Australasian Men's Health Forum

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Submission to the Senate Select Committee on Men's Health

The Australasian Men's Health Forum (AMHF) is pleased to make this submission to the Senate Enquiry.

AMHF is the only existing peak body of men's health in the country, with members in every state. The organization runs the national men's health conference in conjunction with the Aboriginal and Torres Strait Islander Male Health Convention and this year at the conference in October we have extended the platform to give space to the Men and Family Relationships meeting. Our connection with Aboriginal men has been particularly enriching for us and we are honoured to have a common platform with them on many matters.

AMHF would welcome any invitation to share our knowledge and experience in any of the Select Committee's hearings into men's health.

From the point of view of AMHF, one essential dimension of the issue, reflected in the Discussion document now circulating is that 2009 could be a watershed in terms of the underlying attitude toward male health. It is very important that as a country we move away from the culture of blaming men for their demonstrably poorer health.

Even a brief look at what has gone before in this area will show that the approach to men's health has very often been couched in negative terms: "They don't take care of themselves, do they? They don't get in touch with their feelings, they are too macho, too involved in their work etc". It is time to change this negative and ultimately unhelpful attitude. This negative way of thinking is pervasive and even self-perpetuating. It is bolstered by certain academic writing which talks of "masculinities" as being "the problem". It cannot be stated too strongly that such thinking, however pervasive, is not evidence based, but is rather ideological in nature.

We ask government to take a stand on this issue and help the country build a positive attitude towards men, to reinforce positive attitudes towards men, as embodied in such positions as: it's ok to be a boy, men do make positive contributions to society, not all men are violent.

2009 could be the turning point and mark the move towards a rational and compassionate view of men. The government should lead this movement, based on the position in the national discussion document which calls, very importantly, for two things:

- "man-friendly" health services and
- Evidence based policies, using the science, not just of biology, but of the social determinants of health.

When the national discussion document speaks of the need for "man-friendly services", it gives all of us a chance to ask of all the public health services, like Community Health and GP practices: "What are you doing to make your services male-friendly?" We must create a culture, like we have for women, that it is normal for men to visit the doctor.

The Discussion document speaks of the "social determinants of men's health". This again could have enormous significance for the country and the well being of men and boys since it draws attention to the well documented fact that health is embedded in the social, economic and political context of boys' and men's lives. It would be a retrograde step if the main thrust of the policy became an exhortation to men to eat well, exercise, drink less and otherwise modify their behaviour. Such recommendations, to have any value, must be made in full acknowledgement of the context of men's lives, the social determinants of their health. As the Government's own Discussion Document of this year on Primary Health Care says:

Some groups have increased risk of disease because of social, cultural socio-economic or other factors e.g. from place of residence, economic resources, employment status, skills, lower levels of education language, cultural barriers and lifestyles. These factors can make it hard to make changes or adhere to advice on diet, smoking, drinking and other lifestyle behaviours. For instance, some people can find it hard to adopt a healthy diet because it can be more expensive than one based on foods that are high in fat, sugar and salt.

This theoretical and practical acceptance of the social determinants of men's health means that we will have a policy which is genuinely a men's ***health*** policy and not simply a men's ***medical*** policy, focusing on disease and male behaviour.

The Men's Health Policy should be there to build the health of boys and men in Australia, supporting them in the context of their lives. Its concerns should be the health and wellbeing of boys at school, of young fathers, of men at work (and out of work), of gay men, of men experiencing marginalization – importantly Aboriginal and Torres Strait Islander men, CALD and new immigrant men, of isolated older men. An example of the attitude we hope the Government will encourage would be in the case of suicide. Tragically, five men and one woman kill themselves each day in Australia, principally men between 25 and 50 and older men. Instead of falling back on the mindset which would see men as being responsible for this situation on account of some supposed inner deficit in their "masculinity" a rational and humane Men's Health Policy will seek ways to support men *before* their situation deteriorates. The government is making steps in this direction – of preventing suicide, not just by helping health practitioners recognize the warning signs, but by looking at ways to help men deal with those life events which, taken cumulatively, could be called the "social determinants of suicide": broken relationships, separation by the actions of the courts from their children after separation, social isolation etc.

The fundamental need for a men's health approach is not that resources have preferentially gone to women but that health service provision has failed to identify and address men's needs. A men's health agenda has grown from widespread concern among health workers engaged in front line services that health and other community services have not adequately met men's needs. A co-operative approach is emerging that recognises the value to women's health of having regard to male gender as part of a gender based approach to health for consideration in health care debates.

In concrete terms, AMHF recommends that the National Men's Health Policy should

1. Focus on ease of **access to health care** for men: - Hours of operation - Physical location of health care providers - Possible use of men's "Outreach Services" (services that come to men) - Special access requirements of men rural and remote areas	In places men are i.e. Clubs, pubs, social groups, work etc. By Improving gender balance in the focus of health care provision ("male friendly GP clinics, resources and programs). For specific groups of men i.e. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys.
2. Increase the body of evidence/**research** about men's health issues	For specific groups of men ie. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys.
3. Encourage the provision **of training** to health practitioners in how to address men's health needs	Considering specific training for health practitioners caring for Aboriginal and Torres Strait Islander men and other specific training for doctors, nurses, allied health workers and community health workers.
4. Work to increase the awareness of men's health issues in the community and improve male health outcomes by providing **men's health education/promotion programs and services**	Promoting and adapting local men's health projects and programs that are currently working. Pilot new programs for men. Ensure long term funding for successful programs. Fund IMHW at the Federal Level. For specific groups of men ie. Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys.
5. And, concerning the administration of men's health and the Men's Health Policy	1. Create a National Men's Health Advisory Committee to oversee the policy work 2. Employ 2 Men's Health Workers per state and territory, 1 city and 1 regional to oversee work on projects/programs/service delivery/ access issues etc. 3. Commit money to build infrastructure which will ensure coordinated sustainable action on the ground, thus avoiding ad hoc and piecemeal approaches and programs. 4. Regular yearly review of policy areas.

The Australasian Men's Health Forum