



**Comments by the Men's Advisory Network
(M.A.N.) Inc.**

To the Health Reform Committee

December 2003

POPULATION HEALTH

These comments relate to the Population Health discussion paper.

Gender Issues

Our original submission made in August 2003 focussed on the need to consider gender issues in all aspects of the planning and delivery of health services.

The Department has recently established a gender policy team and it is hoped that it will consider the issues raised in our submission.

However, it does not appear that gender issues have been adequately recognised in the Population Health discussion paper. The economic and social costs of the relatively poorer health status of Western Australian men should be considered as a public policy issue.

Allan Huggins provides a summary of the gender-based health issues facing older men in the attached chapter from his book The Aging Male.

There is a third category of community based agencies (Section 4.1) and these are gender specific services, including the various women's health services and those for men, with the latter currently being at an embryonic stage of development.

Whole of Government Partnering

The August 2003 submission drew attention to the government's commitment to the establishment of the reference group to address all the issues that affect men and boys, as mentioned in the across-government approach outlined in the ALP policy.

This is not reflected in the Population Health discussion paper, whereas a similar approach is canvassed in the Indigenous Health discussion paper.

The Minister has recently written to M.A.N. stating:

Whilst the current review of funding of non-Government organisations is under way, no new initiatives can be commenced.

Following the review, the Gender Policy team will be in a position to examine options for a Reference Group on men's health.

The August 2003 submission also provided reasons why M.A.N. believes that this group should be established by and report through the Department of Premier and Cabinet rather than through the Department of Health, as stated in the ALP policy.

Further, M.A.N. suggested in this submission that in addition to relevant government departments and agencies, the group should also have some non-government representatives. This model is currently operating in some other policy areas.

Suicide Prevention

Possibly the most tragic portrayal of the poor status of men's health can be seen in the rates of male suicides. The attached article from *The Age* newspaper outlines the problem and features the work being undertaken in the Wheatbelt. It states:

In 2001, more men -1935 to be exact- killed themselves than the total number of people who died on the nation's roads. And every year, according to the Australian Bureau of Statistics, four times the number of men commit suicide than do women.

The cold, hard truth is that men aged between 25 and 44 account for almost 50 per cent of all suicide deaths in Australia, followed closely by men who are aged either 45 to 54 or more than 75 years old.

The attached speech by Bill Glasson, Australian Medical Association President, while reinforcing the need to focus on male health issues, also discusses a number of the factors contributing to male suicide.

The Indigenous Health discussion paper addresses the issues of social and emotional wellbeing. There is also a need to develop a comprehensive strategy to build the capacity of mental health services and to develop social and emotional wellbeing support services for men.

Cost Effectiveness of Prevention

In the attached speech Bill Glasson states:

Research has proven that investment of resources to build and maintain health and wellbeing saves health costs. These resources are urgently needed, now.

Further Information

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