



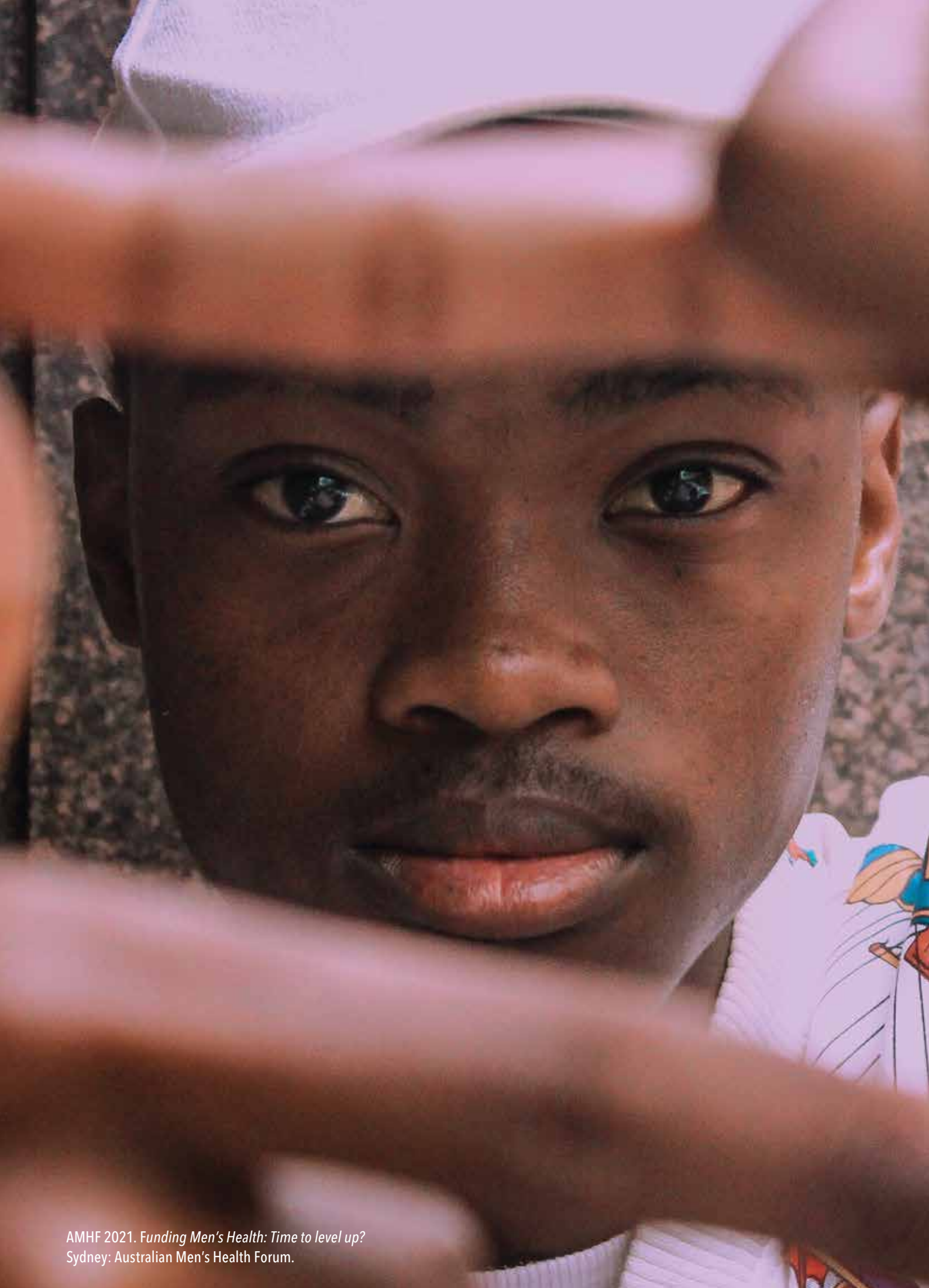
FUNDING MEN'S HEALTH

Time to level up?

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 **AMHF**
AUSTRALIAN MEN'S HEALTH FORUM



TIME TO LEVEL UP

In May 2021, the Federal Government unveiled a \$3.4 billion Women's Budget which included an allocation of \$535.8m to focus on the 5 priority areas identified in the National Women's Health Strategy.

There was no parallel Men's Budget and no funding allocated to focus on the 5 priority areas outlined in the National Men's Health Strategy, which include men's mental health and male suicide.

The announcement came just weeks after the Prime Minister's National Suicide Prevention Adviser, Christine Morgan, named male suicide as priority issue that requires targeted Government action.

While the May budget did include \$298m for suicide prevention, the majority of services supported by this funding are known to be more effective at reaching women at risk of suicide. At the time of writing, none of the \$298m has been allocated to programs that specifically target male suicide.

Against this backdrop, the Australian Men's Health Forum commissioned Resolve Strategic to survey n=1,250+ Australians to get a better understanding of public attitudes on governments taking action to tackle men's issues like male suicide.

80%

MOST WOMEN SUPPORT ADDITIONAL GOVERNMENT FUNDING TO TACKLE MEN'S ISSUES

93%

AUSTRALIANS AGREE MEN AND WOMEN CAN SUFFER FROM DIFFERENT ISSUES

Our research found that, contrary to the Government's current approach of targeting funding at women to the exclusion of men, the Australian public is equally supportive of Government funding being targeted at women's issues and men's issues.

This report reveals a significant gap in way the Government funds work to tackle women's and men's issues, with a particular focus on the lack of funding targeted at work to prevent male suicide.



GENDER HEALTH GAPS

Australia is one of the world's healthiest countries. Boys born in Australia can expect to live longer than boys and girls in most other countries around the world. Yet men in Australia are still dying six years younger than Australian women on average.

There is a wide range of health and social issues that contribute to this gender health gap:

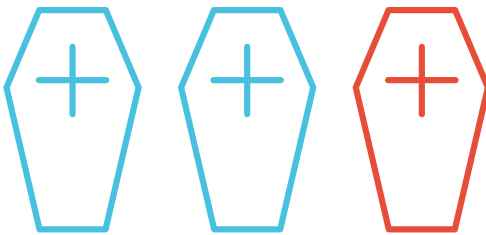
- Two in three Australians who die from preventable causes are male. In 2018, there were 26,736 potentially avoidable deaths (16,988 male and 9,748 female). Addressing this health gap between men and women could save more than 7,000 lives a year.
- Cancer, the leading cause of poor health in Australia, kills nearly 6,000 more men than women every year. In 2019, there were an

75%

MOST PEOPLE WHO DIE BY SUICIDE ARE MEN

approximately 50,000 cancer deaths and around 28,000 were male and 22,000 were female.

- Heart disease is the biggest killer of men, claiming the lives of more than 10,000 men every year. Around four in five heart deaths in people under 65 are male.
- Transport accidents kill four people a day, three of them are men and boys.
- Nearly four people a week are killed at work and 93% of these workplace deaths are men.
- Male suicide is the leading killer of men under the age of 55, with men accounting for 3 in 4 suicides.



TWO IN THREE PREVENTABLE DEATHS
16,988 male and 9,748 female



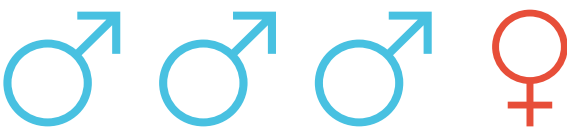
FOUR IN FIVE HEART DEATHS IN PEOPLE UNDER 65 ARE MALE
2,123 male and 486 female



50,000
CANCER
DEATHS
28,000 male and
22,000 female



TRANSPORT ACCIDENTS KILL FOUR PEOPLE A DAY
Three of them are men and boys



MEN ACCOUNT FOR THREE IN FOUR SUICIDES
2,502 male and 816 female



FOUR PEOPLE A WEEK ARE KILLED AT WORK
93% are men (176 male and 14 female)

GENDER FUNDING GAPS

Both men and women can experience health and social issues that require targeted Government action. By many different measures, men experience worse health outcomes than women, yet we consistently invest more time, money and resources into improving women's health, when compared to men's health.

For example, in the past 8 years, the National Health and Medical Research Council has invested 5 times more funding in women's health than men's health (\$707.9m and \$148.2m respectively).

When combined with funding for maternal health research, women's health research has received 7.5 times more investment than men's health (\$1.1bn compared with less than \$150m).

More specifically, in April 2019, the Government launched its new national strategies to improve male health and female health in Australia.

The funding committed to the National Women's Health Strategy, was three times more than the National Men's Health Strategy (\$52.2m and \$17.9m respectively).

In May 2021, the Government allocated \$3.4B to its women's budget, which included \$535.8m to support work on the National Women's Health Strategy.

There was no Men's Budget and no funding allocated to support the National Men's Health Strategy.

Other areas where significant gaps in funding show up include cancer prevention and suicide prevention.

In 2018-2019, for example, \$434.9m of Government funding was invested in national screening programs to help detect and prevent cancer. Close to 90% of the people screened are women. While opportunities to screen more men for cancer are limited, there are many different actions that could be taken to reduce men's risk of death and disease if funding to prevent cancer in men was made available.

In terms of suicide prevention, the Australian Men's Health Forum's audits consistently find that the majority of Government funding



80%

UP TO 4 IN 5 CLIENTS OF TAXPAYER-FUNDED SUICIDE PREVENTION SERVICES ARE FEMALE

invested in suicide prevention is directed at services that are more effective at reaching women at risk of suicide.

In January 2020, for example, the Government allocated \$64m to suicide prevention most of which targeted services that are more effective at supporting women and girls. These included:

- StandBy (up to 80% of clients are female)
- Kids Helpline (77% of children and young people helped are female)
- Way Back's (around 60% of clients are female)
- Headspace's (60% of clients are female)
- Lifeline (more than 50% of callers are female)

While AMHF does not advocate for funding to be taken away from women at risk of suicide, it is reasonable to ask that suicide prevention funding be allocated in an equitable way that reflects the fact that 3 in 4 suicides are male.



WHAT AUSTRALIA THINKS

Our research confirmed that Australia prides itself on the importance of equality, with 9 in 10 people (89%) agreeing it is important to aim for equality in our society.

In terms of inequality between men and women in particular, a significant majority (73%) agree that inequality between men and women is an important social issue that the Government should tackle.

When comparing men and women, most Australians (69%) also believe that helping and supporting women should be the priority until equality is reached.

However, this does not mean the public want men's issues to be ignored.

In general, Australians take a pragmatic view that tackling specific health and social issues that impact women and men differently, is more important than addressing gender equality in isolation.

This doesn't mean that gender equality is unimportant, just that Australians place greater priority on tackling issues that can

89%

SAY IT'S IMPORTANT TO AIM FOR EQUALITY IN AUSTRALIA

disproportionately impact men and women. Issues that Australians say are a priority include sexual assault (92%), domestic violence (90%), mental health issues (86%) and suicide (81%).

In total, 93% of Australians recognise that men and women can suffer from different health and social issues.

While 90% of people surveyed told us that it's desirable for men and women to be treated the same, 83% agree that we shouldn't ignore differences between men and women.

We also found a large majority of Australians are equally likely to say that it is okay for Governments to talk about women's health and social issues (91%) and men's health and social issues (91%).

In terms of Government action, around 8 in 10 people (78%) say "it is OK for men and women to receive targeted services and support".

SUPPORT FOR FUNDING MEN'S ISSUES

In terms of funding, the current practice of funding work on women's issues at significantly higher rates than programs to tackle men's issues, is out of step with public opinion.

Our research found equal support for additional Government funding to tackle women's health and social issues (79%) and additional Government funding to tackle the health and social issues that impact men and boys (79%).

When asked to consider what proportion of funding should be allocated to men's issues and women's issues, only a tiny minority thought that either women (3%) or men (2%) should receive the majority of Government funding and support.

In comparison, a significant minority (1 in 3 people, 33%), told us that "men and women should receive roughly half of all funding and support".

In general, however, most Australians seem to take a very pragmatic view with 3 in 5 (59%) telling us that funding and support should be allocated on the basis of need, regardless of gender.

59%

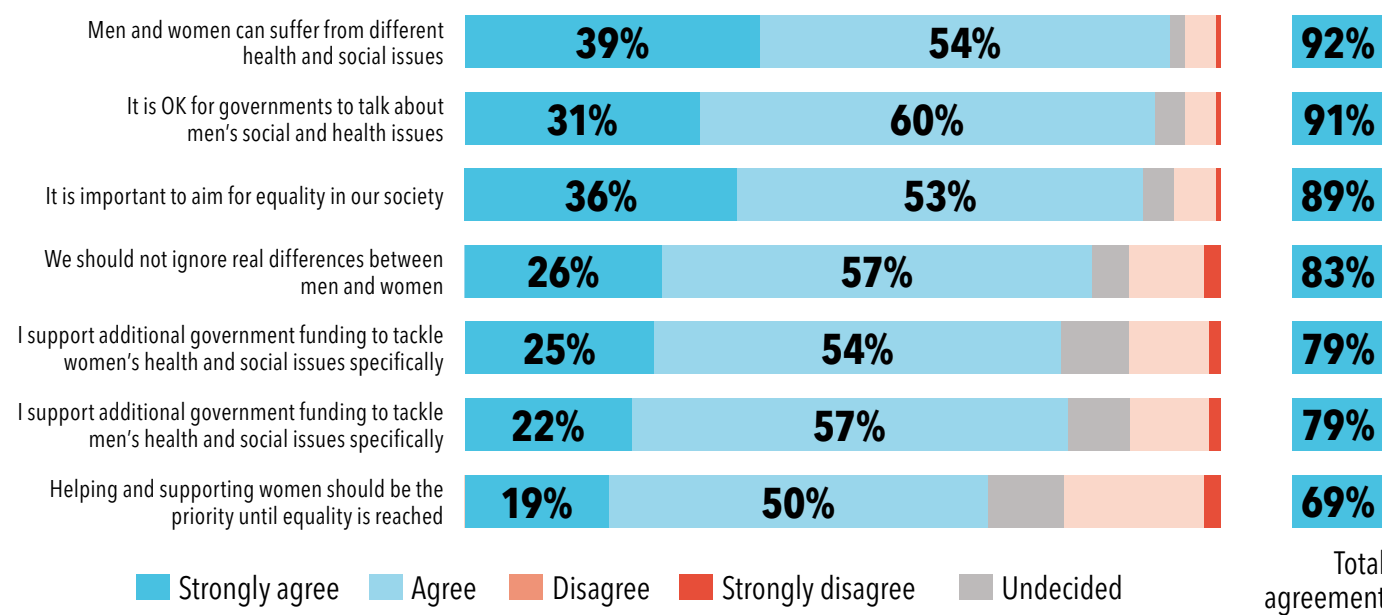
SAY FUNDING SHOULD BE ALLOCATED ON BASIS OF NEED REGARDLESS OF GENDER

In terms of the men's health and social issues, our research identified 7 areas of concern that the public identify as having a greater impact on men than women.

These were workplace accidents, parental access to children after separation, earlier death, suicide, heart disease, mental health and social isolation.

When asked to rank these in order of importance, by selecting 3 issues that are a priority to tackle for men, there were two overlapping issues that stood out. The men's issue that is of greatest concern to Australians is men's mental health, with 62% naming this as a priority. Preventing male suicide was the public's second greatest concern, with 50% naming it as the key priority.

TABLE 1. PUBLIC ATTITUDES TOWARDS GENDER



Q12) Please rate your level of agreement with each of the following statements about equality and attitudes towards gender. It is important that you consider each carefully and answer honestly! Base: 1,259. N.B. Ordered by net agreement.

MALE SUICIDE AN URGENT CASE

According to the Australia Bureau of Statistics, mental health is the third biggest cause of death, disease, illness and injury in men behind cancer and cardiovascular disease.

Men experience a greater disease burden than women from mental health issues but are significantly less likely to access mental health services funded by the Government and major NGOs.

Our research clearly demonstrates that mental health and male suicide are the top two issues the public wants the Government to tackle to help improve the health of Australian men.

In 2021, the Prime Minister’s National Suicide Prevention Adviser, Christine Morgan, published her final recommendations in support of the Governments ‘towards zero’ suicides goal.

Ms Morgan’s report delivered a strong message on male suicide and highlighted the disproportionate impact that suicide has on men, as an issue that “must be called out as a priority for whole of government” action.

The recommendation that men should be a priority population is backed by Suicide Prevention Australia (SPA), the national peak body for the suicide prevention sector.

In particular, SPA has advised the Commonwealth Government to “fund the creation and implementation of a national male suicide prevention strategy”.

More broadly, the Government’s National Men’s Health Strategy (2020-2030) already identifies men’s mental health (which includes preventing male suicide) as one of five priority men’s health issues that need to be tackled by providing “male-centred information, services and programs”.

While men account for 3 in 4 suicides, our auditing consistently finds that suicide prevention services funded by Government are more effective at reaching women at risk of suicide. The May 2021 budget, for example, allocated \$298m to suicide prevention, the majority of which is allocated to interventions that are known to be less effective at reaching men.

This includes \$158.6m on aftercare services for people who have attempted suicide, the majority of whom are female, and \$22m for services to support people bereaved by suicide, which generally help four times more women than men.

62%

SAY MENS MENTAL HEALTH IS A PRIORITY ISSUE GOVERNMENT SHOULD TACKLE

50%

SAY MALE SUICIDE IS A PRIORITY ISSUE GOVERNMENT SHOULD TACKLE

91%

AGREE IT’S OKAY FOR GOVERNMENTS TO TALK ABOUT MEN’S ISSUES

78%

SAY IT’S OKAY FOR GOVERNMENTS TO FUND SERVICES TARGETED AT MEN

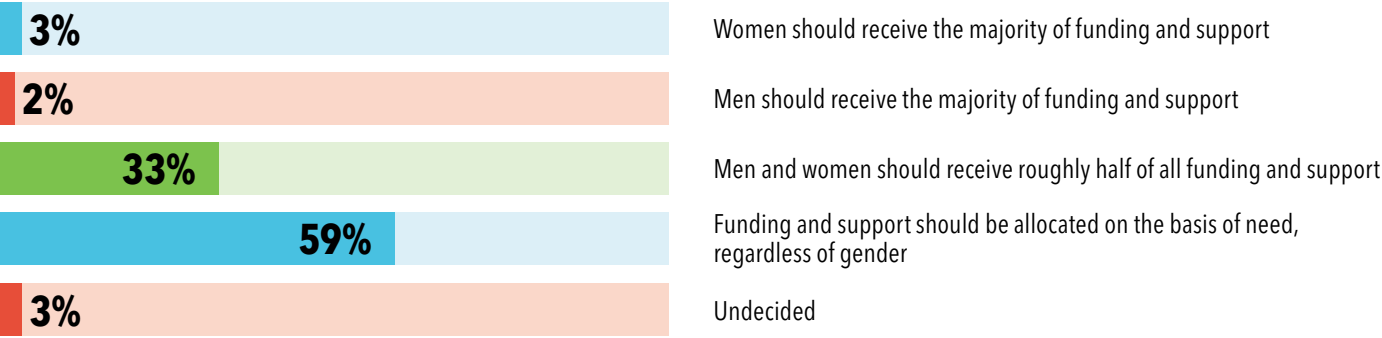
The Australian Men’s Health Forum does not argue for money to be taken away from these important services, but the act of auditing the reach of services in this way reveals a significant gap in the Government’s suicide prevention funding strategy.

Suicide now kills 9 people a day, 7 men and 2 women. Closing the gap between male suicide and female suicide would save 1,700 lives a year.

The case for allocating and targeting significant funding at male suicide prevention is urgent and overwhelming.

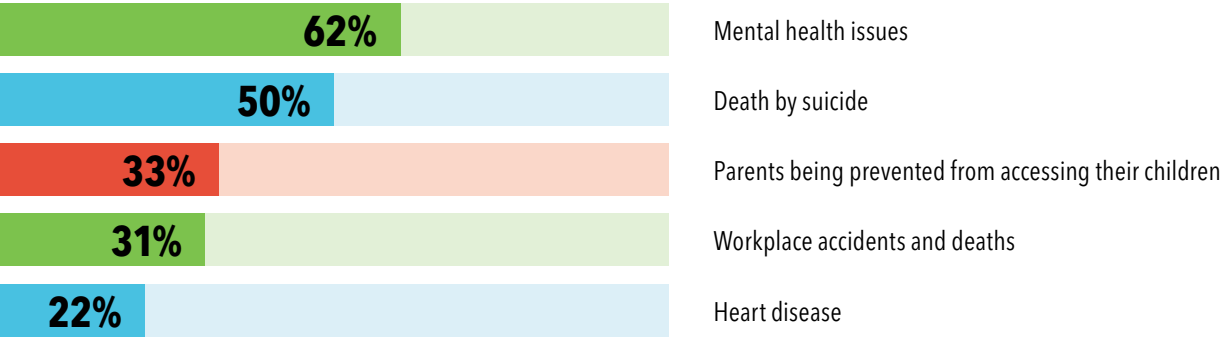


TABLE 2. PUBLIC VIEWS OF FUNDING FOR MEN’S ISSUES



Q15) And thinking about funding and attention from governments on social and health issues, which of the following statements comes closest to your own view? Base: n=1,259.

TABLE 3. PUBLIC VIEWS ON PRIORITY MEN’S ISSUES



Q16) First, below is the same list of health and social issues you looked at earlier. This time, please pick up to three that you think are the priorities to tackle for men. Base: n=1,259.

WHAT CAUSES MEN’S ISSUES?

Having identified mental health and male suicide as the top two men’s issues the public wants the Government to tackle, our survey asked respondents to consider the root causes of these problems.

The Government’s National Men’s Health Strategy highlights two key areas for action:

- Men’s capacity to access help and support
- The capacity of services to help and support men

The Government acknowledges that opportunities to engage proactively with men and boys, to assess risk, provide health education and undertake health promotion across a range of issues are not being fully explored and represent an area of significant potential for taking action.

In response to this challenge, the Government has committed to strengthening the capacity of the health system to provide quality care for all men & boys by allocating funding to male-centred information, programs and services.

When we canvassed the public on their views, the responses fell fairly evenly between men’s individual behaviour and the collective social and cultural pressures that men face.

In terms of individual behaviours, the public consider the most common cause of the issues men face to be men not accessing available support.

While 53% said men’s apparent reluctance to go to the doctor was a problem, the most common response (60%) was “men not talking about their issues with friends and family”.

For those who considered broader social and cultural pressures to be at fault, 47% said unhelpful behaviours were learnt from an early age, 50% said that the work and financial pressures men face were to blame and 53% said it was the “cultural pressure for men to be strong and solve their own problems” that was at the root of men’s health and social issues.

TABLE 4.1. PUBLIC VIEWS OF CAUSES OF MEN’S ISSUES (BEHAVIOURAL)

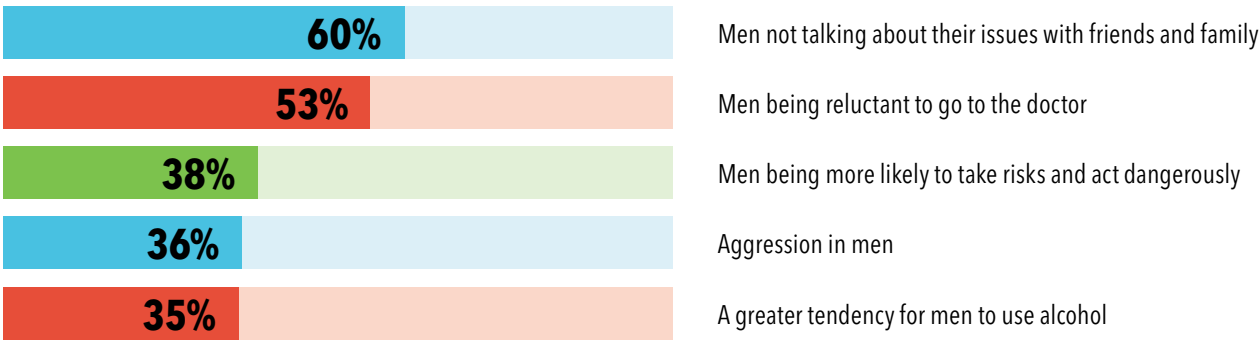


TABLE 4.2. PUBLIC VIEWS OF CAUSES OF MEN’S ISSUES (SOCIAL AND CULTURAL)



Q17) And thinking about the sort of men’s issues you think are priorities from that list, which do you think contribute to them? You can tick all that apply. Base: n=1,259.



FUNDING SOLUTIONS TO MEN’S ISSUES

How can Government do more to improve men’s mental health and prevent male suicide?

International best practice tells us that one of the key ways to improve men’s access to healthcare is by developing male-friendly services. This fact was acknowledged in Australia’s first National Male Health Policy, which called on all health professionals to “make their practices more male-friendly”.

The PM’s Suicide Prevention Adviser, Christine Morgan, has also stated that where necessary, services should be “redesigned to be more accessible and better meet the needs of men”.

Research consistently shows that around 2 in 3 men who die by suicide have been in contact with services prior to their death, but many don’t get the support they need.

In a Movember survey of 2,000 men who accessed therapy, 43% dropped out of treatment prematurely without informing their clinician. The main reason given was a lack of connection with the counsellor.

In general, men are willing to access help and support and more likely to do so if the services they reach out to are male-friendly and designed with men in mind.

2 in 3

MEN WHO DIE BY SUICIDE HAVE BEEN IN CONTACT WITH SUPPORT SERVICES

In recent years there has been an upswell of men at a community level who are stepping up to get involved in male suicide prevention by setting up, volunteering for and taking part in local peer support groups, but this is clearly still not enough.

The PM’s Suicide Prevention Adviser has noted that services need to be delivered in “places and formats that suit the needs of men” and Suicide Prevention Australia has also noted that “grassroots and peer-led services can be critical in providing support where men are because they are embedded in the communities of the men at risk of suicide and have the local knowledge of where they can be reached”.

Rather than simply funding services that are known to be better at reaching women at risk of suicide and hoping men will show up, the Government could radically improve the efficacy of its work to prevent suicide by specifically targeting funding at male-friendly programs with a long-term commitment to working to improve the lives and health of men and boys.

ANALYSING PUBLIC OPINION

Our research found that public support for the Government to target funding at tackling men’s health and social issues was consistent across different populations.

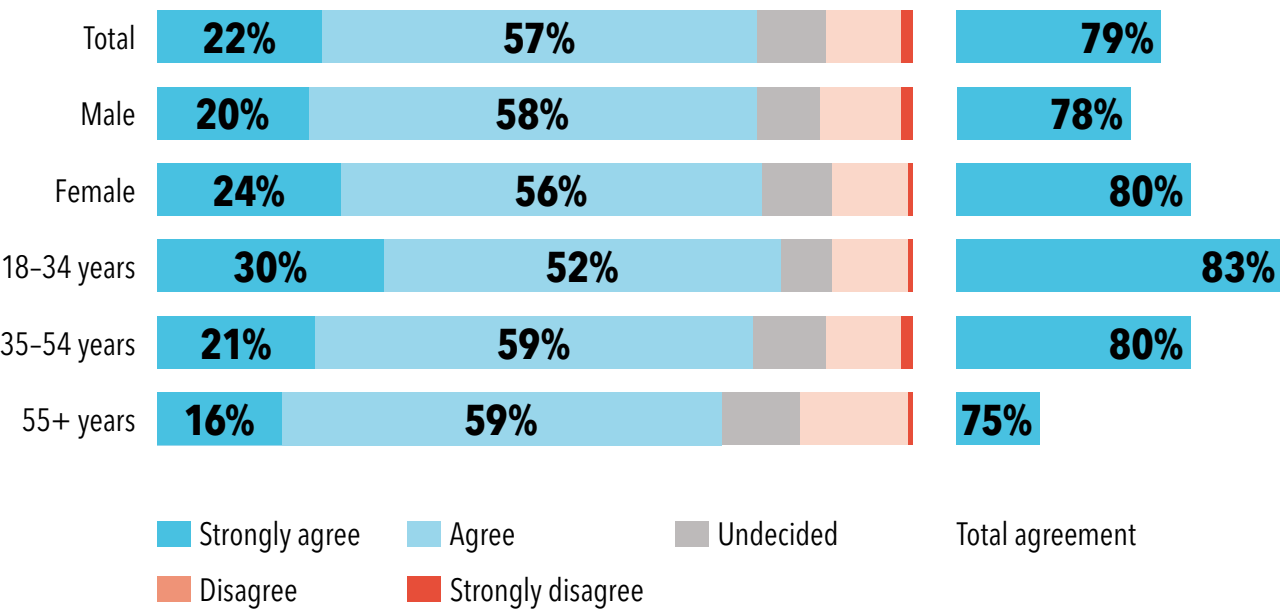
When asked to rate their agreement with statements outlining solutions to the health and social issues that men and women face, 79% of people agreed with the statement: “I support additional government funding to tackle men’s health and social issues specifically”.

There was also a small but noteworthy difference across different age groups, with the idea of allocating additional government funding to tackling men’s issues receiving greater support among young people. In total, 83% of those aged 18-34 years support more funding for men, compared with 80% of people aged 35-54 years and 75% of those aged 55 and over.

Importantly, we found not significant difference between the sexes with women (80%) being marginally more supportive than men (78%).

TABLE 5. PUBLIC VIEWS ON TARGETED FUNDING FOR MEN’S ISSUES

“I support additional government funding to tackle men’s health and social issues specifically.”



Q14) Next, regardless of your overall views on those issues affecting men and women, please rate your level of agreement with each of the following statements on what might be done about them. Base: 1,259.



SUMMARY OF KEY POINTS

- 3 in 4 suicides are men. Reducing male suicide to the same level as female suicide would save nearly 1,700 lives a year.
- In May 2021, the Government allocated \$3.4B to its Women’s Budget including \$535.8m for the National Women’s Health Strategy.
- There was no Men’s Budget and no funding for the National Men’s Health Strategy.
- 93% of Australians agree that men and women can suffer from different health and social issues.
- 91% say that it is okay for governments to talk about men’s health and social issues (91%)
- 78% of Australians support additional Government funding being targeted at tackling men’s health and social issues.
- The men’s issues that are of greatest concern to Australians are improving men’s mental health (62%) and preventing male suicide (50%).
- Some of the common root causes of these issues are thought by the public to be: men not talking about their issues with friends and family (60%); cultural pressure for men to be strong and solve their

53%

AGREE PRESSURE TO BE STRONG AND SOLVE THEIR OWN PROBLEMS CAUSES HEALTH ISSUES FOR MEN

own problems (53%); men being reluctant to go to the doctor (53%); work or financial pressures (50%) and not enough support services for men (35%).

- Around 2 in 3 men who die by suicide have been in contact with services prior to their death, but many drop out because they don’t get the support they need.
- AMHF is calling on the Government to allocate funding to male-friendly approaches to suicide prevention, in line with the recommendations of the PM’s adviser, who has called for services to be delivered in “places and formats that suit the needs of men”.

ABOUT THIS RESEARCH

The public opinion research quoted in this report was commissioned by the Australian Men’s Health Forum and conducted independently by Resolve, a full-service market research agency that specialises in helping clients solve strategic problems.

Resolve helps to clarify problems and design solutions through a combination of high-quality research, creative thinking and hard-won practical experience. The agency is the creation of Jim Reed, one of Australia’s most trusted and respected researchers and strategists, including being pollster to The SMH and The Age via the Resolve Political Monitor.

Jim has polled for twenty general election campaigns, was pollster for the successful Marriage Equality vote in Australia, and for numerous other non-partisan public opinion and advocacy campaigns.

Jim is a member of the Australian Market & Social Research Society (AMSRS) and has Qualified Professional Researcher (QPR) status. As a leader in his field, he regularly contributes to industry journals and conferences on specialist research topics.

The research undertaken for this report comprised two phases:

1. An initial qualitative investigation of the topic area via n=12 depth interviews, conducted between 18th-25th March 2021 with a good mix of geo-demographics on-line. The 45-60 minute interviews employed spontaneous discussion and prompted stimulus materials.
2. A quantitative survey of n=1,259 (+/-2.8%) adults representative of the national population was then conducted between 26th-30th April 2021. This was used to confirm qualitative hypotheses and accurately measure support for solutions.

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