



**Australian Government**

**Australian Government Response**

**to the**

**Report of the Senate Select Committee**

**on**

**Men's Health**

## LIST OF ABBREVIATIONS

ALSMH	Australian Longitudinal Study on Male Health
ALSWH	Australian Longitudinal Study on Women's Health
FMA	Financial Management and Accountability Act 1997
FSP	Family Support Program
MBS	Medicare Benefits schedule
MSOAP	Medical Specialist Outreach Assistance Program
MSOAP- ICD	Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease
NPA IPHS	National Partnership Agreement on Improving Public Hospital Services
NPA HHWR	National Partnership Agreement on Hospital and Health Workforce Reform
NPAPH	National Partnership Agreement on Preventive Health
NHMRC	National Health and Medical Research Council
PBS	Pharmaceutical Benefits Scheme
PCFA	Prostate Cancer Foundation of Australia
RPHS	Rural Primary Health Services
ASGC-RA	Australian Standard Geographical Classification – Remoteness Area
SFSF	<i>Strong Fathers Strong Families</i>

## ATTACHMENTS

- ATTACHMENT A *National Male Health Policy*
- ATTACHMENT B *National Male Health Policy Supporting Documents*

## INTRODUCTION

1. The Australian Government welcomes the report of the Senate Select Committee on Men's Health and the opportunity to respond to its recommendations. The Australian Government is committed to improving the health of Australian males and has achieved significant milestones in the area of male health in the context of a broad health reform agenda to improve health outcomes for all Australians.
2. The overarching policy initiative to address male health was the release in May 2010 of the *National Male Health Policy* (the Policy; Attachment A). The Policy, a 2007 election commitment, is only the second male health policy to be released worldwide and places Australia at the forefront in addressing male health issues. The overarching aim of the Policy is to provide a framework for improving the health of all males across Australia and achieving equal health outcomes for population groups of males at risk of poor health.
3. The assumptions underpinning the Policy, drawn from the consultation process and an extensive review of the literature conducted during its development, are:
  - The health of Australian males is important.
  - There are health inequities between males and females.
  - Not all male population groups have the same health outcomes.
  - Health is holistic.
4. The Policy sets six key priority areas for action.
5. **Priority 1: Optimal health outcomes for males – Develop and deliver health-related initiatives and services taking into account the needs of Australian males and ways of promoting optimal health outcomes for males.**
  - Increase recognition at all levels of the valuable roles males play.
  - Encourage programs and policies to take account of the needs of males compared to females and differential impacts on groups of males.
  - Develop and modify programs and courses to develop workforce capacity in male health.
6. **Priority 2: Health equity between population groups of males – Develop and deliver health-related initiatives and services taking into account the needs of different population groups of Australian males and ways of promoting health equity between different groups of males.**
  - Encourage priority to be given to males that are most disadvantaged.
  - Encourage tailored health promotion programs and services that are readily accessible for groups of males.

- Encourage priority of funding for services that promote positive, family-oriented approaches in Aboriginal and Torres Strait Islander male health.
7. **Priority 3: Improved health for males at different life stages – Develop and deliver health-related initiatives and services taking into account the needs of Australian males and different population groups of males, in different age groups and during key transition points in the life course.**
- Actively promote and value the role of males as fathers.
  - Explicitly recognise the positive roles of Aboriginal and Torres Strait Islander males in their traditional roles.
  - Encourage health service providers to make use of transition points in male lives for positive health promotion opportunities.
8. **Priority 4: A focus on preventive health – Develop and deliver health-related initiatives and services taking into account the needs of Australian males and different population groups of males at risk of poor health outcomes.**
- Encourage employers to collaborate with key health organisations to deliver workplace health programs.
  - Develop preventive health and health promotion activities that focus on males with the poorest health outcomes.
  - Continue strengthening health awareness raising actions especially addressing mental health and wellbeing, preventing chronic disease, improving sexual and reproductive health, and reducing risky behaviours.
  - Encourage collaborations to deliver consistent and evidence-based health promotion messages and programs.
  - Continue to encourage safe work practices and improve the health of males in the workplace.
9. **Priority 5: Building a strong evidence base on male health – Build the evidence base, particularly in relation to population groups of males at risk of poor health; widely disseminate evidence; and use it to inform the development of policies, programs and initiatives.**
- Give attention to research addressing the social determinants of health, and particular groups of males such as those from rural and remote areas and Aboriginal and Torres Strait Islander males, and involve Aboriginal and Torres Strait Islander males in partnership arrangements in research.
  - Regularly collect and report data on sex, geographic location, sexual orientation and other demographic factors.

- Routinely build evaluation of health outcomes into health programs and services, and widely disseminate the outcomes, including to males.
- Explore the potential for surveys such as the Australian Health Survey to collect male data especially for marginalised groups.
- Monitor scientific developments to inform evidence-based approaches to preventive health.

**10. Priority 6: Improved access to health care for males – Tailor health care services and initiatives to facilitate access by males, particularly in relation to population groups of males at risk of poor health.**

- Encourage health service providers to deliver services in ways that are responsive to male needs including extending opening hours and programs such as the Father's Day Health Checks.
- Encourage health services targeting Aboriginal and Torres Strait Islander males to work in partnership with Indigenous males and provide culturally appropriate services.
- Encourage health care services to recognise that some groups of males feel marginalised and put in measures to counteract this, for example, providing males or staff from diverse backgrounds where possible, and ensuring a variety of literature in the waiting room.
- Encourage general practice to take up incentives for evidence-based chronic disease health checks.

**11. To accompany the release of the Policy, the Australian Government has committed \$16.7 million to support male health programs. This includes:**

- \$6.9 million over four years for Australia's first national longitudinal study on male health.
- \$6 million over three years to promote the role of Aboriginal and Torres Strait Islander men as fathers and partners, grandfathers and uncles, and encourage them to participate in their children's and families' lives, especially in the antenatal period and early childhood years (*the Strong Fathers Strong Families Initiative*).
- \$3 million over four years to support Men's Sheds across Australia through the Australian Men's Shed Association.
- \$400,000 over four years for regular statistical bulletins on male health.
- \$350,000 over four years for the development of a range of health promotion materials targeting males.

12. In August 2010 and following the release of the Policy, the Minister's Male Health Reference Group (the Group) was established to advise on progress in addressing male health policy challenges and to ensure an ongoing focus on male health. The Group was established by the Hon Warren Snowdon MP, Minister for Veterans' Affairs, Minister for Defence Science and Personnel, Minister Assisting the Prime Minister of the Centenary of Anzac, and Minister for Indigenous Health, who also has responsibility for male health. Comprised of eminent researchers, practitioners and key stakeholders, the Group provides expert advice on the implementation of male health programs that support the Policy and on broader male health priorities and future directions in addressing male health.
13. In addition, the Policy is being implemented in the context of the significant broader health care reforms and cross-government initiatives that impact on men's lives and this will enable major gains in health for Australian men into the future.

### **Recommendation 1**

**The Committee recommends that the Commonwealth Government give due consideration to the findings of this committee and to the evidence gathered by it in the course of this inquiry in developing the National Men's Health Policy.**

### ***Response***

14. The development of the National Male Health Policy (the Policy) was informed by a wide range of sources including a thorough review of male health literature and extensive consultation with male health stakeholders, including experts, consumers and policy and program stakeholders. Broad ranging Policy Consultation Forums were conducted across Australia during 2009, with more than 1300 people participating in 26 public forums held in regional and metropolitan locations in each State and Territory. Individuals and organisations also made more than 90 submissions which were considered in the development of the Policy. The Policy therefore reflects the views of males, male health experts, policy makers and program deliverers across Australia.
15. The evidence gathered in the course of the Senate Inquiry contributed to the development of the Policy and the six priority areas noted for action. For example: the specific health needs of Aboriginal and Torres Strait Islander males and gay males highlighted in the Inquiry, contributed to the development of Priority 2 'Health equity between population groups of males' in the Policy. Both Aboriginal and Torres Strait Islander males and those who are gay, bisexual, transgender, or from intersex groups, are identified as those at risk of poor health outcomes.

16. Similarly, the Inquiry's recognition of the need for education and awareness raising in regard to men's health and the specific factors that impact on men's health outcomes contributed to the development of Priority 5 'Building a strong evidence base on male health' and Priority 6 'Improved access to health care for males'.
17. The Policy is further supported by nine supporting documents (Attachment B) that provide a comprehensive assessment of the evidence relevant to male health, current actions and potential future actions for key areas addressed in the Policy. The supporting documents are:
- *Social Determinants and Key Actions Supporting Male Health*
  - *Healthy Minds*
  - *Healthy Routines*
  - *Healthy Reproductive Behaviours*
  - *Healthy Limits*
  - *Healthy Workers*
  - *Access to Health Services*
  - *Action Males can take Now*
  - *National Aboriginal and Torres Strait Islander Males Health Framework Revised Guiding Principles*
18. The broad range of sources that contributed to the development of the Policy has ensured a document that recognises the significant strengths of males in Australia as well as highlighting the challenges in male health and possible policy and program responses.

## Recommendation 2

The Committee recommends that legislative drafting instructions and administrative procedures applying in all Commonwealth Government departments and agencies include a mandatory requirement that they consider the impact of legislation and policies on men as well as women.

### *Response*

19. The Australian Government is committed to ensuring all people are able to participate in society and receive the protection of the law, regardless of their sex or gender. The *Sex Discrimination Act 1984* prohibits discrimination on the basis of sex in a range of public activities including work, accommodation, education, the provision of goods, facilities and services, the activities of clubs and the administration of Commonwealth laws and programs.

20. Commonwealth anti-discrimination legislation is located in four separate and distinct laws: the *Racial Discrimination Act 1975*, the *Sex Discrimination Act 1984*, the *Disability Discrimination Act 1992*, and the *Age Discrimination Act 2004*. The Australian Government is seeking to consolidate the federal anti-discrimination laws and provide the opportunity to explore opportunities to improve the effectiveness of the legislation to provide equality of opportunity to participate and contribute to the social, economic and cultural life of our community. A single Act will address current inconsistencies and make the system more user-friendly by clarifying relevant rights and obligations. Importantly, there will be no diminution of existing protections currently available at the federal level.
21. The impact of gender on health outcomes and the experience of the health system are widely acknowledged. Gender issues are routinely considered by the Australian Government in policy planning, research, implementation and evaluation to ensure that gender inequities are not perpetuated and national resources and knowledge are distributed appropriately. The importance of gender equity is one of the foundation principles of both the *National Male Health Policy* and the *National Women's Health Policy 2010*.
22. The Department of Families, Housing, Community Services and Indigenous Affairs has a significant role in considering the impact of legislation and policy on men and women. This is pursued through avenues such as reviewing submissions of portfolios from across government, prior to consideration by Cabinet, advising on and making recommendations that will achieve gender-equitable outcomes.
23. A range of other initiatives to promote and support the consideration of the impact of legislation and policies on men and women are being implemented. For example, the establishment of a Gender Panel, a procurement panel of gender experts, by the Department of Families, Housing, Community Services and Indigenous Affairs was announced in March 2011. The Gender Panel provides opportunities for Government departments and agencies to draw on the expertise of panel members to enhance their capacity to support the integration of gender equity for men and women into policy, programs and research.
24. The Department of Families, Housing, Community Services and Indigenous Affairs is also continuing to support the COAG Select Council on Women's Issues in developing a framework for considering gender equality of outcomes between women and men.
25. The Australian Government will continue to observe its international human rights obligations in the course of developing and implementing policies, programs and legislation. This includes ensuring that these activities do not result in gender inequality and provide, so far as practicable, equal opportunity for males and females.



### Recommendation 3

The Committee strongly recommends that a Longitudinal Study of Men's Health building on the work already undertaken by Andrology Australia and other stakeholders be established and funded by the Commonwealth Government.

#### *Response*

26. Under the *National Male Health Policy* (the Policy) the Australian Government has committed \$6.9 million over four years for the Australian Longitudinal Study on Male Health (ALSMH). The ALSMH will provide longitudinal and population-based research into the health of Australian males by examining the social, economic, environmental and behavioural factors that affect the length and quality of life. The primary objective of the ALSMH is to provide a national research resource of current and valid information on male health that is relevant to the development of male health and wellbeing policies and service provision.
27. The scope of the ALSMH was informed by a number of sources, including the work undertaken by Andrology Australia and advice from the Minister's Male Health Reference Group. The ALSMH is being undertaken by the University of Melbourne. The establishment and pilot phase of the ALSMH commenced in June 2011.
28. The ALSMH will complement significant existing studies including the Australian Longitudinal Study on Women's Health, the Australian Health Survey and the Longitudinal Study on Australian Children.
29. Under the Policy \$400,000 over four years is also provided for the development and publication of a suite of regular male health bulletins to provide up-to-date data and information for health professionals, academics, policy makers and the general public. The first male health bulletin – *The health of Australian males* – prepared by the Australian Institute of Health and Welfare, was released in June 2011. The bulletin provides a summary of the health and wellbeing of the Australian male population by outlining the lifestyle factors influencing male health, the health status of Australian males and access to health services.
30. The Australian Government is also currently providing significant funding for male health related research, as outlined in response to Recommendation 12.

## Recommendation 4

The Committee recommends that the Commonwealth Government investigate the feasibility of introducing a structured, comprehensive annual health check for men. The proposed health check should be designed to be carried out in a range of contexts – general practice, the workplace and through community health programs. Consideration should also be given to providing a specific Medicare item which provides adequate time for consideration and minimises the costs to the patient.

### Response

31. The Australian Government is committed to ensuring access to health care for all males, particularly those at risk of poor health. Priority Area 6 under the *National Male Health Policy* is 'Improved access to health care for males'. This priority action area recognises the role of health services in being responsive to male health needs and addressing barriers that men may face in effectively accessing health care.
32. Existing Medicare Benefits Schedule (MBS) health assessments, available for males and females, primarily target specific critical life stages or medical conditions and are supported by four time-based health MBS assessment items. Rather than creating new health assessment items for men, the Australian Government considers that effort should be directed towards clarifying for both patients and doctors, that existing Medicare items are available to support regular, clinically relevant health assessments.
33. The current set of MBS health assessment items are of direct benefit to men. The health assessment items include services for:
  - Older people (aged 75 and older);
  - Aboriginal and Torres Strait Islander peoples;
  - Pre-school children about to enter the school system;
  - Refugees and humanitarian entrants;
  - People at risk of developing Type 2 diabetes;
  - People with an intellectually disability; and
  - People aged between 45 and 49 years old (inclusive) who are at risk of developing a chronic disease.
34. For example, the 45 Year Old Assessment helps to ensure that men 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 such as smoking, lack of exercise, alcohol use, high cholesterol and family history of chronic disease.
35. Existing support through Medicare, which covers a very wide range of medical, nursing and allied health services, provides a very broad scope for doctors to assess men's health and generally to meet their chronic and acute health care needs.

36. The Australian Government, through the Healthy Workers Initiative under the National Partnership Agreement on Preventive Health, also provides up to \$289.2 million for the States and Territories to fund healthy living programs in workplaces. Funding commenced in July 2011. Programs will be introduced to a wide range of workplaces, including those with a high percentage of male workers, and target obesity, nutrition, alcohol abuse and smoking.
37. The *National Male Health Policy* (the Policy) also recognises the important role of men in taking responsibility for their health needs and in being aware and informed in relation to health issues. Under the Policy funding is provided for the development and distribution of a range of health promotion materials for males. The first phase of this activity focuses on providing health promotion materials to all Men's Sheds across Australia through the *DIY Health Toolbox*. Funding is also provided to Andrology Australia, the Australian Centre of Excellence in Male Reproductive Health, to distribute *Men's Health GP Summary Guidelines* to interested General Practitioners across Australia and undertake training of General Practitioners in the use of these Guidelines in culturally and linguistically diverse communities.

### Recommendation 5

**The Committee recommends that the feasibility of offering incentives to nurses to undertake training as men's nurse practitioners be investigated by the Commonwealth Government.**

#### *Response*

38. From 1 November 2010, eligible nurse practitioners and midwives have had access to the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). This access is provided under the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010* and reflects the Australian Government's broader health reform agenda, supporting improved access to primary health care services and promoting multidisciplinary team-based approaches to health care. This initiative will facilitate more effective use of this workforce, particularly in primary health care and rural settings, including eligible nurse practitioners treating men's health issues.
39. The Australian Government also funds the Nursing and Allied Health Scholarship and Support Scheme to assist students to enter the workforce, nurses to re-enter the nursing workforce and existing nurses to up-skill or undertake other continuing professional development activities. This assistance includes nurse practitioner scholarships. These programs will increase the capacity of the health workforce and will benefit the overall population.
40. The Australian Government is also building the health workforce through a range of scholarships for registered and enrolled nursing students under the Nursing and Allied Scholarship and Support Scheme and Aged Care Nursing Scholarships, including for

nurse practitioners. Registered nurses working in the areas of men's health may apply for these scholarships, administered on behalf of the Australian Government by the Royal College of Nursing Australia, for courses that enable them to be registered as a nurse practitioner.

41. In recognition of the significant burden of disease associated with mental illness and to assist in the treatment of mental disorders, the Australian Government funds the Mental Health Nurse Incentive Program. This program assists health care practices to engage mental health nurses to provide both men and women with serious mental health issues with better coordinated treatment and care.

### **Recommendation 6**

**The Committee recommends that the Commonwealth Government initiate discussions with its State and Territory counterparts with the object of introducing, as appropriate, programs that encourage boys to take responsibility for their health and wellbeing.**

### **Response**

42. The Australian Government has recognised the importance of the health and wellbeing of boys. One of the six priority areas for action of the *National Male Health Policy* is 'Improved health for males at different life stages', which recognises the importance of boys' early years in establishing patterns of behaviour which may have long term consequences for health and the opportunities for supporting health that early life-course transitions present.
43. The *Healthy Children Initiative* under the National Partnership Agreement on Preventive Health provides up to \$325.5 million to States and Territories to fund healthy living programs for children and young people aged from birth to 16 years. Funding commenced in July 2011. Programs will be delivered in a range of settings such as schools, early childhood education and care environments, and focus on physical activity and nutrition programs. While programs target the general population of children and young people, young males can be reached through these settings and help in establishing health nutrition and physical activity habits.
44. The Australian Government is also undertaking a wide range of activities which address the social and emotional wellbeing of boys and youth. Under the *National Male Health Policy* \$6 million is provided for the *Strong Fathers Strong Families* (SFSF) Initiative which aims to promote the role of Aboriginal and Torres Strait Islander men within the family, as fathers and partners, grandfathers and uncles, and encourages them to participate in their children's and families' lives, especially in the antenatal period and early childhood years. SFSF promotes a clear message that positive male role models are important in the life of Aboriginal and Torres Strait Islander children.

45. The National Suicide Prevention Program promotes activities across the Australian population, as well as for specific at-risk groups, such as boys and young males. For example, the *Yiriman Project* in Western Australia focuses on youth activities with support from senior Aboriginal men and links with local agencies such as cultural activities and camps that build strong relationships, self identity and confidence in young people in the Fitzroy Valley. Similarly, the Wesley Mission *Expanding Horizons* project in Queensland is aimed at young people aged between 13 to 17 years who are engaging in self-harming behaviours or who have expressed suicidal ideation.
46. Programs that encourage boys to take responsibility for their health and wellbeing in general fall under the Health and Ageing portfolio. However, the Department of Families, Housing, Community Services and Indigenous Affairs also fund a number of initiatives which connect with the Department of Health and Ageing's agenda under the *National Male Health Policy*.
47. The Family Support Program (FSP) funds services to support families and children to improve family functioning, safety and child development. The FSP recognises that helping men develop and maintain strong family relationships has a positive benefit on overall health outcomes of men and boys, particularly in reducing the risks of depression and associated problems including self harm and suicide. A number of FSP service providers are providing family and relationship services with a particular focus on services to men and their families to help them improve and better manage their relationships, raise their awareness of family relationship issues, develop their parenting skills and increase their skills and participation. The Government also provides funding for Mensline Australia, a 24 hour-a-day, seven days a week, confidential telephone counseling information and referral service. Mensline is a national service funded to increase men's access to a range of support services. Funding to Mensline also provides for a website which targets youth and younger men.
48. The Australian Government recognises that student wellbeing and safety are essential for academic development. All students should be able to learn and develop in safe, supportive and respectful environments. As part of a national approach to supporting schools to build safe school communities, the Australian Government collaborated with State and Territory education authorities to review and revise the National Safe Schools Framework (the Framework). The Framework was endorsed by all ministers for education through the Ministerial Council for Education, Early Childhood Development and Youth Affairs in December 2010.
49. In addition, while the Australian Government plays a leadership role and provides funding for areas of national educational significance, schooling in Australia is the responsibility of the State and Territory government and non-government education authorities. This includes the provision of learning programs that encourage boys to take responsibility for their health and wellbeing.

50. The *KidsMatter* Primary school initiative is the national primary school mental health promotion, prevention and early intervention initiative developed in collaboration with *beyondblue*, the Australian Psychological Society and Principals Australia. As part of the 2010 election, the Australian Government announced it would expand the *KidsMatter* Primary School initiative to an additional 1,700 schools by 2014 with funding of \$18.4 million from the start of 2011.
51. The Australian Government remains committed to supporting boys within the family, schools, communities and more broadly and to developing boys' capacity to take responsibility for their own health and wellbeing.
52. All Australian government have established the Australian Curriculum, Assessment and Reporting Authority (ACARA) to develop an Australian Curriculum from Foundation to Year 12. Education ministers have agreed to the prioritization of Health and Physical Education (HPE) within phase three of the development of the Australian Curriculum and to make HPE a course learning requirement for all Australian students from Foundation to Year 10.
53. The development of an Australian Curriculum in HPE is currently underway, with ACARA initially preparing a curriculum "shape paper". ACARA is consulting extensively with the education community in developing the curriculum.
54. The Australian Curriculum for HPE may provide Australian students with the opportunity to learn about male health and wellbeing issues.

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### Recommendation 7

**The Committee recommends that the Commonwealth Government take the initiative in conjunction with the States and Territories in examining strategies for improving trauma treatment in Central Australia.**

#### *Response*

55. On 2 August 2011, a new National Health Reform Agreement was signed by all governments. The Agreement sets out the intention of the Australian Government and State and Territory governments to work in partnership to improve health outcomes for all Australians. This agreement outlines a revised range of initiatives to be implemented under the National Health Reform Agreement. As part of these reforms, the Commonwealth is providing additional funding to the Northern Territory through the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) and National Partnership Agreement on Hospital and Health Workforce Reform (NPA HHWR). Investments in improving emergency department services form part of the new national strategy for Australia's health and hospital system.

56. Through the NPA IPHS, the Australian Government has committed \$3.4 billion to the States and Territories including \$750 million over five years to improve access to timely and safe health services for emergency departments. This is through the National Emergency Access Target (NEAT), where 90% of patients presenting to a public hospital emergency department will be admitted, referred for treatment, or discharged within four hours. Funding of \$48.8 million has been allocated to the Northern Territory from which Darwin Hospital Emergency Department will receive \$5.6 million in facilitation funding and \$5.9 million towards capital development. Alice Springs Hospital Emergency Department will receive \$0.7 million in facilitation funding and \$1.6 million towards capital development.
57. Through the NPA HHWR, the Australian Government has committed \$1.5 billion to the States and Territories including \$750 million to take pressure off public hospital emergency departments and reduce waiting times for treatment. Funding of \$9.8 million has been allocated to the Northern Territory from which Darwin Hospital Emergency Department will receive \$5.9 million and Alice Springs Hospital Emergency Department will receive \$2.35 million.
58. Initiatives such as these and others under the National Health Reform Agreement are enhancing trauma treatment across Central Australia through building the capacity of the Royal Darwin Hospital, which incorporates the National Critical Care and Trauma Response Centre, and Alice Springs Hospital.

### Recommendation 8

**The Committee recommends that the Commonwealth Government take the initiative, in cooperation with the States and Territories, to reduce complexity and simplify the application process for health related grants.**

### *Response*

59. On 1 July 2009, the Australian Government introduced the Commonwealth Grant Guidelines (the Guidelines) that provide a whole-of-government policy framework grants administration. The Guidelines apply to all agencies subject to the *Financial Management and Accountability Act 1997* (FMA) and are intended to improve the transparency and accountability of grants administration. The Australian Government has mandated transparent and accountable decision-making processes for grants and timely public reporting through agency websites.
60. The Guidelines also recognise the importance of adopting processes that are in proportion to the scale and risk profile of grant activities, and the need to work collaboratively and in partnership with grant recipients, including voluntary and 'not-for-profit' organisations.

61. All grants processes undertaken from 1 July 2009 will take into account both the mandatory and sound practice elements of the Guidelines. This includes grants processes that involve State governments where they are covered under Regulation 3A (1) and not otherwise exempted under 3A (2) of the FMA Regulations. Accordingly, the issue of proportionality in relation to application processes will be considered in the context of the scale and risk of the requisite program.
62. In 2010, the Australian Government commissioned a review of the administrative arrangements in the Health and Ageing portfolio. The purpose of this review was to examine the alignment of resources within the portfolio to ensure it is best placed to implement and manage the Government's key health and ageing priorities and programs, including the National Health Reform agenda, as well as position the portfolio to respond to emerging health and ageing challenges over the medium and longer term.
63. The review of the portfolio has resulted in the establishment of larger, flexible funding pools from 1 July 2011. These funding pools will simplify and streamline grant funding processes for stakeholders. In addition, over time, many grant recipients currently maintaining and reporting against multiple funding agreements will move to an arrangement where they operate under one single agreement with the Department. This will reduce the administrative burden for grant recipients, leaving them more time to focus on their core business.

## **Recommendation 9**

**The Committee recommends that the integration of health service provision to recognise the interconnectedness of men's health issues be made a central part of the forthcoming national men's health policy.**

### *Response*

64. The *National Male Health Policy* (the Policy) recognises and addresses the interconnectedness of male health issues and the wide range of social determinants that influence male health. The Policy recommends that this be taken into account in the development and delivery of policies and services that impact on male health. The Policy provides a framework for improving male health across Australia, with a focus on taking action on multiple fronts and recognising the social determinants of health.
65. The interconnectedness of men's health issues is recognised in the range of programs funded under the Policy. For example, \$3 million over four years is provided to support Men's Sheds across Australia. This program recognises the role of Men's Sheds as meeting places where men, particularly marginalised and isolated men, can find social support and camaraderie and the significant contribution to male health and wellbeing that such support can have. Support for men's sheds with a high veteran concentration is also offered by the Department of Veterans' Affairs through its Veteran and Community Grants Program.



66. Similarly, the first ever Australian Longitudinal Study on Male Health is based on a social determinants model of male health and is designed to provide information on the social, economic, environmental and behavioural factors that affect the health of men and boys in Australia. This information will assist in developing policy and program responses across the range of Australian Government portfolios that impact on male health.
67. A key role of the Minister's Male Health Reference Group is to draw attention to the interconnections in male health and wellbeing and provide advice in relation to relevant policy and program responses.
68. The Policy is being implemented in the context of broader health care reforms and cross-government initiatives that impact on men's lives and will allow major gains in health for Australian men into the future. To ensure the health system is more responsive to the needs of individuals and local communities, Medicare Locals are being established as a coordinated network of primary health care organisations. Medicare Locals are critical to supporting and driving improvements in primary health care for both patients and health care providers and will provide both males and females with increased access to information about services available in their local areas as well as making it easier to navigate their local health care system.
69. Medicare Locals will also support primary health care professionals and organisations to identify and address local health care needs and improve the delivery of integrated primary health care. As they develop, each Medicare Local will develop plans for their particular population and its health needs, including preventive health activities.
70. The interconnectedness of male health issues is recognised across the range of Australian Government portfolio areas. The majority of the Department of Families, Housing, Community Services and Indigenous Affairs programs, including mental health programs, are targeted to the broader population, and impact both males and females and may include specific sub-activities targeted at males. For example, while the Communities for Children initiative targets the whole community, when a need is identified, specific strategies focus on particular target groups such as Aboriginal fathers.
71. In a targeted manner, the Department of Veterans' Affairs delivers Men's Health Peer Education with the specific aim of raising awareness about men's health issues by encouraging all members of the veteran and ex-service community to share the responsibility for managing their own health and well-being.
72. The Australian Government will continue to address the interconnectedness of male health issues through activities under the *National Male Health Policy* and more broadly.

## Recommendation 10

**The Committee recommends that the Commonwealth Government investigate standardised service models for mental health to facilitate a uniform standard of care throughout Australia.**

### *Response*

73. The *Fourth National Mental Health Plan – An agenda for collaborative government action in mental health 2009-2014* (the Fourth Plan), endorsed by all Health Ministers in September 2009, identifies for action the development of a national service planning framework that establishes targets for the mix and level for the full range of mental health services.
74. The development of the national service planning framework will draw upon established models of mental health service planning that have been developed using Australian epidemiological data as a foundation. This will enable a nationally agreed population-based model that will inform governments and service coordinators how to best meet the mental health service needs of their populations, including the necessary resources.
75. The revised National Standards for Mental Health Services (the Standards) were endorsed by the Australian Health Ministers' Conference in September 2010. The Standards provide a blueprint for new and existing services to guide quality improvement and service enhancement activities. Consumers and carers are able to use the Standards as a checklist for service quality and as a guide about what to expect from mental health services.
76. There is a strong values base in the Standards relating to human rights, dignity and privacy which has been guided by the principles contained in the *National Mental Health Policy 2008*, the United Nations' *Principles on the Protection of People with a Mental Illness* and the Australian Health Ministers' *Mental Health Statement of Rights and Responsibilities*.
77. The Fourth Plan also commits governments to better target services and address service gaps through cooperative and innovative service models for the delivery of primary mental health care. Through the Fourth Plan governments are also committed to a review of the *Mental Health Statement of Rights and Responsibilities* and ensuring accreditation and reporting systems in health and community sectors incorporate the Standards.
78. The National Suicide Prevention Program (the Program) promotes suicide prevention activities across the Australian population, as well as for specific at-risk groups, such as young males. The Program has men as a priority target group for funding and 13.6% of the national Suicide Prevention Program has been committed to target this priority group specifically from 2011-12 to 2012-13.
79. Recognising the social determinants that increase the risk of suicidality for men, and that men are least likely to seek help, the Government is providing \$23.2 million over four

year to provide more support and services for men as part of the *Mental health: Taking Action to Tackle Suicide* package. These measures will increase the capacity of the *beyondblue* helpline to assist up to 30,000 more each year, expand the *beyondblue* National Workplace Program to increase coverage to specific sectors and to subsidise participation by small businesses, and deliver targeted awareness campaigns to encourage men in high risk groups to seek assistance for depression and mental illness. A National Stigma Summit, held in October 2011, brought together leading experts in research, media, consumer and carers to assist in the development of these targeted awareness campaigns.

80. Further investment of \$22.6 million is also being provided through other elements of the *Mental health: Taking Action to Tackle Suicide* package for community prevention activities for high risk groups, including men.

### **Recommendation 11**

**The Committee recommends that the Commonwealth Government ensure that the Australian Prostate Cancer BioResource is provided with sustainable funding at a level that would enable it to complete its tissue collection and carry out the necessary work in support of prostate cancer research outlined in chapter 4.**

### **Response**

81. The Australian Government recognises the importance of strategies that aim to prevent conditions that have adverse impacts on male health, including prostate cancer. The Australian Government is committed to supporting research into the causes, diagnosis, and effective treatment of prostate cancer, and to providing quality care and support for men diagnosed with prostate cancer, and their families and carers.
82. The National Health and Medical Research Council (NHMRC) will provide close to \$5 million from 2004 to 2015 to the Australian Prostate Cancer BioResource through the nationally competitive Enabling Grants Scheme.
83. The Australian Prostate Cancer BioResource facility was reviewed by the NHMRC in 2009 and it was agreed to extend funding to early 2015 in recognition that prostate cancer was a National Health Priority Area, and that the facility was operating at a high international standard with strong in-kind support from its host institutions.
84. In addition, the 2008-09 Budget committed \$15 million over five years from 2008-09 for the establishment of two dedicated prostate cancer research centres, located in Victoria and Queensland, to develop improved diagnostic tests, screening tools and treatments for prostate cancer. The establishment of the dedicated prostate cancer research centres aims to enhance collaboration, boost research efforts in the field, and encourage additional, complementary research groups to focus on this disease.

## Recommendation 12

**The Committee recommends that the Commonwealth Government provide funding to the Prostate Cancer Foundation to ensure that the Prostate Cancer Information Pack program proceeds.**

### *Response*

85. The Australian Government remains committed to ensuring the availability of quality information for people diagnosed with cancer. The Australian Government acknowledges the valuable work undertaken by the Prostate Cancer Foundation of Australia (PCFA) in supporting men with prostate cancer, including the piloting of a National Prostate Cancer Information Pack.
86. The Australian Government, through Cancer Australia, is providing a total of \$3.97 million over 3 years, to 30 June 2014, to the PCFA to develop resources for men diagnosed with prostate cancer, their families and carers, and for the establishment of up to 90 peer support groups for men with prostate cancer, particularly in rural and regional Australia.
87. Through Cancer Australia, the Australian Government is also working to improve the coordination and quality of cancer care nationally. A total of \$4.4 million is being provided, to 30 June 2013, to fund a range of organisations through the Building Cancer Support Networks Grants program (the Program). To date 66 projects have been funded under the Program. Through the Program, Cancer Australia works with the community and organisational partners to identify and respond to the support needs of people affected by cancer, in order to facilitate increased access to cancer support in each State and Territory.
88. Under Round 1 of the Program, PCFA was funded to provide information and increase support to existing groups, and to establish new groups in Queensland, Northern New South Wales and the Northern Territory. Funding was also provided to the Association of Prostate Cancer Support Groups South Australia, to provide support and information to patients and their families and carers. Under Round 4 of the program, Cancer Australia is partnering with the PCFA to fund a range of face-to-face and online training to be delivered to prostate cancer support group conveners and peer group facilitators.

### Recommendation 13

The Committee recommends that the Commonwealth Government expedite funding for the provision of specialist prostate cancer nurses, particularly in rural and regional Australia.

#### *Response*

89. The Australian Government funds the Nursing and Allied Health Scholarship and Support Scheme to assist students to enter the workforce, nurses to re-enter the nursing workforce and existing students to up-skill or undertake other continuing professional development in many areas, which may include prostate cancer. This assistance includes scholarships for nurses to undertake study/professional development and while these programs are not aimed at men's health directly, increasing the capacity of the health workforce will benefit the overall population.
90. The Prostate Cancer Foundation of Australia (PCFA) is piloting the Prostate Cancer Specialist Nursing Program. Under this national 3-year pilot program selected area health services will host a cancer specialist nurse. The PCFA will evaluate the pilot and bring the results of the evaluation to the Australian Government for consideration.
91. A wide range of primary and allied health care services are provided to rural and remote areas through a variety of programs. The Rural Primary Health Services (RPHS) program funds a range of organisations – State and local government entities, Aboriginal Medical Services, Medicare Locals and other non-government organisations to provide additional primary and allied health care services in rural and remote communities. The actual service delivered, including mental health, community nursing, nursing in a specialist role, podiatry, physiotherapy, community health education and promotion services, depend on identified needs of the target communities. Service providers are able to determine which mix of services and health professionals best suit the needs of their communities and the availability of health professionals.
92. The program is directed at rural populations located in Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) categories 2 (Inner Regional) to 5 (Very Remote) with priority given to small rural communities and communities located in ASGC-RA 3 to 5.
93. The *Medical Specialist Outreach Assistance Program* (MSOAP) was established in 2000 to improve the access of rural and remote communities to medical specialist outreach services. MSOAP aims to complement medical specialist services provided by the State and Northern Territory governments and private providers by encouraging specialists to deliver outreach services to targeted areas of need in rural and remote Australia. This is achieved by meeting costs associated with delivering outreach services such as travel, accommodation and venue hire.
94. MSOAP service delivery is determined in consultation with an Advisory Forum in each jurisdiction to ensure that specialist services are directed towards the priority health needs

of local communities. MSOAP has been highly effective in increasing access to medical specialists' services for people living and working in rural and remote Australia. Over 100 speciality disciplines and sub-specialities are supported under MSOAP, including oncology specialist services, which specifically relates to men's health. In the current year MSOAP plans to deliver 24 surgical urology services and 10 oncology services in regional and remote locations throughout Australia.

95. The *Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease (MSOAP- ICD)* aims to increase access to a range of health services provided to people in rural and remote Indigenous communities for the treatment and management of chronic disease. The focus of the program is on the provision of services by multidisciplinary teams, which may include specialist nurses.
96. The program commenced in April 2010 as part of the Australian Government's contribution to the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

**Attachments A & B**

The *National Male Health Policy 2010* and supporting documents is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/male-policy>

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