Private Mental Health
Consumer Carer Network (Australia)
engage, empower, enable choice in private mental health

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SUBMISSION

SENATE SELECT COMMITTEE - INQUIRY INTO MEN'S HEALTH

We thank the Senate Select Committee for the opportunity to provide comment on the consultation to the Inquiry into Men's Health.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance and/or who receive their treatment and care, and those that care for them, from private sector settings for their *mental illnesses or disorders.* As our title implies, the Network is the authoritative voice for consumers and carers of private mental health settings.

The Network is committed to working with Government and would be pleased to work with the Senate Select Committee and relevant others in addressing the needs of men, particularly in relation to depression. Mental health brings with it many challenges. As a consumer and carer organisation we are in a unique position to provide direct lived experiences to the Senate Select Committee and would welcome the opportunity to engage in further consultations, either independently or with other relevant organisations.

Submission
The focus of this Submission is particularly on the diagnosis of depression.

An underlying cultural philosophy of Australian men that has developed as a result of themes such as the ANZACS, Men of the Outback, Men in Sport and the overhang of the traditional role as sole breadwinner and family provider is :

'We are tough, we don't get depressed'

Question 1 – level of funding
The Network is increasingly concerned about the increased rate of suicide in rural and regional areas. It is common knowledge that these areas, although having a much higher rate of suicide than metropolitan areas, continue to received the least assistance. The increasing results of drought, natural disasters, loss of properties held in families for generations, lack of employment and social networks all compound on the health of men in these areas. Men too often refuse to get help and treatment, failing to either recognise a problem exists or to admit there may be something wrong. On average 5 men suicide each day in Australia.

Stigma also plays a huge part in rural and regional areas. Both men and women in small communities often seek assistance from health professionals outside of their local community, especially for mental health issues, for fear of the reaction of others. Recognition by young males to a potential health issue such as depression is concerning. It is well known that the suicide rate in young males especially in rural communities is higher than in the cities. Young men turn often to drugs and alcohol in order to self medicate. The Network is also concerned that many single vehicle deaths in the road toll may not always be accidents, rather acts of suicide by men.

Co-morbidity with depression can arise across other men's health problems. If a man is diagnosed with prostate or testicular cancer, followed by the realisation of the potential fatal consequences of the diagnosis and then the treatment to address the problem, it would not be unreasonable that depression may then evidence itself. Consequently as men's awareness of prostate and testicular cancer increases through health promotion it would be expected that co morbid depression would also increase.

The Network is aware that as people become depressed or have a mental illness, general health is neglected and well being, including health checks, suffers.

Recommendation

i) Increased level of Commonwealth funding to equal that allocated to women's health. ($80 million has been allocated to the National Peri-natal mental health strategy for example)
ii) Increased funding by State and Territories to provide vital services particularly in rural and regional areas.
iii) Increased funding by Commonwealth to fund an awareness and education campaign.
iv) Greater financial incentives to attract health professionals to rural and regional areas.

Question 2 – adequacy of existing education and awareness campaigns

The Network considers the number one issue to be greater awareness and improved education. There needs to be a well funded **education campaign** across all media, to alert and encourage men to identify and address health issues and to seek advice and treatment. An investment in early intervention and prevention campaigns will result in a decrease in demand for critical care services at a later stage.

The Network notes and strongly supports a number of very good promotional materials produced by *beyondblue.* These include written materials, DVDs, television advertisements and other print and media coverage, as well as things like banners on buses etc.

beyondblue is currently targeting awareness campaigns at men in the workforce where there is a captured audience. The campaign theme is on "how men can help a mate". This approach can be more effective than targeting men's own issues directly By this means, it has been found that some men can self identify and seek help for their own issues. The Network also strongly supports the 'Men's Shed' promotion to sharing and caring. This is where a group of men meet regularly to talk and support each other. Whilst the Network strongly supports the work of *beyondblue*, we would want to see their work rolled out more broadly across Australia. This requires additional resources for them to do so.

Recommendations

As stigma is often an issue, particularly in the smaller remote or regional areas, the Network would like to see:

i) More work and funding to develop new and refine existing web-based and IT technological alternatives. These could be the incorporation of tele-medicine or tele-psychiatry services in designated GP practices.

ii) Greater use of an individual's computer – ie face to face connections with a health professional via the web-cam technology. Medicare item numbers would need to be raised to encourage this type of practice.

iii) Develop a focus on community awareness of mental health, through community forums and community based information kiosks which would incorporate men's health and so decrease the community stigma associated with men's mental health ie. get it out in the open and on the same acceptance as heart disease or cancer.

iv) Leverage off the existing men's networks through sporting clubs as a means of getting the message out in an acceptable environment.

Question 3 – Prevailing attitudes

We note that in recent televised interviews with the Victorian Premier and Prime Minister as they were touring the bushfire areas of Victoria, both showed clear emotion, both tried to control tears but did not hide their emotion. We congratulate both men. This is the sort of message men need to see, that's it is OK to show emotion. It is OK to cry.

We also noted that as a community affected by the bushfires, victims openly wept. There was no need to hide their tears, as everyone understood their anguish and pain. This was acceptable to, and by the community. This is the message we must get across to men.

Although gay men are often conditioned to be more open about their situations, it is important to note that they still suffer from the same issues in terms of their general and mental health.

The Network is aware of a number of issues particularly in relation to the mental health diagnosis of depression. We have set out hereunder the main issues:

1. Avoidance

As a general rule, men do not seek advice in terms of their health. They frequently avoid seeking advice from health practitioners for a number of reasons:

- In terms of depression as with many other medical conditions, men do not want to admit there may be something wrong;
- As a generic problem, many men neglect their health, refusing to undertake recommended health checks; a 'We'll address that problem when it presents itself!'[attitude;
- Young men in particular, see themselves as invincible, and therefore do not recognise there may even be a health problem;
- Women or partners moreover influence the men in their lives in terms of health issues, and often provide the prompt to seek advice; and
- Men often fail in their self awareness and others often see a problem emerging first but may be unsure of how raise the issue.

2. Stigma

- Over many generations, in a complex social context, men within a relationship are generally cast as the provider, and with this comes a sense of bravado;
- Similarly society increasingly is casting men in a more physical, sporting, self supporting role, emulating good physical and mental health;

- Self admission is a problem for men, and this needs to be addressed first if the proper health and mental health care is to be received;
- Men frequently fail to address a problem even though they may be aware there is a need to do so; and
- Women or partners play a pivotal role in encouragement and acceptance.

3. Financial and Economic

Again, many men still see themselves in the role of provider and should there be a loss of employment, housing, etc they feel this particularly as a failure of themselves. This is particularly relevant in the current economic climate with increased lack of job security.

Recommendations

i) Targeted awareness campaigns to address stigma around mental health diagnoses including depression. Adopt an indirect approach of "How to help a mate" leveraging off the existing Australian male tradition of mateship.
ii) Greater role of GPs in terms of recalls for health checks.
iii) Greater role and education of GPs in being aware of depression as an association to cancer diagnoses.
iv) Free screening by GPs for all three diagnoses.
v) Outlining the role that partners can play in the encouragement of men to seek help and treatment.

Question 4 – Extent, funding and adequacy for treatment services and support programs

The extent of the services for men diagnosed with either prostate or testicular cancer and/or depression need to be increased, and with this comes financial considerations.

We have seen a concerted effort over many years in women's health. Significant amounts of funds have been appropriately allocated by all Governments to health areas such as breast and cervical cancer, osteoporosis, post natal depression, domestic violence. Men's health now requires the same funding commitment both in terms of awareness, education and the development of treatment options and funding of research into preventative alternatives.

Recommendations

i) Targeted services for men must be provided within GP practices, community health settings, and mental health services.
ii) Targeted services for depression must be provided in a way that does maintain privacy for the individual;
iii) Men's' health clinics must be established across all jurisdictions, in metropolitan, rural, regional and remote areas.
iv) Establishment of community support services such as 'Men's Shed' across all jurisdictions, in metropolitan, rural, regional and remote areas.

Conclusion

The Network has been pleased to alert the Committee to the issues detailed in our Submission. We hope that we have highlighted a number of key issues in relation to depression in men. If we want to get a clear message across it would be:

Address the male culture: *We don't get depressed. We are tough. We wont admit to any weaknesses especially being depressed. We wont get help - its too embarrassing. If we ignore the signs, they might go away. We are the providers. We are strong.*

Depression is an illness and it can be treated.

The Network has been pleased to provide this Submission to inform the Senate Select Committee Inquiry on Men's Health. We would welcome the opportunity of providing further input into the Inquiry or to discuss this Submission directly from a male consumer and partner or carer 'lived' experience.

Ms. Janne McMahon OAM
Independent Chair

27 February, 2009