



Submission to the Senate Inquiry into Men's Health

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Introduction

Carers Australia welcomes the opportunity to respond to the Inquiry into Men's Health. It is important that Australia's health approaches and services are tailored to the distinctive needs of men and women. Carers Australia would like to build on this investment in men's unique health needs by directing the committee's attention to a group of men who would benefit from specialised consideration: male carers.

Our submission addresses the health and wellbeing of carers as a whole, and of male carers as a subset of this group. We address Terms of Reference ii, iii and iv of the inquiry.

The Department of Health and Ageing has recently acknowledged the need to support the health of male carers in their development of National Men's Health Policy, stating: "The fact that men are contributing in ever greater numbers to all forms of caring, not just fathering, is often overlooked."¹ The role of male carers must not be overlooked in future planning for men's health.

Male carers are an established demographic with a clear presence in the health care system. They provide a vital role of support for many Australians. Male carers must in turn be supported to ensure that they experience good health and quality of life. The health and wellbeing of male carers may also impact on the lives of those for whom they care.

Male carers are likely to experience poor health and wellbeing. Carers often lack the time, financial status and mindset to attend fully to their own health needs due to the demands of the caring role. For male carers, the health risk factors are intensified by a caring role that is often stressful and associated with an increased risk of injury, illness and general ill-health.

As a priority, Carers Australia recommends **the inclusion of a Carer Identification Checkbox in the software of all primary health care providers**. Carers Australia also recommends **the inclusion of male carers as an at-risk or vulnerable group in any future planning for men's health**. These measures would assist male carers to access health and medical support interventions

About Carers Australia

Carers Australia is the national peak body representing those Australians who provide unpaid care and support to family members and friends with a disability, mental illness or disorder, chronic condition, terminal illness or who are frail.

Carers Australia's members are the Carers Associations in each state and territory that deliver specialist information, counseling and others services to carers in the community. Carers Australia is informed about carer issues through its member Carers Associations (the Network of Carers Associations) and its participation in national and international forums.

We believe that all carers are entitled to the same rights, choices and opportunities as other Australians in order to enjoy optimum health, social and economic wellbeing and to participate in family, social and community life, employment and education.

About Australia's Carers

Australia has almost 2.6 million carers, and nearly 500,000 of these are primary carers – the people who provide the most care².

Carers are the foundation of our aged and community care system, and the annual replacement value of the vital care they provide is over \$30.5 billion. It is estimated that in 2005 carers provided 1.2 billion hours of unpaid care and the productivity loss of this care is approximately \$4.9 billion.³

Diversity of carers

Carers are from all walks of Australian society and come into the caring journey at various stages throughout their life. The ABS has identified:

- 350,000 Australians under the age of 25 provide care to a family member who has a disability, or a mental or chronic illness⁴
- 170,000 carers under the age of 18⁵
- 31,600 Indigenous carers over the age of 15⁶
- 620,000 of Australia's carers born outside Australia⁷
- 366,700 of those born in other than main English-speaking countries⁸

About male carers

ABS statistics show:

- 341,000 male carers over the age of 15
- a greater number of male carers than female carers over the age of 65 (23% and 16% respectively)
- the vast majority of male carers care for a partner (60%) —followed by a child (26%) or a parent (7%)⁹
- 15% of fathers (aged 35-54) in Australia are carers¹⁰



Male carers are also an older demographic. Accordingly, health issues related to ageing must be considered in order to properly address the health of male carers. We know that:

- the number of male carers increases with age
- — over one-fifth of all male carers are aged 65 or over¹¹
- there are more male than female carers over the age of 65¹²
- older male carers are more likely to have a disability themselves¹³
- older male carers are more likely to be caring for a spouse or partner in their household.¹⁴

Male carers in Australia are a diverse group and there is a need to consider the specific needs determined by age, location and cultural background. Groups of male carers with additional needs and considerations include:

Young male carers— young carers are less likely to complete secondary education than their non-carer peers and have an increased likelihood of low socio-economic status over their lifetime. Young carers (under the age of 26) are also more likely to be male than female, making the needs of this demographic particularly relevant to discussions of male carers. There are 27,800 male carers under 18 and only 13,600 female carers in the same age group.



Indigenous male carers— given the health-status of Indigenous Australians, Indigenous male carers may be at even greater risk of poor-health. They may also have additional culturally-based needs and concerns which should be acknowledged.

Rural and remote male carers— the accessibility of services impacts on male carers in rural and remote Australia and may present additional barriers for male carers in these areas.

Carers' Health and Wellbeing

As a group, the health and wellbeing of carers is poor. The health and wellbeing of carers as a whole provides insight into the health and wellbeing of male carers.

In 2007, a study by Deakin University examined wellbeing in carers as a population group, where wellbeing was defined as “a stable state of being [physically and mentally] well and feeling contented”.¹⁵ The study found that **carers had the lowest wellbeing of any population group yet discovered**, and that being a carer compounds the effect of any other factor that leads to reduced wellbeing.

Further important findings of this study reveal the heightened risk of ill-health for carers:

- carers are almost twice as likely as normal to experience chronic pain
- more than one third of carers were found to be experiencing severe or extreme stress
- more than one third of carers were found to be severely or extremely severely depressed
- carers have lower levels of resilience to additional stressors including physical pain.¹⁶

Key findings of a ten year longitudinal study The Health and Wellbeing of Adult Family Carers in South Australia 1994 – 2004 included:

- 70 per cent of carers reported chronic conditions such as diabetes, asthma, arthritis and cardiovascular disease
- carers are more than 40 per cent more likely to suffer from at least one chronic health condition when compared to the rest of the community
- carers were significantly more likely to report high blood pressure (41.6 per cent), high cholesterol (28.8 per cent), or be categorised as overweight or obese (55.7 per cent), when compared to non carers
- there were a higher proportion of carers who reported undertaking insufficient levels of physical activity.¹⁷

There are a number of factors that may contribute to the poor health and wellbeing outcomes for carers and place additional strain on their health. These include an increased risk of injury associated with many caring tasks (particularly physical tasks such as lifting), the psychological and emotional demands of caring and an inability to find time to address their own health needs. The stress of caring may have long-term effects on the health of carers with 10% of primary carers found to have been diagnosed with a stress-related illness.¹⁸

Carers are often time-poor and this impacts on their health. Anecdotal reports from carers consistently reveal that severe and sustained fatigue is common to the experience of caring.

- over 50 per cent of carers spend more than 40 hours a week on caring tasks¹⁹
- 34% of primary carers report that they often feel 'weary or lacking in energy'²⁰

As a group carers are also at risk of poor health based on their socioeconomic circumstances. ABS data indicates that carers are over-represented in the lower economic quintiles for household income and under-represented in higher quintiles.²¹ Socio-economic disadvantage is also a determinant of poor health and contributes to the health status of carers.

Feedback from carers indicates that they often "put the needs of the person they care for ahead of their own, often to the detriment of their own health, wellbeing, lifestyle and other relationships".²² The attitude of carers to their own health needs places them in a vulnerable position requiring support.

Male carers' health and wellbeing

The evidence of poor health and wellbeing associated with caring can be extended to male carers as a subgroup of the carer population. However, research has revealed additional details about the health of male carers.

Male carers experience significantly lower rates of health and wellbeing than the general male population. According to the Australian Unity Wellbeing Index a wellbeing index score of 72.6-76.0 relates to a normal level of wellbeing for men. Male carers were found to have a score of 62.1.²³

Male carers report that caring has a direct impact on their health. Carers Australia's National Survey of Health and Wellbeing 1999 found that of male carer respondents:

- 52% reported that caring had a direct effect on their overall health
- 19% reported having been injured during the course of providing care
- the majority of acquired injuries were related to sprain/strain of joints and muscles (71%).²⁴

Male carers experience higher rates of disability. The 2003 Survey of Disability, Ageing and Carers found that 45 per cent of male carers reported a disability. Male carers also had a higher incidence of disability than female carers (38%).²⁵

The Carers NSW survey of the Social and Emotional Circumstances of Male Carers found that one-quarter of male carers felt that their mental health could be improved.²⁶

As discussed, carers also experience high levels of stress and a recent New Zealand study finding that men in caring roles for disabled children are among the most stressed carers.²⁷

Male carers are often a socially isolated group and this may also have negative long-term mental health outcomes. There is a significant chance that social networks will be affected when people become carers. The ABS 2003 Survey on Disability, Ageing and Carers found that 35% of primary carers had lost touch with their circle of friends due to their caring role. It has been suggested that men's social networks are likely to be less extensive than women's, putting them at an increased risk of social isolation when taking on the caring role.²⁸

"The old saying 'we must come up to see you', but they don't. This is the same story with [other] carers I have talked to" — Male carer, NSW²⁹

Supporting the Health and Wellbeing of Male Carers

Identification

Early identification and support for carers is critical to their ability to manage mid-to-long-term care.

In many cases, carers may not even be aware that the support they provide to their friends and/or family members is 'caring'. Identification can be a pathway to improving male carers' access to support that they may be otherwise unaware of.

The Australian General Practice Network (AGPN) believes that the true extent of the health needs of carers is often overlooked due to poor detection and identification rates by medical and allied health professionals.³⁰

Health care providers such as GPs may be ideally placed to identify and assist carers. AGPN indicated that a Carer Identification Checkbox within the patient profile in all primary health care provider software could be implemented to improve carer identification. The checkbox could result in a monitoring or alerts system:

- the care recipient's patient profile could include a note indicating that they have a primary carer
- the carer's existing patient profile could automatically alert the primary health care provider to the fact that the patient is a carer.

The checkbox could be useful in a number of ways:

- as a trigger for the primary health care provider to ask all patients if they have a caring role, thus improving the identification rates of patients and ensuring that their health and wellbeing is monitored on a regular basis
- to enable the primary health care provider to create a register of carer patients which may assist in data collation for organisations such as Carers Australia, governments and service providers.³¹

This simple measure could greatly improve the rate of male carers' access to appropriate services and health care. **Carers Australia recommends that a 'Carer Identification Checkbox' be introduced in the software of all Australian primary health care providers.**

Education and Awareness

Item ii of the terms of reference for the inquiry addresses gaps in awareness campaigns for men's health, with a focus on both men and the wider community. Increased awareness through education will allow for new avenues that encourage male carers to act on their health concerns.

Effective education must target the wider community, carers and the professionals who come into contact with them.

Evidence shows that carer education is beneficial to helping carers manage their responsibilities. Training for carers typically involves practical skills and self-care components. Education and training at the right times in the caring journey is an essential component of support for carers.³²

Community-wide awareness is also needed to ensure that there is a broad understanding and appreciation of the role that male carers play in our society. This is particularly important in fostering community support for carers. Societal views often portray caring as a woman's role, and generalisations such as these can serve to further isolate male carers within our society and may prevent male carers from seeking assistance. Community awareness of male carer issues may reduce public assumptions about carers.

Again, health professionals have contact with many carers and should be educated about carer issues in order to respond appropriately to their needs and concerns, regardless of whether carers present as patients or as partners in the health care of care recipients.

The inclusion of carers in publicly available government documents such as the Men's Health Plan would contribute to the process of educating the public about male carers.

Attitudes and their Effects

Item iii invites response regarding men's attitudes to their own health and wellbeing. We know that carers often do not seek medical treatment.³³ As both men and carers are groups at increased risk of neglecting their own health needs, the risk may be even more pronounced for male carers and may be linked to attitudes toward the caring role.

One study by Carers NSW has looked at male carers' attitudes towards the caring role and their perceived health. The study concluded that many of the surveyed male carers were "Socially isolated, had inadequate social support, were using destructive coping mechanisms, or had poor mental health".³⁴ The study specifically inquired about coping strategies, finding that male carers mostly took the approach of "just getting on with it".

A study by the University of Western Sydney had similar findings when comparing the approaches to caring of male and female carers of people with cancer.³⁵ This study also found that 'gendered expectations' of behaviour were common:

“Many men spoke of avoidance or repression of their emotions believing that any move to let their guard down was shameful or a sign of weakness.”³⁶

The stress of caring may lead to attitudes and ways of coping that can be harmful or helpful to the individual. Where coping strategies are harmful, this may reflect a broader attitude of neglect for an individual’s health and wellbeing.

It has been shown that a large number male carers may endanger their own health through the use of harmful coping strategies.³⁷ A concerning finding of the Carers NSW study, was the number of male carers who reported using legal or illegal substances as a coping mechanism, rather than those that are more greatly beneficial such as seeking assistance or counselling. In these instances, carers are placing their own health at risk in order to deal with the demands of caring.

Access to Services and Support

Item iv addresses the way in which location determines access to appropriate health services and support. The needs of demographics vary greatly dependant based on location and it is important that health services are tailored to meet these needs. This can be difficult to achieve in rural and remote areas due to additional problems of access and the number of trained professionals available. As a result, male carers in rural areas may be unable to access vital services.

A 2004 survey by pharmaceutical company Pfizer Australia provides a breakdown of health needs in regional and metropolitan carers. The findings indicate that in regional areas people: are more likely to be, or expect to be carers (60 per cent/51 per cent) and have a greater reliance on GPs for information (75 per cent/66 per cent).³⁸ Again, GPs are a clear avenue for information and support for male carers in rural and regional areas.

There are several approaches that meet the needs of carers regardless of location. Even internationally, the same basic support needs for carers have been observed.³⁹ Support can take the form of acknowledgement, identification, financial support, respite or counselling. Support may include measures that reduce the strain on carers’ finances, time and wellbeing.



Respite in particular provides critical support for carers in all locations, allowing them to cope with the challenges and stresses of caring, and to continue to assist those for whom they care. However, respite should be tailored to meet the specific needs of male carers in varying locations— one size does not fit all.

Respite services in rural areas face the same issue of accessibility as other services. It has been shown that carers view respite as a broad range of supports and assistance critical in helping them to cope with caring, but that many carers in rural and remote locations

have to travel long distances to a regional centre to access overnight respite care.⁴⁰ Respite for carers is especially needed in rural areas and is currently lacking when compared with the respite available in metropolitan areas.

Conclusion

The areas under investigation by the committee are of relevance to the health of male carers. Support for better health and wellbeing among male carers will result in improved physical and mental health outcomes for this important group of Australian men. The Inquiry into Men's Health in Australia should acknowledge the increased vulnerability of male carers to poor health.

Carers Australia recommends:

- that male carers be considered as an at-risk or vulnerable group in all future men's health planning
- the inclusion of a Carer Identification Checkbox in the software of all Australian primary health care providers

Further, that greater support be provided to male carers through:

- education and awareness measures— starting with the inclusion of male carers in government documents, policy and planning
- measures to address harmful attitudes of male carers to their health
- improvements to the amount and availability of respite in rural and remote Australia.

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