

**Australian Government Department of Health and Ageing**

**Submission to**

**Senate Select Committee on Men's Health**

**2009**

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## **Executive Summary**

Australian men have higher levels of health risk factors, lower levels of primary health care access, worse health outcomes for many diseases and conditions, and a lower life expectancy than women.

The Australian Government invested \$45.8 billion in 2007-08 to improve the health and wellbeing of all Australians. While most of the programs administered by the Department of Health and Ageing are not gender specific, a number target men.

The Australian Government is providing national leadership in the area of men's health by developing the first Australian National Men's Health Policy. The Policy will take a 'back to basics' approach to improving the health and wellbeing of Australian men. It will address issues men face in accessing health care, engage with men about their health, and target men with poorer health outcomes. It will also raise awareness of preventable men's health problems and of the need for improving men's use of existing health resources.

The Government is also undertaking an extensive health care reform agenda in relation to the National Primary Health Care Strategy, the National Preventative Health Strategy and the National Health and Hospitals Reform Commission, which aim to improve the health and wellbeing of all Australians.

This submission does not provide an analysis of the overall adequacy of education and awareness raising activities in relation to men's health, as such activities mostly fall within state and territory responsibilities. It does, however, provide some examples of evaluations of men's health education and awareness initiatives.

The men's health literature seeks to explain the attitudes of men to their health and wellbeing and how these may impact on their health and related behaviours and outcomes. Men's health attitudes and behaviours are likely to be the result of a complex interaction of factors, including gender, and a range of other determinants of health.

## National Men's Health Policy

The Australian Government is providing national leadership in the area of men's health by developing the first Australian National Men's Health Policy.

The Policy is being developed in recognition of the fact that Australian men have higher levels of health risk factors, lower levels of primary health care access, worse health outcomes for many diseases and conditions, and a lower life expectancy than women. An overview of Australian men's health is provided at [Attachment A](#).

The Policy will take a 'back to basics' approach to improving the health and wellbeing of Australian men. It will address issues men face in accessing health care, engage with men about their health, and target men with poorer health outcomes. It will also raise awareness of preventable men's health problems and the need to improve men's use of existing health resources.

The Policy will be based on five principles: gender equity; a focus on prevention; a strong and emerging evidence base; an action plan to address need across the life course; and the needs of specific groups of men most at risk.

The Policy will identify areas for priority attention, such as preventable cancers, suicide prevention and mental health, sexual and reproductive health, violence, accident prevention, alcohol abuse and illicit drug use.

On 8 June 2008, the Hon Nicola Roxon MP, the Minister for Health and Ageing, launched the paper, *Developing a men's health policy for Australia: Setting the scene*, as the first step in developing the Policy ([Attachment B](#)). On 25 November 2008 Minister Roxon launched the *Developing a Men's Health Policy for Australia - Resource Kit* ([Attachment C](#)) to raise awareness about men's health and the National Men's Health Policy.

As part of the launch of the consultation process for the National Men's Health Policy the Hon Nicola Roxon MP, Minister for Health and Ageing, announced:

- \$460,000 to help prevent suicide in men, through the National Suicide Prevention Strategy; and
- \$95,000 to the Royal Australian College of General Practitioners to establish what is now called the "M5" campaign to encourage men to see their GP for preventive health checks.

Men's health ambassadors have been appointed to be a focal point for awareness raising. They will attend community forums and talk to men about men's health issues. They may participate in a range of media and other public relations activities including attending and speaking at some community forums. The ambassadors are drawn from different walks of life to ensure that a cross-section of the population is represented.

Consultation and Awareness Raising Forums on the development of the Policy are underway across the country in regional and metropolitan locations in each state and territory. The forums are locally advertised and men in local communities are encouraged to attend and contribute to the discussion. Relevant state and territory peak men's health organisations and stakeholder groups are also invited to attend.

A National Men's Health Roundtable took place on 19 March 2009 at Parliament House, Canberra. The Roundtable was attended by around 38 invited national level men's health experts and representative organisations.

The National Men's Health Policy will be finalised in 2009. More information about the Policy or on how to provide a submission can be obtained from:  
<http://www.health.gov.au/menshealthpolicy>

Other major health care reform initiatives which the Australian Government is undertaking will also contribute to improving men's health and wellbeing, including the:

- National Primary Health Care Strategy;
- National Preventative Health Strategy; and
- National Health and Hospitals Reform Commission.

## **Major health care reform initiatives**

### **National Primary Health Care Strategy**

On 11 June 2008, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced that an External Reference Group (ERG) had been appointed to assist in the development of Australia's first National Primary Health Care Strategy (NPHCS).

The ERG includes a range of primary health care experts from around Australia, including a pharmacist, a midwife, a physiotherapist, a psychologist, a birth reform advocate, a general practice nurse, a consumer representative, primary care academics and strong representation from general practice including those with Indigenous, rural and remote experience.

The Strategy will look at how to deliver better frontline care to families across Australia, with priorities including:

- Better rewarding prevention
- Promoting evidence-based management of chronic disease
- Supporting patients with chronic disease to manage their condition
- Supporting the role GPs play in the health care team
- Addressing the growing need for access to other health professionals, including practice nurses and allied health professionals like physiotherapists and dieticians
- Encouraging a greater focus on multidisciplinary team-based care

On 30 October 2008, Minister Roxon released the publication *Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government*. The Discussion Paper is a major step in the development of the National Primary Health Care Strategy. It outlines directions for reform and proposes ten elements of a better primary health care system, with information and questions to generate comment and input to the development of the Strategy.

The Discussion Paper is available to download from the Department of Health and Ageing (DoHA) website at <http://www.health.gov.au/primaryhealthstrategy>.

## **National Preventative Health Strategy**

The Hon Nicola Roxon MP, Minister for Health and Ageing, announced the establishment of the Preventative Health Taskforce on 9 April 2008.

The Taskforce will provide evidence-based advice to governments and health providers on preventative health programs and strategies, focusing on the burden of chronic disease currently caused by obesity, tobacco and the excessive consumption of alcohol. The Taskforce will report directly to the Minister for Health and Ageing.

The Taskforce's key deliverables for 2008-09 will be to provide the Government with advice on the framework for the Preventative Health Partnerships between the Commonwealth and the State and Territories and to develop a National Preventative Health Strategy.

More information is available at <http://www.preventativehealth.org.au/>

## **National Health and Hospitals Reform Commission**

On 25 February 2008, the Prime Minister and the Hon Nicola Roxon MP, Minister for Health and Ageing announced the establishment of the National Health and Hospitals Reform Commission.

The Commission will seek to deliver better health outcomes for the community and provide sustainable improvements in the performance of the health system. It will provide a blueprint for tackling future challenges in the Australian health system including:

- the rapidly increasing burden of chronic disease;
- the ageing of the population;
- rising health costs; and
- inefficiencies exacerbated by cost shifting and the blame game.

By June 2009, the Commission will report on a long-term health reform plan to provide sustainable improvements in the performance of the health system addressing the need to:

1. reduce inefficiencies generated by cost-shifting, blame-shifting and buck-passing;
2. better integrate and coordinate care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health;
3. bring a greater focus on prevention to the health system;
4. better integrate acute services and aged care services, and improve the transition between hospital and aged care;
5. improve frontline care to better promote healthy lifestyles and prevent and intervene early in chronic illness;
6. improve the provision of health services in rural areas;
7. improve Indigenous health outcomes; and
8. provide a well qualified and sustainable health workforce into the future.

The Commission has prepared an Interim Report, *A Healthier Future for All Australians*, which contains its proposed reform directions.

The Commission will report to the Commonwealth Minister for Health and Ageing, and, through her to the Prime Minister, and to the Council of Australian Governments and the Australian Health Ministers' Conference.

More information is available at: <http://www.nhhrc.org.au/>

## **Role of the Department of Health and Ageing**

The Australian Government Department of Health and Ageing administered \$45.8 billion in 2007-08, aiming to improve the health and wellbeing of all Australians.

The Department of Health and Ageing aims to achieve better health and active ageing for all Australians and is responsible for achieving the Government's priorities for: population health; pharmaceutical services; medical services; aged care and population ageing; primary care; rural health; hearing services; Indigenous health; private health care; health system capacity and quality; mental health; health workforce capacity; acute care; health and medical research; and biosecurity and emergency response.

The Department delivers on key Government priorities by providing national leadership and partnering with other departments and governments, community and other stakeholder groups in policy, program, research and regulation activities.

The Department has specific responsibility for major programs such as the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme. These schemes cover all Australians and subsidise the costs of fee-for-service payments for private medical services and for a high proportion of prescription medications.

The Department also has responsibility for the National Healthcare Agreement and National Partnerships which provide funding to the state and territory governments for hospitals, public health, preventative health, Indigenous health, workforce and the interactions of hospitals with primary, aged and community based care. In November 2008, the Australian Government agreed to provide \$64.4 billion over five years to support our health and hospital system. This includes \$60.5 billion over five years for the new National Healthcare Agreement, which includes support for public hospital services.<sup>1</sup>

The Department administers a large number of other programs designed to improve the health outcomes of all Australians, a number of which specifically address men's health issues.

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<sup>1</sup> [http://www.coag.gov.au/coag\\_meeting\\_outcomes/2008-11-29/attachments.cfm#attachmeta](http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/attachments.cfm#attachmeta)

## Terms of Reference

**General issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to:**

- 1. Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer and depression; and**
- 4. The extent, funding and adequacy of treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.**

(Please note that the response to Terms of Reference One and Four is combined.)

The Australian Government provides substantial funding to improve the health and wellbeing of all Australians, including through the:

- Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme which cover all Australians and subsidise the costs of fee-for-service payments for private medical services and for a high proportion of prescription medications; and
- National Healthcare Agreement and National Partnerships to the state and territory governments for hospitals, public health, preventative health, Indigenous health, workforce and the interactions of hospitals with primary, aged and community based care. In November 2008, the Australian Government agreed to provide \$64.4 billion over five years to support our health and hospital system. This includes \$60.5 billion over five years for the new National Healthcare Agreement, which includes support for public hospital services.<sup>2</sup>

In addition, the Australian Government is undertaking a significant health care reform agenda, including in relation to the National Preventative Health Strategy, the National Primary Health Care Strategy and the National Health and Hospitals Reform Commission.

The Australian Government is also addressing barriers which may be encountered in accessing treatment services and general support programs, particularly in rural, regional and remote areas and in outer metropolitan areas. These barriers include:

- shortages of medical practitioners and health care providers;
- a lack of affordable health care services;
- a lack of knowledge about the availability of health care services;
- distance to health care services and a lack of affordable transport;
- inaccessible buildings and communication difficulties for people with a disability; and
- a lack of culturally and linguistically appropriate services for Aboriginal and Torres Strait Islander peoples and people from other cultural backgrounds.

For example, the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative has enabled over one million Australians to access over 6.1 million services and ensured that mental health care treatment is more affordable and accessible.

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<sup>2</sup> [http://www.coag.gov.au/coag\\_meeting\\_outcomes/2008-11-29/attachments.cfm#attachmenta](http://www.coag.gov.au/coag_meeting_outcomes/2008-11-29/attachments.cfm#attachmenta)

While most health care services and programs are not gender specific, Australian Government funding addressing men's health includes:

- **Medicare Benefits:** In 2007-08, Medicare Benefits Schedule (MBS) expenditure for males was \$5.36 billion for visits to general practitioners, medical specialist attendances, and treatment for private patients in public and private hospitals. This represented 41.2 per cent of MBS expenditure.

In 2007-08, per capita MBS expenditure for males was \$503.93, 70.8 per cent of female per capita expenditure, which was \$712.00.

- **Pharmaceutical Benefits:** In 2007-08, Pharmaceutical Benefits Scheme expenditure on Australian males was \$2.69 billion, representing 45.7 per cent of expenditure where gender was known.
- **National Health and Medical Research Council Research:** The National Health and Medical Research Council provided \$19.5 million in 2008 for 113 grants on men's health related research, in addition to grants for non gender specific research. Information relating to these grants can be accessed at:
  - NHMRC funded research into depression  
<http://www.nhmrc.gov.au/grants/dataset/priorities/depression.php>
  - NHMRC funded research into cancer (includes a sheet specific to prostate cancer)  
<http://www.nhmrc.gov.au/grants/dataset/disease/cancer.php>
  - NHMRC funded research into men's Health  
<http://www.nhmrc.gov.au/grants/dataset/issues/men.php>

More specifically, Australian Government funding addressing prostate cancer, testicular cancer, depression and other men's health issues includes:

### **Prostate and Testicular Cancer**

- \$15 million over 5 years from 2008-09 has been provided to establish two prostate cancer research centres to develop improved diagnostic tests, screening tools and treatments for prostate cancer. The centres will be sited at Epworth Hospital in Richmond, Victoria and the Princess Alexandra Hospital in Brisbane, to be hosted by the Queensland University of Technology.
- In 2008, the National Health and Medical Research Council provided \$9.3m for 47 grants dealing specifically with prostate cancer and \$215,231 for two grants relating to testicular cancer.
- Andrology Australia focuses on the prevention of men's sexual and reproductive health issues including prostate cancer, testicular cancer and male infertility. Australian Government funding in 2008-09 is \$1.21 million.
- Although total Medicare Benefits expenditure on prostate and testicular cancer cannot be identified as the reasons for GP and specialist visits are not captured, the following data is available for 2007-08:
  - 961,289 Prostate Specific Antigen (PSA) tests were carried out at a cost of \$17.42 million in Medicare benefits;

- 121,921 ultrasounds of the prostate were carried out at a cost of \$10.99 million in Medicare benefits;
  - 1,011 orchidectomy and anaesthetics services were carried out at a cost of \$201,783 in Medicare benefits - the major reason for surgery to remove one or both testicles is to treat prostate cancer or testicular cancer;
  - 1,203 prostate cancer operations were carried out at a cost of \$22.58 million; and
  - 3,511 biopsies of testicular tissue were carried out a cost of \$374,528 in Medicare benefits.
- In 2006-07, there were 22,589 public hospital separations for prostate cancer, where prostate cancer was either the principal or secondary diagnosis. In 2006-07, the Australian Government provided a total of \$10.76 billion in funding for public hospital services.<sup>3</sup>
  - In 2006-07, there were 2,581 public hospital separations for testicular cancer, where testicular cancer was either the principal or secondary diagnosis.

#### **Bowel cancer<sup>4</sup>**

- The Government recognises the importance of regular screening for the early detection of symptoms of bowel cancer. In May 2008, the Government announced funding of \$87.4 million over three years to extend the National Bowel Cancer Screening Program and, as of 1 July 2008, all Australians turning 50, 55 and 65 years of age between January 2008 and December 2010 are being invited to complete a simple test in the privacy of their own home and mail it to a central pathology laboratory for analysis.
- In 2005, males aged 55–74 years had a 57 per cent higher age-standardised rate of bowel cancer incidence than females, yet were less likely to participate in screening. Participation in the Program was 39.2 per cent for males compared with 46.7 per cent for females and positivity rates were higher for males (8.9 per cent) than females (6.4 per cent).

#### **Bladder and bowel health**

- The National Continence Management Strategy (NCMS) provides funding for research and service development initiatives aimed at prevention, management and treatment of incontinence to meet the needs of those Australians affected by incontinence. Two projects have been conducted under the NCMS which address men's health: the National Men's Continence Awareness Project - the Ambassador Project; and the National Men's Continence Awareness Project - Literature Review.
  - The Prostate Cancer Foundation of Australia (PCFA) is conducting the National Men's Continence Awareness Project, a program designed to raise the awareness of men with poor bladder and bowel health and deliver information to aid them in avoiding incontinence and seeking early treatment and timely advice. The program involves recruitment of volunteer speakers ('Ambassadors') by the PCFA. After undertaking a short (2-day) training course, the Ambassadors

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<sup>3</sup> AIHW (2008) *Health Expenditure Australia 2006-07*, table 4.8, page 54.

<sup>4</sup> AIHW & Australian Government Department of Health and Ageing 2008. National Bowel Cancer Screening Program monitoring report 2008. Cancer series 44. Cat. no. 40. Canberra: AIHW

conduct speaking engagements on the topic of bladder and bowel including prostate health at community organisations (such as Lions and Rotary) around the country including regional areas. Funding totals \$770,000 from June 2008-May 2010.

## **Depression and Suicide**

- *beyondblue* is a bipartisan initiative funded by the Australian, state and territory governments to address issues associated with depression, anxiety and related substance misuse disorders in Australia. *beyondblue* has been funded by the Australian Government since its inception under the National Depression Initiative. Over a period of ten years (2000-2010), *beyondblue* will receive \$65.9 million funding from the Australian Government. A number of *beyondblue* programs have a specific focus on men, including:
  - Don't beat about the bush! Campaign which aims to raise awareness of depression and related disorders in rural communities and provide information on where to get help. The campaign involves a range of initiatives, including making *beyondblue* information materials available on the Centrelink drought assistance buses, distributing information and education resources in rural areas and links with the Mental Health Support for Drought Affected Communities Initiative.
  - Mibbinbah - Indigenous Men's Sheds/Spaces pilot: Mibbinbah (the men's place) is an initiative developed by the Co-operative Research Centre for Aboriginal Health with support from *beyondblue*. The program aims to develop an understanding of what makes Indigenous Men's Spaces safe and healthy places for men, and how this might benefit families and communities.

The program is being implemented in seven locations, from Darwin (NT) to Warranambool (VIC), and involves training Aboriginal men as Project Associates to research:

- the key characteristics of Indigenous Men's Sheds/Spaces; and
- the ability of the Men's Sheds/Spaces to work with a range of chronic illness issues, in particular depression.

*beyondblue* developed a new training program in consultation with the Mibbinbah Mob, which was delivered to the Men's Sheds/Spaces Project Associates. Anecdotal feedback indicates that the program was extremely well received, suggesting that such a model could be considered for further implementation. This model has the support of the *beyondblue* board.

- The Australian Government is providing approximately \$102 million over five years (2006-2011) under the National Suicide Prevention Strategy to reduce the incidence of suicidal behaviour across the Australian population by supporting national and community-based models of suicide prevention and post-intervention activities. The Strategy has recently been refocused to include a strengthened emphasis on targeting high risk groups such as men aged 25-54 years and Aboriginal and Torres Strait Islander peoples.

The Government is providing a total of \$2.22 million under the Strategy during 2008-09 for suicide prevention projects that primarily target men, including:

- a project coordinated through the Men's Health Information and Resource Centre to facilitate men, both young and old, within the Mt. Druitt area of NSW to appropriate access for mental health information. In particular, this project aims to support men from the aboriginal community;
- the Farm-Link project, coordinated through the Centre for Rural and Remote Mental Health at the University of Newcastle, which aims to increase the support for Australian farmers, workers and their families in rural and remote Australia by increasing the training and support to local practitioners offering mental health services;
- the Sustainable Personal Development for Aboriginal Men Project, which aims to build resilience and community capacity for men aged 15 to 45 within Aboriginal communities around the electorate of Grey in South Australia;
- the expansion of the OzHelp program – a work-based, suicide prevention, early intervention and social capacity building programme implemented in the ACT building and construction industry – into other areas of NSW and Tasmania as well as other industries;
- funding provided to the Toowoomba Older Men's Network Inc to assist the plight of men aged over 50 years in and around Toowoomba (QLD) who are on their own or experiencing high degrees of loneliness by developing a social network to assist them with coping strategies and motivational activities within their own community; and
- the *Victorian Building and Construction Industry Life Care Skills Program* which aims to provide information and raise awareness on suicide prevention and life care skills for apprentices and young workers in the building and construction industry.

Several national projects are also funded under the Strategy which target broad population groups and therefore have implications for men who are at risk of suicide. One such project is the *Mindframe Media* initiative which aims to encourage responsible, accurate and sensitive media representation of mental illness and suicide, and to advocate on behalf of community concerns relating to media depictions that stigmatise mental illness or promote self-harm.

Additionally, the *Access to Allied Psychological Services (ATAPS) Additional Support for Patients at Risk of Suicide and Self-Harm* project is currently being trialled in 19 Divisions of General Practice around Australia. This project provides support for people who have presented to a GP or hospital accident and emergency department having self-harmed, attempted suicide or demonstrated suicidal ideation. Referral pathways are created to specialised allied psychological services, ensuring that patients are contacted by an allied health professional within 24 hours of discharge from the hospital or contact with a GP.

- MBS expenditure on males for items in the MBS that are specific for mental health related services was \$197.8 million in 2007-08, representing 36.0 per cent of total expenditure for these items.
- PBS expenditure on antidepressants for males in 2007-08 was \$97.3 million, 34.5 per cent of the total where gender was known.
- In 2008, the NHMRC did not fund any male specific research on depression, however, \$11.2 million was provided for 72 grants in 2008 for depression related research.

### **HIV/AIDS and sexually transmitted infections**

- In 2007-08, the Government provided \$127 million for the *Highly Specialised Drugs* program medication for people with HIV/AIDS.
- The Government announced funding of \$9.8 million in 2007-08 for a four year national prevention program to raise awareness of sexually transmitted infections (STIs) and encourage behavioural changes that will reduce the prevalence and spread of STIs, including HIV. The campaign is designed to inform young Australians aged 15-29 years about the transmission, symptoms, treatment and prevention of STIs. This audience includes men who have sex with men, heterosexual young people and Aboriginal and Torres Strait Islander people. The campaign aims to contribute to a reduction in prevalence of sexually transmissible infections among the target audience. The campaign's secondary audience is health care workers including general practitioners, sexual health workers and Aboriginal Medical Services staff. The campaign is due to be launched in mid 2009.
- The two key Government funded bodies working in HIV/AIDS education and prevention are the Australian Federation of AIDS Organisations (AFAO) and the National Association of People Living with HIV/AIDS (NAPWA). The Australian Government is providing funding of \$672,701 to NAPWA and \$1.8 million to AFAO in 2008-09 to undertake activities, which include the targeting of gay men, men who have sex with men and people living with HIV/AIDS (the majority of whom are men).
- Due to improved treatments in the area of HIV/AIDS people are living longer and HIV/AIDS is becoming a condition requiring chronic disease management. In response to this the Australian and the state and territory governments have also funded \$150,000 for the Models of Access and Clinical Service Delivery for HIV Positive People Living in Australia project to be delivered by Australasian Society for HIV Medicine. The project is due for completion on 30 April 2009 and aims to evaluate and update the effectiveness of the current models of access and clinical service delivery for HIV positive people living in Australia. The results of the evaluation will inform any changes required for the future care models, including workforce capacity and education.

## **Dementia**

- The Australian Government Dementia Initiative aims to improve the lives of people with dementia and their carers. The focus of the Dementia Initiative is on research, improved care initiatives, prevention strategies, early intervention programs, and training for aged care and community workers. The Australian Government has committed to the ongoing funding of the Initiative, which includes approximately:
  - \$90 million per year for Extended Aged Care at Home Dementia Packages;
  - \$24 million per year for dementia research, prevention, early intervention and improved care initiatives; and
  - \$7 million for training for aged and community care staff, carers and community workers such as police.

As part of the Dementia Initiative, the Australian Government funds Alzheimer's Australia to produce a range of fact sheets to help people with dementia and their carers. There is a fact sheet that specifically addresses issues faced by men who have a caring role. Carer training is also provided through the Commonwealth Respite and Carelink Centres and these can be tailored for the needs of specific carer groups.

An independent evaluation of the Dementia Initiative is currently being undertaken and will inform the Government's future direction of the Initiative.

## **Health checks**

- A range of Medicare Benefits Schedule (MBS) health assessment items are of direct benefit to men. These include health assessments for older people (aged 75 and older), Indigenous people, refugees and humanitarian entrants, people with Type 2 diabetes, people with an intellectual disability, and the 45 Year Old Health Check for people aged between 45 and 49 years old (inclusive) who are at risk of developing a chronic disease.

The 45 Year Old Health Check helps to ensure that people aged 45 to 49 years old who are at risk of developing a chronic disease receive a health check that assesses a range of risk factors, including lifestyle factors (such as smoking, lack of exercise or poor nutrition); biomedical factors (such as high cholesterol or being overweight); or family history of chronic disease.

Since the introduction of the first health assessment items on 1 November 1999:

- 877,590 men aged 15 years and over have received these services;
- \$147.7 million has been paid in MBS rebates; and
- 39.5 per cent of these health check services have been provided to eligible males.

This includes:

- 709,296 men over the age of 75;
- 32,413 Indigenous men;
- 3,962 male refugees and humanitarian entrants;
- 4,879 men with an intellectual disability; and
- 124,376 men eligible for the 45 Year Old Health Check (this represents \$12.6 million in MBS benefits and 49.8 per cent of all services provided since this item was introduced on 1 November 2006).

## Aboriginal and Torres Strait Islander men

- *Healthy for Life* aims to enhance the capacity of primary health care services to improve the quality of Aboriginal and Torres Strait Islander child and maternal health services and chronic disease care, and to increase participation in the Indigenous health workforce. There are approximately 99 primary health care services now participating in the program, including 16 services joining the program in 2008-09. In July 2008 the Hon Nicola Roxon MP, Minister for Health and Ageing, determined that men's health would be included as an additional focus of the *Healthy for Life* program for services applying for funding under Round 3. The *Healthy for Life* program has also invited existing services (Rounds 1 and 2) to apply for one-off funding, totalling approximately \$2 million, to start addressing men's health issues in 2009.

In addition, the original program benchmarks, which required 80 per cent of Healthy for Life sites to be in remote or regional areas (which were largely met), were amended by Minister Roxon. This allowed more urban or metropolitan based health service providers to apply to join the program through Round 3 in late 2008.

- *The National Drug Strategy Aboriginal and Torres Strait Islander Peoples' Complementary Action Plan 2003-2009* provides a nationally coordinated and integrated approach to reducing drug-related harm among Aboriginal and Torres Strait Islander peoples.

Within this framework, the *Capacity Building in Indigenous Communities Initiative* addresses the incidence of substance abuse and related violence amongst Indigenous people through increasing the capacity of Indigenous communities to develop local solutions to substance abuse, and includes activities aimed at improving men's health. Funding of \$2.29 million was provided by the Australian Government for this program in 2008-09.

Two activities specifically aimed at improving men's health have been funded under this Initiative:

- A specific Indigenous men and alcohol comic (\$69,828) that shows Indigenous men how to live without alcohol and to build better relationships with their families and community; and
- The Making Tracks to Cultural Strengths project (\$65,956) which focuses on the holistic healing of Aboriginal people who are experiencing problems relating to the misuse of alcohol and other drugs. This project aims to increase participation for Aboriginal families in community based solutions and allow for Aboriginal cultural exchange and awareness. The objectives of the project are to:
  - endorse Aboriginal culture by providing culturally relevant, holistic alcohol and other drug (AOD) programs directed at the man and indirectly at the family and their community in which they live;
  - improve outcomes for men with AOD problems, including: capacity to prevent and manage relapse; psychological health; physical health; developing cultural pride and cultural skills; readiness for work and reduction of AOD related offending;
  - reduce harm to the families of people with AOD problems;

- create long term alternatives for Aboriginal men, their families and their communities in regard to cultural skills development and cultural pride; and
  - strengthen partnerships with communities and agencies.
- Other substance use initiatives funded by the Australian Government and managed by the Office for Aboriginal and Torres Strait Islander Health include:
    - \$29.1 million in 2008-09 for the Aboriginal and Torres Strait Islander Substance Use Program to support 98 Indigenous substance use services across Australia, including one men's specific residential treatment and rehabilitation service;
    - \$18.1 million in 2008-09 under the 2006 and 2007 Council of Australian Governments' substance use measures aimed at increasing drug and alcohol treatment and rehabilitation services in regional and remote Indigenous communities; and
    - \$2.6 million in 2008-09 under the Closing the Gap - NT - Follow Up Care measure to continue drug and alcohol treatment and rehabilitation services in the Northern Territory introduced as part of the Northern Territory Emergency Response.

A variety of service delivery options are provided through these initiatives and many organisations provide male specific substance use programs as part of their service. For example, 80 per cent of respondent stand-alone substance use services reported running Men's Groups in the 2006-07 Drug and Alcohol Service Report.

- In 2005-06, 104 Australian Government funded Aboriginal Medical Services (69 per cent) reported that they had provided or facilitated access to men's health programs in that year.
- Central Australian Aboriginal Male Health Summit 2008 - The Central Australian Aboriginal Congress (Congress) held an Aboriginal Male Health Summit to create a safe and supportive environment for Aboriginal men to talk and develop a shared understanding and response to the effects of child abuse and neglect on victims, families and communities. Over 400 Aboriginal men participated in the Summit, which resulted in the 'Inteyerrkwe Statement' acknowledging the hurt, pain and suffering caused by Aboriginal men. This statement was widely distributed immediately following the Summit, and received much attention. The Summit Report includes a series of recommendations on Indigenous men's health. The Department of Health and Ageing provided funding of \$165,777 to the Central Australian Aboriginal Congress for the Summit.
- The National Men's Health Policy will emphasise the needs of specific groups of men most at risk, such as Aboriginal and Torres Strait Islander men and men living in rural and remote areas. It will emphasise the social determinants of health inequalities, such as education, employment, income and health care access.

To ensure that Aboriginal and Torres Strait Islander men are engaged in the consultation process for the Policy and that their views inform its development, there is a National Aboriginal and Torres Strait Islander Reference Group, convened following the 2007 National Men's Health Conference, which will act as a reference group for the development of the men's health policy.

## Men living in rural and remote areas

- **Men's Health Bulletin:** In 2008-09, the Australian Government is providing funding of \$168,699 to the Australian Institute of Health and Welfare (AIHW) for the preparation of a report which examines the differences in the morbidity and mortality of men living in rural areas compared to those living in urban areas. The AIHW's report will be in the form of a Men's Health Bulletin.
- **Rural Primary Health Projects Program:** The Australian Government funds the Rural Primary Health Projects Program, including a range of men's health projects, which have received approximately \$2.27 million in 2006-07 to 2007-08 (details of the projects are at [Attachment D](#)). The Rural Primary Health Projects Program takes a preventative approach to:
  - help people living in rural and remote areas of Australia to change their lifestyle through the provision of information, activities, encouragement and support;
  - develop community connections in ways that encourage people to take action to improve their own health and health services; and
  - improve the management of chronic disease.

Particular targets for the projects are the principal chronic disease risk factors of:

- injury;
- smoking;
- harmful alcohol consumption;
- obesity; and
- low levels of physical activity.

In support of mainstream primary health care services, there has been a range of projects within the program that have focussed on men's health. These projects included developing and preparing resources and undertaking investigations in order to build capacity and understanding in the area of men's issues in rural areas. These issues included mental health issues, health and safety, and general health awareness. The program funded organisations such as Andrology Australia, Mens Sheds, Mensline, Lifeline, Sustainable Farming Families, and Farmsafe. These projects also included some specific activity relating to Indigenous men.

The projects are aimed at community members, farmers and their families, health professionals working in rural health services and community-based organisations that provide primary health and/or support to rural communities.

## **2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community**

The Department cannot comment on the overall adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community. However, the men's health literature acknowledges that:

*While men are targeted in general health education activities that address topics such as smoking cessation, heart disease and diabetes, the development of male-specific education is a relatively new challenge in the public health arena. As a result, little research has been conducted to ascertain dynamics or factors that may contribute to successful education strategies that promote men's health. An important but unexpected finding...was the lack of evaluation in men's health education.<sup>5</sup>*

The 2006 study from which that quote was sourced analysed 299 education activities relating to male reproductive health information and found that less than 30 per cent had been evaluated.<sup>6</sup>

However, campaign evaluations and men's health research have revealed that some approaches may be more effective than others, for example:

### **Sexual and reproductive health**

The 2006 study mentioned above found that prostate cancer was the most frequently addressed issue in reported education activities about male reproductive health and that:<sup>7</sup>

- many men are aware of prostate cancer and concerned about it;
- education activities in relation to prostate cancer, prostate disease and testicular cancer were likely to meet their aims if information was provided on one health issue rather than on a range of issues;
- a personal approach to delivering education activities about male reproductive health, such as 'one on one' or 'face to face' group sessions, was more successful than other methods; and
- education activities carried out in rural and remote areas, such as men's health nights, were more likely to meet their aims than activities in metropolitan areas.

### **Prostate cancer screening**

The Australian Government is currently working with the Cancer Council Australia to develop a joint statement on prostate cancer screening for consumers and health professionals.

Australia does not currently have a population-based screening program for prostate cancer and there are often conflicting public messages, including in the media, about the efficacy or otherwise of prostate screening.

Research has shown that screening well men for prostate cancer using either the Prostate Specific Antigen (PSA) test or any other available test would result in frequent false positive results leading to unnecessary patient anxiety.

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<sup>5</sup> Holden C, Poljski C, Andrews C, Cook M, Wolfe R and de Kretser D *The Dynamics of Community Education in Male Reproductive Health: Findings from an Australian Study* Australian Journal of Primary Health Vol 12 No. 2 August 2006

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

In addition, treatments may not offer long-term benefits but may affect patients' health, including sexual, urinary and bowel dysfunction.<sup>8</sup>

The decision to undertake a PSA test is a personal choice to be made by men, in consultation with their doctor, who can advise on the risks and benefits of testing in relation to their specific circumstances.

Currently, only a biopsy of the prostate can conclusively confirm the presence of cancer, although research continues to seek better ways of detecting prostate cancer at an early stage.

In the May 2008 Budget, the Government committed \$15 million over five years to establish two dedicated prostate cancer research centres in Australia. The centres will co-ordinate research more effectively and aim to develop improved diagnostic tests, screening tools and treatments for prostate cancer.

The Government continues to monitor research into prostate cancer screening and is awaiting the outcomes of two large scale international studies currently being undertaken in this area.

On 18 March 2009 the *New England Journal of Medicine* published two articles on US and European trials aimed at evaluating the effect of prostate cancer screening with the Prostate Specific Antigen (PSA) test and digital rectal examination on the rate of death from prostate cancer. The articles: 'Screening and prostate cancer mortality in a randomized European study' and 'Mortality results from a randomized prostate cancer screening trial' have conflicting results. A commentary in the same edition: 'Screening for Prostate cancer – The controversy that refuses to die' provides a comparison of the two articles and states 'PSA screening has had, at best, a modest effect on prostate-cancer mortality'. The two studies are ongoing and their findings are still inconclusive. Both studies will continue to report and the Government will monitor findings as they are released.

### **Bladder and bowel health**

- The National Continence Management Strategy provided Flinders University with \$110,000 in 2008 to conduct a Literature Review of published works on men's bladder and bowel health. The objective of the review was to answer the question 'How effective are educational interventions at raising men's awareness of bladder and bowel health?' The major findings of the review are that:
  - research which focuses on educational interventions which promote men's bladder and bowel health is in its infancy;
  - there is little published evidence on how to improve men's uptake of educational interventions or health services;
  - educational intervention about men's bowel health or faecal incontinence has received almost no attention;
  - there is an absence of high quality quantitative and qualitative studies upon which to recommend evidence-based clinical practice in men's bladder and bowel health; and
  - consumer-based materials on this topic are often 'gender neutral' and written for those with a high level of literacy.

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<sup>8</sup> The Cancer Council <http://www.cancercouncil.com.au/editorial.asp?pageid=358>

## Depression

Key goals of the *beyondblue* initiative include promoting awareness, changing community attitudes and improving services for people with depression and anxiety disorders, including specific programs targeting men. A number of *beyondblue* programs have a specific focus on men, including:

- the development and dissemination of male specific fact sheets and awareness raising products, including the Separated Men and Depression booklet, developed in partnership with Relationships Australia;
- Don't Beat about the Bush awareness raising campaign, targeted at those living in rural Australia, which also recognises the particular challenges facing men in rural and regional areas;
- the Depression in Men television advertising campaign, and
- Support for Men's Sheds - *beyondblue* is promoting awareness of depression and anxiety through community-based Men's Sheds. *beyondblue* has developed a Men's Shed Kit that includes a range of *beyondblue* resources that are relevant and useful to men. Since October 2008, 160 Men's Shed Kits have been distributed across Australia.

To enhance the capacity of Men's Shed leaders and facilitators to identify depression and anxiety and encourage shed members to seek help, *beyondblue* has also developed a training program for shed leaders and facilitators. The program provides leaders of men's sheds with the skills to recognise the signs and symptoms of depression and to be confident to approach someone about whom they are concerned, and support the person to seek assistance. The training program was successfully piloted at the Brimbank Men's Shed (Western Melbourne), and the Murtoa Men's Shed (regional Victoria) in 2008.

The evaluation of the pilot men's shed training program demonstrated that the program:

- provided relevant information;
- increased awareness and understanding of depression;
- increased their knowledge about the signs/symptoms of depression; and
- increased their confidence to assist someone who may be experiencing depression.

The training program is now being rolled out to Men's Sheds nationally, with evaluation data being collected on an ongoing basis.

More detail on *beyondblue* initiatives is provided at [Attachment E](#).

## Suicide

- The *LIFE Framework, Living is for Everyone: A framework for prevention of suicide in Australia* (2007) provides key evidence-based information and research findings on how to address the complex issues of suicide and suicide prevention. The Framework includes information about issues that relate specifically to male suicide and provides guidance on planning and providing effective suicide prevention interventions for men.

## Healthy lifestyle campaigns

- The Australian Better Health Initiative Social Marketing Campaign is a \$29.7m Council of Australian Government's initiative funded by the Australian Government and all states and territories (except Victoria). The campaign aims to raise awareness of the links between lifestyle behaviours and the risk of chronic disease, and to emphasise the importance of healthy lifestyle choices, particularly physical activity and nutrition, in combating risk.

Primarily targeting 25 to 50 year old men and women with children and 45 to 65 year olds, supporting strategies also target medical practitioners, Aboriginal and Torres Strait Islander people and people from non-English speaking backgrounds. The mass reach campaign includes national television, print, radio, online and outdoor advertising.

Results from the concept testing research indicated that men did not feel the television advertisement was aimed at them if a woman was featured, whereas women tended to be more conscious of both their own health and that of their partner. It was important, therefore, that supporting materials, such as print and outdoor advertisements, included both male and female versions to reinforce the key messages to both genders.

Measure Up, a social marketing campaign under the Australian Better Health Initiative (ABHI), aims to raise appreciation of why people need to change their lifestyles, and includes supporting information on "what to do" and "how to do it". For example, the campaign includes information on measuring waist circumference and body mass index to determine risk levels for chronic disease.<sup>9</sup>

The ABHI Campaign evaluation is underway and will provide input into planning for new campaign activity in 2009-10.

- 10,000 steps a day – this program aims to increase physical activity by encouraging adults to wear a pedometer and walk 10,000 steps per day. An evaluation of the 10,000 Steps Rockhampton program, which was funded by Queensland Health and supported by a range of strategies including social marketing and health professionals, found that men were less likely to have used the pedometer or to have increased their physical activity.<sup>10</sup> A 2008 study examined the attitudes of men aged 45-65 years, who were employed and mostly tertiary educated, to the 10,000 steps program and found that:<sup>11</sup>

*Although the men were generally familiar with the 10,000 steps message, the specifics of the message were not well understood and most thought it was not engaging and less appealing than time based recommendations (ie 30 minutes a day).*

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<sup>9</sup> [www.measureup.gov.au](http://www.measureup.gov.au)

<sup>10</sup> Brown WJ, Eakin E, Mummery K, Trost SG. *10,000 Steps Rockhampton: Establishing a multi-strategy physical activity promotion project in a Queensland community*. Health Promotion Journal Australia 2003;14(2):95-100

<sup>11</sup> Burton NW, Walsh A, Brown WJ *It just doesn't speak to me: mid aged men's reactions to '10,000 Steps a Day'* Health Promotion Journal of Australia 2008 19:52-9

## HIV/AIDS and other sexually transmitted infections

- The Australian Government is currently reviewing its National HIV Strategy. In Australia, HIV primarily affects men who have sex with men, and the development of HIV prevention, education and health promotion activities remains a public health issue. The Strategy aims to prevent and reduce the transmission of HIV and improve the treatment, care and support for those affected. A new National HIV Strategy is expected to be implemented in 2009.
- The two key Government funded bodies working in HIV/AIDS education and prevention are the Australian Federation of AIDS Organisations (AFAO) and the National Association of People Living with HIV/AIDS (NAPWA). Their key outcomes include:
  - provision of national leadership to Australia's HIV/AIDS community based education and health promotion response;
  - coordination of the development and production of social marketing campaigns addressing priority issues related to HIV and sexually transmissible infections (STIs) prevention and health promotion for gay men, men who have sex with men and people living with HIV;
  - coordinating the development, production, revision and updating of print and web-based resources addressing HIV and/or STIs, targeting gay men and people living with HIV/AIDS; and
  - provision of information/education interventions and support about HIV/AIDS treatment across the HIV community and service sector.

A selection of AFAO's 2006 and 2007 education activities were evaluated in 2008, including:<sup>12</sup>

- a National Forum on HIV Positive Health Promotion, which was found to have had a clear focus, was productive and progressed debate and action in the area;
- Top Tips for Living Well with HIV, a pamphlet which was found to have provided insufficient detail and that such pamphlets need to contain 'more persuasive information and more advice on what actions can be taken'; and
- Drama Downunder A sexual health social marketing campaign across Australia, which was developed in response to increasing rates of STIs among gay men. Its objectives were to raise awareness of, for example, specific STIs commonly diagnosed among gay men. It aimed to increase the proportion of gay and other homosexually active men undertaking annual STI testing and rectal testing.

The evaluation found that:<sup>13</sup>

- adopting a comprehensive media strategy was effective at extending the reach of the campaign;
- the campaign achieved between 45 to 69 per cent recognition with gay men in Queensland, where the reach and recognition of campaign materials were tested - a high level of recognition compared to the recall of other advertisements;

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<sup>12</sup> Spina A 2008 Evaluation of AFAO Education Activities 2006 and 2007 Workplan

<sup>13</sup> Spina A 2008 "It catches your attention" Evaluation of Drama Downunder A sexual health social marketing campaign

- it was very effective at engaging the target audience and was relevant to gay men, well communicated and easily understood. Outdoor advertising was an effective strategy for reaching the intended target audience. The additional advantage of outdoor advertising as a complement to gay media advertisements, is that it reaches a proportion of men who do not regularly read the gay media; and
  - the aim to increase STI testing was more appropriate for a national or statewide strategy rather than a single social marketing campaign, and the capacity of the AFAO membership to measure such increases was limited without good baseline data and effective evaluation mechanisms, which would have been beyond the scope of this campaign.
- The Government announced funding of \$9.8 million in 2007-08 for a four year national prevention program to raise awareness of STIs and encourage behavioural changes that will reduce the prevalence and spread of STIs, including HIV. The campaign is designed to inform young Australians aged 15-29 years about the transmission, symptoms, treatment and prevention of STIs. This audience includes men who have sex with men, heterosexual young people, and Aboriginal and Torres Strait Islander people. The campaign aims to contribute to a reduction in prevalence of sexually transmissible infections among the target audience. The campaign's secondary audience is health care workers including general practitioners, sexual health workers and Aboriginal Medical Services staff. Subject to Government approval processes, the Department aims to launch the campaign on 31 May 2009.

Formative research was undertaken to inform the campaign. In summary, the research findings highlight the need for any future social marketing program to communicate:

- what STIs are and how easy it is to 'catch' a STI;
- STIs are prevalent in the wider community (including 'your' social circle);
- STIs have significant health implications (some severe and/or long term);
- STI symptoms in other people are not always obvious (address false preconceptions);
- this is a health issue that affects 'people like me' (not something reserved for 'dirty'/'sluttish' people) and is not something to be ashamed of;
- prevention is better than cure;
- condom use as the social norm by stigmatizing non-use;
- the need to take on-going personal responsibility;
- condom use negotiation skills;
- the need to regularly test (men who have sex with men, heterosexuals, Aboriginal and Torres Strait Islander people) as a 'normal' part of remaining healthy;
- testing as a normal health screening behaviour and continued condom use between tests;
- for people who do test for HIV/AIDS and other STIs, complacency is to be avoided in the event of a negative test result (especially relevant to homosexuals); and
- the treatment for HIV/AIDS has a significant impact on lifestyle (especially relevant to gay men).

Importantly, this research found that many feel that the language around 'safe sex' is cold and unappealing, and that it needs to be modernised and made more motivating.

### 3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

There is concern that men's attitudes to their health are impacting on their help seeking and risk taking behaviour, which is then leading to:

- delays in seeking help for symptoms of ill health;
- lower levels of primary health care access than women - in 2007-08 men accounted for 41.3 per cent of MBS expenditure on GP visits and 41.2 per cent of total MBS expenditure. However, the Australian Institute of Health and Welfare notes that a proportion of the total gap in health expenditure between men and women (7 per cent in the funding examined by the AIHW) can be accounted for in relation to maternal conditions;<sup>14</sup>
- higher levels of risk factors than women - for example, 62 per cent of men are overweight or obese compared to 45 per cent of women;<sup>15</sup>
- worse health outcomes across a range of conditions and diseases;<sup>16</sup> and
- lower life expectancy than women - life expectancy for Australian males is 79.0 years in 2005-07 compared to 83.7 years for women.<sup>17</sup>

However, men are not an homogenous group. Men's attitudes to their health and how these affect their health are likely to be the result of a complex interaction between factors such as, gender, biology, age, and other determinants of health including: low levels of education, income, and employment; discrimination; high levels of stress; a lack of control and power over life's circumstances; and the availability, and type of health services provided.<sup>18 19</sup>

There is a number of theories in the men's health literature which attempt to explain the differences between male and female health attitudes and outcomes but it is recognised that more research is required before conclusions can be made about these issues.

#### **Masculinity**

Some authors seek to explain these differences with reference to gender and the social construct of masculinity. They theorise that the sex role stereotype of a strong and self reliant male leads to higher levels of risky behaviour and prevents men from seeking help and appearing 'weak' when faced with symptoms of ill health.

A 2008 study examined the eating, drinking, and physical activity behaviours and health attitudes of men living in the New South Wales Riverina area and the results appear to be consistent with a view that health behaviour can be influenced by the behaviour of others in the social group or a sex role stereotype. It found that the men in this study had 'relatively poor eating, drinking and physical activity habits'; poorer than shown in the results of other studies which combined rural and urban men.<sup>20</sup>

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<sup>14</sup> AIHW 2008 Australia' Health and Welfare 2008 p412

<sup>15</sup> ABS 2004-05 National Health Survey

<sup>16</sup> ABS 2008 Causes of Death Australia 2006 Cat no. 3303.3

<sup>17</sup> ABS 2008 Deaths Australia 2007 op cit

<sup>18</sup> WHO Commission on the Social Determinants of Health 2008 Key Concepts Geneva

<sup>19</sup> Marmot M The Status Syndrome :how your status standing affects your life and life expectancy Bloomsbury London 2004

<sup>20</sup> O'Kane GM, Craig P, Black D, Sutherland D 2008 Riverina men's study: a preliminary exploration of the diet, alcohol use and physical activity behaviours and attitudes of rural men in two Australian NSW electorates. Rural and Remote Health 8:851 (online) 2008

Further:

- one third of the men needed a health scare to change their lifestyle;
- one quarter of the men “cared little about their appearance and felt they have to die of something so they may as well enjoy what they are eating”;
- one fifth felt that “being physically big for a man has its advantages”; and
- almost a quarter of the men had more than four drinks on each drinking occasion and 12 per cent “intended to continue drinking plenty of grog”.

Another 2008 study investigated men’s health self monitoring and help seeking behaviour and found that a minority of men in the study expressed views about their health in line with the ‘traditional’ view of masculinity. However, the rest of the men had a functional approach to health. They actively monitored their health and made decisions about seeking medical help with reference to a number of factors, including:<sup>21</sup>

- capacity to maintain regular activities - help seeking behaviour was affected by whether an illness or symptom impacted on the ability to maintain or carry out regular activities. The notion of regular activities varied according to many factors including age, marital status and employment; and
- perception of the severity of the health concerns - help was sought where, for example, the illness or injury involved severe pain or persistent and ongoing pain, visible physical impairments or where it persisted for a prolonged period.

This functional view of physical health has implications for seeking help in relation to mental health issues. This may, in part, explain the differences in service use between the sexes found in the National Survey of Mental Health and Wellbeing 2007.<sup>22</sup> The survey found that the use of services for mental health problems was much lower in men compared to women. Just over a quarter of men (27.5 per cent) experiencing a mental disorder in the 12 months prior to interview accessed services for mental health problems, compared to 40.7 per cent of women.

Service use by men was consistently lower than women across all age groups and, although the prevalence of mental disorders was highest in the youngest age groups, the use of services for mental health problems by 16-24 year old males was almost a third of that for females in the same age group (13.2 per cent compared to 31.2 per cent).

### **Multiple masculinities**

Another body of the men’s health literature highlights the importance of considering the ‘multiple masculinities’ that men may experience, which can influence men’s health related behaviour. Smith (2007) states that individual men can experience “a range of masculinities...which are fluid and situationally dependent”.<sup>23</sup> Further, Smith states that there is a need to consider the ‘multiple masculinities’ experienced by different groups of men such as Indigenous men, men who are migrants and refugees, gay men, men living in rural and remote areas and socioeconomically disadvantaged men, which are “likely to differ markedly”.<sup>24</sup>

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<sup>21</sup> Smith JA, Braunack-Mayer A, Wittert G, Warin M “It’s sort of like being a detective”: Understanding how Australian men self-monitor their health prior to seeking help BMC Health Services Research 2008 8:56

<sup>22</sup> National Survey of Mental Health and Wellbeing 2007

<sup>23</sup> Smith JA Beyond masculine stereotypes: Moving men’s health promotion forward in Australia Health Promotion Journal of Australia 2007 18:20-5 p23

<sup>24</sup> Smith JA Beyond masculine stereotypes: Moving men’s health promotion forward in Australia Health Promotion Journal of Australia 2007 18:20-5 p24

Galdas et al (2005) noted the significant gap in the research linking masculinity and help seeking behaviour and recommended that:

*heterogeneous samples need to be investigated to establish whether there are masculine commonalities between men and how these are played out under different social circumstances.*<sup>25</sup>

### **Nature of services**

Other authors focus on the nature and availability of services to explain men's attitudes and lower levels of health care attendance. They highlight the popularity of 'male friendly' services, such as Pitstop, Mensline and Men's Sheds, and suggest that the nature of the service impacts on men's help seeking behaviour. For example, Mensline, the telephone counselling service, receives 80,000 calls a year and, following *beyondblue*'s Rural Men and Depression campaign, the *beyondblue* information line has continued to receive more calls from men than any other Australian help or information line (with the exception of Mensline). Men account for more than 46 per cent of calls from regional areas and more than 56 per cent of calls from rural areas, from an average of over 5,000 calls per month.

The popularity of these services may suggest that men are more willing to seek help from 'male friendly' services but may be deterred from seeking help from other types of services. Factors which are considered 'male friendly' include the provision of: after hours access to health care; health services or checks in the work place; male health care providers; a friendly, affirming approach by health care providers; and a health care environment that is more male oriented. The anonymity of helplines may also be attractive.

However, it is recognised that more research needs to be carried out to determine which groups of men the different 'male friendly' approaches appeal to, for example are they delivered in a culturally and linguistically appropriate manner for some groups of men, and whether they effectively impact on men's attitudes and health behaviours.

### **Social Determinants of health**

As stated above, the attitudes of men to their health and how these affect their health are likely to be the result of a complex interaction between factors. Groups of men in Australia, such as Aboriginal and Torres Strait Islander men, socioeconomically disadvantaged men, men living in rural and remote areas and men from some cultural backgrounds have higher levels of risk factors, worse health outcomes and lower life expectancies than Australian men in general.<sup>26</sup>

Factors such as low levels of education, income and employment, and discrimination are critical determinants of health attitudes and outcomes.<sup>27</sup> A lack of availability of services, lack of transport, the cost of healthcare, language and cultural barriers, and services not being open when men can readily use them are also suggested as reasons for men having lower health service usage than women and worse health outcomes.

The men's health literature recognises the need for more research on how the determinants of health impact on men's health attitudes and related behaviours, and for the results of the research to impact on the way health services and campaigns are designed and delivered.

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<sup>25</sup> Galdas PM, Cheater F, Marshall P 2005 Journal of Advanced Nursing 49(6) 616-623 p621

<sup>26</sup> AIHW 2008 Australia's Health 2008

<sup>27</sup> *ibid*

The development of the National Men's Health Policy is highlighting the importance of gender, the other social determinants of health and the need for a stronger evidence base as key considerations in moving forward in understanding and improving men's health.

## Overview of Australian Men's Health

- Australian men have a life expectancy estimated at 79.0 years in 2005-07 compared to 83.7 years for women. Males experience higher mortality rates than women across all ages.<sup>28</sup>
- There were 68,556 male deaths in Australia in 2006 (51.3 per cent of all deaths) and the top 10 leading causes of male death accounted for 53.2 per cent of registered male deaths:<sup>29</sup>
  - Ischaemic (coronary) heart disease 17.8%
  - Trachea and lung cancer 6.8%
  - Strokes 6.5%
  - Prostate cancer 4.3%
  - Chronic lower respiratory diseases – asthma, bronchitis and emphysema 4.3%
  - Colon and rectum cancer 3.1%
  - Blood and lymph cancer (including leukaemia) 3.0%
  - Dementia and Alzheimer's disease 3.0%
  - Diabetes 2.7%
  - Diseases of the kidney and urinary system 2.1%
- In 2006, key differences in causes of death between Australian males and females included:<sup>30</sup>
  - lung cancer - there were 174 male deaths for every 100 female deaths;
  - strokes - there were 64 male deaths for every 100 female deaths;
  - chronic lower respiratory diseases - there were 118 male deaths for every 100 female deaths; and
  - dementia and Alzheimer's disease - there were 46 male deaths for every 100 female deaths (this difference reflects the lower life expectancy rates of males. As the life span of men increases so will rates of dementia in men).
- Other causes where males accounted for a high proportion of deaths included:<sup>31</sup>
  - intentional self-harm - 78%
  - land transport accident - 75%
  - cirrhosis and other diseases of liver - 69%
  - skin cancer - 64%
  - lung cancer - 64%

In addition:

- male deaths from ischaemic heart disease accounted for 53.0 per cent of deaths from this cause in 2006;<sup>32</sup> and
- young males accounted for around three-quarters of injury deaths and hospitalisations between 2005-06<sup>33</sup>.

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<sup>28</sup> ABS 2008 Deaths, Australia 2007 Cat no. 3302.0

<sup>29</sup> ABS 2008 Causes of Death, Australia 2006 Cat no. 3303.3

<sup>30</sup> *ibid* p10

<sup>31</sup> *ibid*

<sup>32</sup> *ibid*

<sup>33</sup> AIHW 2008 Injury among young Australians. Bulletin 60

- The top 10 leading causes of burden of disease (years of ‘healthy life’ lost due to disease or injury) in 2003 were:<sup>34</sup>
  - Ischaemic (coronary) heart disease 11.1%
  - Type 2 diabetes 5.2%
  - Anxiety and depression 4.8%
  - Lung cancer 4.0%
  - Stroke 3.9%
  - Chronic Obstructive Pulmonary Disease 3.6%
  - Adult onset hearing loss 3.1%
  - Suicide and self inflicted injuries 2.8%
  - Prostate cancer 2.7%
  - Colorectal cancer 2.5%
  
- The top 10 male risk factors, of 14 risk factors which account for 35.1 per cent of the total burden of disease in Australian males, were:<sup>35</sup>
  - Tobacco
  - High blood pressure
  - High body mass
  - High blood cholesterol
  - Physical inactivity
  - Alcohol
  - Low fruit and vegetable consumption
  - Illicit drugs
  - Occupational exposures and hazards
  - Urban air pollution
  
- The 2004-05 National Health Survey showed that men have high levels of risk factors for ill health and higher levels of many risk factors than women, including:<sup>36</sup>
  - 26 per cent of males were current smokers compared to 20 per cent of females;
  - 18 per cent of males in the 55–64 year age group reported alcohol consumption which would place them in the risky or high risk groups compared to 13 per cent of females;
  - 62 per cent of men are overweight or obese compared to 45 per cent of women;
  - 11 per cent of males, 12 years and over, consumed the recommended vegetable intake compared to 16 per cent of females and 48 per cent of males consumed the recommended fruit intake compared to 60 per cent of females; however,
  - while a high level of males aged 15 years and over (66 per cent) reported sedentary or low exercise levels in 2004-05, even more women were likely to be sedentary or have low levels of physical activity (73 per cent).<sup>37</sup>

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<sup>34</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD 2007

<sup>35</sup> *ibid*

<sup>36</sup> ABS 2006 2004-05 National Health Survey Cat No. 4364

<sup>37</sup> 4835.0.55.001 - Physical Activity in Australia: A Snapshot, 2004-05

### **Prostate cancer**<sup>38, 39, 40</sup>

- Prostate cancer is the most commonly diagnosed internal cancer in Australia with 16,349 new cases diagnosed in 2005.
- Prostate cancer is the second leading cause of cancer death in Australian men (after lung cancer) - 2,949 men died of this disease in 2005.
- Although the incidence of prostate cancer has increased, so too has survival. Five year relative survival following a diagnosis of prostate cancer has improved from 57 per cent in 1982-1986 to 85 per cent in 1998-2004.

### **Testicular cancer**

- In 2005, 677 Australian men were diagnosed with testicular cancer, which accounts for 1.2 per cent of all male cancers diagnosed. The risk of an Australian man developing testicular cancer by the age of 75 is 1 in 212.<sup>41</sup>
- The mortality rate for testicular cancer has declined over the last twenty years. In 1985, 30 Australian men died of the cancer compared to 22 deaths in 2005, which represented 0.1 per cent of all male cancer deaths.<sup>42</sup> Between 1998-2004, the survival rate for testicular cancer was almost 97 per cent, the highest of all cancers (excluding non-melanocytic skin cancer).<sup>43</sup>

### **Mental Health**<sup>44</sup>

- The National Survey of Mental Health and Wellbeing 2007 found that one in five (20 per cent) of Australian adults experience mental illness in any year, with men less likely than women to have experienced any mental disorder in the 12 months prior to the survey in all age groups (17.6 per cent for men compared to 22.3 per cent for women).
- The 2007 Survey found that men were more than twice as likely as women to have substance use disorders (7.0 per cent compared with 3.3 per cent). However, women were more likely than men to have experienced anxiety disorders (17.9 per cent compared with 10.8 per cent).

### **Depression**<sup>45</sup>

- Women were also more likely than men to have experienced affective disorders, including depression (7.1 per cent compared with 5.3 per cent). A depressive episode was experienced in the previous 12 months by 3.1 per cent of males and 5.1 per cent of females.

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<sup>38</sup> AIHW & Australasian Association of Cancer Registries *Cancer in Australia: an overview 2008*

<sup>39</sup> ABS 2008 Causes of Death Australia 2006 Cat no. 3303.3

<sup>40</sup> AIHW Cancer Australia & Australasian Association of Cancer Registries 2008. Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004. Cancer Series no. 42. Cat. no. CAN 38. Canberra: AIHW.

<sup>41</sup> AIHW & Australasian Association of Cancer Registries. *Cancer in Australia: an overview, 2008*.

<sup>42</sup> AIHW *Online Australian Cancer Incidence and Mortality books*

<sup>43</sup> AIHW Cancer Australia & Australasian Association of Cancer Registries. *Cancer survival and prevalence in Australia: cancers diagnosed from 1982 to 2004*.

<sup>44</sup> ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007

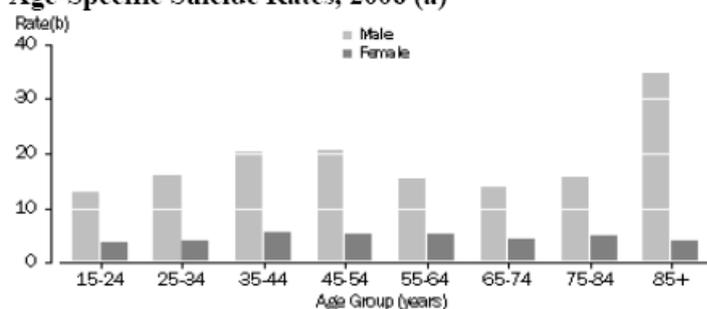
<sup>45</sup> *ibid*

## Suicide<sup>46</sup>

- In 2006, there were 1799 deaths from suicide in Australia with males comprising nearly 80 per cent of these deaths. Male suicide rates are approximately four times higher than the corresponding female rate.
- The number of suicide deaths is well below the figures of 1997, the highest recorded number of suicides, with 2,722 suicide deaths registered. The Australian Bureau of Statistics has noted that the decrease in recent years is in part the result of the increasing number of open coronial cases.
- There were 244 deaths recorded in 2006 for those aged 15 to 24 years, continuing the lower trends from the peak in 1997 (509 deaths). For the second consecutive year the lowest age-specific death rate of any age group for males and females was in the 15-19 year age group (8.8 per 100,000 and 3.5 per 100,000 respectively).
- High age-specific suicide death rates for males occurred in the age groups 35 to 54 years and over 85 years. These were highest in the elderly (34.5 per 100,000), but accounted for only 0.7 per cent of all male deaths in this age group. Suicide accounts for 20 per cent of deaths for males aged from 20 to 24 years. Rates for middle aged men remain high, with the highest rates for males aged 35 to 39 years and 45 to 49 years (21.5 and 22.0 per 100,000 compared to 13.6 per 100,000 across all ages).
- The table below outlines the age specific suicide deaths in Australia in 2006.

## Age specific deaths<sup>47</sup>

Age-Specific Suicide Rates, 2006 (a)



- (a) Care should be taken in interpreting numbers of suicide deaths due to limitations in data.  
(b) Rate per 100,000 estimated resident population.

## HIV/AIDS and sexually transmitted infections

- The estimated number of newly diagnosed HIV infections in males up to 31 December 2007 is 22,302 (91 per cent) of the total of 24,391 HIV infections, including 842 (85 per cent) new male diagnoses in Australia for 2007.<sup>48</sup>
- For gonococcal infections, the ratio of male to female infections is 2:1, reflecting ongoing transmission among men who have sex with men populations in Australia's larger cities.<sup>49</sup>
- Population rates of infectious syphilis have increased substantially in recent years and have been identified as mostly impacting on men who have sex with men populations.<sup>50</sup>

<sup>46</sup> Australian Bureau of Statistics 3303.0 - Causes of Death, Australia, 2006

<sup>47</sup> ABS National Survey of Mental Health and Wellbeing: Summary of Results, 2007

<sup>48</sup> HIV/AIDS, Viral Hepatitis and Sexually Transmissible infections in Australia Annual Surveillance Report 2008 – National Centre in HIV Epidemiology and Clinical Research.

<sup>49</sup> *ibid*

- Chlamydia is the most frequently reported sexually transmissible infection in Australia. In 2008 there were 58,497 reported cases. Of these, males accounted for approximately 40 per cent of cases. However, for people over the age of 30, of which there were 11,186 cases, males accounted for approximately 60 per cent of cases.

### **Aboriginal and Torres Strait Islander men<sup>51</sup>**

- Life expectancy for Aboriginal and Torres Strait Islander men was estimated to be 59 years for the period 1996 - 2001.
- In 2001-05, fifty per cent of Aboriginal and Torres Strait Islander men died before the age of 50 years compared to 11 per cent of non Indigenous Australian men.<sup>52</sup>
- Aboriginal and Torres Strait Islander men have worse health outcomes than other Australian men across a wide range of diseases and conditions.
- In 2004-06, Aboriginal and Torres Strait Islander males had higher hospitalisation rates for circulatory diseases than other males across all age groups except for those aged 65 years and over. The greatest difference in hospitalisation rates for males occurred in the 35–44 and 45–54 year age groups where Aboriginal and Torres Strait Islander males were hospitalised at between two and three times the rate of other Australian males.
- In 2004-06, Aboriginal and Torres Strait Islander males had much higher hospitalisation rates for diabetes than other males in all age groups from 25–34 years onwards, with the greatest difference in the 45–54 year age group, where Aboriginal and Torres Strait Islander males were hospitalised at around 10 times the rate of other males.
- For Aboriginal and Torres Strait Islander men under 35, the rate of suicide is estimated to be three times that of non-indigenous males of the same age.
- Aboriginal and Torres Strait Islander men were hospitalised for intentional self-harm at rates 2.5 times those of non-Indigenous men (Aboriginal and Torres Strait Islander women were hospitalised for intentional self-harm at a rate of 1.9 times those of non-Indigenous women).
- Aboriginal and Torres Strait Islander men were hospitalised for mental health related conditions at rates 2.1 times those of non-Indigenous men (Aboriginal and Torres Strait Islander women were hospitalised for mental health related conditions at a rate of 1.4 times those of non-Indigenous women).
- The excess death rate for Aboriginal and Torres Strait Islander men from injury and poisoning was 19 per cent compared to 13 per cent for Aboriginal and Torres Strait Islander women, for ischaemic heart disease was 16 per cent compared to 13 per cent, and for intentional self-harm was 7 per cent compared to 2 per cent.

### Risk factors

- 48 per cent of Aboriginal and Torres Strait Islander men are daily smokers, compared with 24 per cent of non-Indigenous men.
- Aboriginal and Torres Strait Islander males were more likely to report drinking at short-term and long-term risky/high-risk levels than Aboriginal and Torres Strait Islander females and were less likely to be abstainers than females. Aboriginal and Torres Strait Islander males were more likely to report drinking at long-term risky/high-risk levels in the last week than non-Indigenous males (18 per cent compared with 15 per cent).
- A higher proportion of Aboriginal and Torres Strait Islander males reported having ever used illicit substances (54 per cent) and substance use in the last 12 months (32 per cent)

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<sup>50</sup> ibid

<sup>51</sup> AIHW 2009 Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report Cat. no. IHW 22

<sup>52</sup> AIHW 2008 Australia's Health 2008 op cit

than Aboriginal and Torres Strait Islander females (45 per cent and 25 per cent respectively).

- 48 per cent of Aboriginal and Torres Strait Islander men reported sedentary levels of physical activity, compared to 32 per cent of non-Indigenous men.
- 30 per cent of Aboriginal and Torres Strait Islander men were obese compared to 19 per cent of non-Indigenous men. However, Aboriginal and Torres Strait Islander men were less likely to be overweight than non-Indigenous men.

### Rural and remote men<sup>53</sup>

- The table below shows that in 2002-04, life expectancy for Australian men was highest in metropolitan areas and lowest in very remote areas, and lower than women in each area:

**Life expectancy, by Remoteness Area, 2002–04**

Sex	Metropolitan	Inner regional	Outer regional	Remote	Very remote
Male	79.0 years	77.8 years	76.9 years	76.5 years	72.1 years
Female	83.8 years	83.1 years	82.6 years	81.8 years	77.6 years

- In 2002-04, males in inner regional, outer regional, remote and very remote areas had significantly higher death rates than males living in major cities due to largely preventable conditions, such as:
  - Coronary heart disease;
  - ‘Other’ circulatory diseases;
  - Motor vehicle traffic accidents;
  - Chronic obstructive pulmonary disease;
  - Other neoplasms (excluding lung, colorectal, breast, cervical, prostate cancer and melanoma)\*;
  - Diabetes;
  - ‘Other’ injuries;
  - Suicide;
  - Prostate cancer;\* and
  - Lung cancer.\*\*

\*Not in remote or very remote \*\* Not in remote

- Suicide rates in rural and remote areas of Australia are significantly higher than the national average and very remote regions have suicide rates more than double that of major capital cities.<sup>54</sup> A 2008 study found that the rural suicide rate for South Australia in 2001 was 23.8 for men, 5.6 for women and 14.5 per 100 000 for persons and that the farm suicide rate in South Australia was much higher between 1997 and 2001, at 33.8 for men, 6.7 for women and 21.6 per 100 000 for persons.<sup>55</sup>

<sup>53</sup> AIHW 2008 Rural, Regional and Remote Health Indicators of Health Status and Determinants of Health Cat no. PHE 97

<sup>54</sup> Australian Bureau of Statistics 3303.0 - Causes of Death, Australia, 2006

<sup>55</sup> Miller K, Burns C Suicides on Farms in SA 1997-2001 Aust. J. Rural Health (2008) 16, 327–331

### Risk factors

- In 2004–05, males aged 15 years and over in regional and remote areas were significantly more likely to be self-reported daily or current smokers;
- In 2004–05, males aged 15 years and over in regional and remote areas were significantly more likely than those in Major Cities to report risky or high-risk alcohol consumption.
- In 2004–05, males in regional and remote areas were significantly more likely than those in Major Cities to report being sedentary.
- In 2004-05, 15-24 year old males in regional and remote areas were significantly less likely to eat two or more daily serves of fruit, although males in these areas were significantly more likely to eat four or more serves of vegetables per day.

<b>Rural Primary Health Projects</b>	<b>Funding (GST incl) and Timeframe</b>	<b>Description</b>
Hepburn Health Service & Centre for Advancement of Men's Health - Men's Health Awareness Project	\$299,957 2006 /07 - 2007/ 2008	To raise the awareness of men in rural and remote areas, including Indigenous men, of the importance of good health and their role in maintaining it, and how to access health services. The project has also provided point of care testing equipment to a number of health services. Targeted at remote communities in Queensland, Western Australian South Australia and Northern Territory.
Male Callers to Lifeline	\$275,000 2006/07 – 2007/08	To investigate issues surrounding low male caller rates in rural and remote regions, and develop strategies to address issues and develop a Men's Health Toolkit for use in a counselling setting.
Western District Health Service - Sustainable Farming Families	\$682,000 2006/07 - 2007/08	To provide health information and awareness sessions to farmers, farm workers and their families in the local setting; builds on successful existing infrastructure. Targeted at remote communities in New South Wales, Queensland and Northern Territory
Australian Centre for Agricultural Health and Safety & Farmsafe - Farm safety for farming families	\$559,000 2007/08	To develop resources and community based programs on farm safety, and promote these to the farming families target group, in rural and remote areas. Includes older farmers and Indigenous workers on farms.
Crisis Support Service - Mensline	\$163,816.40 2006/07 – 2007/08	To develop programs and enhance infrastructure for Mensline services in rural and remote areas.
Andrology Australia - Men's Health Kit	\$28,982.20 2006/07 – 2007/08	To develop a men's health toolkit for use in community health sessions in rural and remote areas.
MensSheds in Rural Australia	\$261,511 2006/07 – 2007/08	To evaluate, develop and promote the potential of the men's shed concept to assist in the health and well-being of men in rural and remote communities, including Indigenous communities.



## ***beyondblue* and Men's Health**

### **Report to the Department of Health and Ageing**

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#### ***beyondblue* Men's Health Programs**

##### **Community Awareness Campaigns**

*beyondblue* implements ongoing campaigns to increase awareness of depression and anxiety and to reduce the associated stigma. These campaigns target both the general population, and particular population subgroups. The effectiveness of the community awareness campaigns is assessed through the *beyondblue* Depression Monitor, which has been conducted in 2002, 2004/05 and 2007/08<sup>56</sup>. The 2007/08 Depression Monitor indicates that **the proportion of the population who identify depression as a major health problem has doubled** from 2002 to 2007, from 3 per cent to 6 per cent. More than half of survey respondents of the depression monitor (56 per cent) identified depression as a major mental health problem in 2007, compared to 49 per cent in 2002.

An example of a targeted *beyondblue* community awareness campaign is the **Rural Men and Depression campaign**. This campaign was developed and broadcast on television, radio and print in July 2006, resulting in significant calls to the newly established *beyondblue* information line from men who had not previously sought information on depression. Over the past two years the information line has continued to receive more calls from men than any other Australian help or info line (with the exception of Mensline). **Men account for more than 46 per cent of calls from regional areas and more than 56 per cent of calls from rural areas.** The *beyondblue* info line receives an average of over 5,000 calls per month from consumers, carers, third party callers (eg, concerned friends/family), and professionals seeking information. Callers commonly call about anxiety, bipolar disorder, depression and substance-related disorders, and postnatal depression. The Rural Men campaign demonstrates the effectiveness of developing targeted and tailored messages to men, which encourage help seeking behaviours.

*beyondblue*'s community awareness campaigns targeting men also include posters and information in men's toilets and public conveniences at shopping centres, airports and cinemas.

*beyondblue*'s community awareness campaigns also involve high profile men telling their story of depression and anxiety and modelling help seeking behaviours. *beyondblue*'s ambassadors promoting awareness of depression and anxiety amongst men include John Sudholz (farmer), Garry McDonald (actor), Craig Hamilton (sports commentator),

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<sup>56</sup> Additional information on the 2007/08 *beyondblue* Depression Monitor is available from the *beyondblue* website: [http://www.beyondblue.org.au/index.aspx?link\\_id=59.1084](http://www.beyondblue.org.au/index.aspx?link_id=59.1084)

John Konrads (ex Olympic swimmer) and Nathan Thompson (AFL player). Due to the demand for *beyondblue* speakers at events, and to provide an added resource for organisations, *beyondblue* has developed a DVD to promote the key *beyondblue* issues and messages. The “Stories of Hope and Recovery” DVD provides personal stories on depression. Interviews are provided by the following high profile men:

- The Hon Jeff Kennett (Chairman)
- *beyondblue* Board Director Garry McDonald
- Craig Hamilton (experience with bipolar disorder)
- John Konrads (experience with bipolar disorder)
- Nathan Thompson (experience with depression)
- Dr Grant Blashki, Department of General Practice, University of Melbourne (Clinical perspectives).

To complement more traditional community awareness campaigns, *beyondblue* has also piloted the use of innovative communication methods. In 2008, *beyondblue* commenced a **pilot SMS advertising campaign**, incorporating posters and coasters in hotels, bars and general public access areas such as airports. The campaign targets men in mining communities and young people. People are invited to text a key word (as indicated on the coaster/poster) to receive information via SMS, mail or email, or to be connected to the *beyondblue* info line. **Interim results indicate the pilot campaign has successfully engaged people to access information on depression within the first six months of implementation.** Pilot data has shown the campaign to be more successful in engaging with younger people – this medium of delivery should therefore be considered in targeting young men.

### ***Don't beat about the bush! campaign***

The *beyondblue* *Don't beat about the bush!* campaign aims to raise awareness of depression and related disorders in rural communities and provide information on where to get help. The campaign involves a range of initiatives, including making *beyondblue* information materials available on the Centrelink drought assistance buses, distributing information and education resources in rural areas and links with the Mental Health Support for Drought Affected Communities Initiative (MHDI).

MHDI is jointly funded by the Australian Government and *beyondblue* and is currently being implemented in partnership by *beyondblue* and the Australian General Practice Network (AGPN). Under this initiative, 43 Divisions of General Practice (DGP) in drought affected communities across Australia have engaged a Community Support Worker to provide crisis counselling and community outreach.

The **Queensland Divisions of General Practice** receiving assistance under this initiative are:

- Capricornia Division of General Practice
- Central Queensland Rural Division of General Practice
- GP Connections
- Mackay Division of General Practice
- North & West Queensland Primary Health Care
- Southern Queensland Rural
- Sunshine Coast Division of General Practice
- Wide Bay Division of General Practice.

The **NSW Divisions of General Practice** to receive assistance under this initiative are:

- Barrier Division of General Practice
- Barwon Division of General Practice
- Dubbo/Plains Division of General Practice

- Hunter Rural Division of General Practice
- Murrumbidgee Division of General Practice
- New England Division of General Practice
- North West Slopes (NSW) Division of General Practice
- Northern Rivers General Practice Network
- NSW Central West Division of General Practice
- NSW Outback Division of General Practice
- Riverina Division of General Practice
- South East Division of General Practice.

The **SA Divisions of General Practice** to receive assistance under this initiative are:

- Adelaide Hills Division of General Practice
- Barossa Division of General Practice
- Eyre Peninsula Division of General Practice
- Flinders and Far North Division of General Practice
- Limestone Coast Division of General Practice
- Mid North Division of General Practice
- Murray Mallee General Practice Network
- Riverland Division of General Practice
- Southern Division of General Practice
- Yorke Peninsula Division of General Practice.

The **Victorian Divisions of General Practice** that will receive assistance under this initiative are:

- Albury Wodonga Regional General Practice
- Ballarat Division of General Practice
- Bendigo Division of General Practice
- Border Division of General Practice
- Central Highlands Division of General Practice
- Central West Gippsland Division of General Practice
- East Gippsland Division of General Practice
- Goulburn Valley Division of General Practice
- Mallee Division of General Practice
- Murray Plains Division of General Practice
- North East Victoria
- Otway Division of General Practice
- West Vic Division of General Practice.

*beyondblue* is working with the Community Support Workers in each Division to raise awareness of depression and anxiety through education and training, provision of rural specific resources (including the drought resource kit), and various other community activities that promote mental health awareness and enhance the capacity of rural communities to deal with the impact of the drought.

As part of this initiative *beyondblue* is delivering workshops (Rural Workforce Training) to business and community leaders such as the local hairdresser, newsagent, publican and bank manager who see people regularly and are in a position to know when people are facing tough times. As a result of the workshops many participants have established *beyondblue* information kiosks, hosted at local community and business sites. These sites offer the general public access to information on depression and anxiety at anytime. This is supported by *beyondblue*'s online Rural Assistance Information Network (RAIN) map which detail where these sites are located, as well as other relevant drought and health agencies such as the nearest Centrelink and rural counselling services.

Since the commencement of this program 50 *beyondblue* Rural Workforce Training sessions have been delivered, 40 information kiosks established and 85,000 drought resource kits and rural information has been disseminated to rural communities in New South Wales, Victoria, Queensland and South Australia.

**Evaluation of the Rural Workforce Training** undertaken to date shows that:

- 96% of participants reported that they had increased their awareness and understanding of depression;
- 88% of participants reported an increased knowledge of local resources;
- 95% of participants reported that the program provided relevant information; and
- 98% of participants said they would recommend the session to others.

## **Men's sheds**

*beyondblue* is promoting awareness of depression and anxiety through community-based men's sheds. A Men's Shed is a place that men (particularly older men) come together to socialise, network, make friends, and learn and share skills. Typically, men undertake a wide variety of different activities in Sheds – for example, woodwork, metal work, car and furniture restoration, photography, ceramics, leatherwork, arts and crafts etc. A men's shed can also be a safe space where men feel confident in gathering in a gender friendly environment that encourages discussion and sharing of information.

*beyondblue* has developed a **Men's Shed Kit** that includes a range of *beyondblue* resources that are relevant and useful to men. Since October 2008, 160 Men's Shed Kits have been distributed across Australia.

To enhance the capacity of men's shed leaders and facilitators to identify depression and anxiety and encourage shed members to seek help, *beyondblue* has also developed a **training program** for shed leaders and facilitators. The program provides leaders of men's sheds with the skills to recognise the signs and symptoms of depression and to be confident to approach someone about whom they're concerned, and support the person to seek assistance. The training program was successfully piloted at the Brimbank Men's Shed (Western Melbourne), and the Murtoa Men's Shed (regional Victoria) in 2008.

**The evaluation of the pilot men's shed training program** demonstrated that the program:

- Provided relevant information;
- Increased awareness and understanding of depression;
- Increased their knowledge about the signs/symptoms of depression; and
- Increased their confidence to assist someone who may be experiencing depression

The training program is now being rolled out to men's sheds nationally, with evaluation data being collected on an ongoing basis.

## **Mibbinbah - Indigenous men's sheds/spaces pilot**

Mibbinbah (the men's place) is an initiative developed by the Co-operative Research Centre for Aboriginal Health with support from *beyondblue*. The program aims to develop an understanding of what makes Indigenous Men's Spaces safe and healthy places for men, and how this might benefit families and communities.

The program is being implemented in seven locations, from Darwin (NT) to Warranambool (VIC), and involves training Aboriginal men as Project Associates to research:

- The key characteristics of Indigenous Men's Sheds/Spaces; and
- The ability of the Men's Sheds/Spaces to work with a range of chronic illness issues, in particular depression.

*beyondblue* developed a new training program in consultation with the Mibbinbah Mob, which was delivered to the Men's Sheds/Spaces Project Associates. Anecdotal feedback indicates that the program was extremely well received, suggesting that such a model could be considered for further implementation. This model has the support of the *beyondblue* board.

### **National Workplace Program relevant to men's health**

In 2004 *beyondblue* developed a National Workplace Program with the aim of increasing awareness about depression and related disorders within workplaces, and increase the skills of managers and employees to assist people they're concerned about. The National Workplace Program has been delivered to over 40,000 employees in over 400 organisations across Australia, and is one of the key areas where *beyondblue* is able to reach and inform men in a workplace setting.

The *beyondblue* National Workplace Program is tailored to meet the specific needs of organisations. It has been extensively evaluated and delivered across a range of industries including the legal profession, the transport industry, the mining and construction industry and professional sports. The program therefore provides an opportunity to reach men from a variety of backgrounds.

The *beyondblue* program provides in-depth understanding of depression and anxiety together with practical strategies.

The **evaluation of the National Workplace Program** demonstrates that following the training session participants:

- are more likely to provide a correct estimate of the prevalence rate of depression in the community – with 94% able to provide a correct estimate following the training compared with 55% of people prior;
- have a greater understanding of depression – for example 17% of people reported that people with depression aren't as strong minded as others prior to training, which decreased to 7% after the training;
- were more likely to be aware of how to assist someone experiencing depression - 91% incorrectly believed it was helpful to encourage someone to focus on the positive things in life prior to the training, this decreased to 49% after the training; 78% incorrectly believed it was helpful to encourage someone to take time off work or take a holiday prior to the training, this decreased to 48% after the training; and
- had a more positive attitude to people experiencing depression - 67% of people were willing to have someone with depression start working closely with them on a job prior to training, this increased to 86% following the training.

The evaluation of the program also indicates that:

- 97% of participants reported that the program provided relevant information;
- 97% of participants rated the presenter as good or excellent; and
- 99.5% of participants said they would recommend this session to others.

This program is currently developing new modules to further increase the skills of those in the workplace to address mental health issues.

## **Tailored National Workplace Program to national professional sporting organisations**

The *beyondblue* National Professional Sports Program major goals are to increase awareness of depression and related disorders in professional sports people and support staff; and to increase the confidence of sports people and support staff in these areas to assist someone who may be experiencing depression or a related disorder. The program is delivered by sports psychologists.

### AFL Training

The Australian Football League (AFL) and the AFL Players' Association (AFLPA) has joined with *beyondblue* to tackle depression, anxiety and related problems among AFL players and staff who work with them. A training session called *Tackling Depression* has been presented to players, coaching and administrative staff clubs across Australia, umpires, AFL staff and the AFLPA. The delivery of training to the AFL and AFL Players Association was completed in 2007 and ongoing partnership activities have been discussed. Weblinks to *beyondblue*'s website continue from the AFL Players Association website.

The *beyondblue* "*Tackling Depression and Related Disorders in the AFL Program*" won the Australian Institute of Training and Development **National Award** for 2008 in the "Excellence in Learning Resource" category. This award was deemed to present an excellent adaptation of an existing resource targeting a specific market based on survey data for customisation.

### Professional Golfers Association (PGA) Training

A professional golfing workshop for coaches has been developed in partnership with the PGA and the sessions were delivered to over 300 golf coaches nationally in October 2007. Distribution of materials was also provided to over 900 attendees at the PGA Golf Show on the Gold Coast. Further distribution of *beyondblue* materials has occurred from May 2008 throughout 700 PGA golf shops.

*beyondblue*/PGA co-branded materials have been delivered to all golf clubs in Australia. These include counter stands for golf pro shops or club reception areas and an invitation for the club to book a free workshop for their employees and members.

A training DVD resource has been developed for the *beyondblue*/PGA golf club workshops. This includes an interview with professional golfer, Steven Bowditch, regarding his experience of depression and recovery. An excerpt from this DVD will also be available on the *beyondblue* website.

### Australian Cricketers Association

The Australian Cricketers' Association ran *beyondblue* workshops for players (male and female) and administrators at the beginning of the 2008/09 season. A DVD training resource has been produced which includes interviews with well-known cricketers about their experiences of depression and recovery.

The *beyondblue* National Professional Sports Program has also been provided to the Rugby Union Players Association and Wheelchair Sports Australia, with additional discussions underway with a number of other sporting codes regarding the roll-out of the program to players.

## Developing Awareness of Depression with the Australian Taxi Industry

*beyondblue* and the Australian Taxi Industry have joined to get information about depression and anxiety out to cabbies. An article titled "Steering your way through Depression" on depression and *beyondblue*, was published in the June 2007 Taxi Talk Magazine – the magazine distributed to the Victorian taxi industry. The article provided information on looking after yourself, the importance of talking to someone when anxious or overwhelmed, and where to get information on depression, anxiety and related alcohol and drug problems (i.e., *beyondblue* website, info line, Lifeline, and Mensline).

Information is also getting out to cabbies' passengers. The *beyondblue* info line number is now listed on the 13CABS wallet card which is available in all 13CABS in Victoria. This is a card passengers can pick up that has a calendar on one side, and important phone numbers on the other. *beyondblue* is listed along with other important numbers such as police, fire, ambulance, poisons and SES.

## Transport Workers Union (Vic/Tas Branch)

A DVD to raise awareness of depression was launched by TWU Vic/Tas Branch Secretary Bill Noonan at the annual TWU Safety Seminar on July 24, 2007. The DVD, produced by Convenience Advertising in association with *beyondblue* is titled Whispers and is presented by the TWU's Health Ambassador, champion boxer Sam "King" Soliman. With the distribution of Whispers throughout the transport industry it is hoped that drivers will seek help.

## Men who have experienced retrenchment or financial loss

*beyondblue* has developed a booklet on '*Taking care of yourself after retrenchment or financial loss*' for people who have recently experienced:

- redundancy/retrenchment
- redeployment
- loss of job
- large investment losses
- loss of retirement income
- loss of investment income

The booklet is available from the *beyondblue* website ([www.beyondblue.org.au](http://www.beyondblue.org.au)) and is being distributed through the Department of Education, Employment and Workplace Relations, Centrelink and financial counsellors. Since December 2008, over 200,000 copies of the booklet have been distributed.

## Research

*beyondblue* is supporting a number of researchers investigating the link between depression and men, and in particular, the link between depression and men's cancers.

Outcomes from *beyondblue*-funded research are made available on the *beyondblue* website ([www.beyondblue.org.au](http://www.beyondblue.org.au)). Current and recent research projects focusing on men include:

- An assessment of the prevalence and correlates of depression, anxiety and psychosocial distress amongst Australian survivors of testicular cancer. This information will lead to better design, focus and timing of interventions to improve long-term psychosocial outcomes. The research is being led by Professor Ian Olver and the University of Sydney, and is being funded through the *beyondblue* and Cancer Australia Priority-Driven Collaborative Cancer Research Scheme.

- A mindfulness group intervention 'Living with Advanced Prostate Cancer' for men with advanced prostate cancer. This intervention is being developed and delivered in partnership with the Cancer Council Queensland, and is an important way forward in focusing attention on the needs of men with advanced prostate cancer, and identifying effective methods of intervention to address their high levels of psychological distress.
- A couple-focused intervention 'Existential Couple Therapy' for men with early stage prostate cancer and their partners. This research is being conducted by a team of Victorian based researchers, in partnership with *beyondblue*, and it will aim to reduce the psychological distress and deteriorated social functioning in both members of the couple.
- The development of a GP training course to reduce suicide risk in men through general practice. This research was led by Dr Grant Blashki at the University of Melbourne, and the evaluation demonstrated that the training improved GPs' attitude to the management of suicidality in men.
- The assessment of the impact of anti-depressants on men's and their partners' sexual desire, sexual functioning and intimate relationship. This research was led by Professor Leon Piterman, based at Monash University, and demonstrated that depression and anti-depressant use impacts on a couple's sexual desire, functioning and relationship.

## Depression in older men

*beyondblue* has partnered with the Council on the Ageing (COTA) to raise awareness of depression in older people through the peer education program *beyond maturityblues*. The program's primary message is that 'depression is not a normal part of ageing'.

The program began in April 2007 with a goal of reaching 24,000 older Australians within two years. By September 2008:

- 217 peer educators had been trained to deliver the *beyond maturityblues* program nationally, including 12 bilingual educators.
- 21,285 participants had attended 1,129 sessions.
- More than 70,000 *beyondblue* information resources had been distributed through the program.

Over 12 months, *beyondblue* has collected evaluation data on the program, which shows the program continues to improve older people's understanding about the prevalence of depression and how to obtain help. Specific work is being undertaken to ensure that the ongoing promotion and delivery of *beyond maturityblues* effectively meets the needs of older men.

*beyondblue* is also promoting awareness of depression amongst older men to general practitioners and other members of the primary health care team, through the Rural Health Education Foundation (RHEF) educational program *Another shade of blue: depression in older people*. This program was broadcast in November 2007, and continues to be available via the RHEF website.

The educational program provides health professionals with skills and knowledge to:

- More effectively recognise, assess, treat and manage depression in older Australians;

- Understand issues relating to older Indigenous and culturally and linguistically diverse Australians who are at risk of or experiencing depression; and
- Understand and reduce stigma associated with older people and depression.
- Undertake informed prevention and early intervention strategies with older people.

The program is accredited by the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, the Pharmaceutical Society of Australia, the Royal College of Nursing Australia and the Australian Physiotherapy Association.

### **Freemasons Forums – No More Secrets Men’s Health Campaign**

*beyondblue* in partnership with Andrology Australia and the Freemasons launched a men’s health partnership campaign in September 2006. From October 2006 to March 2007 **251 events** were held in **Australia** (all jurisdictions) and **New Zealand** bringing **29,562 people** into contact both with the issues related to men’s health. Events attracted strong attendance from non-Masons and from women.

Freemasons continues with national campaigns. *beyondblue* continues to support these campaigns as an information partner.

### **Men’s health information and resources**

*beyondblue* has an extensive range of resources to increase awareness and knowledge of depression in men. These include:

- *‘Taking care of yourself and your family’* - a self help book written by Dr John Ashfield and published free of charge by *beyondblue*. *beyondblue* has printed and distributed over 230,000 copies of the book, which is extremely well received by both readers and health professionals.
- A depression in men fact sheet
- A prostate cancer and depression/anxiety fact sheet
- A depression in the transport industry fact sheet
- Wallet cards
- A depression in men information card
- *‘A whole new ball game’* magazine – a men’s health and wellbeing magazine developed by the men’s health organisation Foundation 49, with support from *beyondblue*.