

A healthy environment for older men is one that not only supports them – it is also one that allows older men to *help support it*. What follows is a summary of what older men told us about some areas where they feel they can support their community through paid, volunteer and unpaid work. There were also frustrations when older men felt they were prevented from contributing.

3.1.1 Work and retirement

Life contains a series of critical transitions: emotional and material changes in early childhood, the move from primary to secondary education, starting work, leaving home and starting a family, changing jobs and facing possible redundancy and, eventually, retirement. Each of these changes can affect health by pushing people onto a more or less advantaged path.

(Marmot and Wilkinson eds, WHO 1998).

This quotation from the World Health Organisation highlights the important role in people's lives, both of work and of retirement from work. This is

¹ All quotes, unless otherwise indicated, are from older men who participated in an OM:NI focus group

particularly true for men whose identity has often been bound up their paid employment. When this changes their health can be adversely affected.

Many of the men mentioned the sense of loss when they retired from full time work.

...[at work] your opinion is sought and you're asked to make decisions. That's no longer happening.

All my life I've been mixing with a lot of people in my job and always had plenty of company. And all of a sudden in my retirement I find that for about ten years now I'm becoming more and more isolated.

See, you're looking at a lifetime of work, in my case, forty two years. Forty two years with people lined up at your door all the time and then all of a sudden you're retired. Particularly if you retire in Sydney or somewhere like that. So that's a hell of a change and there's nothing there to combat that isolation really.

Maintaining contact with one's old workplace can sometimes emphasise the chasm between the worlds of work and retirement:

When you retire you move really into a different kind of a world because the one you leave behind is an active world that goes on and changes with workplace practices and philosophy or whatever. It goes on in the manufacturing world, the world of business and enterprise. And that's entirely different then from the world you live in which is inactive... so that there's a bit of a barrier that rises between those that you used to work with. You can't help getting out of touch even if you don't want to. I tried keeping up with people I worked with for some while after I left jobs but you gradually feel that you're being edged out. Well you feel you're being edged out. It doesn't really work that way. I mean it's just the situation that exists that you're becoming more isolated, unless you take up other interests and so on. But then it's still another world.

Another participant said that with regard to teaching (his former profession), within a few years of retirement, the school would have many new staff members, including the person who replaced him, and a whole new generation of students who would have no idea who you are. He added,

You're most likely to find people you know in the front office of the school because the clerical staff tend to stay on much longer than the teaching staff. You'll find teaching staff now but they'll be buzzing around, you know, got a class in five minutes or got playground duty or something. You feel, you know, cut off. Not to say you can't have a short talk with somebody that you knew well but you do feel that this isn't the school that you were in.

With this change comes a loss of status. Research shows that the change from being respected on account of one's contribution or role in an organisation to being 'just another old, retired person' can, understandably, impact negatively on one's health.

This departure from the workforce represents a loss for both the retiring men and those 'left behind'. As one member said, indicating a 93-year-old across the table,

Now this young fellow here, he was a policeman for 37 years. Now what happens to him when he retires? You know like a whole lot, the whole culture is lost. I myself was an accountant. Who am I accounting for now?

He suggested a staggered withdrawal from the workforce, perhaps a reduction of one day per week over five years, as one approaches retirement age.

With regard to the world of work, one man stated that there's an attitude that 'men are disposable, they have the lousiest jobs, the dirtiest jobs, the filthiest jobs'. Another admitted that he became a workaholic at one stage. One man spoke of people now having to work longer hours. This, and the increase in leisure options, probably also conspire to separate workers from the retired.

The lack of an earned income and having to pay for things previously done oneself can be an added stress. One said,

The lawn mower man was telling me that next month everything is going to jump in price to billyo. I mean when people have got that worry of when they can't do the lawns themselves and all of a sudden they find the lawn mower bloke comes along and says it's going to cost you an extra five bucks.

Some of the men drew attention to a positive correlation between socio-economic status and health, but did not indicate that this affects men more significantly than women. Given that many of these older men would see themselves as providers for their families, it is likely that they feel pressures related to this. At one meeting, a respondent said, '*I find that males in general, in Australia when you think about it, are brought up to be the bread winner*'.

Questions for discussion

- *Are men facing retirement given enough support?*
- *How adequate is retirement planning for men approaching retirement?*

3.1.2 Volunteering

...we all should belong to something from which we get no financial gain but (which) gives us an opportunity to help other people in some way.

Volunteer work was important to many of the OM:NI members interviewed and, on the whole, those involved in volunteering found the experience to be interesting and stimulating. The idea of giving something to society or contributing to others was often mentioned as motivation for volunteering. Typically, this provided a sense of purpose. In the words of one respondent,

The emotional help after retirement also depends to a large degree on doing something that's useful, productive.

The men volunteered with a range of organisations from church and community based welfare groups, such as, the St. Vincent de Paul Society, Salvation Army and Meals on Wheels, to cultural and sporting institutions like the Australian Museum and being Olympic volunteers.

Some of the men felt that the volunteer jobs they were offered were somewhat limited. One man put this down to the narrow expectations of staff about what older men can achieve. This man, whose wife had recently died, was looking for involvement with some intellectual stimulation.

He said of the front desk person at one organisation,

'She was quite abrupt. I was too soon in my grief going there, because what she said was "what other volunteer work have you done"? I think she thinks all men can do is drive cars. I really do. It put me right off.'

One man experienced more direct discrimination having been told quite clearly that he could not volunteer because he was an older man. The man reported that he was retired and was looking for something to do when he saw an newspaper advertisement calling for people to assist with a youth group,

... so I thought that will do me. So I rung up the person on the phone and I spoke to a lady. She was a coordinator of the group so you could imagine she was running young boys, ten or eleven, maybe twelve what ever it was. And she asked me was I over forty-nine years of age. I said yes. So she said we won't take any members over forty-nine years of age. I said why and she said "Well there is the, um, things that old men do to young boys". And I said well that's the finish of it.

Not surprisingly, he found this experience particularly humiliating.

Many of the men felt that it was easier for their wives and other women to become volunteers and that *'the field of volunteering for women, generally, is vastly wider and broader than it is for men'*. Some men were unwilling to becoming involved with such groups because of this.

My wife's a volunteer with ... one of the heritage places around NSW. All the volunteers of these various kinds of places, ninety nine percent are women.

However, for other men this was not a concern.

Well, I've worked for the last five years in voluntary work. It has been mostly with women but I haven't even thought of that being a problem. I enjoy women's company.

Despite some negative experiences many of the men persisted with volunteering. But some did not. One man said that after trying the 'voluntary thing' he felt that *'people tend to use you as a crutch and that's not my scene'*.

Questions for discussion

- *Are older men who volunteer sufficiently appreciated and honoured for the work they do?*
- *How well do organisations that use volunteers understand older men's motivations for volunteering? Do they provide sufficient volunteer jobs of interest to older men?*
- *What can be done to remove discriminatory attitudes and practices towards older men, among organisations that use volunteers?*

3.1.3 Unpaid work

I'm needed, I'm wanted, so I'm there.

Unpaid work refers here to work done in the home or community for which there is no payment and which is not undertaken through an organised program. A couple of the older men indicated that they are involved in such work with their family and in the local community.

One reported that he was spending more time providing assistance to some of his older relatives. He was also involved with more formal volunteer work. He said *'between that personal helping and the more formal helping I feel as though for the moment, I'm doing all I particularly want to do.'*

Another man helped people in his local community in an informal way. Most of these were older women who were widowed. He now feels that *'these women miss a male companion so much that I become a surrogate husband ... they welcome me coming around because I'm a man.'* Their welcoming acceptance, not just of his assistance but of him, he found very rewarding. As he says in his own words *'That fills the gap for me a lot, so I feel that I'm wanted...and that keeps me on the go.'*

What is clear is the importance to older men of reciprocity in their relationships with people in the wider community. For both voluntary work and unpaid work, being accepted as an older man is as important and as affirming as being able to assist the people they are working with.

It would appear that members of OM:NI are very active in their community as both volunteers and as unpaid workers. This does not reflect the experience of many who work in community-based organisations who often feel that it is very difficult to get older men involved in community building.

Why this difference? Perhaps the OM:NI men represent a self-selecting group of atypical older men who are interested in being involved in the community and that this interest is partly why they become involved in OM:NI. It might also be possible that those working in the community sector are not seeing the full breadth of community involvement. Perhaps there is a need to rethink the scope of older men's involvement in the community? Older men's involvement in community may be broader than those working in the area define it as.

Questions for discussion

- *To what extent do older men do unpaid work in their communities?*
- *How can society better honour and respect the contribution that older men make to their community through unpaid work?*

3.2 Supportive environments

There are times when older men look for formal support from their environment. Often this takes the form of professional health or community services. Few older men reported this as a positive experience. When they went looking for professional help they often found themselves facing a culture which they did not fully understand and which they felt did not understand them.

3.2.1 Health and community services

I think part of the [health building] relationship is with your doctor.

Conventional wisdom has it that men, including older men, do not make proper use of health services. Health and other community services may, however, have much to gain from listening to and learning from the voices of older men themselves.

Social welfare and all that sort of stuff is run by women and generally through lack of men's participation. That's all it amounts to really.

It's a feminised world as far as that's concerned. The social welfare or whatever you want to call it.

These quotes suggest that medical and social services might well ask themselves whether they are men-friendly and whether they are older men-friendly. Some older men at the seminar also made it clear that they would prefer to deal with a male worker when accessing services.

If we are to have a genuinely participatory approach to older men and health then we should respectfully listen to these comments rather than dismiss them. Men of all ages have voiced concern that health and community services are not always male-friendly. This may refer not only to the fact that there are more female than male workers in the health and community sectors. It may also reflect a lack of involvement by men in the planning and development of programs and services, as either workers or consumer representatives. Services thus developed may unintentionally not speak to men.

Community health support is very unreliable.

Being dependant on the community was seen as inevitable at some stage as *'eventually you get to an age when you can no longer provide for yourself'*. The feeling that this support is unreliable was more of a concern to some of the older men than becoming dependent.

It has been pointed out that while women were right to show that health services were not meeting women's needs, it would be wrong to conclude that these services are meeting men's needs any more effectively. Clearly this is not the case.

Question for discussion

- *How can we make services such as general practice, community health and social services, more older-men friendly?*
- *Is encouraging more men to work in community, health and social services one way for these services to become more older-men friendly?*
- *What steps can be taken by health and community services providers to include older men in the planning of activities and programs?*

3.2.2 Residential aged care

I've got to the stage where I feel I'm not going to improve, you know. I'm getting worse and I won't be able to cope or my wife won't be able to cope, and you know I'm going to end up in a nursing home, that's a very bloody depressing thought. It's not suffering that brings out the best in you by any means.

The fact that men die earlier than women means that men will be in a minority in aged care facilities. Hostels and nursing homes tend, like other health services, to be 'feminised worlds', perhaps even more so. With the majority of staff and residents being women male residents have few opportunities for male contact. It would be surprising if all older men felt completely at ease living in such an environment.

For all older people there are serious adjustments to be made in the transition to life in an aged care facility. The loss of one's home can be traumatic for everyone, but as the nursing home creates a domestic environment, some women are able to create a home-like atmosphere within the facility. For older men, particularly men who have found meaning in their lives outside their home, it can be more difficult to adjust to this new domestic environment. Even in retirement some men still find meaning outside their home, be it in their shed or garden, or in activities away from the house. These things are not available in a nursing home.

For older men, all the things we have said about social inclusion and sense of achievement through work are especially apparent in such facilities where older men can experience a rapid loss of self-esteem and purpose.

Questions for discussion

- *How can we make aged care facilities more older-men friendly?*
- *How can aged care facilities be encouraged to adapt better to the needs of older men?*
- *What steps can be taken in aged care facilities to include men in the planning of activities in the facilities?*

3.2.3 Male culture

If we had to have public enemy number one, it's male culture.

Some of the older men were very concerned that what they described as 'male culture' had a very negative impact on not only their health and wellbeing, but also on their relationships with others.

One of the older men said that, from childhood, boys are taught to ignore their feelings and are encouraged not to show emotions by being told such things as 'boys don't cry'. This is reinforced throughout school ('the boy who complains is seen as a sissy and gets thumped by his fellow students') and in later life.

This 'male culture' was seen as one of the reasons why men do not seek professional help as readily as women. One of the men spoke about having to be tough and independent like Tarzan,

... and because we do this then reality hits the family and we have denied that we have pains, illnesses, we don't go to the doctors in the same percentage as females do. The figures are very very significant. ... by often postponing going to the doctor or denying that we have any problems, we end up much more ill than we otherwise would. We males, the traditional male culture, are our own biggest enemies.

It is heartening that some older men are concerned about the effect of 'male culture' on their health. There is also a need to acknowledge that this male culture has contributed to their good health and wellbeing. The skills that these men learnt in childhood, at home, school and in the playground gave them much of their identity throughout their working life. The success and satisfaction many felt during their working years is tempered in retirement with feelings of confusion and re-evaluation. This is potentially another source of stress during retirement. This represents a challenge not just to the older men who are questioning their identities and values, but also a challenge to others in the community to provide a supportive and safe environment that allows older men to do this.

We also need to respect the views of other older men who are not concerned about male identity and feel content with their concept of being male. These older men may struggle to come to terms with the expectations and lifestyles of their sons and grandsons who have different ideas of masculinity.

At the 'Older Men and Community Building Seminar', Birkett suggested that modern society does not provide older men with supportive and respectful roles. He made the observation that, by way of contrast, indigenous cultures confer older men with special respected roles in mentoring younger men and in eldering to the community.

Questions for discussion

- *How can we promote the role of older men as mentors and elders?*
- *How can we support attitudes and programs that give older men respectful roles?*

4. Relationships – the people in older men’s lives

Support around you helps get you over that gap [crisis or difficulty].

The importance to their health of good supportive relationships with others was mentioned often by the men interviewed. This reflects the research on the social determinants of health.

It is now well established that the quality of people’s social relations seems to have a powerful influence on their health. Several studies have reported death rates two or three times as high among people with low levels of social integration compared to people with high levels. (Wilkinson 1999: 200).

A good emotionally supportive environment is important for everyone’s health, including that of older men. Several of the men interviewed spoke about the reciprocal nature of the support they received from their wives, family, friends and community. They talked about times when they gave support (which could be practical, financial, emotional or spiritual support), and other times when they received such support.

Receiving support from others (wives in particular) was seen as contributing to older men’s health and wellbeing, as was the opportunity to support others, both family members and other people in the community. Giving and receiving support was seen as a way to improve one’s own health.

Partners, family and friends are especially important to older men. The relationships most valued were the ones in which older men could both contribute to and draw support from. The most important relationship was with their partner, but also important in a different way was having male friends of the same age.

4.1 Partner

But that’s the challenge and that’s what it’s all about really. The challenge of learning how to be with your wife more hours than you’re at work. With the kids, with your family. You’re a changed person. Least I’m looking forward to being more changed, you know.

MHIRC’s research with OM:NI confirms other research that many older men place great importance in their relationships, in particular the relationship with their partner (AARP 1999, Satarino 1997). Several of the men commented on the richness of their relationship with their partners. As one said, *‘the more problems we’ve had, the closer we’ve become’*. One participant spoke of his wife’s loyalty and her practical and emotional support for him at a time when he had to come to terms with a serious illness and surgery:

Then when I finally got home [after the surgery] and got moving about and found that my wife is tremendously loyal, she is not well herself but

she still battles on and does everything that she should for a husband that's got a lot of problems. Now that is absolutely fantastic from my point of view, that my mate, my partner, she does everything to try and help me within her limits. So now I don't feel a scrap emotional about anything. I'm a happy bloke.

The social commentator Hugh Mackay has suggested that for the generation of people born in 1920s the virtue of loyalty is very important. Mackay (1997) has observed that both men and women of this generation take pride in their loyalty to each other and see this in part as the reason why their marriages survive.

Older men recognised that after retiring from paid work the relationship between them and their wife changed. Some men were prepared for the challenge this posed:

While a man is active in his career and his wife's bringing up the kids, they're doing things jointly. And when they retire the kids are married maybe moved away from Sydney or wherever they live. They've got to communicate they've got to form a new relationship and it needs a lot of work.

The importance of this relationship for married older men is such that the loss of their partner, through death, divorce or disease can be shattering. One spoke about how after the death of his wife, he realised he had to "make a new life for myself and try and get as much varied company as I could." Another mentioned the impact of illness:

I visit my wife once a week and I leave the nursing home a broken man. So the sentiments are renewed again and I see that I've got everything and the main element is missing.

Only one man said that having a partner enhanced his health and wellbeing. This was not elaborated on but a number of men mentioned various practical things their wives do for them which allow them to live fuller lives, such as drive them to OM:NI and even making them aware of OM:NI in the first place.

This reciprocity of support and care may be a factor why men who live alone are at high risk of social isolation and poor health (Asterion 1997).

A number of older men felt that their wives' lives outside the home were more fulfilling than their own. Some men felt that women find it easier to get involved in other activities outside the home, because 'women have this wonderful skill of networking.' It is interesting to note that a number of the men interviewed became involved in OM:NI through their wives' networks.

I joined OM:NI because my wife also plays bridge ... and she came home with a piece of paper and said, you know, this might be interesting for you.....

My wife sent me [to OM:NI].

I didn't know anything about OM:NI; my wife saw the newspaper report.

Other men had difficulty coping with their wives' involvement with activities that they are not involved in:

My wife goes out and plays bridge about six times a week and spends the rest of the time on her bloody computer so she's not much company.

Questions for discussion

- *How well do services that provide relationship support and advice meet the needs of older men and their partners?*
- *Are the specific needs of older men who lose their partner through death, divorce or disability taken into account by health providers and community services?*
- *To what extent is the relationship between older men and their partners recognised as important to their health and wellbeing?*

4.2 Family

Family is very important to me. I think family is very important to health and I've got a big family. I've got six children and they're all grown up and older. I see a lot of them. They're all in Sydney, bar one, and we see them basically weekly. And I think that keeps me going and it helps a lot. It keeps me and the wife going.

Older men also reported that good relationships with other family members, in particular children and grandchildren, are important to their sense of health and wellbeing. Some spoke about being a grandfather as something very important and contact with grandchildren was seen as a way of 'keeping older people young'.

The male of the species has an inborn instinct to care, protect and provide for his family. Now, I know from personal experience that I am far happier when I have someone to care for than I am when I am on my own and have no one to care for.

Being able to protect and provide for their family was very important to some of the older men interviewed.

Given that men feel the need to protect and provide for their families, together with the importance of loyalty towards partners, it is not surprising that many older men find themselves acting as a carer for a partner or family member with a long term illness, disability or other problem. While the majority of older

people who are carers are women it is not clear to what extent the experience of being a carer is different for older man.

Questions for discussion

- *Is the contribution of grandfathers adequately acknowledged and respected, by families and the community?*
- *Do organisations that provide support to families include support for grandparents ? Are the services they provide accessible and relevant to grandfathers?*
- *How is the experience of being a carer different for older men than older women?*
- *Are the services and programs that provide support for carers appropriate for older men who are carers?*

4.3 Friends

A bloke that I've been very good friends with... for sixty years, close friends, recently died. It just seems to be a sort of a crisis in life for them and it flows on to me a bit.

The research into the social determinants of health points to the enormous importance of social cohesion in the maintenance of health and of isolation as a contributor to poor mental and physical health. Stansfeld quotes Cobb in defining social support as a person believing that he or she,

...is cared for and loved, is esteemed and valued and belongs to a social network of communication and mutual obligation.... There is increasing evidence that communities with high levels of social cohesion have better health than those with low levels of social cohesion (Stansfeld 1999).

The reflections of the older men who participated in the seminar bear out the validity of these general findings in their own context. There was an agreement that a sense of belonging and of being involved in an affirming network contributes to the wellbeing of older men. It is clear that for some participants groups such as OM:NI help provide such a contribution to their mental health.

Questions for discussion

- *What steps can be taken to promote friendship groupings that offer older men social support?*

4.4 Social networks

The importance of social cohesion in the maintenance of older men's health has been highlighted already. There can be no doubt that groups such as OM:NI can and do play an important role in older men's health. This is supported by the comments of older men themselves.

I'm suffering from a disease which is incurable and my mind's got to be occupied. And I find meeting with these gentleman here not only good companions, but also intellectual friends. And it does benefit my health.

Being a member of OM:NI was very important to the older men interviewed. The vast majority spoke about how being involved in OM:NI contributes to their sense of health and wellbeing. OM:NI meetings offered members the opportunity for social and mental stimulation:

And I feel when I leave here I feel fifty percent better, you know fifty percent better, mentally and otherwise. I feel like I've spent time very worthwhile. And without it I would be lost.

I found the mental stimulation has been very helpful for my health because while you're at home doing nothing, you feel all the aches and pains.

Physically I'm not going to get much better [after attending an OM:NI meeting] but it does help me slightly mentally. It gives me the confidence to go on.

The opportunity to meet with other men in a male only environment was seen as another health enhancing factor which OM:NI provided

I find it pretty easy going here [at OM:NI] because there are no women involved. Because when there are, you are playing up to them, or trying to present the image ... and there is none of that.

Questions for discussion

- *What can be done to encourage the formation of groups such as OM:NI?*
- *What resources are available to organisations (such as OM:NI) which provide older men with peer support?*
- *How can OM:NI develop to meet more older men's needs?*
- *Is the importance of organisations like OM:NI recognised and respected in the community and health sectors?*
- *How can community and health services support the wishes of some older men for a safe male-only environment?*

5. Health and wellbeing of older men

5.1 A question of balance

To keep your balance you need to have good emotional, spiritual, physical ... all balanced out. And when one gets either too strong or too weak, that is when we get out of balance and that's when we suffer emotional, spiritual or physical problems.

Members of OM:NI were asked in the focus groups and during the seminar to talk about aspects of their health and wellbeing. These older men were asked to think about different aspects of their health, such as its physical, mental, spiritual, emotional, social and financial dimensions.

Nutrition, exercise, rest, body, joy, an assured income, acceptance in the community group, and safe and secure home life.

This report talks about these different aspects of health separately, but it would be wrong to assume that the men interviewed saw them as independent and unconnected. It was very clear that older men see their health as integrated, with all its different aspects interconnected. Each dimension was seen as interacting with the others and contributing to overall health and wellbeing.

The older men identified ways in which they could address each of these aspects and keep them in balance. Some went further with this notion of balance, acknowledging that their own health and wellbeing depend to a great extent on the quality of their interactions with others and with their wider environment.

You talk about health and work, I believe that relationships are probably at the base of all that ... because it impacts probably far more dramatically. If I have a healthy environment and if I have the support of people around me I can carry more stresses at work or even (ill)health.... But without the support of environment I could find myself taking it to the extreme where I don't give a damn.

5.2 Aspects of health and wellbeing

As discussed above there are many things in the environment that affect both positively and negatively the health and wellbeing of older men. We now turn those aspects of health and wellbeing that are more personal.

5.2.1 Physical Health

Listen to your body.

As far as your health's concerned, I think, to maintain exercise, maintain your physical health. Have a reasonable diet. I think they're important.

Participants saw good physical health as very important to overall health and wellbeing. The men saw the importance of maintaining good physical health through exercise, sensible diet, not smoking and through responsible use of alcohol and other drugs (prescription and illicit).

Maintaining good physical health is not seen as important just for its own sake. Illness was identified as a hindrance to being able to participate in community life in general and in groups such as OM:NI in particular.

Older men have also shown that they put this knowledge into practice. The NSW Older People's Health Survey 1999 found that 61.1% of men over 65 years of age engaged in 'adequate physical activity'², compared with 39.7% of women the same age.

Paradoxically, the same health survey revealed that older men in NSW have a poorer knowledge of exercise campaigns than older women (38.4% and 43.0% of men and women respectively).

The interest of older men in the use and abuse of alcohol and other drugs is well justified. While the National Health and Medical Research Council (1995) reports that substance abuse by older men has generally declined in recent years, the Alcohol and Other Drugs Council of Australia (2000) found that the rate of alcohol consumption among older men has been increasing.

The input from the participants quoted above indicate a real understanding of the functional aspects of health as we have defined it and the need to maintain a level of physical capacity in order to engage with society. There may be mileage in pursuing the 'check-list' approach to older men's health, similar to checklists for car maintenance, so long as the smooth running of the 'car' is a means rather than an end in itself.

Diseases such as prostate cancer or arthritis were rarely mentioned by the men interviewed. It was very uncommon for any of the men to speak about any specific disease or condition which they personally had. This discussion paper likewise has made no mention of specific physical ailments.

The fact that these were not discussed is important. When services attempt to become more older men-friendly (as discussed in section 3.2.1) it is important to remember this reluctance. It would be incorrect to assume that when older men present to health services they will discuss all their health concerns. Services need to explore ways that they can create environments where older men feel secure enough to discuss these issues.

² Adequate physical activity is defined in the NSW Older People's Health Survey 1999 as "doing at least 30 minutes of vigorous or moderate exercise or walking at least 5 days in the last week."

Questions for discussion

- *How can older men be encouraged to continue to maintain their physical health and fitness?*
- *How can programs for health maintenance in older men become more appealing and appropriate to their culture? For example, involving check-lists for health, like for cars.*
- *How well do strategies that aim to reduce the misuse of alcohol and other drugs target older men?*

5.2.2 Mental Health

A healthy mind is a healthy body.

The men interviewed in the OM:NI groups spoke about ways to maintain good mental health.

Keeping mentally active was seen as an important contribution to good general health, because *'otherwise everyone goes stale.'*

Mental stimulation has been very helpful for my [physical] health because while you're at home doing nothing, you feel all the aches and pains. But when you come out and talk to people the pain takes a back seat.

There were several things identified as ways of keeping mentally active; involvement in groups such as OM:NI was the activity most referred to as a way to achieve this. Engagement with family, friends and community, as well as maintaining other interests, such as a hobby, were also seen as important in this regard.

One of the groups spoke at length about the connection between good health and having a healthy, positive and balanced outlook on life. One man in particular felt very strongly that maintaining such an attitude was vital for good health and wellbeing:

I think that the fundamental thing as far as your wellbeing is concerned, the real key to it all, is your attitude. If your attitude is right if you have a sense of honour, if you have a philosophy on life and if the spiritual is right, other things fall into perspective, it doesn't matter.

If your attitude is right you don't have so many problems. The people who do have problems are the people who we would like to reach out to and bring into our group and help, they are the people with the wrong attitude. Now, if we could do something to change that well and

good, but attitude is the key to whether you are a happy individual and if you have some health problems you can overcome them, or whether you just toss the towel in.

The contributions from the older men interviewed offer wonderful confirmation of the view of health as a dynamic interaction between the individual and their environment. The importance of attitude in this interaction is clearly vital and the above quotes from participants highlights the need to foster the attitudinal and spiritual resilience of older men.

Questions for discussion

- *What structures are needed to more effectively encourage positive attitudes in older men?*
- *How can groups like OM:NI be supported in such a task?*

5.2.2.1. Depression

Depression was identified as a factor which can result in poor health and wellbeing:

One of the greatest plagues is depression.

Interestingly, depression was the only mental illness spoken about by OM:NI members. Becoming isolated was seen as cause of depression. Coming together through OM:NI and maintaining connections with families, friends and the community were seen as ways to protect oneself against depression.

I think it's very unlikely that any of us will ever suffer from depression because we're fairly active. Even just coming here helps us. And we've got an idea of how to live and make something out of our lives.

One man was adamant that the changing gender roles over the past 30 years was a contributing factor to depression among men, of all ages. Other men spoke of the changing role of men in the family but only one linked this to depression. This comment relates to other research which speculates on the connection between changing male roles over the last 30 years and the increased rate of male suicide (Macdonald *et. al.*, 2001, Hassan, 1995).

The older men talked about there being '*different kinds of depression*'. Some used words like sadness, rather than depression, and would seem that the word 'depression' is used by these older men to describe a range of conditions from being down and sad to clinical depression that requires professional treatment.

Feelings of depression and sadness are not of course unique to older men. Other surveys have reported that both older men and women report feelings of depression and sadness. The NSW Older People's Health Survey 1999

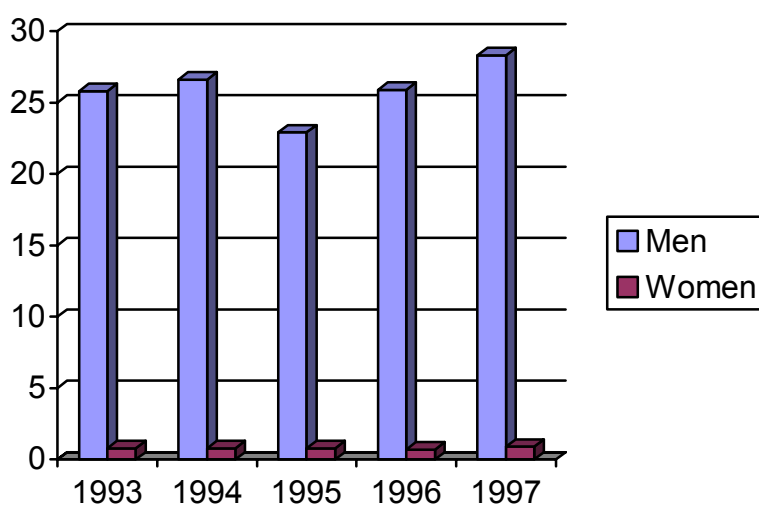
(NSW Health Department 2000) found that older men are slightly less likely than older women to say that they have felt depressed most of the time in the last four weeks (2.7% compared to 3.2%).

This is an interesting result as it shows that older men's experience of poor mental health is wider than just depression and yet OM:NI members made no mention of any other such conditions, except for one incidental reference to anxiety attacks. It could be that members of OM:NI do not experience these other conditions, or that these conditions were experienced but that there was some reluctance to mention them in the focus groups. Perhaps further prompting would have elicited this information.

Question for discussion

- *Do services have an informed policy on and adopt an appropriate approach to the mental health needs of older men?*

Figure 1: Suicide rates among Australian men and women over 65



5.2.2.2 Suicide

What is surprising and alarming is that while older men are less likely to report feeling depressed or to meet some measurable definition of depression than older women, older men commit suicide in far greater numbers. As Figure 1 shows, in 1997 Australian men over 65 were 31 times more likely to commit suicide than women of the same age – 28.3 out of every 100,000 deaths among men over the age of 65 in 1997 compared to 0.9 among women of the same age (ABS, 2000ii).

The NSW Older People's Health Survey 1999 (NSW Health 2000) found that older men experienced lower levels of 'psychological distress' than older women (11.5% of men surveyed compared to 15.1% of women). As older men complete suicide in far greater numbers than older women, the reporting

of lower levels of distress is not expected and is not easily explained. There is obviously a need for more in depth research into the nature of depression, distress and suicide in both older men and women.

Suicide was mentioned in only one OM:NI group and '*a life-long spiritual foundation*' was seen as a quality that protected against suicide. The topic was later raised in jest in same group, but other members appeared to be uneasy discussing it in such a manner.

Questions for discussion

- *How can the topic of suicide be addressed in a safe and supportive way in older men's groups?*
- *To what extent do existing suicide prevention programs take into account the needs and particular context of older men?*

5.2.3 Sexuality

A positive emotional and sexual relationship with a partner is of paramount importance for some of the men. It is worth keeping in mind, though, that comments related to sex were typically offered and responded to with some flippancy, as the following conversation illustrates.

My wife reckons I've taken over the phone, you know, so she's in second place. And when Tom rings me up I'm usually having sex with my wife, so, you know, I can't talk to him too long.

Really?

I only wish.

Although the OM:NI men interviewed did not speak openly about their sexuality, a recent American survey found that the majority of older men surveyed (67%) felt that a satisfying sexual relationship contributed to their quality of life (AARP 1999). Different research techniques – focus groups compared to a mail survey – and possible cultural difference in attitudes towards discussing sex and sexuality between older Australians and older Americans may explain why the older men interviewed in the OM:NI groups did not speak openly about the subject.

The importance of sex and sexual relationships to older men is often not understood or appreciated by younger people, who tend not to think of older men as sexually active. Indeed, surveys of younger people show that the community tends to think of older men as being asexual.

The reflections of the OM:NI participants show that older men see their sexuality in a holistic sense, as part of the relationship with their partner and more than just having to do with physical sexuality. Similarly, the American older men surveyed mentioned above (AARP 2000), tended to say that

although sex was very important to them, their relationship as a whole with their partner was more important than the sexual activity within that relationship.

Current research into older men's sexuality has tended to focus on 'genitally based activities' and sexual dysfunction, rather than sexuality in this holistic sense. To date there has been no systematic study of ageing and male sexuality (NHMRC 1995).

Questions for discussion

- *How are older men's relationships (in particular sexual relationships) viewed by the community?*
- *Are older men's sexuality and sexual experience, needs and desires sufficiently acknowledged and addressed?*

5.2.4 Spiritual health

I'm looking forward to being more changed, you know. Growing in a more spiritual, mental sense (rather) than the physical deteriorating...

Spiritual health, whether of older men or other sections of the population, has not received much attention in academic health circles. Western health thinking has shied away from this area, perhaps in the belief that it is not in the domain of the medical and scientific. However, the older men represented in the seminar were not shy to talk of their spiritual health. Service providers should take note.

One of the presenters at the seminar also spoke about this area. He defined spiritual health as the area of values and self-worth:

..the spirit is not OUT THERE, it is the whole person, mind and body together. We can see it as the united person, body and soul. Someone with spiritual health would mean a person who is together. A spiritually healthy person would be someone who is keeping together a sense of themselves, at whatever stage of life they are.

(Macdonald, Appendix A).

Being willing to engage with life, remaining flexible, able to 'update your goals' and open to renewal were seen as things that benefit older men's health and wellbeing.

As mentioned above, older men reported that a developed spirituality contributes to positive health and wellbeing. A couple of the men spoke of the importance to them of their religious beliefs. Christianity was the only specific religion openly referred to.

Spirituality was seen by a number of men to be wider than religion, as the following comment shows.

But (Christianity) doesn't suit everybody. An atheist can have a good spiritual life but not necessarily a Christian or religious Christian life and they can do similar things.

While some older men find their involvement with traditional religion very rewarding and that it supports their health and wellbeing, other older men appear to be looking for spiritual support beyond traditional religions and communities of faith. This latter group can be seen to reflect the feelings of many men of all ages in their relationships with traditional religions. One Canadian Christian Minister has recently gone so far as to suggest that 'religion has changed in a way that doesn't make men feel welcome' (Todd 2000).

As with other aspects of health, the older men interviewed saw spirituality and spiritual health as dynamic. How they interacted with the world and other people affected their spiritual wellbeing. Men spoke of experiencing spiritual trauma and the for time to heal one's spirit

Expecting to give yourself time to heal, whether it be physical, emotional or spiritual it's the healing process that takes time and you're the one who sets the time.

One man spoke at length about the importance of receiving spiritual support.

And for me, and especially having been deprived of emotional and spiritual support I see men here that have spiritual support and they seem to be better balanced than others that don't.

Questions for discussion

- *How can we promote the spiritual wellbeing of older men, particularly those who do not align themselves with a particular religion?*
- *How can we better provide older men with opportunities for spiritual exploration and expression?*
- *How can communities of faith and other groups develop a spirituality that respects older men and provides older men with meaningful spiritual expression?*
- *How can communities of faith better involve older men in the life of their communities?*

5.1.5 Financial wellbeing

Socio-economic issues are a very very good issue in male health. The more dedicated you are the more better off economically you are, the more likely you are to take notice of your health during your earlier life time. Which means you will smoke less or drink less, you eat a better diet and do some exercise. And as a consequence of this and because you also read things about this. not only the sporting pages, you are much more likely to do something positive about your health.

There is increasing research evidence to support the commonsense view that there is a connection between financial wellbeing and good health. Increased financial security means that people have more options in regard to accommodation, access to health care and other services. Older men are just as vulnerable to ill health resulting from financial insecurity, as other members of the community.

As mentioned above, leaving full-time employment can be a stressful time for older men. The drop in income which often accompanies giving up full time work is another stressful factor which can impact adversely on health.

Question for discussion

- *To what extent is the connection between financial wellbeing and the health of older men understood by services working with older men?*

6.0 Equity

Older men are a very diverse group. There are certain groups of older men who for various reasons are at particular risk of being marginalised and facing poor health. This next section looks at some of these groups and their issues of particular concern.

6.1 Older men from ethnically and linguistically diverse backgrounds

According to 1996 Census data, 13.1% of people over 65 were born in non-English speaking countries. Of these, 42.9% reported their English competency as 'poor'.

Older men from ethnically and linguistically diverse backgrounds were under represented in both the MHIRC research and the seminar. The following issues were identified during the seminar as barriers that may deter older men from an non-English speaking background from joining OM:NI

- language, English being the language spoken at OM:NI meetings and the language used to recruit new members, and
- the cultural appropriateness of groups and activities,

Questions for discussion

- *How do health and communities services find out what supports the health and wellbeing of older men from ethnically and linguistically diverse backgrounds?*
- *How appropriate and accessible are mainstream services to men from ethnically and linguistically diverse backgrounds?*
- *How appropriate and accessible for older men are ethno-specific services?*
- *Do specific cultural groups hold attitudes about older men (either positive or negative) which impact on older men's wellbeing and quality of life?*
- *Can positive attitudes in non-mainstream cultures towards older men provide a basis for informing and enlightening the wider Australian culture?*

6.2 Indigenous older men

It has been suggested that indigenous communities traditionally provide older men with supportive and respectful roles. While this might enhance the wellbeing of some older Aboriginal and Torres Strait Islander men, it is not true for all older indigenous men. Aboriginal men have a life expectancy

between 18 and 20 years less than non-indigenous Australian men. They also experience ill health at a far greater rate than other Australian men. It is also clear that many older indigenous men live away from their traditional roots and suffer the loss of connection accordingly.

Questions for discussion

- *How do health and communities services find out what supports the health and wellbeing of indigenous older men?*
- *How appropriate and accessible are mainstream services to indigenous older men?*
- *How appropriate and accessible for older men are indigenous services?*
- *Are there indigenous cultural beliefs or practices (either positive or negative) which impact on older men's wellbeing and quality of life?*
- *Can positive attitudes in indigenous cultures towards older men provide a basis for informing and enlightening the wider Australian culture?*

6.3 Older men with disabilities

According to the Australian Bureau of Statistics in 1993, men in nearly all age groups were more likely to have a disability than women. However, because of the larger numbers of women surviving to older ages, the number of women aged 70 and over who had a disability was 36% larger than the number of men (491,600 compared to 361,200).

Questions for discussion

- *How do health and communities services find out what supports the health and wellbeing of older men with disabilities?*
- *How appropriate and accessible are mainstream disability services for older men with a disability?*
- *How appropriate and accessible for older men with a disability are services for older people and older men?*

6.4 Older gay men

None of the men in the OM:NI focus groups or at the seminar identified as being gay. However, statistics tell us that a significant number of older men are gay. Their isolation – and the resulting risks to their health – is likely to be greater than that of younger gay men or their heterosexual peers. There are a

small number of groups and organisations for older gay men and these need to be consulted more widely.

Perhaps the of heterosexist language and expectations of the organisers of the focus groups and the seminar acted as barriers to the participation of older gay men in the research and with OM:NI.

Questions for discussion

- *How do health and communities services find out what supports the health and wellbeing of gay older men?*
- *How appropriate and accessible are mainstream services for older gay men?*
- *How appropriate and accessible are services for gay men to older gay men?*
- *What work needs to be done within the gay community to better address the health needs of older gay men?*

6.5 Older men in regional and rural communities

At the time of interviewing there were no OM:NI groups based in rural communities and only one outside the Sydney metropolitan area.

It is clear that more work needs to be done to find out what supports the health and wellbeing of older men living in the rural communities. Small groups of older men similar to OM:NI exist in some rural communities and these could be a starting point for listening to local older men.

The Committee on Ageing's report 'Caring for the country' (2000) looks at the issues older people living in rural communities face. These difficulties include:

- economic and social change
- lack of adequate transport
- lack of local access to residential aged care
- the loss of local infrastructure and the centralisation of services.

All of these impact adversely on people's health and wellbeing. The suicide rate is higher in country areas than in the cities. With this in mind, it would appear that older men in rural Australia are more likely to suffer poor health and wellbeing than men living in urban centres.

Questions for discussion

- *What do older men living outside cities contribute to their communities, and how is this contribution acknowledged?*

- *What are the particular needs and issues of older men living in rural and regional Australia?*
- *How do providers of health and community services find out what supports the health and wellbeing of older men from rural and communities?*

6.6 Elder abuse

The issue of elder abuse was not mentioned at all by the older men at the seminar or in any of the OM:NI groups. This not surprising, as it is a topic which is rarely spoken about.

Similarly, there has not been a lot of work has been done in the area of elder abuse and older men. There is disagreement in the literature about the proportions of men and of women who are victims of elder abuse, due to different definitions about what constitutes abuse and the difficulty in collecting such information.

It is very clear that further research is needed in this area in order to determine the relative proportion of older men and women who are abused and to see if the experience of elder abuse is different for men and women. One obvious possible obstacle to moving forward in this direction is that older men may feel even more humiliated than women by talking about the problem.

There is a need to develop a conceptual framework for elder abuse that allows for effective preventative and intervention programs. Such a framework needs to be respectful of both men and women.

Questions for discussion

- *Does the experience of elder abuse differ for older men than older women?*
- *How can we develop an effective conceptual framework for elder abuse that is respectful of both men and women?*

6.7 Boarding house residents

Older men are over-represented in the boarding house population with about 70% of boarding house residents being male. Male boarding house residents also have very poor health outcomes, according to Central Sydney Area Mental Health Services' Boarding House Project Team (Swan, 2000).

Questions for discussion

- *What are the specific needs and concerns of men living in boarding houses?*

- *How are the health and wellbeing needs of boarding house residents to be met?*
- *What specific research and/or programs exist for older men who live in boarding houses?*

7.0 Conclusion

Older men's voices are rarely included in the process of planning health and other services. This discussion paper is a first step in this direction, since it is based on the study carried out by MHIRC for OM:NI and the OM:NI seminar, both of which sought the views of older men themselves on health and health services. There is certainly little in the literature about this group's own perceptions of their needs. Equity demands that we challenge the assumptions that we know what these needs are or that they are being adequately addressed. We need to find out.

A concern for the health of older men as a significant section of our community should incorporate an acknowledgment of their need, together with an acknowledgement of the contributions older men can make to any healthy community.

Several of the ideas about health and wellbeing expressed by the older men were perhaps unexpected. Older men have an integrated view of health as a balance between different aspects of health and wellbeing. Of all the aspects identified, the most surprising was the importance placed on spiritual health and wellbeing.

Older men did indicate that they are on the whole reluctant to visit doctors and health services. This is due not only to 'male culture' but also because older men themselves may feel unwelcome when visiting health and community service providers. Clearly, there is a need for such services to become more 'older men friendly'. Creating men-only environments was identified as one way of achieving this.

Of course it is important to remember that while this report represents a step forward in engaging with older men, it does not claim to represent the views and experience of all older men. Ongoing work and consultation is needed, particularly with the groups of older men who were not currently represented among the membership of OM:NI.

8. Appendix A

Older Men and Community Building Seminar, February 2001

The following are summaries of the addresses given at the seminar at the Parramatta Mission on 22 February 2001.

The four speakers were asked to address four different aspects of health and wellbeing – social health, mental health, spiritual health and emotional health. The organisers deliberately decided not to invite speakers to talk about physical health issues as they wished to explore these other aspects of health.

The themes that the four speakers touched on often overlapped, again showing the interconnectedness of these aspects of health. This discussion paper has been influenced in part by ideas from each of these speakers.

The social health of older men

Dr George Birkett.

BDS_c(Qld) FRACDS MMedSci(Nott^m) MBBChir(Camb) FRACGP
FACPsychMed.

What are the factors which determine health? Traditional statistics have centred on socio-economic status, ethnicity, mobility, and marital status described only in the following terms, single, married or divorced, without regard for the intermediate stages such as separation and the effects on health. Cigarettes, alcohol and other drugs have been other factors. (The definition of an alcoholic is someone who drinks more than his doctor). Other factors have included adequacy of accommodation, mobility and support from others.

What is needed is a wider definition of health, a definition that takes taking into account *connections*.

Connections to oneself

Who am I? What are my values? Looking for meaning in life. These are closely linked with spiritual health.

Connections to others

There is a need to avoid prejudices when using descriptions and definitions. One's family might be one's 'chosen family', that is, one's friends. Traditionally when a patient was dying in hospital, visitors were restricted to family only. Some AIDS patients, for example, are estranged from their families.

Connections to home

Home owners are not necessarily more connected to their place of residence than are renters. We are only beginning to understand Aboriginal connections to home.

Connections to money and work

This may lead to self-destruction for some. If something is taken away from those who measure their worth in material terms, it may be devastating.

Connections to places

Such as one's country and place of birth, to 'sacred places', to built and natural environments. This links people to things and activities such as gardening. For some, these activities are chores, for others a delight. The links many people have to animals, not just their pets but farm and wild animals, are also significant,

Also important are links to organisations that one is a member of, and the history of these links. Eg RSL – Does it permit a link to one's war experiences, or does it mean belonging to a political pressure group? Also links to society and culture generally.

We need to look at the range, nature, quality and depth of connections and at the level of intimacy therein. This level of intimacy is a crucial issue. Intimacy can be transliterated as 'into me you see'. In other words, I long for you to know me as I am. How safe is it for me to let you really know the truth about me? I also long to know you as you are. Men struggle with the ability to love and, particularly, with the ability to be loved. Men have little ability to be cared about. It's a thought which hasn't occurred to them.

Men need a sense of the awareness of spiritual connections. They need a sense of connections being of inestimable value – connections with people, the environment and with the meaning of life.

How do we enhance this? We need to create safety in relationships. A problem is the lack of safety in revealing beauty and vulnerability. It needs a context of confidentiality and an absence of judgement, an environment of non-damaging competition, commitment to love others and to feel honoured and loved.

Intimacy exists at four levels. Acquaintanceship or transactional intimacy – one's relationship with the butcher is an example. We might confide the name of our football team, even our political persuasions. The other levels are friendship, deep friendship and the level of a 'soul brother or sister'. Many don't reach this level. Intimacy with others leads to great intimacy with the self.

We need to develop communication skills, such as:

- active listening – listening intently for the experience of the speaker without reacting
- sharing feelings – requires being aware of feelings, learning to differentiate feelings, having a vocabulary to describe feelings

- learning to hear others' feelings without having to take them on - not 'fixing'.

We need to be human beings not human doings. If we can achieve this, everybody wins. We need to share the journey of life. Health starts at birth and the division of old age from other stages of life is an unnatural one. A man's duty is to husband the community and the earth.

Mental health

Professor John Snowden

Some of what we call mental illness is circumstantial. That is to say, that what you do with relationships affects how you feel. But there is also mental health.

According to statistics, 13% of older people suffer from clinically significant depression. What do we do in the face of the suicide rate? Older people suffer more than do their younger counterparts from dementia. Most dementia is related to Alzheimer's disease or is vascular in nature. Some results from alcoholism. There is also Lewy body dementia, which is similar to Parkinson's. Some forms of dementia are reversible. Schizophrenia affects the old and young equally and responds to medical treatment. Anxiety affects about 25% of people aged 65 plus.

Some people can be helped by others, friends or a priest. The incidence can be reduced through care and relationships. A quarter of people with cancer, strokes or dementia suffer from depression. Some forms of depression are mental illnesses. Melancholia is an example.

Serious depression can develop from youth. Depression can come from loss or bereavement, loss of ability, morale or role. It can also derive from physical illness (loss of ability) or hypothyroidism, from alcoholism, from psychoses – of genetic causes or from critical events. Thirty years ago suicide rates rose with age. Now they peak in the 14-24 year age bracket and again in old age.

Some men are in pain in palliative care. Some men who have attempted suicide have depressive illnesses. Others felt it was 'the right thing to do'. I can't affirm that it's the right thing. There are effective pain killers. On the positive side, the suicide rate among women is down.

Spiritual Health

Professor John J MacDonald,
Director, Men's Health Information and Resource Centre, MHIRC

1. THE UNITY OF THE HUMAN BEING

I'm 57 and trying to be proud of it! Western society, especially the white Anglo Celtic one which has dominated our world, falsely divides up the mystery of our lives into separate bits: we have a body and we have a mind and these are two separate things. People are now writing books to tell us what we knew already, that the mind and the body are not separate like we thought, but one reality, the human person. If your body is bashed about or neglected, it affects your mind. If someone is cruel to you, or you worry about having enough money, for yourself or to buy presents for your grandchildren or if people no longer look up to you the way they used to since you retired, people might say these are mental things, but they will affect your body. The mind and the body are united.

And then, there's this thing called the spirit. What on earth is that? Maybe another bit stuck on, or hidden somewhere between the body and the mind? Or a thing floating around on Sundays, if you are a Christian, or Fridays if you are a Muslim, or Saturday, if you are Jewish? Is spiritual health the same as religious health? I'll come back to that one. For the moment, I want to argue that in Australia we have a chance to break away from the unhelpful division of mind and body that we have from our European heritage.

When I first came to Australia, I was in a pub and someone, telling me about himself, as we do in pubs – thank God for pubs – said he wasn't religious, but was a spiritual person. I thought, Oh yeah? And smiled. Odd. But then I met another and another and students told me that what they liked about such and such a person was that they seemed to be spiritual. And they didn't mean holy and they didn't mean church going. I knew the people they meant and, what is more I realised that I knew what they meant, although it has taken me some years to realise I knew it, or to admit that I know it. There IS such a thing as spiritual wellbeing and so spiritual health and in Australia something has loosened us up so that we are able to move away from the European idea of a mind or soul imprisoned in a body. I think that, consciously or otherwise, we have been influenced by the Aboriginal culture and or by the great expanse of land, sea and sky in which we live in Australia and it has helped us get our act together about being spiritual beings in a way Europe has lost if it ever had it.

What is this spiritual reality then? And what does it mean to talk of spiritual health?

Of course, I am not going to do justice to that question here. Just hint at what I see and feel about it.

I have hinted at part of the answer. The spirit is not OUT THERE, it is the whole person, mind and body together. We can see it as the united person, body and soul. Spiritual health would mean a person who is together. A spiritually healthy person would be someone who is keeping together a sense of themselves, at whatever stage of life they are.

2. WHAT IS HEALTH?

I want to go further by exploring the idea of health. My model is about the person as he interacts with his environment .

Salutogenesis!

Much health work is actually disease work. Doctors and nurses and the so-called health system focus on what is wrong with us and try to fix us up. This is a necessary part of a total health system, but it is only part. It has too much of a focus on what is sick and broken and not enough on what is good and strong and builds health.

This is particularly true of men. The health system doesn't really look at addressing men's health needs and it tends to look at them only as machines to be fixed up. It also sees the negative in them – men don't go to the doctor, don't take care of themselves, don't get in touch with their feelings etc. The health services also focus on the dark side of men – men as violent, men as perpetrators.

We need a health service which looks to men's health and starts from what is positive in men. At a conference on suicide later this year we in the Men's Health Information and Resource Centre will present a paper which basically says that all this negativity about men in our society cannot be good for the positive sense of self we all need to face life. We are also having a conference on men's health later this year in which we will say it's good to be a boy and a man, no apologies necessary.

3. RELIGION AND SPIRITUALITY

Western society confuses religion and spirituality. Does *spiritual* health mean the same as *mental* health? They are, of course, related, but are not the same thing. Mental health has to do with feelings of wellbeing, not being depressed. Spiritual health has to do with the world of values and meaning.

What values? Most important, perhaps, in terms of values of the spirit is generosity, the capacity to give to others, one's time, one's support and even sometimes, one's money, without the hope of return. In much of modern society people see value in terms of money, of their possessions – their house, their car, clothes etc – and they often perceive their own value in these terms. In a world which values things that money can buy, young people can get depressed because they have less things than their peers.

A spiritual person knows that money cannot buy the most important things. A spiritual person is one who values what cannot be seen; the beauty of nature, the generosity of others, the dignity of every other living thing.

Religion and spirituality are, of course, related, but they are not the same thing. Religious practice is often the means of nourishing people's spiritual life. Religion helps people feel that they belong and have a purpose. It is intended to nourish people's spiritual selves and often does this. It reminds

us that the world of money and its values are not the only ones and is often a deceptive world.

There are many spiritual paths in our world and everyone has a right to follow the one which they were born in to or feel at ease with. The main problem, from my point of view, is the need for many religious people, of whatever denomination or creed, to believe that their group has *the* truth or more truth than others. Disputes of this kind and assertions that my religion has more truth than yours I see as being non-spiritual positions.

Here in Australia we have a chance to break away from the non spiritual aspects of Christianity which are more to do with Europeans' need for emotional security than with spirituality. Aboriginal culture has a sense of the sacred – the value of life, of the earth, of communion with others – which does not depend on seeing others as less than themselves. All religions and spiritual traditions can, as I have said, nourish the spiritual in us. But they can also foster negative messages of men. I was upset very recently by a book, subtitled *Reflections on male spirituality*, which seems to buy into a certain kind of feminist negative view of men. It says

One of our first tasks of male spirituality, therefore, is to come to terms with what we are and to realise that what we have become ill equips us for what we have yet to become.

(Rohr and Martos 1996)

I think this is dangerous anti-male spirituality. There is an assumption that we must bring out the feminine in us to be spiritual. This is clearly wrong. We must honour and respect what is good in the male in us and value it in ourselves and others.

A spirituality which is based on the notion that to be spiritual is first of all to 'find the feminine' in us cannot be wholesome (even Judaism and Christianity, when they accept that humans are created in the image of God, have to believe that being God-like is not to be equated with female-like). There must be a male spirituality, building the male spirit, looking for the completeness of the human being, male and female, yin and yang, whatever. But this cannot begin with the denial of maleness as wholesome.

4. NOURISHING THE SPIRITUAL

What is the world of the spiritual? What are the characteristics of a spiritual older man?

The world of spirituality is the world of values, the world of meaning. The characteristics of a spiritual person, a spiritual mature man must be many. I want to concentrate on two which attract me: one is the characteristic of acceptance and the other is the characteristic of generosity.

Acceptance

Acceptance of self and of others. I see this as something really worth striving for – the acceptance of the togetherness of things that we spoke about already is part of this acceptance, positive acceptance of the stage we are in life, the journey travelled and the journey still to travel. The acceptance which is an embrace of the day and not just grudging tolerance. The multiple acceptances which make up a day: I roll out of bed to put on my socks, accepting that some years ago this wasn't quite as difficult a task as it is now, acceptance of the other person as he or she comes down to breakfast and thinking, well I suppose I look the same as that. But also acceptance of the day, the rain, the sun, the smile of the young person on the bus, in the store. Men are sometimes accused of being too stoical, too enduring of pain. This criticism can be turned on its head and seen, when not self-destructive, as a virtue: men endure, they can endure in a positive way, embracing what life sends, changing what they can, accepting what they cannot.

Generosity

Men have this spiritual characteristic in abundance. Who is it rushes to put out fires, jumps in rivers to save children and dogs? Some women, of course, but mainly men. We all know what generosity is and recognise it in others.

We need to foster spiritual qualities like acceptance and generosity in ourselves. We need to foster environments which nourish these and other spiritual qualities in men.

We need a male spirituality, a way of strengthening the spiritual man in us and others which is not apologetic about being men. Of course, a spiritually healthy man is also one who harnesses what energies he has and takes control over these energies. This sometimes means containment of the selfish in each of us, but it also means compassion for not being always what we might.

As older men we need environments, hopefully like OM:NI, which, perhaps simply by accepting us, assuring us of a place to be and talk and be respected, help us to continue to grow and to walk quietly through the open door of each day.

The secret lives of men: Men and their emotions

Dr Peter West

Research Group on Men and Families , University of Western Sydney

I want to open by saying that this will be a short talk as everyone knows that men don't have feelings and don't need much attention.

In western society we mostly see men as fairly autonomous creatures that go off to war or go of to work. In education, girls are singled out for special attention because they have special needs. My local doctor has a window that tells us he specialises in women's health and children's health. In many

ways men tend to get the impression that they don't matter – they are dispensable.

When I studied men growing up in Penrith I found that throughout the century which has just finished, men were seen as people who did things. 'What did you today Johnny?' becomes 'What did you do today, dear?' Men go to war, they go to work, they slave for the boss. Their lives are described by action. Men's health has to deal with this mania for action among men: work, achieve, acquire. A man without a job – a man without a family – seems to be a bit lost. In important ways, men are alone in their lifelong journeys. Sometimes they have mates or a partner or wife to accompany them part of the way. I'm reminded of the movie *Shane*, where the man leaves the woman and children and rides off into the sunset.

So how can men cope when their lives have been described by work, action and achievement? We are all afraid of getting old. I see this fear most of all in the young muscly boys who infest our streets in Bondi, where I live. They work hard, party hard and go to the gym and work out hard. Look at *Men's Health* magazine which shows us how to have pecs of iron, abs of steel and presumably the dick of death, so we can stay young and keep women satisfied – wow, isn't that a big challenge today!! Sydney only has two ages of men – those who are 25 and those who are past it. All very well when you're young and everything still works.

Men over forty seem to me to be fighting old age and, at least in my case, afraid to be old. I asked a young guy in the gym if he could help me work out. 'Would that be okay?', I asked. 'Sure' he said 'I help lots of elderly people'. Oh God, I feel at times like this, I'm an old fart. Imagine being an old man and going to the Dateless & Desperate Ball! Imagine being over forty and actually having the hide to walk down Oxford Street! A friend said someone had said to him at some midnight club 'Get off the dance floor - you're too old'.

We know that what makes gay men and women bitter is an internalised homophobia. Similarly, older men absorb these fears of old age. We have to look at our old bodies. I am doing up my terrace house, as the house looks better, I look worse with all the stress and hassle of it all! It's a bit like *The Picture of Dorian Gray* – the house gets to look younger but I look older.

Ask your self 'How do women show emotion?', then ask 'How do men show emotion?'

When I've asked this question the responses have been something like: 'Women are more demonstrative', 'They touch one another more', 'It depends on culture'. Men show anger and action as, for example, in the movie *The Patriot*. Only certain emotions are permitted to men, anger being one.

Loneliness is another issue for men. We are told to go and do things. We don't learn, as women do, to relate to others. I hate ringing up friends. What will I say? 'I'm having a rough time with my dicky prostate and I feel miserable'. Maybe I grouch – at my students, or my neighbours, or my kids.

Our need for affection and warmth turns to anger and we become an old misery guts.

It seems to me that these are the needs that men's health specialists, bureaucrats and others need to address:

- fear of getting old
- the horror of confronting our disintegrating bodies
- fear of what our sexuality might turn into when we don't have the dick of death any more
- trying to find meaning without a job where we are important
- finding meaning in our lives
- really relating to people

To find a way forward we may have to cast off the old moulds. We might have to learn to make those phone calls. We'll have to avoid cranky people and find some others, maybe crazier and younger. My dad said to me 'I hate old people' (he was 90 at the time). He loved having my kids around. He would show off and buy them ice creams. He loved the attention. They put him in a nursing home. We'll have to chuck out the old notions of what a man is. And we'll have to express those bloody emotions, because if we don't they'll get the best of us. Greek and Italian and Spanish men have the lowest suicide rate in the developed world. It has to do with their diet, perhaps, but also because they live all their emotions, they don't repress them. Bottling up emotions leads to anger, bitterness and depression like that cranky old bugger in 'One Foot in the Grave'.

What are you going to do to lead a better, more balanced life and stay connected?

I try to:

- call my friends
- express my emotions
- straighten out disagreements.

My suggestions are:

- don't hibernate
- visit people
- don't be afraid to argue
- talk to young people.

Appendix B

Websites

For older men

The authors could find very few sites which promote the health and wellbeing of older men and present older men in a positive light.

Older Men: New Ideas (OM:NI)
through Council on the Ageing (COTA) <http://www.cotansw.com.au/>

The International Society for the Study of the Aging Male (ISSAM)
<http://www.issam.ch/>

Prostate Cancer Foundation Of Australia <http://www.prostate.org.au/>

For men

Men's Health Information and Resource Centre (NSW)
www.menshealth.uws.edu.au

Male Health (UK) <http://www.malehealth.co.uk/>

Men's Health Network (USA)

For older people

NSW Committee on Ageing <http://www.coa.nsw.gov.au/>

American Association of Retired Persons www.aarp.com

For service providers

Men's Health Information and Resource Centre (NSW)
www.menshealth.uws.edu.au

Men's Health Forum (UK) <http://www.menshealthforum.org.uk>

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Previous Committee on Ageing publications

Including Us Too: Tips for event managers working with older people

Margaret Tucker

Driving Miss Daisy: Improving the transport options of older people living in rural NSW

Sarah Fogg

Caring for the country: A spotlight on the needs of older people who live in rural and remote NSW

Sarah Fogg

Taking Charge: Making Decisions for Later Life

Benevolent Society and Centre for Research and Education on Ageing

A Two Way Street : Older People and Volunteering

Sarah Fogg

Building Community Trust

Margaret Tucker

Over the Hill or Flying High: An Analysis of Age Discrimination Complaints in NSW

Sol Encel and Helen Studencki

Who Pays: The impact of user pays and economic policy on older people

Elizabeth Savage, Michael Fine and Jennifer Chambers

Older People and Crime: Incidence, fear and prevention

Robyn Gilbert and George Zdenkowski

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Ingrid Fitzgerald

Gendered Ageism: Job Search Experiences of Older Women

Sol Encel and Helen Studencki

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COA and Council on the Ageing (NSW)

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Sol Encel and Helen Studencki

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