

## 19 February 2014 Report | Health Consumers' Council

### Summary

Panel members Assaad and Nelson were welcomed; Mohammed was unable to attend. The Forum's focus was men's health; whether or not there are barriers to men from new and emerging communities accessing healthcare, if so, what those barriers are and how to address those. Initially general points were made about men's attitudes towards discussing their health.

- Men talk 'in general' rather than in the personal (Middle East)
- Poverty limits people's access to international information – when in rural areas talk is around practical things – work/livestock etc. (Africa) (so lack of information in country of origin = unawareness continuing in Australia, sometimes low literacy in English and computer skills)
- Men tend to talk/share at crisis point and then with someone with whom they have an emotional connection
- Talking about ill health can be thought of as weakness
- Members of Culturally and Linguistically Diverse (CaLD) communities can be 'shy', mainstream needs to be more open and welcoming
- In many cultures in the Great Lakes area of Africa men are 'kings' in their families; they like to be in control and not be seen to need help/support



Factors and barriers that can and do impact on men's health were also discussed and the following points were made:

- Many African parents are struggling. Frequently the children/youth adjust well to life in Australia but the parents tend to adhere to their culture because that is what they know best and believe in.

- Several factors impact on men's mental health including trauma from past experiences, unemployment, lack of education or non-acceptance of their qualifications and work experiences by Australian employers; furthermore men like to talk with people of similar age and experience, Nelson voiced concern about what will become of them re aged care since a large number of elderly men & women struggle to express themselves adequately in English
- The culture here is very different for African men and impacts on both their emotional (mental) and physical health
- The definition of health – the concept of health is holistic here; it is different in other cultures where being unwell doesn't necessarily mean unhealthy.
- Loss of the male role of authority in the family can and does trigger emotional (mental) health issues e.g. the male breadwinner is no longer the sole provider, Centrelink can 'replace' them, some women & adult children lose respect for the man in the house
- There is no government follow up on men's integration (health) into Australian society e.g. social cohesion events, in order for African men to earn the respect of their fellow Australians
- There are different concepts around things like hygiene
- Men with issues around sexuality are, traditionally, handled (counselled) by their elders in the community. In case of abuse or sexual challenges the wife will discuss issues with the elders who will then talk with the man in 'exclusive' language – that it is a 'married men only' conversation
- Some things are 'taboo' for men, particularly around sexuality and sexual health; many men have never allowed themselves to be seen naked by anyone let alone a doctor except when they are extremely ill. It is useful for medical practitioners to be aware of this particularly when encouraging men to have prostate cancer checks etc.

The latter part of the Forum focused on thinking about and identifying ways to overcome barriers previously mentioned.

Suggestions made were that health service providers:

- Respect and value people and show this
- Accept differences
- Ensure patients are confident and comfortable
- Try to provide male to male service provision, a young graduate may not be trusted (as they are not old enough to have wisdom) and, if female, may not be provided with the required health information because of youth and gender

Recommended strategies to assist in addressing barriers were:

- Survey communities re their access to healthcare; include questions about how people perceive healthcare service provision and how they can be encouraged to access services
- Communities and service providers to be encouraged to access each other so there is communication and engagement on both sides

Other strategies to be recommended were:

- The Department of Health to compile a directory of male practitioners who are African and who speak languages other than English, including French and Swahili
- Health service providers to allow a family member to be present along with an interpreter

- GPs to provide home visits to African men who request this – they may speak more freely in their homes and therefore access more effective healthcare
- The Department of Health and other health service providers to recruit from communities so that there is a visible presence of CaLD men (and women) in health-related roles and in admin provision (the WA Police are doing this)