



## men's health services

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

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## INTRODUCTION

I provide a range of male friendly services with a focus on improving the state of male health and wellbeing, thus improving the wellbeing of the whole community. I am a sole trader operating out of Newcastle, NSW.

I am a social work trained health educator with over 17 years experience in the men's health promotion area developing and implementing many workshop programs, community events and resources covering a wide mix of male health and wellbeing issues. I have worked for Government, Non-government organisations and the corporate sector.

I am an Executive Member of the Australasian Men's Health Forum, Australia's peak body on men's health and wellbeing, the International Society for Men's Health (ISMH) and a Member of the Board of Advisors of the Men's Health Network USA and Toronto Men's Health Network, Canada.

Currently I am involved in both national and local projects and have been a men's health writer for various publications over the last nine years, producing **emale** Australia's largest free men's health and wellbeing ebulletin, distributed to over 8500 people in Australia and to a large international readership.

My consultancy services include professional training courses in men's health promotion, a range of health and wellbeing programs for men in the community and a unique community event management service focusing on men's health promotion events.

All training courses and programs are provided in a strengths based model that addresses the social determinants of male health and wellbeing.

*"There are several men in private business delivering men's health education...Greg Millan is by far the most published and cited individual in this area. With a background in social work, Greg primarily delivers programs and courses that adopt a social model of health. Greg also delivers health professional education on the same theme."*

**Foundation 49 Men's Health Education Needs Assessment May 2007**

There is a growing understanding throughout Australia and most developed countries that achieving health for all means improving the health of men as well as women and children.

Men suffer from reduced life expectancy, high rates of cancer and cardiovascular disease, increased risk of depression, anxiety and suicide and a greater chance of being involved in a fatal accident. One of the key reasons that men's health remains in such a sorry state is the fact that men themselves have not argued, campaigned or lobbied for improvements to their health and wellbeing. Nor are they likely to. Men are not inclined to write to their elected government representatives complaining of waiting times at clinics or lack of services – even though these matters seriously impact on their health.

So we need to consult widely with men, learning from them and supporting efforts to stimulate debate and action. Many of our most effective men's health promotion programs are based on action research models which provide us with much needed data whilst providing improved health outcomes for men.

In contrast to the development of the women's health area, most men's health advocates are health professionals, academics, researchers and community and health promotion workers of both genders. Social class and ethnicity have long been accepted as important factors in determining health status, but not gender which seems to be not viewed at all.

When gender is seen as relevant, it is often seen as an issue for women but not men. Gender is one of the key social determinants of health and across the whole of adult life mortality rates are higher for men than women for all the major causes of death.

**An example of gender difference **Cancer: men want information, women want support****

**A study of postings to internet sites suggests that men and women with cancer look for information about the disease in very different ways.**

While men seek practical advice and the latest medical treatments, women look for emotional support. Professor of Sociology Clive Seale, of Brunel University, found that men's primary concerns were treatments, tests, symptoms, procedures and side-effects of drugs. Women were more likely to seek social and emotional support, share personal experiences and talk about the impact of cancer on relationships and family. Prof Seale said the results show that men could be missing out on help to deal with their feelings and relationships. 'Equally some women may be missing out on medical information. One could imagine that each gender could benefit from what the other gender is interested in.'

Forty-five women and 52 men with cancer were questioned, and 1,053 web postings by cancer patients analysed. In the first phase of the research, the men spoken to had prostate cancer and the women had breast cancer. Prof Seale said about half of the people on the prostate cancer forum were women who had a loved one struck by the cancer and many men had joined the breast cancer forum for the same reason.

**Study published in the May 2006 edition of Social Science and Medicine**

### **Defining a “men’s health issue”**

A male health issue is one arising from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and wellbeing at either the individual or the population level.

What has clearly emerged from the on-going development of men’s health work in Australia is that there are two generally accepted concepts that should be integral to the creation of a National Men’s Health Action Plan.

- Men’s health should be about wellness, not just illness. This approach has been described as salutogenic not pathogenic. It reinforces that men’s health is not just about male specific pathology in prostate cancer, fertility etc, nor just about the negative sociology of maleness associated with male suicide, men and divorce etc. A salutogenic approach seeks to find what is enhancing in the contexts of people’s lives: their physical, emotional, economic and cultural environments. It is also about promoting healthier lives for men, fostering networks and research that supports men’s health and building on achievements already made.
- The fundamental need for a men’s health approach is not that resources have preferentially gone to women but that health service provision has failed to identify and address men’s needs. A men’s health agenda has grown from widespread concern among health workers (mostly women) engaged in front line services that health services have not adequately met men’s needs. A co-operative approach is emerging that recognises the value to women’s health of having regard to male gender as part of a gender based approach to health for consideration in health care debates.

## **5 KEY POINTS IN THE CREATION OF A NATIONAL MEN’S HEALTH POLICY**

### **1. Addressing the issue of improving men's access to health and welfare services**

Health and welfare services need to be provided in a way that is convenient to men and consciously men friendly which would include opening hours, male friendly health promotion material, physical location of health care providers and extensive use of men’s “Outreach Services” (services that come to men). We also need to accommodate the special access requirements of men rural and remote areas. We need to design and implement programs in places where men gather i.e. Clubs, pubs, social groups, Church community centres and workplaces.

Evidence suggests men are more likely to use services that are quick and convenient. More importantly primary care services need to be provided in non-traditional settings. We have a strong body of Australian research that shows the success of outreach health services for men in places where they meet and feel comfortable – pubs, social and sporting clubs, sports venues and most of all the workplace. Men’s access to confidential and anonymous sources of health and welfare advice such as telephone help lines and websites has also been well documented. These types of services are well accepted by men and often lead to them partaking of other primary care services.

The ability to seek and accept help is a social skill and service providers need to recognize that not all men possess such skills. We should aim to develop ways of working that focus on minimizing the discomfort some men might feel when they engage with health and other support services.

We need to be providing services for men in general and for specific population health groups of men- Indigenous, rural and remote, disabled, gay men, CALD men, older men, younger men and boys.

## **2. Increased research into men's health and wellbeing needs**

The area of men's health is under-researched and although a great deal of health and social research has used male subjects, it has rarely investigated them specifically as men. Most research looks at the impact of a particular approach or treatment on a sample of people and does not draw conclusions based on an analysis of gender. Commonly research design covers both men and women to aggregate data so that separate findings for men or women are not available.

Unless there are good reasons for not doing so, research should always consider whether differential results for men and women have gender-related explanations – and hence whether gender-specific responses might be required.

There is a need for a national longitudinal men's health and wellbeing study that takes into account social determinants of health and is not based on medical concerns like prostate cancer, testicular cancer, depression and fertility issues.

## **3. Encouraging the provision of training to health practitioners in how to address men's health needs**

In order to support men's health promotion work, specialist training and the construction of a sound evidence-base of "what works" should be developed. Training in best practice in men's health needs to become part of the core curriculum for health professionals of all kinds, but it would be desirable to begin by providing specific men's health training for doctors, nurses, allied health workers, community health workers and health practitioners caring for Aboriginal and Torres Strait Islander men.

## **4. Working to increase the awareness of men's health issues in the community and improve male health outcomes by providing men's health education/promotion programs and services**

We need to promote, adapt and expand on the many effective examples of local men's health projects and programs that are currently working and pilot new health promotion programs for men. Many successful projects for men have only arisen from short term funding opportunities; the National Suicide Prevention Program funding is one example of this. For continuity and expansion we need to ensure long term funding for successful men's health programs.

The 2<sup>nd</sup> World Congress of Men's Health declared the first International Men's Health Week (IMHW) in 2002 and since 2003 Australia has celebrated the week every June. IMHW presents a positive opportunity to promote men and boys' health, and it's also a chance to start building a sense in the community that male health matters – a critical message that we need to get out to all men.

It also has the proven ability to involve a wide range of people in successful local initiatives aimed at delivering advice and information to men. It is extremely involving of local communities and presents the opportunity to discover local advocates or "champions" for men's health. Many men are working very hard to improve, not only their own health, but the health of their communities and neighbourhoods, and the society as a whole and IMHW gives us a chance to celebrate the achievements of these men and boys.

Some men have been very involved in men's issues and initiatives, like the very popular and growing men's shed movement around the country. While others are the 'quite achievers' who for years have been helping their communities through local service clubs, or volunteering for the SES, bush fire brigades or other community services. This sort of work not only helps build healthy communities, research shows that it is good for individual's health and wellbeing as well.

IMHW has grown each year and is now celebrated to some degree in all Australian States, but it requires national leadership by endorsement and resourcing at a Federal level to continue to deliver messages to

men that their health matters as well as highlighting effective men's health promotion programs and messages.

#### **5. Administration**

A National Men's Health Advisory Committee needs to be established with representation from Commonwealth, State and Territory governments, Indigenous leaders and key stakeholders in the men's health field. It would be the task of this Committee to oversee the implementation and monitoring of a National Men's Health Policy and National Men's Health Program.

We need to provide funding for a National Men's Health Program to implement the Policy and make real changes to male health outcomes in Australia.

There is a long standing myth about men not being in touch with their health needs. I don't believe this to be true, research is showing men are very concerned about their poor health outcomes.

It is not the fault of Australia men that their health and wellbeing is in such a poor state, but rather that we do not deliver messages to men that their health and wellbeing is important and our health services are not geared to men's needs or are they "men friendly".

**If I have a party and people don't come, shouldn't I be asking what is wrong with the party not what is wrong with those who don't come?**

This perspective should lead us to think and plan differently around men's health needs and make our health services more men friendly in operation so that we can improve health outcomes for all Australian men and boys.

Greg Millan  
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