Submission

Towards an Aboriginal Health Plan for NSW

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Towards an Aboriginal Health Plan for NSW

beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the *Aboriginal Health Plan for NSW* to NSW Health. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five key result areas** are:

1. Increase awareness of depression and anxiety
2. Reduce stigma and discrimination
3. Improve help seeking
4. Reduce impact and disability
5. Facilitate learning, collaboration, innovation and research

beyondblue works with specific population groups including young people, older people, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, and gay, lesbian, bisexual, trans and intersex populations.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.[1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.[2] People experiencing depression and/or anxiety are also more likely to have a co-morbid chronic physical illness.[3] The prevalence of depression and anxiety is greater among Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians – 34.8 per cent of Victorian Aboriginal people report having being diagnosed with depression or anxiety, compared to 19.6 non-Aboriginal people.[4] National data suggests that **one-third of Aboriginal and Torres Strait Islander adults report high / very high levels of psychological distress, which is more than twice the rate for non-Indigenous Australians**.[5]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[6] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[7]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental

illnesses place upon the people experiencing them, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.[8] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[9]

beyondblue's response to the 'Towards an Aboriginal Health Plan for NSW' Discussion Paper

A Vision, Definition and Goal for Aboriginal Health

Question V1: Do you agree with the proposed Vision? Is there a more appropriate one?

The proposed vision should be *'Health equity for Aboriginal people in NSW'* rather than *'Health equality for Aboriginal people in NSW'*. Health equality implies that Aboriginal people require the same level and type of services as non-Indigenous people. Comparatively, a vision founded on 'health equity' recognises that, for Aboriginal and non-Indigenous people to achieve comparable health outcomes, Aboriginal communities may need more and/or different services to those targeting non-Indigenous communities. Additional resources may also be needed to reflect this different level of need.

Question V2: How should the vision of the plan be embedded within the health system?
Question V5: How do we ensure the overarching goal of the plan is strived for across the health system?

To embed the Plan's vision and goal within the health system, the Plan needs to be 'operationalised'. This will help to ensure that the Plan's concepts are understood, integrated and implemented by local service providers. The implementation of the Plan should be supported through strong educational and accountability mechanisms. For example:

- developing and implementing a cultural competency framework for all service providers, which focuses on building the skills and capacity of providers to better understand Aboriginal health and provide whole-of-community care.
- developing clear and quantifiable performance measures to assess and report on compliance with the Plan, at both policy and service delivery levels.
- linking compliance with the Plan to service provider funding.
- integrating compliance with the Plan into Key Performance Indicators and performance review processes.

- auditing government funding, policies, programs and services, to measure how the vision and goal are being implemented.

In addition to these accountability mechanisms, the implementation of the Plan also needs to provide a level of flexibility, to ensure that new and emerging issues can be incorporated and addressed as needed.

Question V3: How do we ensure that the definition of Aboriginal health is understood across the health system?

A comprehensive communication and education strategy is needed to ensure that the definition of Aboriginal health is understood across the health system. In addition to developing, implementing and reporting against a cultural competency framework (see response to Questions V2 and V5), Aboriginal health could also be incorporated as a core component of all undergraduate, postgraduate and vocational training programs for medical and health professionals. Health and medical professional bodies and associations could have a key role in ensuring that training programs incorporate a focus on Aboriginal health, and monitoring the quality and uptake of these programs. Regularly seeking feedback from Aboriginal people on the appropriateness and quality of services provided, and linking this feedback with funding and performance reviews, will also help to ensure that Aboriginal health is well understood, and informs service delivery.

Question V4: Do you agree with the overarching goal of the Plan? Is there a more appropriate one?

The focus on services is an important component of the proposed goal for the Plan. However, the goal should be expanded to also include a focus on improved health outcomes. A more appropriate goal may be *'Culturally safe and optimal health services to achieve improved health outcomes for Aboriginal people in NSW.'*

Recommendations

1. Change the vision to '*Health equity for Aboriginal people in NSW*'.
2. Develop strong educational and accountability mechanisms, to embed the vision and goal into the health system, and ensure that the definition of Aboriginal health is well understood. This could include developing and implementing a cultural competency framework; developing clear and quantifiable performance measures; integrating compliance with the Plan to service provider funding, Key Performance Indicators and performance review processes; and auditing government funding, policies, programs and services.
3. Integrate Aboriginal health as a core component of all undergraduate, postgraduate and vocational training programs for medical and health workers.
4. Work with health and medical bodies and associations to ensure that training programs include a focus on Aboriginal health.
5. Change the goal to *'Culturally safe and optimal health services to achieve improved health outcomes for Aboriginal people in NSW.'*

Strategic Directions

The strategic directions provide a clear overview of the priorities of the Plan and the potential activities. Across the six proposed strategies, the following issues should be considered:

- **Integration with Commonwealth-funded services and policies** – the need for an integrated and consistent health system is acknowledged in the strategic directions, however the interrelationship between State and Commonwealth funded and delivered services has not been incorporated. Strategic direction one – integrated planning and funding, and strategic direction two – clear measures of performance, should include a focus on streamlining State and Commonwealth funding and reporting requirements. The plan should also consider the role of Medicare Locals, and their linkages with Aboriginal programs and services.
- **Support infrastructure** – to successfully implement the Plan considerable infrastructure changes may be required. For example, to adopt a consistent 'whole of system' approach and implement clearer and reportable measures of performance, there will need to be shared processes and data collection and analysis tools across service providers. Without significant changes to existing information management systems, this may not be practical or realistic. The Plan should therefore consider the infrastructure, support services, and change management processes, that are needed to facilitate local-level change, and ensure that the proposed actions can be implemented.
- **Local planning, implementation and evaluation** – strategic direction 4 – ensuring local strategy and action planning, and strategic direction 6 – making it happen locally, both focus on the role of local communities and service providers in implementing the Plan. It may be more beneficial to integrate these two strategic directions, to ensure that a single 'plan – implement – evaluation' cycle is implemented by service providers. There is also an opportunity to include a greater focus on local communities determining service needs and actions within these strategic directions.

Recommendations

6. Integrate a focus on Commonwealth policies, funding and services in the Plan, to ensure that a consistent and integrated approach to planning, funding and reporting is adopted.
7. Consider the infrastructure required to implement and support the Plan, with particular consideration of data and information management system needs, and ensure that the resources to facilitate change are included as a core component of the Plan.
8. Combine strategic directions 4 and 6, to support coordinated local planning, implementation and evaluation cycles.

Leadership, governance and resourcing

To be effectively implemented, it is essential the Plan is owned and supported by local communities. It is therefore important that the leadership and governance structures incorporate community Elders and/or leaders. The governance arrangements should also ensure that they accurately reflect and represent the needs and profiles of local communities (for example, including an equal gender balance). The Plan will also need to be supported

by the Commonwealth Government, to ensure that integrated services are delivered, that are in line with not only state priorities, but also national initiatives. The leadership and governance arrangements should therefore also include Commonwealth representatives.

Implementing the Plan within existing resources may need to be reconsidered. To achieve the proposed new vision of '*Health equity for Aboriginal people in NSW',* additional services may be required. There may also be considerable upfront resources associated with implementing the Plan (for example, changes to information management systems to support consistent data collection and analysis). To better understand the resource requirements of the Plan, it may be beneficial to develop annual performance targets and activities. This will ensure that the scope and intended outcomes of the Plan are realistic, and in line with available resources.

Recommendations

9. Include community Elders and/or leaders in the Plan's leadership and governance arrangements, and ensure that the needs and profiles of local communities are reflected.
10. Include Commonwealth representatives in the Plan's leadership and governance arrangements.
11. Develop annual performance targets and activities to determine the resources required to implement the Plan.

Measuring success

Question MS 1: Are these proposed measures of success appropriate? Are there any missing?

It is difficult to assess whether the proposed measures of success are appropriate, with the information provided in the discussion paper. While the components of health system effectiveness appear to be appropriate, information on the performance targets, intended data sources, and existing benchmarks are needed to determine whether these measures will lead to improved health outcomes for Aboriginal people.

Information on how the vision and goal of the Plan will be measured and reported against is also essential, to determine whether the Plan's measurement framework is appropriate. These measures should include defined targets for social and emotional wellbeing. To support reporting of the performance indicators and implementation of the Plan, strong data and information management systems are vital. It is essential that the resources allocated to implement the Plan support the implementation of these information management systems.

Recommendations

12. Provide more information on the Plan's performance measures and reporting processes.
13. Define how the vision and goal of the Plan will be measured.
14. Allocate adequate resources to support robust information management systems, that enable the collection, monitoring and reporting of performance indicators.

[1] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
[2] Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
[3] Clarke, D.M. & Currie, K.C. (2009). 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence'. *MJA Supplement, 190*, S54 - S60.
[4] Department of Health (2011). *The health and wellbeing of Aboriginal Victorians Victorian Population Health Survey 2008: Supplementary report*. Accessed online 23 May 2012: http://docs.health.vic.gov.au/docs/doc/65977E7E3FEF09F1CA2579C60079897B/$FILE/The%20health%20and%20wellbeing%20of%20Aboriginal%20Victorians.pdf
[5] Australian Institute of Health and Welfare (2011). *The health and wellbeing of Australia's Aboriginal and Torres Strait Islander people: an overview.* AIHW: Canberra.
[6] Begg, S., et al. (2007). *The burden of disease and injury in Australia 2003*. Canberra: AIHW.
[7] World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization
[8] LaMontagne, A.D., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression*. Carlton: Victorian Health Promotion Foundation (VicHealth).
[9] Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.