

12 November 2018

Mr Simon von Saldern
Chief Executive Officer, Andrology Australia
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Email: simon.vonsaldern@monash.edu

Dear Mr von Saldern,

Re: *National Men's Health Strategy for 2020 to 2030*

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the *National Men's Health Strategy for 2020 to 2030*.

As most male patients reportedly visit their general practitioners (GPs) at least once annually, this provides an opportunity for GPs to engage with these patients about their health, especially preventive health measures. This also allows GPs to establish lasting and effective clinical relationships with their patients in all stages of their life, rather than emphasising additional stand-alone services. This relationship is vital as patients age and the complexity in their healthcare increases, especially the advent and increasing prevalence of multimorbidities.

The RACGP would like to make the following specific comments on the draft Strategy.

Continuity of care

The RACGP recognises that men are less likely to see their GPs than women, and that practical interventions are required to bridge this disparity. However, we note that any intervention and screening that take place in community settings need to be integrated into the patient's general practice to ensure continuity of care. We suggest that all preventive activities be carried out in line with the RACGP's [Guidelines for preventive activities in general practice \(Red Book\)](#) and [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#).

Overdiagnosis

The RACGP recommends the introduction of a discussion on the risk of overdiagnosis regarding screening activities. Patients need to be made aware that the benefits of some screening activities (eg prostate specific antigen testing) have not clearly been shown to outweigh the harms. It is important that these patients receive appropriate counselling from their GPs regarding these tests.

Suicide

The RACGP suggests a revision to the suicide section in the Strategy, in order to acknowledge and highlight the prevalence and importance in the other age groups. While suicide is an important issue in young men due to its high prevalence in that age-group, from the perspective of absolute number of deaths, peak deaths from suicide is in middle-aged men (around 45–50 years of age), with a second peak in older men (around 70 years of age). It is important to highlight this as mental health and suicide-prevention strategies often do not target these older groups of men.

Violence

Male patients are more likely to be the perpetrators of violence, which can lead to significant health issues, including the effects of violence on victims, and the potential imprisonment of perpetrators.

The perpetrators of domestic and family violence are often men, and these patients may present to general practice with relationship problems, mental health issues or substance abuse. The exposure of family violence on boys and young men during their formative years has the potential to result in a range of significant health concerns, including homelessness, drug use, depression, relationship difficulties and a continuation of the cycle of violence.

The RACGP suggests that a primary prevention programme, to educate men regarding respectful relationships and the spectrum of violence, will be useful in raising awareness, and potentially preventing men from being perpetrators of violence. Included in this would be assistance in rehabilitation for men who have been perpetrators. Consideration needs to be given when education should be introduced to ensure sufficient understanding to make a difference in attitudes towards violence.

Specialisation in general practice

The RACGP does not believe the introduction of a specialisation in men's health in general practice is necessary under 'Action area 2.1'. As trained generalists, GPs are more than adequately trained to work with patients from different backgrounds, age groups, diversities and genders. The RACGP believes any subspecialisation of GPs can have the unintended consequence of reducing access and fragmenting care. GPs who have a specific interest in men's health are already able to access further training and continual professional training activities through the RACGP's Quality Improvement and Continuing Professional Development (QI&CPD) Program.

Research

The RACGP is pleased to see the inclusion of research actions in the Strategy. However, we would call for further funding for research on primary care health services that would look across the lifespan of gender-specific health needs in at-risk populations (eg Aboriginal and Torres Strait Islander peoples) and models of care that may look at novel approaches to what currently exists.



Royal Australian College of General Practitioners

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Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about the progress and outcomes of this consultation. For queries on the RACGP's submission, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on 03 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely,

Dr Harry Nespolon
President

cc: Preventive.Policy@health.gov.au