

A photograph of a man with reddish-brown curly hair and a beard, wearing a blue button-down shirt. He is smiling and looking slightly to his right, with his right hand held up palm facing forward. The background is a blurred brick wall and some greenery.

emale

IMPROVING MALE HEALTH & WELLBEING

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**ALP Male Health Policy Forum
Leave the phrase Man Up in the bin
National Male Suicide Prevention Conference
Misandry: The Invisible Hatred of Men
Training Programs, Men's Programs
Short Takes & Conferences**

ALP Policy Forum on Male Health

The Australian Labor Party convened a National Male Health Forum at Parliament House in Canberra on 28 March 2017. The forum was led by Shadow Minister for Health and Medicare Catherine King, Member for Solomon Luke Gosling and Men's Health Consultant Greg Millan. The forum was also attended by more than two dozen of Australia's leading voices on male health. Labor thanks them for their participation in the discussions, which were an opportunity to consider men's health issues in detail following the National Health Policy Summit on 3 March 2017.

Above all, forum participants called for a greater focus on national leadership on men's health. They submitted that the Commonwealth – in partnership with state/territory and local governments, health and other service providers, and men themselves – needed to recognise and respond to the unique health needs of Australian men and boys, including the tragic rate of male suicide, with six Australian men taking their lives every day. A wide range of organisations are doing exceptional work to bring health and wellbeing messages and understanding to males of all ages and that work is valued and acknowledged and evaluation of programs and projects is really encouraged as it assists the identification of what is working and we can improve the "male friendliness" of services.

The forum urged the Commonwealth to renew the National Male Health Policy, which was developed by Member for Lingiari Warren Snowdon and the last Labor Government. The group agreed that an updated national strategy should include an implementation plan, accountability measures and new, appropriately resourced, investment, and be complemented by state and territory-specific policies. Participants emphasised that because Australian men are not homogenous, these policies would need to reflect the broad demographics of men in Australia – for example, Indigenous men and older men have additional health and inequity concerns that need to be addressed.

Three broad changes in male health policy were identified by the forum. First, participants argued that health services needed to be more male-friendly. This would require existing services to adapt – for example, by extending their opening hours beyond 9-to-5. It would also require the development of new models of care – such as integrated 'one stop shops', where men (and women) could receive multiple health services in one visit or a range of outreach services.



Member for Solomon Luke Gosling and male health experts at the National Male Health Forum

ALP Policy Forum on Male Health

As well as service changes, the forum called for health system reforms. The group argued that education and training for health providers needed to include a stronger focus on men and boys' health, and that more male providers were needed in some health professions. Some participants also argued for a stronger focus on evaluation and evidence, noting that there are many models for men's health but no consensus on best practice.

Secondly, the forum called for governments to recognise that the health of Australian men and boys is shaped by a range of factors beyond the health system. Discussion included a strong focus on the social determinants of health – the underlying factors that shape (and are shaped by) the health of Australian males. These include job and income security, educational attainment, housing security, social connectedness and a range of other drivers. The forum identified this as an area for further innovation and partnership development. The forum emphasised that addressing these social determinants would require action across portfolios and stakeholders. Governments could address some concerns – for example, by including social and emotional wellbeing in school curricula. But other changes would need to be led by other actors. For example, the men's shed movement was highlighted as an effective grassroots response to social isolation among older men.

Thirdly, the forum called for messages that support the health and wellbeing of Australian men and boys. Participants agreed that campaigns were not effective in isolation, but could support and strengthen other public health measures – as in the case of tobacco control and road safety. The group felt that government and independent campaigns should emphasise the positive aspects of Australian masculinities – for example, the leadership role that Indigenous men play in their families and communities. They noted that these messages should be conveyed via a range of mediums, depending on the target audience – for example, online for younger men and at Rotary clubs for older men. Such campaigns could help to change social and cultural norms around men's health.



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Leave the phrase **Man Up in the bin** says Jordan Gray UK

So many stories start with 'and x sent a tweet out' and we all aware of how tedious this has become, but in many cases just like this one, it isn't what is said, it is rather who it is seen by, how 140 tiny characters can reach millions of people in a second, and how a damaging message of archaic rhetoric is seen by those who see these people as influential. This week's controversial Piers Morgan opinion came in the form of two tiny words: "man up".

Mr. Morgan put forward the (by no means overdone and tiresome) argument that men sharing their mental health problems was going against society's unspoken rules of gender.

Men are not supposed to be in touch with their emotions and not supposed to acknowledge any form of mental health problem that could be detrimental to not only themselves, but to the health of their families. Instead, men are supposed to do what men do: burp in public, shout WAHEY when someone drops a pint in a pub and grunting at women in the street. You know, the manly way. The manly man-ish man things that make us all men. We've heard this idea time and time again, it is as original as telling someone to cheer up when they are depressed, or telling someone to calm down if they are suffering with anxiety. Just man up, men don't act like this, boys don't cry. Mr Morgan's comments, along with other comments from highly paid male journalists over the last few weeks, are a response to a spate of high-profile men speaking honestly and openly about their problems with mental health disorders.

The articles will say that they are all just jumping on a trend for notoriety, when in fact it is almost the opposite that is occurring. Men are finally getting to a place in society where we can discuss the invisible illnesses that plague our noggins, what was once seen as a general weakness is now being seen for what it is: a chemical imbalance in the brain that is out of their control. It's not anyone's fault. It is not a punishment. It does not make you any less of a person. It is simply the misfiring of neurotransmitters, a surplus or lack of certain chemicals in your brain, that can be triggered by trauma but are also a simple evolutionary response to a situation and in no way define who you are as a functioning human being.

The growing number of conversations about male mental health are a message of confidence being finally delivered to men who previously felt like they couldn't speak out. After manning up for so long, it can be difficult to be honest with yourself, and even more difficult to be honest with people and the public.

Imagine a young man hearing Prince Harry speak about his problems and identifying with that, learning about something they had previously had no knowledge of, and finding help. Now imagine that same young man, being told to man up, over and over again, until you simply can't man up anymore.

I spent most of my 20s 'manning up'. Ignoring my mental health problems, attributing them to weakness, not speaking up, not trying to understand them, simply wallowing in a sense of abstract failure in private, and putting on a brave face in public. I kept telling myself to man up, I ignored the problem for so long that I couldn't ignore it any longer and everything came crashing down around me. There is only so long you can pretend a problem isn't a problem until something breaks, and I broke.

The entire idea behind the phrase 'man up' has led to significantly damaging ideas and habits amongst men. Suicide is the largest killer of men under 45. Four million men in the UK will be suffering with a mental health problem at this very moment, and how many of those are willing to talk to their friends, their partners or their families about it? The bizarre social construct that men are the hunter-gatherers, hardened emotionless shells that bear their own emotional weight is an outdated concept that deserves to be buried so future generations aren't inflicted with the same nonsensical arguments.

The opposite of this bile are campaigns such as Time To Talk's 'be in your mate's corner' or the work of charities such as Pieta House. It's listening to the conversations around male mental health, listening to your friends' problems, being in tune with your sense of self. I am now more myself because of the information from such campaigns, and from hearing people who I admire (Robin Williams, Bruce Springsteen) discussing these issues in a proper and informed manner.

That people are finally able to talk about mental health problems is a gift that we shouldn't ever criticise. Personally, I think being able to speak openly about your emotions, becoming comfortable with yourself and wanting to help your fellow man is one of the manliest things you could ever do.

NATIONAL MALE SUICIDE PREVENTION CONFERENCE

Suicide kills eight people a day in Australia (six men and two women), costs the economy an estimated \$18.2B a year and has been described as a “national crisis”.

This year sees the launch of the National Male Suicide Prevention, which is being held in Sydney on 9th and 10th of November and hosted by the Stop Male Suicide project in partnership with Men’s Health Services.

Since its launch in May 2016, The Stop Male Suicide project has been rolling out a program of regional seminars in every State and Territory throughout. These events bring together people who are committed to taking action to stop male suicide and help identify and highlight examples of innovation, good practice and expertise in male suicide prevention.

The national conference in Sydney aims to build on these regional conversations by creating an annual gathering of people committed to preventing male suicide in Australia. The aim of this gathering will be to connect people who are focused on male suicide prevention; to highlight the good work that’s already happening at a national level and build relationships with international academics, practitioners and advocates.

NATIONAL MALE SUICIDE PREVENTION CONFERENCE 2017

“TOGETHER WE CAN STOP MALE SUICIDE”

Wednesday 9th & Thursday 10th November 2017

Holiday Inn, 18-40 Anderson St, Parramatta NSW

SPEAKERS INCLUDE:

Julian Leaser MP

Luke Gosling MP ALP Male Health Advocate

Matthew Tukaki, Director, Suicide Prevention Australia and
Chairman of the National Coalition for Suicide Prevention

Professor John Macdonald, Foundation Chair in Primary Health Care at the University of Western Sydney
and Director, Men’s Health Information and Resource Centre

Jorgen Gullestrup, CEO, MATES in Construction

Brendan Maher, CEO, R U OK?

Kim O’Neill, CEO, On The Line/MensLine

Pete Nicholls, CEO, Parents Beyond Break Up

Georgie Harman, CEO, Beyondblue

Beyondblue ambassador, Allan Sparkes CV, OAM, VA

Julian Krieg, Chair, Rural Financial Counselling Service

Ross Jacobs, QLife National Coordinator - Clinical Practice and Development,
National LGBTI Health Alliance

Dr Kairi Kõlves, Principal Research Fellow and Course Convener at the Australian Institute
for Suicide Research and Prevention (AISRAP), Griffith University;

Martin Fisk, CEO, Menslink

Rick Welsh, Aboriginal Project Officer, The Shed, Mt Druitt

Brad Clarke, The Corporate Suicide Prevention Network

Glen Poole, Stop Male Suicide Project

Representatives of Lifeline, The Australian Men’s Health Forum
and The Australian Institute of Male Health and Studies

BOOK TICKETS TODAY

Tickets to the conference are available via [Men’s Health Services](#). [Link to Registration Form](#)

Ridiculously Early Bird (Before 31st July): \$397 for both days or \$199 per day

Early Bird (Before 30th September): \$447 for both days or \$224 per day

Full Price (from 1st October onwards): \$497 for both days or \$250 per day

CONFERENCE WEBSITE

Glen Poole at StopMaleSuicide@gmail.com

Misandry: The Invisible Hatred of Men

Microaggressions are those subtle (and sometimes not so subtle) things we do to distance ourselves from minorities, be they someone from another race, or culture, LGBT people, etc. The term “microaggression” was coined by psychiatrist and Harvard University professor Chester M. Pierce in 1970 to describe insults and dismissals he regularly witnessed non-black Americans inflict on African Americans. Most people are well-intended and do not mean to be offensive at all—but they are. Some of these include: “You don’t act like a black person. | Why do you sound white? | Are you the first in your family to go to Uni?”

Today the term ‘microaggression’ is also being used to describe insults and dismissals of women and LGBT people. Kevin Nadal does a great job describing microaggressions against LGBT individuals in his book, *That’s So Gay: Microaggressions and the Lesbian, Gay, Bisexual and Transgender Community*. Some microaggressions against LGBT people include: “I’m not being homophobic; you’re being too sensitive. | Have you ever had real sex | I would never date a bisexual man he can’t commit or make up his mind” Some verbal microaggressions I’ve heard against women are: “I wouldn’t work for a woman. | You’re being too emotional. You need to look at this logically. | I’m impressed that a woman could do that.”

I have been noticing more and more microaggressions toward men, but surprisingly, I’ve found, little discussion of this trend. There is a word most people have never heard of: Misandry, meaning hatred of men. It corresponds to misogyny, hatred of women. By noticing microaggressions directed against men, we can uncover a lot of ‘hidden’ misandry. Here are some examples I’ve come across: “A man wouldn’t understand. | Really? You don’t like sports? | He’s, you know, ‘artistic. | Be a man.” I’ve even heard women say things like, “Balls are gross. I hate them.” If a woman overheard men talking about vaginas being dirty and disgusting, she’d surely think this was misogyny and microaggression, but why not the other way around?



Misandry: The Invisible Hatred of Men



Many otherwise enlightened people seem to think that putting a man down by shaming him for the transgressions of a few criminal men or for his inadequate physicality is a sort of privilege or entitlement. They are not even aware of their misandry. Mostly we know that men, especially heterosexual white men, have a privileged status in our society, that they are mostly blind to their privilege, and that we live in a patriarchal world. But let's look at our assumptions for a moment. What does it mean, for instance, when we tell someone to "man up" or "toughen up?" We often think of patriarchy as hurting women, but we don't talk about how it also hurts men. Patriarchy includes a rigid standard of looks and behaviour, and men who fail to follow the standard are tormented ruthlessly. Conforming men may be 'blind to their privilege,' but nerds and sissies are fair targets for contempt. A man who dares not be 'manly' is scorned by women as well as men. Those "crybabies" deserve what they get.

In his book, *I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression* author and psychotherapist Terrence Real says, "Boys and men are granted privilege and special status, but only on the condition that they turn their backs on vulnerability and connection to join in the fray. Those who resist, like unconventional men or gay or bisexual men, are punished for it." I completely agree with him. The old adage, "Sticks and stones may hurt my bones, but words can never hurt me," is wrong. Words can and do wound. They perpetuate 'norms' that give rise to bigotry, misogyny, misandry, racism, homophobia, and more. Given how "manliness" is enforced by both men and women, is it any wonder that men have become 'fair targets' for a running commentary of contempt?

Even the absence of online discussions of microaggressions against men is itself a microaggression because the absence renders the problem invisible. Some discussions of microaggressions toward women and minorities even say that since men are privileged they can't experience microaggressions. But many men are not privileged. These men have been rendered invisible and at the same time marked as fair game. It pathologizes men when we assume something is wrong with a guy who doesn't like sports, isn't "tall, dark, and handsome," or otherwise, doesn't fit a 'manly' stereotype. It also pathologizes men when we assume the worst transgressions of a few are characteristics of all. It doesn't help women (or blacks or LGBT individuals) to engage in the sport of putting down men. We might begin by extending to men our sensitivity about the harm done by microaggressions. It could open the door to compassion and help us build a more humane world.

Source: [Joe Kort Ph.D](#)

TRAINING PROGRAMS & MEN'S PROGRAMS



Saturday June 17 9.00 am – 4.00 pm

Joy Cummings Centre 61 – 63 Scott St., Newcastle

A one day program for men who have survived domestic violence in any type of relationship and would like to participate in an educational peer support program that provides a safe space for discussion and personal growth. **MOVING FORWARD** provides participants with practical life tools and opportunities for personal development through a range of in-group activities. This program is guided by humanist principles of showing compassion and understanding. Although there are no geographical requirements for the program, men from everywhere are welcome, but participants must have left the DV situation or perpetrator. Cost \$50 for the day includes all refreshments and lunch. Some concessions are available please contact Greg directly. [Complete the Registration Form.](#)

ENGAGING MEN Male Health Promotion Program DARWIN July 17 to 21 **Australian Red Cross, Training Room Level 1, 13 Scaturchio Street, Casurina** **Includes the [Stop Male Suicide Training Program](#) on Thursday July 20**

ENGAGING MEN equips allied health, human service, community workers, and industry professionals with knowledge and skills to work effectively with males, with the aim of improving the health, psychological, educational and social outcomes for them. The program provides a space for men and women who work with men and boys to develop health promotion strategies that are male friendly and effective. No previous experience or knowledge is required - only a willingness to learn, explore and grow.

The program combines evidence based theory and practice with a focus on developing individual awareness, knowledge and interpersonal and group skills. The program is inclusive of our Indigenous brothers' health and wellbeing needs. This is a one week program. For an Overview of the Program Content click [here](#).

COST \$1200 for 5 days of training, Wed to Friday and Mon & Tues, which includes:

Enjoyable, interactive and practical learning with comprehensive take away resources. Morning and afternoon teas and lunch provided. **There is an early bird rate of \$1000 for payments received by June 25, 2017** For more information and to register visit the [website](#).

STOP MALESUICIDE

Stop Male Suicide 2017 Seminars and Trainings

We know suicide is preventable; we know that men are three times more likely to take their own lives and we know that most approaches to suicide prevention are more effective at helping women. The Stop Male Suicide project is dedicated to developing and championing male-friendly approaches to suicide prevention that are designed to help men at risk of suicide. We're on a mission to share the knowledge, the wisdom and the skills you need to take action to stop male suicide, by providing:

[Stop Male Suicide Seminars,](#)

[Male Suicide Prevention Training](#) and a range of other resources including our book:

[You Can Stop Male Suicide](#)

For information on male suicide prevention training click [here](#)

Glen Poole Stop Male Suicide Project m: +61 (0) 432 488 943

SHORT TAKES

Budget to deliver telehealth boost for rural psychological services

People living in rural and remote regions of Australia will get the same access to psychologists as those living in our major cities, under a new telehealth initiative set to roll out later this year. A major barrier to rural residents accessing vital mental health treatment will be removed with the introduction of a new Medicare rebate for online videoconferencing consultations with psychologists. Under the new arrangements, up to seven of the ten sessions currently available under Medicare rebatable mental health plans will be available via telehealth.

Action urgently needed to stem rising youth mental illness

A joint report released today by Mission Australia and Black Dog Institute shows more young Australians are in psychological distress than five years ago, with almost one in four young people in 2016 meeting the criteria for probable serious mental illness and **young females twice as likely as males to report high psychological distress**. The report highlights the important role of friends, parents and the internet as sources of help for young people with a probable serious mental illness. [Read more](#)



Texts help men tackle fatherhood

Developed by the University of Newcastle with beyondblue and the Movember Foundation, the world-first service sends men regular messages with advice and information – synchronised to their baby's development – and a mood tracker to help them care for themselves while caring for their family. "It's like a mate looking after you," said the SMS4dads project leader, Associate Professor Richard Fletcher.

Sydney first time father Stephen Donohue, 31, signed up for SMS4dads when his son was born last year. "I appreciated information coming to me via text, offering support if and when needed," he said. Mr Donohue said it was not just society that expected more of fathers these days "but dads themselves, because we have seen and heard about the importance of the role dads play".

"It's really hard finding the balance – of work, of recreation, of family time, of making sure that I'm playing my part as dad and not just sitting on the sidelines," he said. "There's a lot of pressure ... to be doing everything." Becoming a father is a high-risk time for mental distress for men, adjusting to major lifestyle changes and juggling the responsibilities caring for a newborn while working harder than ever to make up for their partner's lost income.

Research shows one in 10 first-time dads develop postnatal depression and one in seven experience a high level of psychological distress. But according to beyondblue, 44 per cent do not seek information or support while under stress and 43 per cent see anxiety and depression after having a baby as a sign of weakness. SMS4dads makes it easy for fathers to find support; those who consistently register a low mood receive assistance and follow-up from the PANDA helpline.

Dr Fletcher, from the Family Action Centre at the University of Newcastle's faculty of health and medicine, said "the evidence is much clearer now that if the father is depressed and not getting help, the children are going to be affected". His research has found that children are three times more likely to have behaviour problems if, in their first year of life, their father had symptoms of depression.

Ninety-two per cent of fathers trialling SMS4dads found it helpful. There are hopes it will become an ongoing national program and Dr Fletcher has been in discussions about expanding it internationally. He expects trial results will show the program helps to reduce the symptoms of anxiety, stress and depression for first-time dads. New fathers and fathers-to-be can register at sms4dads.com.

MEN'S HEALTH WEEK WILL BE HELD FROM JUNE 12 - 18 2017

For Men's Health Week 2017 communities across Australia come together and create fun and engaging events, promotions and activities tailored to the needs of men and boys.

[VISIT THE WEBSITE HERE](#)

**HEALTHY BODY
HEALTHY MIND
KEEPING THE BALANCE**



Conferences & Seminars

THE PARKS COMMUNITY NETWORK MEN'S HEALTH SYMPOSIUM June 14 8.30 - 3.00 pm
St John Park Bowling Club, 93 Edensor Rd, St Johns Park , Sydney

Circle of Care, Guest speakers, Greg Millan, Glen Poole, Mathew Dillon. For more information please contact Mathew Dillon 02 9609 7400 operations@parkscommunity.org.au

WORKING WITH MEN CONFERENCE August 24th and 25th
Historic Village 17th Ave Tauranga, NEW ZEALAND

For a registration form, full synopsis of speakers and other information please contact Kids Need Dadz Charitable Trust Tauranga 0011 64 07 571 0379 manager@knd.org.nz | www.kidzneeddadz.org.nz

CABOT'S 7TH NATIONAL MEN'S SHED CONFERENCE "UPWARDS AND ONWARDS"
September 29 - October 1 Mantra on View Surfer Paradise, Queensland

The 2017 Conference, themed Onwards and Upwards, will include traditional content about establishing Men's Sheds, as well as a particular focus on operational matters including governance, financial management and best practices. Experienced shedders, professional service providers and the highly skilled AMSA team will present the conference streams. Visit the [Conference Website](#) for more.