



2013

MEN'S SHEDS IN AUSTRALIA

EFFECTS ON PHYSICAL HEALTH AND MENTAL WELL-BEING

FULL REPORT



➤ THANKS AND ACKNOWLEDGMENTS

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*Paul Flood and Sharon Blair, UltraFeedback
(Authors)*

KEY MESSAGES

Men's Sheds are an attractive activity for many older men in Australia. A large proportion of Shed members belong to priority populations for health intervention in Australia such as; those from lower socio-economic areas and those from regional and remote areas.

As a health intervention, they are therefore ideally placed to reach these priority members of society and provide information and direct health benefits to them.

As this report will demonstrate in detail, Sheds provide a self-directed space for constructive activity and social connectedness,

a place to meet new friends and regain a sense of purpose.

Sheds provide direct and indirect opportunities for improved health and well-being for men:

Directly, in their ability to provide health information to men who may otherwise not access or seek such information.

Indirectly, in aiding in combatting the effects of social isolation, providing men with a sense of purpose and self-esteem, improving physical health and mental well-being and increasing help seeking behaviour.



Men's Sheds are in a unique position in their ability to reach several priority populations for health intervention in Australia and result in proven improvements to their health and well-being.



INTRODUCTION

Improving the health of all males and achieving equal health outcomes for population groups of males at risk of poor health is a key aim of the Australian government as articulated in the National Male Health Policy. Different groups of Australians experience varied barriers to good health and differences in health outcomes including rates of disease and death, life expectancy, self-perceived health, health behaviours, health risk factors and health service utilisation.

These differences are associated with differences in education, occupation, income, employment status, geographical remoteness, ethnicity, Aboriginality and gender.

The Australian Institute of Health and Welfare highlights several priority population groups for health intervention; groups in Australia with worse health on average than the general population due to a range of environmental and socio-economic factors. These include Indigenous people, people in rural and remote areas, socio-economically disadvantaged people, veterans, prisoners and people born overseas.

Men's Sheds in Australia originated in the 1990s and were a community extension of the backyard shed scenario, where a man would go and carry out practical and useful tasks. Men's Sheds were conceived as sheds for shed-less men and encouraged social activities and friendships while providing health information to their members.

This is of particular importance as many men do not talk in some more conventional settings about their feelings or emotions and have not been encouraged to take an interest in their own health and well-being.

The make-up of sheds, as we shall see from the demographics section of this report, comprises a high level of men from regional and remote areas and from lower socio-economic areas when compared to the general population. Men's Sheds are thus ideally placed as a health intervention for many in priority population groups.

In this study, the hypothesised benefits of sheds on the physical and mental well-being of their members are explored in detail using the results gathered during Winter 2013 via a multi-modal, investigative Australian research project involving in-depth qualitative and quantitative components.

THE AIM OF THIS STUDY WAS TO DETERMINE TO WHAT EXTENT MEMBERSHIP OF MEN'S SHED HAD POSITIVE EFFECTS ON HEALTH AND WELL-BEING INCLUDING:

- (i) *Helping men regain a sense of purpose in life;*
- (ii) *Enhancing self-esteem;*
- (iii) *Decreasing social isolation;*
- (iv) *Facilitating friendship and companionship;*
- (v) *Providing an environment conducive to learning;*
- (vi) *Improving physical health;*
- (vii) *Increasing awareness of depression and anxiety;*
- (viii) *Reducing stigma of depression and anxiety;*
- (ix) *Increasing help-seeking for depression and anxiety; and*
- (x) *Increasing help-seeking for other health issues.*

EXECUTIVE SUMMARY

Men's Sheds comprise high proportions of older men from regional and remote areas and from lower socio-economic areas. They are therefore ideally placed as a health intervention vector in reaching priority populations groups at risk of poor health.

Joining Sheds is often driven by significant life-events such as retirement, relocation or the death of a spouse. Members report joining in order to meet new friends and to give back to the community.

Men's Sheds replace many members' earlier identifying roles, such as their work roles, and in doing so enhance their sense of purpose and self-esteem. Members strongly believe that Sheds provide an important service to their communities and derive pride and motivation from this.

Men's Sheds are a place of learning and passing on of skills. This lends a sense of purpose and feelings of worth to members.

Sheds facilitate health interventions in both direct and indirect ways. Although health benefits are not amongst the main motivations for attendance at Sheds, most members acknowledge that these benefits exist. Direct means of health intervention include organised health checks, the distribution of leaflets and information and health talks. Indirect health interventions include members "looking out" for one another; the recognition of symptoms and mutual advice. This peer advice is seen as relevant, believable, understandable and endorsed by men in Sheds.

Shed membership appears to be related to health. When comparing Shed members with a similarly profiled non-Shed sample who are less socially active, the Shed members scored significantly higher physical functioning, physical roles, general health, vitality, mental health and mental well-being than non-Shed members as measured by the Short Form (12) Health Survey (SF-12) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) instruments.

Mental well-being as measured by the WEMWBS instrument was found to increase with length of Shed membership.

Shed members and non-Shed members have similar levels of awareness of depression, and both groups have little personal stigma towards people with depression, although non-Shed members showed slightly higher levels of personal stigma towards people with depression.

Both groups are unlikely to be aware of anxiety disorders, although the Shed group are more likely to be aware. Similarly to depression, stigma towards people with anxiety was low for both groups.

Shed members were found to be significantly more likely to seek help if they were experiencing depression or anxiety than the non-Shed group.

BACKGROUND TO THE RESEARCH

HEALTH INEQUITIES IN AUSTRALIA

While Australians enjoy good health overall, this good health is not shared equally. Different groups of Australians experience different barriers to good health and differences in health outcomes, including rates of disease and death, life expectancy, self-perceived health, health behaviours, health risk factors and health service utilisation.

These differences are associated with differences in education, occupation, income, employment status, geographical remoteness, ethnicity, Aboriginality and gender.

The Australian Institute of Health and Welfare highlights several priority population groups for health intervention; groups in Australia with worse health on average than the general population due to a range of environmental and socio-economic factors. These are Indigenous people, people in rural and remote areas, socio-economically disadvantaged people, veterans, prisoners and people born overseas.

GENDER AND HEALTH

There are well known and researched differentials in health in terms of sex. Males have a shorter life expectancy, higher mortality from many causes of death and a higher lifetime risk of many cancers and chronic conditions (AIHW, 2010a).

Males are more likely than females to engage in risky lifestyle behaviour and are more likely to be overweight and obese. Health service utilisation is lower amongst males, particularly services associated with preventative health.

While sex-specific biological factors explain some of these differences (such as male-specific health conditions), gender and the roles and behaviours considered to be masculine and feminine are also key factors (RACGP, 2006).

Gender factors that affect health status include traditional stereotypes around appropriate male behaviour in relation to risk, the experience of health and ill health, and engagement with preventative and curative health services.

SOCIO-ECONOMIC STATUS AND HEALTH

A number of studies have shown that there is an association between socio-economic disadvantage and health.

The mechanisms by which socio-economic status influence health status are complex and varied. Also the association between socio-economic status and health is not always straightforward; it is confounded by many factors.

It is often hypothesised that a number of inter-related factors including education, place of residence, health beliefs and behaviour, occupation, income, access to health services and the environment in which people live determine the relationship between socio-economic disadvantage and health.

In general, relatively disadvantaged members of the community live shorter lives and have higher rates of illness, disability and death than those who are relatively advantaged (CSDH, 2008).

REGIONALITY AND HEALTH

Health outcomes, as exemplified by higher rates of death, tend to be poorer outside major cities.

The main contributors to higher death rates in regional and remote areas are coronary heart disease, other circulatory diseases, motor vehicle accidents and chronic obstructive pulmonary disease (e.g. emphysema).

These higher death rates may relate to differences in access to services, risk factors and other possible environmental factors in regional/ remote areas.

Clear differences exist in health service usage between areas. There are, for example, lower rates of some hospital surgical procedures, lower rates of GP consultation and generally higher rates of hospital admission in regional and remote areas than in major cities.

It is also likely that environmental issues such as more physically dangerous occupations and factors associated with driving (for example; long distances, greater speed, isolation, animals on roads and so on) play a part in elevating accident rates and related injury death in country areas.

Regional/ remote areas are more physically isolated which can

transfer to personal isolation. Isolation can also grow over time, especially at times of major life change such as retirement or illness.

SOCIAL ISOLATION AND HEALTH

There are two main forms of isolation, social and emotional. Social isolation is the lack of actual interaction with other individuals, whereas emotional isolation is the lack of someone to whom a person feels emotionally committed (Chappell & Badger, 1989).

Social isolation is a concept that greatly affects a person's sense of wellness and increases the risk for alterations in emotional and physical health (Cacioppo & Hawkley, 2003) (Fioto, 2002) (Hawthorne, 2008).

Studies have shown that social isolation is more common in older people. In addition to experiencing more social isolation, through the death of spouses, friends and family, and retirement for example, older people typically have more difficulty in coping with its effects.

Social isolation has been shown repeatedly to prospectively predict mortality and serious morbidity both in general population samples and in individuals with established morbidity, especially coronary heart disease.

The magnitude of risk associated with social isolation is comparable with that of cigarette smoking and other major biomedical and psychosocial risk factors.

MEN'S SHEDS AND HEALTH

Men's Sheds in Australia originated in the 1990s and were a community extension of the backyard shed scenario, where a man would go and carry out practical and useful tasks.

Men's Sheds were conceived as sheds for shed-less men and encouraged social activities and friendships while providing health information to their members.

This is of particular importance as many men do not in talk in conventional settings about their feelings or emotions and have not been encouraged to take an interest in their own health and well-being.

Good health is based on a wide range of factors including social connectedness, feeling productive and physical activity.

Good health is not shared equally in Australia. Those from lower socio-economic areas, regional and remote areas, and socially isolated people are at risk of poorer health outcomes than other Australians.

METHODS

In order to evaluate the impact of belonging to a Men's Shed on the lives of members, in particular the impact upon their health, it was suggested that in the quantitative phase of the research a 'control' group of non-Shed members was needed to provide comparison. The overall methodology then was that of an adapted Quasi-Experimental Design Study.

A Quasi-Experimental Design Study is a type of study in which two distinct groups of people are compared on certain outcomes in order to ascertain whether there are associative factors related to differences between the groups.

In this project, Men's Shed Members would be considered the main group for whom membership of a Men's Shed can be seen as an intervention affecting their health outcomes and attitudes. A similarly profiled sample of the Australian population who did not belong to a Men's Shed would be considered the 'control' group, i.e. a group of people who had not had the intervention of belonging to a Men's Shed.

This study design tested the hypothesis that those belonging to a Men's Shed will have better health outcomes and behaviours than the control group. The key benefit of this methodology is that it does not rely solely on the perceptions of Shed members, but rigorously tests the relationship between Sheds and health.

Paper-based and online questionnaires were used as the data collection method. A good sample was achieved for both the Shed and non-Shed groups.

In order to more accurately compare the two samples, the non-Shed group's data was weighted to more accurately match the demographic make up of the Shed group. Details of the weighting scheme used can be found in the methodology section of the accompanying appendix document.

When comparing the Shed and non-Shed groups in terms of self-perceived health and mental well-being it was decided to use a subset of the non-Shed group - those with less social interaction. The reason for this was to demonstrate that membership of Men's Sheds or other meaningful social interactions are a positive factor in the health of men. Therefore in pages 16-18 of this report, comparisons are made against a more socially isolated sub-set of the non-Shed sample.

For the remainder of the report, the full non-Shed sample is used in all comparisons.

For full details on the methods used in this project, please see the accompanying 'Men's Sheds in Australia Appendices' document.

SAMPLE ACHEIVED

10

FOCUS GROUPS

Conducted in May and June of 2013, in-depth focus groups were conducted with a range of Sheds across Australia incorporating a sample mix of remote, regional and major cities.

17

FACE-TO FACE INTERVIEWS

Conducted in May and June of 2013, face-to-face interviews were conducted with a range of Shed members and presidents/coordinators across Australia.

2,636

RESPONDENTS

In total there were 2,636 respondents to the quantitative survey, including Shed and non-Shed samples. Responses comprised a mix of online and hardcopy returns.

1,436 (54%)

SHED RESPONDENTS

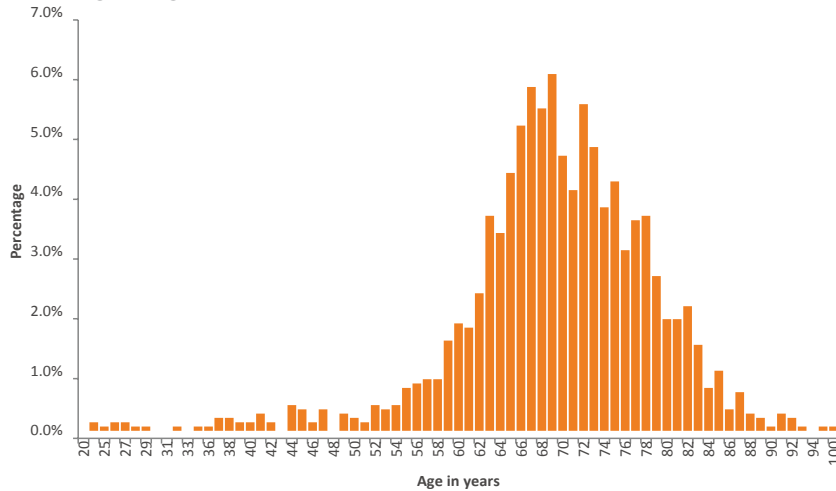
1,200 (46%)

NON-SHED RESPONDENTS

MAKE-UP OF SHEDS

Men's Sheds comprise a higher proportion of older men, people from regional and remote areas, and people from lower socio-economic areas than the Australian population in general.

AGE Figure 1: Age of Shed members

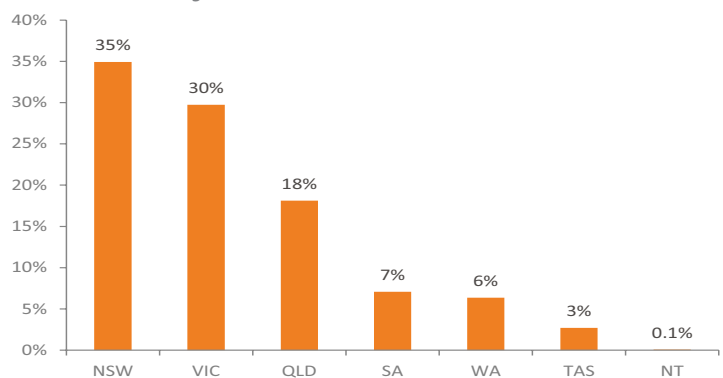


Men's Shed members are mostly older men, with the mean age **69 years** (median=70). Shed members range in age from 23 to 100 years.

A total of **78%** of Shed Members are between the ages of **60 and 79**.

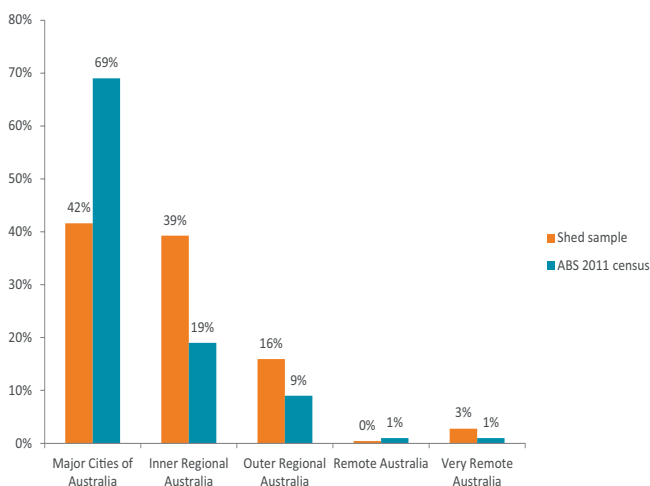
A total of **55%** of Shed members live in regional Australia. When comparing these percentages to ABS data for the Australian population, we see that Sheds are comprised from a greater percentage of those in regional areas.

STATE Figure 2: State of residence of Shed members



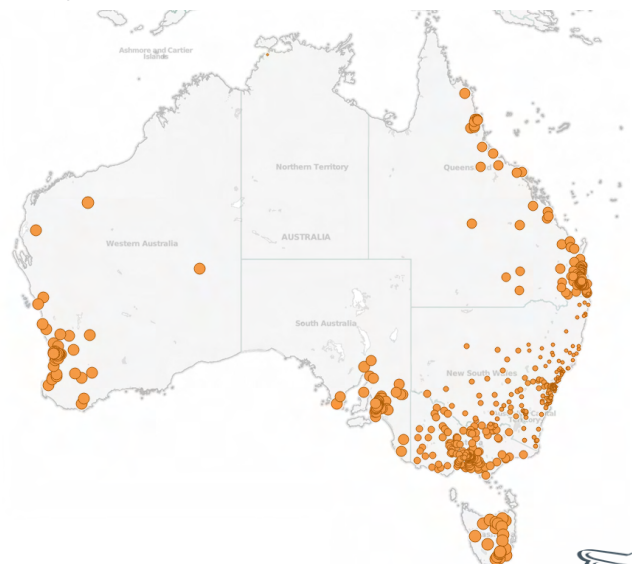
AUSTRALIAN STATISTICAL GEOGRAPHICAL CLASSIFICATION (ASGC)

Figure 3: Remoteness area of Shed members



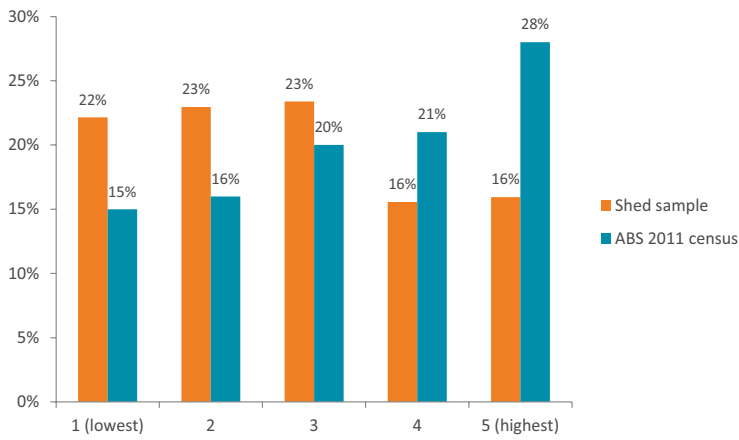
MAP LOCATION OF SHED MEMBERS

Figure 4: Map location of Shed members



SOCIO-ECONOMIC INDEX OF ADVANTAGE AND DISADVANTAGE (SEIFA)

Figure 5: Socio-economic area of Shed members



Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage.

The indices are based on information from the five-yearly census and include data on income levels, education and other variables related to socio-economic advantage and disadvantage.

A total of 45% of Shed members are from areas in SEIFA quintiles 1 and 2 (indicating lower socio-economic areas), a higher proportion than the Australian population in general.

MAKE-UP OF SHEDS CONTINUED

As we can see opposite, Men's Sheds comprise a membership largely retired from paid work.

A significant proportion of members (27%) had completed a certificate or diploma (e.g. TAFE). A total of 38% of Shed members completed secondary school to year 10 or below.

Education can influence health through a range of complex mechanisms like income and access to health care, and participation in the labour market (employment). Education has also been found to be strongly linked to determinants of health such as risky health behaviours and preventative service use.

Most Shed members (70%) live with their partner. 16% live alone.

OTHER KEY DEMOGRAPHICS

80%

RETIRED FROM PAID WORK

38%

COMPLETED SECONDARY SCHOOL TO YEAR 9 OR 10 OR BELOW

70%

LIVE WITH THEIR PARTNER

22%

BORN OVERSEAS

6%

SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME

96%

IDENTIFIED AS STRAIGHT OR HETEROSEXUAL

THE PATH TO THE SHED

Shed membership is driven to a large degree by significant life-changes for men.

Membership of Sheds seems for many to come about following a significant life-event.

As is illustrated in the diagram below, many men's lives are contextualised by their activities, routines and connections or more specifically, their work, relationships with family and friends and their interests.

When any of these components change due to a change in circumstance for example retirement, challenges to health, relationships or finances, this change causes stress, and in some cases a reduced ability to cope and some social disconnection or lack of direction and structure.

It is often an experience of this type of significant life change (diverse in nature) that brings men to the shed.

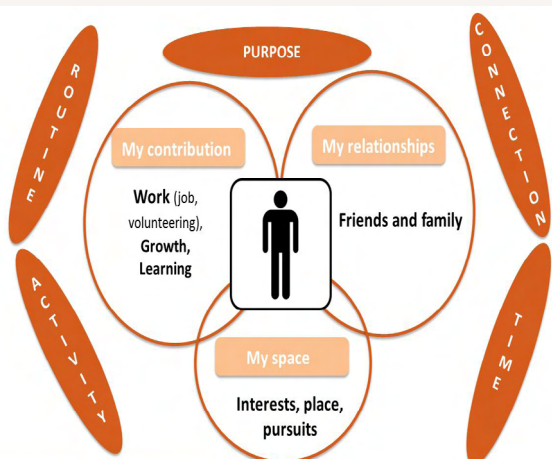
It was found during the focus groups that many members had come to their Sheds when looking for a way to adapt to a change (or multiple changes) such as:

- Retirement or job-loss;
- A change in family circumstances such as the loss of a spouse or divorce;
- A health issue; or
- Relocation to a new area.

These changes can also coincide with significant changes in men's relationships. Some respondents mentioned that their non-family relationships had been driven by their wives or partners and through the workplace dynamic.

On losses of either of these facilitators to relationships, many men can be left with a small or non-existent circle of friends to draw on following the life change.

Many men also identify strongly with their paid work role; it gives a defined routine and secure identity and role. On losing this, many experience a sense of loss.



"When you work you're amongst other men all the time. You may not be happy with your work but you're still amongst other people. You talk about football and have jokes in the shop and grizzle about the boss. But when you stop it all stops. It's a void. [And it's like,] 'What's to do today?' ... People don't realise that when you retire there's a snap off point from all that company"

"Men's Sheds gives you an opportunity to make new friends"

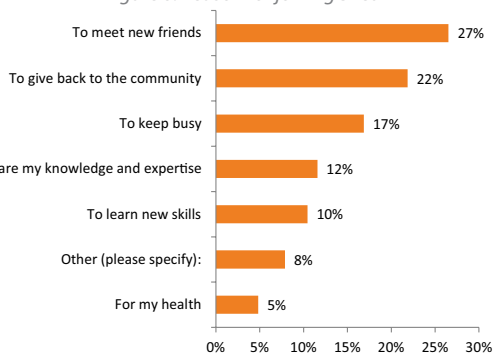
REASONS FOR JOINING

Social interaction is the main reason men join the Sheds and is also perceived as the greatest benefit of Sheds.

Motivations for originally coming to Sheds varies amongst members. For some it is to meet new friends, others want to give back to the community.

When asked 'What was your main reason for joining Men's Sheds?' we see that the social aspects - friends and community account for 48% of all respondents' motivation for joining.

Figure 6: Reason for joining Shed



There is a gradual shift however in the reasons for continued attendance at Sheds. The long term nature of Shed membership is found to be very meaningful. Over time, the Shed's main purpose is recognised to be largely related to more intangible benefits, for example personal fulfilment, through helping and caring for others.

"... our oldest guy is now 93-94 and he's been coming since the start. But he in himself now physically can't do much. He just wanders around. He just comes to spend time ... he always says, 'If it wasn't for the Men's Shed, I wouldn't have got out of bed this morning' sort of thing. So that's the power that it's provided him is that social connection"

"The main reason I joined the Men's Shed is for company. I am a bachelor"

When asked what they felt the greatest benefit of the Sheds were, respondents once again identified the social aspects of the Shed experience.

A total of 45% of respondents mentioned 'Getting out and socialising' as the greatest benefit of the Sheds and 41% mentioned 'Making Friends'.

The health benefits of Sheds are not highly ranked in either the reasoning for joining Sheds or the greatest benefits. We will see in the following sections, however, how social interactions such as those indicated as benefits here have significant impacts on personal health and well-being.

Table 1: Greatest Benefit of Sheds

THEME	PERCENTAGE	EXAMPLE QUOTE
SOCIALISING/ GETTING OUT	45%	<i>Non-judgemental social interaction.</i>
MAKING FRIENDS	41%	<i>The consistent companionship of coming to the Shed and getting to know a whole new 'set' of people from different backgrounds.</i>
LEARNING OR PASSING ON SKILLS	20%	<i>Social interaction, giving to the community and learning new skills.</i>
FOR THE COMMUNITY	13%	<i>To keep busy, giving back to local community, to share with others old and new.</i>
TALKING ABOUT ISSUES	7%	<i>Companionship. Freedom to discuss a very broad range of issues without preplanning or bias. Helping others who are struggling.</i>
FOR HEALTH	3%	<i>Personal satisfaction in its growth and seeing change in members' interests and personal health.</i>



A SENSE OF PURPOSE

Members derive a sense of purpose from their Sheds. A sense of accomplishment and giving back to the community.

Research has shown that the more roles people fill, the more sources of self-esteem they have.

'Worker', 'father', 'husband' are all roles which decline in impact for many older men, through retirement, their children reaching independence and through the loss of a spouse.

Diminished roles can result in diminished self-esteem.

"When you cease work, you say in the morning, 'What the hell am I going to do? What's my purpose?'"

Men's Sheds are one way for men to regain this sense of purpose in life. Focus group participants referred to one another's "past lives", implying the development of new, post-retirement identities.

A large driver of this sense of purpose Shed members claim as part of the Shed experience is the connection which Sheds have to their local communities. As we have seen, giving back to the community is a significant reason for coming to Men's Sheds for many men.

A total of **94%** agreed or strongly agreed with the statement 'My Shed makes an important contribution to our community.'

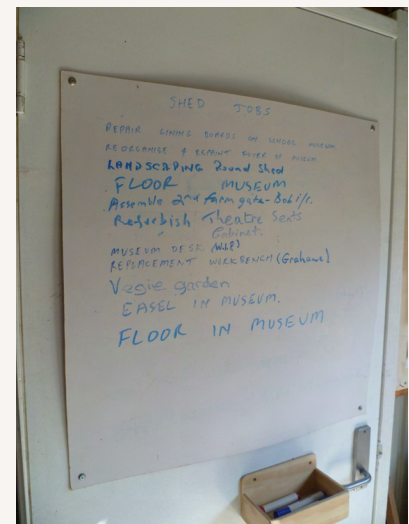
Not only is there is a connection with the community, but also a recognition from the community that builds a sense of personal (and group) self-esteem and a connection with the community through new relationships.

This is because the community (broadly speaking, outside of the relationships inside the shed) is said to value the services of the Men's Shed and what the Shed brings to the community.

"We had a lady and her kids living in a tent. Their house had been gutted and we did the repairs to the house and made it liveable for her and the kids and that's good. [names] lined the house, helped paint the house that makes you feel good. I have become a friend with strangers I didn't know existed before"

"The butcher provides our sausages for our Monday lunch free of charge. It is a good community spirit"

"The guys love that community stuff because it rekindles their community spirit and they get a lot of satisfaction out of doing that stuff. More so than doing their own projects. And they're often asking what we can do now, what's next"



A PLACE FOR LEARNING

Sheds are also a place for learning and passing on of skills.

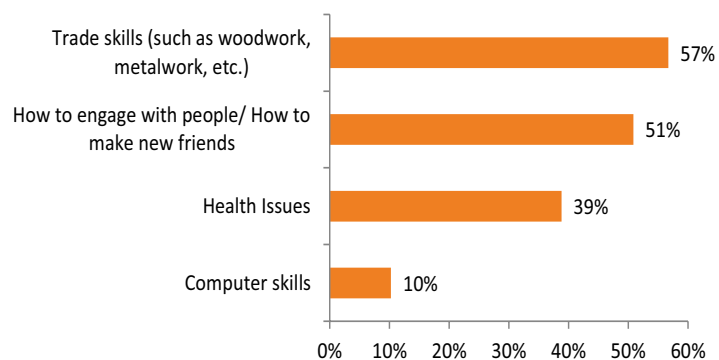
Sheds are clearly seen as a place of learning new skills. At first glance, these appear to be practical, task related skills e.g. woodwork, metalwork etc. that relate to the output of the Shed. However, many respondents also articulate how skills such as learning to relate better to people are an unexpected benefit. In fact, over half of Shed members claim that better engagement with others is a skill learnt in the shed.

Further to this, through relationships and informal communication, some men claim to learn through advice-seeking behaviour in the Shed. For example, this could take the form of approaching a Shed member with a particular skill/past profession to seek advice about a practical problem e.g. a car problem or a financial decision. There is also learning taking place through hearing about others' experiences – particularly relevant for health related topics. Over a third of the Shed group claim to have learnt about health related issues in the shed environment.

There are benefits both for the "learner" and the "teacher" in the Shed set up, as the "learner" gains confidence with new skills and feeling that a source of information is easily accessible (and free), whilst the "teacher" experiences greater self esteem through being able to pass on skills and be seen as a source of expertise in an area. A total of **94%** of Shed respondents agreed or strongly agree with the statement 'I enjoy sharing my knowledge and expertise with other Sheddors'. This encourages a cycle of learning and

giving in the shed environment. Respondents were asked 'Which of the following, if any, have you learned more about through your Shed?'; 'trade skills', 'computer skills', 'health issues' and 'how to engage with people/ how to make new friends'. As we can see below, trade skill and how to engage with people are the areas that respondents feel they have learned most about through their sheds.

Figure 7: Learnings through Sheds



"It was a salutary lesson for me to fit in with all the guys and I have had to learn to do that. It is a leveller ... I enjoy the sense of belonging"

"... this is the ideal sort of place for them to get out and do something that they enjoy. Whether it be helping others like yourself to learn new bits and pieces or whatever. And I just enjoy the camaraderie and be able to get off and bat a few heads when I feel like it."



SHEDS AND HEALTH

Health interventions occur in both formal and informal formats in Sheds.

The concepts of 'purpose', 'self-esteem' and 'learning' can all be related to a person's health. Physical activity is also beneficial to both mental and physical health.

Focus group participants contrast themselves with non-members partly in terms of activity levels. They report that the Sheds keep them both physically and mentally active, and that a momentum of activity is created that enhances energy and confidence levels. It becomes a virtuous cycle with

physical and mental health improving each other.

Men's Sheds also have other, less obvious effects on health. For one, Sheds offer a "safe" and "open" place for men to talk about issues. There is a natural and informal sharing of information in Sheds.

This often takes the form of concern for one another's health and the recognition of symptoms through everyday personal contact. These less formal health interventions

are seen by Shed members to be highly informative and practical. Advice from a peer is seen to be relevant, believable, understandable and endorsed.

There are also more direct health interventions which occur at Sheds such as organised health checks, distribution of leaflets and information, health talks, etc..

"[Members are] men who don't sit on their arse and watch television. [Some of those men who are not members] can't even go out in the garden and dig. Now I am busy here all the time. The shed keeps you busy"

"A lot of people retired sit at home and suffer depression, it is good to be able to get out, come here and do something. If you want to do something with your hands this is the place"

"That talk comes up in Men's Sheds; people start talking and say 'Look, go to this guy because he's easy to get on with. He's not abrupt.'"

"If not for the Shed, we would not be having these discussions [about health] with anyone ... the four walls maybe? ... I didn't talk to my family. You don't talk about it, because you don't want them to worry ... you don't want to give your family something else to worry about ... At our age, you see the GP quite a lot for problems [but don't want to burden family]"

HEALTH INTERVENTIONS IN SHEDS:

- **INFORMATION**
Shared experiences are highly informative and practical. Advice from a peer is seen to be relevant, believable, understandable and endorsed
- **SUPPORT**
Health is impacted by the support and encouragement of others (and mental health in general is acknowledged to impact physical health)
- **AWARENESS**
Awareness of health issues is raised through conversation and relationship
- **DETECTION**
Diagnosis/ detection is aided through observation and everyday-type relationships that provide the opportunity to see changes in physical (or mental) condition
- **EXPERIENCE**
Ideas around treatment (treatment options, remedies, access points) and referral (shared experiences of health providers) are also conversational points that are useful for physical health

MEASURING HEALTH - SF-12

A major component of this study was to measure these findings about health in a robust manner; to test the hypothesis that Sheds have a positive impact on health.

In order to achieve this, the Short Form (12) Health Survey (SF-12) was used to test for self-perceived differences in health between the Shed and non-Shed samples.

The SF-12 is a well-known and validated survey instrument that uses twelve questions to measure functional health from the respondent's point of view.

The twelve survey items are converted into eight domains, which measure their relative health factor on a scale of 0-100. A higher score indicates better health on these scales.

THE SF-12 MEASURES 8 DOMAINS -

- **PHYSICAL FUNCTIONING**
Indicates the extent to which a person is limited by their health in performing a range of physical activities.
- **ROLE PHYSICAL**
Indicates the effects of physical health on a person's performance of their work or other activities they are able to do.
- **BODILY PAIN**
Indicates the severity of pain experienced and the extent to which it interfered with normal activities.
- **GENERAL HEALTH**
Self-assessed health status.
- **VITALITY**
Indicates a person's energy levels.
- **SOCIAL FUNCTIONING**
Indicates the impact of health or emotional problems on the quality and quality of a person's social activities.
- **ROLE EMOTIONAL**
Indicates the effect of emotional problems on a person's performance of their work or other daily activities.
- **MENTAL HEALTH**
Indicates the amount of time a person experienced feelings of depression or happiness.

SF-12 RESULTS

There are significant difference in terms of SF-12 health scores between Shed members and socially isolated, non-Shed members

One way of looking at Men's Sheds is that they provide meaningful engagement and activity which meet a number of social, practical and recreational needs. There are a range of organised alternatives for meeting these needs, including senior citizens clubs, service organisations, sporting organisations and so on.

Thus a more legitimate group for comparison for health factors are those who match the Shed members demographically but are not engaged in Sheds or meaningful alternatives. The thesis then becomes that there is a group in Australia who would benefit from involvement in Sheds or other meaningful activity.

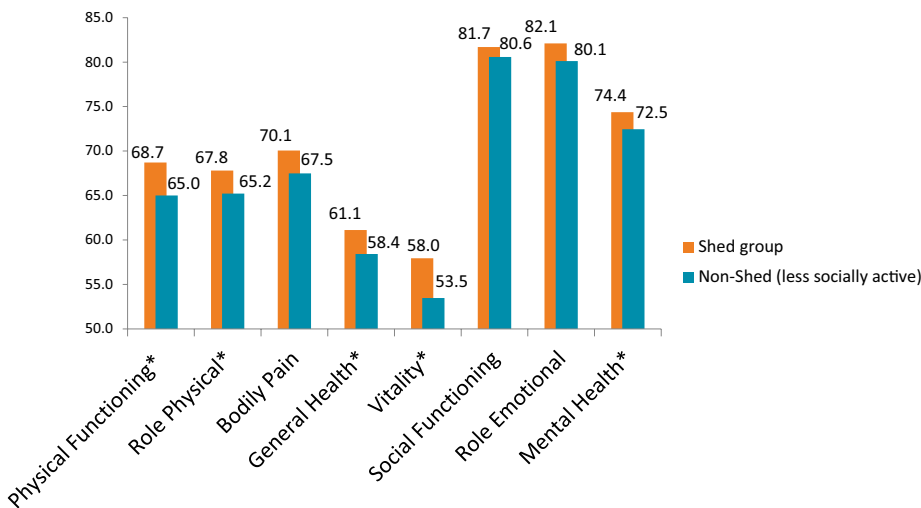
The SF-12 was administered to both Shed and non-

Shed respondents to test the hypothesis that Sheds make a positive difference in men's lives and health.

In order to identify this group, a number of survey items were used to identify non-Shed members with little social interaction in their lives. Questions such as 'number of close friends and relatives', 'the frequency of socialising', 'the frequency of contact with friends or family' and 'the frequency of attendance of groups' (such as sports clubs, church groups, etc.) were used to construct a scale of 'Social Activity'.

This scale was then used to identify those non-Shed respondents who were less socially active. Those scoring below the mean on this scale were considered to be 'less socially active' and those above the mean 'more socially active'.

Figure 8: SF-12 scores, Shed vs less socially active non-Shed groups



*Statistically significantly higher than non-shed score at $p < .05$.

SF-12 RESULTS

When comparing the Shed group and non-Shed group, controlled for social activity, we see differences in the SF-12 domains, with Shed members scoring statistically significantly higher on the:

- PHYSICAL FUNCTIONING;
- ROLE PHYSICAL;
- GENERAL HEALTH;
- VITALITY; AND
- MENTAL HEALTH SCALES.

MENTAL WELL-BEING

Mental health and well-being is a clearly articulated benefit in the minds of Shed members when discussing the issue in a qualitative context.

In other words, Shed membership positively impacts on the experience of mental health and well-being. How this is described differs from person to person and from Shed to Shed. Many members were found to attribute one aspect of their experiences to improved mental health overall.

Aspects that are frequently said to contribute to better mental health include better physical health and energy levels, improved confidence, better partner relationships, new friendships, etc.

Some examples of comments pertaining to improved mental health can be found here. Mental health benefits are also implied in almost all the benefits that are explored in this report.

“One of the things I don't promote is the sitting around. I promote the activities we do. Because if you said to a bloke, ‘We're going to sit around chatting for two hours a day.’ They'd say, ‘That's not for me. That's not my thing.’ Because that would challenge them, maybe fear challenging of their own personal mental health or views on life. Would be too confronting. Although there are groups are out there that are like that”

“I've had depression for a few years - still have a bit of medication at night and you come up here and meet all these fellas. The fellas that didn't come, we lost a few and when they came up here we get more friendly, we talk to one another about things and if something is said you take it easy”

“We encouraged a friend of ours in a similar situation (lost his wife). He did not come along for a while. Whether it is grief, anxiety we don't know how to deal with these issues ... [but] when doing things you can empathise with things, talk about things you might not otherwise talk about”

“Reduces my anxiety another notch because I have this extra level of communication with the community”

“This is like therapy”

“The Shed gives you a reason to get up. It keeps you mentally active and physically active.”

- MENTAL HEALTH IS SEEN TO BE IMPROVED AS A RESULT OF:
- New relationships with associated benefits (ability to share, receive, give etc.)
- Fun, less boredom
- New levels of confidence that comes from acceptance of others and achievement of projects
- Increased physical (and emotional) energy that comes from active participation
- Routine involvement in the group/ regular commitments that mimic work commitments (a reason to get up and get out)
- Increased sense of purpose through achievement of personal goals (related to task completion or relationship, giving to others)
- Greater perspective on life issues through sharing with others
- Spin offs (ripple effect) that better mood, enhanced confidence has on relationships and activities outside of the shed
- Reported improvement in mood, feeling “happier” or less depressed
- Stronger connection to the community through relationships, community service and community recognition (status of shed membership)
- Improved physical health which is also impacted on by membership of the shed
- Lower levels of anxiety (lower level mention)

MEASURING MENTAL WELL-BEING

The Warwick-Edinburgh Mental Well-being scale (WEMWBS) was used as part of the survey to quantify mental well-being.

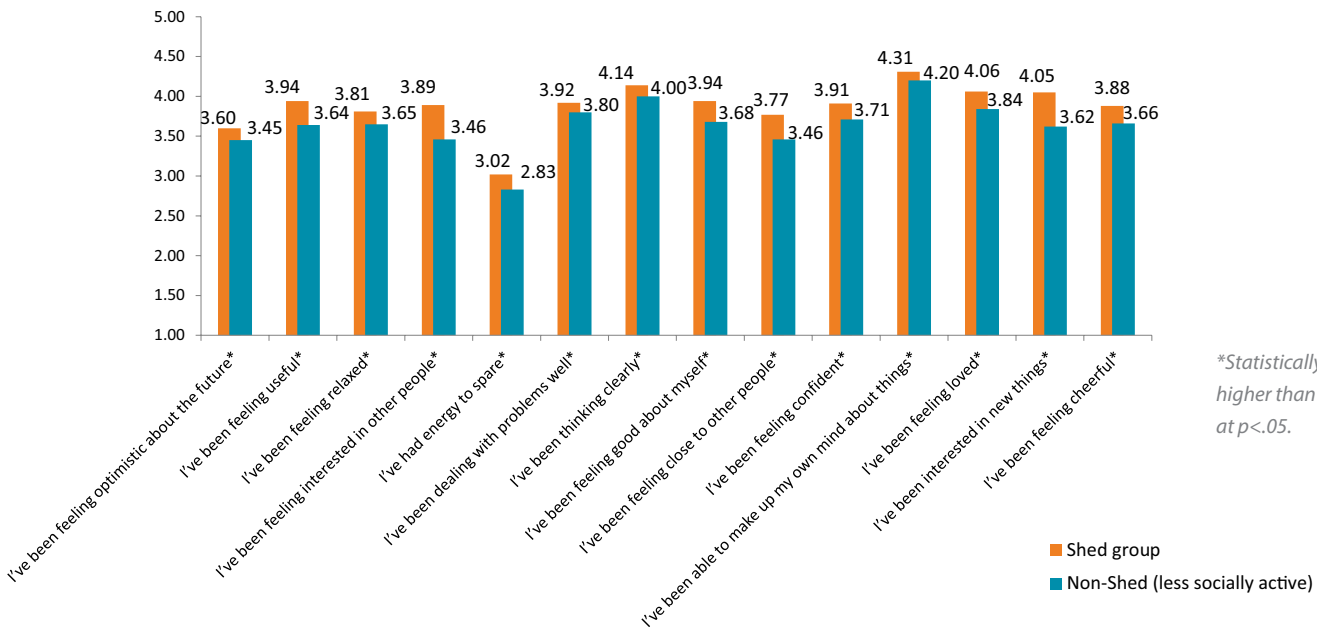
The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population’s mental well-being.

An overall measure of mental well-being is calculated by summing the individual WEMWBS scores giving a score in the range of 14-70.

When comparing the individual scores for these items we see statistically significant differences in all variables between the Shed and the less socially active non-Shed groups.

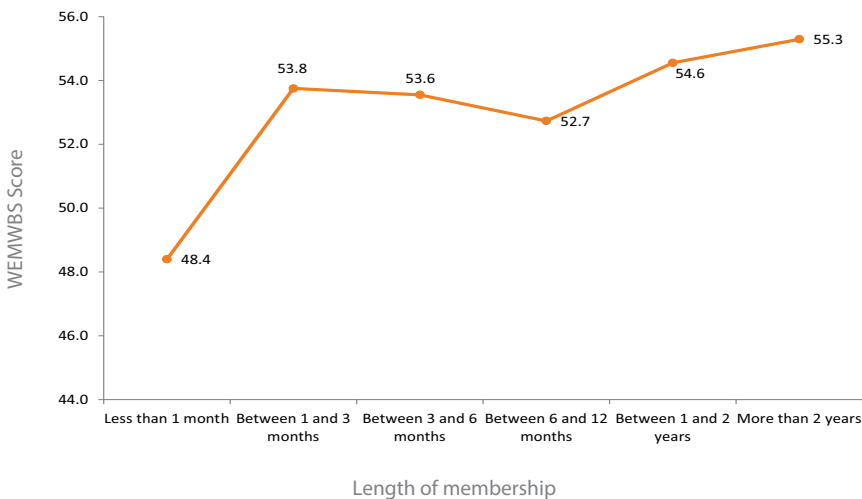
The shed group’s overall score for mental well-being was 54.32, while the less socially active non-shed group’s was 51.02.

Figure 9: WEMWBS scores, Shed vs less socially active non-Shed groups



Adding weight to these findings is the fact that there appears to be a positive relationship between the length of Shed membership and mental well-being, since mental well-being increases the longer one is a member of the Shed.

Figure 10: WEMWBS scores and length of Shed membership



WEMWBS RESULTS

When comparing the Shed group and non-Shed group, controlled for social activity, we see differences in all WEMWBS individual items and the overall score.

The items which show the greatest differences between the groups were - 'I've been feeling interested in other people', 'I've been feeling close to other people', etc.

These attributes imply an engagement and input from others to assess and affirm improvement i.e. an external impetus. This implies a greater social connectedness through Shed membership that facilitates mental wellbeing in a way not experienced by many outside of the Shed.



AWARENESS OF DEPRESSION AND ANXIETY

It was found during focus groups that although the benefits of Shed membership are clearly appreciated, there are many interpretations and definitions used when discussing mental health. 'Depression' was found to be somewhat of a catch-all phrase used by many to describe mental health issues.

As part of the quantitative survey, awareness of depression and anxiety was measured in order to test whether there are significant differences between the Shed and non-Shed groups in terms of recognition, and hence awareness, of depression and anxiety.

To accomplish this, two vignettes of hypothetical men with conditions, 'John' and 'David', were shown to respondents.

Short paragraphs describing John (Depression) and David (Generalised Anxiety Disorder) were displayed and respondents asked 'What, if anything, do you think is wrong with John/David?'

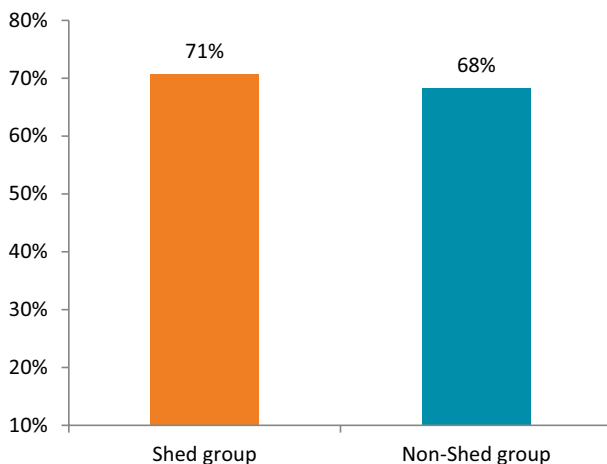
Correct identification of depression and anxiety is seen as indicative of greater awareness of the conditions. Raising awareness of depression and anxiety can help to reduce the impact and the stigma towards these conditions. This understanding is therefore seen as very important in the improvement of mental health.

Please note that in this section and throughout the remainder of the report, the non-Shed group is used in its entirety for comparisons.

John (Depression)

John is a 42 year old who has been feeling unusually sad and miserable for the last few weeks. He is tired all the time and has trouble sleeping at night. John doesn't feel like eating and has lost weight. He can't keep his mind on his work and his productivity has dropped. He puts off making any decisions and even day-to-day tasks seem too much for him. His family and friends are very concerned about him.

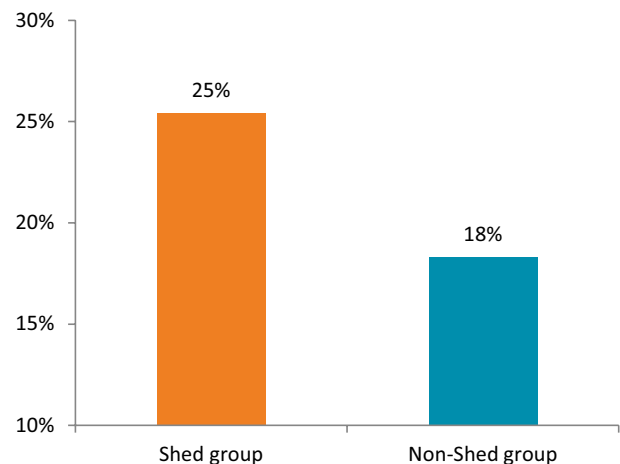
Figure 11: Identification of depression, Shed vs. non-Shed



David (Generalised Anxiety Disorder)

David is a 57 year old who for the past 4 months has been feeling increasingly stressed and worried. Although his worries were initially not associated with any particular situation, they are now associated with his work. When he goes to work he often has attacks of nausea, sweating, chest pains and trembling. He stays up late and worries about his health, money and family problems but feels unable to stop, even though he is aware that his feelings are more intense than any of these situations warrant.

Figure 12: Identification of anxiety, Shed vs. non-Shed



As we can see from the above, depression is well recognised by both the Shed and non-Shed groups. Anxiety however, is far less well recognised with only 25% of Shed members and 18% of non-Shed members correctly identifying 'David' as experiencing anxiety. This difference between the groups was statistically significant, with Shed members being more aware of anxiety than non-Shed members.

PERSONAL STIGMA TOWARDS DEPRESSION AND ANXIETY

At no point in this part of the survey were the words 'depression' or 'anxiety' used.

Instead the vignettes were used as a reference and respondents asked to answer a series of questions in relation to 'John' (Depression) and 'David' (Anxiety).

In order to measure whether there are differences in personal stigma towards people with depression and anxiety a series of questions were asked in relation to 'John' and 'David'.

Personal stigma towards people with depression is low for both groups. The only items which scored above 3.00 were 'People with an issue like John's are unpredictable', 'I would not vote for a politician if I knew they had an issue like John's', and

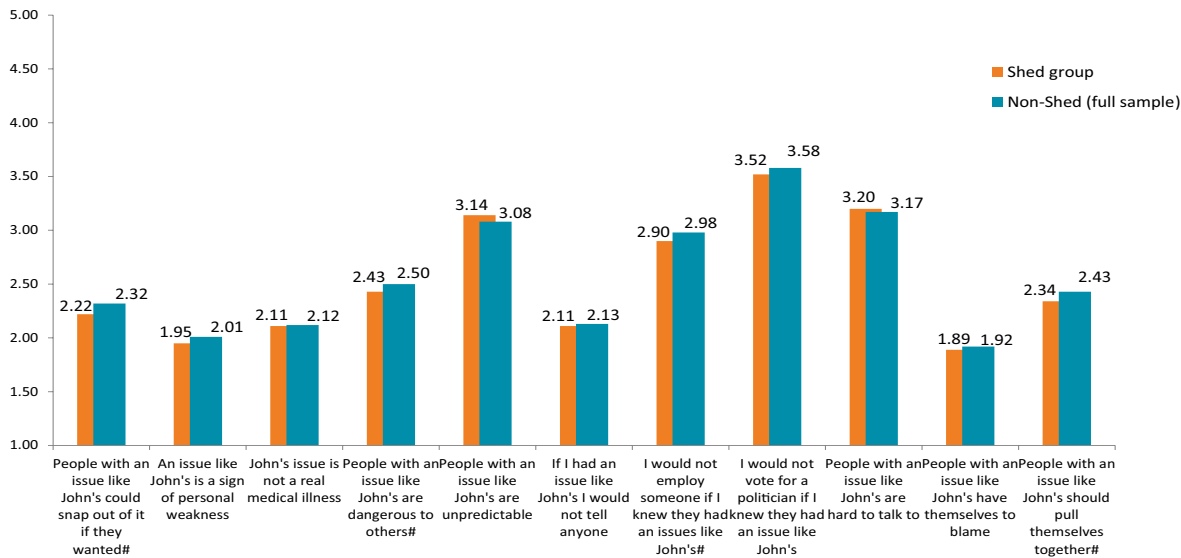
'People with an issue like John's are hard to talk to'.

Despite these low scores, non-Shed members are significantly more likely to think that people with depression could 'snap out of it', 'should pull themselves together', think that they 'are dangerous to others' and are less likely to 'employ them'. It seems from this that Shed members are more likely to consider depression as a health condition rather than a personal choice.

Based on this hypothetical scenario, Shed members are also more likely to socialise with, make friends with and work closely with someone suffering from depression than non-Shed members. This is consistent with the strong qualitative reports of the Shed as a safe place where everyone accepts each other and a place where people come to "mend".

Depression (John)

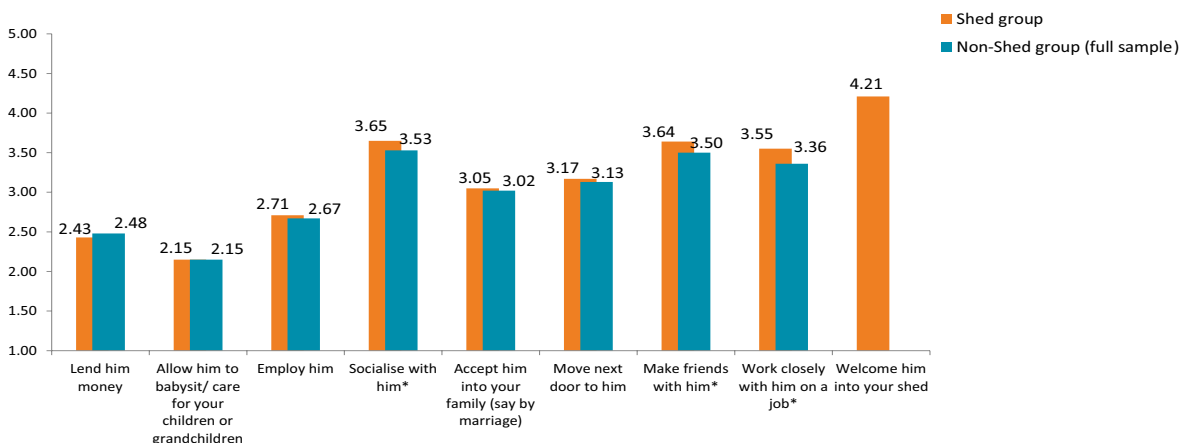
Figure 13: Personal stigma 1, depression, Shed vs. non-Shed



#Statistically significantly higher than shed score at p<.05.

Figure 14: Personal stigma 2, depression, Shed vs. non-Shed

If John was someone you knew, how likely is it that you would...



*Statistically significantly higher than non-shed score at p<.05.

Likewise, there is low stigma overall towards people with anxiety. Non-Shed members are more likely than Shed members to see anxiety as a sign of personal weakness, and again, as a personal choice (significantly higher scores on 'People with an issue like David's have themselves to blame', 'People with an issue like David's could snap out of it if they wanted' and 'People with an issue like David's should pull themselves together').

Anxiety (David)

Figure 15: Personal stigma 1, anxiety, Shed vs. non-Shed

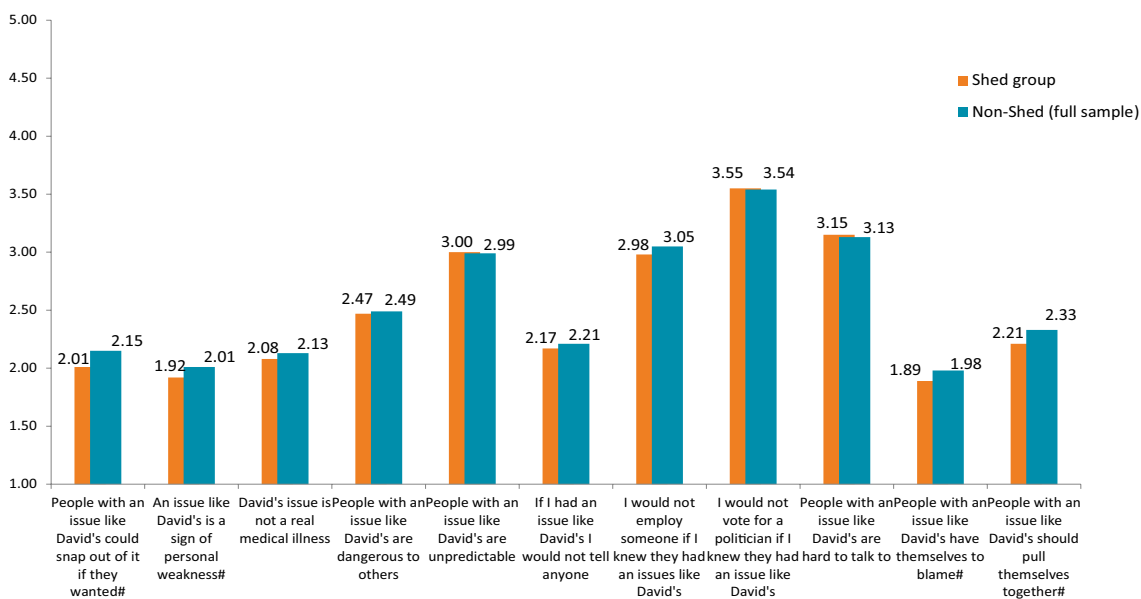
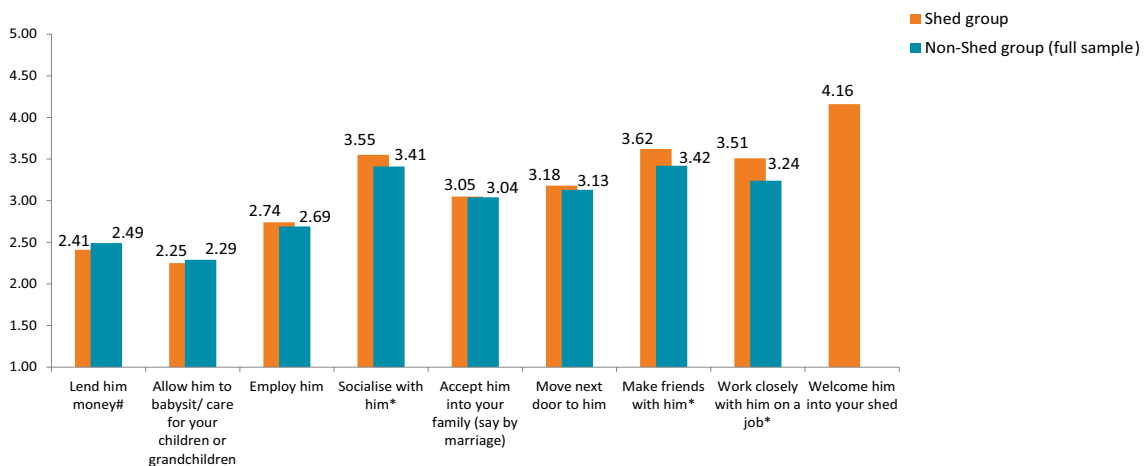


Figure 16: Personal stigma 2, anxiety, Shed vs. non-Shed

If David was someone you knew, how likely is it that you would...



*Statistically significantly higher than non-shed score at $p < .05$.

#Statistically significantly higher than shed score at $p < .05$.

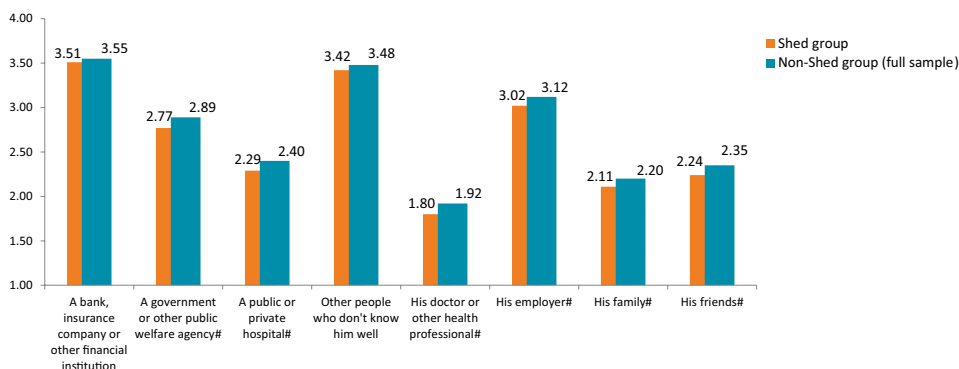
PERCEIVED STIGMA TOWARDS DEPRESSION AND ANXIETY

Although low for both groups, non-Shed members perceive a greater threat of institutional and social discrimination than do Shed members, should others be made aware of a diagnosis of depression or anxiety.

Both groups were asked whether a list of people and institutions would be likely or unlikely to discriminate against 'John' (Depression) and 'David' (Anxiety) if they were aware of their conditions.

Q - If the following people or institutions were aware of John's issue, how likely or unlikely do you think they would be to discriminate against him?

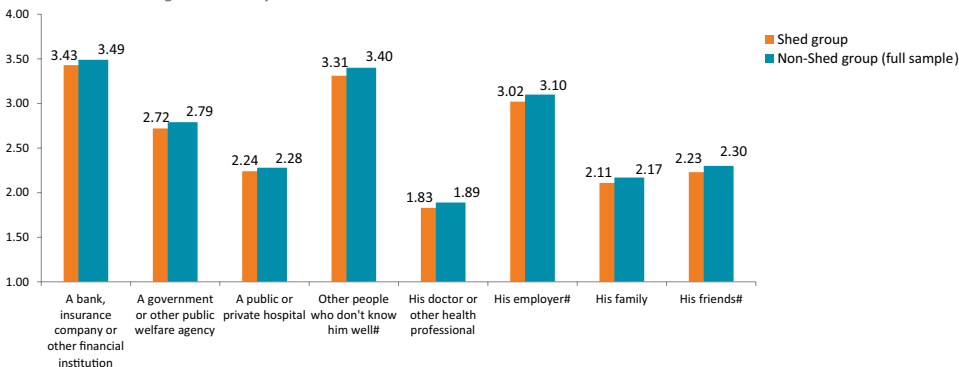
Figure 17: Perceived stigma, depression, Shed vs. non-Shed



#Statistically significantly higher than shed score at $p < .05$.

Q - If the following people or institutions were aware of David's issue, how likely or unlikely do you think they would be to discriminate against him?

Figure 18: Perceived stigma, anxiety, Shed vs. non-Shed



#Statistically significantly higher than shed score at $p < .05$.

DEPRESSION AND ANXIETY

Shed Members and non-Shed members are equally aware of depression.

Although stigma towards depression is low for both groups, Shed members are statistically less likely to attach stigma to a person with depression.

The non-Shed group was found to be more likely to believe that a person with depression would experience discrimination from other people or institutions.

Shed Members are more aware of anxiety, however only 25% of Shed members correctly identified the anxiety vignette.

Similarly to depression, stigma towards anxiety is low for both groups though Shed members are statistically less likely to attach stigma to a person with anxiety.

The non-Shed group was found to be more likely to believe that a person with anxiety would experience discrimination from other people or institutions.

HELP-SEEKING BEHAVIOUR

We have seen that there are slight but significant differences between the Shed and non-Shed groups in terms of attitudes towards depression and anxiety.

What is of great interest however, is the impact Shed membership appears to have on help-seeking behaviours. Shed members demonstrate a greater willingness to consider a far wider range of sources as suitable to approach for help – beyond the GP, which both groups agree is the main source of help.

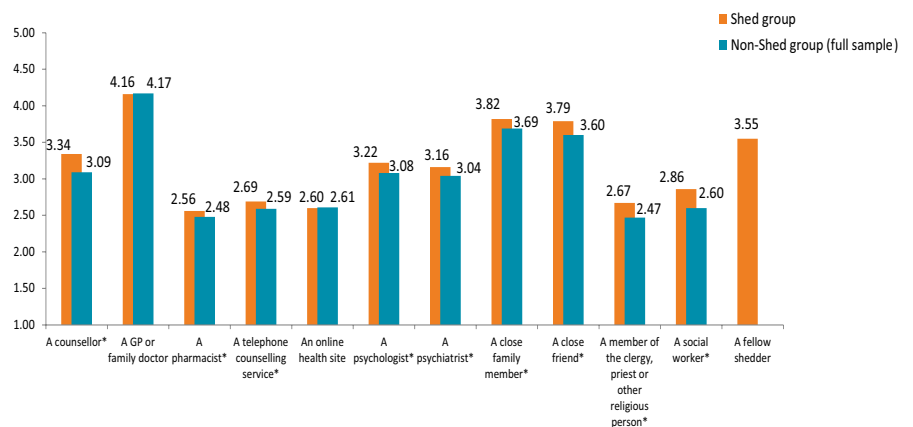
Once again using the 'John' (Depression) and 'David' (Anxiety) vignettes, respondents were shown a list of actions and asked whether they felt they would be helpful or harmful for John/ David.

When considering whether the list of interventions would be helpful or harmful for John (Depression), we see that discussing the issue with a GP or family doctor is seen as most helpful by both groups, followed by discussing the issue with a counsellor.

Shed members are significantly more likely to think discussing the issue with a counsellor, a pharmacist, a telephone counselling service, a psychologist, a psychiatrist, a close family member, a friend, a priest or other religious person and a social worker would be helpful. It could be said that Shed members are more likely to think that discussing an issue like John's is helpful, no matter with whom, than non-Shed members.

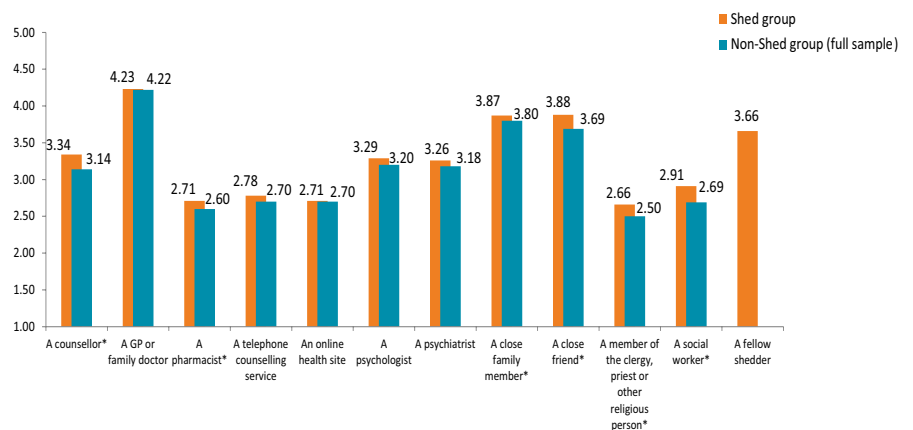
As with the depression vignette, discussing the issue with a GP or family doctor is seen to be the most helpful for David (anxiety) by both groups. Likewise Shed members are more likely to think that discussing the issue is more helpful than non-Shed members.

Figure 19: Help-seeking attitudes, depression, Shed vs. non-Shed



*Statistically significantly higher than non-shed score at $p < .05$.

Figure 20: Help-seeking attitudes, anxiety, Shed vs. non-Shed



*Statistically significantly higher than non-shed score at $p < .05$.

CONCLUSIONS

MEN'S SHEDS ARE A POSITIVE EXPERIENCE OVERALL FOR MEMBERS

The Men's Shed experience appears to be positive overall for a variety of reasons. It also represents an ongoing commitment over time for most of its members.

SIGNIFICANT LIFE-EVENTS OFTEN LEAD TO MEMBERSHIP

The journey to the Shed is often marked by experiences of significant life change – quite often involving retirement, health challenges, changing family circumstances or relocation. The Shed environment facilitates coping during this change.

Motivations for joining the Shed are mostly to do with social interaction with others. Being able to give back to the community is also a core motivator which results in greater purpose and a strong sense of being useful and productive.

This productivity and the new relationships formed greatly influence feelings of self esteem and confidence. This is also enabled by learning new skills – both practical and social in the Shed environment.

MEN'S SHEDS ARE IDEALLY PLACED TO REACH SOME PRIORITY DEMOGRAPHICS FOR HEALTH INTERVENTION

Men's Sheds are in an important position to be able to impact priority health groups, as is indicated by a demographic profile of Shed members. This highlights its reach, appeal and culture, all of which are significant.

Older men, from regional areas, and lower socio-economic areas are accommodated by Sheds.

CLEAR HEALTH BENEFITS TO SHEDS, PARTICULARLY WHEN COMPARED AGAINST SOCIALLY ISOLATED NON-MEMBERS

Mental and physical health benefits are numerous and are articulated and experienced in a variety of ways. The key to all of these benefits is social connectedness.

Well-being (mental and physical) is facilitated through this connectedness – with other individuals and with the community as a whole. Profound connections are formed, that are sustained over time, with mental health benefits improving over time i.e. the true benefit of Men's Sheds can be recognised over the longer term.

AWARENESS OF MENTAL HEALTH ISSUES IMPROVED THROUGH MEMBERSHIP BUT THERE IS STILL ROOM FOR IMPROVEMENT

Although awareness and perceptions around depression and anxiety specifically are not very different between Shed members and non-Shed members, there are indications that Shed members are less likely to attach stigma to depression and anxiety and more likely to recognise anxiety.

It appears that Men's Shed add a layer of vitality and well-being not experienced elsewhere, especially for older men. There is still room for improvement however, in terms of awareness of anxiety,

and some areas of stigma around mental health issues.

Shed members appear to be significantly more likely to seek help than non-Shed members. This is of huge importance when considering the demographic make-up of Sheds, i.e. older males in regional areas.

THE SELF-DIRECTED NATURE OF SHEDS APPEALS TO MEMBERS

Men's Sheds are distinctive in their autonomous structure (appreciated by many), their prevalence, and their uniquely masculine focus.

As such they provide an excellent opportunity to address men's health issues specifically, and with a wide reach. Shed members appear open to learning, to new relationships and to new information. The Shed environment is seen to be accepting and authentic, so there is much credibility attributed to information accessed through the Shed.

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