Committee Secretary
Senate Select Committee on Men's Health
Parliament House
CANBERRA ACT 2600

13 March 2009

To the Committee,

I congratulate the Committee for establishing a Federal body dedicated to understanding and improving the health of males in Australia. As the Committee is most likely aware Australia has the opportunity to follow in the footsteps of other countries – such as Ireland – to develop a robust and informative policy that appropriately targets male health needs. By enabling public discussion and debate on the issue of male health we can move towards a greater understanding, empathy and inform action that impacts positively on the health and wellbeing of males in our society.

This submission is by no means an exhaustive canvassing of prevalent issues affecting males; it does, however, provide an overview of some of the contributor factors that produce the health outcomes many males experience.

(i) level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression

- There has been great emphasis on depression, testicular cancer and prostate cancer in men's health for a period of time. While this continues to be vital indeed it is important to recognise that there are many health issues that affect males such as: suicide, occupational hazards, non-custodial parenting, relatively lower health literacy (than women) and overrepresentation in all of the top 10 causes of death.
- The Prostate Cancer Foundation of Australia receives substantial funding and performs great work to raise awareness of the health issue. It seems incongruent that there is a lack of consensus in the Australian Medical Association, the National Health Medical Research Council and others of advisable screening methods for early detection of the disease. This results in immense confusion amongst males of how to responsibly care for their health. Coupled with inappropriate (and sometimes offensive) health messages that questions a male's masculinity if they do not 'get a prostate check' it is understandable if some men choose to 'put their heads in the sand'.
- In 90% of cases of testicular cancer, when the cancer remains located in the testes, males can be cured and live an unrestrained life. It appears irresponsible that basic education around testicular self-examination is not currently a component of sexual health education in **all** secondary schools.

- BeyondBlue performs wonders with the funding it receives. While depression is a leading risk factor for suicide this should not be *assumed* to be a prevailing factor in all suicide cases. Many males do not exhibit signs of depression or consult a health professional before taking their life. An emphasis on medicalising depression, rather than working to understand what produces it, results in pathologising of behaviour by misinterpreting stress, sadness, grief etc as a diagnosable condition.

(ii) adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

- Very few community health centres, GP surgeries, hospitals and so on have substantial respectful and appropriate health information targeting males. Many campaigns use stereotyped conceptions of men and masculinity that do little to encourage them to utilise existing health services. When men then encounter barriers through inaccessible hours of operation and health professionals inexperienced in working effectively with males, how can anyone be surprised that they do not see men at their doors?

(iii) prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

- Contrary to the lamenting of health professionals who are not inundated with male clients: males *do* care about their health. With some men it is a more mechanistic view, others view it in relation to their utility to others (especially family). When engaged respectfully without judgement men respond favourably to health information, advice and support. Men are often action-oriented and view their health in this light. Analysing and verbally expressing how they feel about their health is commonly not relevant to men who seek to 'fix the problem'.

(iv) the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas

- Commonly men are expected to use and respond favourably to existing health services and support: irrespective of how appropriate they are for males. If we as a society value men for the mere fact they are males we will address their health concerns in ways that are relevant to them.

Thank you for the opportunity to contribute to the Senate Select Committee. I am happy to provide further information and can be contacted via:

Luke Bain