ENCOURAGING RECOVERY

Culture is formed over time and in groups. Every group has ‘culture’ i.e. shared values, beliefs and behaviours. There is no right or wrong culture. However, groups of people who are part of veteran and ex-service settings have the opportunity to enable a culture that promotes the health and wellbeing of its members. They can do this by supporting help-seeking and recovery.

INSIDE THIS ISSUE

Why Don’t Men Access Health Care?

Most of today’s health problems in men which are initially treated by family doctors are not amenable to quick consultations (the so-called six minute medicine). To fully understand a patient’s personality, medical and family issues, genetics, habits, lifestyle etc. takes time. Men as a group always seem to be after the ‘quick fix’ e.g. “Doc, I just want a script for …” However, in today’s world, there are very few chronic conditions which are amenable to a brief consultation and a few pills.

Male Culture?

As students in the microbiology lab, we tried to grow different sorts of bacteria on sheets of pink, smelly stuff in shallow dishes. If we succeeded we had created a ‘culture’ of the particular bug. So, moving rapidly up the evolutionary tree, what about growing a “culture” of blokes? What sort of stuff would go into the “culture medium” in the incubator and how would we know if we had succeeded?

Be a man and eat like one too

The old saying “Real men don’t eat quiche” is a good example of how culture and the idea of masculine identity has greatly affected men’s food preferences. Instead of foods like quiche, or foods that are perceived as ‘feminine’, men prefer to eat foods that are linked to manliness, power and virility. Do these intrinsic preferences to conform to foods perceived as masculine affect our health?

WANTED MHPE VOLUNTEERS!

Turn to page 36 for information on the MHPE program.
**Welcome to the Male Culture and Health issue**

As I’ve recently taken over the Men’s Health Peer Education (MHPE) National Coordinator role from Naomi Mulcahy, this is my first issue as editor of the MHPE magazine. Having the utmost respect for the veteran community and our MHPE volunteers, it is a privilege to be involved in producing this magazine.

While it is necessary that the veteran community integrate into civilian society, it is equally important that this group come together to support each other in promoting and practising health and wellbeing.

In this issue we feature not just male culture but military and indigenous cultures and the health system. Our Principal Medical Adviser, Dr Gardner describes why it is important to have those regular checks and that ‘there isn’t just a ‘quick fix’.’

Jon Wauer focuses on mental health in military culture and the barriers that serving and ex-serving members face. While Dr Stephanie Hodson writes about how women’s roles in the military have expanded significantly and the importance of ensuring that servicewomen feel part of the veteran community.

We also look at the changing role of men in Australia and the importance of family and mateship.

What better way to encourage men, women and children to interact with the health and wellbeing of the males in their lives, than being involved in International Men’s Health Week in June this year. The week gives local communities, families and people an opportunity to run events that interest boys and blokes.

Thanks to those who contributed articles and provided assistance with this issue. I hope you enjoy reading.

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**Letters to the Editor**

What we’re looking for ...

Letters should be no more than 100 words and relate to articles or topics discussed in the magazine or regarding men’s health generally

Please send your letters to The Editor at menshealth@dva.gov.au or

Men’s Health Peer Education magazine
C/- Department of Veterans’ Affairs
GPO Box 9998
Brisbane QLD 4001

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**MHPE Magazine and reproduction of content**

Just a reminder to our readers, if you would like to include an article that’s appeared in an edition of the magazine in your own publication, please contact the Editor to confirm if there are any restrictions on the re-publication of the material.

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**MHPE Magazine Editorial Committee membership**

Sandra Jenkins DVA (Editor)
Dr Warren Harrex, DVA Senior Medical Adviser
Dr Stephanie Hodson, CSC, DVA Mental Health Adviser
Chris Jones, DVA (outgoing member)
Anthony Hoare, DVA National Health Adviser
Margaret Bennett, VVCS
Raylee Huggett, Public Affairs, DVA (incoming member)

The Committee would like to thank Chris Jones for his support of the MHPE Magazine, and welcomes Raylee Huggett who has joined the Editorial Committee.
WHY DON’T MEN ACCESS HEALTH CARE?

MEN ARE IMMORTAL – OR SO WE LIKE TO THINK! BUT THE REALITY IS OTHERWISE.

When I was a young medical student, I still remember talking about the health system with my grandfather who was a WW1 veteran. He told me “you only go to hospital to die!” And he lived to 97 with no significant health problems until just a few months before he died. But he never smoked, never drank alcohol, ate food in moderation, walked everywhere, was physically fit – and was lucky.

Why do I say “lucky”? He chose his parents and grandparents well. They lived to ripe old ages compared to most members of their generations, he avoided all the significant infectious and occupational diseases that killed so many people of his generation; he married well and had a small but supportive family; he avoided the hazards of workplace accidents; he survived 3 years in Egypt and Palestine during WW1 without so much as a scratch; and he weathered the Great Depression with minimal adverse effects.

But life today is different. We are much less physically active, we massively over eat; many of us abuse cigarettes and alcohol in spite of the clear health evidence about these hazards; and with the pace of modern life, stress (both external and internal) is an ever-present problem.

Most of today’s health problems in men which are initially treated by family doctors are not amenable to quick consultations (the so-called six minute medicine). To fully understand a patient’s personality, medical and family issues, genetics, habits, lifestyle etc. takes time. Men as a group always seem to be after the ‘quick fix’ e.g. “Doc, I just want a script for ...” However, in today’s world, there are very few chronic conditions which are amenable to a brief consultation and a few pills.

Prostate cancer, for example, is the number one type of cancer in men (other than skin cancers). It is strongly associated with age. Most men, if we live long enough, will develop prostate cancer. However, most of these prostate cancers are very slow growing and do NOT of themselves cause death. However, there are exceptions, especially the very aggressive prostate cancers that sometimes occur in younger men.

Traditionally, one of the diagnostic tests for an enlarged prostate and possible prostate cancer was a digital rectal examination (finger up the backside). This was an examination which men would do anything to avoid. And perhaps they were right – as this test has now been shown conclusively to be very poor in detecting early prostatic cancers.

Many of you would have heard of the PSA test, a simple blood test (which men don’t mind). However this too is a very poor test. Very high test levels of the Prostate Specific Antigen often mean significant underlying prostate disease, and necessitate urgent further examinations and treatment. However, it is the intermediate test levels that cause the most angst. In these cases, the “treatment” of the prostate cancer can be worse than the disease, with resulting incontinence, erectile dysfunction, urinary infections etc.

We still don’t know enough about how to determine which of the prostate cancers possibly indicated by the PSA test will need aggressive treatment, and which would be best managed by “watchful waiting”. A GP with a good understanding of the patient’s history and lifestyle can assist in this complex decision making process.

Seeing your GP is therefore valuable for the early identification and treatment of many of today’s chronic health conditions. However you will need to make time to enable your GP to get to know you and your health concerns, and to jointly develop prevention and treatment plans that are tailored to your specific requirements. DVA can assist in this not only through Gold Card or White Card access to many medical specialties, but also via a range of other health providers. Your GP is the key contact point in accessing these services.

If you haven’t been for a visit to your GP in the last year or so, I’d urge you to do so. But just don’t expect a prescription for complete lifetime health care from one short visit!

Dr Ian Gardner
DVA Principal Medical Adviser

From 50 years of age, and 40 years of age if you have a direct family history of prostate cancer i.e. fathers or uncles have had prostate cancer, have a conversation with your GP.

According to the Prostate Cancer Foundation of Australia (PCFA) over 3000 men die a year from prostate cancer. The PCFA provides free information for men and their families and has recently launched new national guidelines along with Cancer Australia and the National Health and Medical Research Council. www.pcfa.org.au
Community attitudes towards mental health have changed significantly over the past decade and mostly this change has been positive. Where once these issues were shrouded in negative stigma, as a nation we now pride ourselves in discussing mental health. That said, many individuals are still hesitant talking about, and seeking help for, mental health conditions.

Gender, life stage, geography, employment status, sexuality, history of mental illness and cultural background can all have an impact upon people’s willingness to seek help. It is also important to include military culture in this list.

Studies of military populations around the world have found that a large proportion of military personnel who experience mental health problems do not seek help. Typically between forty and sixty percent of those who could benefit from professional treatment do not access help or services.

Barriers to help-seeking in military populations include stigma, logistical barriers to care (access/transport etc.), negative attitudes regarding mental health treatment and poor recognition of the need for treatment. The 2010 Australian Defence Force (ADF) Mental Health & Wellbeing Prevalence Study noted that being treated differently (27.6%) and harm to career (26.9%) were the highest rated perceived stigmas by current serving ADF personnel. The highest rated barrier to seeking help was concern it would reduce deployability (36.9%).

The masculine culture in military populations is a common reason given for lower help-seeking rates. International studies also highlight the perception that individuals may be believed to be weak or unable to cope. These concerns have been shown to persist even after individuals have left service. Cultures, beliefs and behaviours learned in service continue into civilian life.

Department of Veterans’ Affairs (DVA) and Defence have sought to raise awareness of mental health concerns in the veteran and ex-service community, which goes some way towards reducing a number of these barriers to care. Ultimately however, the onus is on the individual experiencing concerns to recognise they are not alone, that help is out there, and that seeking help early and often provides the best opportunity for recovery. If you are concerned about a mate or family member, express that concern. It only takes a moment to ask if you are ok.

If your car isn’t running at its optimal level, you’d consult a mechanic. If you are experiencing physical pain, you’d most likely consult with a doctor. Individually and collectively we need to ‘walk the talk’ of our society more broadly, and normalise the experience of seeking help with mental health concerns. For ourselves, our families, our mates and those who come after us.

If you are worried about how you are feeling or coping, consult your GP, call the Veterans and Veterans Families Counselling Service (VVCS) on 1800 on 046, or visit the At Ease website www.at-ease.dva.gov.au. In an emergency dial 000.

Jon Waifer, DVA

Recent generations of men have been reluctant to share feelings or reveal weakness, or be dependent on help. This may have been a protective reflex, to insulate others from experiences that affected men in the twentieth century – the World Wars, the Great Depression, and common hardships.

My own uncles on return from the Second World War shut themselves in a room, and emerged having agreed never to refer to those experiences again. One was my godfather, who gave me late in life poems written in the Prisoner of War Camp he spent the war in after early capture in Greece.

Another was in warships on the Russian convoys. When a nephew died in a climbing accident in his late teens his younger brother was surprised that this uncle spent time with him, and asked him why “I have watched many young men die,” he replied.

The third wrote an account before he died. He was wounded in the Dieppe raid, and afterwards worked on beach-landing reconnaissance of Japanese-occupied Malaya, in a collapsible canoe operating from an offshore submarine.

Their sisters and younger brother felt shut-out. But could their older brothers have explained? Did they themselves just want to forget?

What would we boys have made of this, if they had told us? Curious, but deprived of information, we devoured war comics. Fortunately these were not too bad. They did over-caricature the enemy, though that prevented me identifying them with real people such as the elegant and gentle Japanese couple our family knew.

The plots were surprisingly moral and instructive. The despised member of the unit would turn out to be the one with courage. The braggart and bully would be found wanting. Those with dreams would find them unexpectedly fulfilled. These were universal stories, only set in war.

My own father was an open communicator (as were otherwise my uncles), but referred to the war only occasionally, as amusing anecdotes, making entertainment of minor incidents, human, often self-mocking. He had led an entire tank convoy navigating at night into a farmyard. He had fished off the back of a boat crossing a lake under fire. He had driven a water-resistant vehicle, demonstrating for top brass at the wrong river point, completely under water but for his hat. I have a letter with a comic account of his first attempt to drive a tank.

In my last years with him, at 12 or 13, he took me to a regimental reunion. I expected to see him surrounded by former companions. Instead he sat alone at the end of a spectator stand in Horse Guards Parade. He explained that he had been posted as a young officer, from an Irish Catholic background in Liverpool, into the Royal Horse Guards in a well-meant scheme to breach its aristocratic military family class. He tried to adapt, but they shunned him as not ‘one of them’.

My heart went out to him, for enduring a form of suffering that any schoolboy would recognise, and his humility in telling me of it. The father I knew was a well-dressed, spoken and mannered gentleman, confident in any company. I now knew the cost, and of my own inherited manners. And now I too turn my life into stories, entertaining but with a purpose, the bad as useful as the good.

Chris Clarke, DVA
An emerging veteran cohort – women, health and military culture

The composition of the Australian Defence Force (ADF) is increasingly diverse and just one example is the increasing role of women in the ADF. In the last two decades, women’s roles in the military have expanded significantly, including into combat roles. Women now serve in roles as diverse as ship captains, helicopter pilots, logisticians, health and motor mechanics. They have deployed in support of peacekeeping, disaster and humanitarian relief, border protection, regional stability operations and to the Middle East Area of Operations. In these sometimes high risk roles, women can suffer injuries or ongoing health issues just like their male counterparts. They are increasingly seeking assistance through the veteran support networks and face many similar cultural issues and barriers reported by male veterans.

Both the Department of Veterans’ Affairs (DVA) and the Department of Defence have sponsored research which includes issues facing female military personnel. For example, a major piece of research in this area has been the Military Health Outcomes Program (MilHOP), which included the 2010 ADF Mental Health and Wellbeing Prevalence Study (see www.defence.gov.au/Health/home/milhop.asp). Findings from this research revealed that servicewomen report similar rates of depressive and anxiety disorders as women in the Australian community. However, while the overall rate is the same, servicewomen are significantly more likely to be diagnosed with major depression. This research also shows an association between good social support and lower psychological distress. This highlights the importance of ensuring that women who have served feel part of the veteran community.

This research also revealed two key factors that influence the use of mental health services: the fear of stigma and barriers to care. This included concern that seeking help would reduce their suitability for deployments or adversely affect their career, as well as the concern that others would treat them differently or maybe they would be seen as weak. The only difference between men and women serving personnel, was that women were more likely to report that they knew where to get help.

It is easy to forget that only a generation ago in the 60’s women left the public service or the work force when they married in order to raise families. With the changing roles of women in the ADF, women with children are now able to have long careers. The deployments to the Middle East Areas of Operations have seen the first significant deployments of mothers who have dependent children. Importantly, research has confirmed mothers who have deployed, suffer no greater psychological distress, Post-Traumatic Stress Disorder (PTSD) symptoms, alcohol use or somatic symptoms compared to women without children who deployed. This suggests that mental health issues that arise are common to the experience of being a servicewoman rather than whether they have children.

Overall, the research reveals that female veterans who are mothers are generally healthy and resilient. Mothers viewed their deployments as a positive and important aspect of their defence service, despite the challenges of balancing work and family commitments. After returning from deployment, mothers indicated they may experience feelings of disconnection as they balance family priorities, work commitments and the ability to spend time with military peers. (More information is available at www.dva.gov.au/about-dva/publications/research-and-studies/health-research-publications/mothers-middle-east-area)

The Transition and Wellbeing Research Program is another study currently in progress and for which data collection has just been completed. This work builds on the findings from MilHOP, assessing the physical, mental health and social issues facing female veterans and any necessary pathways to care. This research is important as it will assist with policy and program development within the DVA and Defence, but may also influence the broader veteran community to assist these women who have served.

Dr Stephanie Hodson CSC
DVA Mental Health Adviser

The Transition and Wellbeing Research Program is a research program undertaken by the DVA and ADF to identify, plan and implement progressive Defence and veteran healthcare systems that meet the needs of a modern Defence Force and contemporary veterans. It is the largest and most comprehensive Study of current and former personnel undertaken in Australia to date. It includes the Mental Health and Wellbeing Transition Study, Impact of Combat Study and Family Wellbeing Study (learn more at: www.TransitionWellbeing.adelaide.edu.au).

WOMEN IN THE ADF

EXPERIENCES AND IMPACT OF MILITARY SERVICE AND DEPLOYMENT ON WOMEN IN THE AUSTRALIAN MILITARY

The presence and role of women in the Australian Defence Force has grown significantly in the last few decades. From only 4% in 1951, women now hold 15% of the fulltime positions in the ADF. Furthermore, the types of positions that women are able to occupy has changed from 24% to a planned 100% of positions being open to women from 2016.

The role of women in the ADF is very important and so is their health. Identifying and acknowledging the specific health needs and risk and protective factors for disorder in women is essential to ensuring that our ADF women remain healthy.

Self reported resilience is a protective factor for the health of women, particularly for those who deploy. This is important, as resilience is a skill that can be fostered.

Being in a relationship is a protective factor for both women and men. While having a child is a risk factor for disorder for men, this is not the case for women. They do better.

For women, social supports, such as friends, family, and work provide a significantly positive impact on mental health. In comparison, men only show a positive impact from work support.

For more information about our research into women in the ADF please see our 2010 MilHOP report: http://www.defence.gov.au/Health/DMH/MentalHealthReformProgram.asp#MHRP
**Anger management for veterans**

**VVCS**

Anger is a normal and often useful emotion; however, when it gets out of control, occurs too frequently, or becomes an automatic response to everyday events, anger becomes a problem.

Some basic techniques for anger management include:

- **Walking away** — sometimes you just need to clear your head, and release frustrations. When you’re too angry to deal with something in a productive or helpful way, tell the person/people that you need a minute and walk away, go for a run/walk or find something to distract you. When you’re calmer, you’ll be able to approach the situation differently.

- **Counting to 100** — thinking about something other than what’s angering you, allows you to calm down and re-assess the situation without the aggression.

- **Talking to someone** — find someone to offload to, a friend, family member, counsellor or psychologist. Counsellors are especially good because they’re trained to deal with anger, and aren’t connected to the situation affecting you.

“Like any condition, the sooner someone seeks help for the underlying cause, the more likely they are to manage a situation in a positive way”, Dr Porio said.

In addition to providing counselling, VVCS offers a Doing Anger Differently group program which helps participants to understand the causes of their anger and learn strategies to better manage anger and reduce its impact on daily life.

Eligible members of the ADF, veteran and ex-service community, including family members, who may be dealing with anger concerns are encouraged to contact VVCS to discuss support and counselling options available in their region.

For help or to check eligibility for VVCS services, call 1800 011 046 (24/7) or visit www.vvcs.gov.au

**Military personnel are highly trained, skilled and sophisticated problem solvers. They learn to assess their environment and react in a strategic manner, allowing them to be effective in high risk, high pressure situations.**

This training can be hard to ‘switch off’ in civilian life. In response to everyday stresses, habitual reactions embedded whilst part of the military can automatically kick in. Unable to channel this energy into a constructive ‘known’ combat response, anger can sometimes result.

Other common causes of anger in the ex-serving population include adjustment difficulties following deployment or separation from the military; and, in some cases, anger associated with mental health problems such as depression, posttraumatic stress disorder, alcohol and other drug use. If not identified and managed appropriately, anger can lead to violence.

Dr Loretta Porio, Assistant National Manager at the Veterans and Veterans Families Counselling Service (VVCS), says anger management is about knowing your triggers and early warning signs. “It’s also using techniques to calm down and manage the situation before it gets out of control,” she says.

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**Male Culture?**

As students in the microbiology lab, we tried to grow different sorts of bacteria on sheets of pink, smelly stuff in shallow dishes. If we succeeded we had created a ‘culture’ of the particular bug. So, moving rapidly up the evolutionary tree, what about growing a ‘culture’ of blokes? What sort of stuff would go into the ‘culture medium’ in the incubator and how would we know if we had succeeded?

The definition and the practice of maleness has changed a lot during my lifetime. Men can now claim anything from Blokesworld to the Ballet, from croc-hunting to craftwork as parts of male identity. Sure, many traditional male activities are no longer our exclusive territory, not even rugby or winning The Cup. In most areas of our communities and our lives we have to be more considerate, gentler animals than we used to be. This sometimes means behaviour which might have been called sissy in the (good/bad) old days.

So what should we try to grow to create a culture of maleness? Perhaps some of the elements would include:

**Strength.** Sure, testosterone equates with extra physical power: but strength without roughness, or violence, especially to those we see as weaker. And mental or moral strength is as necessary and desirable as muscle power.

**Confidence.** It still can be a man’s world. A degree of self-assurance is usually expected, usually admired. But confidence, which spawns arrogance or aggression mostly betrays a fundamental insecurity, or lack of self-confidence.

**Responsibility.** In sociological studies about ‘becoming a man’ many respondents nominate fatherhood as a defining event. Being willing and able to support the needs of family or friends requires strength and confidence – manliness. Reliably delivering our best efforts in our work, or sport or just standing on our own feet are other ways of being responsible.

**Culture.** Yes. Some form of expressiveness and communicating emotion. Blokes are said to be no good at this, but we still dominate the ranks of creative artists and performers, whether Mozart or Milligan or Slash.

**Mateship.** Those of you with military training and experience, especially when this has involved conflict situations, will understand mateship far more truly than I ever can. As a spectator I have been struck by the intensity of caring, dare I say the softness, which loopy blokes can share. As well as riotous good times. More strength to you.

In Western society we have few formal rituals or rites of passage which mark the entry into manhood. Older men are rarely involved in mentoring or teaching the next generation about ‘how to be a man’. Perhaps it is up to each of us, at any and all points of our journey, to find men who identify maleness for us – actual men if we are lucky – or characters we aspire to be or mentor or teach the next generation about ‘how to be a man’. Perhaps it is up to each of us, at any and all points of our journey, to find men who identify maleness for us – actual men if we are lucky – or characters we aspire to be or mentor or teach the next generation about ‘how to be a man’. Perhaps it is up to each of us, at any and all points of our journey, to find men who identify maleness for us – actual men if we are lucky – or characters we aspire to be or mentor or teach the next generation about ‘how to be a man’.

How do we recognise ourselves as having the ‘male culture’? I will leave that to a few lines taken from Kipling’s famous “If”:

“If you can keep your head when all about you are losing theirs, and blaming it on you …

“If all men count with you, but none too much …

... you’ll be a man, my son.”

Dr Tony Ireland, DVA Medical Adviser
What do body image researchers suggest can help if substance used. risks, and often despite uncertainty of the exact clear evidence of negative physical and psychological image and appearance issues. Misuse is rising, despite The Australian Medical Association reports that 68 per extreme dieting, exercise addiction and steroid abuse. Body image preoccupation in males has been linked to 'Why men go bald, and what to do about it'. Lose Fat and Build Muscle This Year, You Gotta Try This!'. The magazine incongruously 'reality' shows); male sports players as role models; and Judging people on their appearance (literally in some with greater exposure to media and marketing: Some risk factors for men’s negative body image are as pursuit of a muscular, lean physique rather than comfortable with the way you look and valuing who you are. For males, body dissatisfaction can manifest as a lower cost, balanced protein source after diets, eat healthily and in moderation, and exercise because it improves wellness, not just to lose weight or build muscle. Weigh and mirror-check less often, focusing on health and feeling well. Remember muscle and bone structure is largely determined by genes. Enjoy the diversity that brings. Focus on positive qualities, skills and talents and what the body can do. Be choosy with media. Images are photo-shopped (faked) and are often intended to sell. Avoid shows that say you need to change your appearance in order to be attractive. You are not defined by your appearance. You are also revealed by your personality and sense of humour. Dress for comfort and preference rather than copying an ‘ideal’. Avoid critiquing other people’s bodies. Apart from being hurtful, it can focus on what we don’t like about ourselves. Talk to your GP or a Dietician about nutrition, supplements, exercise and weight or muscle goals. Dieticians might suggest low fat milk, for example, as a lower cost, balanced protein source after exercise instead of costly supplements. If negative body image is affecting you, talk to your GP. And revisit those 70’s music clips. The clothes were awful, but the music was great.

Tony Hoare
DVA National Health Adviser

It is estimated that about 45 per cent of Western men are unhappy with their bodies to some degree, compared with only 15 per cent in 1990. In males, rates of body dissatisfaction are rapidly approaching that of females, eating disorders have more than doubled, and this trend is affecting adolescent boys as well as middle aged men. What has changed?

An unhealthy body image is thinking your body is unattractive or inadequate, instead of being comfortable with the way you look and valuing who you are. For males, body dissatisfaction can manifest as a pursuit of a muscular, lean physique rather than weighing less, and perhaps aligning ‘success’ to that appearance.

Some risk factors for men’s negative body image are enduring, such as teasing about shape or size and peer pressure to be tough. Others are more contemporary with greater exposure to media and marketing: Judging people on their appearance (literally in some ‘reality’ shows), male sports players as role models; and Judging people on their appearance (literally in some ‘reality’ shows), male sports players as role models; and Judging people on their appearance (literally in some ‘reality’ shows), male sports players as role models; and Judging people on their appearance (literally in some ‘reality’ shows), male sports players as role models; and

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A recent thought-provoking article in the online magazine Ask Men: Become a better man, was titled ‘The Rise of Male Body Image Issues (and how the Media is Complicit)’. The magazine incongruously provided links to other articles such as: ‘If You Want to Lose Fat and Build Muscle This Year, You Gotta Try This!’ and ‘Why men go bald, and what to do about it’. Body image preoccupation in males has been linked to extreme dieting, exercise addiction and steroid abuse. The Australian Medical Association reports that 68 per cent of steroid users attributed their usage to body image and appearance issues. Misuse is rising, despite clear evidence of negative physical and psychological risks, and often despite uncertainty of the exact substance used.

What do body image researchers suggest can help if you are concerned about a mate (or yourself)?

• Reflect on experiences and try to identify the source of any body image issues.
• Maintain good relationships with family and friends.
• Respect your body and find a balance. Avoid fad diets, eat healthily and in moderation, and exercise because it improves wellness, not just to lose weight or build muscle.
• Weigh and mirror-check less often, focusing on health and feeling well.
• Remember muscle and bone structure is largely determined by genes. Enjoy the diversity that brings.
• Focus on positive qualities, skills and talents and what the body can do.
• Be choosy with media. Images are photo-shopped (faked) and are often intended to sell. Avoid shows that say you need to change your appearance in order to be attractive.
• You are not defined by your appearance. You are also revealed by your personality and sense of humour. Dress for comfort and preference rather than copying an ‘ideal’.
• Avoid critiquing other people’s bodies. Apart from being hurtful, it can focus on what we don’t like about ourselves.
• Talk to your GP or a Dietician about nutrition, supplements, exercise and weight or muscle goals. Dieticians might suggest low fat milk, for example, as a lower cost, balanced protein source after exercise instead of costly supplements.
• If negative body image is affecting you, talk to your GP.

And revisit those 70’s music clips. The clothes were awful, but the music was great.

Tony Hoare
DVA National Health Adviser

I was watching some 1960–80s music videos on YouTube recently. Think Rolling Stones, Masters Apprentices, Easybeats, Skyhooks, Beatles, Troogs, Slade, and almost any punk/new wave act (Ramones, Elvis Costello etc). They all look skinny now, but then it was the norm for young men.

The health and wellbeing of Indigenous people has unfortunately been impacted by historical events such as racial discrimination, discriminatory government laws and policies, the Stolen Generations, government interventions, alcohol and substance misuse and high incarceration rates. These events combined with the negative impacts of war and conflict have contributed to the intergenerational trauma and mental and social health issues that some of our Indigenous veterans and their families have and continue to experience.

As a result of history, many Indigenous Australians will often only access and use health and medical services that they feel comfortable and safe to do so, such as, their local Aboriginal Medical Service (AMS). For many Indigenous Australians this service not only provides a culturally appropriate and safe space to access health services but is often a gathering place where families and communities can meet. Gathering and meeting places play an important role in Indigenous cultures and communities. Individuals and families can not only find support, but also gather and share information that can assist in the healing and recovery process and improve their quality of life.

Unfortunately, like the broader Australian community, Indigenous communities often struggle with getting Indigenous men to access and utilise appropriate and vital health and medical services.

To continue to improve its service delivery to Indigenous veterans and their families and contribute to Closing the Gap in Indigenous health, the Department of Veterans’ Affairs (DVA) has implemented the Indigenous Veterans Strategy (IVS) 2015-2020. The strategy is designed to enhance the ability of Indigenous veterans and ex-serving personnel, and their families, to access registration benefits and entitlements, and to honour their service and sacrifice. Under the IVS, DVA will also continue to strengthen partnerships with national Aboriginal Medical Services and government and non-government agencies that currently work with and in Indigenous communities.

Leith Dewis
DVA National Indigenous Liaison Officer

For more information on support for Indigenous veterans go to: www.dva.gov.au/1-am/1-am-aboriginal-andor-torres-strait-islander-veteran
Sixteen firemen (yes, all blokes) in a room in a Mental Health First Aid program for two days. The humour was black and self-deprecatory, but they were enthusiastic; this was about helping their mates and families. I in turn discovered what firemen did when there were no fires. I asked about gender rates of depression and anxiety disorders and many correctly suggested more females. When it came to substance use disorders, including alcohol, I was startled by the enthusiasm with which they embraced higher male rates on behalf of men. “Yes!” said three in unison, puncing the air. “We win” said another! Only blokes would see rates of mental illness as competition. The learning was coming.

Men have higher rates of alcohol use disorder and other substance use disorders. The problem is not just diagnosable illnesses, but men are more likely than women to ‘binge’ or become intoxicated on all drugs. Although the media has focused on an ‘ice epidemic’ (crystal methamphetamine), the experience of police, ambulance and emergency department staff is that alcohol is by far the largest problem drug. The cultural acceptance of alcohol can reduce acknowledgement of the difficulties that occur with its use. Why do men at all ages have higher rates of problem drug use? A complex interaction of bio-psycho-socio-cultural factors, which is another way of saying that there is no simple answer. Perhaps the crucial question is; why is it that most men with a diagnosable alcohol or substance use disorder don’t seek professional help? A few possibilities: shame, denial, guilt, cost, time, distance, lack/appropriateness/ awareness of services, peer pressure, trying other means to change, lack of support or motivation, don’t like ‘counselling’, unpleasant previous experiences or professionals lacking the right skills. Add more from your experience with mates.

There are options. Some men are reluctant to speak in person or perhaps want to consider problems at their own pace. Some alternatives are listed below encourage your mate to explore them. And if you were wondering what firemen do when there are no fires, they train, work out (a lot) and practise advanced life support, so they can save lives when others can’t.

At-Ease: A Department of Veterans’ Affairs website about mental health and wellbeing, with relevant, extensive resources and information for veterans and professionals, including links to other useful websites and apps. www.at-ease.dva.gov.au

The Right Mix: A Department of Veterans’ Affairs website providing tools for self-help in alcohol management. The website interacts with the ON TRACK with The Right Mix free mobile app to see their progress against their goals. www.at-ease.dva.gov.au/therightmix

CounsellingOnline: Free 24/7 Australian Government-funded professional text-based counselling via any internet-connected device for anyone seeking help with their own or friend/family member’s alcohol or other drug use. Also telephone support via DirectLine 1800 888 256 www.counsellingonline.org.au/

Hello Sunday Morning: Uses technology (website and app) to support people to change their behaviour with alcohol for the better. www.hellosundaymorning.org/

Veterans and Veterans Families Counselling Service (VVCS): Individual, couple and family counselling and support for eligible ex-serving and serving members of the Australian Defence Force and their families. Also provides 24 hour Veterans Line 1800 011 046. Information is available at: www.vvcs.gov.au

Alcohol and Drug Information Service: Provides information on illicit drugs and links to state-based contacts for information, advice, referral and professional assessment. www.drugs.health.gov.au/

Tony Hoare
DVA National Health Adviser

Be a Man, and Eat like one too.

The old saying “Real men don’t eat quiche” is a good example of how culture and the idea of masculine identity has greatly affected men’s food preferences. Instead of foods like quiche, or foods that are perceived as ‘feminine’, men prefer to eat foods that are linked to manliness, power and virility. Do these intrinsic preferences to conform to foods perceived as masculine affect our health?

Let’s start by looking at what we know about the typical male diet. Studies in western cultures report consistent links between gender and specific food preference. Meat (especially red meat), alcohol, and hearty portion sizes are usually associated with masculinity. Foods such as vegetables, fruit, fish and low fat dairy products are usually associated with being feminine.

Men who adopt the traditional stereotype of food preference based on masculinity may find this has a negative impact on their health. There is sound data on men’s health and the impact of lifestyle diseases such as heart disease, diabetes and certain cancers.

Information from the Australian Institute of Health and Welfare report; ‘The Health of Australian Men’, gave us a great snapshot of men’s health in Australia. The report highlights that men tend to have a shorter life expectancy, higher lifetime risk of certain cancers, heart disease and diabetes. Men are also more likely to be involved in risky lifestyle behaviours such as high levels of alcohol consumption and are more likely to be overweight or obese.

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Us blokes can generally be quite faddish about our machinery. It doesn’t matter if we are farmers, timber workers, truckers, miners or car owners, when a service is due on our machinery we do it ourselves or we get the mechanic to do it. This is especially so when the value of our machinery is significant – sometimes hundreds of thousands of dollars! With the correct maintenance schedule, we know that we can keep our machinery running optimally and can often avoid costly repairs – problems can be identified and fixed early before they become major problems.

However, our most valuable piece of machinery is ourselves and our own health. But us blokes are not generally very good at looking after ourselves! We wouldn’t ignore that timing chain rattle or bearing rumble in our machinery because we know that it might lead to worse problems later on. So why don’t we pay as much attention to the rattles and rumbles that our bodies send us?

The “Spanner in the Works?” website sets out some things that men can do (or not do) to improve their health and their chances of a longer and better life. It gives men the opportunity to make adjustments as they see fit. I encourage you all to use this website and the links provided to discover more about your health and wellbeing. There are even some age related “maintenance schedules” which outline health issues common to your age group and to provide information as to what may need discussion at your annual maintenance check up with your mechanic (GP).

Your GP or Health Professional are valuable sources of information – use them!

Gary Green
Community Engagement Manager
Australian Men’s Shed Association
0428 133 546 or gary@mensshed.net

A NEW MEN’S HEALTH INFORMATION WEBSITE LAUNCHED
BY THE AUSTRALIAN MEN’S SHED ASSOCIATION
malehealth.org.au

STAYING ON BOARD:
THE DIABETES CYCLE OF CARE

Diabetes is a long term condition that currently affects more than one million Australians. A diagnosis of diabetes may be quite overwhelming but plenty of support is available. Learn how to manage your condition and take control of your future health. You are the central member of your health care team. Develop a care plan and get on board the ‘Diabetes Cycle of Care’.

Taking control
Learning about and understanding your diabetes will help you monitor and shape your own health care plan. As the central member of your health care team you will play a vital role, and with the help and support of family, friends and health professionals you can learn to be confident in managing your diabetes. Getting good control of your diabetes now can help prevent complications in the future.

So who is on your team?
Along with yourself and your GP, your team may include:
- practice nurse
- pharmacist
- diabetes educator
- dietitian
- podiatrist
- psychologist
- optometrist or ophthalmologist
- exercise physiologist
- endocrinologist
- dentist
- community care nurse
- social worker
- family & carers
- other health professionals as recommended by your GP.

Gold and white card holders may be eligible for services provided by health professionals.
Getting into the routine of the Diabetes Cycle of Care

After you are first diagnosed, your doctor will undertake a full health assessment. These initial checks and the advice of your doctor begin the Cycle of Care. It is important that these tests and examinations become part of a regular routine.

Remember these dates are just a guide: follow the advice of your doctor and health team members.

Every 3 months …
- Visit your doctor for a review of your diabetes, including:
  - Reviewing your lifestyle including quitting smoking, eating a balanced and nutritious diet, limiting salt and alcohol intake and taking part in regular physical activity. (Remember *SNAP = smoking, nutrition, alcohol, physical activity).
  - Measuring your weight and waist circumference.
  - Having your blood pressure checked.
  - Reviewing your blood test results.
  - Having your feet examined. This may be done by your doctor, practice nurse or podiatrist, to see if diabetes is causing damage to the nerves and blood supply of your feet.
  - Checking your medicines.

Every 6 months …
- Visit your doctor again to review your diabetes and health. He/she will order a blood test called HbA1c to measure how well your glucose levels are being controlled.

Every 12 months …
- At 12 months your doctor will repeat a physical assessment and will check if your immunisations are up to date.
- He/she will also order:
  - A test to measure your cholesterol level.
  - A test to measure protein in the urine to see if diabetes is affecting your kidneys.
  - An HbA1c blood test to measure your glucose levels.
- At this time, talk to your team about:
  - Reviewing your medicines and using them effectively. Talk to your doctor and pharmacist about having a Diabetes MedsCheck or Home Medicines Review.
  - Managing your health through diet and nutrition. A dietitian can help you to establish a healthy eating plan which, along with regular physical activity, can control your weight and provide good nutrition. A small weight loss can make a big difference and healthy eating can be enjoyed by the whole family.
  - Reviewing your exercise program. An exercise physiologist can give you some ideas about physical activity such as walking, swimming, gardening or playing a round of golf.
  - Your doctor may refer you to a podiatrist for an examination of your feet, or to another specialist.

Every 24 months …
- Your doctor will arrange for a comprehensive eye examination with your optometrist or ophthalmologist. Diabetes can affect your eyes, this test is not just about getting your glasses checked.

Talk to your doctor and your team about the best possible way to manage your diabetes.
Establishing a long-term lifestyle plan

Long-term habits are not easy to change. However, members of your team are there to help you make healthy lifestyle choices that promote good health. Having diabetes may bring some new challenges but it doesn’t stop you continuing to enjoy a full life.

Going for a walk or a swim, joining in local community activities such as volunteering, or just catching up with friends for a chat can keep you active and in touch with your mates. Being active for 20 to 30 minutes each day, doing something you enjoy will make a big difference to improving your health. You may also find it helpful to join a diabetes support group.

Living with a chronic disease like diabetes may increase a person’s risk of depression. But just like other illnesses, it can be treated. Treatment can help lift the depression, which in turn can improve diabetes. But just like other illnesses, diabetes may increase a person’s risk of depression. However, groups of people who are part of veteran and ex-service settings have the opportunity to enable a culture that promotes the health and wellbeing of its members. They can do this by supporting help-seeking and recovery.

There are a number of things to remember

A good place to start is to set up regular appointments with your doctor. Plan ahead and make a specific appointment to talk about your diabetes.

Your doctor, practice nurse or diabetes educator will help you plan these appointments, at least every three months. Make a note in your diary, mobile phone, computer or calendar and tell your family or carer as well.

The ‘Cycle of Care’ diagram in this brochure may help you to remember and plan your appointments.

Remember, as the central member of your health care team, you can take control of and manage your diabetes with confidence by getting on board the Diabetes Cycle of Care.

Engaged and positive patients who are actively involved in their health care achieve better results.
THE CHANGING ROLE OF MEN IN AUSTRALIA

In our contemporary world society has evolved and the influences on families mean we are constantly adapting to the complex demands on traditional social institutions. Social influences are making lives complex but also allowing us to be free of the restraints that the prescriptive life afforded. Baumann (2002) suggests we are now “transforming human identity from a ‘given’ to a ‘task’ “ which means we are freed of the historical constraints and can now make our own decisions.

How does this affect contemporary man, his relationships and family?

There have been dramatic rises in life expectancy of both men and women over the twentieth century Australia now has one of the longest life expectancies in the world with men expected to live beyond 80 years and women over 90. Control of fertility over the last 50 years has changed the goal of gender equality. Masculinity is an important step towards understanding the changing world. He is no longer seen as a provider, but as a partner.

Increasingly men have to share the household chores, will both have to work, how to sex, whether to have a child, will the partner be the same or opposite to marry or cohabit, will the adult life spent married is declining and in their life, the probability people marry at some point substantially in the last thirty years: While the majority of people marry at some point in their life, the probability in marrying is declining and the proportion of a person’s adult life spent married is also declining. Cohabiting is increasingly popular which may indicate greater equality in these relationships.

Encouraging males to more openly discuss their masculinity encourages reflection on how their social roles and responsibilities impact women. Acknowledging the cultural strengths and limitations of masculinity is an important step in reaching gender equality.

What lies ahead?
The social connectedness of individuals and communities is an important predictor on health, wellbeing and resilience (Australian Institute of Health and Welfare, 2011). Having a healthy male population is important for the individuals concerned, their family, community and Australian society. For those men who do not have a strong social connection, don’t allow opportunities in your community to pass you by. Join a walking group, the Men’s Shed, undertake a course or learn a new language. Keeping your mind occupied is crucial and just as important as is eating healthily and undertaking 30 minutes of activity each day.

Take a look around, and at yourself – the average contemporary bloke is savvy, both intellectually and emotionally. He is able to adapt to and understand the changing world. He is tackling the changes head on, looking after his own health and wellbeing, decreasing alcohol intake and giving up the smokes. He is becoming physically fitter by undertaking more activity and eating nutritious food. He still catches up with his friends regularly and may be involved with sport as player, coach or supporter. He enjoys working with his partner to create a future for the family and enjoys his contribution. He is appreciated and loved. He has chosen wisely, respects his partner’s contribution, and is comfortable sharing the future together and importantly having a lot of fun along the way.

Penny Christie
Foundation 49: Men’s Health
www.49.com.au
References are available on request.
HAVE YOU HEARD ABOUT NON-LIABILITY HEALTH CARE?

AS BLOKES, WE’VE ALL BEEN IN THE POSITION OF THINKING SOMETHING’S NOT QUITE RIGHT WITH OUR HEALTH BUT HOPING AGAINST HOPE THAT IT’LL SORT ITSELF OUT. After all, it can be such a hassle sometimes to find the time to visit a doctor, and even harder still to sit down and admit to someone that you might have an issue with the amount you drink or the thoughts you have in the back of your head.

Once you’ve made that first important step of talking to a health care professional, getting your treatment paid for is easier than you might think.

Non-liability health care (NLHC) is a program under which the Department of Veterans’ Affairs (DVA) will pay for current and former members of the Australian Defence Force to receive treatment for certain medical conditions without it having to be proven that the conditions were caused by your military service. It’s a way of ensuring you can get treatment as quickly and easily as possible.

So long as you have a certain type of service and a diagnosis for one of the NLHC conditions from an appropriately qualified health professional, DVA will foot the bill. And if you lodge an application after you’ve already started receiving treatment, we’ll even pay for your treatment up to 3 months prior to the date you lodged your application.

DVA will pay for a range of treatments including from a general practitioner, medical specialist, psychologist, social worker, occupational therapist or psychiatrist as well as hospital services, specialist PTSD programs, pharmaceuticals or oncologist services as required to treat the condition.

NLHC is entirely separate from the compensation process, so you can apply for NLHC before, during or after making a claim for compensation – or even if you never make a claim for compensation. Importantly, if you have a compensation claim that is not accepted you can still receive medical treatment for the NLHC conditions.

For more information including application forms, visit the DVA website at WWW.DVA.GOV.AU/NLHC OR VIEW THE FACTSHEET AT WWW.DVA.GOV.AU/FACTSHEETS.
MEN’S HEALTH WEEK 2016

Building Male Health through Events With Purpose

During Men’s Health Week June 13–19, communities across Australia reach out to men, boys and their families to promote health and wellbeing through engaging activities, events and promotions. These events create the right setting for conversations about the elements that make us healthy – life, purpose, health and wellness and everything in between – because they are locally tailored to the needs of men and boys and their local communities.

That’s why our 2016 theme ‘HEALTH ELEMENTS’ is about encouraging communities to start those conversations about the elements of life that build health and life’s purpose.

The purpose of life is to contribute in some way to making things better.

– Robert F. Kennedy

This idea of ‘purpose’ is about deciding what matters most – and only local people can take the lead in deciding what that is. Our belief is that by working together with a focus on local action, we can improve the outcomes for the health of our men and boys and their families and communities.

Men’s Health Week is your week of conversation, reflection and action on what issues impact on the health of boys and blokes in your community – and doing something that makes things better.

And for over a decade, this idea has shown itself to be a great way to start having those conversations about what it means to be healthy in the different areas of our lives.

Further information is available at:
www.menshealthweek.org.au

Encouraging Men to Talk about their Health

Male reproductive health problems, such as prostate and erectile problems, impact the health and wellbeing of a large number of Australian men. A study by Andrology Australia found that one in three men over 40 years of age report one or more reproductive health problems, but many of these men had not talked to their doctor about their reproductive health concerns.

Many men think that problems like these are a normal part of ageing. Sometimes though, changes in erections for example, can be an early warning sign of more serious problem such as heart disease. A full medical checkup with a local doctor, including talking about problems ‘below the belt’, may help in identifying other health problems.

It’s important to know that if something is not quite right, or not working the way it should, men need to talk to a doctor. For most health problems, the doctor can put to rest any anxiety and worry, but may also help avoid more serious longer-term health problems.

Andrology Australia invites you to encourage this conversation during Men’s Health Week 13–19 June 2016—organise a men’s health event or display in your local community. Free men’s health resources are available, visit www.andrologyaustralia.org/mens-health-week/ for more information or call 1300 303 878.

Andrology Australia is the Centre of Excellence in Male Reproductive Health, funded by the Australian Government Department of Health and administered by Monash University.

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Have you thought about VETERANS’ HEALTH WEEK 2016?

Veterans’ Health Week (VHW) in October 2015 was the best attended yet! Over 230 fun events were held across Australia and almost 18,000 people participated. For VHW 2016, from Saturday, 22 October to Sunday, 30 October, the Department of Veterans’ Affairs will be looking to partner with ex-service organisations and community groups to organise and participate in fun, health awareness raising activities.

This year’s theme of ‘Social Connection’ will aim to encourage groups to consider how they can involve others who would benefit from reconnecting and feeling included.

If you haven’t already, now is the time to consider how you or your organisation can be involved in bringing your local veteran community together. To seek assistance, or to find out more about Veterans’ Health Week contact DVA on 133 254 or 1800 555 254 for regional callers, email vhw@dva.gov.au or visit www.dva.gov.au/veterans-health-week for the latest information and event listings.

We look forward to working with you or seeing you at a VHW event in October!
Men’s health

Better Health Channel

The Better Health Channel website produced by the Victorian State Government includes a Men’s Health section that discusses men in Western societies are less inclined than women to take an active role in maintaining their health. Compared to women, men visit the doctor less often have shorter visits and only attend when their illness is in its later stages. The site reviews the top causes of premature death in men, outlines why some deaths are more likely for men than women and discusses a range of theories why men are less healthier than women.


National male health policy: building on the strengths of Australian males

Department of Health and Ageing

The Policy provides a framework for improving the health of all males and achieving equal health outcomes for population groups of males at risk of poor health. It provides practical suggestions for action men can take to improve their health and is designed to guide policy directions into the new decade. The Policy focuses on areas where we know we can make a difference in improving the health of Australian males, and on measures that target those with the poorest health.


The quiet crisis: challenges for men’s health in Australian Government

Australian Psychological Society

Lina Ricciardelli et al

This article examines the quiet crisis underway in men’s health. Men are more vulnerable to various disorders at all ages across the lifespan, engage in more health risk behaviours but less-help-seeking and less likely to have strong and supportive social networks.

www.psychology.org.au/inpsych/2012/august/ricciardelli/

“Spanner in the works?”: when was your last service

Australian Men's Shed Association

“Spanner in the works?” provides some key health messages to men in a form that is understandable and achievable. The site is not about telling you what to do but sets out some of the things that you can do (or not do) to improve your health and your chances of a longer and happier life. Select your age group and get started.

malehealth.org.au/

Foundation 49: helping Australian men live longer and healthier lives

Each hour in Australia, more than four men die from conditions that are potentially preventable. Foundation 49 is a direct response to this health crisis and is dedicated to improving the health status of men across each decade of life.


BOOKS

Breaking the male code: unlocking the power of friendship: overcoming male isolation for a longer, happier life

Robert Garfield M.D.

For much of the past century, men have operated under the rules of Male Code, a rigid set of guidelines that equate masculinity with stoicism, silence, and strength. But as roles have changed, this lingering pressure to hide their emotions has wreaked havoc on lives and relationships, making men more likely to suffer from depression, anger, and isolation. Robert Garfield has worked with men struggling with emotional issues for more than forty years. He shows that, when men learn to open up to other men, they not only build lasting bonds but learn the skills necessary to strengthen all of their relationships. Blending compassion and expertise, Garfield urges men to abandon male code and offers a step-by-step guide to initiating and deepening their relationships. Blending compassion and expertise, Garfield urges men to abandon male code and offers a step-by-step guide to initiating and deepening their relationships. Blending compassion and expertise, Garfield urges men to abandon male code and offers a step-by-step guide to initiating and deepening their relationships.


RRP $25.00 ebook $21.59

Change your thinking

Sarah Edelman

Change Your Thinking is the bestselling guide to managing upsetting emotions by learning to think in a healthy and balanced way. It provides practical strategies for overcoming negative thoughts and behaviours, and taking control of emotions such as anxiety, depression, frustration, anger and guilt. It also describes techniques for enhancing self-esteem, improving communication skills and developing greater personal happiness. Change Your Thinking is based on the principles of cognitive behaviour therapy (CBT), the psychological approach used by therapists all over the world. Sarah Edelman explains CBT in a clear and compassionate way. This edition also contains a brand new chapter on mindfulness, demonstrating how mindfulness techniques can be integrated with CBT strategies.


RRP $22.99 ebook $13.99

What men don’t talk about

Maggie Hamilton

What do men and boys long for, agonise over, aspire to? Why are men often silent in dark and difficult situations? Why do so many find it hard to express how much they care? What do they want from committed relationships, from friendships? What motivates them? What do they worry about? What is life like for them as they age? Every day we read articles about men – men at home, men at work, men in bed – but still the confusion and frustration between the sexes remain. Can we put the differences between men and women down to the influence of Venus and Mars, or are there more intricate dynamics at play? Is it true that men’s lives are much easier than women’s lives – that they have ‘got it made’? Surprising, illuminating and at times shocking, What Men Don’t Talk About takes the reader far beyond the many stereotypes of men, and reveals how men and boys really view their world.


RRP $26.95
MHPE National Round-up

MHPE QLD

2015 was a busy year of diverse MHPE volunteer activities around Queensland, ranging from Health Pit Stops, Men’s Health Week and Veterans’ Health Week events, to displays at local markets, and even on the finish line of the Leyburn Sprints! Our volunteers also took up the challenge to establish 10,000 Steps programs in several regions.

MHPE in Queensland has kicked off 2016 with a bang, as we welcomed a total of 19 new volunteers into the volunteer ranks from across several states and territories, and notably from across several generations. With a great deal of collaboration and support amongst the DVA teams of Queensland, NSW, Victoria and Northern Territory, a very successful 3 day Initial Training program was run in Brisbane at the beginning of February. As a result, Queensland has 11 new volunteers, NSW has 5 new volunteers, Victoria welcomed 2, and the Northern Territory now has added a new volunteer into their Katherine community.

This was a unique opportunity for new volunteers to form wide-reaching networks, for the group to hear very different issues and perspectives from a variety of communities, and they found it interesting to compare the challenges of life in big city environments to those in regional and remote areas. All volunteers found common ground in having a very good reason to be there: to improve the health and wellbeing of their mates throughout their own networks and communities.

The presenters included our Community Support Advisors from Victoria, Queensland and Northern Territory, who delivered fantastic skills presentations about key topics such as Eat Well-Eat Smart, Effective Communication, Getting to Know your Community, Getting a Good Night’s Sleep and Mental Health. Participants also enjoyed sessions with a Pharmacist, about Wise Use of Medicines and Talking to Your Doctor, which prompted great interest and discussion. Current MHPE volunteers talked to the group about Being a Digger and a Bloke, and also about Living with Chronic Pain, from a ‘survivor’s’ (not ‘sufferer’s’) perspective. Many found this session quite inspiring, hearing how positively one can deal with such a long-term health challenge.

The MHPE program is all the richer for the addition of these new volunteers, and we congratulate them all on joining the MHPE Team.

MHPE NSW

MHPE volunteers from Newcastle and Hunter group attended the National Men’s Shed Conference in Newcastle from 18 – 20 October. The volunteers ran an information booth and had the opportunity to learn about new initiatives and ideas coming from the Men’s Shed movement, and catch up with old mates and make some new ones. The conference was also attended by some of the DVA MHPE State Reps from across Australia.

This year’s theme was Innovation and looked at what sheds do on a day to day basis and focus on their future growth and development. The conference also tackled bigger picture issues such as the prevention of social isolation and engaging men within the community.

The Men’s Shed movement always finds innovative ways of using the shed theme to get the men’s health message across. This year the hosts provided a Men’s Toolkit – Your Ultimate DIY Project which included tape measures, magnifying glasses, clamps, standard drink glasses as well as information from Mensline, Andrology Australia, Foundation 49. Swap It program and the Australian Men’s Health Policy. Thank you to Lou Micaleff, Gerry Bailey, Robert Hicks and Robert Owen for your work staffing the stand on the day for more information on the conference and speakers visit www.mensshed.org

National Men’s Health Gathering – Terrigal

Volunteers from MHPE Newcastle and Hunter group also staffed an information booth at the National Men’s Health Gathering in Terrigal which was held immediately after the Men’s Shed Gathering from 21 – 23 October. This ended up being a very busy month for the volunteer crew in this area with the Men’s Shed Conference and Veterans’ Health Week all falling in October. Thank you to Ken Smith and Peter Huber for staffing the stand over the three days.

Feedback from the attendees was that the conference was smaller than previous years, but certainly presented some interesting material including our own DVA National Health Adviser Tony Hoare talking about MHPE, the benefits of participating to the volunteers involved, and the challenges for MHPE to engage younger generations of men. Some other highlights from the program were it’s all in the game: Over 35s football, men and wellbeing from Dr Neil Hall, Lecturer, University of Western Sydney, which examined a group of men who look forward to playing a regular game of football on Saturday afternoons. Dr Hall described the rapid, organic growth of the group through invitation by mates to join, and the benefits of social engagement. Another topic of note was Men at work: a proactive approach to improving wellbeing by Glenn Baird – National Support Services Manager, OZHelp Foundation. He described the Tradies Tune-up, an on-site health check by an overalls-wearing Registered Nurse in a purpose built van (for privacy). Based on the Pit Stop concept, this covers both physical and mental health.

Talking about relationships and family violence were two interesting sessions, including: The missing piece of the puzzle: Men’s views on a stopping violence program and their views for improving service provision by Philip Chapman, and David Mitchell, Nelson Marlborough (NZ). This session looked successful based on better informed intervention and change strategies. Also speaking on family violence was Jasmin Newman, Sex and Relationships Coach, who presented a challenging session, The right place for anger, focusing on relationship breakups and disempowerment fueling anger. For more information on the conference visit www.workingwithmen.org.au

TOP: Men’s Shed conference: Volunteer State Reps, L-R, Sean O’ Mara QM (QLD), Gary Treeve (VIC), and Malcolm (Tiny) Small (WA)

MHPE SA

The SA MHPE program is happy to welcome two new volunteers, David Furner and Keith Wells who attended initial training in Perth in November 2015. Keith has spent some time as a MHPE volunteer in training so was delighted to attend the MHPE initial training and formalise his position as a MHPE volunteer. David has done a lot of positiver work supporting veterans in his role as Secretary at Mount Barker RSL and both assisted with Veterans’ Health Week (VHW) events in 2015. They thoroughly enjoyed their time at the training making comment that they felt comfortable with the training team and course participants whilst gaining a real sense of achievement on completion of the training. They are both now looking forward to using the knowledge gained to further provide assistance, information and resources to veterans who they come into contact with.

Prospect Fair Expo (South Australia)

Ian Short, one of the South Australian MHPE Volunteers, has been instrumental in informing the SA DVA VAN & Community Support team of the Prospect Fair that will be held on March 19, 2016. Ian was proactive in chasing up the application form and attending a council stallholder meeting with the aim of having a MHPE presence at the event to inform the community about the MHPE program. It is expected that there will be approximately 3000 people attending the event so it should be a good opportunity to promote the program to the community.

Defence Community Organisation (DCO)

Welcome Day (Semaphore, South Australia)

On Saturday 13 February, 2016, Neil Davies (Community Support Adviser) and Margie Gutteridge (VAN Community Support Manager) attended a DCO Welcome Day at Semaphore Foreshore with 340 defence and family members registered at the event. Margie and Neil staffed one of 25 stalls at the event and it was a great opportunity to promote the MHPE program and to interact with contemporary veterans and their families.

If you’re interested in being a MHPE volunteer, turn to pages 35–36 for information on the MHPE program and to read more about what volunteers do.
**Vaccine Record for Travellers**

(WEBSITE, APP & ANDROID)

Users can record details of their vaccines, and those details are stored in the cloud so that you can access them anywhere. This can be useful if you need to demonstrate that you have received a specific vaccine or if you have received a new vaccine but do not remember the details.

- **Filter search results by:**
  - Vaccine name
  - Date of birth
  - Country of vaccination
  - Vaccine type

- **Search features include:**
  - Vaccine brand
  - Vaccine type
  - Vaccine batch number
  - Vaccine expiry date
  - Vaccine manufacturer

- **There is a paper-based yellow International Vaccine Record book that is carried by travellers worldwide. You can store details of your vaccines, and have those details available when you travel.**

**Fit Brains Trainer**

(WEBSITE, APP & ANDROID)

Fit Brains Trainer is an award-winning brain-games app that challenges you to perform at your best.

Fit Brains targets different brain functions (Memory, Speed of Thinking, Concentration, Problem Solving, Language and Visual Spatial). It targets Emotional Intelligence, the ability to recognize and manage your own and other people’s emotions, in key areas: Self-Control, Self-Awareness, Social Awareness and Social Skills.

The free brain fitness system has over 50 fun games, over 100 workout sessions & in-depth performance reports.

**Fuel Map Australia**

(WEBSITE, APP & ANDROID)

For help with those crosswords, this app is fast searching, and will help you to make decisions about how much fuel economy.

Another useful app is Petrol Spy Australia.

You can update fuel prices for those following and you can see what is available.

You’re heading to see what is available.

**Fit Brains Trainer**

Fit Brains Trainer is an education app designed to stimulate your IQ and EQ (cognitive & emotional intelligence). It teaches you the fundamentals of problem solving and helps you to improve your cognitive skills.

**How to use:**

- **Download the app** from the App Store or Google Play.
- **Sign up for a free account** to save your progress.
- **Start training** to improve your cognitive abilities.

**Keep your mind active:**

- **Spending more time away from home**
- **Relationship difficulties due to stress**
- **Health issues, due to caring for loved ones**
- **Less support being available from family, friends and community**

Individuals might try to cope with negative emotions in one of more of the following ways:

- Withdrawing from family and friends
- Spending more time away from home
- Caring for others
- Experiencing health issues

Why talk about it?

- The absence of emotional expression in men's lives can lead to:
  - Poorer sense of isolation
  - Less support being available from loved ones
  - Health issues, due to caring for loved ones
  - Experiencing reduced ability to be intimate

Psychological problems such as depression, insomnia and anxiety are often seen in men, and often respond to treatment. In some cases, men and women are treated for the same problems but respond differently to treatment.

**The four basic emotions:**

- **Happiness**
- **Anger**
- **Sadness**
- **Fear**

Of these four emotions, happiness is considered the most acceptable in society. Yet anger, fear and sadness are usually felt by everyone. These emotions are normal responses to threat and are universally felt by everyone. These emotions are normal responses to threat and are universally felt by everyone.

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Getting in touch

Men are often told they have to ‘get in touch with their feelings,’ but what does this really mean and how do you do it? Here are some strategies for getting to know your own feelings better:

- Be aware of the sensations in your body. Emotion always manifests somewhere in the body. Anger might be experienced as a flush of heat in the face, sadness as a tightening of the throat, anxiety as a knot in the stomach. Take a moment to acknowledge the feeling(s) and take a few breaths to help identify these sensations and understand what they mean.

- If you are feeling angry, ask yourself what other emotions you might be feeling? Are you really sad underneath, or afraid?

- Learn to put words to what you are feeling. Often it helps to write down or brainstorm ideas before a conversation.

- Identifying and expressing feelings is a learnt behaviour – and like driving a car, it only takes practice.

- Take the risk of showing your vulnerability with people who you feel safe with. Give yourself permission to be human, it could bring you closer to others and may even bring a sense of relief.

- Ask for help when you need it. You could start by contacting anonymous services such as MensLine Australia, for professional support.

This tip sheet is part of a series of self-help tools for men. More tools can be found at www.mensline.org.au. For more information and assistance, call MensLine Australia on 1300 78 99 78.