

## Submission to the Commonwealth Senate Select Committee on Men's Health

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## Scope of this Submission

Crisis Support Services Inc. (CSS) is pleased to provide the following information to the Senate Select Committee on Men's Health. Of the issues identified in the Select Committee's Terms of Reference, CSS' submission will focus specifically on men's mental health. This reflects CSS' 50 year history of supporting Australians through crisis with professional counselling, information and referrals to local services, and its expertise in providing specialist mental health services to Australian men.

## Executive Summary

- CSS is Australia's leading and most experienced professional telephone counselling and training provider. CSS receives 138,000 calls annually across eight specialist services, the largest of which is Mensline Australia, a national telephone support service.
- That Australia faces serious problems in relation to men's mental health is well established and increasingly well understood. Among Australia men, certain communities face a greater risk of mental illness, including defence force personnel and veterans, those in rural and regional Australia, indigenous men and those experiencing socio-economic disadvantage.
- The major challenges Australia faces at present, including the global economic downturn, the worst drought on record in the Murray-Darling Basin, and the high number of Defence Force personnel stationed in conflict areas overseas, are only likely to exacerbate the stresses placed on the mental health of Australian men. As such, the case for an increased focus on men's mental health and well-being is compelling.
- Australia needs to develop a stronger gender focus in the development of mental health services. The Government should increase the resources it commits to targeting men and at risk communities of men with specific mental health programs.
- There is scope to significantly enhance and broaden CSS' Mensline Australia and its SuicideLine- Victoria service, and in so doing, quickly and cost-effectively provide Australian men with a direct, tangible and measurable outcome of Men's Health Policy. Mensline Australia could be expanded to become the one-stop-shop for men's health and wellbeing, while the SuicideLine provides a vital service that should be available to all Australians, not just Victorians, as is currently the case.

## 1. Background: Crisis Support Services Inc.

CSS is a national provider of professional telephone-based counselling and support, specialising in suicide prevention, men's wellbeing and family relationships, and mental health. We are Australia's oldest and most experienced telephone counselling provider and the only organisation in the country with international accreditation from the American Association of Suicidology.

We are an independent, registered charity (*is this right? Or do we say non-profit organisation*) with no religious affiliations. CSS has a team of 90 professional counsellors, social workers and psychologists who provide services 24 hours a day, seven days a week. All CSS staff who deal with callers to support lines are fully-qualified social workers, counsellors or psychologists, not community volunteers. This means callers have ready access to highly experienced and professional experts to assist them in times of need. CSS receives more than 138,000 calls and supports around 90,000 Australians annually.

We have expertise working with men, with young people, people at risk from self harm, suicide and depression. In total, CSS provides eight specialist services:

- Mensline Australia;
- SuicideLine Victoria;
- National Suicide Call-back Service;
- Australia Post Mensline;
- beyondblue Information Line;
- Veterans Line - after hours support;
- Parent Support Service; and
- Open University Care Line.

Mensline Australia is CSS' largest service in terms of calls received. Mensline Australia is the only 24 hours a day, seven days a week professional telephone counselling service specifically for men, and the only service of its kind worldwide specialising in family and relationship issues. Since Mensline Australia's inception in 2001, we have received more than a half a million calls.

CSS is currently working in partnership with the Commonwealth Government, specifically the Department of Health and Ageing, in the delivery of three key projects:

- The National Suicide Call Back Service (SCBS) – offers at risk Australians, their carers and the bereaved access to ongoing professional counselling.
- Access to Allied Psychological Services Project (ATAPS) After Hours Service – offers Australians at the highest risk of suicide and self harm around the clock professional support and counselling post their discharge from hospital or psychiatric care.
- The LIFE Communications Project – develops online resources and publications to assist in the promotion and communication of the National Suicide Prevention Strategy.

CSS believes this Senate Inquiry is a timely investigation of men's mental health services in Australia as we are facing a complex and lasting set of challenges in this area.

## 2. Issues around Men's Mental Health in Australia

The fact that Australia faces serious problems in relation to men's mental health is well established and increasingly well understood. The Commonwealth Department of Health and Ageing's (DoHA's) *Development of a National Men's Health Policy Information Paper*, published late last year reports that mental illness (which includes anxiety, depression, bipolar disorders and schizophrenia) is estimated to be responsible for 13% of the total burden of disease in Australia and while the instances of mental illness are shared fairly evenly between the sexes, Australian men are much less likely to access health services for mental illness. Men account for 47% of the mental illness burden in Australia but only 39% of all mental health-related general practice visits.

In 2006-07, only 29% of men that had experienced a mental disorder in the past 12 months sought support services, compared to 46% of females. On the other hand, about 52% of visits to hospital emergency departments were by men, who attended at a higher rate than women across all age groups except those aged 75 and over. Moreover, of the 2,101 deaths from suicide registered in Australia in 2005 nearly 80% were men. Suicide accounts for 20% of deaths of Australian men aged from 20 to 24 years

These factors, combined with the inter-relationship between mental and physical health (for example the National Heart Foundation has found depression and social isolation are significant risk factors for heart disease, the most frequent cause of death among Australian men), are major contributors to the fact that rates of mortality among men remain higher than women and have not improved over the past century to the same degree as mortality among women.

Certain communities are more at risk from mental illness. Mental health issues affect Australian Defence Force members and veterans at a higher rate than the general population. They also tend to experience patterns of mental health that are markedly different from the rest of the population. For example, among Korean War veterans studied in 2004, anxiety was present in 31% and depression in 24%, while 59% drank hazardous amounts of alcohol.

Rural and remote communities experience a heavier burden of mental illness and are more significantly affected by suicide than urban communities. In 2005, there were 9.5 suicides per 100,000 people in capital cities compared with 12.5 suicides per 100,000 people in rural areas. Rural and remote communities are also at a severe disadvantage in terms of accessibility to health services. This is due to both the isolation of rural communities from regional centres where services tend to be based and is exacerbated by the difficulties in attracting and retaining a comprehensive health workforce to rural Australia.

Aboriginal and Torres Strait Island men also experience above-average levels of mental health problems. The consultancy report for DOHA, *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health*, found that depression existed at a very high rate among Aboriginal and Torres Strait Islander men compared to non-Aboriginal people; rates of self-harm and suicide were higher; and substance abuse, domestic violence and disadvantage contributed additional risk factors.

There is also correlation between various types of socio-economic disadvantage, such as unemployment, child poverty, homelessness, disability, locational disadvantage and intergenerational disadvantage, and higher rates of mental illness.

The major challenges facing the country at present, such as the global economic downturn and the subsequent likelihood of greater unemployment and financial hardship, the worst drought on record in the Murray-Darling Basin, and the high number of Defence Force personnel stationed in conflict areas overseas, is only likely to exacerbate the stresses placed on the mental health of Australian men. As such, the case for an increased focus on men's mental health is compelling.

### 3. An Enhanced, Gender Specific Approach to Mental Health

CSS believes Australia needs to develop a stronger gender focus in the development of mental health services. In line with efforts to pursue a proactive approach to mental health services, the Government should target men, and at risk communities of men, with specific mental health programs and should do so in a way that uses a range of new communication technologies. We believe the Government has already demonstrated some responsiveness with the ongoing work to develop a National Men's Health Policy and we commend them in this regard.

The Republic of Ireland's *National Men's Health Policy* published in December 2008 provided a useful summary of the problems associated with the provision of mental health services to men:

*There is considerable evidence to suggest that mental health is highly gendered and requires a gendered focus at a policy and service delivery level. Mental health issues can pose a threat to a man's masculinity, as evidenced by the way many men conceal symptoms, reject help-seeking and rely on more 'acceptable' male outlets, such as alcohol abuse or aggression, to deal with a mental health issue. There is also a perception that in the context of a curative medical model of health, previous approaches to mental 'health' have, in effect, focused on the symptoms of mental ill-health. The concept of a 'mental health continuum' provides greater scope for a more holistic understanding of mental health and for paving the way for support to be sought before a mental health issue reaches a crisis point.*

CSS' experience in managing telephone-based counselling services confirms this statement. For example, our research has found that use of the word 'counselling' is counter-productive when trying to engage men with a counselling service. Men are more likely to actively participate with a service that is promoted to provide information, confidential support or referrals and will generally avoid using the service that is generically branded as a counselling service.

Therefore, what is needed is the aforementioned "gender focus" in developing mental health services. In practice this means, for example:

- Providing services that allow men to access help without have to confront perceived social obstacles;
- Devising gender-specific information and disseminating it through media that are appropriate for men;
- Recognising the strong linkages between mental and physical health;
- Promoting a holistic and positive focus on men's health that supports men to take greater ownership of their own health;
- Targeting specific groups or communities of men that are particularly at risk; and
- Taking advantage of new technologies, in particular web-based communication tools.

Such an approach is in keeping with the World Health Organisation's globally recognised definition of health, whereby a healthy man is one who is 'empowered to experience optimum physical, mental and social well-being and who experiences health as a resource for everyday living'. It is important therefore to recognise that men's health status is more than simply a consequence of biological, physiological or genetic functioning, but that it is also affected by wider social, cultural and environmental factors.

## 4. Recommendations

CSS is well placed to assist the Commonwealth Government deliver improved mental health outcomes for Australian men.

CSS already makes a significant contribution in this area through its professional telephone based counselling and support services specialising in helping Australian men in crisis (Mensline Australia) and people at risk of suicide (who in the vast majority of cases are men), their carers and the bereaved (SuicideLine Victoria).

There is scope to significantly enhance and broaden these two services and in so doing quickly and cost-effectively provide Australian men with a direct, tangible and measurable outcome of Men's Health Policy. Expanding these two services would build on the expertise and skills that have already been developed by CSS and would also take advantage of new technologies, such as web-based communication tools and teleconferencing facilities.

### **Recommendation 4.1: Improve access to support services for men through an expansion of Mensline Australia**

CSS has successfully managed Mensline Australia for seven years, providing professional telephone counselling, information and referral to support hundreds of thousands of Australian men in crisis.

Mensline Australia is the only service of its kind in Australia, offering early intervention through specialised telephone counselling, by paid, qualified professionals, who work with men to manage the difficulties associated with family and relationship problems, such as separation, divorce and parenting. This service is currently funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs.

In terms of improving access and providing sustainable services in the allied health area, there is a unique opportunity to expand the role and scope of Mensline Australia to become the one-stop-shop for men's health and wellbeing. The aim of such an expansion would be to provide all Australian men with a highly accessible, professional counselling, information and referral service specifically tailored to their needs. These services would be available 24 hours a day, seven days a week.

The key objectives of this service expansion include the provision of:

- A universal professional help-line targeted at men – any man, any issues, any time;
- Ongoing professional support via a call back service;
- Online counselling, e-therapy and discussion forums via a dynamic, informative website;
- Group counselling and peer-support via professionally facilitated tele-groups focused on particular health issues (such as depression, prostate cancer, heart disease, etc); and
- Services tailored to the needs of at-risk communities (e.g. veterans, rural and regional Australians, Aboriginal and Torres Strait Island Australians and the unemployed).

An expansion would ensure all Australian men have access to, professional counselling, information and support to help them deal with issues related to their physical, mental and emotional health and wellbeing at all times. It will assist to facilitate a universal referrals pathway, linking men in need to appropriate local or national services. It would also encourage men to seek support to deal with other issues that although not directly connected, can have a long term impact on their health – i.e. issues such as work, financial or relationship difficulties.

This expansion will transform the current service, making it an even more attractive gateway for all men to seek help - fathers diagnosed with prostate cancer, men retrenched from their work, farmers struggling to manage the affects of drought, husbands battling to cope under increasing mortgage stress and those struggling with relationship difficulties.

#### **Recommendation 4.2: Establishment of a National SuicideLine**

Another potential service that could assist Australian men in coping with mental health issues would be the creation of national, professionally staffed services specifically for those at risk of suicide and their families. As was highlighted in Section 2 of this submission, 80% of suicide deaths in Australia are men.

CSS has managed SuicideLine (Victoria) for more than eight years, providing specialist crisis support to people at risk of suicide, their carers and the bereaved, 24 hours a day, seven days a week. SuicideLine (Victoria) is the only service within the country to offer specialist support and intervention around the clock. . The service is currently funded to operate in Victoria only.

There is a unique opportunity to establish a national, professionally staffed SuicideLine to ensure all Australian's at risk of suicide, their carers and the bereaved have access to professional counselling and support. The key objectives of this service include the provision of:

- A national, 24 hour, professional, suicide prevention help line,
- Ongoing professional support via the Suicide Call Back Service,
- Online counselling, e-therapy and discussion forum via a dynamic, informative website.

This expansion could provide Australians with access to qualified professionals who are accredited in identifying and managing risk, case management and emergency intervention. It is an affordable and effective way forward in addressing the complex issue of suicide prevention in Australia, and ensuring accessibility and provision of care to Australians in rural and remote areas or those unable to access face-to-face services due to waiting lists, workforce shortages or a reticence to do so.

This service could provide many levels of support including crisis counselling, short to medium term support or ongoing case management of chronic clients. Moreover, a comprehensive database of qualified, accredited services would be established to ensure clients are offered appropriate referral pathways, and to facilitate better linkages between various community services to allow for service collaboration and information sharing.

The establishment of a national SuicideLine will assist the Government to achieve the outcomes of the National Suicide Prevention Strategy, by ensuring universal community access to specialist services, alleviating the strain on local providers and curbing the incidence of suicide and self harm within the Australian community.

CSS would recommend that the Senate Select Committee on Men's Health seriously consider these two proposals which we believe would have a major positive impact in helping Australian men address the range of mental health issues they are facing at present and into the future.

*For more information on the issues and proposals discussed in this submission please contact Wendy Sturgess, CEO, Crisis Support Services Inc. on (03) 8371 2800.*