Northern Territory Government

DEPARTMENT OF **HEALTH AND FAMILIES** www.nt.gov.au

Submission to the Senate Select Committee on Men's Health

Northern Territory

Department of Health & Families

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Background

The Senate established a Select Committee on Men's Health in November 2008 to inquire into general issues related to the availability and effectiveness of education, supports and services for men's health. In particular, the committee are investigating:

1. The level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression;
2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community;
3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general; and
4. Extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

The following submission addresses each of these issues in turn.

1. Funding addressing men's health

Until recently, there has been minimal dedicated funding allocated to the prevention, early detection and/or treatment of prostate cancer, testicular cancer and/or depression in the Northern Territory. In the case of prostate cancer, it is unsustainable to provide all treatment services in the NT, hence interstate travel is necessary for some patients (e.g. radiography services).

The Department of Health & Families (DHF) has a long history of supporting men's health. There was a dedicated Male Health Policy Unit until 2004. Since this time there have been three dedicated men's health positions in the DHF to support Aboriginal male health - an Aboriginal Male Health Co-ordinator and an Aboriginal Male Sexual Health Coordinator both based in Darwin; and an Aboriginal Male Health Educator based in Alice Springs. These positions are responsible for co-ordinating a wide range of men's health promotion activities across the NT, primarily in relation to preventable chronic diseases such as diabetes and sexually transmitted infections. They have also contributed to integrating and responding to Aboriginal male health by engaging key staff within existing program areas. The adoption of a holistic approach to men's health has meant that male specific cancers and mental health concerns, such as depression, have also been incorporated into such men's health promotion efforts. Indeed, the Northern Territory Aboriginal & Torres Strait Islander Health Performance Framework 2008 indicates that 61% of communities reported that one or more health promotion programs with a focus on men's health had been conducted in their community throughout 2006.

Two new Men's Health Worker positions have recently been established as part of the *Expanding Health Services Delivery Initiative* – in collaboration

with the Australian Government Office for Aboriginal & Torres Strait Islander Health, the Aboriginal Medical Services Association of the Northern Territory and the NT DHF. Again, these positions will have a focus on chronic disease prevention among men (particularly Aboriginal males) in remote NT communities. Recruitment to these positions will begin shortly.

There are also other positions within the DHF that directly support men's health promotion efforts. For example, Aboriginal Health Workers, Health Promotion Officers, and Nurse Educators. However, some of these professionals have limited expertise and experience in relation to addressing men's health.

Some non-government organisations and Aboriginal health services based in the NT also employ dedicated men's health staff. For example, Central Australian Aboriginal Congress has a Male Health Branch. DHF work in collaboration with these organisations wherever possible.

2. Education and awareness raising campaigns relating to men's health

Foundation 49, an Australian-based organisation focused on prevention and early detection of men's health concerns, conducted a comprehensive national needs assessment of men's education and resource development in May 2007. This report described the limited men's health work across the NT, and is accessible via www.49.com.au/pdfs/NAfinalMay20073_no_F49.doc

Since this report, the NT has contributed to the Australian Better Health Initiative Social Marketing Campaign, with consideration given to the promotion of men's health in both the mainstream and targeted Aboriginal campaigns. Regional men's health promotion activity has also continued in relation to preventable chronic diseases, including male Aboriginal health camps and brief interventions relating to key men's health issues. There also have been additional health promotion efforts that have contributed to improved health outcomes among males, particularly Aboriginal males and men living in remote communities that have not necessarily been part of a specific men's health program.

DHF acknowledges the role of the non-government sector, such as the Prostate Cancer Foundation of Australia, Andrology Australia and Beyond Blue in supporting men's health education, particularly in relation to resource development. At least two male DHF staff members are Affiliate Members with Andrology Australia and contribute to the planning and development of the resources they develop, including an Indigenous male health worker training module.

A national Aboriginal Male Health Summit - *Taking care of our children, taking the next steps* - was held in Ross River in early July 2008. This was hosted by the Central Australian Aboriginal Congress and financially supported by the Australian Government. DHF assisted with the facilitation. Approximately 400 ATSI males attended this gathering. A final report is yet to be released.

3. Attitudes of men towards their own health

Men are often perceived as reluctant users of health services and as being disinterested in their health, particularly young men. This is particularly important given the younger demographic of the NT population. However, recent Australian men's health research focused on men's lay perspectives has shown that men do have an interest in their health; that men actively self-monitor their health; and that masculinity is only one of many social determinants that influence men's patterns of help seeking and health service use (see for example outcomes from the Florey Adelaide Male Ageing Study). There is, however, a limited evidence base examining the divergent viewpoints of specific populations of men, such as Aboriginal males, men living in rural Australia, men with disabilities, men from low socio-economic backgrounds, men from blue collar occupations and homeless men.

Recent men's health scholarship suggests that a dual focus on the promotion of healthy behaviours among men, and increased education and training to support health professionals to engage men on their terms, is required. This approach acknowledges the relationship between men and the health system. Likewise, other structural issues such as infrastructure to support men's health, an increase in the male health workforce, gender sensitive health service planning, and action on the social determinants of health, is also required.

The NT DHF is currently drafting *Men's health in the NT: A platform for action*, which is still in its formative stages. The evidence-base for achieving health gains among Aboriginal men, rural men and other marginalised groups of men living in Australia is limited. This makes it difficult to tailor health service strategies to meet the health needs of these men.

There has been a broad sociological analysis which has described the impact of the Northern Territory Emergency Response on the role and status of Aboriginal males. For example, John Liddle, Manager of Central Australian Aboriginal Congress Male Health Program and Convenor of the Aboriginal Male Health Summit stated:

> *"While some provisions, most notably additional, long sought after financing in our communities, are welcome, other aspects of the package have had mixed impacts, sometimes creating more disempowerment…"*

There is a general perception that the NTER has 'undermined the role and status of Aboriginal men' and that 'this alienation is at the core of the struggle for male health and wellbeing, as it acts to debase men, stripping away their dignity and the meaning in their lives'. There is broad consensus that public perceptions that have positioned Aboriginal men as 'the only perpetrators of child sexual abuse', as paedophiles, and as perpetrators of violence, have unfairly shamed Aboriginal males. An opportunity exists to better engage Aboriginal men during further iterations of the intervention, such as the

Expanding Health Services Development Initiative. The current roll-out of 'Men's Sheds' in some urban and remote communities across Australia is proving successful in providing a more positive representation of men, including Aboriginal males. This is also more closely aligned to culturally respectful community consultation and engagement processes.

4. Treatment services and general support programs for men's health in urban, rural, regional and remote areas

The health of Aboriginal males has remained relatively stagnant in the NT for the past two decades, in comparison to Aboriginal females where incremental health improvements have been noted over the same time period. This does not imply that men's health support programs have been unsuccessful. Quite the contrary, there have been some notable achievements in men's health in the NT that must not be overlooked. For example, the facilitation of Aboriginal male health camps; the provision of male entrances in some remote health services; designated male only areas; the establishment of cooling off places for men who are struggling with family life; and increased male health promotion action, such as screening, health education, and mechanisms to promote access to health services. Some health services outside of the DHF have also secured funding to build men's sheds in remote communities. We need to expand and build on these achievements in order to 'close the gap' and address the disproportional impact of preventable chronic disease noted among men, particularly Aboriginal males. Recent investment into core primary health care services in remote communities is one such example. This needs to occur concurrently with action directed at addressing the social determinants of health and broader structural issues.

The *Little Children Are Sacred* report outlined that determinants of men's health invariably impact on the health and wellbeing of children, women, families and the broader community. The report also highlighted that there is an uneasy nexus between gender and cultural considerations when addressing the health and welfare of Aboriginal males. Indeed, a number of recommendations within this report called for a much greater focus on men's health. The DHF has recently developed a cultural security policy based on extensive consultations across the NT to address these issues.

5. Other issues

Aboriginal male health workforce
The *Department of Health & Families ATSI Strategic Workforce Plan 2008-2011* suggests that only 10% of the DHF workforce identify as being Aboriginal and/or Torres Strait Islander. The same plan claims that the DHF needs to 'strengthen the Aboriginal and Torres Straight Islander male workforce', as only 30% of the current Aboriginal and Torres Straight Islander workforce are male. Historically, similar concerns were noted at the 1st National Indigenous Male Health Convention held in 1999. Minimal in-roads

have been achieved over the past 9 years. Indeed, the more recent Aboriginal Male Health Summit identified that safe places for Aboriginal men 'must be staffed with males; both Aboriginal and non-Aboriginal who wish to work in a community development, or holistic primary health care framework'. Male health workforce participation, recruitment and retention should be regarded as a national priority for enhancing men's health.

Development of the National Men's Health Policy

The establishment of the Select Committee on Men's Health coincides with the Australian Government commencing the development of the first ever National Men's Health Policy. The DHF anticipates that these two processes will feed into one another to avoid duplication.