



South Australian Health and Wellbeing Strategy 2019-2024: Summary framework for consultation

Introduction

YACSA is the peak body in South Australia representing the interests of young people, youth workers, organisations and networks throughout the non-government youth sector. Policy positions are independent and not aligned with any political party or movement. YACSA supports the fundamental right of all young people to participate in and contribute to all aspects of community life, particularly the decision-making processes that impact them.

YACSA is pleased to have the opportunity to provide comment to the South Australian Health and Wellbeing Strategy: 2020-2024 consultation survey as we maintain that access to affordable and appropriate health care, particularly for young people, assists in promoting health and wellbeing and preventing chronic and serious conditions later in life.

As part of our feedback to the [summary framework](#) and associated [survey](#), YACSA has raised a series of questions and concerns about how some of the outcomes outlined in the summary framework will be achieved, how they will involve a range of consumers in the health decisions that affect them and how they will break down the barriers to service access and inspire trust in a health system that can exclude young people.

Comments on the strategy

1. Vision - South Australians experience the best health in Australia.

To achieve this we will:

- **Improve the health literacy of the population.**
- *Prevent chronic disease, communicable disease and injury, and exacerbation of established chronic disease.*
- **Partner with individuals, families and communities to enhance their health and wellbeing**
- *Support individuals and their families through recovery*
- **Create healthier neighbourhoods and communities**
- *Respond when needed to manage acute conditions and injuries*
- *Assist individuals and families to adapt to changes in their health and wellbeing overtime, including at end of life*
- *Protect against public and environmental health risks and adapt to climate change*
- *Ensure services are culturally appropriate.*

While YACSA supports the broad outcomes contained in the summary framework’s vision, we have some questions about how each outcome will be achieved and how government will know if they’ve been successful over time. For example, while health literacy is a vitally important facet of individual health and wellbeing, as well as an integral building block from which partnering with individuals, families and communities might be achieved, how will SA Health know if there has been an increase in health literacy in the community? Further, how will government know they have created “healthier neighbourhoods and communities”? Will this simply be the absence of disease across Local Health Networks (LHNs) or will there be some form of measurement that captures a cross section of the population and their broader experience of health and wellbeing?

YACSA would like to see greater detail, measurements and sources of evaluation and data to be an integral underpinning of this strategy.

2. Trusted – South Australia’s health system is trusted by the community to respond appropriately whenever they need care, treatment, advice, guidance and or support to optimise their health.

Deliverable action areas could include:

- *Establish effective and trusted mechanisms to partner with clinicians, consumers and carers to ensure design, implementation and evaluation of quality, innovative and contemporary health design.*
- *Establish Governing Boards for Local Health Networks (LHNs) and clear roles and responsibilities for LHNs and Department for Health and Wellbeing (DHW)*
- ***Ensure services engage local community in the planning, design and evaluation of local services***
- ***Explore innovative methodologies to increase health literacy in populations, communities and individuals***
- *Develop innovative methodologies for ongoing dialogue between the community and health system.*

Do you feel that these deliverables actions sufficiently describe how SA Health will deliver on the TRUSTED theme? What would you add or change?

With the Health Consumers Alliance South Australia (HCASA) being listed as early strategic contributors to the summary framework, how will government ensure meaningful and representative consumer input following the demise of the HCASA after June 30? A range of diverse consumer input and participation - and not simply consumer representatives working within the LHN Board model - is vital throughout the development and implementation of this strategy. This participation will ensure that services are culturally appropriate, and that the system is trusted and valued. The input and

participation of a range of consumers should continue throughout the development of the strategy as well as playing an integral role in evaluating and improving the health system over time.

Further, a significant level of health literacy amongst the population is a prerequisite of most of the summary framework and projected outcomes. We know that health literacy informs and motivates health seeking behaviour and contributes to prevention and early intervention, diagnosis and treatment, but research tells us that health literacy rates are relatively low across the population¹. Young people (15-29) in particular, only demonstrate a 36.5% “adequate” health literacy level with even fewer (5.9%) demonstrating a “more than adequate” health literacy level². Mental health literacy is also particularly important amongst young people, with the ability to understand and identify the experiencing of mental health issues a vital first step in accessing treatment³.

With health literacy being pivotal in the overall experience of health and wellbeing, particularly for young people, as well as assisting health services to effectively partner with individuals and communities, how will government practically deliver, collect data and report on this important outcome?

1. Targeted – South Australia’s health system provides services and programs which are guided by evidence relating to population of need, disease prevalence, service gaps, emerging challenges and variation in experience and outcomes at individual, family and community level.

Deliverable action areas could include:

- *Develop services across the full range to meet the needs of expanding populations in Northern Adelaide and outer metropolitan areas*
- *Complete the realignment of services between regions to agreed self-sufficiency levels*
- *Develop strategies to better utilise country hospitals including improving capability through innovative use of workforce and technology, improving patient-flow between metropolitan and country facilities, and expanding cancer services*
- *Establish Wellbeing SA to provide better integrated services and programs across the care continuum and life course including:*
 - *Develop secondary and tertiary prevention/intermediate care services to achieve a balanced suite of services and programs in the health system*

¹ Australian Institute of Health and Welfare 2018. Australia’s health 2018. Australia’s health series no. 16. AUS 221. Canberra: AIHW.

² Australian Bureau of Statistics (ABS), Health Literacy, Australia, June 2008. ABS cat. no. 4233.0. Canberra: ABS, 2008.

³ Kelly, C, Jorm, A.F., Wright, A, “Improving mental health literacy as a strategy to facilitate early intervention for mental disorders”, MJA, Vol. 187, No. 7, October 2007, pp. S26-S30.

- *Further target and enhance efforts in relation to health promotion, prevention, screening and early intervention activity*
- *Continue to provide, high value programs focussed on risk factors relating to the development of chronic disease and tailored to meet the needs of specific groups*
- *Develop a comprehensive, fully integrated and individualised response to address being overweight and obesity*
- *Develop a comprehensive data asset which supports the workforce and system to understand the value of services and programs*
- *Develop services across the full range to meet to drive ongoing improvement in design and the needs of expanding populations in northern delivery of services and programs Adelaide and outer metropolitan areas*
- *Expand and enhance specialist palliative care and end of life services as part of an integrated regions to achieve agreed self-sufficiency levels ambulatory model of care*
- *Develop a strategic plan for the development of mental health services in SA, including services targeting:*
 - *Eating disorders including paediatric eating disorders*
 - *Personality disorders*
- ***Develop a child and maternal health plan to meet the future needs of the population***
- *Develop integrated service plans targeting:*
 - *Dementia*
 - *Cancer*
 - *Cardiovascular disease including stroke*
 - *Diabetes.*

Do you feel that these deliverable actions sufficiently describe how SA Health will deliver on the TARGETED theme? What would you change?

When developing a strategic plan for the development of mental health services in SA, emphasis must be placed on access to mental health services, particularly for young people, in rural and remote South Australia.

Young people and the youth sector have told us that levels of health-related services and programs are inadequate or non-existent in many rural and remote areas. Access to mental health services is particularly dire with young people reporting that they have to travel significant distances to access private and expensive mental health services, while others have described the impacts of long wait times for existing government services. This is compounded by a lack of prevention and early

intervention services, limited and scarce outreach services, and a lack of effective detection, assessment and diagnostic services⁴.

YACSA advocates for greater levels of investment in the provision of appropriate and easily accessible health and mental health services across both metropolitan and rural and remote locations. This will not only contribute to the actions contained in the strategy but will assist in preventing health and mental health issues becoming chronic through the lifespan.

3. Tailored – South Australia’s health workforce is informed by evidence and tailors the care, treatment, advice, guidance and support they offer in accordance with the expressed wishes of the individual, family and community with whom they are working.

Deliverable action areas could include:

- *Establish workforce development programs aimed at adopting a participatory health model*
- ***Explore the use of digital and associated technologies to improve the ability of the community to interact with the system. Improvements could include the ability for patients to make convenient appointment times, communicate through a variety of mechanisms with their health care providers/teams, share information including biometric and other data gathered by wearable devices, have remote consultations and prescribed medicine delivered and access trusted information on condition specific management.***
- *Develop and enhance models of care for patients with long term disabilities and improve links with the NDIS*
- *Develop focussed responses for Aboriginal health priorities relating to cancer, diabetes, heart disease and stroke and injury with a particular focus on prevention and delivery of timely interventions guided by specific plans developed in partnership with South Australian Health and Medical Research Institute (SAHMRI)*
- *Develop strategies to reduce the causes of ill health for people from culturally and linguistically diverse backgrounds*
- *Develop focussed responses to address the impact of domestic violence against women and men.*

Do you feel that these deliverable actions sufficiently describe how SA Health will deliver on the TAILORED theme? What would you add or change?

Again, the level at which young people and the broader population will engage with health-related technologies and health service partnerships hinges significantly on their level of health literacy. As such, the methods in which SA Health will increase health literacy amongst the South Australian

⁴ C Kelly, A.F. Jorm, A Wright, „Improving mental health literacy as a strategy to facilitate early intervention for mental disorders“, MJA, Vol. 187, No. 7, October 2007, pp. S26-S30.

population and how they will measure uptake and success is a vitally important underpinning for much of the strategy.

Further, YACSA is concerned with any potential focus by government to rely on the use of digital technologies to replace physical services. With a digital divide still a significant issue in Australia, particularly for those living in rural and remote locations, people living in Indigenous communities and people living on low incomes, the use of technology to provide health related information or provide health services has the potential to exclude a range of individuals⁵. As such, YACSA supports the use of technology as a supplement to rather than a replacement for existing services⁶ and would like to see an increase in face-to-face health and mental health service options for young people across the state.

4. Timely – Everyone working in South Australia’s health system recognises that time is valuable for all members of the community and seek to minimise waiting in all interactions.

Deliverable actions areas could include:

- *Develop integrated ambulatory care models in partnership with primary care providers, commencing with priority areas such as respiratory, diabetes, care for older people, child development, and the first 1000 days of life*
- *Continue improvement projects relating to patient pathways through acute inpatient facilities to reduce incidents of ambulance ramping and unproductive stay in hospital days*
- *Continue to focus effort on improving functioning and patient experience of outpatient clinics and other consultation services.*

Do you feel that these deliverable actions sufficiently describe how SA Health will deliver on the TIMELY theme?

Young people, particularly in rural and remote locations consistently describe the impacts of waiting times to access health and mental health services in South Australia. If there are no accessible services or services with limited coverage and/or long wait times, young people can be dissuaded from seeking help⁷.

⁵ Barakett, J. Digital inclusion improving across Australia, but digital divide continues to widen, 2019. [online] Swinburne.edu.au. Viewed online, 15 April 2019 <https://www.swinburne.edu.au/news/latest-news/2018/08/digital-inclusion-improving-across-australia-but-digital-divide-continues-to-widen.php>.

⁶ Burmeister, O., Marks, E., "Rural and remote communities, technology and mental health recovery", Journal of Information, Communication and Ethics in Society, Vol. 14 Issue: 2, pp.170-181, 2016.

⁷ Rickwood D. Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph). Commonwealth of Australia, Canberra. 2006.

The youth sector has also warned that waiting times act as a significant barrier to young people accessing services and would like to see an increase in funding to boost the health workforce (and mental health services in particular) in rural and remote South Australia.

5. Final thoughts please provide any other comments or feedback on the draft summary framework Health and Wellbeing Strategy document.

While YACSA supports the priority populations contained in the summary framework, we are disappointed that LGBTIQ+ young people have been excluded, especially when they are twice as likely to be diagnosed with a mental health condition, six times more likely to have suicidal thoughts and five times more likely to attempt suicide than their heterosexual peers^{8 9}. Within the context of service access, LGBTIQ+ individuals and young people in particular are more likely to hide their sexuality when accessing services¹⁰ and the effects of heteronormativity and homophobia can dissuade LGBTIQ+ people from accessing services in the first place.

Young people have reported a dearth of GPs, health services and mental health professionals with specialised knowledge of LGBTIQ+ health issues in both metropolitan and rural and remote areas¹¹. As such, YACSA would like to see the LGBTIQ+ population referenced within the strategy with associated consumer participation mechanisms, services, milestones and outcomes.

⁸ Australian Human Rights Commission, Face the Facts: Lesbian, gay, bisexual, trans and intersex people, viewed online, 26 March 2019, https://www.humanrights.gov.au/sites/default/files/7_FTF_2014_LGBTI.pdf, 2014.

⁹ Black Dog Institute, #mindthefacts, viewed online, 25 March 2019, <https://www.blackdoginstitute.org.au/about-us/news-and-media/mindthefacts>, 2018.

¹⁰ Macapagal, K., Bhatia, R., & Greene, G. J. Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT Health*, 3(6), 434-442, 2016.

¹¹ Youth Affairs Council of South Australia, Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia Submission, viewed online, 26 March 2019, <https://www.yacsa.com.au/documents/item/612>, 2018.



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