

Health Matters

Health Consumers' Council (WA) Inc. Magazine

June 2018, Issue 1

Telehealth Enables Patient-Centred Care

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HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

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HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

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Foreword

Welcome to the June edition of Health Matters, on the topic of Men's Health to coincide with Men's Health Week. There is a significant amount of activity going on in men's health as this edition highlights.

Website

You may have already had a look at our new website, if not, we'd love for you to have a look and send us any feedback, suggestions and blog ideas. A website is a dynamic resource and we are always looking to enrich our online content.

Membership Renewal

As noted on page 14, HCC is bringing in membership renewal to ensure that everyone on our list is still actively engaged and interested. I encourage you to contact us with any enquiries, concerns or suggestions.

Men's Health Edition

In June of last year the Health Consumers Council hosted a community forum on the topic of men's health. Those present discussed the topic and suggested several ideas to support men's health. One of them was to dedicate an issue of Health Matters to men's health, and here it is. It may have taken longer than originally planned, but it now coincides with Men's Health Week

Recommendations/comments from that session also included:

- Bring back Pit Stop Health Check Evaluations for men which were held throughout metropolitan and country WA. These appear to have been popular with men and have been effective as a means of checking men's health and providing education. <http://www.centralwestgippslandpcp.com/wp-content/uploads/2011/09/Mens-Health.pdf>
See also our article on Rural Men's Health who are still delivering these in country WA.

- The Men's Shed organisations could be approached for activity suggestions.

See the excellent online resource by Men's Shed Australia called "Spanner In the Works?" which provides an online version of the various health checks: <https://malehealth.org.au/>

- Introduce free screening for prostate cancer—similar to women's breast screening (NB the Melbourne Consensus Statement on Prostate Cancer Screening suggests a benchmarking PSA test at 45, and that screening is uncoupled from cancer treatment)
- That there is balance in what the Health Consumers' Council promotes to include men's health (our September 2017 edition of Health Matters had focused on Women's Health)
- The next issue of HCC's Health Matters is on men's health (well, maybe not the next issue...)
- Local Councils and Health Insurance Providers to be encouraged to run workshops on men's health
- Articles on men's health can be written for magazines/newspapers such as Have a Go.

We hope you enjoy this edition, and we look forward to your comments and letters!

Pip Brennan

Executive Director
Health Consumers' Council



The quiet crisis:

Exploring challenges for Men's Health in Australia

Louise Ford, Community Engagement Manager at Health Consumers Council WA shares some of the recent statistics and research currently impacting the culture and condition of Men's Health today.

Published by Associate Professor Lina Ricciardelli FAPS, Professor David Mellor MAPS and Professor Marita McCabe FAPS, Centre for Mental Health and Wellbeing Research, Deakin University, "The quiet crisis: Challenges for men's health in Australia"* both the social and cultural determinants in men's health are explored in great detail.

From the outset it is noted (amongst other points) that;

- Boys show greater susceptibility to family stress, especially in the development of conduct disorders, and they continue to be more susceptible to both physical and psychological problems throughout the lifespan (Wilson et al., 1992),
- Among young Australians aged 12 to 24 years there are three male deaths to every one female death, with accidents and suicide accounting for most of this difference (Moon, Meyer, Grau, 2000),
- By the age of 65, females in Australia outnumber males by 25 per cent, and by the age of 85 females outnumber males by 50 per cent (ABS, 2006).

The study suggests men should improve social support networks as well as focus a lot more on preventative health measures.

Men from remote or regional as well as Aboriginal and migrant communities are also at risk of ill-health but sometimes for different reasons;

- Less resources and access to health literacy
- Language barriers
- Cultural expectations around masculinity

Culturally, on an almost global scale, men are encouraged from infancy to be whatever their society deems 'masculine', in other words, hegemonic masculinity.

"This is a dominant theoretical construction of masculinity, which has been identified as determining

and maintaining men's health practices and other health risk behaviours (Gough, 2007)."

Perhaps this is best described here,

"Several researchers have specifically described masculinity as being inherently paradoxical and contradictory (see Ricciardelli & Williams, 2011 for a review). Many of the risk-taking behaviours engaged in by males are utilised to display their power and strength, but in the longer term these lead to powerlessness and poor health outcomes. This view is best reflected in men's use and abuse of alcohol and other drugs.

As summarised by Peralta (2007): "Heavy alcohol use demonstrates bodily power and superiority. Ironically, however, heavy and prolonged alcohol use in fact weakens one's body" (p. 747)."


While cultural determinants certainly feature in the shape of men's health, there are barriers which once in the health system deter men from progressing with a revised approach to their health and well-being. These include but are not necessarily limited to the following;

- Interiors decorated by women for women.
- Staff are predominantly female.
- Staff unfamiliar with engaging with men.
- Services aimed at women and children.
- Staff who are not culturally sympathetic or aware.
- A lack of male staff.

These barriers are not impossible to overcome, some thought and additional training could assist in reducing them.

To conclude I am going to cite the work I have based this article on; in my opinion it is an excellent read and provides useful insights into the reasons many of our men are failing to engage with health care providers, I encourage you to read it.

"A quiet crisis is 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 are less likely to have strong and supportive social networks. Many men are simply not interested in their health, so why would they pursue health checks, health services and positive health behaviours? Our increased recognition and understanding of these serious challenges needs to lead to more effective solutions. One step forward is to acknowledge men's functional view of health which entails that they do not see the need to act until something goes wrong. Even when things do go wrong, men may take a 'do-it-yourself' approach rather than seek the help of health professionals. New health promotion strategies are needed that tap into men's self-reliance and independence, as these may encourage men to be more active in seeking professional health (Jeffries & Grogan, 2012). In addition, a greater focus on the gendered nature of health attitudes and behaviours needs to be featured in current models of health psychology and behaviour change, and facilitated within the public health agenda (Roberston & White, 2011).

* Source: <https://www.psychology.org.au/inpsych/2012/august/ricciardelli/>

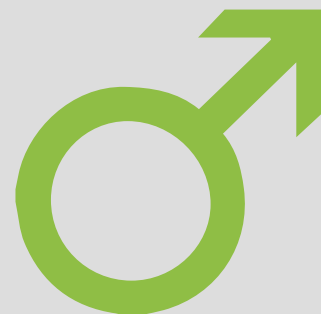
Men's Health and Wellbeing WA

The Current State of Male Health

See Table 1 for an indicative snapshot of men's health in Western Australia.

INDICATIVE SNAPSHOT OF MENS HEALTH IN WESTERN AUSTRALIA	
Population statistics	General health and mental health in men
<ul style="list-style-type: none"> • Males comprise 49.8% of the Australian population • Median age is 36 years • 12% are 65 years and over • Average life expectancy is 79 years 	<ul style="list-style-type: none"> • 23,000 excess male death per annum compared to women • 31% have a chronic health condition • 18% have a disability • 48% have experienced a mental disorder in their lifetime (includes substance use disorders) • 93% of all work-related fatalities • 75% of completed suicides
Leading causes of male deaths	Conditions with highest burden of disease in men
<ul style="list-style-type: none"> • Ischaemic heart disease (16.9% of total male deaths) • Lung cancer (6.8%) • Stroke (6.4%) • Chronic respiratory disease (4.6%) • Prostate cancer (4.1%) • Suicide in 15-44 year olds (23%) 	<ul style="list-style-type: none"> • Ischaemic heart disease (11%) • Type 2 diabetes (5%) • Anxiety and depression (4.5%) • Lung cancer (4%) • Stroke (3.9%)
Lifestyle risks in men	Other Risk Factors
<ul style="list-style-type: none"> • 68% are overweight or obese • 95% do not consume sufficient fruit or vegetables • 58% do not exercise sufficiently to obtain health benefits • 18% smoke daily • 6% drink alcohol at levels that place them at risk and 4% at levels that place them at high risk 	<ul style="list-style-type: none"> • Social isolation • High-risk behaviour • Occupational exposure to hazards
Most at Risk Male Populations	Use of health services by men
<ul style="list-style-type: none"> • Indigenous males • Rural, regional and remote living males • Low socio-economic males • 'Blue-collar' working males • War veterans • Gay, transgender and intersex people • Males with disabilities • Non-English speaking males 	<ul style="list-style-type: none"> • 16% do not use any medicare services in any given year • 43% of all GP encounters in any given year • 52% of all emergency department presentations • 68% of all alcohol and drug treatment services
Aboriginal and Torres Strait Islander males	Males born overseas
<ul style="list-style-type: none"> • 2.5% of the Australian male population is Indigenous with a life expectancy of 67 years • 46.2% smoke daily • 9.3% drink alcohol at levels that place them at high risk • 98% suffer from some form of psychological distress 	<ul style="list-style-type: none"> • 27% of all males in Australia were born overseas • 57.5% risk factor for being overweight or obese if born in non-English speaking countries compared to 70% if Australian born • 26% have experienced a mental disorder in their lifetime

Have Your Say on Men's Health



Health Networks of the Department of Health WA invites you to provide feedback on the draft WA Men's Health and Wellbeing Policy.

https://consultation.health.wa.gov.au/strategy/draft-wa-mens-health-and-wellbeing-policy/supporting_documents/180524_POL_Mens%20HealthWellbeing%20Policy%20CONSULTATION%20DRAFT.docx

The purpose of the Policy is to provide direction to the WA health system and its partners to deliver strategies that improve the physical, mental, social and emotional wellbeing of men and boys living in WA. It outlines WA's response to the National Male Health Policy.

A community consultation is planned for June and July and opportunities to participate include:

- community consultation forums across metropolitan and regional areas
- an online survey – closes 3 August. <https://consultation.health.wa.gov.au/strategy/draft-wa-mens-health-and-wellbeing-policy/> Takes approximately 10 minutes to complete.

There will be 2 forums held in the metropolitan area:

Metropolitan forum 1

The Minister for Health Hon. Roger Cook MLA will be providing an opening address.

Date: Friday 15 June 2018, 9.30am to 12.30pm
Venue: The Rise, 28 Eighth Ave, Maylands
Register online by 5.00pm, Monday 11 June 2018

Metropolitan forum 2

Date: Friday 29 June 2018, 9.30am to 12.30pm
Venue: Bendat Parent and Community Centre,
36 Dodd Street, Wembley
Register online by 5.00pm, Monday 25 June 2018

Anyone with an interest in men's health and wellbeing is invited to attend. Dates for the regional areas will be released shortly.

If you think the Policy is of particular importance to yourself or your members but attendance at a larger forum is not preferable, please contact Deb Hamm, Logistics/Administrative Support on 0431 408 637 or email dhamm@tsrp.com.au. Smaller consumer focused meetings can be organised or we can provide you with basic questions to encourage discussion of the Policy at one of your regular meetings/forums.

*If you have any queries, please email
healthpolicy@health.wa.gov.au
or phone 9222 0200.*



Regional Forums

Available dates
for consultation

DATE	REGION	TOWN
July 5 Thursday	Goldfields,	Esperance
July 9 Monday	Wheatbelt	Northam only
July 9 Monday	Wheatbelt	Northam & Merredin
July 10 Tuesday	Wheatbelt	Northam & Merredin
July 10 Tuesday	SouthWest	Bunbury & Busselton
July 16 Monday	Kimberley	Kununurra
July 17 Tuesday	Kimberley	Kununurra
July 18 Wednesday	Kimberley	Kununurra - Broome
July 19 Thursday	Kimberley	Broome
July 20 Friday	Goldfields	Kalgoorlie
July 24 Tuesday	Pilbara	Port Hedland
July 25 Wednesday	Pilbara	Robourne - Karratha
July 26 Thursday	Midwest	Carnarvon
July 27 Friday	Midwest	Geraldton
August 2 Thursday	Great Southern	Albany
August 3 Thursday	Southwest	Manjimup

Are your Pipes in Good Nick?



THE
**REGIONAL
MEN'S HEALTH**
INITIATIVE

Understanding Cholesterol

Cholesterol is a fatty substance found naturally in the cells and bloodstream of our body. It is produced by the liver but also comes from certain foods we eat. A small amount of it is good and all that is needed by the body to perform certain functions however too much of it floating around our blood can have serious implications for our health. It is important for us older blokes to develop an understanding of cholesterol and especially its relationship to cardiovascular disease.

Finding out the level of cholesterol in our blood is as easy as our Doctor organising a simple blood test. The blood test will identify the two types of proteins that transport this fatty substance (often referred to as good and bad cholesterol).

- Good Cholesterol or HDL (High density lipoprotein) actually plays a protective role by returning the cholesterol to our liver where it is broken down.
- Bad cholesterol or LDL (Low density Lipoprotein) on the other hand takes cholesterol away from the liver into the blood stream.

Bad cholesterol makes up the bulk of cholesterol in our body and at high levels has the potential to stick to parts of our blood vessels building up to form plaque, restricting or even blocking blood flow to parts of our heart and brain causing a heart attack or stroke.

There are a lot of factors that influence the levels of cholesterol in a person's blood such as our genes,

age and ethnicity (which we don't have a great deal of control over) and our diet and lifestyle (which we do have control over). This is all even more important to consider if we are already at risk of developing heart and circulatory disease due to factors such as smoking, being overweight and having high blood pressure.

Our GP may discuss medication as an option to lower our cholesterol and will most definitely suggest exercise and changes to our diet. Exercise is a no brainer when it comes to keeping our pump and pipes healthy and reducing our risk for all sorts of health issues. Dietary wise, it will involve being mindful of foods that contain high cholesterol such as meat, milk, cheese, eggs and butter.

There is a lot of evidence to support the avoidance of saturated and trans fats which are found in foods such as fatty meat, dairy products and most take away food. Both these fats can raise the levels of bad cholesterol and trans fats are even thought to lower the levels of good cholesterol. We still need to eat fat as part of a balanced diet, but it is recommended this be healthier unsaturated fat found in foods such as fish, avocado and olive oil. Foods that promote lower cholesterol include fruits, vegetables, oats, nuts and beans.

Remember, we need to get the Doctor to check our cholesterol on our next visit and discuss any associated risks that are relevant to us!

Brenden & The Team at Regional Men's Health Initiative

Brenden joined the team in 2015 leaving behind his previous role with a rural community mental health service. Residing in the town of Toodyay with his wife and three children, he has developed a strong affiliation with regional WA and a fascination with the people who live and work in this unique setting. As a Registered Nurse he has spent the majority of his career specialising in Mental Health and in particular has become passionate around engaging and supporting men to realise their potential wellbeing and health.



Men's Health Under the Microscope

Abid Hussain Health Researcher Volunteer at Health Consumers' Council WA investigates.

Men's Health in Australia

Introduction

- Research has constantly demonstrated the influence of gender in the occurrence of illness and mortality, with the factors varying between men and women.
- Smith, Adams, and Bonson, (2018) observe that the difference is primarily as a result of a combination of biological and sociological factors such as social construction of gender.
- In Australia, men have been found to experience more serious health problems, die in greater numbers from non-sex-specific health problems, and visit doctors less frequently and mostly when their illness is the last stage, hence the need for health interventions to remedy the problems.
- The 2:3 ratio holds even among children, where out of every 2 girls that succumb to accidents and drowning, there are three cases of death among boys.
- Notably, men are at higher risk in Australia, including migrant men, Aborigine and Torres Strait Islander men, those living in the country's remote areas, disabled, imprisoned, and socially disadvantaged males have lower life expectancy (Victoria State Government, 2014).
- Although there have been a few improvements in the health of men in Australia, there are still some challenges that can be addressed to enhance their health, especially in conditions that causes higher mortality in males than females.

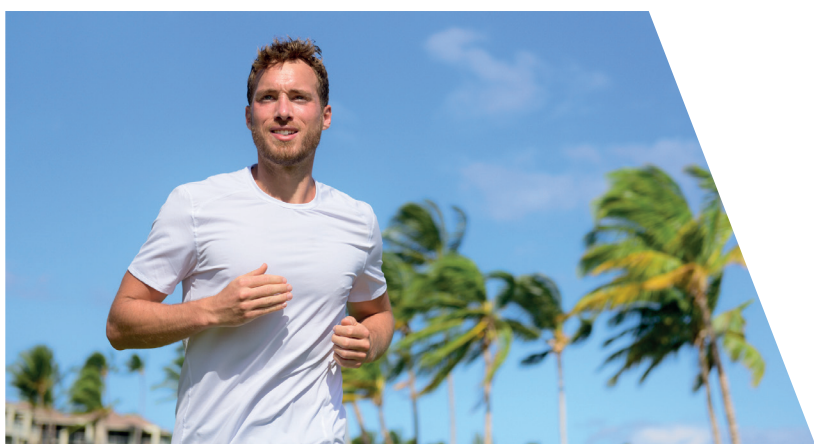
Comparison of Men's Health to Women's

- The life expectancy of Australian men has increased from 75.0 years in 1995 to the current 80.4 years (ABS, 2016).
- These changes have seen an increase in the number of men above 65 years, an indication of an improvement in their health status (Australian Institute of Health and Welfare, 2017).
- Nonetheless, women still have a better life expectancy of over 84 years, with only two of them dying out of every three cases among men.

- For instance, 78 percent of deaths due to suicide, 63 due to trachea and lung cancers, 57 percent due to blood and lymph cancers, 54 percent due to chronic lower respiratory diseases, and 53 percent of deaths due Ischemic heart disease are males affect men (Victoria State Government, 2014).

Factors Affecting Life Expectancy among Men and Trends

- Smoking, alcohol, diet, and exercises are some of the behavioural factors that that can affect the life expectancy of men (ABS, 2016).
- Although the number of smoking males or drinking at risky levels have greatly reduced, other risk factors risen, especially due to increased number of overweight and obese Australian men today.
- Smoking reduced from 27 percent in 1995 to 17 percent in 2016, while one quarter of men were drinking in 2016, a reduction from one third that had the same challenge in 200-05 (ABS, 2016).
- On the other hand, the percentage of overweight and obese men aged 18 years and above increased from 64 percent to 71 percent (ABS, 2016).



- This change is an indicator of health deterioration among individuals in the groups (McCabe, Mellor, Ricciardelli, Mussap, & Hallford, 2015).
- The types of food that men consume and their level of engagement in physical activities can have an overall impact on their overall health.
- For instance, the consumption of diets high in added sugar is primarily associated with weight gain, while increase in physical activity is said to help in maintaining good health.
- The average daily consumption of added sugar by Australian men aged 19 years and above amounted to 59 grams, an equivalent of approximately 14 teaspoons of white sugar, with soft drinks and flavored water accounting for 22 percent of it.
- On the other hand, 49 percent of Australian men aged between 18 and 64 years took part in sufficient physical exercise of about 150 minutes per week spread over five sessions (ABS, 2016).

Figure 1: A man participating in physical activity

Depression and Suicide among Men in Australia

Figure 2: A picture of a depressed man (Smith et al., 2018).

- Men tend to be more depressed, rarely share about their challenges, and are therefore more likely to commit suicide.
- Suicide among men, for instance, has always and continues to be a growing national concern.
- Over the past decade, mortality due to suicide has escalated alarmingly with problem being more entrenched among the indigenous males.
- The suicide rate among the Torres Strait Islander and Aboriginal people is approximated to be 40 percent higher than the national average with 60 percent of never coming to medical attention.
- This fact is an indicator that there is need for focusing on mental health programs for young to middle-aged men such as those aimed at suicide prevention (Smith et al., 2018).

Factors that Aggravate Men's Health

- Cultural belief that men are tough and independent makes it difficult for them to visit doctors or complain of their health due to the feeling that it might impact negatively on their masculinity.
- Societal social construct that puts me as breadwinner increases the burden of guilt and shame among men especially in the face of increasing unemployment rates.
- Unemployed men are often depressed due to the feeling of failure to live up to set cultural standards. On the other hand, employed men experience low depression and are more likely to think about their health.

Figure 3: Employed men live a more satisfied life and are likely to seek medical attention (Department of Health and Ageing. (2010).

Recommendations for Improving Men's Health

- Notably, men can also improve their health by undertaking regular cancer, skin, and bowel screening. Approximately 55 percent of men aged 18 years and above went for regular skin check for changes in freckles and moles in 2014-15 (ABS, 2016).
- It is time men stopped behaving like tough guys on matters concerning their health and sought regular medical attention.
- Running health campaigns among men, especially among risk groups can health change practices and behaviors that are likely to harm human health.

Figure 4: Anti-smoking poster from the Kimberly Aboriginal medical services council (Korff, 2017)



**Men's Health
& Wellbeing**
Western Australia

Cultural and behavioural shifts needed to transform Men's Health & Wellbeing

Dennis Beros, Chairman Men's Health and Wellbeing WA considers the state of men's health in WA today and suggests that policy consultation must also consider how we can transform the attitudes and culture of men towards themselves.

If the men and boys of WA are living healthier, longer, happier lives, everyone in the state benefits.

In 2014 the World Health Organisation noted "To the best of our knowledge, only three countries – Australia, Brazil and Ireland – have to date attempted to address men's burden of ill health through the adoption of national, male-centred strategies."

WA is now at the forefront of a national impetus to act on the state of men's health and well-being. The State Government is currently developing a state Men's health and wellbeing policy. This follows the earlier National Male Health Policy (2010).

To date Men's Health and Wellbeing Western Australia (MHWWA) is encouraged by what we've witnessed of the process. Those charged with the development of the policy have generated a sound draft document. It's now imperative that bureaucratic pragmatism doesn't erode the good framework that has been established.

With broad consultation and regional outreach the policy can be enriched and refined as more voices are heard in this space. A comprehensive state policy, once adopted, has the potential to guide many important decision-making instruments across a broad spectrum of organisations (including funding allocations) and impact the health of males dramatically.

Men and boys carry the lion's share of the burden of disease in WA (WA Health Department, 2011). Given the sad health and wellbeing statistics for men, it is not surprising to see governments (globally) tend to focus on clinical services and health promotion to address chronic conditions.

However depression, anxiety, suicide, road trauma, substance abuse, violence and the other plethora of

issues in which men are the gold medallists are harder to address. The societal cost is immense and we are not making good progress with them.

Our proposition is that squarely addressing the underlying issues is key to getting real purchase on these entrenched problems that impact us all.

The core issues are men's tendency to isolate and not seek help, and an unhelpful form of stoicism which stops men from taking care of themselves adequately.

"I'm OK mate; I should be able to figure this out for myself; the pain/difficulty I'm having is not too bad yet".

While not exclusive to Australian men these are inherited traits that may have served men in some way in the past but are becoming what is now dubbed 'toxic masculinity'.

A 75 year+ longitudinal study of men's health and happiness conducted in the USA, The Harvard Study of Adult Development, concluded that the single greatest predictor of health in later life was not cholesterol or any other physical measure. It was the quality of close relationships.

Studies are now flowing which reinforce this concept - that satisfying relationships and a strong sense of belonging are key to human wellbeing.

It's not hard to infer that if I have meaningful relationships where I can share myself (including my struggles and fears) authentically with others, I am more likely to accept the support that may come, value my own existence and my capacity for contribution more, and act more to take protective actions for myself. I am less likely to engage in self-destructive behaviours and have harmful impacts on others.



It is vital that any policy or strategic approach to improving health outcomes for men and boys take into consideration ways of shifting that reality.

Yes, we need health services that communicate effectively with men and boys and meet them where they are at. Yes, we need to be more focussed on appropriate services in regional WA. Yes, to all the suggestions currently contained in the draft strategy.

We also need a broad cross-government, cross community dialogue about how we can shift the attitudes of men toward themselves.

It is time. We cannot afford to not bring all that we can to bear on these issues, with urgency.

We can do this. We must.

The draft Men's Health & Wellbeing policy was released at the time we were putting this issue together.

You can view the draft policy here <https://consultation.health.wa.gov.au/strategy/draft-wa-mens-health-and-wellbeing-policy>

Regional consultation forums are scheduled in June and July 2018. (SEE HM page 8 for more info)

In many societies, men generally enjoy more opportunities, privileges and power than women, yet these multiple advantages do not translate into better health outcomes. What explains this gender disparity? According to the WHO European Region's review of the social determinants of health, chaired by Sir Michael Marmot, men's poorer survival rates "reflect several factors – greater levels of occupational exposure to physical and chemical hazards, behaviours associated with male norms of risk-taking and adventure, health behaviour paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they see a doctor, are less likely to report on the symptoms of disease or illness". World Health Organisation 2014

Men's Health and Wellbeing WA (MHWWA) is the peak-body for organisations working at the coalface of health and wellbeing for males in WA. It was instrumental in the current WA Government deciding to make a visionary election promise to develop a policy for men and boys to sit alongside the WA Women's Health Strategy.

Changes to Membership



Introducing - renewal of membership

As you are aware, we are a not for profit charity organisation that has been operating for around 24 years. During this time there has never been a fee for individual membership. After much consideration, the Board via its Membership Committee have made important changes to our membership guidelines:

- All existing memberships will expire on 30th June 2018. This is so we can keep our database up to date with active members who share our vision and purpose.
- From now on, members will be required to renew their membership every year on 1st July. You can visit our website today and do this in one easy step so your membership stays valid.
- FREE membership is still available when you receive all correspondence via email.
- Due to the growing cost of postage, after serious consideration, we have made the decision to introduce an annual postage fee of \$50.
- If you are experiencing financial difficulty and wish to remain an individual member of the HCC and want all items posted to you, you can apply with a letter or email addressed to the Executive Director explaining your circumstances and request that we waive the postage fee. We will review this request and an answer will be sent within 1 week of receipt.
- It's important to remember that members who do not renew by 30th October will be removed from the membership list.
- However you can always re-register, as long as you support the objectives of HCC.

As an individual member you can:

- Join a strong network of engaged, positive, active consumer representatives
- Receive free electronic Health Matters magazines and E-newsletters to find out about workshops & events
- Hear about consumer representative opportunities
- Be put forward for state and national committees as a Consumer Representative
- Share ideas about what works in consumer engagement
- Submit items for eNews or Health Matters Magazine
- Have a vote at our Annual General Meeting
- Put yourself forward to be considered as a Board Member (this is voted on at our AGM)
- Attend Member only events (AGM & End of year Celebrations)
- Attend our HCC Consumer Excellence Awards ceremony

If you have any queries regarding these plans or would like more detailed information, please don't hesitate to contact us at info@hconc.org.au or visit our website www.hconc.org.au

My Health Opt Out Period

You have from 16th July until 16th October to opt out...

Did you know that by the end of 2018, an online summary of your health information “My Health Record” will be created for every Australian?

If you don't want to have a My Health Record, you need to take action between 16th July and 15th October to opt out. You will not be able to opt out prior to 16th July.

There are a range of ways to support you to opt out, and these will come on line by 16th July. You can sign up for updates as they are released. Here is a copy of the link for your information: <https://www.myhealthrecord.gov.au/for-you-your-family/before-you-register>

Why have a My Health Record?

In simple terms, a My Health Record connects the dots between, for example, your GP and your hospital care. Over the last several years, WA Health services have been working on linking your hospital discharge summary to a My Health Record. So when your discharge summary is created, looks for a match with a My Health Record and if there is a match, it will connect the two. Getting a My Health Record will mean important information like this will be at your fingertips 24/7. This will result in faster and safer care for you and your family.

Do you have any allergies???

Patients often wonder why they have to keep repeating tests and explaining allergies etc. but currently, we have on way of easily sharing that information across our systems. A My Health Record will help with this.

Across Australia

Having a My Health Record will mean your important patient information follows you no matter where you travel in Australia.

Whose records?

In our Advocacy service we often encounter people needing assistance in accessing their medical records. This will, over time, be a thing of the past, where people can maintain control over their own health information via the My Health Record. This is vital when seeking follow-up treatment, understanding our own health care and knowing what has happened to us.

What about privacy?

This is a huge consideration, and many will know that the My Health Record, which used to be called the Personally Controlled Electronic Health Record, has been in the planning stages for many years, in part because of the important considerations of protecting privacy. Also, some health consumers are all too aware of the impact of information your health record on how you are treated by care givers. If you are really concerned, you can opt out.

Extra privacy protections

One of the new features of the My Health Record will be the ability to set it up so that you get a text if someone accesses your health record. This is not something our current paper based medical records provide. You will also be able to control who sees what of your medical record.

To find out more please ensure you, your family and friends go to the government website <https://www.myhealthrecord.gov.au/for-you-your-family/before-you-register> for information and updates.



Sustainable Health Review

For those of you who have been following our State's Sustainable Health Review, there is a public page available on the Health Department's corporate website which is a repository for all the documents that are in the public domain:

<http://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review>

This now includes the Interim Report from the Review was released in February 2018, as was briefly noted in our Patient Experience Week edition of Health Matters released in April. It also includes all the submissions that have been marked for publication. Some of you may remember the Reid Review from 2004- this Review received only 40+ submissions, so the Sustainable Health Review has clearly generated more interest, especially among health staff, many of whom provided anonymous submissions.

Interim Report

The Interim Report covered 12 Directions, and also included 9 Recommendations for Immediate Action (all of which have been cleared by Cabinet to progress). In addition to the Recommendations there are Areas for Further Work.

- Direction 1: Keep people healthy and get serious about prevention and health promotion

Recommendation 1: The Department of Health should take an active leadership role across the public sector in developing whole-of-government targets with potential impact for better health outcomes, commencing with childhood obesity

- Direction 2: Focus on person-centred services
- Direction 3: Better use of resources with more care in the community

Recommendation 2. Implement a pilot of the Emergency Telehealth Service Model in at least one other specialty in the country and metropolitan area

- Direction 4: Facilitate effective interaction between acute and community-based mental health services to deliver mental health reforms across the WA health system (See page x for the details of the Forum on Mental Health)

Recommendation 3. In collaboration with the Mental Health Commission (MHC), Department of Health, Health Service Providers, consumers and carers, immediately develop and then implement, an effective, contemporary clinical needs-based model that enhances or replaces the current patient flow model across all health services.


Recommendation 4. Support the immediate review of mental health clinical governance as identified by Professor Hugo Mascie-Taylor in the 2017 Review of Safety and Quality in the WA health system. (Please note, this Review has now been announced, with Professor Bryant Stokes as Chair.

- Direction 5: New ways to support equity in country health
- Direction 6: Develop partnerships for Aboriginal health outcomes
- Direction 7: Create and support the right culture

Recommendation 5. Identify and report publicly key system quality, safety, financial and performance information at the whole of system, and hospital level as a priority; and further progress public reporting down to department and clinician level.

Recommendation 6. Implement a WA health systemwide employee survey process and benchmark findings to inform and drive systemwide staff engagement programs

- Direction 8: Greater use of technology, data and innovation to support consumers, clinicians and drive change
- Recommendation 7: Develop and



implement innovative approaches to sharing of patient-level data across public/private providers, including a pilot to demonstrate necessary policy and technology approaches, commencing with pathology results, patient discharge information and medical imaging as an initial priority linked directly to work with the expansion of My Health Record.

- Direction 9: Harness and support health and medical research collaboration and innovation
- Direction 10: Develop a supported and flexible workforce

Recommendation 8: Cut red tape to hasten the recruitment of staff and reduce unnecessary agency costs. Pilot the broader implementation of a streamlined recruitment process, as tested in the Pilbara region.

- Direction 11: Plan and invest more wisely
- Direction 12: Building financial sustainability, strong governance, systems and statewide support services

Recommendation 9: Continue implementation of financial sustainability measures ensuring budgetary transparency and enhanced Health Service Provider funding predictability

You can find the full Interim Report here: <https://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review/Interim-report>

Consultation period

The Health Department ran a survey which was open to the public and largely attracted feedback from those who had previously provided submissions. The Health Consumers Council has also been tasked with developing consumer engagement activities between now and July 2018.

A key area the Health Consumers' Council is interested is the Area for Further Work under Recommendation 12 which reads "Explore best-

practice approaches for meaningful consumer involvement in reforms, including consumer involvement in designing and evaluating services" We feel the key to a good future for our health system and its sustainability is to share the problem of the challenges of running a health system with the public, and design solutions and agonise over what gets funded, together.

Consumer Survey – this can be accessed here: <https://www.surveymonkey.com/r/SHR02>

- Regional consultations: We are working in partnership with LinkWest with the Community Resource Centres to run sessions in Pingelly, Tom Price and Boyup Brook for the week beginning 11th June 2018, and webinars on 20 and 21 June.
- Aboriginal Community Forum – this was held at the Langford Aboriginal Association on 30th May 2018 as a follow-up to the consultation forum run in December 2017.
- Culturally and Linguistically Diverse sessions – these are being held in partnership with Ishar Multicultural Women's Centre in June.

Other events are being convened such as the forum below – watch our page for further details: <https://www.hconc.org.au/what-we-do/policy-development/sustainable-health-review-consumer-view/>

- Many Voices Big Impact Mental Health Forum – there are events being held which have been developed in partnership with the Health Consumers Council, WA Association for Mental Health, Consumers of Mental Health WA, Helping Minds WA, Carers WA and Mental Health Matters Too on Tuesday 26th and Thursday 28th of June. For more information, call Elizabeth Connor (Systemic Advocacy Officer, WAAMH) on 6246 3034, or email econnor@waamh.org.au.

The final Sustainable Health Review report is due November 2018.

Telehealth enables patient-centred care

Neurologist and Epileptologist Dr Nick Lawn says that Telehealth is so good for his patients, he uses it every week.

In his work for the WA Adult Epilepsy Service at Sir Charles Gairdner Hospital, Dr Lawn sees patients from right around the state, and says the expanding use of videoconferencing technology ensures clinicians offer patient-centred care.

“Telehealth provides patients a reprieve from often-difficult travel without compromising patient care,” he said.

“This is crucial in epilepsy as many patients cannot drive.

“Travelling to Perth is a major and highly expensive undertaking for both the patient and family members, often requiring several days off work, but with Telehealth they can just pop into their local hospital, and sometimes it can even be done from home.

“Telehealth lets me bring the epilepsy clinic to the bush,” he said.

He said that Telehealth could enable an improved level of care coordination.

“With epilepsy patients, a main part of my assessment is talking to family and carers about the patient’s history and symptoms, rather than a physical assessment,” he said.

“With telehealth, the patient consult can include everyone who is involved in their care – we use videoconferencing to connect the clinic in Perth with the patient, their family member and even their local GP.”

“This kind of multi-disciplinary care is ideal for country patients who, even more than city patients, need to be managed primarily by their local GP.

“In the past it could be difficult for clinicians to get access to telehealth equipment, but in recent years there has been a lot of investment into increasing the amount of videoconferencing equipment around the

health sites, and most clinicians can easily access it,” he said.

Country life not interrupted by hospital visits

Life in quiet Mingenew is lovely for Wayne Kipps.

However, Mr Kipps has a sustained brain injury that has resulted in frequent epileptic seizures and so he has had to often leave town to see his neurologist, Dr Nick Lawn, at the WA Adult Epilepsy Service 300kms away in Perth.

Mr Kipp’s wife Shiralee always attends the appointments – partly because her knowledge of his symptoms is vital in Dr Lawn’s assessments, and partly because she needs to drive her husband.

The 600km round-trip has been taxing for the couple and so they are relieved to be able to speak to Dr Lawn via videoconference instead.

Telehealth equipment has become available at almost every Health site in WA, so they are some of the many people who can now avoid the costly petrol bills that come with travelling for medical appointments.

As well as the cost of travel, Mr Kipps said that stress was another issue caused by having to travel for medical appointments.

“I have a very supportive wife, but I always feel guilty when I have a specialist appointment in Perth because I can’t drive and so she has to take several days off work to drive me there and back,” he said.

“Telehealth is very much a relief.”



To the moon and back with telehealth



In 2017, telehealth saved WA country patients from travelling

27.3 million kilometres

for outpatient appointments.*

That's to the moon and back about

35 times!



18,224

country outpatient appointments via telehealth in 2017, **30% increase** on 2016

Average outpatient consults per week via telehealth in 2017

350

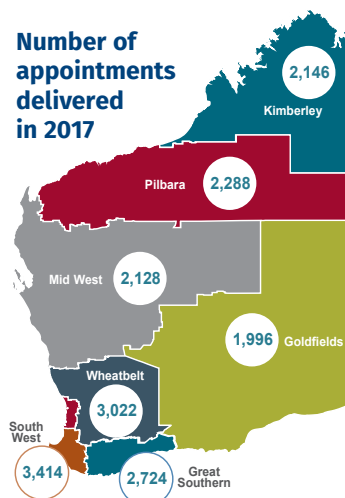
More than 7000

mental health services were delivered via telehealth across country WA in 2017

Top 5 outpatient specialties delivered via telehealth in 2017

Specialty	No. of appointments
1 Plastic surgery	3,575
2 Respiratory medicine	1,170
3 Haematology	1,034
4 Orthopaedic	999
5 Gastroenterology	937

Number of appointments delivered in 2017



Fuel savings:

\$3.95 million*

Kinder to the environment: Saves

5000 tonnes

of carbon# being emitted



Equivalent to planting

75,000 trees##

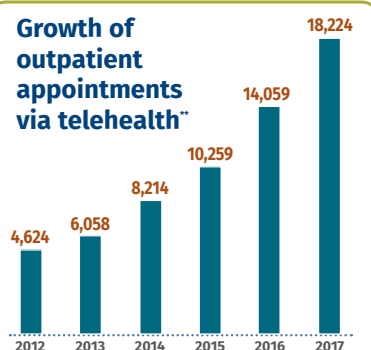
* Total distance by road from receiving location to Perth and return.

Based on average rate of fuel consumption per passenger vehicle, on 2017 ULP average regional prices.

Based on Based on an annual distance of 15,000kms a medium size petrol car (7.5L/100km) produces 2.7 tonnes of CO2 emissions.

Based on 15 trees/tonne of CO2.

Growth of outpatient appointments via telehealth**



**Excludes mental health occasions of service.

This year Telehealth Awareness Week is running from 25th – 29th June.

You can enquire about having an appointment by telehealth by asking your health professional or calling 1300 367 166.

- People in country WA can avoid travelling for specialist appointments by seeing their doctor or other health professional by videoconference from their local health centre, or possibly even from home.
- People in most rural and remote towns across WA can access healthcare appointments using telehealth for more than 30 specialities including cancer services, surgical follow-up, respiratory medicine, blood-related disorders, orthopaedics as well as education for chronic conditions like diabetes and asthma.

More information about telehealth is available at

www.healthywa.wa.gov.au/telehealth
or call 1300 367 166



In recovery and thriving; motivational speaker and Noongar man Jim Cain shares his powerful story with Emma Cory, Content writer at Health Consumers' Council.

Jim Cain is a well-known Aboriginal motivational speaker who grew up in Balga in the 60's.

Listening to his story I am moved by his powerful ability to speak from the heart, express vulnerability and inspire change in the communities he works with.

His heritage was denied in the family home and so growing up he was often confused about his place in the West Australian landscape.

"Often my friends would go missing from school, I assume they were taken by welfare, I didn't know what, why or where they had gone."

In the late 60's and 70's police would escort Aboriginals out of the city after 600pm.

"My brother and I couldn't understand why the police would drive us to the outskirts of the city and leave us there," he adds, "We were sometimes forbidden on buses and in shops too, it was very confusing."

Slowly, as Jim grew up he would meet Aboriginal elders who through 'facial recognition' would begin to tell him where he was from and the story of his heritage.

The ongoing denial in the family home meant that Jim felt unwanted and lost. It was in Year 7 that he finally found a way to feel as though he belonged.

"Someone at school gave me a full glass of spirits, and as I drunk the whole glass I felt like the fear had gone, like I had a sense of belonging, everything felt better".

From primary school and hard alcoholic spirits, he moved to high school and had his first sample of marijuana. The spiral in to harder drugs, addiction and alcoholism took a hold.

Doubt in his identity was papered over with a strong veil of aggression as he continued to feel caught in two worlds of white and Aboriginal Australians.

"Drugs and alcohol offered me a chance to escape my confusion, this escape provided temporary peace. Even passing out was a welcome respite from mental

torture and self-destructive narratives".

There was a time when Jim worked in manual labour, but a severe spinal injury left him unemployed. Up to this point he had been able to perform as a functioning addict but the loss of routine once again deepened his isolation.

Starting to feel desperate Jim started to wish for a 'normal' life away from the potential institutionalised pathways of prison, long-term disease or even death.

"I looked at myself one day in the mirror and thought; what can I change? I looked rough, covered in tattoos, I had become violent intimidating man. I was quite saddened. I couldn't get a job, nobody wanted to speak to me, I was fighting for my second marriage."

At the time Jim was applying for a job with Communicare Training Institute.

"I knew I needed to do something different to stand out. I knew I was going to have to figure out myself how to change the direction my life was taking".

Jim created a 'job-seeker' training pack. He designed it himself and proudly tells me that it is still being used today.


Communicare were so intrigued and impressed by his initiative they created a job for him.

They employed Jim based on his passion and willingness to talk openly, on his initiative and drive to create powerful lasting change and transformation.

Jim became a public speaker motivating long-term unemployed people to keep going no matter what. As a Noongar man he has travelled our state talking to elders from other regional communities to understand if others shared his story. How could he also connect to these people?

When you speak from the heart you are speaking your truth.

I ask him how he makes people accountable for themselves when they are feeling this low?



Jim believes that one of the most powerful ways for people to effect their own transformation is not to worry about what others think but to ask themselves:

What do you say about yourself when you stand in front of the mirror?

It was the 80's and at this stage Jim confesses he was still 'managing' his drug habit, barely keeping up appearances.

He admits, "It wasn't sustainable so every so often I would lose it and the 'animal' would come out."

It wasn't a single moment he says that was a catalyst for change. There was a chance meeting with an old friend who recommended faith and courage as well as an eventual and grindingly slow change to his mindset.

I needed to believe in the strength of my own mind to improve my life.

Mindfulness he says also gives him peace.

On 16th January 1994 was the last day he used drugs.

Jim also completed a Cert IV as a Career Counsellor. He has written a manual on how non-aboriginal people can successfully communicate with aboriginal people in career development.

By now he was working extensively with people who were unemployed and struggling due to addiction, mental health issues, intergenerational trauma and alcoholism.

However, he still identified with alcohol as a tool to 'making him feel better' and the intense work he was doing in the community started to play out for him. The issues and stories he was hearing and sharing with others created a spiral effect of PTSD and depression.

It was a chance work project that took him to the Alcoholic Anonymous website. Noticing an online quiz 'answer these questions to see if you have a problem,' he says he found himself knowingly fudging the answers. He did his best to ignore it but on the same day his wife confronted him.

By chance she had been on the same website that day and recognised Jim in so many of the quiz questions.

Jim says it was a defining moment.

"My wife didn't confront out of the familiar 'disgust' but out of 'love and worry', I saw it on her face," he said.

He realised that he would rather have his wife and his family over booze.

It's quite shocking to imagine but Jim tells me that when he stopped drinking his body immediately went in to withdrawal and he had a fit. There was a period of medical intervention before Jim was able to successfully follow the AA steps.

His outlook he says is to look forward and continue to see himself as a different person.

His lived experience in drugs, alcohol, poor mental health and low self-esteem means he is able to connect to people who resonate with his story and are then empowered to make change.

In turn he says it gives him strength.

Jim has empowered others and spent six years helping others with his work at (Men's Cyrenian House (Alcohol & Other drug treatment services).

In 2016 he shared his story with Russel Brand a well-known British personality in recovery who was visiting Perth.

Jim continues to share his powerful story and provides "Welcome to Country" across Perth. He says he wants to make sure in this lifetime that he has enough time to do the work that he is so driven to do.

Today he continues to empower people from all communities.

REACH OUT

<https://aaperthwa.org/>

<http://www.communicarepsychology.org.au/>

<http://www.cyrenianhouse.com/>

Dates for the Diary, Events & Workshops

Dates for the Diary:

- 30th June – Health Consumers Council WA Membership renewals due for new financial year
- 16th July – 15th October – Opt-out period for My Health Record
- 30th October – last day to have advised of your HCCWA membership renewal

Many Voices, Big Impact:

The Mental Health Review and Making Your Voice Heard

Your voice as a consumer, carer or family member is crucial in ensuring the future mental health system in our state is high-quality, person-centred and works well for future generations.

WA's peak bodies representing mental health and consumers invite you to participate in a community conversation about the future of the mental health system.

This event will help you understand the WA Government's 'Sustainable Health Review', why it is so important and how you can influence it. We will then conduct a workshop with smaller groups to ensure everyone can contribute.

There are two dates to choose from - follow the links below for more information and to book your place.

- **Tuesday, 26 June 10.30am-1.30pm, The Rise, Maylands**
Registrations from 10am, light refreshments & working lunch provided.
- **Thursday, 28 June 5.30pm-8pm at Citiplace Community Centre, Perth**
Registrations from 5pm, light dinner provided.

Places are limited, so book now. An expenses contribution of \$15 will be available at the event for people attending in an unpaid capacity.

For more information, call Elizabeth Connor (Systemic Advocacy Officer, WAAMH) on 6246 3034, or email econnor@waamh.org.au.

Events proudly presented by:



For more information about workshops, venues, times and booking please visit <https://www.hconc.org.au/what-we-do/workshops/> or you can call 9221 3422 or country callers on 1800 620 780.

Upcoming Workshops:

We offer a range of different workshops to support you in your journey to becoming an effective, engaged consumer representative. Full details and booking can be made via our website.

- **Introduction to Consumer Representation**
Use your experience as patient or carer to create a better health system. This workshop will give you the opportunity to hear, learn and think about important information for consumer representatives such as effective communication, overcoming barriers to participation and mastering meetings.
WHEN: Tuesday 7th August 2018
DURATION: 4 hours, 10am – 2pm
VENUE: Health Consumers Council, Unit 6, Wellington Fair, 40 Lord Street, East Perth
- **Advanced Consumer Representation**
Take your consumer representative skills to the next level. This workshop is for people currently placed as a consumer rep on a committee, working group or on a Board.
WHEN: Saturday 1st September 2018
DURATION: 4 hours, 10am – 2pm
VENUE: Health Consumers Council, Unit 6 Wellington Fair, 40 Lord Street, East Perth
- **Supporting Cultural Diversity in Healthcare Workshop**
Western Australia enjoys one of the most culturally diverse populations in Australia. This workshop has been developed as a means of enabling you to provide culturally inclusive services that support patient-centred care. Nursing staff this workshop counts towards your active learning hours.
WHEN: Wednesday 18th July 2018
DURATION: This is a 3 hour workshop.
Please contact facilitator louise.ford@hconc.org.au for further details.
- **NEW!!! Cultural Competency and Patient Centred Care (Fee applies)**
This newly developed workshop is a professional development opportunity for health care providers at all levels including management and front-line staff. Consumer representatives and Community Advisory Council members interested in developing their skills and understanding are also welcome. NB: Nursing staff, this workshop counts towards your active learning hours.
WHEN: Wednesday 8th August 2018
DURATION: 10am – 1pm
VENUE: Health Consumers Council, Unit 7 Wellington Fair, 40 Lord St, East Perth, WA 6004
COST: Fee applies



**HEALTH CONSUMERS'
COUNCIL**
YOUR VOICE ON HEALTH

Health Consumers' Council

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Opening hours

Monday - Friday 9.00am - 4.30pm
Closed Public Holidays