

26 February 2009

Senator Cory Bernardi
Chair, Senate Select Committee on Men's Health
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Dear Senator Bernardi,

Launched in 2006, QUT's Institute of Health and Biomedical Innovation (IHBI) is devoted to improving the health of individuals and communities through research innovation, combining high quality health research with a commitment to social justice. IHBI occupies a unique position in the Australian health and medical research establishment, with a commitment to cross-disciplinary research and community engagement, and a particular focus on applied projects with the potential to have an impact in the medium term.

IHBI researchers are at the forefront of research into a range of key men's health issues, with expertise in prostate cancer, depression and mental health, road safety, workplace health and injury prevention. I am pleased that the Australian Senate has identified men's health and a priority issue and I have called on IHBI's researchers to share their thoughts on the key challenges facing men's health in Australia. Based on this feedback, IHBI sees the following issues as central to improving men's health in Australia:

1. Better detection, management and treatment of male specific diseases, particularly prostate cancer

Prostate Cancer (PC) is the most common cancer affecting males in Australia, accounting for 29% of all male cancer diagnoses and causing almost 3,000 deaths per annum.¹ The incidence of PC is expected to rise significantly in the future with the Australian Institute of Health and Welfare (AIHW) projecting an increase of 939 additional cases per annum through to 2011, three times the projected rate of increase for breast cancer.¹ Since PC is a disease of the aging prostate, its incidence is expected to rise dramatically over the next two decades as the 'baby boomer' generation enters their 50s and 60s. While improved screening has enabled early detection, key issues remain in that the current treatment options for localised and advanced PC impose a considerable burden on quality of life, and no treatment is available for patients at the end or 'metastatic' stage of the disease.

IHBI has played a key leadership role in advancing PC research in Australia, attracting internationally renowned scientists to work in Australia and establishing extensive international alliances, most notably the Australian Canadian Prostate Cancer Research Alliance which brings together all of the major groups involved in PC research and clinical trials across Australia and Canada. QUT is also the host of the recently announced \$7.5 million Australian Prostate Cancer Research Centre – Queensland, to be based at the Princess Alexandra Hospital in Brisbane. Drawing on this expertise, IHBI has identified the following challenges that must be overcome to improve the lives of Australian men with PC:

- Development of new predictive and diagnostic tools to identify men at increased risk of developing PC and enhance early detection of the disease;
- Development of new prognostic markers to distinguish between aggressive and non-aggressive cancers to inform treatment options and minimise impacts on patient quality of life; and
- Development of new therapeutic options that target the genetic and biomolecular factors that underlie specific prostate cancer types.

Level of Commonwealth, State and Other Funding for Prostate Cancer

While funding for prostate cancer research has increased over the past decade, the level of funding does not match the scale of the problem especially when compared to women's health issues such as breast cancer. Over the period 2000 – 2009, funding awarded to prostate cancer research by the National Health and Medical Research Council (NHMRC) totalled \$44.4 million equating to approximately half that awarded to breast cancer projects (\$83.8 million).² While the NHMRC, Cancer Australia, Andrology Australia and the State Cancer Councils have

implemented targeted initiatives in PC in the past, the majority of this funding has been directed to investigator initiated research at a basic or non-applied level. Beyond this, increasing advocacy for PC at a national level over the past five years has seen a number of key advances in funding for PC issues. This includes the Commonwealth's commitment of \$15 million to establish two Australian Prostate Cancer Research Centres and the overwhelming success of the 'Movember' campaign which has raised funds for Beyond Blue and the Prostate Cancer Foundation of Australia (PCFA). This provides a platform for greater Government and philanthropic support for PC research with a particular emphasis on initiatives designed to translate basic discoveries into clinical practice for the benefit of men's health.

Adequacy of Existing Education and Awareness Campaigns for Prostate Cancer

PC education and awareness campaigns are principally led by Andrology Australia, the PCFA and the State Cancer Councils. Each of these organisations has developed excellent campaigns and educational materials that are distributed through a national network of patient support groups principally supported by the PCFA and the Cancer Councils. While this strategy has been effective in metropolitan areas, limitations exist in regional areas due to the reliance on 'self start' establishment of new support groups in each area, leading to limited support for patients in some regions.

There is also a clear need for improved education and awareness raising for 'well' men, focusing on encouraging regular check-ups by GPs and ongoing monitoring in much the same way that PAP smears and mammograms have been promoted effectively for women. Increased GP awareness, and the consequences of earlier detection, are compounded to some extent by the dilemma of difficult current treatment choices for newly diagnosed men and how that should be best handled.

Prevailing attitudes of Men Towards Prostate Cancer

Acceptance of the need and willingness to participate in the intrusive health checks necessary to detect PC is limited among men when compared to that achieved among women with regard to breast and cervical cancer. This is compounded by the tendency among many Australian men to delay seeking health care until a clear problem is evident.

Treatment and support services for Prostate Cancer

Current treatment options for PC are primarily targeted at aggressive intervention, including surgery, radiotherapy and chemical or medical castration. This is to be expected given prevailing attitudes to cancer treatment among the public and medical communities, that cancer removal is the best course of action. However, given the significant co-morbidities associated with aggressive intervention in PC such as incontinence, erectile dysfunction, muscle wasting and metabolic disruption, it may be argued that conservative treatment may be preferable for patients with indolent, slow growing disease. This reinforces the need for increased research to develop methods and techniques to discriminate between more and less aggressive forms of the disease and inform treatment choices that better balance the patient's risk of disease progression with the co-morbidities associated with treatment.

There is also a clear need in Australia for interdisciplinary prostate cancer clinics. Current PC management processes in Australia involve referrals between the GP, urologist, radiotherapist and the medical oncologist and as such patients are typically offered surgery first, then radiotherapy if inoperable and finally medical therapies where palliation is the only remaining intervention. This contrasts approaches internationally where multidisciplinary clinics have been established to offer patients more individualised treatment, psychosocial care and access to Phase II and III clinical trials of emerging therapies.

2. Improved prevention, recognition and treatment of mental illness

The AIHW estimates that one in five Australians will experience a mental illness over the course of their lives and in 2005-06, over 204,000 mental health related separations were recorded at Australian public and private hospitals. While females account for a greater burden of disease associated with mental illness (53% in 2003) there are clear differences between the sexes in terms of the particular disorders imposing the greatest burden. Men account for 80% of the burden of disease associated with substance abuse, 85% of autism and 54% of schizophrenia.³ While rates of depression and anxiety are lower among men (34% of cases) than women (66%), experiences of depression among men are complicated by a reluctance to seek medical

treatment and instead the use of alcohol and other drugs to alleviate symptoms. Dealing with the contraindications of substance misuse and mental illness is a significant challenge.

Level of Commonwealth, State and Other Funding

There are significant challenges in the funding and sustained delivery of mental health support programs that may be accessed remotely e.g. by telephone, internet or correspondence. Such programs are advantageous since they are accessible by those in remote locations who may not have access to conventional services. They are also useful in reaching men with mental illness who may be reluctant to access services delivered in-person due to the stigma attached to mental illness.

The Commonwealth Department of Health and Ageing is currently funding a trial involving the delivery of telephone-based psychological intervention as part of the Better Outcomes in Mental Health program. This initiative is a positive development and may offer opportunities for continued funding. However, since treatment is dependent on a GP referral, inconsistent screening and referral means that some men do not receive sufficient treatment. Access to services in remote areas is also limited by the reach of GP networks. We believe that there is a need to extend this approach, to include highly specialised providers in urban centres, who may be able to deliver support to rural and remote locations.

Adequacy of Men's Mental Health Existing Education and Awareness Campaigns

The effectiveness of mental health education and awareness campaigns for men may be limited by unwillingness on the part of some men to accept that they have a problem and attempts to hide symptoms due to the stigma associated with mental illness. Engaging men in behavioural change is a significant problem particularly in relation to alcohol and other drug behaviour. Challenges also exist in encouraging general practitioners to screen and advise their patients routinely about mental illness.

With respect to alcohol and other drug abuse and dependence, current campaigns are targeted at key age groups, namely late teens and early 20s. Evidence suggests that if alcohol and other drug programs are to effectively target younger people, they need to target prosocial goals and activities rather than drug and alcohol use specifically.

Prevailing attitudes of Men Towards Mental Health

The key barrier to men seeking treatment for mental illness is a reluctance to accept mental illness and difficulty in understanding and talking about their emotions. With respect to alcohol and other drug issues, overcoming social norms that favour extreme intoxication and discount the risks of intoxication, remain a key issue to be addressed at a cultural level in modern Australia.

Men's Mental Health Treatment and support services

Significant shortcomings exist in both research and service delivery for the prevention of recurrent depressive episodes. Research has shown that after a patient experiences three episodes of depression, the risk of another episode within 12 months rises to between 60% and 80%. There is a need for further funding for research on episode prevention via a combination of early signs monitoring, risk situation monitoring and improving emotional regulation.

Current services for alcohol and other drug problems continue to focus on substance dependence, rather than high-risk use which can be a key precursor of the development of dependence.

Specialist services in rural and remote areas for both alcohol and other drug use and depression in Australia are inadequate. The Better Outcomes in Mental Health program and Better Access to Mental Health Care initiative have extended access to psychological care, but GPs continue to carry the primary burden of care, often with little or no support.

3. Mobilising our response to challenges in men's health care beyond the health system, for example in the workplace and on our roads.

Occupational Health and Safety

The National Occupational Health and Safety Commission estimates that workplace injury and illness costs the Australian economy \$34.3 billion annually, with pain, suffering and early death adding a further \$48.5 billion.⁴ The rate of occupational injury among males is 45% higher than that of women at 74 per 1,000 compared to 51 per 1,000 for women – reflective of the higher

proportion of men working in potentially hazardous occupations such as mining and construction.⁴ Workplace injury and illness is a particular challenge for mature aged workers. A recent IHBI study of 1,800 workers in the Australian coal mining industry indicated that one in three workers over the age of 40 were not confident that, in terms of their health, they will be able to do their current job in two years' time.

Research undertaken by the Workforce Health Innovation research group at IHBI aims to enhance the health of workers in injury prone industries such as construction and mining. The research is focused on the development of technology and systems to support the health, safety, work ability and productivity of these workforces. This research considers occupational safety from a whole of working life perspective in order to generate new knowledge to assist older workers to remain in work, and to assist younger workers to avoid chronic health conditions and injuries in later life.

Level of Commonwealth, State and Other Funding

Funding for Occupational Health & Safety (OH&S) research is sourced from a variety of Government and commercial sources; however there is no coordinated approach to the funding of specific priority workforce health issues. The lack of coordination limits opportunities for longer term prospective studies which are not always consistent with the short term requirements of industry. Industry and Government agencies also commit considerable resources to education and training programs in areas related to OH&S, although such programs are often focused on compliance with regulatory requirements.

Greater funding could be directed to education programs that are informed by research and focused on improving OH&S through behavioral and systems change beyond the requirements of legislation.

Adequacy of Existing OH&S Education and Awareness Campaigns

Educational programs concerned with workforce health are generally ineffective, with little quality assurance and are not informed by a rigorous evidence base. Although the overall health of workers is strongly related to the safety of the workplace, the two domains are not well integrated and are poorly understood with limited research activity in this area. Traditional ergonomic approaches to prevention of workplace injury have not been particularly successful. IHBI is working to address this persistent problem by developing new education and awareness approaches. Influencing workplace policies remains a challenge in Australia.

Prevailing attitudes of Men Towards OH&S

Workplace culture has a major impact on the success of health interventions and general attitudes towards the importance of safety. Interactions with men in the workforce, particularly those in the more physically demanding occupations, indicate that they tend not to communicate their health issues in a timely and beneficial manner. We suggest there is a need to raise awareness and implement more appropriate workplace health surveillance processes.

Treatment and support services for OH&S and related issues

Research undertaken at IHBI has indicated that considerable barriers exist to the effective delivery of occupational health services in regional Australia – where many physically intensive industries are located. This lack of specialist services creates a need for patients to travel extensively to access the care they require. This may lead to inadequate rehabilitation of injured or ill workers leading to increased costs, loss of productivity and the potential for ongoing morbidity for the injured worker. New technologies, such as those under development at IHBI for the remote monitoring of cardiovascular and other conditions, are required to offset this deficiency in key health services in remote Australia.

Road Safety

Male fatalities have constituted over 70% of all road fatalities over the past four years.⁵ Within this group, younger males disproportionately contribute to the number of deaths, making up 13% of the population but accounting for 27% of male fatalities.² Higher levels of exposure to driving and risky driving choices are affecting these differential rates. For instance, between 2004 and 2008, 27 male motorcycle riders died for every one female motorcycle rider. Male driver crashes are also characterised by greater involvement of deliberate risk taking behaviours such as speeding and alcohol intoxication compared to their female counterparts.^{6,7} Improving the safety

of men on our roads is a key challenge throughout the country as male fatality rates are consistent across urban, rural and remote areas.

Level of Commonwealth, State and Other Funding

Funding for road safety research and interventions has traditionally been provided by the transport and policing sectors (both Government and non-Government). This funding has typically focused on the implementation of government initiatives rather than formal evaluations of interventions or basic research. While some University research receives funding through grants from Government bodies (ARC, NTSB) additional funding is required for road safety research if advances are to be made in improving the burden of mortality and morbidity associated with road accidents.

Adequacy of Existing Education and Awareness Campaigns Targeting Road Safety

Fostering behaviour change among young, male drivers is difficult. Research suggests a tendency for these drivers to consider safety intervention efforts aimed at them as personally irrelevant.⁸ Indeed, it has been suggested that most interventions have over-looked the cultural and social contexts of driving and the car that are central to many male's identities.⁹

Recent years have seen the development innovative education and awareness campaigns focusing on issues other than the dangers and potential consequences of risky road behavior which have dominated road safety messages in the past. A key example of this is the "No-one thinks big of you" campaign launched by the NSW Roads and Traffic Authority, which targeted 'loss of face' for young male drivers. The effectiveness of campaigns such as this should be evaluated to develop a greater understanding of the factors that influence driver behavior and road safety.

Treatment and support services for Men's Road Safety

There is a relative lack of research into rural road safety, with few specific interventions having been developed. The Centre for Accident Research and Road Safety-Queensland at IHBI, in collaboration with James Cook University, has recently completed a five year study into road crashes in rural and remote Australia. This study highlighted the increased representation males aged 30 – 50 in rural road casualties and suggested that this demographic must be targeted with new safety interventions if meaningful improvement is to be achieved in rural and remote road safety.¹⁰

Summary

In terms of diseases that effect men, examining physical and psychological health and considering a better understanding of health issues beyond health care system, IHBI believes that the following research priorities will lead to improved health outcomes for men:

1. Effective prevention and early diagnosis of disease;
2. Changing male cultural attitudes to health risks and encouraging greater responsibility for health care;
3. Addressing issues of inequity related to regional location or socio-economic disadvantage; and
4. Reducing risks that contribute to multiple negative health outcomes, in particular alcohol misuse.

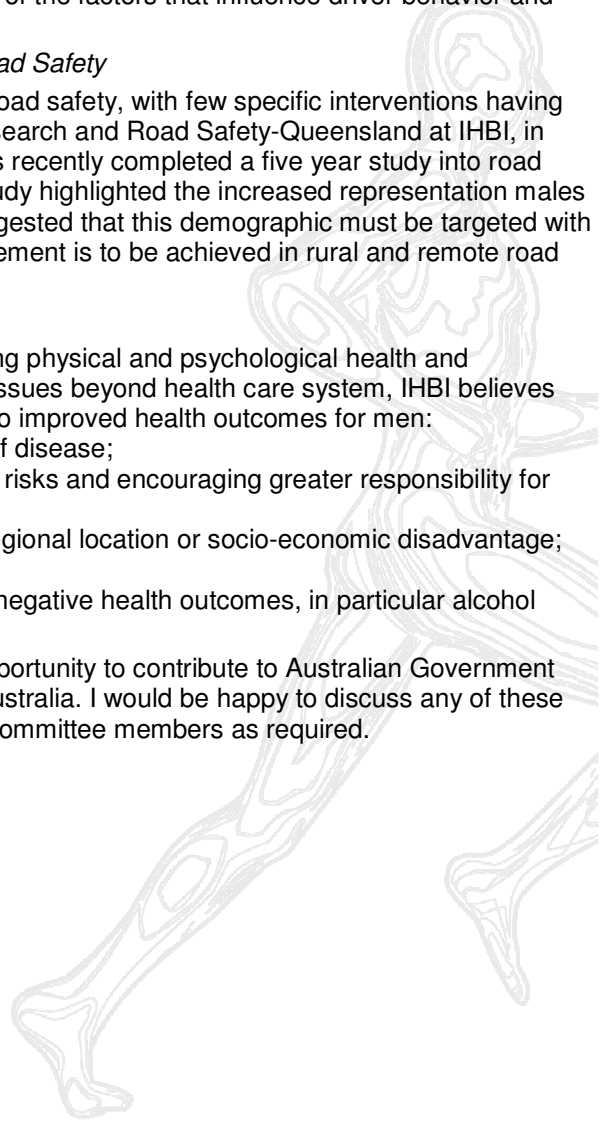
I would like to thank the Committee for the opportunity to contribute to Australian Government policy on advancing men's health issues in Australia. I would be happy to discuss any of these issues in further detail with you or the select committee members as required.

Yours Sincerely



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