

AUSTRALIAN DEMOCRATS



HEALTH



POLICY FRAMING
STATEMENT

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HEALTH

The Australian Democrats do not offer a comprehensive health services policy, simply because the issues in access and delivery are so diverse that it is difficult to provide a coherent differentiated strategy in the context of the Australian Democrats' policy setting at this time.

However, The Australian Democrats can apply many common themes from other policy statements to the provision and funding of health services. With this in mind we are providing a positioning statement on health in the knowledge that it is not a comprehensive policy.

The Australian Democrats are concerned that there is an inordinate level of bureaucracy in the health industry consuming gross amounts of money in administration and compromising front line service delivery.

The fact that the delivery of health services is a state jurisdiction and the Commonwealth has a health department of over 3600 bureaucrats (and growing) providing nil front-line services is a damning indictment in itself. We understand the role of the federal health department in the administration of Medicare and the Pharmaceutical Benefits Scheme, but seriously question the resources consumed in the execution of those roles.

Nationally there are approximately 3.4 hospital beds per health administrator. The Australian Democrats maintain a common and consistent theme that there is no reason to accept that the public sector is unable to deliver services as efficiently as the private sector. Clearly, the performance matrices for public health services are inadequate and failing to deliver appropriate levels of efficiency to ensure optimum deployment of resources to front line medical care.

Health is not just about hospitals and beds, but there is a propensity to over resource administration and under resource delivery across the board. Furthermore, there is a propensity to impose tedious compliance systems that are undermining the provision of key services and products on public and private sector providers, without improving the quality or quantity of services.

The Australian Democrats are more interested in addressing the failures in the current system than suggesting structural reform at this stage. Similarly, we would seek to ensure that the current funding levels are being utilised efficiently and to best effect in front line service provision before blindly allocating more funds.

Ancillary services including ambulance and paramedic services, palliative care, occupational therapy, physiotherapy, dentistry, nutrition and mental health, to mention a few, are all integrated and included in the broader scope of the health industry generally.

Health outcomes for the nation are not only measured in our ability to diagnose and treat patients. There must be a clear focus on rates of illness and morbidity in the community and how to prevent or reduce them to reduce the associated cost of treatment and lost productivity to the economy generally. There must be a much greater emphasis on prevention and early intervention to bring down treatment costs and improve quality of life outcomes.

Australia has a highly centralised population and it is natural that the provision of specialty health services will concentrate where the population density is highest. However, the investment in health services in rural and regional communities has far reaching social impacts on communities who are under resourced.

Regional Health

The Australian Democrats are committed to the concept that rural and regional people and communities are no less deserving of access to high quality health services than other Australians.

However, highest quality services can't be replicated in every regional centre. As a result, there needs to be a strong focus on systems and infrastructure that extend the range and duplication of specialist services.

The Australian Democrats are also concerned about the significant underutilisation of regional health care facilities. Issues in liability and constraints on competent lay people, particularly in remote areas, must be addressed to be able to address acute care situations in regional and remote centres.

High speed telecommunication infrastructure/capacity must be a priority to enhance and duplicate standards of health care in treatment and diagnostics universally.

Retention and re-entry strategies for primary carers must be enhanced. Recognition of prior learning must be facilitated particularly for encouraging rural and regional based professionals back into the workforce. There are too many bureaucratic barriers to re-entry.

Ambulance services, including air transport services, must be enhanced for regional centres and stably funded. The justifications and basis for the allocation of resources here must reflect the real need and strategic importance of keeping skilled people and their families in the regions.

The Australian Democrats are keen to see specific and incentivised training for Rural General Practice which presents a higher degree of complexity and necessarily broader level of competence.

Rural Mental Health

Every year one in five Australians will experience a mental illness. Mental illness is the third leading cause of disability burden in Australia today. Adolescents with mental health problems report higher rates of suicide and other health-risk behaviours, such as smoking drinking and drug use.

Approximately 12% of adolescents between the ages of 13-17 report having thoughts about suicides with 4.2% actually making a suicide attempt.

Rural communities continue to face not only a unique set of stress factors but also a unique range of service delivery restraints. The low population density of rural Australia impacts on the number and range of service providers in the mental health field.

Managing mental health is a serious challenge in many rural communities. Although rural communities experience similar rates of mental health morbidity relative to their non-rural counterparts, the suicide rate of farmers is substantially higher than the national average for employed adults. This elevated risk has been attributed to the unique combination of complex occupational and location related stressors that confront farmers, including: debt burden, social isolation, farm hazards, time pressure and dependency on weather and other environmental factors.

Research into rural populations in the United Kingdom, Europe, Australia, Canada and the US suggests "farming is associated with a unique set of characteristics and stressors that are potentially hazardous to mental health". These stressors manifest themselves beyond just farmers, eventually affecting the entire rural community.

In Australia, drought is perhaps one of the most intense stressors with acute and constant pressure on livestock producers in particular as circumstances escalate and livestock condition is impacted. It is fair to say that the underlying mental wellbeing of people connected to the bush ebbs and flows to some extent with rainfall and the condition of their country.

The quality of management decisions is adversely affected by increasing mental stress and it is essential for the optimization of long-term environmental outcomes from agriculture that constructive and proactive intervention empowers and enables primary producers to harmonise

management objectives between short term financial pressure and long-term production consideration.

As an adjunct to the broader mental health issues in rural and regional Australia, it is also essential to consider issues of child welfare and support specific to rural and regional Australia.

Reports suggest that a disproportionately high number of displaced children on the streets of our capital cities come from rural and regional communities. Similar sources indicate that the work of welfare NGOs is stretched too thin as they try to intercept the ongoing influx of young people before they become prey.

The Australian Democrats are not suggesting that rural and regional people are less committed parents or carers and these problems are not isolated to any particular demographic. However, it is a logical extension that children who are physically isolated more easily become emotionally isolated. Similarly, the increasing general pressure evident in rural and regional communities resulting from political indifference and the related socio-economic decline simultaneously amplify the pressure on our young people.

The reasons children become displaced are many and varied: domestic violence; sexual violence; gender and sexuality issues; religious pressure; alcohol and substance abuse; family dysfunction; financial hardship; and the list goes on.

Contrary to popular belief these issues are not exclusive to any particular segment of our socioeconomic demographic. Regardless of where these issues originate it is clear that proactive steps must be taken to limit the incidence, impact and repercussions of these problems before children are displaced and in increased danger.

The solutions to all of these problems are inevitably complex, but invariably the first step in solving a problem is to responsibly acknowledge there is a problem. Part of this process must include the realisation that it is in fact collectively our problem.

Initiatives to intercept at risk people should be founded on principle directives of increasing a sense of self and provide a safe, secure, non-judgmental place for those needing support.

The Australian Democrats are committed to acting purposefully for all sectors and generations of Australians, including in rural and regional Australia.