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SENATE

SELECT COMMITTEE ON MENS HEALTH

Reference: Availability and effectiveness of education, supports and services for men's health

WEDNESDAY, 8 APRIL 2009

MELBOURNE

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**SENATE SELECT COMMITTEE ON
MEN'S HEALTH**

Wednesday, 8 April 2009

Members: Senator Bernardi (*Chair*), Senators Cash, Lundy, Sterle, Troeth and Williams

Senators in attendance: Senators Bernardi, Cash and Lundy

Terms of reference for the inquiry:

To inquire into and report on:

General issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to:

- (i) level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression,
- (ii) adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community,
- (iii) prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general, and
- (iv) the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

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[12.06 pm]

CELI, Dr Elizabeth, Private capacity

CHAIR—Thank you for joining us today, for making your submission, which is No. 68, and for your book, which has been tabled.

Dr Celi—It may be something we will be able to refer to today.

CHAIR—Do you have any amendments or alterations to your contribution?

Dr Celi—No amendments to the submission.

CHAIR—Would you like to make a brief opening statement?

Dr Celi—I appear in a privacy capacity as a psychologist, professional speaker and author, and with my psychology work specialising more so in men's mental health and the psychological aspects, both clinically and non-clinically, in terms of manhood and masculinity.

I will give you a brief background on myself to let you know how I am positioned in all of that. I am a privately practising psychologist, both in the city of Melbourne and in the regional area of the Mornington Peninsula, which is also where I reside. I have done that for the last six years after working at a private psychiatric clinic for six years for people hospitalised with chronic depression, anxiety and psychosis. During that time I also completed my PhD, which is looking quite holistically, as is the theme with most of my work, at genetic and personality vulnerabilities in people experiencing major depression. It was during that time when I worked at the clinic.

During that time a lot of the basic strategies and education for chronic patients had not quite reached them, to have them end up in hospital, so I then went into private practice, started training in organisations and professional speaking to raise some of that awareness, primarily in mental health awareness and mental health first aid, to reduce some the fear and particularly some of the stigma surrounding mental health programs.

During that time, I also qualified as a personal fitness trainer and for about 4½ years brought my health psychology principles into the gym training context. It was from there that some of my men's health work started to develop and I noticed some of the men's mental health issues, particularly how they used exercise as a means of stress management and perhaps sometimes turning exercise into an unsafe outlet for that. As much as it has positive benefits, if you have clinical issues motivating it, it can become unsafe.

During that time, and in parallel with my clinical work, I noticed certain patterns, which resulted in the publication of the book in 2007 that has been tabled, and the promotion of that last year. The book's construction and the flow within the table of contents is reflective of the statement that I put in the submission of men's health being wrapped up in men's identity. I have written that quite non-technically. It is there as an education tool for men primarily to help

increase their emotional and mental health literacy and assertive communication with some of the issues that I have spoken about in the submission.

I interviewed six men aged between 43 and 67 years of age to provide words from men for men in acknowledging how men learn and providing them with as non-judgemental and as supportive approach as possible to increase their learning in the privacy of their own home, which is a huge area for men. Privacy and anonymity works really well for men initially in receiving non-judgemental information that is vital for them to take the next steps.

An important factor that I also include in the book is the breakdown of men's psychology in terms of Regular Joe, Mr Invincible and the True Man. Whilst they are quite conversational facets of men's psychology, I did that deliberately in order to help society, in particular with the social awareness and education campaign, to ensure that we are not demeaning men as a whole in terms of some of the social psychology things that I have noticed, but a certain aspect, which is the part that does not get them to the doctor or the part that will not let them do certain things. That is the Mr Invincible, the false ego and façade, which is also part of the blokey mode. We cannot knock it because it is an important part of masculinity, but he overrides Regular Joe or, as I put it across in my presentations, there is a great power play between Mr Invincible and Regular Joe and he tends to grapple him to the ground. There is a lot there in the construction of the book that I am happy to go through with any questions if it is appropriate. My capacity today is speaking about some positive health promotion strategies for men's mental health and how we can assist that moving over to the medical side, which is not my area of expertise, but primarily psychological health.

CHAIR—I have a number of questions, as do my colleagues. I have to say that your submission and some of your work, which I have read before, is provocative in a way. It challenges a great many beliefs, which I think would be intimidating particularly to some of the champions of women's rights. There is a risk, quite frankly, in that sort of discussion that there is a battle between men and women. How do you respond to those sorts of accusations?

Dr Celi—Unfortunately, it is a risk and, yes, I get plenty of accusations like that. An important message to get across is that this is not an us-versus-them approach. In terms of female psychology, the instant personalisation or perhaps reactivity to that, based on some anxieties or fears perhaps of the past, naturally bring out some of that response. My approach to that is very much that it is not about demeaning women and it is not about saying it is any less important, but it cannot be at the cost of men's health. It cannot be at the cost of men's dignity, and unfortunately it seems to have worked in that capacity. I very much look at balancing that out and educating women along the way. It is not a blame game, and it is not about making them the baddies at all. It is simply highlighting some of the inherent social bias that seems to have developed for many reasons.

CHAIR—Is it reasonable for me to characterise it in saying that men's health and men's egos are inter-related? If these sorts of things are undermining men's sense of masculinity or their sense of personal wellness, that relates around ego, does it not?

Dr Celi—Yes. Men's ego is an important part. We all have ego, so it is the fact that ego might be used against men as a negative in writing off their whole nature. Again, if I use the breakdown of Regular Joe and Mr Invincible, you have got that ego of the Mr Invincible—yes,

we need to acknowledge that—but it is not all of him. It is just ensuring that it is not used against men. It is one component and it is balancing it out.

Similarly, with some of the discussion this morning of men's sexuality and how important that is to their identity, whilst it can be an open door and a portal to their reaching other medical avenues, it is important that we do not make it the only one, because there are so many other facets. In the first half of the table of contents you will see that I break down those various identities so that men start to become aware that it is not just your ego, not just your sexuality; there are other roles you also play that make you a valuable and important person. As we educate men and women in that we start to balance out some of the social paradigm that I have spoken about in the submission.

CHAIR—We did have some evidence yesterday, and I am not sure if you heard it. The evidence was that men's role has been diminished and there was a need to reinstate the benefits of fatherhood and an office of man and the family. You have made a similar recommendation in your report. Could you expand upon what you think are the pressures that men find themselves under in the sense of their identity outside of purely masculinity, the conflicting messages, and how an office on the status of men—for want of a better word—would help redress that?

Dr Celi—One of the important things that we need to acknowledge is the huge gender role identity redevelopment that has been happening in the last few decades. Gender roles used to be very clearly defined. There were clear boundaries, which then assisted men in their contribution to the family, for example, as a provider and as a working man. With the feminist movement, with all of its benefits, it changed some of those roles, so there is overlap in some of those roles, which has left men at a bit of a loss and uncertain as to what to do, particularly men 40-plus, which is the age group I tend to work with most. Being able to acknowledge that is important.

Another component to realise is within the legal system. Unfortunately, from a lot of my clinical experience, men seem to be at a disadvantage in terms of how they either express themselves within the legal system or how they are supported within the legal system if there is marital breakdown and access to their children, how that may work against them, and from how I have helped many of my clients through that time. What was your other question?

CHAIR—It was in relation to an office of men.

Dr Celi—In putting down that suggestion in the submission it is about really legitimising and officially acknowledging in a centralised manner the importance of men. We have an Office of Women's Health. There were women's health advisers appointed, all for good reasons, when the National Women's Health Policy was first developed, but we are now 20 years down the track and the position that women were in back then seems to be the position that men are in at the moment. That is particularly so in terms of intimate partner violence or abuse, which is an unspoken or a silent phenomenon at the moment.

It is about socially on quite a broad level indicating that we are creating a supportive environment for men to come out and speak about the issues they are feeling inside or that their Regular Joe is experiencing inside. I have no doubt in my mind, from my clinical work and speaking work, that the Regular Joe in men wants to come out and speak. They want to go to the doctor, but they also know when they do they are likely to either be slammed, insulted or

demeaned somehow, and in the most subtle of ways sometimes; they are not necessarily supported all the time or challenged supportively. Creating an office for the status of men and masculinity or fathers, as it may turn out, would be an acknowledgement for men to observe that from a distance and start generating some comfort in being able to come out with some of the issues.

I have a very firm belief—again from a lot of my clinical work in the last few years—that men want the help and are more than happy to accept that help and learn. They absorb the information amazingly and learn it brilliantly with the skills training that I, as a psychologist, and other psychologists may deliver. They are more than happy to do that, but we create a supportive environment and a therapeutic alliance to do that. On a community and national level we need to think about doing that because of the broader issues of men's health, which I am sure you have heard a lot about.

CHAIR—We have heard lots of ideas on how to get men to engage in dealing with the health issues, but all the effective ones that we seem to hear about are targeted to help men's health without men really knowing it. For example, Dads in Distress is a group where men can get together and talk about an issue that they have in common, which is basically about parenting and loss of access to their children. Men's Sheds movements are getting men engaged in activity where, as a consequence of that, they actually talk to each other and it provides some psychological help, whereas if we advertise it as a men's health evening then men are not that interested in coming along to it. Have you had any experience in providing community sessions to engage men in issues such as this, and is there a psychological approach that perhaps is not being undertaken that should be undertaken?

Dr Celi—What I have also tabled is a copy of the two research papers that I referred to in the submission and a hard copy of the flyer for the forum that I initiated and directed the organisation of in November last year. This would be an example of a positive health promotion strategy that I applied, which I would be happy to walk you through. If there is an extra copy could I grab one? I am not sure about the accuracy of your comment earlier in terms of programs where men do not know it is targeting their health. Men are still coming together for a purpose. An important factor that we need to consider in men's identity is the value of mentoring and role modelling amongst men. That is how they learn and that is how they support each other. There is a double bind in that they want that and they appreciate that, but they may not necessarily ask for it. When things are organised in that respect they will tend to accumulate in there and get all the benefits that go with it.

The forum that I am referring to is through a Rotary grant. I am a Rotary member. The strategy that I approached with that was very much about revaluing manhood, as opposed to directing anything towards sickness or health. We have to be very careful; men's health is not always about sickness. Men's health is also about manhood and masculinity.

If you look on the national women's health side, it is the same thing, only the inherent appreciation of femininity is there and did not need to be talked about. It was just there in the process, whereas we need to articulate that for men. You will notice on the flyer that there is no mention of health, other than Men's Health Forum, but I put there 'with a difference', and I will mention why. There is no mention of mental health. The only mention of any mental health is depression under my dot points of topics, and more so the important part there is local

psychologists. I waited to do this forum until I had established a presence in the community to acknowledge the community psychology of living in a regional area.

The other components there are those questions that highlight the various roles of men that show them: 'You have a value in society. People need you.' Men being able to be reminded of that in a non-threatening, non-judgemental manner makes them think: 'I do have more of a role to play here. I did not realise that.' And if they did, 'Someone is actually approaching it.' Obviously having a profile figure like Max Walker helped with that one in attending to the older generation of men and putting down under his points, which Max naturally and easily talks about, in terms of the vulnerability of men; it is okay to be vulnerable.

One of the key messages through my book is having the courage to be vulnerable and the strength to defend it. The strength to defend it is the part where the Regular Joe knows that he is not likely to get too much support in his personal context or even with the blokes that might give a bit of a dig, but are quietly going, 'Good on you.' That was one component to tend to the older generation.

The second speaker on there tended to the middle generation, and particularly his topic of covering rites of passage, which is a huge issue for developing boys and adolescents into manhood. It is very important to recognise for young boys and young men the value of older men and the quiet mentoring that happens, the passive observation that inevitably happens from young boys and young men to older men. Putting that as a dot point initiated a lot of discussion at the forum that night, both in Andrew's presentation and afterwards, when the three of us were swarmed by the men in the audience to ask questions and introduce themselves.

Myself being there as a female created a bit of a difference, but also local psychologist and psychologists, to be able to attend some of the clinical side without making a big deal about it. That was very much spoken in men's language, the way men would understand it, such as the book being geared in that manner. All of those factors and dot points, and giving them thinking points, also helped women. It helped men feel comfortable to call and register. I was the person they registered with, so I had some great conversations in terms of, 'I'm really looking forward to this.' It actually helped men get together as a group. Some of them normally might have gotten together that night, but decided they would go to the forum instead, or the women that called bringing together their male friends, taking them out for dinner beforehand and then bringing them there.

The social psychology and social awareness is happening on multiple levels. I believe with all of those factors, particularly the non-judgemental and 'you're not just sick', but more than health in terms of physical health, was important. I had men coming up to me afterwards introducing themselves. They had come with their sons. It was a great outcome of having men of all generations there openly telling me that they had experienced depression or that they had gone to counselling and subsequent emails letting me know what they got out of it. There were two waiting for me by the time I got home that night saying, 'Thank you for raising my awareness on these issues.'

They are not necessarily going to tell you straightaway, but provide the environment and they will gravitate there. It may not be the first time, but the second time as they see this is for real and they are going to get some support and positive support as well as educational information.

CHAIR—How long did this forum run for?

Dr Celi—Two and a half hours.

CHAIR—How many people attended?

Dr Celi—Three hundred and four in total. It was booked out. The day before I had to unfortunately put people on a reserve list.

Senator LUNDY—We have heard a lot in this inquiry about how reticent men are in talking about their specific health issues, but the story you are telling is that if you provide the right environment, like this forum, then it is certainly there. The key is providing the right kind of forum and getting men to come along, even in a group. This is counter to what we have heard to date, that men just do not talk about this stuff in front of anybody else, so it becomes this personal one-on-one and whether you are comfortable in that situation. Is this how it has always been? You have been looking at this for a long time and public speaking about it. Can you tell us more about the general reaction you get and that sense of enthusiastic participation from men, their sons and their fathers in hearing this kind of stuff and that it is okay?

Dr Celi—Even using the word ‘reticence’ already provides a judgement and blame towards men. The minute men hear that they will just go: ‘Fine. See you later. Fair enough.’ If I were called reticent I would probably do the same.

Senator LUNDY—We have heard a lot of that through the course of this inquiry.

Dr Celi—There is a misunderstanding and perhaps a lack of awareness of what is happening inside. Obviously, because it is intangible, even men cannot articulate it. Being able to acknowledge that there is a lot happening in their own motivations, in terms of Mr Invincible, Regular Joe and the aim for the true man, which is their own true self, their own inner leader which happens over time and in those chapters is referred to through mentoring and basically letting men be men to live their life and develop. They appreciate that and it is a relief. The response I have tended to get from men in particular when I have done certain presentations has been, firstly, surprise, secondly, relief and some comments have been, ‘I really learnt a lot from that.’ It was in their language. It was in their learning mode. It was not all verbal. There was a lot of humour around it. There was the quote: ‘I never thought I would hear a woman actually speaking that way about men.’

That really highlights a lot of what I see in terms of how quickly women can demean men, unfortunately, whether they notice it or not. It can be quite frivolous comments. ‘You think you’re a man’ or, ‘You know what men are like’ or ‘Men just don’t listen.’ Men take this on board and they notice it. I have also had women approach me saying, ‘I didn’t realise that and thank you for alerting me to that.’ I truly do believe in creating a supportive environment for men. They will not trust you straightaway. They will not give you that trust straightaway, which is fair enough. They need to really see over time that they mean it, that it is genuine, and then they will slowly step out. Regular Joe will give it a go and dip the toe in the water to see what the response is, because they are so used to the negative response. If we can re-create that on a societal level and a national level, I believe it will be extremely powerful and men will respond

because they are used to the opposite at the moment, particularly in terms of abuse and how you would see this.

Senator LUNDY—Let us develop that theme a little further. The federal government is in the process of hosting consultations for developing a men's health policy and this committee was established looking specifically at the range of issues associated with men's health. To me, that is a political affirmation of the need for concern about men's health. Is that kind of political affirmation of men's status, in the context of their health, going to help?

Dr Celi—Yes and no.

Senator LUNDY—Tell me what you think.

Dr Celi—Yes. It is a great start and acknowledgement. I have some concerns as to the comprehensiveness and the objectivity of the process so far in terms of doing that. If I may refer to an example in the actual National Men's Health Policy information paper put out by the Department of Health and Ageing, already within that there is a section that is looking to dispel masculinity, questioning where the evidence is and how we can explicitly show masculinity. I find that quite intriguing. If we were looking at women's health we would not ask the question about femininity and whether that is involved with their health. It is inherent in being a female; you are naturally going to have some sort of femininity and a balance of feminine and masculine. And yet the question comes up, not in a strength based 'let us acknowledge it, recognise it and work with it by being informed by it', but 'let us try to dispel it all for the evidence'. I find that intriguing in a document toward the development of the national men's health policy. There are mixed messages.

I made a comment toward the concept of gender equity in that it was a bit of a flawed concept. There are going to be natural differences between men and women and to try to go for equal distribution or equal and fair is again trying to equalise something that should not be equalised, because we all have natural differences, strengths and weaknesses, and that is how we complement each other in our skills. For example, women have the contextual information based, nurturing, 'emotional'—I put that in quotation marks because men also have that; they bring that context. Men get to the point. They will look at it, but they do not get bogged down by it perhaps like women will. Vice-versa, men might get to the point without looking at the context, and so we complement each other in that process. If we are going to insult masculinity and those strengths that they bring, we are not doing ourselves any favours. As I have reviewed that information paper there is some of that inherent underneath. A part of me recognises there may be women writing that—I do not know that for sure—perhaps out of lack of awareness or understanding. They are two things that spring to mind in terms of the yes and no answer.

Senator LUNDY—I am curious to explore this. The issue of the pejorative of language pervades the world of, as you say, men and women alike. Both genders experience that on a daily basis. What you are saying is that what is changing for men is introducing the language of this and identifying what constitutes pejorative language and demeaning treatment of men inadvertently, bringing that back into the public arena and having a discussion about it.

Dr Celi—I think so. We need to counterbalance a lot of the damage that has been done. We do need to bring it into the public domain a little bit more and be very mindful of the language that

is used, but most importantly be genuine about it. An important component that is undermined in men is their level of intuition that they do not even realise that they can connect with. If you are saying one thing, but underneath there is another meaning and it is not quite genuine they will detect it, but it will create an inner conflict that they are not quite sure what to respond to. If we are not careful in building their trust quite genuinely, they may or may not come to the party.

I would be very mindful in any coordinated efforts, particularly because I am thinking of a very broad national kind of marketing-type campaign that revalues manhood and revalues masculinity. By that you will no doubt get rollout benefits into men's health and all the other behavioural manifestations that you will find. They will naturally want to value that because they will see that they mean something to their partners. They mean more to their kids. They need to be there for their kids. A lot of my clients will be very much motivated by that.

You can look at the WorkSafe ads, for example. They are for WorkSafe, but they inadvertently, or perhaps in the background marketing campaign, really value that men are valued. They would be sorely missed. There are multiple layers that you can work with on that.

CHAIR—Are the WorkSafe ads that you are referring to specifically Victorian?

Senator CASH—I have seen Western Australian WorkSafe ads.

Dr Celi—I apologise.

Senator LUNDY—Different state bodies have presented ads in different ways. The state based occupational health and safety entities, in most states, have produced something.

Dr Celi—Perhaps if I could provide you with another example on the other side of the table, there is the Victorian Family Violence campaign, the ENOUGH campaign. I am not sure how much it has gone out to others, but I know it is Victorian. If you step into the shoes of a man who has been abused by his partner, verbally or physically—and as I mentioned in the submission it can often happen more emotionally, which is difficult to detect, difficult to defend and just leaves men confused—with the ENOUGH campaign, which does great work for family violence, if he is sitting at a bus stop he is going to see a huge poster on the side of that bus stop that has got visual images of women or children in distress. He is going to be wondering, 'But she does that to me. She slaps me. She throws the hot water on me. She tells me off for doing things I didn't mean. She takes my keys off me. She takes my credit card off me' or whatever it might be. He is going through all of those psychological issues that go with abuse or demeaning. Then he looks down that poster and he sees Women's Domestic Violence Crisis Line. Then he sees Kids Help Line and that is it. 'Where do I go?' is a key question.

If you go to the website, which for men is a source of privacy and anonymity to get information, they will see the same thing. Where to get help, Women's Domestic Violence Crisis Line, Kids Help Line, Men Wanting to Attend to their Violent Behaviour and Anger Management. That is what is on there right now and there is not even a number for them to contact. When you click into the real stories it is all women giving their stories. As a male victim he is being revictimised on a campaign that is attending to family violence. Some language has been changed to not say women and children as it has been in the past, but it is not acknowledging men either. You are changing the language, but you are still visually, and in other

means, creating this invisible wall such that he does not know where to go for help, which then unfortunately perpetuates the cycle. To assume that men, in that context, only need anger management is a very quick brushstroke consequence that has come out of domestic violence in helping women—absolutely necessary—but where women were 20 to 30 years ago with that topic men are at now and they are not likely to speak up. The Mr Invincible certainly will not and the Regular Joe is too scared to. Their True Man has kind of learnt perhaps, ‘I should just be quiet or find other means’, but they are likely to keep it under wraps, unfortunately, unless they come and see a psychologist by some means because their quality of life has become so difficult to handle and they have had some insight to go and get some help.

Not all men have anger management issues. They have frustration tolerance skill sets that they need to develop, as any of us do. They have stress management needs, as any of us do. Unfortunately, when they show natural masculine anger/aggression, which is not always negative, they are either called chauvinistic, aggressive or it is used against them, which then again puts them back in a position of, ‘I’d better not speak up.’ With many clients that I will be asked to assess or review, and at times have been asked to write reports for their court situations or access to the children, it has been about dispelling the automatic assumption that they need anger management. In actual fact, it is about speaking with their Department of Human Services manager saying, ‘You might want to have a look at the partner, because by what he is telling me, she may need anger management training.’ That is quite objectively said. That is not to insult women at all. It is purely and simply to indicate that there are also women that have affect regulation difficulties and need to learn productive coping skills as well. Even if it as simple as a slap—I say ‘simple’ loosely—scratching, biting and throwing objects, these all constitute abuse. You have to be mindful that is where men are starting from.

Australian Bureau of Statistics numbers are showing you that with physical assaults and physical threats 77 per cent of men report these are in the home, compared with 64 per cent of women reporting it is in the home, and yet it is not out there. Whenever you see the reporting of information it is about the impact on women. That is fine, but let us not do so at the expense of men not even getting a mention. I think that needs to be more proactively managed.

Senator LUNDY—I wanted to take you back to the observations that you made about your role as a physical trainer and men using physical exercise as an outlet in an unsafe way if they were experiencing psychological problems. Any more insight into that would be useful, but also what role sport and intense physical activity can play in underpinning the psychological health of men?

Dr Celi—My gym work as a personal trainer for a couple of years was in a general community gym and for the other 2½ years was operating a franchise at more of a corporate gym, which is where I saw a lot of the stress management happening, and a lot of the unofficial informal health banter that would happen on the gym floor with the men that I interacted with. As you would know, exercise is fantastic in helping mental health. It has a lot of positive health benefits to it. When depression, anxiety or stress are a part of the picture the natural physical movement that men do, appreciate and is part of their masculinity will result in upping the plates on the barbell, overworking certain muscles and imbalanced workouts. They will pulverised their joints so that they can get as much of the stress out as possible and manage, perhaps, some of the internal aggression that they are experiencing because they either have not learnt other means to express the normal frustration and stress they may be experiencing for all of the

identity roles that I break down in the book. But also if they do have the ability to express it, when they do they are not supported or they are chastised for it. That is one avenue that they will look to because it is amenable. It is easy. No-one tells you off for going to the gym. In fact, you are encouraged, whether it is gym or exercise in general. That is one area to look at in terms of excessive exercise in that respect.

In terms of the positive health benefits of sport overall, you have the same things that Senator Bernardi mentioned before. They are around other men or they are around other people that are there for a common purpose. They are naturally supporting each other. They work as a team. They help each other out. There are informal chats that go on. Often there are easier chats going on side by side or without eye contact that are very profound conversations that help men go off and think about stuff. One thing I have noticed is that we cannot push them or force them by saying, 'Talk to me. Tell me what you're thinking.' That is it; you've got a block. You have developed a whole, 'I could have told you if you didn't ask me, but I've got a mental blank now' kind of factor.

That observational learning and the 'no pressure' type of learning, particularly no blame, no judgement, naturally comes out of a sporting environment. The competitive nature helps the men's natural competitive nature as well, whether it is on the sports field, in the boardroom or in any other type of business or work environment. It is all of those positive health promotion benefits that come from that.

Senator LUNDY—Does that make sport or physical activity environments particularly conducive for health promotion messages? Having seen the health promotion sponsorship operate really effectively in the past, do you have an insight into how men respond to health promotion messages and attempts to change attitudes and behaviour in those environments?

Dr Celi—It is one avenue that you can utilise because it is an interest and motivation for men, for all the reasons I just mentioned before. I would see it as one of many. If you look at the forum I just described, it had nothing to do with sport other than Max Walker. It was about pure male health stuff and they still responded. Yes, there is a place for it.

Senator LUNDY—The sporting figure was still used in Max Walker. Is that built on the fact of his being a celebrity and an association with sport? Was there more of an identification thing?

Dr Celi—More of an identification; it is an interest of men. You have to look at what the interests of men are. Any time I do my keynote presentations or training I am very much looking at it from the perspective of men and what they will be interested in? It is not going to be what I am interested in. I will not try to convince them to learn that way either. Step into their shoes and have a look at what interests them. It is not always sport. That is one avenue. Their kids are huge. They connect with that and they will walk heaven and earth to be able to maintain health for that. Their work environment and being able to show them success indicators there and how it connects in that avenue as well is an important factor to consider. We have to be very careful not to pigeonhole men too much, but expand their interests, because they do have those interests. It is providing the environment for them to connect with it in that manner. I am not sure that is answering your question.

Senator LUNDY—It was not a very good question, but thank you for trying to answer it.

Senator CASH—One of the comments you made was in relation to websites providing information but also anonymity for men in doing so. Is there merit in investing more funding in developing websites specifically for men, which would have to be Australian government websites, where you have appropriate information so that men can go to these websites and access basic information?

Dr Celi—I would see merit in an educational context where they can obtain that information privately and anonymously. Yes, most definitely, assuring that it is quality information.

Senator CASH—Absolutely.

Dr Celi—It could give them avenues for where to next. That would have good merit. I would not limit it there. The sort of education they need is also about taking action beyond that. An analogy I will use for you is people using self-help books. They are great to teach you something, but a book cannot challenge you. A psychology can. A doctor can. There are still things that they need to liaise with people about. Informing them and destigmatising those services is very important so that men learn that it is not about going to the head shrink, the head doctor or something that means they are weak or vulnerable. It is highlighting the strengths of these various health professionals that you can approach. That could include GPs, psychologist, psychiatrists, naturopaths, physios—you name it—so they have a broad range and the mental health professionals are simply one of them.

I often become a project manager for my clients because of the holistic nature in how I work and how psychologists generally would work, in ensuring, ‘This is something for the GP and these are some of the questions you might need to consider asking, even if they do not ask you’, which hopefully they would. Or, ‘These are the things that you need to look out for. Have you thought about this?’ You are constantly looking at the situation for that person and project managing the holistic health team around them. You are pretty much normalising it for them so they can see, ‘I’m not going to be called weak or vulnerable as a result of this.’

The calls to action would be important on the website that give them very clear cut steps, and ensuring success in each of those steps, in the sense of education of, ‘Ask these questions and you will get more out of your half an hour. You do not need to be there for an hour. If you want to maximise your time this is how you can do it.’ The anonymity is important in the initial information seeking stage.

Senator CASH—One of the issues that were raised in Canberra was in relation to the definition of men’s health. To date we have perhaps not used the appropriate definition and that it should not be limited to the absence of disease. You have consistently referred to a holistic approach to men’s health, and I see that is outlined in your introduction to your submission. What would you put forward as an appropriate definition of men’s health?

Dr Celi—There would need to be something inclusive of men’s identity in the various roles that they play, no clinical references, valuing manhood, valuing masculinity, recognising it and letting it inform you. They are important components to include in the definition of men’s health. I put quite clearly in the introduction that men’s health is wrapped up in men’s identity. Go through the table of contents and that will give you some key words in terms of men’s health. Masculine mentoring is very important for young boys and young men. I am of a firm belief,

whenever I see either a male as a client or his wife or partner as a client, in wanting to change her behaviour, I am sending back an adult that ultimately benefits the child or the family, because they are getting a less stressed adult and someone who is more in tune with themselves. In an efficient and effective manner, by managing the adult and the partnership, the kids benefit. Their role modelling and mentoring learning processes are naturally tended to in that process. It is a huge component for young boys in what they need. Does that answer some of your questions?

Senator CASH—It does. In relation to the forum that you conducted last year, I note that it states, ‘The forum had Elizabeth answer the Australian public’s questions on the facts behind why he just won’t go to a doctor’, which really has become a major part of this inquiry. I was thrilled to see it there. What are the basics behind why men do not go to the doctor? Could you make practical recommendations as to how that can be overcome?

Dr Celi—When you look at going to the doctor, it is not a hard logistical process. It is really not difficult to do. Men are logistical. They are rational, reasonable and step-by-step. There is no practical reason why they cannot do it, so we are undermining that there is more to it, and this is where Regular Joe, Mr Invincible and the True Man come into it in non-technically, conversationally and quite light-hearted education that there is a part of you that will stop you. There is a part of you that will not want to do this. Helping men understand their psychology in that helps them go, ‘There’s my Mr Invincible talking. What does my Regular Joe need?’ I can email my list to you. There is a breakdown of questions that you can ask or give a male that I prepared for an editorial that I write for the *Rotarian Life* of yes, no, yes, no, Mr Invincible, Regular Joe and True Man-type statements, which can be a very fun-loving light-hearted manner in which to help men learn it and consider, ‘Yes, I do that’, and have a laugh at themselves in a very productive learning kind of way. But then I have every faith in men’s ability to follow through on things once they realise it is of benefit, and I leave that to them. I will not interfere in their learning process. You do not impose on it. You have to watch the forcefulness when you are saying, ‘Go to the doctor. Go to the doctor.’ That is where the Men’s Health Forum with a difference component comes in.

On the Mornington Peninsula many families got used to the Men’s Health Forums. They are very much along the lines of what Andrology Australia mentioned this morning—physical health and prostate health. I was very mindful of not medicalising men’s health. I made a clear point that we are not talking medical here and we are not talking sickness. We are talking about you as a person.

That would be another component that I would incorporate, similar to the questions, as a practical means of addressing that. It gets them thinking of their role and it then empowers them to take action. You do not have to force them. They will do it. I have every faith in that. I have seen them do it, particularly those that have emailed me—and I can only speak on that experience—letting me know, ‘I spoke to someone at work after the forum and they suggested I should go to counselling. What do you think?’ ‘Yes.’ They will think about it.

The other thing to consider, which I spoke about in one of my TV stints last year, is being very mindful not to expect men to do things the way women do it. Women will chat and network for support. Men are not necessarily going to network for support primarily. They will network for success indicators, whatever that is and how they define success for themselves, where their

Regular Joe is at so to speak. We need to be very mindful that we do not expect them to do it the way women do it. Just because he is not talking does not mean that he is not learning.

Senator CASH—In that respect, what is your opinion in terms of how we can make health services more responsive to men? I would say that they are exceptionally responsive to the way women operate.

Dr Celi—Absolutely. Expecting fewer verbals would be one thing, because that can create a lot of frustration and then a lot of the judgemental statements come out. How can you make them more men health responsive? Provide men's related information unobtrusively. Do not feminise an environment too much, which we naturally do. Put things out that will make it amenable for men, say, men's health-type magazines or golf/sports oriented magazines that make them feel at home in that environment that passively demonstrate that, 'We are here for men' and the environment tells you that. That is already one obstacle overcome and another defence will come down before they walk into the health professional's office. Again, you are creating an environment that says, 'We're here for you as men' through typical day-to-day men's interests. You can often ask them. 'What would you like? What would help you?' We need health professionals who are aware of this. Ask them specific questions. Get to the point.

Senator CASH—Do you mean the health professional?

Dr Celi—The health professional asking the men.

Senator CASH—I do not think that you were here earlier for the doctors from the Urology Centre.

Dr Celi—I was here for part of it.

Senator CASH—They said that there would be value in almost having a set of questions that a health professional should ask that were all overarching, but it gets over that, 'I'm waiting for you to ask me the questions.'

Dr Celi—Absolutely, because they will not. It is not that they just will not because they know it and they will not; they might not realise the importance of something. That goes across-the-board. Men and women do not know the importance of certain information. It is the health professional's responsibility to know that and to ask the key questions.

You can take sexual functioning as an example. As a psychologist, at some stage once I have built good rapport with my male clients I will need to ask those questions, but to make sure that I have got good trust with them and normalise the functioning. I let them know that it is not a mechanistic function, despite the many ads that you see or the many judgements and timing issues that come about in those particular ads. This is normal and there are emotional stress and fatigue factors that can affect sexual functioning. There will be specific questions that you will need to ask and ensure you ask them pointedly and get to the point. Women go contextual and give a lot of information. Sometimes guys say, 'Just get to the point.'

An example I have used is often male associates that I have worked with. I will send them an email of three paragraphs, because I do the female contextual thing and think they need the

information. I will get an email back with three sentences. I have a good chuckle at myself. They have covered everything that I need, but I go, 'Yes, that's cool.'

I have adjusted how I send emails as a simple factor to my male associates, because it is more like if they want to know then they will ask and they know they can because I will not slam them for it, if I could use that jargon. So get to the point. They will answer your questions typically, but create the environment around them to let them know that if they do answer it will be accepted and normalised. That is very important.

CHAIR—We have taken up more time than we allowed, but I do not want that to dissuade the conversation, because it has really been quite fascinating. We do have a few minutes before lunch. I have a question. You made reference to someone that came to one of your forums or perhaps this forum, then went to their workmates and will call you and say, 'My workmate said I should seek some counselling.' You just said, 'That's a no-brainer; der!' Let us just say a man has been taken to this point where he realises he needs some help. What is the next port of call? Who do they ring? Do they look in the Yellow Pages? If they say, 'I don't need Crisis Line or Lifeline. I just do not feel I'm doing well', where do they look?

Dr Celi—As I was mentioning to Senator Cash before about the website information, the calls to action would have that kind of information to let them know simple psycho education. You can go to your GP if you want Medicare rebates, but for a psychologist you can go straight to a psychologist. Let them know it is private. It is confidential. They will do a review of your situation.

You are giving them the specific steps of GP and psychologist. If you want a psychiatrist then you need to go via a GP. It is basic practical information, which in that forum I covered as part of my presentation. I did not wait for them to ask in the question time. I just said, 'Often a question I get asked is what is the difference between these? What do I do next?' Let them know.

CHAIR—That is a very reasonable question, even for educated people. With a psychiatrist and a psychologist there is a blurring of distinctions, and one is where you have to be a bit crazy almost. That is the psychology around it.

Dr Celi—Absolutely. Again, on the men's health side of things it is also dispelling some of the myths. As to privacy and confidentiality, it is about really letting people know that is important, because for men that is important to know. As I have learned with my male clients, I am an objective party to their life. I have no association with anyone else in their life. They can pretty much leave their problems in the room, whilst I have them walking out with extra skills. They know it is a distinct part of their life. A component of men's psychology is the ability to compartmentalise things and to be able to keep things separate. In orienting health services in that manner it can help them feel more comfortable to step over that bridge. I have often educated men in that manner when it comes to psychology because of the stigma associated with it. It is about letting them know that. With my male clients, if they want their partner to come in to come up to speed, they are more than welcome to do that, but it is when they say so or when they are comfortable with it. It is educating them on what I have mentioned already, but letting them know it is a supportive environment. 'You will be valued. You will not be judged. It is a non-blaming, non-judging environment'—all of the things that are some of the blocks that Mr Invincible to put up to stop their Regular Joe coming to the party.

CHAIR—Thank you very much for your attendance today. It has been a real insight. We appreciate your submission. The committee will now stand adjourned until 1.45 pm.

Proceedings suspended from 12.59 pm to 1.43 pm