Mental Health Council of Australia Submission: Senate Select Committee on Men's Health

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA includes national organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The MHCA welcomes the establishment of a Senate Select Committee on Men's Health, and appreciates the opportunity to contribute to this important initiative.

Mental health and substance use issues are significant for men and for the Australian population as a whole, and in 2003 were responsible for 13.3 per cent of the total burden or disease and injury in Australia. Of the non-fatal disease burden, mental disorders accounted for 24 per cent. [1] While some mental illnesses, such as depression and anxiety, are more prevalent among females, others, including substance abuse disorders and schizophrenia, are more common in males. [2] Suicide is the cause of 2.5 per cent of deaths in males, with the rate much higher in some age groups. Nearly 80 per

[1] S. Begg, T. Vos, B. Barker, C. Stevenson, L. Stanley and A.D. Lopez 2003 *The burden of disease and injury in Australia 2003*, Australian Institute of Health and Welfare (AIHW), Canberra.
[2] *ibid.*

cent of suicide deaths are male. Suicide results in 52,998 potential years of life lost (PYLL) for males, making up 9.8 per cent of PYLL.[3]

There can be no doubt that mental and substance use disorders impose a substantial burden on Australian men, and the Senate Select Committee has the opportunity to make a real difference to men's health, including men's mental health, in Australia.

This submission will address each of the four issues identified for the Inquiry:

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

We propose four strategies addressing each of these issues, targeted at improving men's mental health in Australia:

1. an increase in mental health spending to 13% of health spending;
2. a new mental health promotion campaign aimed at reducing stigma and encouraging preventative and help-seeking behaviours;
3. research into men's views about mental health in general, their own mental health and their preventative and help-seeking behaviours in relation to their mental health;
4. evaluation of why men's uptake of mental health initiatives, such as the Medicare Better Access to Mental Health Services item numbers, is lower among men and in certain areas.

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[3] Australian Bureau of Statistics (ABS) 2007 *Suicides, Australia, 2005* (ABS Cat. No. 3309.0), ABS, Canberra; AIHW 2008 *Australia's Health 2008*, AIHW, Canberra.

Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression

As noted above, mental illness and substance use disorders account for 13.3 per cent of the disease and injury burden in Australia, and for 24 per cent of the non-fatal disease burden. Recent ABS data on mental health and wellbeing in Australia shows that almost two thirds of people who experienced a mental health problem over the past 12 months did not receive either treatment or support for their illness, and that there is significant unmet need in mental health services. This figure was even higher among males, with 72.5 per cent of males experiencing a mental health problem over the past 12 months not receiving treatment or support. Women accessed mental health services more than men: 41 per cent of women who had experienced a mental health disorder in the past 12 months had accessed services, in comparison with 28 per cent of men.[4] However, male patients accounted for 53.5 per cent of mental health service contacts in community mental health and hospital outpatient services in 2004-05 and 61.2 per cent of episodes of residential mental health care.[5]

There is a clear need for mental health services among both men and women, and this need is often unmet. It is unacceptable that large parts of Australian society cannot obtain the treatment and information required to build or maintain their mental health and wellbeing. In its *Not for Service* report, the MHCA called for funding for mental health services to be increased to 12 per cent of the total health budget, in line with the proportion of Australia's total disease burden that is due to mental health[6] (now 13.3 per cent). The most recent publicly released figures on mental health spending show that in the 2004-05 financial year, $3.9 billion was spent on services for that sector by the major funders – the Commonwealth Government, state and territory governments, and private health funds. This accounts for 6.8 per cent of all national health spending, and 7.3 per cent of government health spending – well below the 13 per cent that would reflect the disease burden of mental illness.[7]

The Australian Capital Territory Legislative Assembly is currently considering legislation that will see mental health funding increased from 8 per cent to 12 per cent of the health budget, with 30 per cent of mental health funding allocated to the community

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[4] ABS 2008 *National Survey of Mental Health and Wellbeing: Summary of Results, Australia, 2007* (ABS Cat. No. 4326.0), ABS, Canberra.
[5] Department of Health and Ageing 2008 *Development of a National Men's Health Policy: Summary of Men's Health Issues*, Department of Health and Ageing, Canberra.
[6] MHCA 2005 *Not for Service: Experiences of injustice and despair in mental health care in Australia*, MHCA, Canberra.
[7] Department of Health and Ageing, *National Mental Health Report 2007: Summary of Twelve Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2005*, Commonwealth of Australia, Canberra, 2008.

sector.[8] All states and territories, and the Federal Government, should take the ACT as their model and implement similar funding initiatives that more accurately reflect the disease and disability burden of mental illness in Australia.

Increased funding for mental health services should be targeted not only at existing services but also at new models that have the potential to reach people who are not currently accessing mental health services. The new 'reform directions' relating to mental health recommended in the recent interim report by the National Health and Hospital Reform Commission (NHHRC) would provide an invaluable addition to current mental health services. These recommendations include mental health screening services designed for young people, the establishment of Early Psychosis Prevention and Intervention Centres nationally, rapid response outreach for episodes of psychosis, and community-based 'step-up/step-down' prevention and recovery care linked with hospital-based mental health services.[9] The implementation of any or all of these, in addition to other innovative programs that have proven to be successful, would have immense benefits for both men and women experiencing mental illness. The bias in these programs towards young people and towards those with a co-morbid condition (alcohol and drug problems as well as mental health issues) means they are more likely to meet the needs of young men.

Mental illness takes a significant toll on men in Australia, leading to considerable negative effects on Australian society and the Australian economy. Any additional spending on mental health services can and should be viewed as an investment with high potential returns, resulting from increased productivity and contribution to the Australian economy and society, and reduced ongoing mental and physical health costs when early intervention occurs. Increasing mental health funding across all levels of government will benefit all Australians, including men who experience mental illness, and will reduce the burden on Australian society arising from the mortality and disability effects of mental illness.

Recommendation 1: *Government mental health spending should be increased to 13 per cent of total health spending, to more accurately reflect the disease burden on Australian society.*

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[8] ACT Greens 2008 'Media Release: Plan to do better on mental health', 11 February 2009, online at act.greens.org.au/archives/1001, accessed 13 February 2009.
[9] NHHRC 2009 *A Healthier Future for All Australians: Interim Report December 2008*, Commonwealth of Australia, Canberra.

Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

There is currently no national mental health prevention and promotion campaign in Australia. There have been campaigns aiming to raise awareness of depression and bipolar disorder, including in men and rural Australians[10], but these do not tackle other mental illnesses, such as schizophrenia, or substance use disorders, both of which are more prevalent in men.

Mental illnesses, particularly lower-prevalence disorders such as schizophrenia or bipolar disorder, are still the subject of powerful negative community stigma and media portrayal. Discrimination is still a major barrier to reintegration of people who have experienced a mental illness.

The benefits of preventative and anti-stigma campaigns are clear. The Australian Government's Preventative Health Taskforce's discussion paper *Australia: The Healthiest Country by 2020* is highly supportive of preventative campaigns that are strategically developed and linked with community action. It cites past successful prevention programs including those targeting tobacco control, road trauma, drink driving, skin cancers, immunization, Sudden Infant Death Syndrome and HIV/AIDS. The Preventative Health Taskforce has initially focused on alcohol, tobacco and obesity. They have also acknowledged that mental health should be the next preventative health priority.

In addition, the NHHRC's recent report proposes 'a sustained national community awareness campaign to increase mental health literacy and reduce the stigma attached to mental illness', arguing that it would 'go some way to shifting unhelpful attitudes'.[11]

As well as tackling stigma, there is an urgent need to inform people about what they can do to manage risk factors for mental illness and the benefits of seeking early intervention.

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[10] See, for example, *beyondblue: the national depression initiative* 2006 'Rural men's tv advert', online at www.beyondblue.org.au/index.aspx?link_id=105.903&http://www.beyondblue.org.au/index.aspx?link_id=7.749&tmp=FileDownload&fid=507, accessed 13 February 2009; The Salvation Army 2008 'Braver, Stronger, Wiser', online at salvos.org.au/about-us/news-and-resources/braver-stronger-wiser/, accessed 13 February 2009.

[11] NHHRC 2009 *Op. cit.*, pp256, 257.

To be effective such strategies must not be limited to glossy advertising campaigns; they must be vertically integrated to reach communities, workplaces, the mental health and community sector workforces, schools and universities.

All such strategies should have clear goals, and their impact must be evaluated against these goals. New Zealand's *Like Minds Like Mine* campaign, which is based on 'real people', including New Zealand men, and their experiences of mental illness, provides an example of what an effective anti-stigma campaign looks like and what can be achieved.[12]

Australia lags behind New Zealand and many other countries in this critical area of effective prevention and anti stigma strategies. Two recent reports from government-appointed committees (the Preventative Health Taskforce and the NHHRC) promote the benefits of prevention and promotion campaigns. The message is clear that the benefit to Australian society, including Australian men, of a properly resourced and implemented national promotion and prevention campaign would be enormous.

Recommendation 2: *A new mental health promotion campaign aimed at reducing stigma and encouraging preventative and help-seeking behaviours, both in men and in Australian society as a whole, should be funded and implemented.*

[12] Like Minds, Like Mine 2009 'Like Minds, Like Mine Whakaitia te Whakawhiu i te Tangata', online at www.likeminds.org.nz/page/5-Home, accessed 13 February 2009.

Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

There are various conflicting perspectives on men's attitudes towards their own health. Data indicates that men use all services within the health care system at a lower rate than women and that women have a greater acceptance of health care services.[13] For example, men accounted for only 49 per cent of visits to general practitioners in 2007-08, and only 39.5 per cent of mental health related general practice visits in 2004-05. Men are also less likely to access psychiatrists.[14]
There is considerable debate on the reasons for the lower rate of health service use among men. A substantial body of work argues that the poorer health of men arises from their adoption of unhealthy male stereotypes, resulting in an unwillingness to seek help or express their feelings, an ignorance of their bodies and involvement in behaviours that may be damaging to their health such as risk-taking and violence. This results in an approach that is seen by some as 'blaming the men', with men needing to be 're-educated' to encourage them to seek out and use health services. Recently these views have been challenged, with a much greater emphasis on identifying the social determinants of men's health and providing health services that better meet the needs of men than existing services do.[15]

An understanding of how men perceive their own health and how their health needs can best be met is essential before a men's health policy can be developed. As Smith writes,

> *The aim of improving the health status of men should, undoubtedly, be focused on developing valid and reliable data on men's perceptions of their health, their health practices and their health needs. More importantly this data must be used to advocate for, and frame, emerging men's health policy responses in Australia.*[16]

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[13] J.A. Smith, A. Braunack-Mayer and G. Wittert 2006 'What do we know about men's help-seeking and health service use?', *Medical Journal of Australia* 184(2):81-83.
[14] Cited in Department of Health and Ageing 2008 *Development of a National Men's Health Policy: An Information Paper*, Department of Health and Ageing, Canberra; Department of Health and Ageing 2008 *Development of a National Men's Health Policy: Summary of Men's Health Issues*, Department of Health and Ageing, Canberra.
[15] J.J. Macdonald 2006 'Shifting paradigms: a social-determinants approach to solving problems in men's health policy and practice', *Medical Journal of Australia* 185(5): 456-458; M. Woods 2005 'Dying for a Policy – Men's and Boys' Health in Australia', presentation to the *National Men's Health Conference 2005.*
[16] J.A. Smith 2007 'Addressing men's health policy concerns in Australia: what can be done?', *Australia and New Zealand Health Policy* 4(20), online at www.anzhealthpolicy.com/content/4/1/20, accessed 5 February 2009.

This is particularly true in relation to men's mental health. Significant stigma still exists around mental illness, and to effectively reach men with mental health prevention and treatment it is essential to first understand how men understand their own mental health and their help-seeking behaviours in relation to their mental health. We simply do not know this information. Considerable new research is required to understand not only men's usage of health services, including mental health services, but also why they do or do not use these services and what factors would make services more valuable to men.

Recommendation 3: *There should be rigorous, independent research into men's views about mental health in general, their own mental health and their preventative and help-seeking behaviours in relation to their mental health. This research must inform a new men's health policy.*

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

Issues of access to mental health services are discussed above. To reiterate, almost two thirds of people who experienced a mental health problem over the past 12 months did not receive either treatment or support for their illness, and there is significant unmet needs in mental health services. 72.5 per cent of males who experienced a mental health problem over the previous 12 months did not receive treatment or support.[17]

With these low rates of access, the extent, funding and adequacy of treatment services and general support programs for men's mental health is arguably insufficient. Our *Recommendation 1* above, that funding for mental health programs should be increased to 13 per cent of the health budget, would remedy this to some extent, particularly if services are developed based on the research into men's understanding of mental health and their help-seeking behaviours in relation to their mental health as proposed in our *Recommendation 3*.

In addition to additional funding for services and research into new services that will meet the needs of men, there needs to be an understanding of why existing services are not always being used by men. The *Better Access Program*, designed to provide greater access to psychiatrists, psychologists, other allied health professionals and general practitioners through the Medicare Benefits Schedule (MBS), was introduced in November 2006. The uptake has been far higher than anticipated, but uptake among men has been considerably lower than uptake by women: the new MBS items are twice as likely to be used by women as men.[18] The use of the new item numbers is also significantly lower in non-urban than in urban areas, suggesting that men in rural areas are even less likely to access these services.[19]

An evaluation of the Better Access Program is currently underway, with successful tenderers for components of the evaluation recently announced. The aims of the evaluation are:

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[17] ABS 2008 *National Survey of Mental Health and Wellbeing: Summary of Results, Australia, 2007* (ABS Cat. No. 4326.0), ABS, Canberra.
[18] D. Crosbie and S. Rosenberg 2008 *Mental health and the new Medicare Services: 2nd Report November 2006 – August 2008*, Mental Health Council of Australia, Canberra.
[19] *ibid.*

(a) a large scale prospective research study of consumers of Medicare subsidised mental health services and their treatment outcomes;
(b) analysis of Medicare Benefits Schedule and Pharmaceutical Benefits Scheme data;
(c) analysis of allied mental health workforce supply and distribution; and
(d) consultation with key stakeholders.[20]

Arguably, assessment of why the uptake of these new services is so much lower among men falls within the aims of this evaluation. Other evaluations of other mental health services and initiatives should similarly include assessment of why uptake is lower among men, and what adaptations could be made to services to make them more suitable for men.

Recommendation 4: *Evaluation of mental health services should assess why men's uptake of mental health initiatives, such as the Medicare Better Access initiative, is lower among men and in certain areas.*

[20] AusTender 2008 'Closed ATM View - 330/0708: Evaluation of the Better Access to Mental Health Care Initiative', online at https://www.tenders.gov.au/?event=public.advert.showClosed&AdvertUUID=FB2D636C-CAAE-F2DB-4201A48273319AC8, accessed 16 February 2009.

Conclusion

Mental health is a significant part of men's mental health, and there is still considerable work to be done to ensure that services are adequate and access is equitable. The recommendations contained in this submission, if acted upon, will go some way towards reducing stigma and improving mental health outcomes not only for men, but for all Australians.