

TRANSCRIPT OF EVENT

Work with Purpose live event: Lifting the stigma around men's mental health at work

David Pembroke (Host)

Chief Executive Officer
Contentgroup

Matthew Short

Assistant Secretary, Child, Youth and Priority Populations
Department of Health and Aged Care

Matthew Breen

Founder
Running for Resilience

Lachlan Vivian-Taylor

General Manager
Comcare

DATE: 20 November 2024

Enquiries should be directed to Kate Driver on 0413 008 873 or at Kate.driver@act.ipaa.org.au

DAVID PEMBROKE:

Hello everyone and welcome once again to Work with Purpose, a podcast about the Australian public sector and how it serves the Australian people. My name is David Pembroke. Thanks for joining me. Yes, people, we are live from the Rex Hotel in Canberra before a stunning, enthusiastic crowd of Australian public service, and give yourselves a round of applause please for joining us this hour. As we begin today, I do have a warning that today's episode is going to touch on some sensitive topics including mental health and suicide. If you do find this distressing, please consider whether this episode is right for you. And remember, that support is available if you do need help. And if you are in Australia listening, you can contact Lifeline at 13 11 14. As we begin, I'd like to acknowledge the traditional custodians of the land on which we are meeting today, the Ngunnawal and Ngambri peoples, and pay my respects to their elder's past, present, and emerging, and acknowledge the ongoing contribution they make to the life of our city and this region. I'd also like to acknowledge the custodians of all the lands from where anybody listening to this podcast today is joining us from. With Movember and International Men's Day both falling in November, there is no better time to talk about men's mental health. Almost 25% of Australian men will be diagnosed at some point with some form of mental illness. That's staggering statistic. And when combined with the higher rates of suicide in men, it's clear why men's mental health is a priority for the Australian government. Now, a lot of men are not good at talking at showing vulnerability or discussing illness. Putting on a brave face and soldiering on is the way of the Australian male. So, finding ways to encourage men to share experiences both good and bad and to encourage openness with family, friends, and colleagues is a priority for our well-being. Work is another realm of challenges. We males put professional reputation and performance at the top of our list of important things to achieve. So, how do we create better environments, both at work and at home that will encourage the safety and security and perhaps the lack of threat and judgement that is necessary to create the confidence men need to be vulnerable. I'm joined on stage by three men with a passion for men's health and a passion, for lifting the stigma around this topic. My first guest today is Matthew Short. Matt is the Assistant Secretary of the Child, Youth and Priority Populations branch in the Mental Health and Suicide

Prevention division of the Commonwealth Department of Health and Aged Care. In this role, Matt is responsible for policies and programs that support men's mental health. Matt is also the co-chair of the Health Pride Network and is passionate about inclusive workplaces. Matt received the 2020 Roozi Araghi Award for inclusion in recognition of his work on inclusion in the department. Please join me in a warm welcome for Matt Short. Our next guest is Lachlan Vivian-Taylor. Lachlan is the general manager of the claims management group at Comcare with responsibility for service delivery and outcomes for Comcare clients. For over 20 years, he's worked in public administration, health, insurance and disability, always with an interest in people and performance. Again, everyone, a round of applause please for Lachlan Vivian-Taylor. My third and final guest is Matthew Breen. Matt is the co-founder and chair of Running for Resilience, which is a remarkable story, a community program with the aim of making Canberra suicide-free by 2033 one life at a time. A warm welcome, please, for Mr. Matt Breen. All right, gentlemen, away we go. And first to you Matt, let's set the table for this conversation. You are in policy headquarters for this very important issue. How big is the problem of effectively managing men's mental health in Australia?

MATTHEW SHORT:

Thanks, David. I'm assuming Matt Short because there's other Matt.

DAVID PEMBROKE:

Yeah, yeah.

MATTHEW SHORT:

Look, thank you. It's a big problem, and I think I'll dive into some of the statistics to set the scene. I guess before I do, we've had a few caveats. So, thinking when we're talking about mental health and suicide statistics, it's really important to remember that they're not statistics, they're people, and there's a story behind every statistic. And it's a real challenge for us as policymakers when we're talking about when we're dealing with mental health and suicide prevention systems to not forget that these are individual stories, these are people that have families, and they have real impacts on people. So, I just want to put that up front for us when we're talking about this. And I also want to start with saying we all have mental health. So, I think when we're talking about this and an event like today is important for us to break that stigma. We talk often in

our statistics about mental disorders or mental ill health, that sometimes forgets that we all have mental health, and we need to change that conversation. So, I think that today's a really great opportunity for that. And we need to start thinking about mental health as we think about physical health, that we all have it, not that it's somebody else. And sometimes when we talk about statistics, we think that as somebody else. So, I just really want to caveat my intro and the scene setting with that. I guess, so the scene, so we have some great data and new data from the Australian Bureau of Statistics. So, the national study of mental health and wellbeing, which was released last year, which shows us the prevalence of mental illness in Australia, comparing it to data from 2007. So, important to get the statistics right. So, for the general population, 42.9% of people aged 16 to 85 years will have experienced a mental disorder at some time in their life. So, that's a huge statistic. Two in five. For men it's 42.2%, so about the same. It's not a huge difference to the general population. 21.5% of people will have had a mental disorder in the last 12 months. So, one in five. What we know then when we delve down for men, and it is different, and I should acknowledge it's different when you break that data down for different priority population groups, LGBTQIA+ groups, young people, young men, it is different. But the general statistics are 21.5%. For men, 18.3% of men will have had a 12-month disorder. So, in the last 12 months, aged 16 to 85, compared to 24.6% of women. So, the prevalence is a bit lower in men in the national studies than with women. But I guess that goes to the data, how men engage with those sorts of studies and what the capacity of men to recognise that they've got a mental illness. And that's one of the problems we'll probably get to. One of the significant mental disorders for men is depression. For women, it's anxiety disorders is the highest prevalence. So, that's one of the differences. And I guess what does that mean for us then? Mental illness is common. It is in society. I said one in five will have had a 12-month disorder. So, it's important that we, as policy makers, are thinking about that in how we address that challenge. And so, when you're talking to your mates and there's five of you sitting around at the table, one of you is probably dealing with a mental illness right now and two of you will have it in your lifetime. So, it is a big issue. Haven't talked about suicide statistics, and they are complex. They are really shocking for men. So, 75% of people who die by

suicide in Australia are men. So, seven men die every day from suicide. So, really, crucial for men's health and men's mental health is to talk about and think about how we address suicide. Suicide and mental health are very different. Causation of suicide is complex, and I think it's really important when we talk about suicide that we acknowledge that there are multiple factors involved in that. Mental health is one of those factors. Significant life events, financial loss, losses, divorce, those sorts of things all play a part and acknowledge that suicide has a profound effect not just on families and communities as well. But yeah, it's seven males die every day from suicide.

DAVID PEMBROKE:

Wow. So, my physical reaction to those statistics is debilitating in many ways. What do you do with that? They're overwhelming and I find it's just very confronting. I certainly didn't realise it was as prevalent nor as serious, nor as widespread as that. As someone who sits at Centre of Policy, how is the government and your various stakeholders across the health networks and systems and communities and everywhere else, how are you thinking about the problem and how are you thinking about solving the problem?

MATTHEW SHORT:

It's a challenge. And so, I think government is better now at thinking about mental health and suicide across government rather than thinking about it as just a health issue. And those who work in the federal public service, and I'm assuming state public services know we can be siloed, but we call it the social determinants of health. So, that's looking across all of those determining factors in society. So, housing, cost of living crisis is currently one of the leading causes of mental illness and distress in Australia. When I talk to Lifeline, as an example, they have had in the top 10 days of calls are in the last six months, 6 of the top 10 days are in the last six months. Not Covid, you would think it would be Covid. It is the last six months. So, there's a lot of distress out there in the community now. And so, we are getting better at thinking about what those levers might be. And government's housing policy for instance is a good example of that and trying to change how we do housing, and housing distress is a real issue. In mental health, we fund a whole range of programs. I guess one of the messages I want to get out today is that there is help there. There are several programs that people can access, national programs, local programs, great community programs that, like

Matt will talk about. It's one of the issues with men is that men have less help seeking behaviours. We know men access health and mental health services at lower rates than women. So, how do we as policy makers get to men where they are? And so, we are trying to do that. We have a lot of workplace initiatives. We fund, for instance, a program called Mates in Construction. So, that is going out onto construction sites employing well-being officers. And they have a different hard hat, and they have a different sticker on their hat. And it's growing. So, people know that they can go to that person and have a conversation about how they're feeling because we know that suicide is a big issue on construction sites. So, there are great examples and local models that can be leveraged. But yeah, it's a challenge.

LACHLAN VIVIAN-TAYLOR:

It's interesting. I'd like to comment. I was thinking about it as I was preparing for this discussion. I hear a lot of things around farmers and construction workers and tradies and there's lots of not-for-profit organisations that are popping up to support that those type of industries. But I think, for public servants or professionals or people in corporate, what are the opportunities there? Because I assume some of those statistics, you're talking about absolutely apply to those professions as well. So, how do we grassroots community-based programs for corporates and the public service as well.

MATTHEW SHORT:

And I think that's where EAP programs are great. I think we, as leaders, and I think Department of Health and Aged Care does a great job of making sure that's available for people. But I do think there is still stigma around accessing it. I've accessed it. I'm public about that with my team. It can offer financial counselling; it can offer management training. There's a whole range of things EAP programs do, that employers provide, and free counselling that I think are great. But there is, you're right, Lachlan, that I think one of the things governments is trying to do is build a national network of place-based multidisciplinary in community mental health services. And there's a great initiative that's been rolled out since Covid, and they're now called Medicare Mental Health Centres. So, there's going to be 61 of those across the country. There's 28 of them open. Now, you can walk in, they're free. So, there's no barrier to access there. There's one across from The Street Theatre, anyone in Canberra wants to go. You

can get multidisciplinary help there they are. But it's place-based, so it means you must live near one and that's an issue for access and equity. There is a national phone service called the Head to Health Phone Service that can direct anyone in communities. It's an 1800 national number to local services as well. But you're right, we've got to build that network, and workforce is a real issue. So, it's a real challenge to get the workforce to deal with the distress in the community as well. It's a challenge.

DAVID PEMBROKE:

We've asked the audience here, our wonderful audience to give us some questions and they've already started to roll in. So, thank you very much to the audience. But Matt, just quickly before we do move on, the first question that jumped into the queue here was how do you look after yourself working in this field?

MATTHEW SHORT:

I love this job. I acknowledge it does come with challenges, but I think I get a lot of value from a role that I have which looks at ideas to help people. It is one of the jobs in the public service that I've had that really emphasises that service side. So, it's a protective factor for me. It's hard though. It is your art and there's some days you can desensitise to some of the information that comes across your desk. A lot of the correspondence we get are people at their lowest coming to government and saying, "Help." And sometimes you can't, so Lachlan's point earlier. And so, that can be a challenge. But as I said, I've used the EAP service, I make sure I'm doing things. All the protective factors we tell people to do, I'm trying to make sure that I do, like getting enough sleep, making sure you've got your social connections in place. But I bring a lot of privilege. I have a job that is one of the biggest protective factors you can have been gainful employment. So, I acknowledge my privilege in that.

DAVID PEMBROKE:

Excellent.

LACHLAN VIVIAN-TAYLOR:

Play a bit of hockey as well.

MATTHEW SHORT: Playing hockey. Yep. Well, not well. Go to the gym in the morning.

LACHLAN VIVIAN-TAYLOR: You participate.

MATTHEW SHORT: We should acknowledge physical health is really closely linked to mental health and physical wellness and mental wellness. So, where you can, making sure that that happens.

DAVID PEMBROKE: We'll come to that in a minute. I think with Matt Breen's story here about Running for Resilience. But Matt, sorry, Lachlan, before we get to that, Comcare, the purpose is to promote and enable safe and healthy work. How does Comcare think about men's mental health?

LACHLAN VIVIAN-TAYLOR: Yeah. Thanks, David, Comcare's purpose is to promote and enable safe and healthy work. And all through our strategic priorities are around making sure that we do the work with our jurisdiction, the Commonwealth, but also our self-insured licensees to prevent injuries in the first place. But if they do occur, how do we support and deliver better return to work outcomes? To your point, Matt, that good work is good for you, and good work can save you in some instances, but it must be an environment that is conducive to good work. You want to go to work, the leadership is in place, the culture is good. All the factors that create a safe and healthy workplace. So, in terms of the specific nature of men, I think men, work is important. So, that focus on delivering better return to work outcomes is important, but it is a big issue now. Psychological claims are on the increase. They now make up 40% of the claims coming into the Comcare scheme. And 43% of active claims, so those are the claims that haven't returned to work and still active, so that's a big number. So, the psychological injuries are on the increase and physical injuries on the decrease. So, that traditional workers' compensation is changing and it's a big challenge, and men form a big part of that 40%. So, yeah, it's something we're really focused on and working on.

DAVID PEMBROKE:

So, again, the same question to you as I put to Matt around understanding the scale of the problem and the nature of the problem, but how are you and the rest of the team at Comcare thinking about what you can do to influence the workplaces so there perhaps can be a reduction in the psychosocial claims. Because to me, again, when you think about statistics, 40%, that's vast and growing and fast.

LACHLAN VIVIAN-TAYLOR:

It is. It is, yeah. Yep. So, that prevention side of things through regulation, promotion, and influence across the sector to make sure we can create healthy workplaces. We do have, there's a lot of resources that we do create which support the opportunity to create healthy workplaces. A lot of support for leadership. As I spoke about, leadership is so important. Good work design resources are on our website, so making sure that's promoted across the sector. There is also the Commonwealth code of practise around managing psychological hazards as well, which has just been released. So, I would encourage all people that are in the Commonwealth to go in and have a look at that because lots of resources around what are those hazards and then what we can do to prevent those hazards from occurring, things like bullying, harassment, job demands, isolated work fatigue, job insecurity, intrusive surveillance has just been added. So, there's lots of hazards out there, but how do we reduce the hazards and create those healthy workplaces.

DAVID PEMBROKE:

Great. So, Matt Breen, to you, you co-founded along with Ben Alexander Running for Resilience, but in preparation for today, we had a bit of a conversation, and I asked you a direct question about why you are interested in or why you were interested in doing something about this. And the reason you gave me was...

MATTHEW BREEN:

Well, it was set up well by Matt Short. I think there's a story behind the figures. And my old man took his life 14 years ago. And so, that's tragic, but it's obviously common enough. And then, the other caveat you gave was we all have our own mental health. And after I lost my dad, I thought I recovered well. I had good habits, good mates, one of which in the audience over there. I had stuff to look forward to, uni. Life was good. And I thought I was getting through it, and the longer it went on, the more confident I became. But I had somewhat

of an ignorant mindset that I could avoid pain, if it came along, if fall off my back. And then, my mum was diagnosed with ovarian cancer and that just shattered that belief that everything would be okay.

DAVID PEMBROKE:

How many years later was that?

MATTHEW BREEN:

Nine years later. So, quite a hardened mindset. And I don't know if anyone in this room has had a void of a belief where they've just felt like they've got no direction to go, but it's a strange place to be. And in those voids, creep negative thoughts like anxiety, depression. I was never diagnosed, but I felt like I was in fight or flight for three months. But again, I had good habits, which was good, exercise, good mates, things to look forward to. And in those moments of reprieve after say exercise, I would get a bit of hope, get a bit of belief. And then, as time went on, those moments would get bigger and bigger, that belief would grow. And then, it manifested itself into what is tried and true throughout time as you aren't what happens to you, you are how you respond. And that coping mechanism, which I was quite proud of after exiting the three months, I wanted to share with other people, but I also wanted to share with people like my dad who didn't have those coping mechanisms. And so, that's how running for resilience started. And some of you might know, but it's a community that's evolved and validated that approach with every person that turns up that acknowledges mental health is a thing, whatever people are feeling is real, but that they can get through it. And it's growing, and the belief is growing that this is something that can be overcome.

DAVID PEMBROKE:

It's an incredible story around that. But perhaps before we jump into that, and I don't want to be too intrusive, but I think it's brave of you to talk about it. But that journey through 18 years and your mother and everything else, how else were you able to, you say good habits and other things. But how else and what other relationships did you draw on or what other things did you learn about yourselves and others in terms of being able to cope with what was obviously an enormous trauma?

MATTHEW BREEN: Yeah, exercising community was certainly the first cab off the rank. It just takes your mind out of whatever you're feeling for a moment. And sometimes that's all you need, but obviously the struggle doesn't stop there and there's, I'll call it complications with losing a parent to suicide that forces you whether to question whether it's part of your destiny or whether you weren't good enough for them. And one way that I was able to get through that, and I guess we'll get to this later with blokes talking was writing.

DAVID PEMBROKE: Writing?

MATTHEW BREEN: Yeah, but for myself, so I'll share stuff with running for resilience, but 95% of what I write nobody else sees. And so, what it does is it helps you understand what you're going through. And I think that's half the issue is mental health is this phantom thing that just hangs up there, and you don't know what it is. Whereas when you can put it into reality and look at it, it just gives you a different perspective. And I think that's been the most after, well, with exercise, it's been the most impactful thing for me to comprehend and, well, I think I've worked through it.

DAVID PEMBROKE: Yeah. This running for resilience thing is remarkable really when you think the story that Benny Alexander, who was a professional rugby player, had achieved enormous things, played for the Brumbies, played for Australia, but very open about his own challenges around mental health, the lights go out and who am I? What do I stand for? He wrote something, and then you reached out to him. And then, from there you got together and started to have a conversation and then built this community pretty much from two people to 500 people. So, take us on that journey as well and what you've learned about people and mental health through the building of this community effort.

MATTHEW BREEN: Very fortunate to have come across Benny A. in The Dock, which is a pub he co-owns, and he just wanted it to be a park run midweek, which was community and exercise.

DAVID PEMBROKE: And a beer at the end.

MATTHEW BREEN: And a beer at the end. And they gave pizza and stuff to us at the start, but that couldn't continue, unfortunately. Didn't deter us. But one of the things that Benny's been good at and that we've tried to do is we've tried to let

the community evolve the way it wants to evolve. And that's meant from just little things where people really adopt little roles within the community themselves. And you go, "Yeah, go for it," all the way to the fundraiser that somebody did all by themselves for R4R. But I think there's something very valuable in the way this community has bounced off their understanding of mental health and how to overcome struggle and how to endure it, that has validated the beliefs that so many of us hold, but so many of us don't talk about. And there's something in that. I think there's strength in having people believe that whatever you're feeling is real and believe that you can get through it. Sometimes that's all someone needs or at least to get to the next step. And I think that's the magical thing we've seen with our community.

MATTHEW SHORT: And to know that there are other people that have been through it.

MATTHEW BREEN: Absolutely. Yeah.

MATTHEW SHORT: That's such a powerful...

MATTHEW BREEN: Yeah, that shared experience.

MATTHEW SHORT: Yeah.

MATTHEW BREEN: Yeah, absolutely.

DAVID PEMBROKE: So, Matt, you have the top policymaker in the country sitting on your left-hand side.

MATTHEW SHORT: Let's not overstate.

DAVID PEMBROKE: What do you want to say to him?

MATTHEW BREEN Truly, I think keep doing what you're doing. I view it as it's like a sandwich, right? You guys are at the top end of town. And from my perspective, that's probably where the more severe and complex cases must be dealt with because there is a spectrum of mental health struggle. And whilst it's all real, there are certain struggles that can be dealt with well enough by the community and the individuals themselves. And I think it's going to take a community-wide approach and a cultural approach to achieve a community-wide outcome.

DAVID PEMBROKE: Excellent.

MATTHEW SHORT:

And I think just in response to that, one of the things I completely agree is that governments probably haven't done particularly well and want to be that prevention, early intervention side. We do fund a lot of services at that severe complex, states do for hospitals, a whole range of things. And that takes up a lot of, it's a limited financial bucket we have. How do we build those community groups that can do that early intervention, prevention to support people to self-care or to lower intensity services is so crucial. Because you can prevent mental illness. If you get to it early enough, and we know that for children and young people in particular who have much higher rates of mental illness than the general population as well. I don't want to be the stats person necessarily, but children, so 16- to 24-year-olds are about double the prevalence than the general population I talked about earlier. Young females, 50% of young females have a 12-month mental disorder. So, it is significant, but if we can get to those people, those young people earlier, we can prevent it. We know if we get to them before the age of 14, so by 14, 50% of mental illness that will show in adults is often present.

LACHLAN VIVIAN-TAYLOR:

And it makes economic sense as well. You put the effort in early, get the services to support those outcomes. Because then if you think about it from a severity perspective, you get worse severity and therefore it's going to become more costly as well from a government perspective.

MATTHEW SHORT:

You can build the best services, but if people don't go to them, and men don't go to them because there's that stigma around, then it's a glass house. So, we need to, conversations like this important, but what else can be done to... And community groups are, I really think, a way forward there, that intergenerational support. So, you can help a young boy, you've got to help the dad, you've got to help the mum to have those conversations as well. That is a challenge for us.

DAVID PEMBROKE:

Okay. We're going to do something that I didn't think we're going to do when we started because what's happened is that the crowd has come with all these great questions. And so, all the questions I was looking at thinking, "Oh, they're not bad questions." I'm looking at these questions, they're better questions, so I'm going to take them from the audience. So, what I want you to do, all three of you, so we're going to have to be

a little bit, so we're going to have to jump in along the way. But number one question here, again, wow, 75% suicides. I wonder about the nexus of two expectations of masculinity in the modern world, do you have a view on this about the role of masculinity and men, and perhaps to Matt's point, not wanting to hold on and wanting to contain and not moving forward? What's your views on that? No, Matt Breen, I'll throw that to you first. Yeah.

MATTHEW BREEN: That's a broad question. I did think about this. Can I tell you a story?

DAVID PEMBROKE: Always the best way.

MATTHEW BREEN: I've got a beautiful wife. Hello, Helen, if you're listening. And before we had kids, we were going shopping. She said, "Let's go shopping for groceries." Like, "Yeah, no worries." And I should have known it was a trap when she wanted to go to the shops in the city because as we were walking out with our groceries, there was a few stores we had to walk past. And so, yes, we'll go to the store, but fortunately there's comfy couches like this that are in most of those clothing stores that are commonly referred to as the boyfriend or husband chairs. And it's a great space to sit. But I sat down on one and locked eyes with a bloke across the room in a very similar position. And there was just this smirk and an acknowledgement of similar position. And I think one thing that we probably need to understand is that some blokes don't want to talk and all that they need is an acknowledgement at that point in time that they're going through something. There is something in the Australian psyche that is you just get on with it, but you got to figure out how to not reverse the trend, but how to nudge it in a direction. So, it's like, yeah, you can complain about how heavy the wheelbarrow is, but at least you're trying to move it forward however you can. And that's probably the nuance of the change in masculinity is however you can as opposed to no matter what, if that makes sense.

DAVID PEMBROKE: Yeah. Thoughts, Lachlan?

LACHLAN VIVIAN-TAYLOR: Yeah, I think it's still prevalent. Again, I think you can have deeper conversations and deeper connection with your mates. And I think, what I've experienced through Covid, everyone I'm sure had certain challenges through the Covid period. And I'm an extreme extrovert, so any sort of preference survey I've done, I've gone off the charts extrovert, and so...

DAVID PEMBROKE: That's why you're on a podcast.

LACHLAN VIVIAN-TAYLOR: That's right. Yeah, a face for podcast. To the point where if I'm not around people, I don't exist. So, quite extreme. So, Covid was a real challenge for me. And it really affected my mental health. And in that context, I live with my partner and two boys, I was trying to get all of what I needed from my partner, and I think that's not a healthy thing. So, I forced myself to put the headphones on, call a couple of mates, good mates, and just go for a walk, and we would talk for hours. And we got to that point where we'd have those | 11 deeper conversations and it's continued. And it's been really, helpful for me in my own mental health to be able to maintain those connections. So, I think we still like the going out, going to the pub and having the superficial laughs and the conversations, for sure, because that's important, but I think being brave to have those deeper conversations is powerful as well.

DAVID PEMBROKE: Next question. What are some good questions to ask of someone who you might think may be experiencing challenges in their life? Matt Short, I'll start with you on that.

MATTHEW SHORT: I mean, we have a day called Are You Okay? Day. It shouldn't just be one day a year that we ask that question. It should be every day that we ask our mates that. And I think that goes to that deeper level of conversation. There is an organisation we fund called Men's Table, who does some great work in the community, setting up tables in communities where men can come and have a conversation. Their tagline, I think when they start, I think they started as just a group of a couples of men meeting for dinner once a month back in 2011, and there's now 60 or so tables across the country. And their tagline was, "More than just the footy." So, you can talk about more than just footy, you can talk about how you're going. And so, for me it is that "How are you going?" But don't ask the question and walk away. Ask the question and be prepared to listen. Men, I don't know, are we good at

active listening?

LACHLAN VIVIAN-TAYLOR: What was that?

MATTHEW SHORT: Are we good at... Yeah. I grew up on a farm in rural New South Wales. As a gay kid on a farm in rural New South Wales, I grew up with very masculine environments, no gay role models in my community at all. But I did grow up in a hyper masculine environment. My grandfather was a farmer and a fisherman, never wore shoes. It was a wonderful upbringing, don't get me wrong, but not an upbringing... We were told as kids, "Don't cry." We were told as kids, "Harden up." We must break that stigma around, allowing people, from a young age, to talk about their feelings and emotions. And so, I think it starts generationally, but I think we can have that conversation with your mates.

DAVID PEMBROKE: Have you done any modelling that's, if we don't address this, where do we end up? Are you thinking about?

MATTHEW SHORT: It's in the stats now. Yeah.

DAVID PEMBROKE: Yeah?

MATTHEW SHORT: You have seven men die a day every day.

MATTHEW BREEN: I think both of you have touched on the great goals, the ability to have great conversations with your mates and the ability for a conversation to start from asking how somebody is. I think that they're ideals, or at least they should be something to aim for. I feel like one of the reasons the stigma exists is because that's too many rungs up the ladder. And I think, look, I'm emotionally intact and very in tune with my mental health, but I don't talk to anybody. And that's not because I'm like bumping my head, like I go through it and then it's validated in other ways. But I think that's kind of the solution as well as whoever is good, whoever has been through something hard, I think they have a bit of a responsibility for their friends to communicate how they got through it. And it's much easier. How many times have you come home from a dinner or watched a movie and there's just a light bulb moment from hearing somebody else's story. And I think that's the rung on the ladder that can get them to the point where they can then communicate their story to themselves.

LACHLAN VIVIAN-TAYLOR: There's a great group, I think it's got chapters all

around Australia and New Zealand, I think it's called Tough Guys Book Club, whether anyone's heard of it.

DAVID PEMBROKE: Tough guys?

LACHLAN VIVIAN-TAYLOR: Tough Guys Book Club.

DAVID PEMBROKE: Oh, yeah.

LACHLAN VIVIAN-TAYLOR: Yeah. Yeah, no royalties or anything [inaudible]. But I went to a couple, and the only rule is you can't talk about work. So, again, to that point that this identity as a male sit around work. So, these people had been going for a couple of years and they had no idea what they did for work, which was great.

DAVID PEMBROKE: And you couldn't ask the question. You weren't allowed.

LACHLAN VIVIAN-TAYLOR: No.

DAVID PEMBROKE: Okay. Wow, that's cool.

LACHLAN VIVIAN-TAYLOR: There was a little bit of footy talk, but it was everyone went around at the start and said How are they going, and even that question at the start was really, powerful. And then, we got into the book.

DAVID PEMBROKE: How were they going?

LACHLAN VIVIAN-TAYLOR: Yeah, it was a mix. Some had some challenges, some were flying, some were going well. But there were always follow-up questions, and it was just, yeah, it was at a pub and it was a really great conversation.

DAVID PEMBROKE: Right. Next question from our very intelligent audience says, "As the government considers their response to the Royal Commission into Defence and Veterans Suicide, in the panel's opinion, what's the one thing that we could do to support our veterans?" Matt Breen, I'm sure that there's several veterans and defence types who are part of your community.

MATTHEW BREEN: Yeah. What's the one thing we could do to support them? I mean, it's probably a little bit philosophical, but it's believed them and just hear them, and that's it. I think that's the first step, is to just try and understand what they've been through or what they're going through and, yeah, validate who they are. I think that's probably where my head goes to.

DAVID PEMBROKE:

Matt Short?

MATTHEW SHORT:

Yeah, look, there's been a Royal Commission on this, and so government is considering its response. And as a policy maker contributing to that response, a bit of a tough question to answer right now, but we must listen to what the Royal Commission says, which talk to ex-servicemen and women around this issue. I think you're 26% more likely to have suicidal ideation as an ex-service person than the general population. It is a significant issue. Serving Defence Force, there are some protective factors in that. So, the figures are much lower, but it is, the Royal Commission talks about a whole range of things that government is considering.

DAVID PEMBROKE:

And Lachlan, your Comcare works with DVA around veterans and veterans' welfare?

LACHLAN VIVIAN-TAYLOR:

Yeah, so from a workers' comp perspective, we work with the administrative component. But to that question, I mean, I do come back to good work is good for you, and good work will save you. And what is that transition into good work, what does that look like for people who have served that may not be able to continue to serve and what does the next phase of their life look like? So, that's where my mind goes to that question.

DAVID PEMBROKE:

Okay. Matt Short, maybe you can start with this one. "How do we get senior officials and ministers to think about their departmental staff's mental health and well-being when making decisions?"

MATTHEW SHORT:

Great question. Look, what I would say the Department of Health, and I'm not here to be a corporate mouthpiece. That's not my role at Health as a policymaker, but we've made strides to this end. We have a mental health strategy at the department, got Healthy Minds at Work released last year. That's a huge step for the department to have something like that, and it has a whole range of themes and actions under that. So, I would say it is very much front in mind for senior leaders in our department. Ministers, I would say care about the departments they run, absolutely, care more about policy outcomes as well. So, it is a tension because a high demand workload, you're delivering a lot of services whilst trying to do reform. So, it can be that psychosocial safety that was talked about before is crucial. That's our role as leaders in the public service to make sure we are protecting the psychosocial safety.

DAVID PEMBROKE: Safety. Do you see an evolving of the culture up in Parliament House where it maybe is that there is ministers in their offices are being more thoughtful about the demands that they're making of the public servants? Or is it like it's just got to get done like, "Come on, guys."

MATTHEW SHORT: No, it is, and it's on us as public servants to give our frank and fearless advice about what we can and can't deliver. So, I think we are paid good salaries and under the APS Act, that's our job to say, "Well, thank you minister. I agree, but we can do this in this time." So, it's a balance. It's a hard conversation to have, and that involves a lot of relationship building over time with advisors and ministers.

DAVID PEMBROKE: But there's a lot of reflection, I imagine, up in Parliament House given the challenges that they've had around work culture well publicised up there, a lot of resources have been put into turning the culture around up there. So, I'm sure that there should be, over time, some benefit.

MATTHEW SHORT: I hope so.

DAVID PEMBROKE: Would you agree?

MATTHEW SHORT: It should be. I hope so. Yeah. I don't work in Parliament house. I won't talk about its culture. But I will say we have good relationships with ministers to talk about these things.

DAVID PEMBROKE: I used to work there so I can make a comment.

LACHLAN VIVIAN-TAYLOR: I think no one performs at their best when they're super stressed. If you think about the stress curve where that performance is, you can't be apathetic. You need to have a level of stress to perform. But if it tips over, that's when it ceases to be safe and also, you're not going to get the best performance. So, I think there's certainly something in that. And to your point, Matt, you need to have those hard conversations to ensure we continue to deliver good work in the public service.

DAVID PEMBROKE: So, Lachlan... Sorry.

MATTHEW SHORT: I was going to say, I work in the mental health and suicide prevention division, so we would like to say we've got best practise at some of these things, but I hope talking to the public servants out there, that we

are seeing staff members more able to talk about their mental health and that they are taking time off or where they need to have that support in place. What is concerning? I want to give a shout out, I guess, to the APSC Mental Health and Suicide Prevention Unit, which has been established. We reached out to them. There's a whole range of things that they do, but I did get some stats from them. Again, don't want to be the stats guy, but 13% of public servants still don't feel comfortable talking about mental health in the workplace. That's the same in men and women. So, there is more to be done as leaders in this space to create those safe environments, where people feel like they can... As I said, everyone has mental health, so some days it's good, some days it's bad. If you've got a diagnosable mental disorder, you've got to feel safe as well to be talking about that.

LACHLAN VIVIAN-TAYLOR:

So, that was, what is it, 13% don't feel safe.

MATTHEW SHORT:

Yeah, to talk about mental health.

LACHLAN VIVIAN-TAYLOR:

Right. That seems quite low on some level.

DAVID PEMBROKE:

Yeah. So, Lachlan, just to you, again, question, with the addition of intrusive surveillance to the list of psychosocial risk hazards, what guidance is available to describe what that means?

LACHLAN VIVIAN-TAYLOR:

Yeah, good question. I wish I had my colleague, Justin Napier, up here to describe that.

DAVID PEMBROKE:

Well, you don't.

LACHLAN VIVIAN-TAYLOR:

All I can say is there's resources out there, there are resources online to support that or answer that question. I haven't gone into it in detail in my work now. But yeah, I would encourage people to get online, have a look at the Commonwealth Code, and educate yourself as leaders to understand what those hazards are.

DAVID PEMBROKE: Okay. Next question. "What's the link between social media and poor mental health? What advice do you have today?" Matt Breen, I'll throw that to you

MATTHEW BREEN: The running guy. I'm not the numbers guy.

DAVID PEMBROKE: You're the story guy as well.

MATTHEW SHORT: I'm not the running guy.

MATTHEW BREEN: Look, I can give you an alternative to what social media gives. So, I guess we can all, well, I can anecdotally say that social media is a fabrication of what the world is, I guess, through a certain lens that removes context, and it presents an image that the user wants you to see. One of the things we've done at Running for Resilience is share stories of other runners who have gone through a variety of things, and there are a variety of people experiencing a variety of things. I think that from that lens, trying to get more into what the world is potentially like around you are just, it's a better way to ground yourself. The stories that we've shared with Running for Resilience have just made people feel normal and they've made people feel closer to each other. And I think with social media, you get drip-fed connection, and you don't get the whole picture. I think that's the lens I have. I've read a book on it, but that doesn't make me authority on it.

DAVID PEMBROKE: Matt?

MATTHEW SHORT: It's very topical question. Thank you, whoever asked it. With the government announcing a minimum age for social media of 16 and legislation to be introduced into Parliament this year, so I think government has decided that social media is harmful for children and young people. And we know young people are accessing social media from very young ages. And there's lots of data out there to support that policy response. I think we do know, though, that there are protective factors to social media around connection, but in saying that, this generation of young people in recent data is for the first time ever more lonely than older generations. Normally, the trajectory of mental ill health is, it's usually quite high as being that 16 or 24 group is a period of transition. Your mental health is generally worse. It gets better as you age, but it does decline in the oldies when loneliness comes in. For the first time, younger people are lonelier than that older group. And so, with social media, that hasn't helped with loneliness. So, I think it

is a really challenging policy space. But I know from my own practise that doom scrolling is a thing. I put on the well-being measures on my phone, making sure I'm only doing half an hour a day. It's something that I just must do. Otherwise, I will spend hours on Instagram, and I know that's not good for me. So, I can only talk from that personal experience.

LACHLAN VIVIAN-TAYLOR:

Again, I can only talk from a personal perspective. I've got a 12-year-old and an 8-year-old, and they love their tech. I'm genuinely worried for them. And the government announcement, giving parents that authority to say, "No," which we start losing as the kids get older into their teenage years. But yeah, I'm genuinely worried about it and how it's going to affect their mental health. And Matt Short, you talked about the prevalence of mental health within the younger population. I think that's really, scary.

DAVID PEMBROKE:

So, we're getting close to time, but I'll grab a couple more questions from the audience. "To all of the panel," so feel free to jump in, "any advice for the women in the room and who are listening to the podcast on how they can best support their husbands, their sons, and their fathers?" Matt Breen?

MATTHEW BREEN:

More boys' trips, Helen.

LACHLAN VIVIAN-TAYLOR:

I'll second that. Less shopping trips to the boyfriend chair.

MATTHEW BREEN:

I think maybe it comes back if nice round circle. There's a story behind each number, and I think there's a story behind each relationship. And I think it just must be horses for courses. You must look at what works for you, guys. Lean into who you are. There are some more masculine men than others, and it's like if that's what's something that fills your cup, in some ways, that's what you got to do, and you got to be supportive of each other and whatever you enjoy most. That's my gut.

DAVID PEMBROKE:

Matt Short, advice?

MATTHEW SHORT:

As someone who doesn't have a female partner, I will just say that I think it is what we've already talked about and what Matt said around create that space for the male in your life to feel that it's not manly, you do not feel that it's not manly to talk about these things, that it's not a failure. It's about changing it. We talked a little bit before about that strengths-based approach. It is, to me, hyper masculine to be vulnerable and to say, "I'm not doing okay." It is courageous, it is brave, and we've got to start talking about it in those terms. Not that it's weak to say, "I'm not doing okay." So, I just would.

DAVID PEMBROKE:

And Lachlan, final word?

LACHLAN VIVIAN-TAYLOR:

Tough, the final word. I think, yes, create the space and have the conversations, but also sometimes you do need to call it like it is sometimes. Don't say to your partner, "Don't wallow in it. Call it. You might need to get help. You might need to get professional help or go out and speak to your mates about it." Sometimes you do need to be tough to be kind. So, I think allow the space, but also have the tough conversations as well to say, "Go and get help if you need it." And I think that's important.

DAVID PEMBROKE:

Lachlan Vivian-Taylor, Matt Short, Matt Breen, thanks for your time. And, of course, to our first audience for being here with us today, a round of applause for you, please. And thank you very much for those great questions. I think we're onto something, Julia. I think next time we may just hand it over to the audience because it really does bring something to the crowd and great answers and responses and information. So, if you are interested in learning more about mental health and burnout, I just recently completed another Work with Purpose podcast with Dr. Antonio Di Dio, who's the director of the Professional Services Review and a GP who suffered from burnout. That's a great episode. Work with Purpose is a collaboration between Contentgroup and the Institute of Public Administration of Australia, as in-kind partners. And indeed, today we are sponsored by the wonderful organisation, Comcare, and a big thanks to them. Another round of applause, please, for Comcare. We'd also like to thank IPAA ACT's tier one partners, Hayes, MinterEllison, KPMG, and the Commonwealth Bank of Australia, and tier two partner Sententia, and in-kind partner Bellchambers Barrett. You can listen to past episodes of Work with Purpose on Spotify, Apple 18 Podcasts, or where you

ever get your podcast from. And indeed, no surprises, I'm going to ask for a rating or a review because what that does is to help us to be found. Now, if you do want to follow the latest information about Work with Purpose, you can do so on IPAA ACT's LinkedIn, and on contentgroup's LinkedIn as well. So, thank you so much for joining us at the Rex today. What a great discussion. Thanks again to our guests. Thanks again to our wonderful audience here. And we look forward to being back in a week's time. But my name is David Pembroke and its bye for now