

10 March 2009

Mr Chris Reid
Committee Secretary
Senate Select Committee on Men's Health
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Mr Reid

The College Clinical Psychologists, Australian Psychological Society, appreciate the opportunity to provide comment on the investigation of the Senate Select Committee on men's health. The College applauds the Senate on its decision to enquire into such an important and under-resourced area of health. The College will address a few of the key issues and provide an example of a particular area of men's health to illustrate these concerns.

Issues:

Adequacy of existing education and awareness campaigns regarding men's health:

- Psycho-social care is still often seen as not acceptable by men. More education needs to be given to inform the general community that it is okay for men to need support. Support seeking needs to be normalised.
- More education needs to be provided on the symptoms of depression in men as it often presents quite differently from depression in women.
- Specialist training across health and mental health disciplines in how to work clinically with men would be beneficial.
- There continue to be cultural influences that contribute to men denying any health or mental health problems until the health condition reaches a serious level.
- Emphasis on prevention and early intervention in men's health needs to be increased. Too much of the planning of health care is on the acute and chronic service delivery systems which are expensive to sustain. Ample funding for prevention and early intervention would be a very wise investment that would provide significant financial savings in the future (though the immediate

impact would not been seen for at least ten years) by keeping individuals healthy and lessening the burden of disease at the acute and chronic stages. This has been highlighted well in the recently released Interim Report (Dec 2008) of the National Health and Hospitals Reform Commission.

Prevailing attitudes of men toward their own health and sense of well-being and how these are affecting men's health in general:

- There is concern that men still find it difficult to acknowledge and seek treatment for mental health conditions, such as depression and anxiety. The taboo about admitting that they are having such difficulties can lead to self-medication through alcohol and substance abuse.
- There is concern that men often feel marginalised within society and this can create a great level of distress. Seeking support by men often results in men feeling threatened about their identity and sense of masculinity.
- Men frequently do not know how, where or when to access support and it is often their partner who initiates contact with the GP or psychologist.

Adequate for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas:

- There are concerns that the psychosexual problems in men are often neglected and are often seen from a very limited medical perspective. However, most psychosexual problems are related to depression, anxiety, relationship problems and general health problems. Such problems are generally treated in the medical domain through the pharmacological interventions. However, research suggests that many of these sexual dysfunctions can be successfully treated through psychological treatment.
- There are also concerns about the impact of obesity on men's health. Effective treatment of obesity often involves changes in the behaviours of the individual. Behavioural change is a primary component of psychological interventions. Unfortunately, the combination of dietetic interventions with psychological interventions rarely occurs. In addition to the health problems associated with obesity, there are also significant psychological problems that develop in response to the individual's weight difficulties which often go untreated and can then exacerbate the individual's attempts to achieve weight loss.
- Another area that receives little attention is adult attention deficit hyperactivity disorder (ADHD) – particularly the link between ADHD and co morbid anger management issues, anxiety, substance abuse and reckless driving. Approximately two-thirds of children with ADHD will continue to be symptomatic. Research indicates that there are more males diagnosed with ADHD than females so this disorder can have a very significant impact on a large cohort of men with this condition. There is a strong relationship between ADHD and learning disorders. Many men with the co-morbid condition of learning disabilities – such as dyslexia – find difficulties with employment. Unemployment is often associated with limited access to medical care and can contribute to overall poor health conditions.

- Access to mental health and psychological interventions for health conditions continues to be a significant problem for men in regional and rural areas as it is for all residents in these areas.

The College would like to present a particular area of men's health – prostate cancer – which will demonstrate many of the issues listed above and which also would apply across a wide range of health problems that men can experience. The College would like to thank Dr Addie Wootton, Clinical Psychologist at the Department of Urology, Royal Melbourne Hospital and Dr Ann Boonzaier, Clinical Psychologist at the Peter MacCallum Cancer Centre, for this information.

Cancer of the prostate (CaP) is the most common cancer diagnosis in Australia (excluding non-melanocytic skin cancer) with 13,526 new cases diagnosed in 2003 [1]. New diagnoses of CaP have surpassed any other form of cancer, including breast cancer. While the incidence of CaP is growing, treatment of localised disease has become very effective and many patients are reportedly living with it rather than dying from it. However, with respect to localised CaP, all curative treatment interventions are known to incur considerable impact on quality of life (QoL), either temporarily or permanently. Survivorship issues in the prostate cancer population therefore poses unique challenges in terms of quality of life and the issues experienced by survivors could be more accurately described as chronic illness type presentations. As such, in order to support these cancer survivors, the Victorian healthcare system must understand the needs of this population. Research in this domain now needs to focus on the ways in which patients can be supported by the healthcare system so as to minimize the impact of CaP on their well-being (Newton et al., 2006). There has been very little research examining psycho-social interventions for this group of cancer patients. Attention to the need for men's health initiatives is growing but urgently in need of further research. A recent review conducted by the Southern Metropolitan Integrated Cancer Service (SMICS) Genito-Urinary Group highlighted the lack of psycho-social support for men after treatment for prostate cancer as an area of high priority in southern metropolitan Victoria [2]. It is anticipated that other Victorian regions, if surveyed, would show similar findings. Furthermore, a recent NSW Cancer Council population-based study identified that more than 54% of prostate cancer patients expressed some form of unmet psychological need [3]. These studies highlight the need for improved psycho-social interventions for CaP patients. Despite the higher rate of diagnosis of CaP the care of prostate cancer patients is substantially lagging behind the level of care delivered to breast cancer patients.

Prostate Cancer and QoL:

It is well-known that the treatment of prostate cancer with prostatectomy or radiotherapy can often result in residual symptoms post-treatment (Kao et al., 2000; Lubeck et al., 1999). These may include sexual, urinary and bowel dysfunction (Lubeck et al., 1999; Nguyen, Pollack, & Zagars, 1998; Schwartz, Bunner, Bearer, & Severson, 2002) with changes often occurring up to two years post-treatment (Litwin, Melmed, & Nakazon, 2001; Wootten et al, 2007a). Coping with these residual symptoms can be very difficult for the patient (Gray, Fitch, Phillips, Labrecque, & Klotz, 1999) and has been found to significantly impact on the patient's quality of life (Bokhour, Clark, Inui, Silliman, & Talcott, 2001; Wootten et al., 2007b). The body of

research examining the quality of life and psychosocial consequences of prostate cancer is growing (Weber & Sherwill-Navarro, 2005).

Psycho-social implications of prostate cancer have been documented. Depression is at least two to three times more common in patients with cancer (Fisch, 2004), with general psychological disorders (including depression and anxiety) estimated at 25-47% (Keller, et al., 2004; Trask, 2004; Wootten et al., 2007b). It is also noted that depressive symptoms are believed to be under diagnosed and under-reported among cancer patients (Eller et al., 2006).

To date, quality of life research has generally focussed on the physical impact of treatments on prostate cancer patients. However, research investigating the impact of prostate cancer treatment on psychological well-being is increasing (Blank & Bellizzi, 2006; Couper et al., 2006; Eller, et al., 2006; Hervouet, et al., 2005; Korfage et al., 2006; Wootten et al., 2007b). The results of these studies have revealed that among those who have had prostate cancer treatment, the prevalence of mood disorders (i.e. anxiety, depression, adjustment disorders) ranges from 9-24% (Couper et al.; Frick et al., 2007; Hervouet et al.; Pirl et al., 2002). The results from other studies suggest that physical side effects of prostate cancer treatment (such as incontinence and sexual dysfunction) are associated with anxiety and depression (Eller et al.). While the long-term psychological outcomes have been less researched, one study has shown that these patients experience increased mood disturbance compared to geriatric norms, even up to two or more years post treatment (Wootten et al.). This suggests that the outcomes of prostate cancer and its treatment can be quite long-term and can therefore have ongoing consequences for not only physical well-being but also mental health.

Ahmad, Musil, Zauszniewski, and Resnick (2005) have proposed that the health care of patients treated for localised prostate cancer should take a more holistic approach. Rather than focusing on treating the initial stages of the disease, Ahmad et al. (2005) concluded that health care services should focus on the longer term survival issues of the prostate cancer patient and target all aspects of health, including the QoL of the patient (Ahmad et al., 2005).

Patient-reported needs:

One large population based Australian study of 1,067 men diagnosed with prostate cancer between 200-2001 in NSW surveyed patients between 3 and 12 months after diagnosis (Smith et al., 2007). This study found that 74% of men reported some form of unmet need in relation to their prostate cancer diagnosis. Fifty-four percent of men reporting poor health stated that they had unmet needs in relation to their health and the rate rose to 74% in men under the age of 50 years. Men reported a range of areas of unmet support needs. The most commonly reported area of unmet support need was in the psychological support domain where 54% of men expressed that they felt some level of unmet psychological support need (Smith et al., 2007). Sexuality was reported by 47% of men as an area where they had some level of need for assistance or support and more than 20% of men reported a moderate to high need for the “uncertainty for the future” domain. The authors of this study strongly recommended improved access to the spectrum of supportive care services for prostate cancer

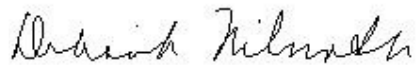
patients, including nursing specialists, psychological counselling, peer support groups and consumer information (Smith et al., 2007).

Inadequate patient and spouse knowledge has also been implicated in poor prostate cancer outcomes and increased distress experienced by the patient and spouse. A recent study found that inadequacies in patient and spouse knowledge and awareness of prostate cancer contributed to delayed contact, shock at diagnosis, preferences regarding decision making, health judgements and patient coping (Docherty, Brothwell & Symons, 2007). This study highlighted the common misunderstandings and misinformation about prostate cancer in the wider community. The findings of this study indicated an apparent lack of awareness of treatment options or side-effects and a reliance on general practitioner (GP) assistance, highlighting the need for consistent information and support provision. The authors of this study recommended the involvement of health practitioners across a number of domains: (1) assistance in the assessment of patient preferences; (2) response to inadequate knowledge and (3) to engage and involve the patient in their care (Docherty et al., 2007).

In summary, there continues to be the need for focussed education and awareness campaigns regarding men's health. There still is a cultural bias for many men that acts as a barrier to them accessing health care. Because of this cultural bias as well as other contributing factors, treatment services and general support programs for men's health need to be developed and made more available in metropolitan, rural and regional areas. Additionally, the psychological impact of ill health needs to be incorporated into the assessment and management of men's health care.

Again thank you for the invitation for submission, and please do not hesitate to contact me should it be deemed helpful for the work of the Committee.

Yours faithfully,



Dr Deborah Wilmoth, PsyD
Chair
College of Clinical Psychologists
Australian Psychological Society

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