

## **Integrated health promotion is making a difference.....**

### **Men's Inner Strength Building Program**

The 'Men's Inner Strength Building' program is a structured primary prevention program that addresses the risk factors for depression and anxiety in rural men. The six week program supports men within the high risk age group (30-60 years) by educating them about anxiety and depression, appropriate strategies to manage their conditions, enhancing awareness of accessible and affordable professional supports and improves their social connectedness in the Wimmera towns of Murtoa, Minyip and Rupanyup and surrounding areas.

Given that many people who experience anxiety and depression can feel quite isolated in their experience, enhancing the social connectedness and dispelling the stigma of mental illness is a key goal of the 'Men's Inner Strength Building' program.

Each weekly session is divided into two mini sessions providing access to the expertise of various professionals. This enhances participant's awareness of (affordable) specialist services available in the region and these services are available to the participants after the program is completed, if and when required. Sessions dedicated to men's health, nutrition and physical activity are seen as important aspects of the program given the significant evidence provided by ongoing research that recommends healthy diet and physical activity as key strategies to improve one's mental health status.

Dunmunkle Health Services developed the program and were supported with funding from the Wimmera Primary Care Partnership.

Stakeholder of the project include:

- Dunmunkle Health Services
  - Community Health Nurses
  - Welfare Workers
  - General Practitioners
- Wimmera Primary Care Partnership
- Wimmera Uniting Care – Rural Counselling Program
- Local Massage Therapist
- Wimmera Horizons Mental Health Service
- Yarriambiack Rural Health Alliance
- SLAAM – Murtoa Neighbourhood House
- Murtoa Men's Shed
- Victorian Farmer's Federation
- University of Ballarat (TAFE)

## **What has been the integrated health promotion response?**

### **Preventative health care**

Increasing participant's awareness of their condition, strategies to manage their conditions and knowledge of professional resources increases their capacity to self

manage their condition with reduced professional intervention. Providing a broader knowledge of men's health (physical and mental) identifies key areas for men to pay attention to, leading to earlier intervention and minimizing the impact experienced by individuals.

### **Community action and strengthening**

Addressing issues of social connectedness is a key focus of this program. Enabling individuals to be supported and to support each other is an important aspect of mental health prevention together with social inclusion.

### **Health education and skill development**

The aim of educating participants as individuals, and within a group, about the health issues that may affect them, the risk factors associated with these health issues and how they might be managed, minimized or prevented has led to the implementation of lifestyle changes that improves the well-being of each participant. These skills enable participants to support family members and/or friends who may experience similar conditions but have not attended the group. This may be in the form of recommending the program to others or advising of a relevant professional who may be of benefit to others.

### **Communication and social marketing**

The program is supported with the distribution of relevant written material in the form of brochures, flyers and other relevant materials. This provides resources that can be referred to in the future as need be.

### **Setting and supportive environments**

The program was delivered in the Murtoa Men's Shed - a venue and setting that is culturally comfortable for men and provides an environment that is conducive to the educational and strength building focus of the program.

### **Workforce development**

The program was not aimed at workforce development however; there was the capacity for workers to gain further knowledge from exposure to guest speakers and the sharing of stories from the participants. The evaluation process and identification of service gaps has enhanced the agency's ability to better meet the needs of the community.

### **What are the impacts?**

Eight men attended the six week session program; most participants were initially reluctant to attend the program. Despite this initial response all eight attended each of the six sessions and asked for "week seven" of the six week program. The men became very engaged in the program and with the broad cross section of socio-economic status in the group came the realisation that financial status is irrelevant when you have depression and are isolated.

Participants identified, through the evaluation process, that the skill development had been beneficial to them in managing their condition. Participants regularly commented upon the increase in talking, sharing and laughter at each session as the program progressed.

The participants have been more proactive in their healthcare due to their increased knowledge and confidence in discussing their conditions. The benefits of having a local GP address the group was empowering for the participants. The GP spoke of the evolution of man and the impact that has had on the emotional development and changing roles of men today. Understanding medications enhanced confidence in discussing their own individual medications at future appointments and was beneficial in de-stigmatising the necessity of being medicated.

An anticipated outcome was that by being proactive in the management of their condition that there would be an eventual reduction in demand on service providers. Monitoring of service demand from participants (whom accessed support from Dunmunkle Health Services for counselling) has shown a reduction in demand that coincides with improved social connectedness. This reduction in service demand has been extended to the partners of participants as they too are benefiting from the improved social support.

The participants have indicated that they felt that this pilot program offered them the opportunity to feel responsible for the success of the program. The program gave them the understanding that this was bigger than just "me and my issue" and the men embraced the opportunity that they might help someone else by being involved in the pilot group.

The men have become advocates for mental health and instead of hiding their mental health problems, they want to share their experiences with the wider community. They have recognised the health benefits of engaging with others and wish to share their knowledge.

Self report and anecdotal evidence indicates that the program has enabled men to share and learn new strategies used to deal with depression and anxiety. The participants have become more proactive in their health and less isolated.

Using the Murtoa Men's Shed which is situated next to the Murtoa Neighbourhood House has introduced the men to another local service. One participant is now volunteering to teach at the neighbourhood house.

The men have continued to meet since the completion of the program. Some of the men have formed friendships within their hometowns that have enhanced the social connectedness of them individually and their families. This has extended to supporting each other with transport and practical assistance.

### **What's next?**

Dunmunkle Health Services will continue to offer support to the casual group that has evolved from the structured program. This may be in the form of engaging specialist guest speakers as needed/requested, assisting with transport for social outings and for general support for the group or individuals.

It is anticipated that Dunmunkle Health Services will conduct another group in 2009. With the continued support of professional partners this is a cost effective program to facilitate and as such is a viable format for service providers to deliver.

Through the success of this program, other health services are developing similar programs for their local communities. Dunmunkle Health Services is sharing the process and knowledge learned through this program with other services.

### **Further information**

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### **References**

Australian Institute of Health and Welfare (AIHW) (2008), *Australia's Health 2008*

Street., G., James, R., Cutt, H. (2007). The relationship between organised physical recreation and mental health. *Health Promotion Journal of Australia*, 18(3):236-9

Teychenne, M., Ball, K., Salmon, J. (2008). Physical activity and likelihood of depression in adults: a review. *American Journal of Preventative Medicine*, 46(5):397-411.