Mental Health Coordinating Council

The Senate Select Committee on Men's Health

March 2009

Mental Health Coordinating Council
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Submission to
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About MHCC

MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW representing the views and interests of over 200 NGOs. Member organisations specialise in the provision of services and support for people with a disability due to mental illness. MHCC provides leadership and representation to its membership and seeks to improve, promote and develop quality mental health services to the community.

Facilitating effective linkages between government, non-government and private sectors, MHCC participate extensively in public policy development. The organisation consults broadly across all sectors in order to respond to legislative reform and sits on National, State (NSW) and State Government Department (NSW) committees and boards in order to affect systemic change. MHCC manages and conducts research projects and develops collaborative programs on behalf of the sector, and is a registered training organisation, delivering mental health training to the workforce.

MHCC thank the Select Committee for inviting us to provide input into National discussions on Men's Health. We recently participated in a consultation with the NSW Health Men's Action Plan Committee, and identify that our particular focus is on barriers to access to mental health and allied services for men, and the potential for recovery from psychiatric disability and maintenance of good mental health through capacity building, education, and community awareness programs. Our objective is to establish preventative strategies for those experiencing mental health difficulties, minimise likelihood of crisis, and remove barriers to access faced by men with psychiatric disability that are obstacles to engagement in the workforce, staying employed long-term; isolation; and homelessness.

Terms of Reference

Our initial response to the Inquiry's Terms of Reference is that the focus is narrower than the 'population health approach' we advocate. This approach is described by John Macdonald, Professor of Primary Health Care, University of Western Sydney (2001), as generally including: *a concern for an integrated approach to the health of various sub-groups of given populations*. He highlights the characteristics of this approach as:

> '• *a social view of health, which acknowledges biological influences but also encompasses consideration of the social determinants of health;*[i]
>
> • *a conceptualisation of health and health services that represents a balance between prevention and treatment, with an emphasis on appropriate care according to need, but with an equal emphasis on the generally neglected areas of prevention and promotion of wellbeing;* [ii]

- *the incorporation of the elements of the World Health Organization's Health for All declaration,*[iii] *notably a concern for equity; an acknowledgment of the role that other sectors play in creating sustainable environments for health; and the participation of the population;*

- *a concern for evidence-based policies and programs'* (Starfield, 2001).' [iv]

Population Health Approach

The Public Health Agency of Canada provide a good example of how a population health approach can be embraced and positioned as a unifying force for the entire spectrum of health system interventions - from prevention and promotion to health protection, diagnosis, treatment and care - and integrates and balances action between them.

Canada's Advisory Committee on Population Health defines population health as referring to : *' the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.'* [v]

As an approach, population health focuses on the inter-related conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.[vi]

Key Elements

Our understanding of what makes and keeps people healthy continues to evolve and be further refined. A population health approach reflects the evidence that factors outside the health care system or sector significantly affect health. It considers the entire range of individual and collective factors and conditions - and their interactions - that have been shown to be correlated with health status. Commonly referred to as the *'social determinants of health,'* these factors are complex and interrelated and may include:

Income and Social Status
Social Support Networks
Education
Employment/Working Conditions
Social Environments
Physical Environments
Personal Health Practices and Coping Skills
Healthy Child Development
Biology and Genetic Endowment
Health Services
Gender
Culture

A population health approach focuses on improving the health status of the population which necessitates the reduction in inequalities in health status between population groups. An underlying assumption of a population health approach is that reductions in health inequities require reductions in material and social inequities.

The outcomes or benefits of a population health approach, therefore, extend beyond improved population health outcomes to include a sustainable and integrated health system, increased national growth and productivity, and strengthened social cohesion and citizen engagement.[vii]

NSW Men's Health Action Plan 2009 – 2012

Many unfortunate beliefs are perpetuated in relation to men's health. *'The discourse that has so far influenced policy development has tended to be in the mode of male deficiency: 'men don't take care of themselves', 'men don't go to the doctor', 'men are not in touch with their feelings', 'men don't communicate about their health'*. [viii] Whilst not intending to blame men for their behaviour, statistics show men's tendency to neglect their health based in fact. What needs to be considered is what might work to ensure services are 'men friendly' to increase men's participation in their own health. This might be through positive engagement with sports activities/clubs, RSLs, community activities and education and special services such as the police, the armed forces, search and rescue services, etc.

> *'Being male brings with it a distinct mix of biology and values, which affect the way men and boys value themselves, how they relate to others, what they come to expect from themselves and how they respond to positive and negative life experience'* (MacDonald, 2001). [ix]

In 1999, NSW developed a Men's Health Policy which adopted a population health approach. Despite it being the first men's health policy worldwide there has been little progress in a decade. Recently, NSW Health has been consulting on the development of a NSW Men's Health Action Plan for 2009-2012. The issues raised in the draft plan identify the particular needs of men from a biological, social and gender perspective. It also acknowledges the subjective experience of the individual along with the many complex elements of social identity such as: age; sexual preference; employment; socio-economic status; disability; cultural and residential location; family and social networks.

A National Men's Health Plan

The Commonwealth Department of Health and Ageing announced the development of a National Men's Health Policy during Men's Health Week (June, 2008). Whilst NSW Health is developing its Men's Health Action Plan, we propose that the Commonwealth take a leadership role to mainstream men's health issues. Under the present global economic conditions, mental health problems, particularly depression and anxiety, are likely to increase for individuals, families and the community across Australia. Men, with even fewer support services and social networks at their disposal than women, will surely be seriously affected.

> **Recommendation 1**
> In developing a National Mental Health Plan, that the Commonwealth take a leadership role in developing the steps necessary to improve men's health with a population health focus, such as has been adopted for other groups such as: women; Indigenous and CALD communities; youth and older people.

Data

The Men in Australia Telephone Survey (MATeS) provided the first Australian data demonstrating that one in three men over the age of 40 years is affected by a reproductive health disorder (such as prostate disease, erectile dysfunction).

> *'Whilst excluding prostate and testicular cancer, disorders of male reproductive system are generally not life-threatening but are recognised to be linked to chronic disease (diabetes, cardiovascular disease and depression); significant impact on relationships; quality of life and overall well-being. However, the survey identified that few men discuss reproductive health problems with their doctor even though younger men express high levels of concern about developing reproductive health problems in later years*.' [x]

> *'The emergence of men's issues as part of a 'health for all' approach is relatively new in Australia. A limited men's health evidence base exists to inform health and social policy pertinent to the unique Australian context. This significantly limits the development and implementation of suitable interventions and preventative strategies that would optimise the physical, social and emotional wellbeing of Australian men of all ages, racial, ethnic, geographical and socio-economic backgrounds'* (McDonald, 2001). [xi]

In 2008, Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health) [xii] developed a proposal *'to undertake a landmark nationwide men's health longitudinal study to track the life-course trajectories of a representative group of men (18+ years)*.' The proposal described the intention to develop a core database and infrastructure to support a longitudinal study ultimately to be accessed by a number of research organisations and government agencies in different fields with an interest in men's health.[xiii]

MHCC understand that this has not as yet progressed, and urge the Commonwealth to fund a study that we are sure would prove as useful as those conducted into women's health.

> **Recommendation 2**
> The Commonwealth fund a longitudinal study to identify all aspects of men's health.
>
> **Recommendation 3**
> The Commonwealth take a leadership role in mainstreaming men's health issues nationally through the Health Minister's portfolio.

Targeted service delivery

Organisations *Beyondblue* and *The Black Dog Institute* in NSW work extensively in the area of awareness and education surrounding men's mental health needs. However, it is hard to elicit where funds are specifically allocated to this area of their work.

Beyondblue has been successful in promoting community awareness and de-stigmatisation, supporting prevention and early intervention programs that provide opportunities to prevent depression and/or promote early intervention and evaluating the impact of these programs. They have also developing strong partnerships with mental health and other health related and community-based organisations.[xiv]

MHCC understand that *Beyondblue* have an informal relationship with Centacare, the non-government organisation (NGO) that originally developed the pilot project *Australian Men's Sheds Association* (and *Indigenous Men's Sheds*) with FACSIA funding *(not to be confused with Men's Sheds Australia*); the idea being that Centacare operate the project until self-sustainable. The partnership between *Beyondblue* and *Men's Sheds* is soon to be formalised.

Beyondblue see this project as a preventative men's mental health initiative and to date contribute to the project by providing training packages to establish/manage sheds and on suicide prevention and referral. Some have suggested that this initiative should be funded under the health portfolio rather than FACSIA. However, we propose that that with a focus on social inclusion that this initiative is about connectedness and therefore appropriately under FACSIA. We are concerned that unless FACSIA provide core funding to *Men's Sheds* they will prove unsustainable into the future.

> **Recommendation 4**
> The Commonwealth provide sustainable funding under FACSIA supporting *Men's Sheds* as part of a range of initiatives to improve and sustain men's health.

The Black Dog Institute NSW has an educational, research, clinical and community-oriented focus. They provide specific programs for men in the area of anxiety and depression as well as referral information to a number of other programs such as: *Dads in Distress* - a dedicated support group of men who assist men experiencing trauma as a result of divorce or separation; *Mensline Australia* - a national 24-hour telephone helpline service for men who are dealing with family and relationship difficulties; *Men's Business* - a website created to facilitate friendship and relationship building between men; regardless of age and background; building a support base for men in our community. [xv]

The NGO sector is actively engaged in working in the area of men's health through *ACON*, an organisation promoting the health and wellbeing of gay, lesbian, bisexual and transgender community in NSW, and information, support and advocacy for people living with HIV or at risk of acquiring HIV, including sex workers and people who use drugs.

Apart from those organisations mentioned above, MHCC are concerned that there is little else in the community that provides specifically for men's mental health needs. In particular there are few counselling and sexual assault services for men in the community. Access to community organisations with expertise in men's issues must be supported to ensure that men have access other than via clinical services. It is important to build on services that exist, build capacity and adopt a research based approach that is built into funding programs.

We propose that the Commonwealth initiate a strongly focused awareness campaign in the community, particularly targeting employers to emphasise the value to 'bottom line' of embracing a culture encouraging healthy workplace environments.

Partnership between community mental health and employment services in order to promote awareness amongst the unemployed must be supported, alongside a commitment to fund those services to respond to need, maintain capacity, sustainability and workforce development and training.

Recommendation 5
Provide access to a broad spectrum of men's health services by the development of men's health centres in partnership with organisations involved in men's health (i.e. The Heart Foundation).

Recommendation 6
The Commonwealth initiate a National Awareness campaign focusing on destigmatisation; individual awareness and responsibility; community and corporate responsibility and cost benefit of cultural change in personal and monetary terms.

Recommendation 7
The Commonwealth and State support an across government approach and develop inter-sectorial partnerships with non-government and private organisations delivering mental health, employment, alcohol and substance abuse, housing and homelessness, domestic violence, sexual abuse, counselling, youth, older men's, women's, education, financial and legal services, multicultural and refugee agencies.

Recommendation 8
Support the development of men's interagencies at State and area health service levels.

Recommendation 9
The Plan embrace a research based approach built into funding programs.

Planning

From a population health standpoint, in order to improve men's health (in particular with reference to mental health) we need to understand what a diversity of men and boys 'need' in order to access health services. This may involve developing more 'male friendly' ways to engage men in their own health care particularly for those who may be socially isolated.

In planning service delivery and developing strategies, interventions must be targeted at transition points to identify men most at risk of poor mental and physical health such as: older men; the unemployed; those at risk of homelessness; men exiting goal; men with co-morbid mental health and substance misuse issues or co-morbid physical or intellectual disability; aboriginal men; men from culturally diverse backgrounds; men with HIV; and obese men. Agencies such as Centalink, the family courts, and Relationships Australia, are examples of possible opportunities to provide support and referral for those at risk.

Whilst some community organisations specifically focus on the particular needs of certain groups such as *ACON* and the *Prostrate Cancer Foundation of Australia*, the most likely point of entry to mental health service delivery is via a primary health referral from a GP. However, access to better mental health care is limited by a service requiring clients pay any difference between the scheduled Medicare fees - the actual fee charged by the mental health professional characteristically cannot be bulk billed.

Data collection and evaluation

Hand in hand with any program development we stress the importance of data gathering and outcome evaluation of programs. Future projects / program development must include evaluation and outcome measurement as part of KPIs, and be calculated into funding streams.

Long-term men's health strategy and planning will need to support ongoing international research and national data gathering to establish the best 'evidence based' models of practice supporting sustainability.

> **Recommendation 10**
> The Commonwealth to support partnership with universities to develop a research project to run alongside a Longitudinal Study, to investigate the health needs of men in Australia and investigate appropriate models of service delivery related to local needs.

Workforce Development

It will be necessary to investigate the capacity of the existing workforce to improve men's health nationally. Improvement to men's health will necessitate provision of ongoing training and professional development, sharing knowledge across agencies, as well as actively growing a workforce with specialist skills and experience. This includes recognising the important role GPs play in advancing health initiatives and the need to provide training to enhance their skills particularly in mental health matters.

Whilst acknowledging that psycho-social issues for men may be quite different to women, there is much useful experience to be learnt from the women's health sector which grew out of the 1960s and 70s feminist movement. Engaging with women's services to study practices in women's health, particularly with regards to DV and sexual abuse; sexual health promotion and cultural competence could be of great benefit to those developing men's services.

The *Women's Health Services Strategic Plan 2008-2010* is a:

> '*social model of health which underpins the organisation by understanding and reflecting the broader environment in which a woman lives. It acknowledges social, environmental, biological and gender factors all influence a woman's health outcomes and her ability to access health care services and other service systems.*
>
> *This is strengthened by the organisation's commitment to providing holistic, inclusive and culturally respectful services that enable every woman to achieve her aspirations.*
>
> *Community of interest*
> *All women and their families.*
>
> *Outcomes*
> *The outcomes of Women's Health Services ensure:*
> *1. Quality Services*
> *Quality, primary women's health services are provided.*

2. Accessibility
Appropriate, relevant and accessible health services are offered to women from diverse backgrounds and all stages of life.

3. Capacity Building
Sustainable, positive change for women, their families and their communities is achieved.

4. Health Promotion
The social model of health is promoted to women, health professionals and the wider community.

5. Early identification and intervention
Prevention, early identification and intervention strategies are appropriately integrated into program design and service delivery.

6. Sustainability
A sustainable future for Women's Health Services (WHS) is assured. [xvi]

Recommendation 11
Integral to the development of a National Men's Health Strategy, the Commonwealth to provide sustainable workforce by building training and professional development into program provision.

Education

MHCC believe that an important part of a Men's Health Strategy will be to provide health education to boys in pre, primary and secondary schools. It will also be necessary to develop Universities and TAFE partnerships in order to develop social and clinical course components on men's and boy's health at both undergraduate and graduate level.

Recommendation 12
Support the development of partnerships to develop specialist training on men's health as a component of accredited qualifications (including specialist areas: boys, young men, older men, CALD & ATSI men and gay men).

Recommendation 13
Support the development and provision of age appropriate education campaign for boys on health matters including using newer technologies such as ephones, iPods, Facebook and Twitter etc.

Recommendation 14
Support the development and roll-out of a national campaign on older men's health issues, using opportunities for broad information dissemination such as RSL clubs.

It has been suggested that partnership with women's services (such as the breast clinics etc.) might encourage greater participation in men's health awareness and education. However, we are concerned that this:

a) perpetuates the belief around men's disinclination to take responsibility for their own health
b) supports the misconception that most men are in a relationship
c) adds further to women's family responsibilities regarding health matters.

We need to find approaches that engage men in their own health without coercing women into mothering their partners.

Juvenile Justice and the Criminal Justice System (CJS)

MHCC stress the necessity of ensuring that boys and men interacting with the CJS have access to educational programs across all health issues. Partnering with community services and educational organisations to provide in-house training to CJS staff should be considered.

> **Recommendation 15**
> Recognise the opportunity to educate boys and men whilst in the CJS as part of a National Men's Health Strategy (a captive audience) and provide the resources to develop appropriate programs.

Structure

Very little can be achieved or sustained either at a State or National level without dedicated resources, systems and policy development in place to ensure a coordinated approach to the development, implementation, delivery and evaluation of men's health programs, projects and services. Structures need to include dedicated Men's Health Officers within the system's structure with policy that integrates their roles into health planning and service delivery.

> **Recommendation 16**
> Support the appointment of dedicated Men's Health Officers at both Commonwealth and State level within Health Departments and Commonwealth Department of Health and Ageing, responsible for coordinating campaigns, develop projects, and working to develop new and enhance existing government and non-government organisations working with men and boys.

MHCC thank the Senate Committee for their interest in these matters and propose that the national consultative inquiry process be continued in order to develop a National Men's Health Strategy and Action Plan. We would be happy to assist government by contributing to such a process in the future.

> **Recommendation 17**
> The Commonwealth initiate a consultative process, the objective being to develop a National Men's Health Strategy.

MHCC look forward to the outcome of the Government's deliberations. For further comment on this submission please contact Corinne Henderson at corinne@mhcc.org.au or Tel: 02 9555 8388 ext 101.

Jenna Bateman
Chief Executive Officer

Appendix 1

Summary of Recommendations

Recommendation 1
In developing a National Mental Health Plan, that the Commonwealth take a leadership role in developing the steps necessary to improve men's health with a population health focus, such as has been adopted for other groups such as: women; Indigenous and CALD communities; youth and older people.

Recommendation 2
The Commonwealth fund a longitudinal study to identify all aspects of men's health.

Recommendation 3
The Commonwealth take a leadership role in mainstreaming men's health issues nationally through the Health Minister's portfolio.

Recommendation 4
That the Commonwealth provide sustainable funding under FACSIA Health to support *Men's Sheds* as part of a range of initiatives to improve and sustain men's health.

Recommendation 5
Provide access to a broad spectrum of men's health services by the development of men's health centres in partnership with organisation involved in men's health (i.e. The Heart Foundation).

Recommendation 6
The Commonwealth initiate a National Awareness campaign that focuses on de-stigmatisation; individual awareness; community and corporate responsibility and cost benefit of cultural change in personal and monetary terms.

Recommendation 7
The Commonwealth and State support an across government approach and develop inter-sectorial partnerships with non-government and private organisations delivering mental health, employment, alcohol and substance abuse, housing and homelessness, domestic violence, sexual abuse, counselling, youth, older men's, women's, education, financial and legal services, multicultural and refugee agencies.

Recommendation 8
Support the development of men's inter-agencies at State and area health service levels.

Recommendation 9
The Plan embrace a research based approach built into funding programs.

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Recommendation 14
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Recommendation 15
Recognise the opportunity to educate boys and men whilst in the CJS as part of a National Men's Health Strategy (literally a captive audience) and provide the resources to develop appropriate programs.

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REFERENCES

[i] Wilkinson RG & Marmot MG (editors). *The Social Determinants of Health: the solid facts.* Copenhagen: World Health Organization Centre for Urban Health, 1998, 2000. Kawachi I & Kennedy BP. *Health and social cohesion: Why care about income inequality?* BMJ April 1997; 314. Cited in: MacDonald J (2001). NSW Public Health Bulletin, Vol12 No.12, p 313.

[ii] Starfield B. *Basic Concepts in Population and Health Care*. J Epidemiol Community Health July 2001; 55: 452–454. Cited in: MacDonald J (2001). NSW Public Health Bulletin, Vol12 No.12, p 313.

[iii] World Health Organization. *The Alma Ata Declaration.* (1978). New York: World Health Organization. Cited in: MacDonald J (2001). NSW Public Health Bulletin, Vol12 No.12, p 313.

[iv] MacDonald, J. (2001). NSW Public Health Bulletin, Vol12 No.12, p. 313.

[v] Public Health Agency of Canada. (2004).*Toward a Healthy Future: Second Report on the Health of Canadians.*

[vi] Ibid, p.313

[vii] Ibid, p.314

[viii] Ibid, p.315

[ix] NSW Health (2009). *Draft NSW Men's Health Action Plan 2009 – 2012*, p.2

[x] Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius PA, Handelsman D, de Kretser DM. *Men in Australia, Telephone Survey* (MATeS) I (2005). *A National Survey of the Reproductive Health and Concerns of Middle Aged and Older Australian Men.* Lancet. 366: 218-224.

[xi] Ibid.

[xii] The Australian Centre of Excellence in Male Reproductive Health Available: http://www.andrologyaustralia.org

[xiii] Primary Health Care Research and Information Service (2009). Available: http://www.phcris.org.au/elib/render.php?params=6377

[xiv] Beyondblue. Available: http://www.beyondblue.org.au/index.aspx?link_id=2.896

[xv] Black Dog Institute. Available: http://www.blackdoginstitute.org.au/

[xvi] Available at: http://www.whs.org.au/pdf/COR%202.1%20Strategic%20Plan%2008-10.pdf