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Senate Select Committee on Men's Health
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Dear Sir/Madam

Senate Committee Inquiry into Men's Health

The Lone Fathers Association (Australia) Inc. (LFAA) provides the following submission to the Senate Select Committee in relation to its Inquiry into Men's Health.

The Information Paper on Men's Health

The Information Paper on "Development of a national men's health policy" published by the Department of Health and Ageing in November 2008 proposed that the National men's health policy should be built around five foundation principles, namely:

1. gender equity
2. an action plan to address need across the life course
3. focus on prevention
4. strong and emerging evidence base, and
5. needs of specific groups of men most at risk.

Principle 1, as the LFAA understands it, involves *comparing and contrasting the experiences of men and women* in relation to mortality/morbidity rates and the quantity and quality of research activity, funding, and services provided on their behalf. Reference is made here in Departmental documentation to the "different challenges" that men and women face.

Principle 2 involves the *building up of a “life course” model of the health experiences of men* (and, by implication, women in the parallel program) with intervention and health outcomes.

Principle 3 involves analysing the implications of various courses of action suggested by the results of the investigations under Principle 1 above, with a view to *optimising outcomes compared with the costs of early intervention*. This would give an overall picture of the timing structure of various types of intervention.

Principle 4 will use the information generated under Principles 1, 2, and 3 to ensure that existing information is made good use of and *gaps in existing knowledge are filled through appropriate research*. Reference is made to the ways in which men can address their personal risk factors.

Principle 5 involves application of all the principles above to the *geographical distribution throughout Australia* of health needs, measures, and outcomes

The LFAA suggests that under Principle 1 the Senate Committee should revisit the LFAA analysis of policy issues examined in the Senate inquiry into the administration of the Sex Discrimination Act (which see).

The Senate Inquiry on Men’s Health

The Senate Inquiry will cover a broadly similar set of issues to the National Men’s Health Policy, albeit structured somewhat differently.

The Inquiry will be concerned with general issues relating to the availability and effectiveness of education, support and services for men’s health. These will include but not be limited to:

1. The level of Commonwealth, State and other funding addressing men’s health, particularly prostate cancer, testicular cancer, and depression,
2. The 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.

As the LFAA understands it, Senate Inquiry Point 1 roughly corresponds to Discussion Paper Principle 5.

The Senate Committee has given some emphasis to use of Commonwealth funding to achieve specific medical outcomes, including “depression”. It is important that the Committee’s concern about men’s “attitudes” not lean too far in the direction of a “male deficit model” of male behaviour, but is appropriately directed more to the objective conditions faced by men in their lives.

Statement by the Minister for Health and Ageing

The current Inquiry is taking place in the context of a statement by the Minister for Health that, “Awareness raising is an important element in improving men’s health so that there is better use of existing resources and more attention on preventable health conditions. A holistic approach is needed to improving men’s health, not simply focusing on traditional medical issues. The policy will identify priority areas for action including ways to ensure men take more action relating to issues of concern: preventable cancers, suicide prevention and mental health; sexual and reproductive health; violence, accident and injury prevention; and alcohol abuse and illicit drug use.” The Minister further remarked that, “The government’s Social Inclusion Agenda will also be significant in addressing the underpinning social factors that contribute to poor health in disadvantaged men”.

The LFAA agree with the view expressed by the Department of Health and Ageing that the Men’s Health Policy should address the areas that are important to men’s health, the relevance of the Policy to men in the poorest health, the need for everyone to be able to have a say in its formulation, and practicality in meeting men’s needs.

Discussion forums

Discussion forums relating to the formation of a Men’s Health Policy have already been held in each State and Territory. Priority issues identified at these forums have, inter alia, included:

- Increasing body of evidence/research about men’s holistic health issues,
- Improving gender balance in the focus of health care provision (“male friendly” GP clinics, men’s magazines, images of men/fathers), and
- Working to increase the awareness of men’s health issues in the community.

These conclusions broadly reflect both the information paper and the terms of reference of the Senate Committee Inquiry.

Matters to be taken into account

The matters that the LFAA considers should be taken into account in a comprehensive review of men’s health used as a basis for the formulation of an effective Men’s Health Policy include the following.

1. Medical fundamentals -

Unequal mortality and morbidity rates for men (including depression and related illnesses)

Medical research into mens’s health

Availability of medical services for men (including location, hours, outreach)

Availability of life-saving drugs at a reasonable cost to patients*

2. Fitness -

Fitness decline
Obesity
Nutrition
Exercise

3. Physical safety -

Homicides
Suicides and suicide prevention
Work safety issues (including for younger employees)
Accidents and trauma
Harm prevention

4. Addictions -

Alcohol
Drugs
Gambling

5. Emotional and spiritual issues -

Emotional well-being
Spiritual well-being

6. Families, marriage, divorce, and children -

Marriage and marriage-like relationships
Families
Children
Shared parenting (including biological aspects)
Paternity and maternity leave
Grief arising from loss of the family unit
Finding a role for fathers after divorce
Hardship/homelessness resulting from inequitable property division

7. Personal friendships -

Isolation in the community (e.g., older men, gay men)
Friendships
Fathers and men's groups
Men's SHEDS movement and Pathways groups
Fatherhood support services

8. Work -

Unemployment issues
Overtime issues
"Fly-in-and-fly-out" issues

Commuting long distances to work
 Absenteeism and loss of productivity at work
 Work-life balance issues

9. Education and “rites of passage” -

Boys education (including for boys at risk)
 Mentoring for boys
 Lack of “rites of passage” for men and boys
 Schools to be neutral as between male and female parents
 More men to be employed as teachers
 Lessons on parenting to be conducted in schools

10. Legal -

Legislation relating to families and relationships (including “the best interests of the child”)
 Family law courts
 Child Support Agency
 False violence and sex abuse claims
 Grandfather’s access rights
 Legal discrimination against men in the judicial system (including interpretations of the “best interests of the child”, and failure to provide access)

11. Incarceration -

Men’s incarceration rates
 Rehabilitation after prison

12. Discrimination -

Men’s reproductive rights
 Word “father” to be retained in legislation relating to children
 Inequity in government expenditures between men and women at all levels of government
 Continuing discrimination against men by the “Human Rights Commission”.
 More men to be trained as counsellors and other social workers
 Promotion and funding of men’s groups, accommodation, and shelters

13. Information campaigns –

Increasing awareness of men’s health and welfare issues
 The current bias in domestic violence Government publicity to be corrected

14. Support for men -

Men-friendly crisis services (including for homeless fathers and their children)
 Men-friendly counselling services
 Men-friendly health services
 Fatherhood education services

15. Minority groups -

Aboriginal men's health
Immigrant health

16. Administration -

All initiatives under the above Policy to be adequately funded, as they are for women Policy aspects to be integrated across portfolios.

All of the above considerations impact on men's health in a direct or indirect way.

(*A current example of the restricted availability of life-saving drugs at a reasonable cost to patients is the fact, reported in the press, that more than 350 bowel cancer patients a month are dying as they wait for the Government to approve a subsidy for a \$50,000 drug that may save their life.)

SPCA comments

On family law issues, the LFAA endorses the suggestions made in a submission to this Inquiry by the Shared Parenting Council of Australia (SPCA) that there is a need to:

1. reverse the decline in men's health, both physical and mental, following family breakdown separation and divorce
2. undertake research into the biology of fatherhood
3. appreciate that there is much work needed to get men functional again after breakdown of their family unit
4. provide paid paternity leave for fathers for a significant period after the birth of a child
5. influence industry groups operating a six-day working week to consider specific father- and male-friendly practices to lessen the impact of the long working week
6. appreciate the devastating effect that unemployment has on men's health and well-being, and recognise that our education system is becoming unattractive to many boys
7. recognise that the longest running pro-child institution in our society is marriage, and that the best and safest environment for children is the family unit comprised of a mother and father, and
8. further enhance the definition in the Family Law Act of the "best interests of the child" which does not de-couple the child from its parents and instead upholds fatherhood and motherhood as being vital to a child's development.

LFAA additional comments

The LFAA points out that:

Suicide rates for men excised from the lives of their families through the family law system are much higher than they are for undivorced men. The impact of divorce on health of many men is very far-reaching.

Medical research is increasingly making it clear that the *biological* basis (i.e., in brain development) for the intellectual and emotional development of infants is very significantly enhanced by contact with their fathers from birth, and fathers also benefit from this contact.

The volume and quality of research work done on the far-reaching effects of divorce and separation on men's health needs to be greatly extended and improved.

A government policy of subsidising lengthy periods of "parental leave" for mothers but only much shorter periods for fathers after the birth of a child would not necessarily enhance gender equality, but could amount to a significant new form of discrimination against men.

The Sex Discrimination Commissioner should be adequately informed about the many serious forms of discrimination against men that currently exist, and focus on removing these forms of discrimination in the interests of men, not confine herself to recommending those measures whose primary motivation is to advantage women.

Publicity campaigns incorrectly accusing men of all domestic violence are doing so pursuant to a politically correct "male deficit" theory of male behaviour, and should be modified to recognise that many women are also violent.

Support for men's groups

John Stanhope, Chief Minister of the ACT, has noted that, "The LFA ACT, founded in 1972, began as an outreach organisation to provide moral and emotional support for sole parents attempting to cope with their losses, practical advice, strategies, and resources; and guidance and counselling on how to move forward. The LFA has grown considerably in size, and in 1975 the LFA went national, establishing LFAA (Australia) Inc. The LFAA is now recognised as the Peak Body providing support and advocacy services for sole fathers, sole parents, and their separated children."

The LFA has helped over 600,000 men and their families in its 36 years of existence. The team have saved the lives of many men who just wanted to give up, partly as a result of lack of support from Government Departments and agencies and some non-government organisations.

The LFA strongly urges the Government to continue to fund the LFA and other men's organisations that have been operating and helping men over a long period, rather than allowing them to be de-funded.

Further information

The LFAA hopes to add to the above comments as time permits, and will be happy to provide oral evidence if the Committee wishes.

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