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# Victoria Best and Fairest



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# Health and wellbeing



**‘The foundations of the nation’s human capital rest on a quality health system.’<sup>1</sup>**

A healthy community brings substantial personal, community and national benefits,<sup>2</sup> with good health directly contributing to economic development.<sup>3</sup> Effective health services play an essential role to ensure good community health and minimise disadvantage.

VCOSS has welcomed the Premier’s identification of health as an important priority and the Government’s evident ongoing commitment to rebuilding the State’s health system.<sup>4</sup>

However, despite the importance attributed to health services, improvements in health have not been equally shared by all Victorians. Good health is closely linked to social circumstances: VicHealth has identified that people’s education level, occupation, income, employment and the area where they live continue to strongly determine their health status.<sup>5</sup> In Victoria, health inequalities are most evident for:

- Indigenous Victorians,
- Victorians who experience social and economic disadvantage, and
- Victorians in rural areas.

While unemployment in Victoria is low, any increases in labour force participation will drive new opportunities for economic growth. Within this context, addressing health inequalities directly impacts on the Victorian economy’s productive capacity.

VCOSS believes a broad based health and equity strategy is necessary to address underlying causes of poor health and ensure health services are better integrated and coordinated across preventative, early intervention, general and acute responses.

A health and equity strategy would also provide a bridge between the Government’s *A Fairer Victoria* framework and the Premier’s emphasis on chronic disease.

Access to health services in both rural and regional and outer metropolitan growth areas needs to be a headline focus of new initiatives. Clear priority areas for action in health include:

- Indigenous health and wellbeing;
- chronic diseases;
- strengthening community health services; and
- community-based mental health services.

## Indigenous health and wellbeing

Indigenous Victorians have poorer health across all age groups and across all measures, including: life expectancy, cardiovascular disease, chronic illnesses, respiratory diseases and hospitalisation.

Health inequality also affects Indigenous children and young people who have lower birth weights, higher infant mortality, lower immunisation rates, lower use of Maternal and Child Health Services, higher incidence of hearing problems, and higher rates of mental illness.<sup>6</sup>

This poor health status directly contributes to reduced educational outcomes and higher rates of unemployment in the Indigenous community.

Some positive Government initiatives in Indigenous health have demonstrated that intervention delivers improvements.<sup>7</sup> For example, Koori Maternity Services have led to more Indigenous women accessing antenatal care earlier in pregnancy and increased confidence and active participation in pregnancy care, childbirth and early parenting.<sup>8</sup> However, due to the level of disadvantage of Indigenous Victorians, further significant and sustained investment in both services and changed practices is required.

VCOSS commends the Government for identifying improving the health outcomes for Indigenous children as a priority,<sup>9</sup> and welcomes the inclusion of improving maternal health and early childhood health and development as one of the six strategic areas for action within the *Victorian Indigenous Affairs Framework*.<sup>10</sup>

**Better health for Aboriginal people will only happen when Aboriginal people and their organisations are able to act on their own behalf.<sup>11</sup>**

Alongside increased investment in services, further work is necessary to strengthen the capacity of Aboriginal-controlled organisations to better meet the needs of their communities and to create time to resource their partnerships with generalist organisations. Like all small agencies, Aboriginal controlled organisations suffer



*Paint the wildwood by Treahna Ham*

from the lack of economies of scale, but in addition, Aboriginal organisations also experience specific issues, including:

- higher levels of disadvantage in the Indigenous community;
- representational role demands on both individuals and agencies;
- the generally lower skill base available for boards and staff; and
- high and/or unrealistic community expectations.

**Achieving equal health for Indigenous Victorians requires a concerted effort for the development and sustainability of Aboriginal community controlled health services and the improved responsiveness of all sections of the mainstream health service sector. We cannot do it on our own and the mainstream cannot do it without us.**

Jill Gallagher, CEO, VACCHO<sup>12</sup>



Strengthening generalist organisation's policy and program responses to ensure they provide culturally sensitive practice is also important. This involves three essential components:

- building cultural competence at the organisation and individual level;
- cultural awareness training; and
- building sustainable and equal partnerships with Aboriginal-controlled organisations that value and respect Indigenous Australian culture, skills and knowledge.

Improving the cultural competence of generalist organisations is critical to enabling appropriate service delivery, however to be effective broad cross-organisational change is necessary so that addressing individual client's needs is not left to individual workers. A cultural competency framework needs to be developed to be used both as a guide and a training tool for generalist organisations, with such a framework to be linked to quality and funding requirements.

### Chronic disease

Chronic diseases now make up the major proportion of the total burden of disease and injury in Australia. Currently, chronic diseases account for almost \$34 billion, or nearly 70 per cent, of allocated health expenditure,<sup>13</sup> with poor health outcomes being highly correlated with lower labour force participation rates.

Without timely action, this spending will rise significantly over the next 20 years as the population ages. As such, VCOSS has welcomed the new Premier's identification of responding to chronic disease as a core priority.

As many chronic diseases are highly preventable, appropriate interventions can significantly reduce both incidence and costs of disease. A particular focus on ensuring that programs are designed to meet the needs of people of low socioeconomic status is important, given they have a higher risk of developing chronic disease.

Currently services for people with chronic disease are poor. Less than 50 per cent are able to access optimal care and treatment, and there is significant under-investment in both primary and secondary prevention services.<sup>14</sup>

VCOSS has called for and welcomed the expansion of the Early Intervention in Chronic Disease Program in community health services and notes that this initiative is already demonstrating positive outcomes. However, workforce shortages are a key factor limiting services' capacity to address chronic disease, particularly in regional areas.

One demonstrated effective way to address chronic disease in community health settings is to further develop the current mentoring program for workers to work alongside and support clinicians, such as physiotherapists and nurses. One example of this initiative is where physical activity facilitators work alongside a physiotherapist to implement an activity program. The physiotherapist completes the initial diagnosis and develops the program, which the facilitator implements and enhances as required.



### **Primary health services – community health services**

a strong primary health care system directly contributes to improved health status, reduced health inequalities and lower health system costs.<sup>15</sup>

VCOSS welcomes the Government's recognition of the value of community health services in being a key part of the primary health platform, and in providing a range of primary health care in every local government area.<sup>16</sup> Strengthening community health services improves the accessibility of quality services.

Community health services, and other primary health services such as women's health services, also demonstrate the importance of integrating community strengthening as a core element of service delivery, and highlight the importance of this being included in funding. For example, the Bendigo Community Health Service family support team provides a 'Young Pregnant and Parenting' program to young women who are pregnant for the first time and their partners.

The young women participating in this program generally have few supports and, like many first-mums, little knowledge about babies. The program engages with them and their partners to inform, educate and support them through the pregnancy and after the

birth. The program is built on a 'peer model' and young women have been trained to provide mentoring support to newcomers to the group, which facilitates their independence and encourages them to further develop skills to parent their infants. The program is not programmatically funded but has demonstrated capacity building in young women while enhancing their parenting skills.

### **Community-based mental health services**

People experiencing a mental illness have a much better chance of recovery if they receive care at an early stage<sup>17</sup>

Mental health problems and mental illness are a major cause of poor health in Victoria, with more than one in five adults affected by mental illness at some point in their life.

The significant social and economic impacts of mental illness are multi-dimensional: social impacts include suicide, crime and distress and suffering for thousands of Victorians and their families and carers; economic impacts are driven primarily by reduced workforce participation and productivity, and have an estimated cost to the Victorian economy of approximately \$5.4 billion each year.<sup>18</sup>



### **Early intervention mental health services**

To be most effective, it is critical that mental health services are available when people need them, rather than waiting for issues to progress to an acute level. The evidence demonstrates that when community-based mental health services provide timely, early intervention support, the identification of mental illness is improved and effective management made possible.

However, timely support for Victorians with a mental health problem is rarely available, with waiting lists for early intervention, community-based mental health services of up to two years being common, and demand continuing to increase. Currently, almost 50 per cent of people with a mental illness do not receive appropriate care,<sup>19</sup> with many children and young people in particular, not being able to access timely and appropriate support.<sup>20</sup> The demand for early intervention mental health support will escalate further with the current drought in Victoria.

There is a specific need for locally-based, youth specific early intervention mental health services (or Tier one services). Such an approach is reinforced in the recent report prepared by Boston Consulting for the Department of Premier and Cabinet, *Improving mental health outcomes in Victoria: The next wave of reform*. This report also noted the significant economic and social outcomes from improved service delivery.

### **Psychiatric Disability Rehabilitation and Support Services**

Psychiatric Disability Rehabilitation and Support (PDRS) Services provide essential rehabilitation and support services to people with psychiatric disability, providing a range of diverse, flexible and responsive rehabilitation and support services to people.

Research evidence demonstrates the importance of integrated, quality support services to assist people to regain or develop skills they may need to actively participate in daily life, in personal and social interactions and in community life and activities.

Increasingly, the people accessing PDRS Services have complex needs, including substance use and homelessness. Current funding levels for PDRS Services are inadequate to provide quality integrated services.



# Recommendations

- 1 VCOSS proposes that the Government build on the successes of initiatives in Indigenous health by:
  - a. expanding Koori Maternity Services from the existing 11 to all 25 Aboriginal-controlled health organisations;
  - b. resourcing the development of midwife shared care models to all Aboriginal-controlled health organisations and their local general hospital based on the shared care model developed in partnership by the Victorian Aboriginal Health Service and the Royal Women's Hospital;
  - c. increasing the number of Aboriginal Health Workers in Aboriginal Controlled Health Services;
  - d. further strengthening the leadership and partnership capacity of Aboriginal community controlled health organisations;
  - e. increasing support to generalist community health and maternal and child health services to provide more culturally appropriate services, including assessment and referral; and
  - f. resourcing the development of a cultural competency framework to be used both as a guide and a training tool for generalist organisations, and ensure this framework is linked to quality and funding requirements of generalist organisations.
- 2 VCOSS proposes that the Government strengthen the primary health platform by:
  - a. resourcing community health services to employ and train more multidisciplinary teams to better prevent and respond to chronic disease, particularly in regional areas; and
  - b. ensure community strengthening activities are incorporated as a key element of service delivery programs.
- 3 VCOSS proposes that the Government improve
  - a. increasing investment in locally-based early intervention (Tier 1 and Tier 2) community-based mental health services in 2007-08; and
  - b. increase funding for Psychiatric Disability Rehabilitation and Support Services to enable improved integration of supports for people with complex needs.

## Endnotes

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- 7 VCOSS has welcomed the range of initiatives designed to improve the health and wellbeing of Indigenous Victorians. These have included the establishment of Koori Maternity Services in 11 Aboriginal-controlled health services, the Aboriginal Health Promotion and Chronic Care initiatives, Snake Condoms sexual health initiative, Aboriginal Diabetes Prevention, family violence prevention programs, service models that enable Aboriginal Health Workers to work alongside non-Indigenous clinicians, and initiatives to strengthen the capacity of Aboriginal-controlled organisations.
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