**Response to the ‘Productivity Commission on Mental Health’ Draft Report**

Thank you for the opportunity to comment on your ‘Mental Health’ draft report.

I am a recently retired nurse educator and midwife.

I am passionate about the physical and mental health of women, men and children.

I have read through you draft papers and I have found an important omission in your recommendations.

I believe that until we apply a gender focus approach to all health care services, our suicide rate especially for men will not improve. I will attempt to outline how this could be addressed in the discussion below.

In 2002 the World Health Organization (WHO) stated:

*“To achieve the highest standard of health, health policies have to recognise that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities”*

The Australian Government has released two important documents this year to improve health outcomes for men and women – The National Men’s Health Strategy 2020-2030, and The National Women’s Health Strategy 2020-2030. These strategies are a framework for “Gender-focused health” and renew the nation’s commitment to taking collective action to create a healthier future for men and boys and improving health outcomes for women and girls in Australia.

**Men’s Health**

The National Men’s Health Strategy 2020-2030 – highlights how our health system and society are letting our men down

**Male help seeking behaviour**

* 72% of males don’t seek help for mental ill-health
* When men access a health professional it is often a shorter consultation and typically when a condition or illness is advanced
* Research suggests that when men are in contact with the health system – critical questions are not being asked and important conversations are not being initiated by health professionals
* Health professionals fail to engage proactively with men

**Access issues**

There are a range of factors that affect the way in which men and boys interact with the health care system. This extends from availability of services and skilled workforce through to the way that services are offered. Strategies to remove such barriers include –

* Expanding the availability of male-focused community health services and interventions
* Provide male doctors/health care professional to those men and boys with a preference for male
* Flexible practice hours for GP’s and medical clinics
* Improve the knowledge and capacity of the health workforce to deliver holistic male-centred services across the life course
* Expanding the maternal and child health infrastructure to include fathers.
* Address gender inequality issues faced by men

**In Summary**

Become ‘male-friendly’ and promote it in the community. All GP and medical clinics should have staff who specialise in Men’s Health. These staff may require additional training on how to build a therapeutic alliance with men. It is important to recognise that sometimes men present with symptoms that don’t align with normal diagnostic criteria for mental ill-health. GP’s need to ensure they give the highest standard of engagement, diagnosis, treatment and ongoing care to each client. There should be a heightened awareness that mental ill-health affects physical health and vice versa. The community and the media should stop degrading men. Have a campaign that encourages respectful relationships towards men, women and children.

**Women’s Health**

The National Women’s Health strategy has mental health as one of its key priorities. The strategy recognises there are a range of health needs, risk and influences experienced by women at different stages of life. The strategy –

* Has a focus on early intervention, diagnosis, integration and access to mental healthcare services
* Enhances gender-specific mental health awareness, education and prevention
* Health impacts of violence against women and girls

**Summary**

Recognising that women’s experiences of mental and physical illness are different from men is essential for developing services that are effective in addressing the health needs of women and girls.

In each health centre and GP clinic ensure there are GP’s and other health professionals who specialise in women’s health. Additional professional develop maybe undertaken by staff to assist in the gender specific mental health recognition and treatment (including eating disorders). Adopt a Life Course Approach to women’s health needs. Women are at increased risk of experiencing mental ill-health during pregnancy and the year following childbirth.