

Senate Select Committee on Men's Health.

In April 2008, my four-year-old son was abducted from Australia by his mother. Neither he nor his mother have been seen since then.

The emotional suffering I've experienced as a result of this event is difficult to describe; however, the various elements would best be categorised as: Grief; Depression; Anxiety; Loss; Hopelessness; Helplessness, Despair, and Disempowerment.

These elements have come together on several occasions since April 2008 to make me seriously question my reason for living.

At my time of greatest need I was unable to find a single government agency that could provide me with any support or advice to help me work through the most extreme event that a father could go through (and one I'm still going through).

One of the government agencies I've been working with to try and find my son told me they were not a support service and that I'd need to, "...look after yourself emotionally" but could not give me any advice about who to contact because that was not their role.

Several months after the abduction I met another father who was receiving support from a fathers' group called Dads in Distress (DiDS). This group has been the single most effective organisation in terms of helping me through this terrible ordeal. I know from talking to several other fathers that DiDS has been responsible for saving the lives of countless men since it was established. It has also helped many fathers work through the very complex emotional issues that they're confronted with when going through very traumatic, expensive, and often lengthy separations from their own children.

Last month the DiDS group I've been going to every week for the past several months was told by our (voluntary) facilitator that the current Commonwealth funding for DiDS would end on 31st May 2009. This means that many fathers who are desperately seeking effective emotional peer-group support will soon be fending for themselves again.

Decisions like this that are made by government administrations that don't truly represent the interests of a significant percentage of the Australian population can only exacerbate an extraordinarily high suicide rate amongst Australian males.

This decision that affects the mental health of many thousands of Australian men seems to have been made without input into the decision-making process by the people who are most affected by it.

This example highlights the fact that the men of Australia desperately need their own voice in government. An Office for the Status of Men and Fathers

whose policy direction is provided by its own Minister as part of the democratic political process is the only way to move men's emotional and physical health forward in this country.

Suicides by men are reportedly 4 times the rate of women. If this is the case, then more men die from suicide each year than all the men and women combined who die in motor vehicle accidents across Australia each year.

This is a major men's health issue.

Many of these suicides are related to the breakdown of relationships between men and women and the associated parenting issues that bring extreme emotional effects with them – particularly for men, who seem to be seriously disadvantaged when it comes to both interim and final parenting decisions.

The saddest thing is that most of these deaths were preventable through early intervention but government policies don't reflect the unique needs of men and government support systems that are responsive to the needs of people in distress seem to be very heavily biased towards the needs of women. Support services for women are also very important but they must not be provided at the expense of the other 50% of the Australian population.

Australia has had a National Women's Health Policy since 1989. This is highly commendable but it is now time for a National Men's Health Policy, a Men's Health Ministerial portfolio, and realistic funding for men's health issues to match the scale of the health problems that Australian men face.

Ken Thompson