HCRRA
Health Consumers of Rural and Remote Australia inc.

SUBMISSION TO THE SENATE SELECT COMMITTEE ON MEN'S HEALTH

from the

HEALTH CONSUMERS OF RURAL AND REMOTE AUSTRALIA

February 2009

Health Consumers of Rural and Remote Australia (HCRRA) is a not-for-profit organisation which was incorporated in 1994. As a foundation member of the National Rural Health Alliance, we are an active group involved in sharing information and developing networks with health consumers and consumer organisations throughout rural and remote Australia. We endeavour to inform policy makers at all levels of the experiences and opinions of consumers in rural and remote areas in an effort to ensure their views are taken into account in policy formation. Conversely, we also inform consumers of any Government health initiatives which may affect them.

We welcome this opportunity to inform the Committee about some of the major issues currently facing men living in rural and remote areas of Australia.

Given the available data, it is difficult to draw a definitive picture of the state of men's health in rural and remote Australia. It seems probable it is worse than in metropolitan areas, but to what degree is open to some speculation. However, there are some things we do know.

We do know that men who own farms commit suicide at twice the rate of the national average. In all probability, the figures understate the true number of suicides as it is often very difficult to ascertain if a driver killed in a motor accident had, in the words of one rural resident, 'lined up the tree', which is considered to be an easy form of suicide in the bush.

We know that death rates for males in inner and outer regional areas are 10% and 15 % higher respectively than in major cities. We also know that death rates in remote and very remote areas are 20% and 70% higher than those in major cities and yet death rates for remote non indigenous Australians tended to be similar to those in major cities.

Clearly, a major contributor to elevated deaths outside major cities is the high mortality rates of indigenous Australians. The Committee must place a high priority on addressing the issue.

There are a number of health issues facing men in rural and remote Australia which are different to those facing men in urban areas. It is important to recognise and take this dichotomy into account when making any policy recommendations. If not, there is a risk that the health of men living in the bush will fall further behind that of those living in the city. It will be of little value if a rural male is convinced to have his prostate checked for example, only to discover that there is no available medical service within a reasonable distance.

This lack of access to medical services is obviously one of the reasons why men living in rural areas do not tend seek medical help to the same extent as their metropolitan counterparts. Another is probably the prevailing culture in the bush which regards seeking medical assistance for anything less than a life threatening situation as being a sign of weakness. This culture is clearly not conducive to men attending to symptomatic illness or attending to preventative health matters as the need arises. Perhaps some consideration should be given to employing specialist men's health workers who could visit rural areas in a similar way to the fly in fly out female GP services currently operating. Obviously, such a service would need to be promoted and local input sought on how and where it was provided.

One rural resident told us that:

> 'Specific men's health sessions at local GP surgeries have been working well. This could apply in any location but may actually work better in rural and regional centres where word gets around quickly that something is on.'

It is vital that the Committee recognises that confidentiality cannot always be guaranteed in small communities to the same extent it can be in the city and this is a major disincentive for men living in rural and remote areas to seek help, especially for mental health problems.

HCRRA believes that something along the lines of well publicised Men's Health Open Days may be very effective in encouraging men living in rural and remote areas to access medical services in that they may remove some of the cultural stigma involved and provide better access to health services.

Apart from the current economic downturn, many rural communities have also had to deal with severe drought conditions over recent years with a consequent fall in both farm and rural business incomes. This has undoubtedly contributed to the higher suicide rate for men living in rural and remote areas. Removing the stigma associated with the onset of anxiety and depression, especially in the bush, is clearly a priority for the Committee. Information and awareness campaigns need to be made accessible, firstly to men, but also to the community in general and must be well directed rather than just well intentioned.

With this in mind, programs such as the Mental Health First Aid initiative should be reviewed to ascertain if they are achieving their objectives and, if not, to find out why not. Rather than come up with too many new initiatives, the Committee may be better served to simply ensure that those programs which are working effectively and have already built up relationships, both with individuals and within government, receive support and are encouraged to expand.

Many small communities have already taken successful steps towards improving the health of men in their local area and this work should not be ignored. Service clubs such as Rotary and Apex, for example, often have men's nights, which could be used to discuss specific health issues or even just general wellbeing; Men's Sheds is a local movement designed to re connect men, often living in outlying areas, with their community and so on. Importantly, these local programs and others like them may vary greatly between regions, and the Committee would be well advised to take note of this and ensure that any policy initiatives allow for a significant degree of flexibility and local input.

The dissemination of information to men in rural and remote areas must involve using appropriate methods and or media. The Committee should be aware that the rural press plays a significant role in the bush and many publications such as The Land and Stock Journal are read cover to cover each week and the sounds of local and ABC regional radio can be heard coming from all description of tractors, trucks and other farm vehicles. Local organisations such as the Rural Fire Service could also be better utilised by Health Departments to deliver a message or promote culture change.

Many health issues apply equally to all Australian men. However, as an organisation representing those living in rural and remote regions of the country, it is the role of HCRRA to ensure that the men living in these areas are recognised as a distinct group and that their particular needs and issues are taken into account by policy makers.

It would be a grave mistake if this Committee made blanket recommendations which ignored, for example, the fact that indigenous men have a significantly higher death rate than non indigenous, that men living in the bush often do not have ready access to medical services, that they are often involved in physically demanding and hazardous work, that they are more prone to commit suicide, that there is a culture which discourages them seeking medical treatment, that many have been severely affected by the drought, and that privacy is a major concern for them.

HCRRA urges the Committee not to make that mistake.