

Health

Introduction

Everyone has the right to quality healthcare, regardless of age, gender, sexuality, culture, where we live or our socioeconomic background. Good health enables us to access more opportunities in life, realise our full potential and make meaningful contributions to our communities.

But rising costs, long waiting lists and limited access to services means too many people aren't receiving the right care and support at the right time. Communities told us this is especially the case in areas of mental health, alcohol and other drugs, childhood obesity and oral health. We also heard that needing to travel long distances for healthcare is a particular challenge for regional and remote communities.

What can you do?

Across NSW we heard about the types of things that would make a difference in our communities. If you have any other ideas or want to get involved in our work in the below areas, please contact Elyse Cain (Policy Lead for Health, Mental Health, Children and Families) on 02 8960 7912 or elyse@ncoss.org.au.

Mental health

What we heard

Mental health is a major concern across communities, with members telling us there is not enough investment to ensure people can access the supports and services they need close to home. Across NSW we heard barriers include the rising cost of healthcare, shortage of mental health workers, persistent societal and cultural stigma around mental health issues, and a lack of supports around transfer of care. We also heard that despite growing support for peer work, this cohort of the mental health workforce is under-supported and under-utilised in NSW.

Communities told us the lack of mental health workers and outreach services in regional and remote areas means people often cannot access treatment without the use of technology, which may not be appropriate for some people experiencing mental illness and/or possible without access to technology. Mental health workers flown in from metropolitan areas to service a community also have limited availability and knowledge of the unique needs of the local community.

There are also growing concerns about the number of people with mental illness who will miss out on crucial supports under the National Disability Insurance Scheme (NDIS).

What our members told us would make a difference

Our members told us that more support and funding is needed to expand peer work programs, 'wrap around' service models and community outreach mental health services. We also heard that supports, services and initiatives need to:

- Be specialised and grounded in community where there would be a better understanding of local,

Regional spotlight: [LikeMind](#)

LikeMind is a pilot model of 'wrap around' services that provides a range of community and health services in one location for adults with mental health concerns, as well as their families and carers. These services include:

- Mental healthcare
- Drug and alcohol services
- Employment and training support
- Housing assistance
- Access to GPs, psychologists and social workers.

LikeMind currently operates in Penrith, Seven Hills and Orange and has helped over 2,200 people to date.

Aboriginal and CALD needs.

- Take into account intersecting needs where people with mental illness are also experiencing other issues such as homelessness and/or a drug or alcohol dependency.
- Work together within the community to develop a coordinated, collective impact approach to mental health.
- Be given access to longer term, more secure and flexible funding to allow development and resourcing of community-designed and driven initiatives.

Next steps

As a first step, our [Pre-Budget Submission 2018/19](#) is calling for the NSW Government to expand the mental health peer workforce and support people at specific 'pressure points' in the mental healthcare system (such as in prevention, during transfer of care, and to avoid use of seclusion and restraint). NCOSS developed this recommendation in close consultation with key mental health groups and will continue to partner with these groups to support their work in this space.

We also need to mobilise our communities for this change to happen. NCOSS will be lobbying the NSW Government to adopt this recommendation and has also prepared an [advocacy toolkit] for members to use to lobby their local MP.

Alcohol and other drugs

What we heard

Dependence on alcohol and other drugs (AOD) can have far-reaching impacts on individuals, families, and communities. But we know punitive approaches are not working well and, in some cases, increased contact with the justice system exacerbates the negative impacts of AOD use. Communities told us that people experiencing poverty and disadvantage find it hard to access and maintain the treatment and support they need, and that the AOD system is not resourced to meet the needs of vulnerable groups.

We heard concerns about a lack of funding leading to a major shortage of places in AOD treatment, and limited continuity of support for people transitioning back into the community following treatment.

Members also told us that people in AOD treatment often experience intersecting issues such as poor mental and/or oral health. These can have a significant flow on impact on general health, employment and social integration. However, AOD services are often not equipped or resourced to provide for these intersecting needs.

What our members told us would make a difference

Above all, members told us more secure funding and support is needed for:

- More detox beds and specialist detox centres, particularly in regional and remote communities.
- Residential drug and alcohol treatment facilities with long term case management as well as community-based services, that take into account intersecting needs such as mental health and provide a framework of stability.

Regional spotlight: [Adele House](#)

Adele is a 9 to 12 month residential alcohol & drug rehabilitation program for men aged over 18 years, who are homeless or at risk of being homeless. It focuses on personal needs, health and well-being, but also teaches clients important living skills and employment training through three key stages:

1. Core residential rehabilitation
2. Preparation for work and getting a job
3. Support to establish work routines, find accommodation and transition back into the community.

Adele currently has three residential facilities in Coffs Harbour, Bucca and in Werrington, Sydney.

- Increased capacity of the Drug Court program to accept more referrals from Local and District Courts.
- Incorporating more dental health and hygiene programs into AOD services.

Next steps

As part of our work in this space, NCOSS sits on the Advisory Group for the Managed Alcohol Program Trial being developed through the St Vincent's Hospital, which looks to trial a residential facility for men experiencing chronic alcohol dependency and homelessness in a 'housing first' approach with long term case management.

We will continue to have a conversation with our partners about improving access to drug and alcohol supports for vulnerable groups and are interested to hear about initiatives going on in our communities and further opportunities for NCOSS to get involved.

Childhood obesity

What we heard

We know that children from low-income and disadvantaged backgrounds are at much greater risk of being overweight or obese. This has a significant impact on their wellbeing – both short and long-term. But our members told us that there are key barriers to low-income families trying to lead healthier lifestyles. These include poor urban design and lack of green spaces in local communities, the cost of sports memberships, lack and cost of healthy food options and low nutrition awareness.

Across the state we heard many of these barriers look similar across communities. But we also heard that different communities have unique needs, and they require solutions that are specific to those needs and incorporate the resources of those communities.

What our members told us would make a difference

Across the state, we heard communities are working hard to develop their own initiatives that support at risk children and families to lead healthy lives. They told us more support is needed for:

- Better collaboration and partnership of services and community groups.
- Affordable and accessible sports clubs and activities, which not only encourage physical activity but help children socialise and feel part of the community.
- Initiatives that give children access to healthy food and teach them how to grow and prepare healthy food, such as breakfast clubs and school kitchen gardens. We heard that these initiatives should also engage the whole family.
- Better urban design, with local councils playing a larger role in making neighbourhoods more conducive to outdoor physical activity.

Regional spotlight: [Let's Play Let's Eat](#)

Family Services Illawarra started the new initiative "Let's Play Let's Eat" with the support of Schools as Community Centres (SACCS), Illawarra Shoalhaven Local Health District "[Stir it Up!](#)" and the University of Wollongong (UOW).

Together a group of Illawarra families participate in an 8 week program focused on interacting and playing with their children and healthy living through nutrition and cooking. The program is hosted at the UOW's Early Start facility where "Let's Play" happens in the Discovery Space and "Let's Cook" happens in the Early Start industrial kitchen. The program has been a great way for families to live well, connect and build community.

Next steps

NCOSS takes active part in the NSW Obesity Expert Advisory Panel convened by the Ministry of Health. NCOSS is also a member of the NSW Healthy Planning Expert Working Group, which looks at opportunities to develop healthy built environments.

Our [Pre-Budget Submission 2018/19](#) is also calling for the NSW Government to further invest in childhood obesity prevention with a focus on equitable access and opportunities in regional and remote NSW. This includes:

- Exploring whole-of-community approaches that support collaboration and partnership within communities to use existing resources and develop new initiatives that address their unique needs. NCOSS has also started conversations with the Western Sydney Diabetes Prevention Alliance and South Western Sydney Local Health District to explore how whole-of-community approaches in these areas can boost prevention of childhood obesity.
- Enabling vulnerable families on low incomes to access higher rebates for kids' sport and fitness activities,
- Ensuring regional communities have equal access to fresh public drinking water.

We need to mobilise our communities for this change to happen. NCOSS will be lobbying the NSW Government to adopt these recommendations and has also prepared an [advocacy toolkit] for members to use to lobby their local MP.

We are also interested to hear about other initiatives going on in our communities that are helping kids lead healthy, active lives.

Oral health

What we heard

We know that people on low incomes, Aboriginal communities and those in regional and remote areas all have worse oral health outcomes than the rest of NSW. Communities across the state consistently told us about the significant flow on impacts of poor oral health on people's lives – their physical, mental and social wellbeing, along with their employment opportunities.

We heard that access to affordable dental healthcare is a top priority, with many people on low incomes unable to afford private treatment and unaware that they may be entitled to government subsidies for dental treatment. On top of all this, we heard growing concerns about the lengthening wait times for public dental healthcare and lack of outreach programs for those in regional and remote areas.

What our members told us would make a difference

- More support and funding for outreach dental services in regional and remote areas.
- Better collection and analysis of data on vulnerable groups who are not accessing dental healthcare.
- Incorporation of dental health and hygiene education programs in other services, such as homelessness and AOD services.
- More support from Government to raise awareness of existing entitlements to subsidies for dental treatment.

Next steps

NCOSS participates in the NSW Oral Health Advisory Group, convened by the Ministry of Health. NCOSS also continues to advocate for increased funding for oral health services in NSW.

We will continue to look for opportunities to improve access to affordable dental healthcare for vulnerable groups. As part of this work, NCOSS will explore how to raise awareness and improve uptake of the national Child Dental Benefits Schedule. NCOSS will also advocate that this scheme continue, as it enables vulnerable families across Australia to access vital and affordable dental care.

We are also interested to hear about other initiatives going on in our communities or issues that need to be raised through the Oral Health Advisory Group.

Health transport

What we heard

Across all types of health services – but particularly for people with disabilities, chronic conditions and the elderly – our members told us that a lack of adequate transport, coupled with limited outreach services, is a major barrier to accessing timely and appropriate healthcare. Particularly in our regional and remote communities, services are not resourced to meet the growing level of need and people are missing out.

Members told us health services are rarely funded to provide transport options, despite this being a crucial factor in people being able to access the service and treatment they need.

What our members told us would make a difference

In relation to improving accessible transport generally, there was support for:

- An easily accessible map of the NSW transport network showing current accessibility of train stations and bus interchanges.
- Increased community transport funding through the transition to the NDIS to help ensure existing linkages are maintained as sources of block funding cease.
- Driver education and training modules developed across a full range of transport modes (including embedded transport drivers) to increase the overall capacity to provide safe and appropriate services to all people with disability.

In relation to improving accessible transport in regional areas, there was support for:

- A fixed and public schedule for the full accessibility upgrade of all major regional transport infrastructure.
- Increased incentives to provide and operate wheelchair accessible taxis and other universal access point to point services in rural and regional areas, including higher subsidies for wheelchair accessible taxi drivers in these areas.
- Incentive for community transport operators to provide universally accessible point to point services in rural and regional NSW.
- Services working together to buy accessible buses.
- Fund community development style approaches to transport solutions.

Next steps

NCOSS continues to advocate for regional transport solutions in the Far West and Western NSW, and for improving access to the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS), including extending it to include payments to Community Transport Providers. The NCOSS Transport Policy Advisory Group will look for opportunities to progress these issues and invites interested members to get in touch by contacting Douglas McCloskey (Policy & Research Officer for Transport, Planning and Environment) on 02 8960 7923 or douglas@ncoss.org.au