Public Health Association of Australia submission on the review of the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
PHAA submission on review of Queensland’s Mental Health, Drug and Alcohol Strategic Plan

Preamble

PHAA welcomes the opportunity to provide input to the review of Queensland’s Mental Health, Drug and Alcohol Strategic Plan 2014-2019. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA Response to the Strategic Plan review

The Strategic Plan

The PHAA supports use of the World Health Organization’s holistic definition of mental health and wellbeing as the foundation for this Strategic Plan. Having recognition of the importance of reducing stigma and avoidable harms in the vision is an essential inclusion.

The release in 2016 of the Rural and Remote Plan and the Aboriginal and Torres Strait Islander Plan was also welcomed by the PHAA as a reminder of the need to engage directly with these communities in addressing specific needs and circumstances.

The recognition of the inter-related nature of mental illness, alcohol and other drug use, and suicide is vital to the success of the Plan. This must be supported by services which address these co-morbidities. The complex needs of these highly vulnerable populations should be a catalyst for service delivery rather than an exclusion point or barrier to accessing appropriate services.

Improving mental health and wellbeing

In keeping with the life-course approach of the Early Action Plan, the Strategic Plan should focus on prevention, learning resilience and skills (such as acceptance and commitment therapy; mindfulness) over the full lifespan.

Equity of access to services is important, particularly for highly vulnerable populations for whom factors such as cost, distance, transport, language, literacy (including health literacy) and system navigation inhibit access.

Social capital is a protective factor in mental health and wellbeing. This could be promoted through support for volunteering and participation in community groups as a means of building social capital.
Reducing the impact of mental illness

The discussion paper notes that people with a mental illness are more likely than those without to also have physical health issues such as cardiovascular disease, cancer, diabetes, arthritis and asthma. These physical health issues have been shown to be associated with significantly higher rates of premature mortality in people with serious mental illness, adding to both the health and economic burden of serious mental illness in Australia and New Zealand.\(^1\)

The Plan should include specific strategies to deal with this to improve the life expectancy of people living with a mental health condition and a co-existing physical health condition.

In line with the National Mental Health Commission review report, Contributing Lives, Thriving Communities, the Plan should include specific reference to measures designed to reduce the burden of disease caused by mental illness.\(^2\)

Reducing alcohol and other drug related harm

The PHAA supports the National Drug Strategy 2010-2015’s pillars of reform (supply reduction, demand reduction and harm reduction) as priority areas for the Strategic Plan. Substance misuse should be treated as a health, rather than a criminal justice issue. The inclusion of alcohol and other drug use within the mental health plan reinforces this.

Reducing suicide and its impact

Australia’s suicide rates are higher than the world average. With the statistics on suicide in Australia revealing particular groups at highest risk, there should be a bigger focus on programs that target these groups: Aboriginal and Torres Strait Islanders, males, rural residents including farmers, youth, and the LGBTIQ community. Strategies for prevention need to consider the differences among these groups and the individual risk factors for them. For example, reducing access to means of suicide should be included under What Works, with specific and relevant themes such as firearms in rural areas.

Investment should be made for research into the high risk populations including where the risk is associated with specific types of employment such as returned service men and women, and emergency service workers. Where programs and interventions are found to be successful, funding and implementation should be increased to provide stability and certainty in promoting what works.

Promotion, prevention and education need to be increased, including a focus on increased support and resources for people who have attempted suicide, since a previous attempt is one of the most important risk factors for suicide.
Conclusion

PHAA supports the broad directions of the review of the Strategic Plan. However, we are keen to ensure there is a focus on prevention, in line with this submission. We are particularly keen that the following points are highlighted:

- Strategies for addressing mental health must improve access to services, including for co-morbid physical health conditions, and alcohol and other drug use
- Strategies to reduce suicide should focus on research and programs for the groups at highest risk
- Strategies for prevention need to consider the differing needs of individual risk groups

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the review of the Queensland Mental Health, Drug and Alcohol Strategic Plan.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References

