



**Helen
Haines** MP
INDEPENDENT FEDERAL MEMBER FOR INDI

Health

Prior to entering parliament, I spent my career working to improve the health of people in rural communities

As a nurse, midwife and rural health academic, I understand the many health challenges we face in rural and regional Australia. The burden of disease is unacceptably higher than in metropolitan areas and the per capita spend from Medicare is lower. Delivering healthcare in the regions brings obvious challenges: small populations spread over large distances with long trips to health services, and attracting and retaining a highly skilled workforce. In short, compared to the cities, fewer dollars must stretch further to meet a greater need. We need to be properly investing in our regional health services, training the local workforce, and supporting new services, especially in mental health. Living in the country shouldn't mean accepting sub-standard healthcare. And we need to get serious about fixing it.

Policy Paper

Dr Helen Haines MP – Federal Member for Indi

July 2020

Accessing quality healthcare – primary, specialist, mental and aged care- is difficult in regional Australia

Regional Australia face high barriers to accessing primary healthcare

Regional Australia suffers a deficit of trained health workers. Data from the Department of Health shows that while there are 110 GPs per 100,000 people in major cities, that figure drops to about 95 for outer regional areas, and 78 for remote areasⁱ. It is a similar story with allied health workers. Per head of population, cities have up to twice as many pharmacists, physiotherapists, psychologists and optometrists compared to regional areasⁱⁱ.

Bulk-billing rates are lower in regional Australia than in the cities. Bulk-billing – where appointment costs are charged directly to the Commonwealth with no cost to the patient – is critical for ensuring universal access to healthcare. Yet the data shows that while bulk-billing rates in the city are 85.8%, that drops to 81.6% in inner regional areasⁱⁱⁱ. In some towns in Indi this is even lower; in Wangaratta and Benalla it drops to 69.2%^{iv}. In our region, around 5% of our people have **forgone or delayed medical treatment due to cost**.

Accessing mental healthcare is particularly difficult in regional areas

People in regional Australia access mental healthcare at lower rates than our city cousins. Around 40% of people in regional Victoria living with serious mental illness are not accessing specialist mental health services^v. This is **especially true of young people**, with 63% of people in regional Victoria **unable to access mental health services**. Moreover, the use of Medicare-funded mental health services decreases the further you go from the major cities.

The interim report from the **Royal Commission into Victoria’s Mental Health System** found a number of reasons for this including: having to **travel greater distances, lower funding, workforce shortages, stigma, and higher need** due to socio-economic status and isolation^{vi}.

The inadequacy of aged care services in Australia is exacerbated in the regions

More than 1.2 million Australians access aged care services, but the **quality of care is widely sub-standard, and cost is high**. Ensuring access to quality aged care is particularly important in Indi with 21% of Indi’s population aged above 65. In our region, aged care is challenged by **an inadequate supply of GPs, barriers to filling and complying with medication prescriptions, and delays in accessing treatment**^{vii}.

According to the Government’s own data, the average wait time for a Level 4 Home Care Package in 2018 was 22 months. Research shows 60% of aged-care residents are living in homes with **unacceptable staffing levels**. And the interim report of the Aged Care Royal Commission found systematic failings across the system including **egregious abuse of vulnerable people**. The Commission’s report was entitled *A Shocking Tale of Neglect*. **Aged care in this country is broken. The COVID-19 crisis has exposed this crisis.**

As a result, health outcomes are substantially poorer in regional Australia

The physical health of regional Australians lags that of our city cousins

According to the Australian Institute of Health and Welfare: “On average, Australians living in rural and remote areas have **shorter lives, higher levels of disease and injury and poorer access to and use of health services**, compared with people living in metropolitan areas”.^{viii}

In Australia, where we live affects how well and how long we live. For instance, Victorian research has shown significant geographic variation in rates of **preventable hospitalisation, diabetes complications, and chronic obstructive pulmonary disease**^{ix}.

In the Murray Primary Health Network (which includes Indi), compared to the national average, we have **higher rates of cancer but poorer cancer survival rates, poorer dental health and higher rates of alcohol and drug abuse**^x.

In Indi, Wodonga has been identified as hot-spot for pulmonary disease, and Murrindindi a hot-spot for diabetes^{xi}. Towong is rated the sixth worst local government area in Victoria for alcohol-related health.

Similarly, mental health outcomes are poorer in regional Australia than in the cities

Whilst on average levels of psychological distress and mental ill-health are broadly similar for city and regional Victorians, certain locations show **higher rates of mental illness**. For instance Benalla (19 per cent) and Strathbogie (23%) show rates of psychological distress significantly above the Victorian average (15.4%)^{xii}.

This pattern is echoed in data on **registered patients accessing mental health care**. Indigo, Wangaratta and Wodonga are all in the top 10 locations in the state on this measure. Benalla is unfortunately the highest in the region, with almost **double the rate of mental health patients than the Victorian average**^{xiii}. Moreover, rates of self-harm and suicide are distressingly high in regional areas. Compared to Melbourne, regional Victoria has:

- 30% higher rate of self-harm;
- 40% higher suicide rate;
- 60% higher in suicide rate among men aged 35-64.

These are not numbers, they are real people and this situation is preventable.

Australia lacks a comprehensive rural health plan that acknowledges the social determinants of health- income, education, employment and social supports. Health services in rural and regional Australia need to be flexible and contextual to where and how people live.

If you need to speak to someone, help is available. Call Lifeline Australia on 13 11 14.

I have a plan to improve healthcare and health outcomes for all of regional Australia

I will work to:

1. Secure funding to make Albury-Wodonga Health a world-class service for the region

Albury-Wodonga Health the largest health service between Melbourne and Sydney and serves a catchment of 250,000 people. Yet its facilities are not up to scratch. Whereas hospitals elsewhere in the Riverina like Echuca and Wagga have had recent upgrades, Albury-Wodonga Health needs significant capital investment to meet growing demand.

In the 2019 election, the Government committed **\$2.5 million for new specialist clinics** and **\$12 million for a mental health rehabilitation unit** at Albury-Wodonga Health. However, the funding was not set to flow until 2022-23, that is after the *next* election. When I was elected I called on the Government not to kick this investment down the road.

And in January, **we had a win** – the Minister for Health, Greg Hunt, joined me at Albury-Wodonga Health to announce the **\$2.5 million for specialist clinics had been brought forward and will be spent this year**. But this is the tip of the iceberg.

We need the \$12 million that was promised for a mental health unit to actually be delivered. And we need more ambitious investments – Albury-Wodonga Health’s masterplan calls for a further **\$90 million for new facilities** like a women’s and children’s wing, a community services hub, and a new neurology unit. **Let’s get on with it, and ensure we have a world class health service right here in Indi.**

2. Increase access to quality mental healthcare in Indi

For too many communities in Indi, mental health services are too distant, too expensive, or wait times too long. While there is a *headspace* in Wodonga, and a brand new one in Wangaratta, these services have long waiting lists, are difficult to access for people outside these cities, and only address young people’s needs. There is an acute shortage of clinical psychologists in rural Australia and very few services for key areas of need such as eating disorders and older people’s mental health.

Yet we know that there are growing mental health needs across our region – especially in our remote communities, and especially after the bushfires. When we come out of this pandemic, we will likely see yet more demand. Even if your GP puts you on a mental health plan – entitling you to 10 Medicare-covered sessions with a psychologist, the wait list and out of pocket expenses remain a significant barrier.

I am working to ensure that people young and old in Indi can access the mental healthcare support they need. That means delivering services differently for smaller communities,

training more locals into the mental health workforce and ensuring cost is not a barrier to treatment.

3. Cut waiting times for Aged-Care Packages and Home Care Packages

More than 100,000 older Australians are waiting for delivery of the home based supports they have been assessed as needing. 22,000 of these people are waiting for the highest level Aged Care Packages. In rural areas such as Indi the **shortfall in the delivery of these packages means many older people prematurely enter residential aged care**. For some people this means leaving the community where they have spent much of their life. The wait times for both Aged Care and Home Care packages must be cut as a matter of priority. Now more than ever keeping older people safely supported in their home is the best protection against COVID-19 we can offer them.

I am committed to being a strong advocate for the health and wellbeing of older people. I have called on the government to **fund more aged care packages** and to **action all recommendations of the Royal Commission Interim Report into Aged Care**.

4. Ensure funding certainty for our rural health services

The Multi-Purpose Services (MPS) program **provides integrated health and aged care services to regional communities** that can't support both a separate aged care home and hospital. For older people living in regional Australia, this means you can access aged care services from an MPS. This **allows people to stay in their communities as they get older**.

In Indi, we have two Multi-Purpose Services: Alpine Health which includes Bright, Myrtleford, Mount Beauty and, Upper Murray Health in Corryong. However, **services funded under the MPS suffer a number of challenges**: unpredictable demand for services, high fixed costs, lack of scale, difficulties with workforce. Moreover, MPS services **are barred from accessing other funding sources**. I am calling on the Government to guarantee this funding over the long-term, so elderly people in these four Indi communities can **continue to live in their own communities with certainty**.

References

- ⁱ Mapping Primary Care in Australia, Grattan Institute, 2018, p. 11
- ⁱⁱ Allied Health Workforce Factsheet, National Rural Health Alliance, 2019
- ⁱⁱⁱ Glenister, K. et al (2019) The Mosaic of general practice bulk-billing in regional Victoria, *The Australian Journal of General Practitioners*, Vol. 48, No. 1-2, p.77
- ^{iv} Glenister, K. et al (2019) The Mosaic of general practice bulk-billing in regional Victoria, *The Australian Journal of General Practitioners*, Vol. 48, No. 1-2, p.77
- ^v Interim Report, Royal Commission into Victoria's Mental Health System, 2019, p. 292
- ^{vi} Interim Report, Royal Commission into Victoria's Mental Health System, 2019, p. 289-308.
- ^{vii} Needs Assessment 2019-2022, Murray Primary Health Network, November 2019, p. 18
- ^{viii} <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary>
- ^{ix} Perils of Place, Grattan Institute, 2016, p. 10.
- ^x Needs Assessment 2019-2022, Murray Primary Health Network, November 2019.
- ^{xi} Perils of Place, Grattan Institute, 2016, p. 50
- ^{xii} Needs Assessment 2019-2022, Murray Primary Health Network, November 2019, p.40.
- ^{xiii} Needs Assessment 2019-2022, Murray Primary Health Network, November 2019, p.41.