



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Submission to:

**Inquiry into Education, Supports and
Services for Men's Health**

Senate Select Committee on Men's Health

March 2009

1. ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1984 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is the leading health promotion agency for NSW's gay, lesbian, bisexual and transgender (GLBT) community as well as a leading agency in HIV/AIDS policy development and program delivery. ACON also provides information, support and advocacy for people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Community Support Network (CSN), the Positive Living Centre (PLC), the Lesbian and Gay Anti-Violence Project (AVP) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

2. GENERAL COMMENT

ACON welcomes the Committee's investigation into education, supports and services for men's health in Australia. Encouraging dialogue amongst community groups and individuals on this very important area of health is welcome and timely.

By working within a framework that acknowledges gender as a significant social determinant of health, a broad range of issues associated with men's health can be addressed.

It is equally important to consider that like gender, sexual orientation is a key social determinant of health. Like the wider Australian male population, gay men will experience similar general health issues.

However, it is important to highlight that same-sex attracted men, including non-gay identifying men who have sex with men (MSM), continue to face social and systemic inequalities which pose significant barriers to achieving optimum health and wellbeing.

This submission will address each of the four issues identified for the Inquiry in relation to the needs of gay men and MSM across Australia:

1. Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression;
2. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community;
3. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general; and
4. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression

Historically, there has been little to no funding for gay men's health in Australia. Rather, the historical context of the HIV/AIDS epidemic in Australia, which has predominantly affected the gay community, has meant gay men's health has been largely understood only in terms of HIV prevention.

HIV does, of course, remain a real health concern for many Australian men, especially gay men and other MSM, and continued community funded efforts to prevent the ongoing spread of the virus through education, community development and support are vital. But funding programs need to understand firstly, that good HIV work needs to look beyond just the provisions of information and education, to also addressing the social factors that impact on health and secondly, that gay men have health needs beyond HIV that may be best met within a GLBT (gay, lesbian, bisexual & transgender) health construct, which is currently not a population group provided for under our policy and funding structures.

In NSW, funding for HIV specific programs and services has been integral to the building of partnerships between government, health service providers and community based organisations, which together, have developed some of the most successful models of health promotion in Australia, which do look at HIV programs in this broad way. The importance of community in these programs cannot be underestimated.

It is important to recognise that there are specific health problems that disproportionately affect gay men. In developing national and state policies that address the range of health issues affecting men, it should be highlighted that many gay men continue to experience

disadvantage by virtue of being male as well as being gay. Gay men across Australia continue to be a marginalised group, subject to stigma and discrimination, including in work and medical settings.

Improving health outcomes for all Australian men, including gay men, means raising awareness across health services to take into account factors such as ethnicity, age, sexuality and cultural history, which all influence how men relate to their health.

Further, living in regional or rural areas and identifying as gay can place an individual in an even more vulnerable situation, increasing isolation, reducing access to information and services, which, in turn, impacts on health outcomes for gay men. This can lead to higher rates of depression, self-medication with drugs or alcohol and suicidal ideation especially in young people.

Depression

In 2005 a study called, *Private Lives: A report on the health and wellbeing of GLBTI Australians*, was carried out by LaTrobe University, examining the impact of factors such as homophobia and discrimination, as well as looking at aspects of health service use.

The most commonly reported health condition was depression with 30% of the 83% of participants who identified as gay males, reporting having suffered from depression and other depressive disorders. Alarming, 16% of the total group indicated suicidal ideation in a short time prior to completing the study, of which a high number of this would have included gay men.

The study goes on to report that significant numbers of gay men stated they always avoid disclosing their sexuality for fear of discrimination and modify their daily activities due to fear of prejudice and discrimination. This is also particularly relevant to gay men and men who have sex with men (MSM) living in rural and regional parts of Australia. Violence towards gay men remains a very real issue in NSW.

Further, research conducted by the NSW Attorney General's Department titled, *You Don't have to hide to be safe*, found that 56 per cent of respondents had reported some form of homophobic abuse during the previous year while 85 per cent reported experiencing some homophobic abuse, harassment or violence at some time. Half of all respondents reported that the experience or concerns relating to abuse made them feel worried, stressed or anxious while other effects included depression and negative effects on friendships and relationships.

Further investigation into men's health needs to consider the health related implications that face all individuals with a male gender identity. Traditionally rigid stereotypes of what it means to be a man or a woman have marginalised transgender and intersex people with a male gender identity from being able to access many important healthcare services.

Recent research titled, *the Health and wellbeing of transgender people in Australia and New Zealand*, set out to investigate the health and well-being of a community sample of transgender people. Participants reported rates of depression much higher than those found in the general Australian and New Zealand population, with assigned males being twice as likely to experience depression as assigned females.

A quarter of participants reported suicidal thoughts in the two weeks prior to the survey. Respondents who had experienced greater discrimination were more likely to report being currently depressed.

The study concluded that for transgender people, health issues associated with gender and transitioning are multi-faceted. Negative experiences with health services are common, but positive interaction with the medical community can be a profoundly legitimating experience.

Cancer

While gay men risk facing the same general cancers as the rest of the male population, anal and rectal cancers are found at significantly higher rates in gay and bisexual men, and higher again for men with HIV, yet there are no screening programs in place.

These cancers are known to be caused by the Human Papilloma Virus (HPV), and could be preventable if young gay men were included in the vaccination program currently available for girls and young women. Early screening for the cancers needs to be included in general health screenings and targeted health promotion messages need to be incorporated in community health campaigns.

In addition, due to higher prevalence rates of tobacco smoking amongst gay men, it can be assumed (in the absence of dedicated research) that other cancers which are impacted by smoking such as lung cancer would also be more prevalent in gay men.

Both education for physicians and the community should be integral to raising awareness of the unique factors that exist for gay men and other MSM.

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

Like all forms of health literacy, building men's sexual health knowledge is paramount in enabling a holistic approach to enhancing health and wellbeing, across individuals and communities. HIV and STI (sexually transmissible infection) awareness campaigns in Australia targeting gay men have been incredibly successful in world terms but there is no room for complacency.

Reducing health risk behaviours amongst men who have sex with men needs to be explicitly addressed. In Australia, the highest percentage of men who have sex with men live in NSW. Further they remain one of the most at risk population groups for acquiring HIV and STIs through unsafe sex.

While HIV notifications in NSW have remained stable for the last eleven years, approximately 400 new cases are still reported annually, with a majority of new diagnoses being amongst men who have sex with men.

While sexual health knowledge for all age groups is important, one should note that the NSW Health 2007 surveillance data shows that the highest "at risk" age group for HIV is men who have sex with men between 30 and 39 years of age.

The same surveillance data indicates that the age ranges of 20 – 29 and 30 – 39 have seen the largest increases in STI rates. Chlamydia is of particular concern with 2,380 cases and 265 notifications of infectious syphilis in 2007.

Gay men and other MSM are over represented in this data. Addressing STIs and the sexual health of gay men is important also because of the impact STIs can have on the increased likelihood of transmitting HIV. Many of the men in this data are also HIV positive, which impacts on their health significantly.

Gay men continue to be a population group regarded as a priority for prevention and health promotion activities under national and state strategies for HIV/AIDS, hepatitis C, and sexually transmissible infections (STIs). The development of a men's health policy at national and state levels needs to explicitly address the needs of gay men and MSM across Australia in this regard.

For over 20 years ACON has worked in partnership with government, local area health services and other community organisations to develop targeted health promotion activities that raise awareness in the gay community of the risks associated with unsafe sex.

Advancing sexual health literacy for all men, including a strong focus on gay men's sexual health literacy, is integral to implementing strategies that focus on building all men's health and wellbeing.

Taking a preventative approach to changing risky behaviours means giving men the knowledge to be able to negotiate their relationships.

Research has typically found that rates of drug use are higher amongst homosexually active men than their heterosexual counterparts in the general community, although

strong evidence suggests that rates of drug use in the GLBT community is concentrated among some sub-populations of the gay community.

The *Private Lives* study reported marked variations in drug use with respect to gender finding that males indicated higher rates of tobacco, ecstasy, and marijuana use than their female counterparts.

Data for *Private Lives: NSW* reported 35.8% of gay males use tobacco, rating it as the most highly used drug in this population group with ecstasy use coming in second (17.7%), and marijuana in third (16.3%).

In February 2008, the *Sydney Gay Community Periodic Survey*, which collects evidence on sexual and health-related practices of gay men every six months, found that 39% of the 2,222 men who participated reported using ecstasy in the previous six months.

Risks associated with drugs, alcohol and tobacco are reportedly high in the gay male population. A considerable proportion of gay men are at risk of health impacts associated to smoking, alcohol consumption and drug use.

Why drug use amongst this population group is higher than the general population has not been clearly researched. In order to better understand the health risks involved, further research and health promotion work is needed to target this specific group. Partnerships between government, research, medical and community services need to investigate suitable and appropriate drug and alcohol interventions for gay men.

Importantly, sexuality indicators need to be a part of all social and medical research to better understand issues and trends across these marginalised groups.

Achieving a better understanding of the impact of gender on health must include research on the intricate relationship between gender and sexual identity.

It should also be noted that despite unique and often exacerbated health issues, gay men are healthy, productive and vital members of communities throughout all NSW and Australia.

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

Gay men and other MSM continue to face stigma and discrimination in mainstream health care settings. Even when it does not actually occur, gay men still moderate their behaviour in anticipation of discrimination which results in the same negative outcome. Sexual identity and behaviour often remain undisclosed to health care providers to avoid discomfort and as a result, appropriate health care does not occur.

Awareness of the diversity of the men in NSW, and Australia, in health care settings needs to be paramount, including the different life stages that all men, including gay men, may experience. This includes youth related issues, mental and physical health, including sexual health, and issues related to ageing.

Men who have sex with men and identify as Aboriginal or are from a culturally or linguistically diverse background and/or live in a regional or rural setting encounter specific health promotion challenges that need to be addressed.

Partnerships with local area health services, clinical services and community organisations are vital to developing and delivering accessible and appropriate health promotion messages and services for gay men in NSW, free of discrimination and stigma.

ACON has a strong history of working with community and mainstream health services to advocate on behalf of gay men, not just in relation to HIV/AIDS.

While HIV remains a serious issue in gay men's communities, the importance of developing a more holistic approach to working with gay men's health across their lifespan is central.

Mainstream health care providers, in partnership with local government and community organisations, need to create systems and processes that allow services to be accessible and culturally appropriate for gay men, and men from a diverse range of backgrounds, so as to build the health literacy of all men.

The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas

Social isolation, depression, and suicidal ideations are a common experience for same sex attracted men, particularly for youth dealing with their sexual identity and those living in remote areas.

As a social determinant of health, social exclusion impacts on the health and wellbeing of all marginalised communities, in particular gay and lesbian people across Australia.

Current evidence suggests that this group experience higher rates of poor mental health compared to that of the general population and are particularly vulnerable to mental health concerns due to stigma, discrimination and marginalisation.

Other barriers for gay men in accessing appropriate mental health care services include being an older gay man and identifying as Aboriginal or being from a culturally and linguistically diverse (CALD) background.

In July 2007, ACON released a Mental Health discussion paper – *Towards a Mental Health Promotion Strategy*, raising awareness about the mental health of our communities. This has laid the groundwork for strategically focusing on how to work in partnership with other services to provide accessible and appropriate mental health services for the GLBT communities across NSW.

ACON recognises that further research into the prevalence of poor mental health within its diverse communities is imperative.

It should be noted that while gay men continue to encounter systemic barriers in mainstream public health services, gay men are strong and resilient and have developed community health networks despite disadvantages. The strength and experiences of community driven health initiatives in this population group are valuable models to building male-specific programs and services.