



Centre for
Rural & Remote
Mental Health
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Chris Reid
Committee Secretary
Senate Select Committee on Men's Health
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

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Dear Mr Reid

Thank you for the opportunity to provide a submission to the Senate Select Committee on Men's Health.

The Centre for Rural and Remote Mental Health Queensland recognises that mental illness represents a very significant burden for men in rural and remote areas of Australia. This inquiry is a timely opportunity to identify initiatives that can address this issue and develop policy and practices that make progress in the reduction of this burden.

Yours sincerely

Dr Jennifer Bowers
Chief Executive Officer

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The Select Committee on Men's Health.

The Centre for Rural and Remote Mental Health Queensland (the Centre) was established in 2006 following widespread consultation with academic, service, community, Indigenous, consumer and carer groups, among other organisations with an interest in mental health in rural and remote Queensland communities.

The Centre's Vision:

Rural and remote Queenslanders, whoever they are and wherever they live, are able to access the best possible information and services that support their mental health and wellbeing, helping them to think, learn and live well with their own emotions and those of others.

The Centre's Mission:

Rural and remote Queenslanders, whoever and wherever they are, have the right to live in dignity and to work towards the best possible social and emotional wellbeing. We have a "whole person, whole community" focus; we work with, support, and advocate for all those who help people and communities in rural and remote Queensland attain wellbeing. Our partners include service providers, non-profit organisations, businesses and industries, local and state governments and universities and researchers. We focus on: preventing problems where possible; early intervention if problems emerge; and flexible, holistic and recovery-oriented options when treatment is necessary. We encourage and support cohesive, long-term and results-oriented partnerships.

This places the Centre in a position of responsibility to provide timely accurate information to all levels of government when appropriate and with respect to rural and remote mental health. The current Select Committee inquiry is one such occasion.

There is growing understanding that the burden of mental illness in Australian men is significant. To date, our knowledge of the cause and effect of this burden of disease is patchy due to a lack of quality research. It is well understood that depression in men is a very difficult disease to identify or measure and to diagnose and cure. Research indicates that the incidence of depression is in the order of 20 percent, in other words, one in every five people will experience depression at some time in their life. Within this group, three out of every five depressed individuals experience a clinically diagnosable level of depression.¹ Barbara Hocking (CEO of SANE) was reported in The Australian on the 26 March 2009 as noting that "the latest figures from the Australian Bureau of Statistics represent that one in five people will experience depression in any 12 month period".² While it is not a perfect indicator of depression, suicide is also an indicator of the incidence of mental illness in any particular community or group. It is now generally understood and acknowledged that the rate of suicide is significantly higher in rural and regional communities than urban communities, and that the incidence of male suicide is higher than female suicide.³

In consequence of the recent research and identification of trends, there have been some path-breaking educational and awareness health initiatives developed and implemented. The two most successful of these are the 'Pit Stop' program and the 'Working With Worriers'. The 'Pit Stop' program draws parallels between men's bodies and tractors or motor vehicles. Just like motor vehicles, individuals need to be serviced to ensure that they are able to work efficiently. This involves blood pressure, blood sugar and Body Mass Index tests. All of these very simple tests can be carried out by social workers or nurses at local shows, agricultural field days and other community events. The programs focus on the first screening stage and have been a very effective way of highlighting health risks, increasing awareness and promoting regular checkups with local GPs. The 'Working with Worriers' program was developed by Wheatbelt Men's Health Inc. and the Kondinin Group in Western

Australia and focuses on depression and mental wellbeing. While both of these programs are producing positive effects, they are administered in an uncoordinated way with some regions being very extensively serviced and overwhelmed with opportunities to attend and participate in the programs, whereas other regions had no opportunity to participate at all.

RECOMMENDATION 1:

The Commonwealth should invest in a networking and coordination program that ensures the current resources and programs are delivered more effectively across the target regions, with a goal of providing equality of access to programs for all Australian men.

An attitude in Australian men of 'if it 'aint broke, don't fix it' and 'let sleeping dogs lie', has resulted in a detrimental approach to personal health maintenance, characterised by postponed and even cancelled medical appointments and a failure to seek medical advice or treatment until the individual's health situation becomes dire with a more difficult prognosis and a lengthened recovery period a common outcome. However, due in part to programs like those mentioned above, the stigma and prevailing attitude of Queensland men towards their own health and wellbeing is slowly improving. This has resulted in an improvement in the detrimental habitual behaviour of men regarding the timely seeking of medical treatment. Of course, attitudes and habits are slow to change, in part because in rural and remote communities there is a perception that it is almost impossible to seek and receive medical services with assured patient confidence and anonymity. The fears and concerns that men in particular have about seeking medical treatment tend to be based on these perceptions, with the result that detrimental habitual behaviour develops and is reinforced. A better understanding of community (and in particular men's) perceptions and attitudes to personal health maintenance and treatment has allowed the development of more effective health promotion, prevention, early intervention and training programs to be undertaken in rural and remote communities, with an emphasis on maintaining confidentiality for every individual who wants to seek advice or treatment. When assessing the benefits of such programs, it is clear that they are providing positive outcomes especially in rural and remote areas where tertiary individual service provision is difficult and expensive.

RECOMMENDATION 2:

The Commonwealth identifies and develops technologies that enable Australian men in rural, regional and remote areas access to information and advice through mediums (such as the internet) that enables promotion, prevention and early intervention without public identification.

Service provision of both physical and mental health in rural and regional Queensland has always been difficult due to the vast distances involved and the decentralised nature of the State's population. The Centre undertook a Service Mapping exercise in the second half of 2008 (see attachment). This mapping exercise emphasised some of the many issues surround service provision as well as the dramatic effect the removal of funding poses for rural and remote communities. The introduction and later loss or withdrawal of services may in fact produce a greater problem for the community than the problem that led to the initial provision of such services in the first instance. With respect to mental health, funding arrangements that provide a clinical position of 24 months or less are likely to be problematic for communities because they result in incomplete treatment for affected individuals, due to the time it takes to diagnose and resolve a mental illness, as opposed to some physical illnesses.

¹ Ashfield, J. (2008). Taking Care of Yourself and Your Family – A resource book for good mental health, supported by *Beyondblue*. Peacock Publishing, Norwood, South Australia.

² The Australian Retrieved March 26, 2009 from <http://www.theaustralian.news.com.au/business/story/0,,25243308-5018014,00.html>.

³ Australian Bureau of Statistics (2008). Causes of Death, Australia, 2006 (No. 3303.0) Canberra, Australian Capital Territory.