## To support the health and wellbeing of ACT residents, the ACT Government must:

* Commit to a real increase in spending on frontline ACT Government and community health services to raise ACT service standards up to those of other jurisdictions
* Implement key worker strategies to attract and retain health workers in partnership with the community sector where there are shared workforce goals
* Implement multi-year funding for the co-design and implementation of the Disability Health Strategy
* Invest in services to improve health outcomes for Aboriginal and Torres Strait Islander people in the ACT
* Implement a patient navigator service, between hospital and community health services, with a priority focus on children and families (particularly for children needing complex care interstate)
* Invest in training and other programs to ensure that public health services are safe and inclusive for people who face systemic barriers to equitable health outcomes, including people from migrant and refugee backgrounds, LGBTIQA+ Canberrans, Aboriginal and Torres Strait Islander people and people with disability
* Invest in trauma informed practice and service design training for government and non-government healthcare providers
* Develop a sexual and reproductive health strategy based on lived experience, including communications about how people can access free abortions
* Further invest in the ACT Women's Health Service and provide subsidised health services for women and people who have experienced sexual violence
* Increase women’s access to health services by meeting their needs for transport, safety, and affordable and accessible health care
* Fund dementia specific support services, including diagnosis, education, counselling, housing, support groups and respite programs
* Commit to a significant package of mental health investments to build a robust mental health sector that reflects Canberra’s diversity, prioritising low-cost early intervention and sub-acute mental health services including:
  + Significant investment in not-for-profit mental health and wellbeing services as part of prioritising early intervention and prevention
  + Increased culturally safe and community controlled mental health supports for Aboriginal and Torres Strait Islander people/communities
  + Invest in improved mental health services for people with intellectual disability and autism spectrum disorder in the ACT, including early diagnosis/intervention
  + A permanent Recovery College for the ACT
  + Adequate funding for LGBTIQA+ mental health support including increased access to psychosocial and peer support and family therapy/support services that respond to the specific needs of LGBTIQA+ families
  + Funding for in-house psychotherapy services in community housing and homelessness settings
  + Community-based mental health peer worker expansion and adequate renumeration and recognition
  + Increased services for people with moderate to severe mental ill-health - a group for whom there are not currently enough supports available, resulting in increased pressure on acute services
  + Progress creation of Mental Health Workforce Strategy for all ACT mental health services using the [ACT Mental Health Workforce Strategy Framework [pdf]](https://www.parliament.act.gov.au/__data/assets/pdf_file/0006/2081499/A-Framework-for-Change-ACT-Mental-Health-Workforce-Strategy.PDF#:~:text=This%20strategic%20framework%20has%20been%20developed%20in%20collaboration,for%20the%20community%20through%20their%20delivery%20of%20services.)
  + Funding for investment in mental health supports for children – particularly early intervention mental health with flexible outreach for children aged 8 to 12 years
  + Trauma-informed care across ACT Government mental health services, particularly in closed units that may use physical and chemical restraints
  + Implementation of recommendations from the [Older Persons Mental Health and Wellbeing in the ACT Strategy 2022-2026 [pdf]](https://www.parliament.act.gov.au/__data/assets/pdf_file/0020/2029340/Re-envisioning-Older-Persons-Mental-Health-and-Wellbeing-in-the-ACT-Strategy.pdf#:~:text=Re-envisioning%20Older%20Persons%20Mental%20Health%20and%20Wellbeing%20in,mental%20health%20and%20wellbeing%20outcomes%20of%20older%20Canberrans.)

## The Justification

* The ACT has the lowest rates of bulk billing GPs in the country, with less than 40% of people likely to see a bulkbilling GP and 20% of people saying they are never bulk billed.[[1]](#footnote-2) HealthEngine.com.au lists four bulk billing general practices (GPs) in the ACT. HotDoc.com.au lists three fully bulk billing GPs in the ACT and the ACT Disability, Aged and Carer Advocacy Service (ADACAS) lists seven.[[2]](#footnote-3) However, this list includes Winnunga Nimmityjah which has recently had to restrict their services to Aboriginal and/or Torres Strait Islander clients only, due to increasing demand and lack of support for the provision of bulkbilling services[[3]](#footnote-4)
* Chronic disease makes up most of our spending on healthcare. People in the lowest income quintile, as well as Aboriginal and/or Torres Strait Islander peoples, are much more likely to experience chronic disease[[4]](#footnote-5)
* To prevent and effectively manage chronic disease, people must be able to see a doctor before their illness becomes dire. 40% of Canberrans have a long-term health condition[[5]](#footnote-6)
* In the ACT in 2021-22 for people who saw a GP for urgent care, the proportion who waited 24 hours or more was 53.3%[[6]](#footnote-7)
* When they do see a doctor, people on low incomes are more likely to wait longer for an appointment.[[7]](#footnote-8)
* The ACT also has the highest out of pocket costs in the country for GP, specialist and allied health appointments.[[8]](#footnote-9)
* 40% of chronic illness is preventable, so the government needs to provide healthcare that prevents people from becoming chronically ill.[[9]](#footnote-10)
* Less than half of people with severe mental ill health receive any psychosocial support from government-funded services, while less than 25% are estimated to be eligible for NDIS support.[[10]](#footnote-11)
* In the ACT mental illness is the leading cause of chronic disease,[[11]](#footnote-12) and in the 2021 Census 10% of Canberrans declared a long-term mental health condition – representing the second highest rate in Australia.[[12]](#footnote-13)
* The provision of psychosocial support services has been demonstrated to offer a 38% reduction in the number of people hospitalised due to mental ill health.[[13]](#footnote-14)

## The Issues

* In acknowledging the social determinants of health, continued investment in the non-clinical needs of low income and disadvantaged Canberrans is needed. Community health care support providers are vital to facilitation of service access and alleviating pressure on the ACT health system.
* The ACT Disability Health Strategy (DHS) needs to address poor health outcomes arising from personal and structural issues when engaging with the health system. The Strategy should include:
  + A once-a-year free extended consultation with a GP and better support to navigate the interface between health and disability service systems
  + Improved access to information about health conditions, screening, prevention, early intervention, treatment options and recovery support
  + Auditing and improving health infrastructure to make it more fit for purpose for people with disabilities
  + Funded specialist centres of excellence for diagnostic disabilities (i.e., to understand, treat and manage the primary and secondary health impacts of different kinds of disabilities)
  + Funding for training and skills development work led by people with disability for medical practitioners.
* Mental health continues to be a key area of priority, especially given the toll of the ongoing COVID-19 pandemic on mental wellbeing. Services are required to meet gaps in NDIS service provision of psychosocial disability in the ACT and investment in the mental health workforce is key. There are indications that the need for psychosocial supports in specific areas such as homelessness services has increased since early 2020. The ACT’s most recent [Health Needs Assessment [pdf]](https://www.chnact.org.au/wp-content/uploads/2021/01/ACTPHN-Needs-Ax-2020-21-Update.pdf) demonstrated that mental health was respondents’ most prevalent health concern, and that a lack of appropriate mental health services was the most frequently identified service gap
* Carers are a key factor in reducing hospital presentations. Investment in supports for carers will assist in addressing unnecessarily long hospital wait times.

|  |
| --- |
| Delivering commitments in the ACT Parliamentary and Governing Agreement |
| The Government should prioritise some of its commitments under the [Parliamentary and Governing Agreement](https://www.cmtedd.act.gov.au/__data/assets/pdf_file/0003/1654077/Parliamentary-Agreement-for-the-10th-Legislative-Assembly.pdf) for this term of Government as they relate to planning and transport – these include:  Greens:   * 12.1 Improve services for walk-in centres including offering sexual health screening, reduce Elective Surgery Waitlists, build a hydrotherapy pool, expand Hospital in the Home, invest in preventative health measures including physical activity, obesity reduction, social prescribing, and scope a Northside Hospital * 12.2 Improve Emergency Department responses with geriatric streaming and a Psychiatric Alcohol and non-prescription Drugs Assessment (PANDA) Unit * 12.3 Introduce more end-of-life treatment and care options, including a palliative care ward at the Canberra Hospital, enhanced after hours palliative care, palliative care respite facility for carers and a scoping study for a secular hospice * 12.4 Provide an additional $1.5 Million in Dental Care for Low Income Families * 15.1 Expand capacity at the Birth Centre and establish a standalone family birth centre * 15.2 Expand home birthing eligibility criteria * 15.3 Provide woman and baby-centred planning, design and delivery of maternity services and increase access to breastfeeding information for new mothers * 15.4 Increase investment in Perinatal Mental Health and Wellbeing Mental Health & Youth Mental Health * 16.1 Expand PACER to two teams to service the North and South of Canberra 7 days a week * 16.2 Build 5 additional supported accommodation houses over the next 4 years * 16.3 Refurbish 10 beds at the Brian Hennessy Rehabilitation Centre for transitional and rehabilitation accommodation for consumers with enduring mental illness ($10 Million Capital expenditure plus $3.25 Million over 4 years) * 16.4 Boost community counselling, mentoring, home visits, advocacy and case management for 10-25 year olds * 16.5 Establish a psychologist subsidy scheme for young people and people on low incomes ($2M over 4 years) * 16.6 Improve programs that target and support youth mental health, eating disorders, alcohol/drug use/mental health, First Nations mental health, First Nations suicide prevention & postvention and respite for mental health carer * 20.5 Roll out community based rapid HIV testing and HIV/BBV prevention efforts * 20.6 Ban gender-related surgery on intersex babies (unless necessary for preservation of life) and provide training for midwives and doctors   ACT Labor Platform:   * 2.1 Employ an additional 400 doctors, nurses and allied health workers this term * 2.2 Continue to provide accessible COVID-19 testing facilities across Canberra for as long as is needed * 2.3 Expand the range of services available at our five nurse-led walk-in centres * 2.4 Roll out five new local walk-in health centres in South Tuggeranong, West Belconnen, North Gungahlin, Molonglo and the Inner South between 2021-22 and the middle of the decade, offering accessible public health care across Canberra * 2.5 Deliver 60,000 elective surgeries over the next four years, and establish an Elective Surgery Centre on the University of Canberra campus * 2.6 Complete the major expansion of the Canberra Hospital, delivering the biggest healthcare infrastructure investment since self-government, with a new emergency, surgical and critical care facility to ensure we keep meeting the acute care needs of Canberra and region residents * 2.7 Continue the planning and design work for a new northside hospital, with the aim to start construction by mid-decade * 2.8 Invest $15 million in more mental health support for Canberra’s young people |

1. N Chrysanthos and A Dow, ‘[Bulk-billing data reveals where you’re most likely to find a free doctor](https://www.smh.com.au/politics/federal/where-you-re-most-and-least-likely-to-find-a-bulk-billing-doctor-20230217-p5clc8.html)’, *The Sydney Morning Herald*, 20 February 2023, accessed 2 March 2023; M Davey, ‘[‘Almost impossible to get bulk billed’: patients avoid seeing doctors due to out-of-pocket costs](https://www.theguardian.com/australia-news/2022/may/12/almost-impossible-to-get-bulk-billed-patients-avoid-seeing-doctors-due-to-out-of-pocket-costs)’, *The Guardian*, 12 May 2022, accessed 2 March 2023. [↑](#footnote-ref-2)
2. ACT Disability, Aged and Carer Advocacy Service (ADACAS), [*Bulk Billing General Practitioner clinics*](https://adacas.org.au/information-resources/looking-after-your-physical-health/bulk-billing-gps/), ADACAS website, n.d., accessed 2 March 2023. [↑](#footnote-ref-3)
3. [Winnunga-Newsletter-March-2023.pdf](https://winnunga.org.au/wp-content/uploads/2023/04/Winnunga-Newsletter-March-2023.pdf) [↑](#footnote-ref-4)
4. P Breadon, L Fox, O Emslie, [*The Australian Centre for Disease Control (ACDC): Highway to health*](https://grattan.edu.au/report/acdc-highway-to-health/), Grattan Institute, 2023, accessed 17 March 2023. [↑](#footnote-ref-5)
5. ABS, [*Region summary: Australian Capital Territory*](https://dbr.abs.gov.au/region.html?lyr=ste&rgn=8), ABS website, n.d., accessed 24 February 2023. [↑](#footnote-ref-6)
6. Productivity Commission, [*Report on Government Services 2023: 10 Primary and community health*](https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health) [data set], Productivity Commission, Australian Government, 2023, accessed 17 March 2023. [↑](#footnote-ref-7)
7. Ibid. [↑](#footnote-ref-8)
8. Productivity Commission, [*Report on Government Services 2023: 10 Primary and community health*](https://www.pc.gov.au/ongoing/report-on-government-services/2023/health/primary-and-community-health) [data set], Productivity Commission, Australian Government, 2023, accessed 17 March 2023. [↑](#footnote-ref-9)
9. Australian Institute of Health and Welfare (AIHW), [*One-third of disease burden caused by modifiable risk factors*](https://www.aihw.gov.au/news-media/media-releases/2021-1/august/one-third-of-disease-burden-caused-by-modifiable-r) [media release], AIHW, 18 August 2021, accessed 17 March 2023. [↑](#footnote-ref-10)
10. Productivity Commission, [*Inquiry report - Mental Health - Productivity Commission (pc.gov.au)*](https://www.pc.gov.au/inquiries/completed/mental-health/report)*,* Productivity Commission, Australian Government, 2020, accessed 17 April 2023. [↑](#footnote-ref-11)
11. ACT Health, [*Chief Health Officer’s Report 2020 Healthy Minds*](https://health.act.gov.au/sites/default/files/2021-05/Healthy%20Minds_CHO%20report%202021_4%20page.pdf)*,* ACT Health*,* 2020, accessed 17 April 2023 [↑](#footnote-ref-12)
12. Australian Bureau of Statistics, [*Health: Census, 2021 | Australian Bureau of Statistics (abs.gov.au)*](https://www.abs.gov.au/statistics/health/health-conditions-and-risks/health-census/latest-release)*,* Australian Bureau of Statistics, 2021, accessed 17 April 2023. [↑](#footnote-ref-13)
13. Productivity Commission, [*Inquiry report - Mental Health - Productivity Commission (pc.gov.au)*](https://www.pc.gov.au/inquiries/completed/mental-health/report)*,* Productivity Commission, Australian Government, 2020, accessed 17 April 2023. [↑](#footnote-ref-14)