



## **Public Services Challenge – Men’s Health**

### **Overview**

#### **Men’s General Health**

On Wednesday 1st. March 2000 the following Press Release was issued by Yvette Cooper, Minister for Public Health :

#### **YVETTE COOPER SETS OUT GOVERNMENT ACTION ON MEN’S HEALTH**

Yvette Cooper Minister for Public Health said :

“We know that the biggest health inequality that exists is that between men and women. If you are a man, you are likely to die on average 5 years earlier than a woman. This health gap is wider for men from less affluent backgrounds. And although men on higher incomes are catching up with their female counterparts, those in deprived areas have hardly caught up in recent years.”

“Men die younger in part because they have less healthy lifestyles. They have a less healthy diet, higher alcohol intake, they have more accidents. But they also risk later diagnosis and treatment because they don’t go as quickly to the doctor when problems arise”

The Government is determined to tackle all health inequalities including problems faced by low income men. Following this a number of pledges were made outlining the action to be taken to improve men’s health including prostate cancer and male suicide.

#### **Men’s Mental Health**

On 14th. January 2003, MIND, the leading mental health charity in England and Wales issued a factsheet outlining a dismal catalogue of facts relating to men’s mental health including the fact that young men have the fastest rising suicide rates in the UK.

#### **Prostate Cancer**

February 2005, The National Audit Office produced a report “Tackling Cancer – improving the patient journey”. The report highlighted treatment discrepancy and confirmed that the NHS experience of men with prostate cancer is the worst of all patients with common cancers.

#### **In short**

How many more reports, surveys, stereotypical comments that men do not look after themselves before a Government, any Government, grasps the nettle and

acknowledges that equality issues also include men. We ask that the following submission on men’s health is given the consideration that it deserves.

**The Facts**

**Deaths from major causes**

Mortality rates are higher for men than women for all major causes of death including cancers and cardiovascular disease.

The facts shown by Yvette Cooper, Minister for Public Health revealed the following striking facts for deaths in 1998 for men and women aged under 75

	Men	Women
Coronary heart disease	29,426	12,096
Stroke	6,514	5,626
Suicide	3,561	1,059
Accidents	4,321	1,597
Cancers	37,150	30,837
Respiratory Diseases	10,895	8,079

**Men’s mental health**

In January 2003 MIND produced a factsheet on men’s mental health revealing a number of disturbing facts :

Male suicide forms 75% of all suicides in the UK with young men having the fastest growing suicide rate. 67% of young men say they have nowhere to turn for help. Reference to a Samaritans report “Young Men Speak Out” revealed that young men contemplating suicide are reluctant to speak to the Samaritans because of social stigma surrounding talking about feelings.

Unemployment is a major cause of depression and suicide in men. Men are more likely than women to experience long term unemployment.

Physical illness is a major contributory factor in men developing mental distress. Researchers from the Queen’s Medical Centre in Nottingham have found that men who are depressed are three times more likely to develop heart disease.

Men are less likely to seek medical attention than women and doctors are less likely to diagnose men with depression than women.

Their introduction stated “The subject of men and their mental health has been long an under-researched and under-resourced area. Mainly due to large increases in male suicide, men’s mental health is currently coming to be recognised as a major public health issue”

### **Prostate Cancer**

Treatment of men with prostate cancer is a national disgrace. More than 10,000 die every year and the numbers of men diagnosed with the illness is rising year on year.

In February 2005 the National Audit Office report “Tackling Cancer- Improving the Patient Journey” highlighted the discrepancy of treatment for men and confirmed that the NHS treatment of men with prostate cancer is the worst of all patients with common cancers.

The following areas were highlighted in the report :

Patients with prostate cancer are less likely to understand what they are told by their hospital or doctor.

Patients with prostate cancer have to wait longer than any other cancer patients for treatment after referral.

Prostate cancer patients are most likely to see deterioration in their condition as they wait for treatment.

Prostate cancer patients were twice as likely to receive inadequate assistance with pain relief.

### **Brachytherapy treatment**

In March 2000 the American Cancer Society produced a report on Prostate Specific Antigen Results in 219 patients with up to 12 years of observed follow- up. They concluded “Over the last decade, prostate brachytherapy – a radiation treatment in which small, encapsulated, radioactive sources are implanted into the gland – has gained favour as an effective treatment for patients with clinically localised carcinoma. A recent American Urological Association policy briefing projects that prostate brachytherapy soon will surpass radical prostatectomies as the treatment of choice”

The benefits were :

Simple one day procedure

Rapid return to normal life following procedure

An equal or better outcome compared with more traditional treatments for men with clinically localised carcinoma

The National Institute for Health and Clinical Excellence ( NICE ) has approved the treatment which costs £9,000 which is only £2,000 more than traditional treatments.

Brachytherapy is not suitable for all prostate sufferers but doctors consider it is the

best treatment for patients who have small tumours which have been caught at an early stage.

Despite these major breakthroughs in the treatment of prostate cancer which has been seriously underfunded for research purposes (in 1996 it received only £43,000 from Government), Primary Care Trusts have stopped funding the treatment despite the additional cost being only £2,000 more than traditional treatments. Stephen Langley, a consultant at the Royal Surrey County hospital in Guildford stated "A similar number of men die from prostate cancer every year as women who die from breast cancer, but there is a fraction of the money going into prostate cancer". Herceptin treatment for breast cancer costs £18,000.

### **Domestic Violence & Family Breakdown**

This is both a mental and physical health issue. MIND Factsheet (14.1.03 ) states "There is a common myth about domestic violence, that the vast majority of the time women are the victims and men are the perpetrators. However, all serious studies of domestic violence show a roughly equal balance between the genders. A UK Mori poll found that 18% of men have been a victim of domestic violence by a female partner, as opposed to 13% of women by a male partner".... "The British Crime Survey reports that 4.2% of women and 4.2% of men said that they had been victims of violence in the past year"

Family breakdown is usually part of the cycle of domestic abuse and men suffering from abuse will find an almost hostile indifference to their plight in the Family Courts. The effects on their mental health are incalculable. Many of our callers are on long term sickness benefit and some form of medication. Most services are aware of the situation, but unwilling or unable to deal with it.

The underlying problem is that the Home Office, which produces the surveys, has continuously made funding available for women and children and none available for men and children.

### **Men's use of Health Services**

With high death rates, severe mental health problems, rising suicide among young men, a lack of adequate provision for prostate cancer and no funding for male victims of domestic abuse and their children, it is little wonder that men have problems accessing health services. Callers to our helplines complain of the high level of indifference to their problems when seeking help.

As a result :

Men are much less likely to visit their GP than women. Under the age of 45, men visit their GP only half as often as women. ( ONS General Household Survey 2003 )

Despite the much higher prevalence of overweight and obesity in men, they are massively under-represented in weight management programmes in primary care. Only 26% of participants in the national primary care "Counterweight" intervention are men. (Mens Health Forum – Hazardous Waist ? tackling the epidemic of excess weight in men 2005 )

The pilot programme for the National Bowel Cancer Screening Programme to be launched in 2006, offered voluntary screening to almost half a million of people. It achieved much lower take-up among men ( 52% of men compared to 61% of women). (death rate of colorectal cancer is 24.7% per 100,000 men compared with 14.7% in women) ( DOH. Evaluation of the UK Colorectal Cancer Screening Pilot. Final Report 2003 ) (Cancer Research UK)

While Well Women Clinics are a common feature in primary care, there is no male equivalent. While gynaecologists specialise in treating female problems, there is no physician specially trained to deal with the wide variety of problems facing men. ( MIND Factsheet 14/01/03 )

## **Proposals**

As with all problems there are solutions and we wish to make the following proposals :

### **Preventative Health Care**

For men to improve their healthcare it is important to establish the reasons why men do not always take care of their health. Many reasons have been outlined above including unemployment, domestic abuse, family breakdown and poor physical and mental health arising out of these causes. A mantra which simply repeats that men will not report their problems is not the answer.

### **Wellmen Clinics**

A robust approach is required and in the frontline is the need for preventative healthcare in the form of Wellmen Clinics. Government needs to ensure that the principles of social inclusion are applied to clinics for both men and women.

For many decades men were and are still unable to visit their doctor without taking time off work. This needs to be dealt with by the provision of Wellmen Clinics in every county matched by an equal number of Wellwomen clinics.

They need to ensure that :

Local Authorities are obliged to set up clinics for both men and women

The clinics need to be well advertised

The clinics need to be available at a time to suit their clients

Services meeting the needs of their clients should be available. It may include domestic violence services, drink and drugs advice, mental health advice, dietary information etc.

A well developed Wellman clinic would be an immense help to men suffering from the range of problems outlined above and would act as a frontline form of preventative healthcare. By the reduction of men's health problems it would lead to a reduction of

healthcare costs in the long run.

## **Prostate Cancer**

### **Prostate Cancer Screening**

For too long prostate cancer screening has been held off as it is claimed that a PSA blood test is inconclusive. It is stated that it is only worth doing if there are symptoms of prostate cancer – however, by this stage it is often too late. A national screening programme should be put in place for men when they reach a certain age, say fifty and repeated every five years. At this point it should include an overall health check in order to draw to their attention any deficiencies in their lifestyle.

### **Research Funding**

Adequate funding should be made available for male cancers which is the equivalent to that spent on female cancers. It should not cause the spending on female cancers to be reduced.

### **Brachytherapy**

It is criminal to squander the research money spent on Brachytherapy by refusing to apply the treatment on grounds of cost. We are talking about the quality of men's lives which should not be relegated to second place on account of £2,000 additional cost to the standard treatment. Brachytherapy should be the order of the day where it is the appropriate treatment.

### **Domestic Abuse and Family Breakdown**

We have already made a separate submission for domestic abuse and Family Breakdown. We ask that these fundamental proposals will meet with a positive response and we are available if you require any further input.