

5 November 2018

Australian Government Department of Health

Submitted online: <https://consultations.health.gov.au/population-health-and-sport-division-1/online-consultation-for-the-national-mens-health-s/>

National Men's Health Strategy 2020-2030 DRAFT for consultation

SECTION A – DEMOGRAPHICS

SECTION B - THE STRUCTURE OF THE STRATEGY

10. How easy to follow is the overall structure of the Strategy?

Very easy to follow **Fairly easy to follow** Unsure Somewhat difficult to follow Very difficult to follow

If somewhat or very difficult to follow, do you have any suggestions for improving the structure of the Strategy? (100 word limit).

11. Do the opening sections provide adequate context and background for the Strategy?

Yes No Unsure

If no, what suggestions do you have for improving the context and background? (100 word limit).

SECTION C - STRATEGIC GOAL, OBJECTIVES AND ACTIONS

12. Is the over-arching goal for the Strategy appropriate?

Yes No Unsure

If no, do you have an alternative suggestion? (20 word limit)

13. Are the three objectives appropriate to meet the goal?

Yes No Unsure

If no, can you suggest alternative objectives? (50 word limit).

14. In general terms, how would you describe the suggested actions?

Very appropriate **Appropriate** Neutral Inappropriate Very inappropriate

Federation of Ethnic Communities' Councils of Australia

FECCA House, Unit 1, 4 Phipps Close, Deakin ACT 2600 • PO Box 344, Curtin ACT 2605

☎ 02 6282 5755 ✉ admin@fecca.org.au 🌐 www.fecca.org.au 🐦 @iFECCA

ABN 23 684 792 947

If inappropriate or very inappropriate, can you suggest alternatives? If referring to specific actions, please note them by number. (350 word limit).

15. Which actions, if any, were you most pleased to see included in the Strategy? (3 max) (100 word limit).

16. What actions, if any, are missing from the Strategy? (350 word limit).

Please explain your selection:

A major barrier for CALD men and boys in accessing health care is a lack of Australian health literacy with only 33 percent of people born overseas having adequate or better health literacy, compared to 43 percent of the Australian-born population. This figure drops to 27 percent for those who arrived in Australia during the past five years and to 26 percent for people whose first language is not English (Migration Council of Australia 2015). Low health literacy can result in less access to the services that they need; less understanding of issues related to their health; social isolation, impacting physical and mental health; risk of mismanaging medication; and inadequate understanding of health issues. Improving health literacy amongst CALD men and boys should be explicitly featured in this Strategy.

To ensure increased mental health service delivery for CALD men, they must be accurately represented by statistics of mental health. For this to happen methodologies must be re-visited as migrants from a non-English speaking background are less likely to communicate that they have a mental health disorders compared to Australian born people (AIHW 2010). The creation and support of more CALD-specific mental health services, including a multilingual mental health counselling help-line would help to reach more of the community. Additionally it is widely recognised that the current methodologies for assessing mental health are not appropriate in cross-cultural contexts even once translated because concepts, scales and norms vary between populations (Cultural diversity and mental health Australasian Psychiatry 2015). This lack of communications and difficulty in assessing CALD Australians using current methodologies needs to be addressed to ensure the entire population is receiving adequate health services.

SECTION D - FINAL COMMENTS

17. Is the information in the final section, Achieving progress, appropriate for supporting implementation of the Strategy?

Yes No Unsure

Please explain your selection:

To determine the progress towards achieving the purpose of this Strategy, the current baseline of both access and outcomes of the health system for CALD men and boys will need to be established. For CALD men and boys, access to the appropriate services needs to be specifically recorded and targeted as health literacy is noted as a barrier to overcome for better health outcomes in this population. To consistently and adequately measure the success of this Strategy, care must be taken to ensure the approach to methodology is appropriate to provide accurate data on CALD Australians.

18. Considering the whole Strategy, is there anything missing or should anything be changed? (350 word limit).

Yes No Unsure

Please explain your selection:

When providing resources and support to men and healthcare professionals, the social influences on mental health experienced by CALD men including; migration, racism and discrimination must be directly addressed. The circumstances around an individual's migration to Australia can be traumatic and have considerable impact on an individual's mental health, including adjusting to a new culture, the stress and pressure individuals feel to be successful and the lack of awareness of where to seek help. The Scanlon Foundation found that the reported experience of discrimination on the basis of 'skin colour, ethnic origin or religion' has significantly increased from 15 percent in 2015 to 20 percent in 2017 which has a significant impact of mental health and wellbeing.

In promoting a healthy lifestyle amongst CALD men and boys the Strategy should acknowledge that for men from diverse cultural backgrounds, a healthy lifestyle may involve a variety of healthy food choices, diverse exercise preferences and the inclusion of alternative medicines. On arrival in Australia, there are numerous factors that can impact upon whether new migrants establish healthy eating patterns, including income, limited English, and a lack of familiarity with local foods and shopping practices.

When addressing key risk factors that reduce quality of life for ageing men, CALD men need to be considered. Many elderly migrants from non-English speaking backgrounds lose their acquired language skills which can contribute to underreporting of medical conditions and increased feelings of isolation. Bilingual workers, bi-cultural workers and translator services must be included in this strategy to ensure these women are included in all existing and recommended services.

People with dementia who speak a language other than English at home are expected to increase 3.4 fold to around 120,000 (113,000 and 124,000 in the low and high cases respectively) in 2050. Research relating to older people from CALD backgrounds with dementia suggests that a poor understanding of dementia and a cultural stigma relating to dementia can lead to denial of the condition and/or delayed diagnosis for some older people.

19. After considering the Strategy and The Current State of Male Health in Australia - informing the development of the National Men's

Health Strategy 2020-2030, do you know of other published evidence that should be considered for the Strategy? (100 word limit).

Yes No Unsure

Please explain your selection:

Various focus groups across CALD communities and Aboriginal and Torres Strait people informed Consumer health information needs and preferences:

Perspectives of culturally and linguistically diverse and Aboriginal and Torres Strait Islander people – April 2017 CIRCA for the Australian Commission on Safety and Quality in Health Care.

20. Overall, how would you rate the Strategy?

Very good Good Average Poor Very poor Undecided

21. Are there any other comments relating to the Strategy that you would like to make? (250 word limit).