

Men's health: Indigenous and non-Indigenous men getting together

John J Macdonald, Greg Millan and Mick Adams

Making health services more available to and appropriate for Australian men

The 6th National Men's Health Conference, held in Melbourne in October 2005, incorporated the 4th National Aboriginal and Torres Strait Islander Male Health Convention. Since 2003, the Australasian Men's Health Forum — a not-for-profit peak body for individuals and organisations working with men and boys and their health and social issues, and the organising body of the biennial national conferences — had already been working collaboratively with the organisers of the National Aboriginal and Torres Strait Islander Male Health Convention. As a nation, we need to support Indigenous men, whose health is the poorest of all male population groups in Australia.

Over the years of collaboration, it became apparent that the more holistic view of health that Indigenous men hold, as part of their cultural inheritance, could potentially benefit all Australian males. In 2005, a lack of national funding for the Indigenous Male Health Convention prompted a combined event with the National Men's Health Conference, with some joint sessions and some sessions for Indigenous men on their own. This structured sharing led to an even greater empathy and understanding of the similarities and differences in Indigenous and non-Indigenous men's health.

The combining of the two conferences also enabled the National Men's Health Conference to further broaden its perspective. Men's health conferences in Australia have always taken a broad view of health. This is in contrast to international men's health conferences, which have tended to have an almost exclusive focus on clinical dimensions — the prostate and erectile dysfunction featuring prominently — perhaps reflecting the funding sources of these conferences (World Congress on Men's Health and Gender; Vienna, Austria <<http://www.wcmh.info/>>). Although important, a clinical perspective, if focusing too narrowly on disease and malfunction, can miss crucial dimensions, including psychosocial, spiritual and underlying political dimensions.

Suicide, for example, is a major issue in men's health, notably in Australia where, on average, five men a day kill themselves.¹ For us to begin to understand and deal with this phenomenon adequately requires social and political perspectives, as well as clinical understanding. The Melbourne conference kept this broad focus on health, as well as the treatment of disease, with sessions on fathering, ageing men and gay men.

From keynote addresses by international speakers, insights were gained into male-directed health services in Scotland (Mr Jim Leishman, the Men's Health Service Coordinator, Northern Health Service, Forth Valley, Scotland — *Developing services for men: the Scottish experience*) and the building of a national men's health policy in Ireland (Mr Noel Richardson, Coordinator of National Policy for Men's Health, Ireland, and Dr Paula Carroll, Health Promotion Department, Irish Health Service Executive — *Getting men's health onto a policy agenda: setting a context to the development of a national policy for men's health in Ireland.*)

1 Where do I fit in?



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The lack of a national men's health policy in Australia was addressed by Micheal Woods in his paper, *Dying for a policy: men's health in Australia*. The need for a national men's health policy was also mentioned in the conference's opening address, given by Dr Mukesh Haikerwal, President of the Australian Medical Association (AMA), whose presence was an indication of the growing acceptance in the medical profession of the need to consider male-specific issues in health. Of the states and territories, only New South Wales has a men's health policy, and the AMA committed itself to a "round table" on the need for such a national policy. This has since taken place, and a position paper on men's health has been issued.² During the conference, Indigenous men launched the National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males (available from: Ms Jill Turner, Social Health, Health Strategies Branch, Office for Aboriginal and Torres Strait Islander Health, Jill.Turner@health.gov.au).

One of the main underlying themes of the conference was to question the assertion that poor health outcomes of men are a result of assumed "bad" male behaviour — typified by statements such as "Men don't use doctors enough", and "Men don't get in touch with their feelings" — and to shift the focus to asking further questions such as: How can we make health services more available to and appropriate for Australian men? (Box 1).

The effort to make services more "male friendly" was evident in many of the presentations (Box 2). Further initiatives in this direction would be welcome at the 7th National Men's Health Conference, to be held in conjunction with the 5th National Aboriginal and Torres Strait Islander Male Health Convention, in South Australia in 2007, supported by the SA Health Department. In Melbourne, we had 303 delegates, including 75 Indigenous men.

2 Examples of presentations about “male-friendly” health service delivery

Wow I’m a Dad. Development of a booklet for first-time fathers
Alan Grochulski, Royal North Shore Hospital (booklet co-authored by Salih Ozgul)

Indigenous men’s health and wellbeing — “there’s more than just football”. The Royal Flying Doctor Service Mental Health Program
Brod Osborne and Johnathan Link, Royal Flying Doctor Service, Far North Queensland

Driving to good health — commercial drivers encouraged to “think about it”

Fiona Landgren, Clare Burns, Communicating for Health

Building capacity for health promotion at Fairfax — a case involving the Men@Work Program

Nick Petrunoof, John Fairfax Holdings Ltd

HealthBreak: Sleep Safe–Work Smart–Health Program

Howard, Lehrke, Wilson, Institute for Breathing and Sleep ◆

Competing interests

None identified.

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References

1 Australian Bureau of Statistics. Suicide: recent trends, Australia 1992 to 2002. Canberra: ABS, 2003. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/161EB35DB8BE9152CA256F6A007339903309.0.55.001> (accessed Jun 2006).

2 Australian Medical Association. Position statement on men’s health. Sydney: AMA, 2005. [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) (accessed Aug 2006).

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We look forward to having you join us next year at an even bigger gathering of all those with an interest in men’s health (Conference contact: Greg Millan, Conference Development Officer, Australasian Men’s Health Forum, gmillan@bigpond.net.au).

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