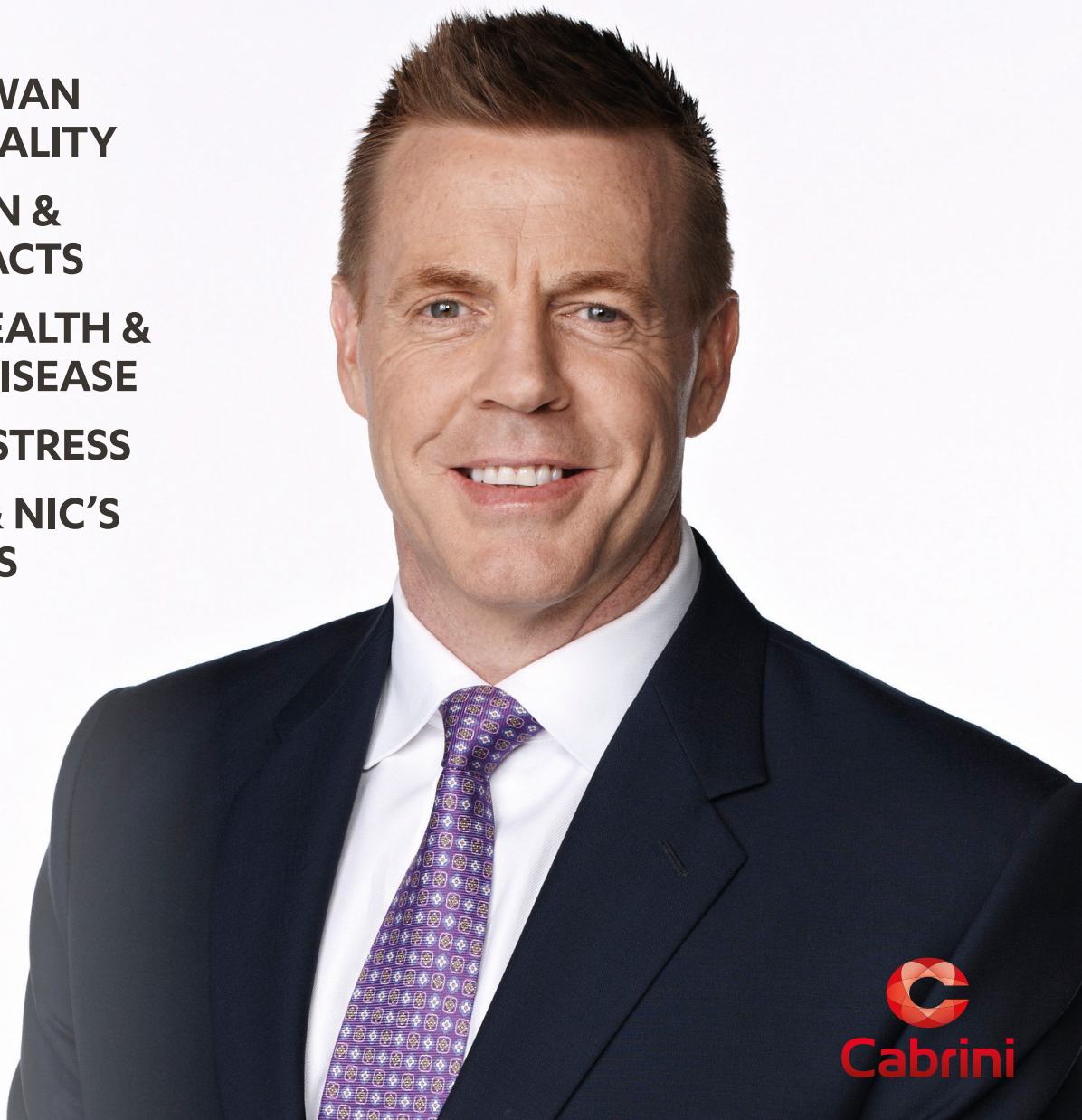


A WHOLE NEW BALL GAME

HEALTH INFORMATION
FOR AUSTRALIAN MEN
ISSUE 24 // SEPTEMBER 2014
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- 1 BRAD McEWAN
TV PERSONALITY**
- 2 DEPRESSION &
ANXIETY FACTS**
- 4 MENTAL HEALTH &
CHRONIC DISEASE**
- 7 DADS IN DISTRESS**
- 8 LACHLAN & NIC'S
SUPER DADS**



QUESTIONS FOR THE QUACK



with Associate Professor
Gary Richardson

Welcome to edition 24 of the Foundation 49: Men's Health magazine. Our focus is on mental health concerns, including depression and anxiety. All of us experience negative thoughts during our lifetime, but for some people these thoughts and feelings can become more than just a passing phase and may potentially have catastrophic consequences.

Men sometimes fail to recognise or acknowledge that they are experiencing health problems and may put off seeking assistance. Many men also have concerns about asking for help for a condition that is not 'physical' such as a broken leg or a burst appendix.

Depression is serious and common affecting one in eight men and anxiety will affect one in five men, during their lifetime. Untreated depression is a high risk factor for suicide, where sadly there are around 2200 suicides annually the majority are men, which equates to 5 men dying every day!

TV presenter Brad McEwan talks about how he and his family coped following the loss of two family members to suicide. We investigate links between depression and general health conditions, including cancer and chronic disease and the positive effect of nutritious fresh food and activity on mood.

As we approach Fathers Day 2015, the Foundation 49: Men's Health Ambassadors (RaboDirect Melbourne Rebels players) Nic Stirzaker and Lachlan Mitchell provide insight into the important roles their fathers have had, in supporting them from boys to men; a great reminder of how important Dads are to their children's wellbeing.

Live Long, Live Well.
Gary

Foundation 49 Men's Health

LIVE LONG. LIVE WELL.
WWW.49.COM.AU

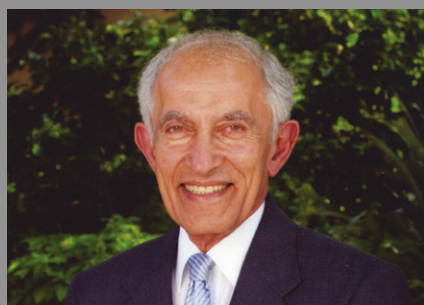
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This magazine contains general health information and does not take the place of regular medical advice and treatment from a GP. We recommend all men consult a doctor or health professional for a thorough personal examination on a regular basis.

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Foundation 49 Patron,
Former Governor of Victoria
Professor David de Kretser, AC



RICHARD, 56 ASKS:

The company I work for is making significant changes most of which I believe will be useless. My team are frustrated and irritable and giving me a hard time. I am extra busy with the increasing regulations associated with these changes. I feel as though I will never get on top of it all and feel almost overwhelmed. Over the last few weeks I have been wakeful at night mulling over work; I am irritable at home, have no interest in sex or social activities. If I see a doctor (my wife's suggestion) I will have a black mark against my health record, at 56 I feel trapped and desperate – what can I do?

Everyone experiences some or all of these symptoms from time to time. It is important to note that stress is not depression but may be a risk factor for developing depression if it persists. You have mentioned it has been going on for a few weeks; I think it's time you talked to your doctor. There are plenty of things you can do to reduce your feeling of being overwhelmed and your doctor is a good source of information. It is important to talk about these things early on. Many men put off seeking assistance as they find it hard to acknowledge they have a problem and particularly one affecting their social and emotional wellbeing. For ideas on how to talk to a health professional about what's going on for you, visit beyondblue.org.au/conversations.

Depression is an illness, not a weakness – men shouldn't be ashamed to seek the support and advice of professionals.

FOR MORE INFORMATION

www.beyondblue.org.au/taking-action
www.mantherapy.org.au

SHANE, 37 ASKS:

I have a mate who is obviously suffering from panic attacks and sometimes I cannot get him to come outside, let alone come to the footy. He is worried all the time and has, as he describes 'palpitations' and 'cold sweats'. I have noticed this has worsened over the last few months and wish to help – where should I go?

Anxiety disorders are the most common mental disorders, affecting 14% per cent of Australians in any one year period. Anxiety and depression are like any other medical condition – you need ways to manage them and prevent them happening again. Anxiety is more than just having sweaty palms and 'butterflies' and can include worry, stress, fear and even affect the ability to work. As a friend, let him know you have noticed a change and offer to talk to him about his experiences. Assist him to see a doctor or attend the community health service and offer to accompany him. Encourage his relatives and friends to invite him out and keep in touch but without undue pressure. For more tips on how to talk to and support your mate, check out beyondblue.org.au/conversations

FOR MORE INFORMATION

www.mindhealthconnect.org.au/getsupport
www.beyondblue.org.au/getsupport

ASSOCIATE PROFESSOR
GARY RICHARDSON
CHAIRMAN, FOUNDATION 49

BRAD McEWAN

TV PERSONALITY, PRESENTER AND BEYONDBLUE AMBASSADOR



As an observer of Brad McEwan it's hard to understand why someone so successful, with a warm and outgoing personality would be featured in a Men's Health magazine, focussing on mental health concerns. It isn't until you delve beneath the surface of this charming TV presenter that you find a story that could quite easily have shattered someone's life forever.

This is Brads story:

Brad McEwan grew up in Lockington, a small town close to Echuca in northern Victoria, a former student of Rochester High School and then Ballarat College of Advanced Education (now the University of Ballarat), where he studied physical education.

In 1994, Brad commenced his media career at Triple M radio station in Melbourne, working in the newsroom as a sports reporter and presenter. Brad's entry into television arrived in 1999 as a sports reporter at Network Ten in Melbourne. In 2004 Brad moved to Brisbane as a sport presenter, producer, writer and occasional news presenter with Ten News. Brad is famous for his banter with 'Ten Late News' presenter Sandra Sully. Additionally, Brad hosted Queensland's local AFL show Queensland Rules and a boundary commentator for many AFL games held in Brisbane.

In 2006, Network Ten launched the newly formatted 'Ten Late News with Sports Tonight' tempting Brad to move to Sydney in 2007. In 2008 Brad became the permanent sport presenter on Sydney's Ten News at Five. During this time Brad injured his knee when attempting to take a mark while filming an AFL segment for the news, resulting in his admission to hospital and surgery.

In September 2013, he would return to Melbourne to present sport on 'Ten Eyewitness News' and in 2014, Brad hosted the overnight session of the Sochi Winter Olympics in Russia.

Brad's early childhood was spent in a rural environment with outdoor activities and time spent on his grandparents' farm with his older brother and younger sister: a pretty idyllic upbringing. His mother was a local district nurse and was the rock that held the family together. Sadly, Brad's father had a major problem with alcohol and although charming, when he was not under the influence, his personality would deteriorate dramatically when he was and he became verbally abusive.

This was a major issue for all the family, particularly poignant while the siblings were experiencing their turbulent teenage years. The stresses within the family took their toll and Brad's brother who had been suffering mental health issues, committed suicide in 1989. "I remember he didn't come home one night and we were all anxious and went out looking for him," says Brad. "I remember having this strange feeling..." Unfortunately this traumatic event was not the end of the family's distress; within 18 months Brad's father committed suicide. "I loved my Dad," says Brad. "But I didn't miss the abuse and especially the impact it was having on my Mum and sister, I was always worried that they may crack".

So how did Brad and the family cope with these horrific events, the stress and the sadness? 'Brad says "We put our energy and focus into living and 'got on with life'. We were a close family unit it was strange going from five people to three, as we were missing two and were not 'complete'. We have great passion and worked hard, we got on with our

lives and didn't dwell on what had happened. Of course there weren't the wonderful support organisations and people able to assist as there are now. Beyondblue wasn't in existence then, so we just muddled along and supported each other. I was at university and my mates were terrific, they would put an arm around my shoulder and ask 'how ya goin' and sitting on the steps outside the pub, the locals would stop and chat about Life".

Later, Brad's mother met and married a wonderful man – "my stepfather – he has been a great role model for me and my mum is very happy. My sister had a son, a wonderful thing to happen. I believe my nephew filled the void in our lives left when my brother died. He is in his twenties now, a great young man, very considerate and well grounded".

Brad says "You have to communicate, you need to talk – and you must talk to someone – we have one life, it's too short to be unhappy and suffer from depression and anxiety or other mental health disorders. The health professionals are trained to help you to be happy and this perceived stigma – that's just rubbish!"

Brad is concerned that men don't seek help when they are feeling down or depressed, seeing it is a sign of weakness. He suggests they "think about the impact this is having on their family – then do it for them".

"Mum always says a problem shared is a problem halved – so talk, communicate and get help, it's the best way to commence the healing process."

Thank you Brad for sharing your very moving, personal story.

DEPRESSION AND ANXIETY FAST FACTS 2014

For references please visit www.49.com.au/references

At least **6** people die by suicide each day in Australia. **5** of these are men.

12.2% of all Australian males aged 16 years and over are expected to experience a mood disorder in their lifetime (1:8 Australian men; 1:6 Australian women).

20.4% of all Australian males aged 16 years and over are expected to experience an anxiety disorder in their lifetime (1:5 Australian men; 1:3 Australian women).

The number of men with anxiety in Australia is **8** times the size of the crowd at the opening of the 2000 Sydney Olympics.

The number of men with depression in Australia is **4.5** times the size of the AFL grand final crowd at the MCG.

Men aged **35-44** have the highest rates of depression and anxiety with **1:12** experiencing depression in the past 12 months.

35.4% Of all Australian males aged 16 years and above are expected to experience a substance use disorder in their lifetime (1:3 Australian men and 1:7 Australian women).

Approximately **10%** of Australian men aged 30-59 drink more than four standard drinks on most days compared to **2.5%** of Australian women.

Risky drinking and/or illicit drug use are not in themselves indicators of depression and/or anxiety, but they could be.

In addition, risky drinking could result in chronic illness, which in turn contributes to future depression and anxiety.

LINKS BETWEEN ACTIVITY AND DEPRESSION



The World Health Organization (WHO) reports that chronic, lifestyle-driven non-communicable diseases are now the largest contributor to early mortality in developed and developing countries. Although not classified as a non-communicable disease, depression now imposes the largest burden of illness in middle and high income countries¹ and that the incidence of depression appears to be on the increase.

Mental and emotional well-being is as important to your health as your physical well-being. Ignoring your feelings may lead to emotional problems and potentially more serious forms of mental illness, depression, anxiety disorders and panic attacks. Depression affects both men and women with men more likely to recognise and describe the physical symptoms of depression, such as feeling tired, losing weight or feeling irritable or angry².

Depression is a complicated condition, which can involve a number of contributing factors such as genes, environment, lifestyle, brain activity, psychology and personality. Exercise has been shown to be an effective treatment strategy for depression, but this is not reflected in treatment guidelines and increased physical activity is not routinely encouraged when managing depression in clinical practice³.

Physical activity causes brain pleasure centres to be stimulated and leads to feelings of wellbeing. Some research studies indicate that regular exercise may be as effective as other treatments like medication to relieve milder depression. Generally, exercise has a place in treatment as part of a comprehensive approach to the illness⁴.

On average, depressed people only exercise about half as much as people who aren't depressed. This lack of cardiovascular fitness puts a depressed person at an increased risk of heart attack. It also seems that depression and exercise influence each other – a sedentary lifestyle increases the risk of depression and depression increases the likelihood of a sedentary lifestyle⁴.

Serotonin is an important brain chemical (neurotransmitter) that contributes to a range of functions including sleep and wake cycles, libido, appetite, mood and has been linked to depression. Some researchers have found that regular exercise, and the increase in physical fitness that results, alters serotonin levels in the brain and leads to improved mood and feelings of wellbeing⁴.

A FEW TIPS TO GET YOU STARTED!

- Ask a family member or friend to be an exercise partner, as lack of motivation is one of the key characteristics of depression.
- Exercise two to five times per week.
- Preferably walk at a brisk pace.
- Make the length of each exercise session at least 30 minutes.
- Exercise at around 60 to 70 per cent of your maximum heart rate. To calculate your maximum heart rate, subtract your age from 220.
- Remember to thoroughly warm up and cool down.
- Try to live a more active lifestyle – walk instead of using the car for short trips, or use stairs instead of lifts and escalators when possible⁴.

RESOURCES:

Find exercise partners –
<http://www.teamup.com.au/>
For references please visit
www.49.com.au/references

CANCER AND PSYCHO-ONCOLOGY JANE FLETCHER

**Jane Fletcher is a Health Psychologist
Director Melbourne Psycho-oncology
Service and Deputy Head of Cabrini
Monash Psycho-oncology.**

Jane is a health psychologist with over 15 years experience, who specialises in working with people diagnosed with cancer offering support and coping strategies tailored for the patient's (and sometimes their partner's) specific needs.

Some people acknowledge early that they are struggling with certain aspects of their condition, treatment and prognosis while others particularly men, may struggle on without seeking assistance, believing that asking for help is a sign of weakness "nothing could be further from the truth" says Jane, "living with uncertainty, fear of the cancer coming back, or fear of the end of life, can be very difficult for those with a cancer diagnosis, their family and their loved ones."

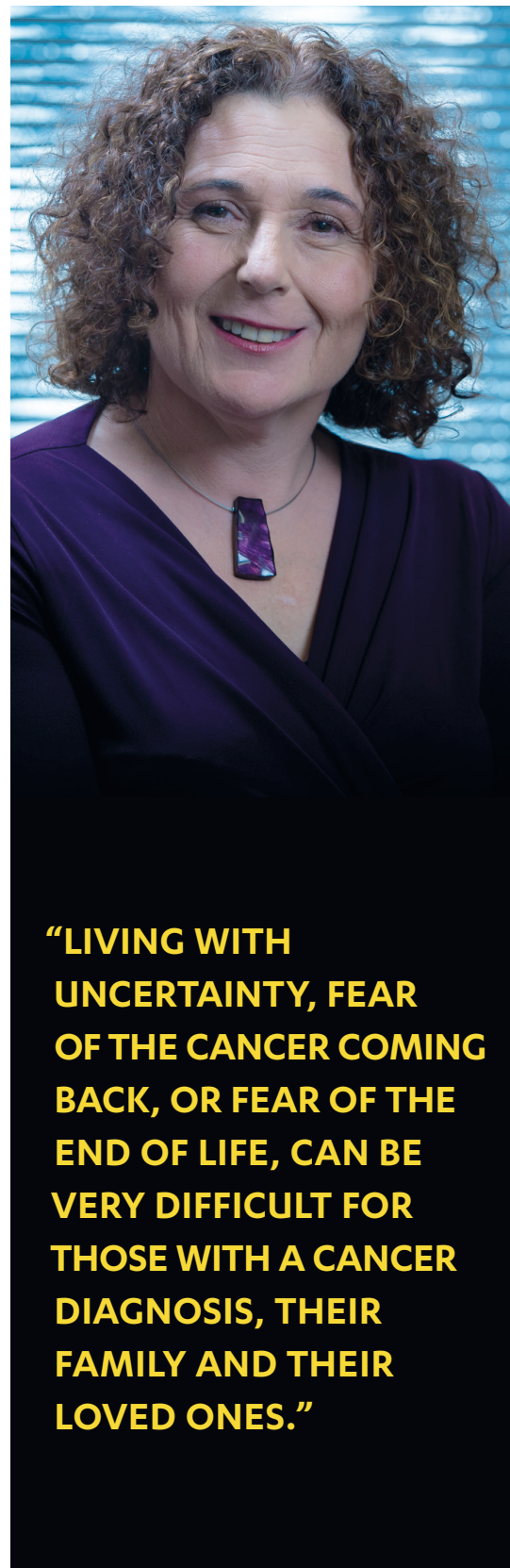
Jane helps patients and their partners manage the emotional impact of their condition through the different stages of their cancer experience, particularly if their cancer is at an advanced stage. It is normal for there to be emotional difficulties when someone initially receives their diagnosis, at the end of treatment, during recovery, when the disease progresses or towards end of life.

Jane individualises support to suit each patients' needs and by providing strategies which assist them to cope. Jane reports that many people find that being able to off-load and talk to her in an open, safe and non-judgmental environment is incredibly powerful. However Jane admits that some people may have undiagnosed anxiety disorders or clinical depression which needs to be addressed and can make the management challenging. "Keeping them in the moment and providing strategies for them to manage their anxieties and fears can be difficult but very rewarding" says Jane.

Men tend to present in all aspects of healthcare with a higher disease burden than women and are often 'told' to attend by their spouse/partner. Jane has observed some differences between men and women and explains that "men like to fix things, if they have a problem –it needs to be fixed." They prefer a structured approach with helpful strategies they can undertake to get results. "Unlike women, men can be isolated as they tend not to share their problems with their friends, which make them more vulnerable and potentially less likely to access help." Some men become so low that they can become demoralised which can place them at significant risk of self harm. However once they see therapy as making a difference they are likely to attend for assistance in the future.

So what drives Jane to work in what must be a highly emotional and challenging environment? She explains "I feel it is a privilege to work with people when their lives are at their most difficult. It is heart-warming to bear witness to their stories and to be able to assist them. I receive great fulfilment and satisfaction when I am able to provide people with strategies that empower them to cope with the difficulties that they face."

Jane Fletcher is a health psychologist with more than 15 years of experience and specialises in working with people diagnosed with cancer, offering support and coping strategies tailored for the patient's (and sometimes their partner's) specific needs. She can be contacted on jfletcher@cabrini.com.au



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CHRONIC CONDITIONS AND MENTAL HEALTH ARE THEY LINKED?

Mental and emotional health are important components of men's general health and wellbeing. Many conditions can affect an individual's mental and emotional health and these vary in term of duration and severity.

Good mental health means you are in a state of emotional and psychological health that enables you to cope with the ups and downs of everyday life and to make a productive and positive contribution to your community. Mental health issues are not always recognised for what they are and therefore, may remain undiagnosed and hidden (for example you might think you are just 'overwhelmed', 'stressed' or 'lacking energy') and frequently have adverse effects on the individual, their family and society.

Living with or experiencing chronic illness can result in many adjustments and changes, such as loss of independence and not being able to do all the active things you used to do or usually enjoy. Anxiety and depression is common in people with chronic physical illness¹. A chronic condition is defined as a human health condition or disease that is persistent or otherwise long-lasting in its effects. The term chronic is usually applied when the course of the disease lasts for more than three months. Chronic diseases constitute a major cause of mortality and the World Health Organization (WHO)² reports chronic non-communicable conditions to be by far the leading cause of mortality in the world, representing 35 million deaths in 2005 and over 60% of all deaths.

People who are experiencing long term health conditions that will not go away may become frustrated with the everyday challenges of living with their condition. Watching their diet, curtailed physical activities,

loss of independence or lack of energy can all contribute to feeling 'low or down' which may contribute to the development of anxiety and depression. There are many different types of chronic physical illness with their own unique challenges including heart conditions, stroke, cancer, diabetes, arthritis, asthma, dementia and pain. According to Arthritis Australia in 2011, people who experience pain are four times more likely to experience anxiety or depression than people living without pain³.

In 2007, more than 3.8 million (48%) males aged 16-85 years had experienced a mental disorder in their lifetime and 1.4 million (18%) had experienced symptoms in the 12 months before the survey (a current mental disorder)⁴. A study on the relationship of depression, anxiety and chronic disease by Professor David Clarke and Kay Currie in 2009⁵ determined that evidence supporting this relationship was extremely strong and a model for integrated care needed to be developed and trialled.

**For references please visit
www.49.com.au/references**

SO WHERE DO YOU GO FROM HERE?

Your GP is your first step, where you can raise your concerns, obtain an appropriate diagnosis and get checked for any potential contributing underlying physical conditions. Your GP will ensure you are referred to appropriate advice and support from qualified professionals.

HELPFUL STRATEGIES

Learn as much as you can about your condition and potential effects of anxiety and depression. Accept help and support when offered, and involve yourself with family and friends. Avoid isolating yourself: join in as much as possible with social activities and talk to other people who are in a similar situation – they can sometimes be very inspirational and it is reassuring to know you are not alone.



MOOD AND FOOD

Don't drink enough water? Many of us can relate to that under-hydrated feeling – lethargy, light-headedness, headaches and often mood changes too! Yes, our diet and nutritional state affects how we operate and how we feel at a brain level too.

Depression specifically, may have a link to how and what we eat. Studies suggest foods including vegetables, fruit, fish and grains may be associated with a LOWER risk of developing depression¹. In fact a University of Melbourne study suggests that people who habitually eat this type of healthy diet may cut their risk of depression as well as anxiety².

Let's take a closer look at some beneficial nutrients:



Energy – of course ingesting adequate energy is paramount. What is our natural source of energy? Carbohydrates – moderate amounts of slow to release 'Low Glycaemic Index (GI)' carbohydrates distributed during the day, in at least 2-3 meals. Good sources include fruits like berries, bananas, citrus, oats (porridge), basmati rice, quinoa (a very 'fashionable' gluten-free grain), sweet potato and dark heavy wholegrain breads. Carbohydrates in the correct form, portion size and distribution, are critical in preventing hypoglycaemic events (unnecessary drops in blood glucose levels) which, like under-hydration, I would argue could certainly exacerbate or precipitate an anxious state. A dietitian could assist with advice about both portion control and carbohydrate distribution.

Protein sources are also important to ingest. Protein contributes to alertness and also helps reduce the GI of the meal – meaning more slowly released energy from food and sustained body energy levels. Protein foods include chicken, eggs, dairy products, seafood, meats and legumes.

Do we need fat? Yes! Some oils like omega 3 oils found in fatty fish (including sardines, salmon, trout, mackerel) as well as walnuts and flaxseed oil, may be beneficial to patients suffering with depression and may have other therapeutic properties such as cardio (heart) protective effects³. Oils and fats are also essential in the body's production of hormones.

A growing interest in Integrative Medicine has sprung up in recent years in the area of depression and mental health, with some evidence supporting vitamin supplements. St John's wort is a popular depression treatment in Europe⁴. Hops, a herb and yes, the ingredient found in beer – is also known for its role in mood, often in combination with valerian⁵ commonly found in some over the counter mood and sleep remedies. The

US Mayo Clinic suggests in their literature that low levels of Vitamin B₁₂ and Folic acid may contribute to depression. B vitamins also play a key role in the 'conversion' of food to real energy in the body. You could discuss having your blood levels checked at your next GP visit or take a multivitamin formula that includes these vitamins. Some studies show that vitamin C (ascorbic acid) may have also mood elevating effects⁶; food sources include citrus, tomatoes, kiwi fruit and peppers.

It is worthwhile noting that many herbal remedies interact with conventional medicines, so if you do choose to try a herbal or natural remedy, ask your pharmacist to check for potential drug – nutrient interactions. Many of the remedies available are not based on robust scientific evidence.

Remember these simple basic steps too: don't skip meals, drink water throughout the day, avoid too much coffee and alcohol, and enjoy a clean fresh unprocessed style of eating – eat your veggies and cut down on junk food. Another advantage of healthy eating habits is they lend themselves to better exercise performance and exercise has tremendous benefits for our frame of mind too.

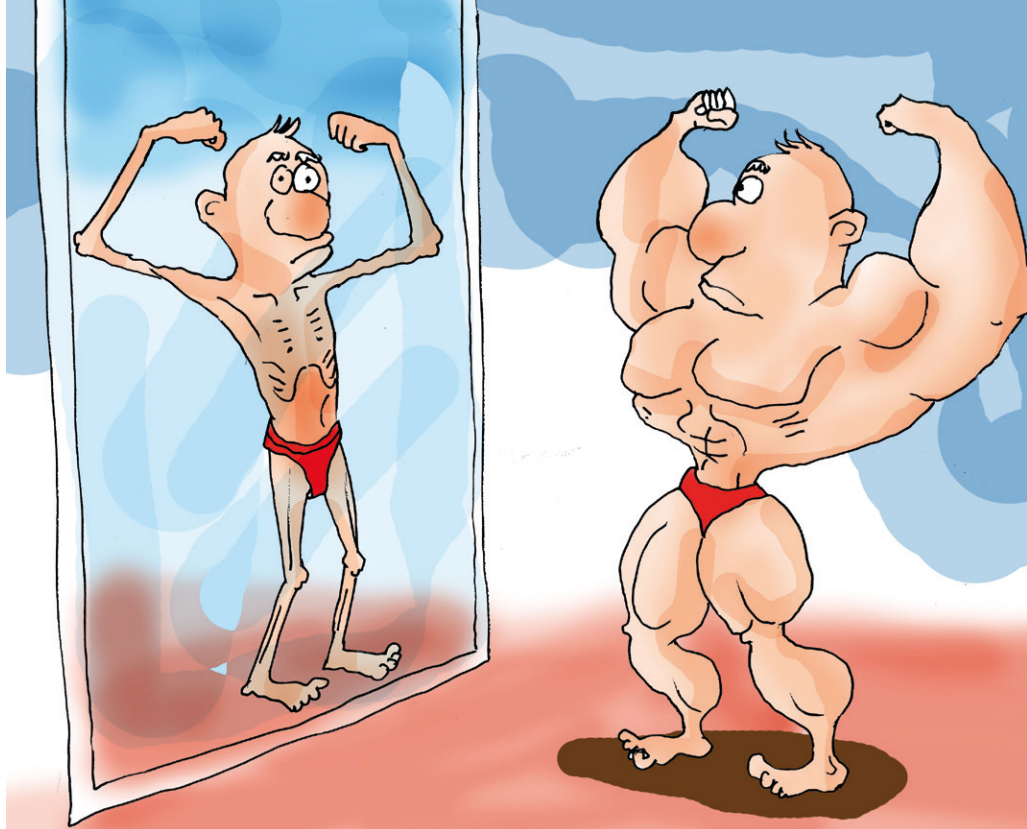
Mark is a Melbourne based Accredited Practising Dietitian with 20 years of experience in the field of Diet and Wellness. He holds a part-time position at Cabrini and operates a private practice in Caulfield. For more information go to www.thenutritionist.com.au

Mark Surdut APD AN

**For references please visit
www.49.com.au/references**

ANOREXIA NERVOSA AND MUSCLE DYSMORPHIA

OPPOSITE ENDS OF THE BODY TYPE SPECTRUM?



We all know a little about eating disorders, generally the vision that pops up into our minds about anorexia nervosa is that of a young woman who appears exceptionally thin, with hollow eyes. There is less general awareness of the opposite condition, the muscle-bound super males and occasional females who have the condition muscle dysmorphic disorder.

These conditions affect both genders, but research indicates that as a society we consider the anorexia nervosa sufferer to be inherently female and muscle dysmorphic disorder sufferer innately male. Part of the reason for this discrepancy may be related to the fact that the culturally defined 'ideal man' is big and strong while the 'ideal woman' is petite and thin.

These two conditions are on each end of the body image spectrum. Eating disorders in males men are understudied, under recognised and misunderstood¹. Only recently have researchers and clinicians started to become aware of the role of 'muscularity' in men with eating and body image psychopathology.

ANOREXIA NERVOSA (AN)

AN is an eating disorder that makes people lose more weight than is considered healthy for their age and height. Male sufferers may be subject to harsher stigmatisation because they are in conflict with societal gender role expectations¹. A person with **AN** may have an intense fear of weight gain, even when they are underweight and may diet or exercise too much (often obsessively) in order to lose weight. It is thought that this condition is strongly associated with depression with around 50 – 75% of people being affected and around 1 in 4 exhibiting obsessive-compulsive behaviours.

MUSCLE DYSMORPHIC DISORDER (MDD)

MDD (known more informally as **bigorexia**) is a variant of obsessive-compulsive disorder (OCD) and in most cases linked with depression. This condition manifests with an obsession that the person is not muscular enough. Those who suffer from **MDD** tend to hold delusions that they are "skinny" or "too small"². Sometimes referred to as reverse anorexia nervosa or the Adonis Complex, **MDD** is a specific type of body dysmorphic disorder. Individuals selectively focus their attention on perceived defect(s) such as too skinny body, underweight, etc. They are hyper-vigilant to even small deviations from perceived ideal and they ignore information that their body image is not consistent with reality³. It most often is accompanied by depression, some people even become suicidal because of the distress caused by this condition⁴.

It is estimated that 10% of men in any hard-core gym have muscle dysmorphia, ranging from mild to crippling. Often there has been steroid and other body building drugs involved which can also have serious health consequences. Just as anorexics lose the ability to understand reality, so do bigorexics. Paradoxically, women interviewed liked toned muscles but were put off by huge muscles. Research shows that men's perception of the 'ideal body' is typically around 8 kg more muscular than the stated female preference³.

Importantly these two conditions are serious, debilitating and potentially life threatening. Regardless of whether a man or woman is experiencing this condition the appropriate medical assistance and non-judgmental sympathetic support from family and friends is paramount.

For references please visit
www.49.com.au/references



DADS IN DISTRESS SUPPORT SERVICES

Dads in Distress Support Services (DIDSS) has been providing 'Hope' and 'Help' to separated Dads for over 15 years and its staff and volunteers have impacted thousands of families across the nation, saved untold men on the brink of suicide, and seen many children reunited with their fathers and extended families.

DIDSS expertise lies in assisting displaced parents through a series of support programs, including peer support groups, one-on-one support, help line, referral pathways, advocacy and website news. Although predominately men, it is not exclusive to women who may now access MIDSS (Mums in Distress Support Services).

MICK:

After years of being married and father to three children (aged 12, 10 and 8 years), I found myself at the point of a broken marriage, a separated and soon-to-be divorced man. I had plummeted from nearly having paid off my mortgage and business, to a position of pure survival'.

My personal mantra 'take the high road' stemmed from the moral structure and strong family connection instilled in me by my parents, brother and extended family. This strong support configuration has assisted me through the process, although the last three years has come at great cost both emotionally and financially.

I regret not seeking help from DIDSS earlier; I could have saved myself nearly \$100K in legal fees and reduced the emotional toll. The Family Law and Child Support space is a 'minefield to navigate' without the skills of organisations like DIDSS.

I became a spokesperson for DIDSS on a local current affairs program as I wanted to assist other people in similar situations. Everyone's circumstances are different and need to be heard individually. Whether the client is a man or woman, primary or secondary carer we simply need to be seen as 'parents' first.

OUR VISION

To set the national benchmark for the provision of support for men going through the trauma of divorce, separation or relationship breakdown, ensuring their safety and wellbeing.



NEW BABY BLUES

How Post Natal Depression can affect men too!

By Adrian Schulz

Any father knows that his partner's pregnancy and following the birth of their baby is a time of great excitement and happiness, but it can also be stressful due to a lack of sleep, changed routines, financial stress and new responsibilities. Unfortunately some men will experience serious mental health problems in the months following the arrival of a newborn¹, and may suffer from paternal postnatal depression².

It is well known that around 1 in 7 new mothers will experience postnatal depression, but what is less known is that around 10% of men will experience depression during their partner's pregnancy and in the year following birth of the baby³. On top of the normal stress that occurs caring for a newborn, symptoms of paternal postnatal depression may include feelings of sadness, a lack of energy and motivation, difficulty concentrating and a loss of interest in previously enjoyable activities. Fathers may be at risk of postnatal depression if their partner is also depressed, if they are not satisfied in their relationship, or they have limited social supports².

Postnatal depression not only impacts the father's mental health and wellbeing, but may also affect their physical health and also their children's long-term growth and development⁴.

Men's mental health researchers and clinicians propose that in addition to typical depression symptoms, depressed men are more likely to engage in risky behaviour, be more irritable or angry and drink more alcohol. Infants and pre-school aged children whose fathers are depressed are more likely have developmental and behavioural problems later in childhood⁵.

If you or someone you know is experiencing difficulties as a new father, helpful tips include:

- Reaching out and chatting to mates who are also dads.
- Speaking with a GP or Maternal and Child Health Centre staff.

Contacting the Post and Antenatal Depression Association (PANDA) at 810 Nicholson Street, North Fitzroy, Victoria, 3068 P: 1300 726 306 or visit the website www.panda.org.au

Adrian Schulz is a provisional psychologist and is completing a Health Psychology Doctorate at Deakin University.

For references please visit www.49.com.au/references



SUPER DADS

How important are father/son relationships for 'growing' elite sportsmen? Our F49 Ambassadors talk about their dads.



'MUM AND DAD WROTE ME A LETTER WHICH I STILL HAVE IN MY ROOM AND I REMEMBER MANY OF THE WORDS, PARTICULARLY "REMEMBER THAT SUCCESS IS NOT SIMPLY MEASURED BY WHETHER YOU MADE THE TEAM OR NOT"'

To have achieved their current status as elite sportsmen, Nic Stirzaker and Lachlan Mitchell, two Foundation 49: Men's Health Ambassadors from the RaboDirect Melbourne Rebels, agree that their family, particularly their fathers, were inspirational with their support and encouragement.

NIC:

Playing with my Dad centred around a childish activity that we referred to as 'rough and tumble'. I am the middle child with a younger and an older brother. One of us would somehow get into a playful tussle with Dad, at which point that person would at the top of their lungs cry out 'rough and tumble!' This meant the other two would drop whatever they were doing from anywhere in the house and sprint to the sound of the commotion and attempt to take down Dad in a 3 on 1 wrestle.

Dad was always good at making it to school events when I was growing up despite work and as we got older, taking us to cricket or rugby games was always a highlight. I used to constantly pester Dad to pass or kick the footy with me or bowl cricket balls at me during summer. I never remember him saying no. He must have caught thousands if not tens of thousands of halfback passes over the years.

Dad is an extremely active bloke and I have many memories doing different things around the holiday periods – fishing was always big on his agenda. I also remember when my brothers and I were teenagers and trying to learn how to surf, Dad attempted to join and learn too which was quite comical.

Dad probably showed the perfect amount of affection that 3 young boys wanted whilst pretending to be tough, grown up and independent. The three of us would make a joint card on Father's Day and give him a present of sorts (probably sourced by Mum!).

In a sort of mix of funny (in hindsight) and danger Dad, my older brother and I went tubing down the Buffalo River in South Africa while it was in flood when I was about 14 years old. There was no one else there, no life jackets, no rules. James (my brother) bobbed down unharmed. Dad and I, in the same tube, flipped at the top of the rapids and I was under for what felt like quite some time. When I surfaced we were headed for a large wall of rock and were separated by the tube itself, meaning he couldn't see me. I could hear Dad screaming my name with urgency and panic. Long story short, we survived but I remember thinking for the first time that it was almost like an insight into familial love, in a strange way. I've never heard or seen him like that before or since and I don't think I'll white water raft/ tube/ anything again!

When I was 20, I moved to Melbourne in October of 2011 to start my first pre-season with the Rebels. Although I was following my dream, it was a difficult decision leaving Sydney and everything that I enjoyed there. Mum and Dad wrote me a letter which I still have in my room and remember many of the words, particularly "Remember that success is not simply measured by whether you made the team or not", is probably my favourite.

I think it reflects the perfect attitude towards sport and balance of life that my Dad has hopefully passed on to me. I gave him my debut Melbourne Rebels jersey to signify a lot of thanks for his influence on the whole journey, on which he continues to support me.



LOCKIE:

I was lucky in some ways as my Dad worked from home, which meant he probably had a bit more flexibility than some fathers who work away. My dad was great, I remember him trying to get me involved in all sorts of activities as a small kid from sailing which I hated with a passion, to rugby which I warmed to straight away. Although he was always busy, he always found time to come in to my kindergarten on 'Dad Days' or help me with 'show and tell'. I remember him bringing in my rat collection one day when I was in the second grade.

I also remember pestering him to come down to the park and kick a ball or interrupting him to pass a footy in the garden, which he always did, even though I probably outgrew his ability quite quickly. When I became a member of a team, my Dad dropped me at every training session and game I had growing up. He was extremely supportive. He never played rugby himself, and I think his and my Mum's interest has really been as a result of supporting me.

As far as affection goes, I don't think I was an easy kid to show affection to, as I didn't give much out myself. My Dad is an extremely respectful man and I feel at a young age I was a pretty self-interested little bastard. I was probably too busy asking for handouts; he respected this and gave me my space.

Dad was always there if I needed assistance – I strongly recall an incident when I was in London swimming in a wave pool. I went out by myself, a little too far. I remember starting to drown; I don't think anybody else had noticed. All of a sudden Dad was there to save me. Cheesy but true.

My father used to film everything we did from the ages of about 3 to 11 (multimedia is more his game). I remember particular footage where the camera is set up wide-angle with my baby sister in the foreground on a picnic

blanket, playing happily by herself (she takes after my Dad) and I'm in the background tearing around on a little bicycle with training wheels. I scream at my Dad to watch me. He does, I ride away into the distance and fall off. My Dad comes to the rescue and gets down on one knee and spreads his arms: "It's alright Locks". I run to him and kick him in the balls – it's all on camera.

I also remember how perceptive Dad was and when I was going through some gloomy time in my teens. He organised a surprise party for my 16th birthday. At the time I was depressed: I think he knew that if I knew about it I'd try to cancel or get out of it. Such as depression often is, you try to isolate yourself from people. Anyway, I came home from a rugby camp and all my friends were at my house. It really meant a lot to me at the time.

I can't remember exactly what was said [about my decision to join the Melbourne Rebels] but I'm sure he was positive about it. He's always let me make my own decisions and supported them. Mum and he have flown down from Sydney for every home game for the four years I have played for the Rebels and attended a lot of the away games too. Considering they are not rugby fanatics I think that's a pretty good indication.

Father's Day was a bit of a non-event as my father is such an easy going guy. I don't remember this much and it's not something I'm proud of but I am proud of the way my Dad has continued to support my decisions. He is just always available. I can't think of a time where he hasn't answered his phone or dropped everything to help me. I'm impulsive and demanding and he has always dealt with that in his own way. He is extremely patient and without any judgement ever. He is almost the polar opposite of me. I did however paint my Dad a few years ago and I guess I'm kind of proud of that.

'I REMEMBER STARTING TO DROWN; I DON'T THINK ANYBODY ELSE HAD NOTICED. ALL OF A SUDDEN DAD WAS THERE TO SAVE ME. CHEESEY BUT TRUE.'



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5 MINUTES WITH WARRICK GIDDEY

COMMUNITY AND SCHOOL PROGRAM FACILITATOR
MELBOURNE UNITED BASKETBALL CLUB
(FORMERLY THE MELBOURNE TIGERS)



1. WHAT IS THE MOST IMPORTANT INGREDIENT OF A WINNING TEAM?

It would be that all team members are on the same page and play their role. Support, encourage and back your team mates at all times.

2. INVOLVING YOUNG PEOPLE IN SPORT IS GOOD FOR THEIR HEALTH AND WELLBEING – WHY DO THINK THIS IS IMPORTANT?

With the ever increasing number of electronic gadgets encouraging kids to be 'lazy' it is important for kids to be active. Sport is a great way of achieving this. It can be just for fun or at a more competitive level. Kids will form lifelong friends through sport and it will bring some kids out of their shells and create opportunities they never knew existed.

3. HOW DO YOU ENGAGE WITH THE YOUNG PEOPLE EFFECTIVELY?

Whenever we do basketball clinics, we stress the importance of having fun. The kids are challenged to try different skills and drills and we let them know that we were once in their shoes, trying to learn the game.

4. HOW IMPORTANT IS FAMILY SUPPORT, ESPECIALLY FOR YOUNGER PLAYERS?

Family support is extremely important for young kids. Not only to taxi them around and pay the costs but to be there and show them you care.

5. WHAT IS YOUR MAJOR FOCUS FOR THIS YEAR?

My major focus is probably on the upcoming U14 National Basketball Championships being held in Albury during the September school holidays. Andrew Gaze and myself coach the Melbourne Tigers team, which has both of our sons in it.

6. WHAT IS THE BEST HEALTH TIP YOU HAVE BEEN GIVEN?

Stay active in both mind and body. Enjoy yourself but don't over indulge in the luxuries of life.

7. WHAT DO YOU DO TO KEEP YOURSELF BOTH PHYSICALLY AND MENTALLY FIT?

Fortunately, my work requires me to be quite active and on my feet coaching kids clinics most days of the week at primary schools. I am involved with my 4 kids' school and club sports. Implementing different sessions for the varying levels of skills is always challenging and keeps me mentally sharp.

8. WHAT IS YOUR FAVOURITE MEAL AND WHERE DO YOU ENJOY IT?

I love any of my Mum's home cooking but you can't go past a chicken parma with chips and vegies at the local!

9. WHAT DO YOU DO TO RELAX AND UNWIND?

I like to go surfing or play golf but unfortunately don't get to do enough of them these days. I have a keen interest in the horses and look forward to the Melbourne Spring Racing Carnival each year.

