

To the Committee Secretary  
Senate Select Committee on Mental Health  
Department of the Senate  
Parliament House  
Canberra ACT 2600

Dear Sir, Please accept the following submission.

I have been a rural General Practitioner for nearly 20 years. For the past 18 months I have been National Convenor of GPs4Men, the Australian General Practitioners' Network for Men's Health (which has approximately 50 individual GP members and 34 Divisions of General Practice as members). I am also currently the RACGP spokesperson on Men's Health. However I offer this submission as an individual: I have not had the opportunity for it to be ratified by the above organisations.

May I encourage the Committee to take the needs of men into account when reviewing the NHMS.

I wish to make the following points:

1. A number of mental health problems and related issues occur more frequently in men, including suicide, risk taking behaviour, violence, addictions ( alcohol, pornography, problem gambling, overwork). Cardiovascular disease is linked to mental health issues. The paradox of a society experiencing simultaneous unprecedented prosperity and epidemic depression requires public debate at the highest levels.
2. Particular groups of men are at significantly higher risk of mental health problems, including rural men, adolescent and young adult men, indigenous men, and war and service veterans. The tragic suicide statistics of rural men of all ages have been extensively documented.

The DVA Vietnam Veterans Health Study 1997 indicated that the percentage of Vietnam Veterans suffering from particular problems was:

Insomnia/sleep disturbance	52
Depression	45

Anxiety disorders	41
Alcohol/drug abuse	36
Panic attacks	30

(Reference:

<http://www.dva.gov.au/health/research/morbidity/C1MF%20VETERAN%20HEALTH.htm>. The Vietnam Veterans Counselling Service provides an excellent service. Nevertheless many veterans are reluctant to access this service, due to its links to DVA. I contend that many PTSD sufferers are undiagnosed as they continue to exist on the fringes of society and the health care system.

3. Another crucial time when men's mental health can suffer is during early parenthood. Post-natal depression affects up to 20% of women. I speak from personal experience (my wife had PND after our 2<sup>nd</sup> daughter was born) when I state that support services for male partners in these circumstances, especially in rural areas are virtually non-existent. Recently when I met with a group of partners of PND-affected women I discovered that in 15 years there has been no improvement. These men continue to battle on in silence: confused, concerned and often unsupported. Don't ask them to form their own support groups: they are often struggling to make ends meet, to keep their sanity and to promote that of their partner. They require practical, structured and adequately-resourced help. The beyondblue organization has recognized their needs: this is one small step towards helping them.

4. It is important to emphasise that men approach their health differently. Compared to women they tend to consult health care providers later, for less time and for fewer problems, with less attention to preventive health. The BEACH report <http://www.aihw.gov.au/publications/gep/mcgpa99-00/mcgpa99-00-c05.pdf> confirms this.

5. Men also "consume" health differently. Men are less comfortable with the health system, understand it less and negotiate it less effectively than women. BEACH shows that, annually, only 60% of 20-29yo men attend a GP, rising to 75% of the 30-49 yo group. This has significant implications for opportunistic assessments of men's mental health and emotional well-being.

6. It is important to focus on bringing men into contact with the health delivery system via methods which acknowledge their relative discomfort with the existing primary care system. Alternative methods include workplace health programs, an example of which was the Ballarat Healthy Men program, at < <http://www.bddgp.org.au/files/Final%20report.pdf> >. This was a very small and relatively brief study, with which I was personally involved. It paid attention to men's general health and well-being, physical and mental, and showed some promising results. Further longer studies would explore the link between the workplace and the primary care system.

7. Development of a National Men's Health Policy would take into account these issues. The AMA in its recent Position Statement on Men's Health < [http://www.ama.com.au/web.nsf/doc/WEEN-6B56Y2/\\$file/Mens\\_Health.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6B56Y2/$file/Mens_Health.pdf) > encourages the development of a federally-funded National Men's Health Program based on a National Men's Health Policy.

A National Mental Health Strategy should recognize the particular needs of men in this area. A holistic approach would seek to link this with a National Men's Health Policy.

Dr Gregory Malcher