

Zali Steggall Policy for Health, 2019

I believe Australians should always be provided with quality healthcare and that 'health' means our mental, social and physical health.

Providing that level of care does not come easily. We need a focus on prevention, both public and private systems, excellent health facilities and services and a skilled health workforce.

Australia is fortunate to have many of these strengths. That's in no small part due to Australia's strong health system and the hard work of our health and care professionals.

However, there are constant pressures on the health budget and a number of concerns. In particular, we face challenges with mental health, aged care, disability care, chronic conditions, indigenous health and family and domestic violence.

At the local level I will work with the state member to keep improving health outcomes for local residents, in particular in respect to administration and care problems at Northern Beaches Hospital. We need to give our hard-working nurses and doctors more backup and I will advocate for more oversight and resources for our local hospital.

How can we continue to improve our health in Warringah and across Australia?

Let's make a long-term plan for a new era of Australia's mental, social and physical health.

We need clear long-term strategies, based on clinical evidence, to take on our major health challenges:

- 1. Increased support for team-based and community-led mental health services**
- 2. Respectful aged care that promotes independence and wellbeing**
- 3. Supporting better lifestyle habits to prevent chronic conditions**
- 4. Greater community ownership of indigenous health strategies**
- 5. Continued improvement of the NDIS, including implementing the recommendations of the Commonwealth Ombudsman's Report¹**
- 6. Increased support for community-led family and domestic violence services and prevention strategies**

None of these challenges will be easy to overcome, but we do need to make them priority areas and take effective action. This document suggests how.

1. Increased support for community-led mental health services

Mental health issues are the main reason Australians visit their GP, and 45% of us will have a common mental disorder in our lifetime.² While most manage their issues well, many do not. Too many people with mental health problems are ending up in the justice system or on the streets, rather than in treatment. And we need greater understanding to reach people under 25 and at-risk groups such as LGBTQI and Aboriginal and Torres Strait Islander peoples. Across Australia, suicide is now the leading cause of death for people aged between 15 and 44.³ Three quarters of people who take their own lives aren't in touch with medical services. We simply must do better.

The experts tell me there is a lack of funding, accountability and coordination for mental health

services, and people are falling through the gaps. Medicare funds some services but not others, and GPs don't have the financial incentive to deliver long mental health consultations or to coordinate mental health care.

To improve mental health care, we need to expand the support we offer those living with mental health issues, with person-centred care that draws on a range of services.

Working with the experts in the field, I will support more integrated community-based services focussed on prevention:

- More accountability and transparency in funding to ensure quality of care
- Medicare payments for long GP mental health consultations
- Bulk billing for all mental health video consultations
- Greater support for mental health education and self-awareness programs in schools and workplaces.
- 'Team-based' care for complex cases that include GPs, social workers and community services such as drug and alcohol counselling and housing assistance.

2. Respectful aged care that promotes independence and wellbeing

The elderly deserve respectful, affordable, accessible and safe aged care options. We want aged care that promotes independence and wellbeing, with choices so people can stay at home longer while being healthy and connected, and more options for a suitable mix of home help and medical support. And, if residential care is the right choice, it must be safe and secure, appropriately resourced to support wellbeing.

While the Royal Commission is revealing some shocking problems in our aged care system, there's other challenges. There are almost 130,000 Australians in the home care priority queue, with many waiting more than a year for assistance. Once funding is granted, home care providers are taking a large amount of the funding in administration costs and profit. Families face a lack of accountability, little information on provider performance, and hidden charges such as exit fees. In residential care, many find a lack of registered nurses and other needed care, contributing to more residents ending up in hospitals.

Working with the experts in the field, I will work for better funding and accountability for all aged care:

- more flexible Medicare funding of home help, telehealth and medical support, led by a GP
- greater support for carers
- more information on providers to support informed choices
- Implement the recommendations of the Aged Care Royal Commission
- Support wellness programs to reduce loneliness and improve mental health
- Increased funding for dementia care
- Increased nursing ratios and other methods to treat people outside the hospital system.

3. Supporting better lifestyle habits to prevent chronic conditions

I am a strong believer in the benefits of being physically active with a good diet, at all ages. Not only does it maintain good daily health and fitness, but it helps create connected communities, reduce social isolation and improve our mental wellbeing.

Most importantly, an active and healthy lifestyle reduces the risk of chronic conditions such as cardiovascular disease, back pain and type 2 diabetes.

Too many Australians are allowing an inactive lifestyle undermine their health. Only 19% of adults do the recommended 20 minutes a day of moderate physical activity.⁴ Over 95% do not eat enough vegetables.⁵ More than 2/3rds of children and 50% adults consume too much free sugar.⁶ In Manly, alcohol-attributable hospitalisations are 60.5% higher than the State average⁷.

These lifestyle choices are leading more and more Australians to suffer from chronic conditions, at a heavy cost to their quality of life and our national health system. About half of Australians have one chronic condition and 23% have two or more.⁸ Australia's obesity now ranks in the worst third of OECD countries.⁹

We should support Australians to be more active and improve their health for the long term.

Working with the experts in the field, I will support consistent, long-term strategies with well-governed programs for:

- community-wide activities, supported by timely awareness campaigns
- bringing local leisure organisations and community health services together
- more online and telephone-based initiatives like Get Health Coaching
- free exercise and sporting activities in local spaces.

4. Greater community ownership of Indigenous health strategies

Eleven years after COAG's *Closing the Gap Strategy* to improve Aboriginal and Torres Strait Islander health, only marginal improvements have been made.

The reality is the gap in life expectancy between Indigenous and non-Indigenous Australians is widening, rather than closing.¹⁰ Aboriginal and Torres Strait Islander adults are 1.7 times as likely to have a disability or restrictive long-term health condition¹¹, and their children are 2.9 times as likely to have long-term ear or hearing problems and 2.1 times as likely to die before their fifth birthday.¹² This is simply not good enough.

Closing these gaps will require close community action between Aboriginal and Torres Strait Islander and non-Indigenous health bodies, medical professionals and NGOs.

I will support health equality for our First Nations Peoples.

- Timely implementation and evaluation of the *Closing the Gap* framework.
- Aboriginal and Torres Strait Islander people's engagement to develop and manage primary health care services according to need.
- Expanding successful Aboriginal community-run healthcare organisations.
- Improving socio-economic factors to improve health outcomes including education, employment, income and housing.¹³
- Greater accountability for funds spent, including outcome-orientated funding agreements.
- A well-trained healthcare workforce that includes Aboriginal and Torres Strait Islander peoples.

5. Continued improvement of the NDIS

Over four million Australians have a disability, and another 2.7 million are carers.¹⁴ So about a quarter

of us have a direct interest in effective national policies that support an active and fulfilling life for people with a disability. The National Disability Insurance Scheme (NDIS) is designed to provide support for those people, and is one of the most significant social reforms in Australia's modern history. About 460,000 people will be signed up to the scheme by 2020, and more than half already have.¹⁵

This is a huge, new undertaking for Australia, and not everyone is satisfied with the NDIS so far. Participants can find the scheme difficult and bureaucratic to navigate.¹⁶ They also report delays, unfair decisions, plans that don't meet their needs and poor customer service¹⁷, with people with intellectual disability being most likely to be dissatisfied.¹⁸ Advocacy agencies are being overwhelmed by people wanting to appeal to the NDI Agency.¹⁹

The NDIS is too important to fail. We have to ensure it overcomes these initial problems and delivers the funding and services that both the NDIA and participants want.

I will work with the government, the NDIA and disability advocates towards:

- implementing the Ombudsman's recommendations on the NDIA's handling of reviews
- increasing the number and training of NDIA staff
- ensuring that NDIA services are transparent and accessible.

I will also work with the disability community, service providers and advocacy groups so that:

- the next phase of the national disability strategy is responsive to community needs, and
- the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has the full support of all governments.

6. Support for community-led family and domestic violence services and prevention strategies

Every woman in Australia has the right to be safe, especially in her home. But too many women in Australia are not safe. Every day, eight women end up in hospital as a result of assault by a spouse or partner. Family, domestic and sexual violence is the leading cause of illness, disability and premature death of women aged 25-44.²⁰ Victims experience depressive and anxiety disorders, early pregnancy loss, homicide, suicide, self-inflicted injuries and alcohol use disorders.²¹

Violence is also a leading cause of homelessness for women with children. Children exposed to family, domestic and sexual violence have an increased risk of mental health issues and behavioural and learning difficulties.²²

Our approach should be two-fold. As well as providing better support for women and children, we need to change behaviour and attitudes towards women, to prevent violence before it occurs. That includes online harassment and abuse in younger generations. Seven out of ten girls aged 15-19 report online abuse and harassment is endemic.²³

In consultation with experts, I will work towards the elimination of family and domestic violence by supporting:

- immediate, tailored support for women and children
- a review of refuge and crisis services
- more co-ordination and connection of local services for women and children
- more funding for respectful relationships education for young people to reduce online bullying, harassment and abuse and promote relationships that are respectful, safe and equal
- recommendations of the Royal Commission into Family Violence.

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