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26 June 2015

Mental Health Bill 2015
Department of Health
PO Box 2368
Fortitude Valley BC Qld 4006

By email: MHA.Review@health.qld.gov.au

Re: AMA Queensland Submission to the Mental Health Bill 2015 (Qld)

Thank you for providing AMA Queensland with the opportunity to comment on the Mental Health Bill 2015. AMA Queensland is the state's peak medical advocacy group, representing over 6000 medical practitioners across Queensland and throughout all levels of the health system. Many of our members work within the jurisdiction of the proposed Mental Health Bill 2015. We have consulted with our members, including general practitioners and psychiatrists to help inform this submission. Through this submission, AMA Queensland makes specific comments on the following elements of the Mental Health Bill 2015 (Qld):

1. The inclusion of principles
2. Examination Authority
3. Patient Rights Advisers
4. Assessment of individuals charged with an indictable offence
5. Magistrate Court powers on finding unsoundness of mind or unfitness for trial
6. Duration and revocation of forensic orders
7. Monitoring conditions
8. Definition of unsoundness of mind
9. Evidence based review of arrangements

AMA Queensland has consistently maintained, throughout the Review of the *Mental Health Act 2000* process, that the proper purpose of any legislation within the field of mental health is to provide for the treatment of persons having, or believed to have, a mental illness while safeguarding their rights and freedoms. This must be balanced against the rights and freedoms of other persons.

AMA Queensland is supportive of the objectives of the Mental Health Bill 2015 so long as it retains an appropriate balance between the needs of patients, especially their need for autonomy and input into treatment, with the health and safety of patients and the community.

Introduction:

The medical values of compassion, trust and knowledge have guided AMA Queensland's response to the Mental Health Bill 2015 (Qld) ('Mental Health Bill') and we have based our submission on the following principles:

- AMA Queensland is a strong supporter of the principle of 'lowest intervention necessary' in the mental health system. This approach is necessary to preserve and promote the therapeutic relationship between clinician and patient and improve patient 'buy-in' into treatment, both of which improve treatment and hasten recovery

- AMA Queensland strongly advocates that medical treatment should never be used as, or be seen to be used as, a punishment. Medical practitioners treat patients for their illnesses according to the principle of beneficence. Punishment has no place in medical practice as it runs contrary to doctors' professional responsibilities, damages the therapeutic relationship and is detrimental to patients' recovery. Patient recovery is ultimately of benefit to the person and the community in general.

AMA Queensland understands that the Mental Health Bill contains significant jurisdictional and legal changes to the mental health regime in Queensland. Our submission will refrain from commenting on these changes and instead focus on the therapeutic elements of the bill. This submission should not be considered an exhaustive summation of AMA Queensland's views as our members will inform us of the operation of the legislation in practice, which may alter AMA Queensland's future views on certain provisions.

AMA Queensland qualifies our guidance on the Mental Health Bill with the proviso that all services must be appropriately funded and resourced by the Queensland Government. However, at this stage, AMA Queensland is largely pleased with the Mental Health Bill.

AMA Queensland welcomes the Queensland Government's interest in comprehensive, and patient-centric, reform in the mental health space. This is an area in which both we and our members have a strong interest. The *AMA Queensland Health Vision: Chapter One* (of which a copy is attached for your information) has advocated for the Queensland Government to develop a whole-of-government public health plan. We believe this plan, if implemented, should integrate the mental health sector into the broader Queensland health sector.

We especially welcome the Government's renewed interest in Advanced Care Plans. However, their usage will necessitate a comprehensive ICT solution for their storage and access across the public and private health sectors. AMA Queensland notes that Queensland Health is in the process of improving their ICT infrastructure and we believe this investment will pay dividends for the mental health sector in this state.

1. Inclusion of Principles:

AMA Queensland is strongly supportive of the inclusion of principles in section 5 of the Mental Health Bill for the administration of the act that explicitly recognises, in relation to a person with, or who may have, a mental illness that:[1]

- Persons subject to the act have the same human rights;
- Matters to be considered in decision making being clearly stated;
- The role of support persons being recognised;
- Support and information should be provided;

[1] Mental Health Bill 2015 (Qld) s 5

- The importance of the principles of self-reliance, the achievement of maximum potential and the acknowledgement of needs are the goals of care;
- Supportive relationships and community participation should be maintained;
- Stigma should be reduced through adoption of recovery-orientated services;
- Treatment and care should be provided; and,
- Confidentiality.

AMA Queensland is also supportive of the inclusion of principles that specifically recognise the unique cultural, communication, and other needs of Aboriginal and Torres Strait Islanders and other persons from culturally and linguistically diverse backgrounds.[2]

AMA Queensland commends the Queensland Government for the inclusion of principles recognising the additional treatment and care needs of minors covered by the legislation.[3] AMA Queensland hopes that this principle will be consistently read in conjunction with the *United Nations Convention on the Rights of the Child*.

2. Patient Rights Advisers

AMA Queensland welcomes the requirement under the Mental Health Bill that public sector mental health services must engage a patient rights adviser to advise the patient and their family, carers and other support persons of their rights available under the Act.[4] We consider it important, and necessary, that these consumers are aware of their rights and obligations under the legislation.

We retain a concern that the patient rights adviser is employed, or otherwise engaged, by the mental health service. We believe that this, in some circumstances, may create a conflict between their duties to the patient and their employment relationship with the service that may not be fully addressed by their obligation to exercise their functions independently and impartially.[5] We would recommend that the patient rights advisers be employed by a central Queensland Health authority as opposed to the individual services.

3. Examination Authority:

AMA Queensland is supportive of the changes to examination authorities to ensure that there is appropriate clinical input and safeguards.[6] The Mental Health Tribunal is the appropriate body to handle such authorisations expediently while maintaining appropriate expertise. While AMA Queensland did have initial concerns over section 469(1)(c), we are satisfied with the definition of clinical matters contained with section 469(3) as providing appropriate particulars for authorised mental health practitioners to discharge their responsibilities under the section. We are strongly supportive of the improved notice provisions related to examination authorities.[7]

4. Assessment of individuals charged with an indictable offence:

AMA Queensland, as indicated in our earlier submissions to the review process, is supportive of the changes to psychiatric reports. Our members had indicated that there were considerable strains placed on limited resources in requiring the preparation of psychiatrist reports where the patient was the subject of a treatment authority, a forensic order or a court treatment order.

[2] Ibid.
[3] Ibid
[4] Ibid s 25
[5] Mental Health Bill 2015 (Qld) s 289
[6] Ibid ss 469, 679
[7] Ibid s 470

AMA Queensland tentatively supports the move towards limiting psychiatrist reports to indictable offences.[8] Our members expressed concerns that valuable specialist resources were being diverted to perform psychiatric assessments of individuals who commit summary offences pursuant to the *Mental Health Act 2000 (Qld)*. While we do acknowledge that summary offences can be a flag of a more serious underlying mental illness the limited resources available in the sector should be allocated wisely. We strongly recommend the Queensland Government retains access to psychiatric assessments for people convicted of summary offences if additional resourcing can be made available.

We respectfully suggest that the obligation in section 87, for the administrator to tell a person the request for a psychiatric assessment may be made, be extended to the persons mentioned in section 88. This is necessary as a person's support person may not have the knowledge or expertise with the mental health system to understand the application of the section without external advice.

5. Magistrate Court powers on finding unsoundness of mind or unfitness for trial:

AMA Queensland is supportive of the inclusion of the explicit powers of the Magistrates Court to discharge persons that, on the balance of probabilities, are of unsound mind or unfit for trial.[9] We are also supportive of the power of the Magistrates Court, contained with section 173, to make reference to the Mental Health Court.

We have concerns in regards to the expertise available to Magistrates making these decisions. Court Liaison Officers perform an important role, however, they have neither the training nor expertise to appropriately determine whether, on the balance of probabilities, an individual is unsound of mind. This is, and should remain, a medical diagnosis undertaken by an authorised practitioner.

6. Duration and revocation of forensic orders:

AMA Queensland has expressed concerns in the past about the ability of the Mental Health Court to make forensic orders with non-revocable periods. The Mental Health Court is, in effect, a therapeutic court with a process of diversion for people suffering from mental illness away from prison into treatment settings. The addition of non-revocable periods for forensic orders would allow the presiding Supreme Court Judge to reflect to health authorities the seriousness of the matter concerned and would also do away with the current system of expensive, stressful and repetitious appeals to the MHRT which of themselves can be extremely stressful for patients. Our concerns have been centred on the possibility that these forensic orders could amount to punitive, as opposed to therapeutic, interventions. After consultation with our members we have modified this position.

A non-revocable forensic order, where implemented under an order of the Mental Health Court and made with sufficient clinical guidance, provides an important guarantee of appropriate psychiatric treatment. We understand that there have been comments made about the budgetary imposition of patients being on non-revocable forensic orders as opposed to treatment authorities. AMA Queensland considers it important that serious mental health issues are treated by skilled specialists and that budgetary concerns do not create a default system where the care of such patients devolves onto the already overstretched primary care sector. We believe that such discussion is inappropriate, and where such pressures are being applied to staff, a judicial minimum period can be a valuable patient safeguard to ensure appropriate treatment for an appropriate period.

7. Monitoring conditions:

AMA Queensland cautiously supports the proposed changes to the ability of individuals to place monitoring conditions on persons. AMA Queensland considers that, given the usage of tracking devices is a significant

[8] Ibid s 86
[9] Mental Health Bill 2015 (Qld) s 171

impost on liberty, it should only be imposable by the Mental Health Review Tribunal or the Mental Health Court in very specific or extreme circumstances. The power should not be devolved to the Chief Psychiatrist given their obligations as a specialised public servant answerable to the Minister. [10] The power to impose upon the liberty of another in this context should not rest with one individual.

8. Definition of unsoundness of mind:

Our members have raised concern around the meaning of 'unsound mind', in section 108 of the proposed *Mental Health Bill 2015*, which states that: "unsound mind does not include a state of mind resulting, to any extent, from intentional intoxication or stupefaction alone or in combination with some other agent at or about the time of the alleged offence".

AMA Queensland recommends the wording be changed from "to any extent" to "any significant extent". Such a change would more accurately reflect the complexities of unsoundness of mind determinations.

9. Evidence based review of arrangements

AMA Queensland strongly recommends the Queensland Government commit to an expert review of the various aspects of the Mental Health Bill within 24 months of royal assent on the following aspects:

- The broad effectiveness of the regime;
- The appropriateness of resourcing within the mental health sector;
- The efficacy of the interventions used by the judiciary in the mental health sector; and,
- The adherence to the principles set out in section 5 by all stakeholders.

Conclusion:

At this stage, AMA Queensland is tentatively supportive of the objectives of the Mental Health Bill, however, we repeat the proviso that we do not wish this submission to be an exhaustive summary of our views on the regime and its future operation. AMA Queensland strongly believes the provisions of the Bill would benefit from review within 24 months of their commencement. At that time, we would be pleased to provide further advice on the operation of the new regime and its effectiveness towards meeting its policy objectives.

Yours sincerely

Dr Chris Zappala
President
Australian Medical Association Queensland

[10] Mental Health Bill 2015 (Qld) ss 140, 200, 423

AMA QUEENSLAND'S

HEALTH VISION

PART ONE: PUBLIC HEALTH AND GENERATIONAL DISADVANTAGE

EXECUTIVE SUMMARY

AMA Queensland is proud to launch Part One of its Health Vision, the first of five documents that will guide our advocacy and policy efforts over the course of the next five years.

This first chapter examines the topic of public health, but future sections will focus on other topics such as; workforce and training issues affecting our medical workforce; end of life care; reprioritising care in response to changing demand and; unifying the health system.

It is appropriate that the Health Vision begins by examining the topic of Public Health, an issue of vital importance in ensuring Queenslanders live healthy, productive lives. Sadly, growing health inequality and unhealthy lifestyles in both Queensland and Australia, especially in children, and an ageing population are increasing problems that are jeopardising the ability of our health care system to provide adequate care for Queenslanders.

Children make up 19 percent of Australia's total population [1], but they are 100 per cent of Australia's future. This is why the Health Vision aims to ensure that in five years time a child who was born today will be healthier and be best placed to live longer than a child born earlier. We believe this can be done by implementing the following initiatives.

- **A Whole of Government Public Health Plan:** By 2020, Queensland will have a whole of Government public health plan that will oversee all of the Government's efforts to combat obesity, smoking, alcohol, mental health and more

- **Escalating the fight against Obesity:** Queensland Health estimates that three million Queenslanders are expected to be overweight or obese[2] Like a flood or bushfire, obesity is a state emergency and should be treated as such. By implementing a series of escalating responses to help Queenslanders lose weight, from fresh food initiatives to publicly funding bariatric surgery, we believe it is possible that overweight and obese Queenslanders will be, on average, five percent slimmer by 2020

- **Recommit to Closing the Gap:** Queensland's commitment to Closing the Gap has faltered in recent years. AMA Queensland will convene a working group as part of the development of the Public Health Plan to help advise the Queensland Government on what is needed to help Queensland meet its targets.

- **Extra Measures to Improve Vaccination Rates:** AMA Queensland recognises the effort that has been put into achieving Queensland's high vaccination levels and commends the release of the Queensland Immunisation Strategy 2014-17, which contains a number of positive solutions to increase immunization rates and combat misinformation. But more needs to be done to increase immunisation rates in areas with low herd immunity. AMA Queensland is advocating for funding for a mobile immunisation van in areas of low herd immunity and a targeted patient transport plan to assist patients in travelling to and from their appointments.

AMA Queensland's Health Vision draws on the experience of our members and existing research in developing its recommendations. We believe that these targets are achievable and affordable and in many cases will help deliver savings to health resources.

We hope to work collaboratively with Government and other stakeholders on the implementation of the AMA Queensland Health Vision over the next five years and we commend this report to all who read it.

1 Australian Bureau of Statistics, Population by Age and Sex, Regions of Australia, 2013, http://www.abs.gov.au/Ausstats/abs@.nsf/mf/3235.0

2 Queensland Health. The health of Queenslanders 2014. Fifth report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2014.

Public health requires an organised response to minimise illness, injury and disability, and to protect and promote health.

PUBLIC HEALTH

THE PROBLEM:

For too long now, Queensland has lacked a dedicated public health policy. Although there have been policies that cover individual public health issues, such as smoking or obesity, there has been a distinct lack of a coordinated, overarching, whole-of-government policy that tackles the best way to manage public health in a state as large and decentralised as ours. This has resulted in some significant wins, such as Queensland's higher than average vaccination rates, as well as some significant losses, such as our state's growing obesity epidemic.

Whereas there has been a large and commendable investment in health infrastructure and hospitals and attempts at addressing the health workforce crisis, the previous term of Government in Queensland saw significant cuts to public health funding programs which made the task of treating public health problems all the more difficult.

As defined by AMA's public health position statement, public health[3] requires an organised response to minimise illness, injury and disability, and to protect and promote health. A strong public health policy is predicated on the measurement and analysis of the burden of disease. In a resource scarce environment, this analysis informs the decisions that are made regarding which health activities/services are cost-effective for the population's health.

AMA Queensland believes the following areas of public health are of particular concern, and require special attention from Government when developing future public health policy.

3 AMA Public Health Position Statement, https://ama.com.au/position-statement/public-health-2006

ABORIGINAL AND TORRES STRAIT ISLANDER PUBLIC HEALTH:

Aboriginal and Torres Strait Islander health outcomes are among the worst in the developed world. It is for this reason that the Closing the Gap program was initiated.

The Close the Gap program has been a rare example of bipartisanship in Australia, which is to be commended. It is because of this bipartisanship, and because of the dedication of many hard working medical professionals around the country, that the Close the Gap initiative has managed to achieve some important successes since it began in 2009, particularly in the health sphere such as the notable improvements in infant mortality rates.

However, it has also had some worrying failures. In the most recent Closing the Gap report, delivered by Prime Minister Tony Abbott in 2015, it was revealed the Aboriginal and Torres Strait Islander men and women still die, on average, around a decade younger than non-Aboriginal and Torres Strait Islander Australians.[4] There are still 15 years to go until 2030. Policy continuity and transparent reporting is critical for the achievement of health equality over that span of time.

In recent years we have started to see a shift away from bipartisan support of Closing the Gap toward implementing austerity measures. For example, in 2013 the Queensland Government has cut a number of health services that were assisting to improve health outcomes in Cape York and the Torres Strait, such as smoking cessation programs and women's health. And in the 2014 Federal Budget, $165 million over five years will be cut from Indigenous Health programs and redirected to the Medical Research Future Fund.[5] Further, the Budget did not mention any further funding for a National Partnership Agreement on Indigenous Health or investment for the National Aboriginal and Torres Strait Islander Health Plan.[6] The 2015 Queensland election also all but ignored Close the Gap and Aboriginal and Torres Strait Islander health policy. When this is all considered together it paints a worrying picture, given that the Close the Gap initiative requires continued momentum to turn around Aboriginal and Torres Strait Islander health outcomes.

4 Department of Prime Minister and Cabinet. Closing the Gap: Prime Ministers Report 2015. Commonwealth Government. Canberra 2015.

5 Federal Budget Papers No.2, p.185

6 Reconciliation Australia. 2014-15 Federal Budget Summary, https://www.reconciliation.org.au/news/2014-15-federal-budget-summary/, 2014.

VACCINATION RATES:

Vaccinating against preventable disease is a proven method of reducing the incidence of and deaths from diseases such as measles, tetanus, diphtheria, and Haemophilus influenza type B. Australia's comprehensive vaccination program means that the occurrence of vaccine-preventable diseases (VPD) is now very rare[7]. This, coupled with substantially improved vaccination rates in the last 20 years[8], means Australia has an excellent record of achievement in the prevention of disease through immunisation.

Unfortunately there are some sections of society who believe, wrongly, that immunisation is dangerous. Organisations that continue to peddle incorrect information about the safety and efficacy of vaccines are threatening the herd immunity[9] that vaccination rates require to be effective. This is particularly the case in more affluent areas, such as the Sunshine Coast which reports an 89.9% immunization rate, but is also true in other parts of Queensland, such as the Torres Strait which reports a worryingly low 85.7% rate.[10] In an effort to turn this around, April 2014 saw Queensland Health introduce a $3 million incentive to help local Hospital and Health Services (HHS) boost immunization rates. Any HHS that improves vaccination rates will be able to share in the funding.[11] There is currently no data to test the effectiveness of this plan.

Queensland Health, particularly its Chief Health Officer, deserve credit for providing material to counter this claim and debunk the views put forth by vaccination skeptics. However, Queensland Health has also begun a trial of a scheme which allows pharmacists to administer injections. AMA Queensland believes the Queensland Pharmacy Immunisation Program (QPIP) is a poor and possibly dangerous substitute to vaccinations provided via a qualified medical practitioner. While immunisations are safe, there is always the possibility of an adverse reaction. Pharmacists lack the training and medical expertise to handle adverse reactions, which could lead to potentially disastrous results. Further, AMA Queensland believes that the QPIP fractures care, which is not an ideal situation. To help maintain Australia's impressive record in vaccination schedules and to help combat the misinformation being peddled by skeptics' networks, the community must be confident in the safety and quality of immunisation services.

AMA Queensland welcomes the release of the Queensland Immunisation Strategy 2014-17, released in July 2014, which contains a number of positive proposals to try and counter incorrect information and increase vaccination rates[12]. However, the Strategy plans to expand the QPIP, which AMA Queensland sees as a significant step backwards in improving consumer confidence in the safety of the vaccination process.

7 The Australian Immunisation Handbook, 9th edition, Department of Health and Ageing, 2008

8 Australia's Health, Australian Institute of Health and Welfare, 2010

9 Herd immunity is a form of immunity that occurs when the vaccination of a significant portion of a population (or herd) provides a measure of protection for individuals who have not developed immunity

10 Springborg, L. $3 million incentive to boost vaccination rates. Queensland Government. Brisbane. 2014

11 ibid

12 Queensland Health. Queensland Immunisation Strategy 2014-17. Queensland Government. Brisbane. 2014

OVERWEIGHT AND OBESITY:

Rates of overweight and obesity are reaching pandemic levels in Australia and Queensland. While this is a condition that can affect anyone, research shows that where you live can put you at greater risk of becoming overweight or obese. Households in low socio-economic areas have a greater prevalence of overweight or obese people. This can be due to a number of factors, including the cost of fresh and healthy food (which is often more expensive than less healthy options). This is a significant concern as part of Generational Disadvantage, which will be discussed in greater detail later in this chapter.

SMOKING:

Queensland has recently enacted tough new smoking laws which ban smoking in indoor and outdoor public areas, as well as restrictions on the promotion, sale and display of tobacco products. This is to be commended. Further, smoking rates appear to be decreasing by around 4 per cent every year. And yet Queensland's smoking rates are comparatively still relatively high, with the third highest proportion of smokers (17%) behind the Northern Territory (24%) and Tasmania (22%)[13]. The latest Australian Health Survey reveals diseases of the respiratory system, such as lung cancer, are the most prevalent form of disease in Queensland.[14]

ALCOHOL RELATED HARMS:

Currently Queensland lacks a focused policy on the responsible consumption of alcohol. It is also spread out across at least two portfolios with no obvious cooperation between them. Queensland Health has the "Young Women and Alcohol" campaign, whereas the Office of Liquor and Gaming Regulation (OLGR) handles laws around the sale of alcohol, including the "Safe Night Out Strategy." The OLGR also regulates the sale of alcohol in several Aboriginal and Torres Strait Islander communities, a responsibility it shares with the Department of Aboriginal and Torres Strait Islander Partnerships and Multicultural Affairs. Focus is needed to strengthen this area of public health concern.

This lack of focus is arguably contributing to a sharp increase in dangerous levels of alcohol consumption in Queensland. In 2009, 10.6% of persons, 11.9% of males and 9.2% of females, reported consuming alcohol in quantities that placed them in risky or high risk categories for harm in the long term.[15] By 2011, this had increased to 22.7% of all adult Queenslanders drinking at dangerous levels, with 35.0% of males and 10.6% of females respectively.[16] This trend needs to be curtailed, not least because drink driving is the number one contributor as a factor in approximately 30 per cent of crashes in Queensland.[17]

It is also a danger for unborn children. When a pregnant woman consumes alcohol during pregnancy, the unborn child can develop Foetal Alcohol Spectrum Disorder (FASD). This can lead to problems including low birth weight, distinctive facial features, heart defects, behavioural problems and intellectual disabilities.[18]

During the 2015 Queensland election, the Labor Party agreed to support the Queensland Coalition for Action on Alcohol (of which AMAQ is a member) plan[19] to change the culture of alcohol consumption in Queensland. With the subsequent election of the Palaszczuk Government, AMA Queensland will keep a watching brief on this issue so as to ensure action on alcohol fuelled violence is taken.

MENTAL HEALTH:

Mental Health already constitutes a greater burden of disease than it attracts in budget spending – nation-wide it attracts only five per cent of the budget while causing 13 per cent of the overall disease burden.[20] The most recent data indicates Queensland continues to fall significantly behind all other States including Western Australia, South Australia and Tasmania in per capita expenditure on mental health. [21]

13 Australian Bureau of Statistics, Australian Health Survey: First Results, 2011-12, http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0012011-12?OpenDocument

14 ibid

15. Queensland Health. Alcohol Consumption in Queensland 2009, http://www.health.qld.gov.au/atod/documents/2009_alcoconsumpqld.pdf

16. Queensland Health. Alcohol Consumption in Queensland 2011, http://www.health.qld.gov.au/epidemiology/documents/alcohol-2011-fs.pdf

17. Centre for Accident Research and Road Safety. State of the Road: Drink Driving Factsheet, https://www.police.qld.gov.au/EventsandAlerts/campaigns/Documents/drink_driving_fs.pdf. 2012.

18. Better Health Channel. Fetal Alcohol Spectrum Disorder (FASD), http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Fetal_alcohol_spectrum_disorder?open, Victorian Government.

19. Queensland Coalition for Action on Alcohol, Election Platform, http://www.qcaa.org.au/2015-election-platform/, 2015

20. Well meant or well spent? Accountability for $8 billion of mental health reform. Sebastian P Rosenberg, John Mendoza and Lesley Russell. Med J Aust 2012; 196 (3): 159-161

21. *SCRGSP (Steering Committee for the Review of Government Service Provision) 2013, Report on Government Services 2013, Productivity Commission, Canberra, figure 12.3*

GENERATIONAL DISADVANTAGE:

A related issue to these concerns is that of generational disadvantage. Generational disadvantage refers to the situation in which multiple generations of the same family experience high and persisting levels of social exclusion, material and human capital impoverishment, and restrictions on the opportunities and expectations that would otherwise widen their capability to make choices. [22]

There are considerable inequalities in health outcomes within Queensland's population. This is particularly the case for Aboriginal and Torres Strait Islanders, whose children are almost twice as likely to die between the ages of 0-4 as non-Indigenous children. [23] But even outside of these communities, around the fringes of the Brisbane local government area, there exist whole suburbs where anywhere between two and four generations of children have grown up without a working parent. [24]

It is likely that this is one of the many reasons that obesity is more prevalent in low income areas. Research indicates that a healthy start in life is vitally important, with obese or overweight children often growing to become obese or overweight adults.[25] If entrenched poverty makes it difficult to purchase healthy food and participate in healthy activities, it is understandable that this would be a contributing factor to Australia's obesity epidemic.

Research shows that smoking and poor mental health is also more prevalent in areas where there are generally lower levels of income. It also shows alcohol consumption which exceeds the lifetime risk of harm (more than two standard drinks on any day) is more prevalent in areas of higher income. This is true of both Aboriginal and Torres Strait Islander communities and non-Aboriginal and Torres Strait Islander communities. Young Australians growing up in disadvantage are more likely to take a number of health (e.g. smoking, drinking, illicit drug use) or social risks (e.g. running away, coming into contact with police/ courts) and to have health problems as they enter adulthood (e.g. asthma, depression).[26]

Generational disadvantage is also having a long term negative effect on the health system and public health in general. Lack of affordable oral health care services in disadvantaged areas and remote areas of Queensland is leading to higher hospitalisation rates for dental decay. This is a problem that should be prevented from occurring in the first place, or if treatment is needed it should be affordable and accessible in the primary care setting.

There is relatively little evidence that Queensland's disjointed approach to public health policy over successive governments has taken into account the well established fact that the socio-economic status of a given area can have an impact upon public health.

22. Hancock, K. Edwards, B. Zubrick, S.R. Echoes of disadvantage across the generations? The influence of long-term joblessness and separation of grandparents on grandchildren, Longitudinal Study of Australian Children Annual statistical report, 2012

23. Queensland Council of Social Services, Addressing Poverty and Disadvantage in Queensland, http://bit.ly/1EX28iu, March 2013

24. Tanton, R. Gong, H. Harding, A. Multiple Generation Disadvantage. http://www.natsem.canberra.edu.au/storage/Multiple%20Generation%20Disadvantage.pdf, National Centre for Social and Economic Modelling. July 2011

25. Queensland Health. A Healthy Start in Life. http://www.health.qld.gov.au/ph/documents/saphs/hsil_full_doc.pdf, Queensland Government, Brisbane. 2008

26. Cobb-Clark, D. Disadvantage Across the Generations. http://insights.unimelb.edu.au/vol8/07_Cobb-Clark.html, University of Melbourne, Faculty of Business and Economics, 2010

> AMA Queensland wants to ensure that a child born today will grow up in a Queensland that has a public health regime that ensures he or she will have the best possible start in life...

AMA QUEENSLAND'S HEALTH VISION FOR PUBLIC HEALTH

AMA Queensland wants to ensure that a child born today will grow up in a Queensland that has a public health regime that ensures he or she will have not only the best possible start in life, but also the best chance of living a longer and healthier life. This means not only creating a public health policy that benefits the child, but his or her parents, too.

A child born today will be five years old in 2020, and to achieve our vision, AMA Queensland believes the following targets must be actively worked towards during the next five years.

AMA QUEENSLAND

TARGET ONE

A WHOLE OF GOVERNMENT PUBLIC HEALTH PLAN

By 2020, Queensland must have a whole of government public health plan. It will be a coordinated plan to tackle some of Queensland's biggest health challenges, such as smoking, obesity, diabetes, alcohol abuse and mental health. Addressing Queensland's obesity emergency and changing Queensland's drinking culture should be given a particularly high priority in this plan.

AMA Queensland believes the ideal model for a Queensland Public Health plan is the South Australian State Public Health plan. The development of the SA plan began in 2000 and has had cross-party support since that time, with successive Health Ministers from both sides of politics continuing the development of the plan. This kind of bipartisan support that transcends the three year electoral cycle is not only rare, it is highly commendable, and AMA Queensland believes that if South Australia can do it, there is no reason Queensland can't do the same.

The SA plan coordinates the actions of all State Departments involved in the health and well being of South Australians. Further, it brings stakeholders from outside the State Government into the picture, allowing for "the development of sustainable relationships and more robust coordination mechanisms, particularly between State and Local Governments."[27]

To get Queensland moving on the road to this plan, AMA Queensland will spearhead a Public Health Improvement Partnership (PHIP) group which will draw upon the expertise of its members to develop a blueprint for what a public health plan in Queensland should look like. As part of the PHIP, we will also partner with other health advocacy organizations interested in contributing their knowledge, experience and expertise to the Health Vision. In addition, local councils, community organisations, and Queensland Health will also be invited to join the PHIP.

Within one year of the establishment of the PHIP, AMA Queensland expects to be able to deliver a Public Health plan which it will formally deliver to the Queensland Government for its consideration and further development and implementation. We will also deliver this plan to the Queensland Opposition, as it is important that any public health plan be implemented and delivered in a bipartisan manner, to ensure that it survives the three year electoral cycle.

AMA Queensland believes that a Public Health Plan for Queensland is vitally important. It will be a coordinated plan to tackle some of Queensland's biggest health challenges, such as smoking, obesity, diabetes, alcohol abuse and mental health. It will also get the ball rolling on the monumental challenge of reversing generational disadvantage so that by 2020 Queensland will be taking the right steps toward turning around generational disadvantage in some of its most needy communities.

27. Department of Health and Ageing, South Australian Public Health Plan, http://bit.ly/1GfRH6H, Government of South Australia, Adelaide. 2013

AMA QUEENSLAND

TARGET TWO

OVERWEIGHT AND OBESE QUEENSLANDERS WILL BE 5% SLIMMER BY 2020

Instead of being known as the "Smart State", Queensland is now known as the "fat state." We are facing an obesity epidemic and urgent action on par with a state emergency is needed to tackle the problem. To this end, AMA Queensland is advocating a series of escalating responses to help Queenslanders on the road to a slimmer waistline.

- **Ban fast-food outlets opening within 1km of schools:** In cooperation with local government and the food industry, the Queensland Government should use its development powers to ensure that new fast food outlets[28] do not open within 1km of schools. This won't stem the tide of existing fast-food outlets close to schools, but will be an important line in the sand for new schools and future planning
- **A pilot program to subsidise fruit and vegetables for 'at-risk' communities**, especially in remote areas. The pilot would run in communities where obesity is the biggest problem and target those on low incomes who have difficulty affording fresh fruit and vegetables for their families
- **Expand the use of telehealth to fight obesity:** Queensland Health should establish a multidisciplinary team comprised of dieticians, exercise physiologists and specialist bariatric services whose primary purpose is to consult on chronically obese patients. Based in Brisbane, this team would be available to consult on patients who need help losing weight.
- **Publicly fund bariatric surgery:** To be seen and used as a last resort only, AMA Queensland recommends that Queensland follows the lead of other jurisdictions, such as the ACT and New Zealand, and increase funding to allow for more bariatric surgeries to be performed. As a last resort and a targeted investment, this would allow patients who have tried and failed to lose weight to achieve a healthy weight and would likely result in significant cost savings to the health system in the longer term.[29]

28 The definition of a "fast food outlet" would not apply to small businesses; a threshold and/or activity test should be developed as part of this policy so as to ensure that small and rural communities are not economically disadvantaged.

29. Natalie Lukas, Janet Franklin, Crystal M Y Lee, Craig J Taylor, David J Martin, Nic Kormas, Ian D Caterson and Tania P Markovic. The efficacy of bariatric surgery performed in the public sector for obese patients with comorbid conditions. Med J Aust 2014; 201 (4): 218-222.

AMA QUEENSLAND

TARGET THREE

AMA QUEENSLAND

TARGET FOUR

BY 2020, QUEENSLAND WILL BE CLOSING IN ON THE GAP

AMA Queensland believes that although Aboriginal and Torres Strait Islander Health policy requires a special focus due to centuries of neglect, it is fundamentally no different from mainstream public health policy.

We believe Aboriginal and Torres Strait Islanders along with all other Australians have the right to good health as defined by the World Health Organisation's Declaration of Alma Ata which states that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.

Aboriginal peoples and Torres Strait Islanders will not achieve equal health outcomes until their economic, educational and social disadvantages have been eliminated. Nevertheless, while social disadvantage continues, Aboriginal people and Torres Strait Islanders should not be doubly disadvantaged by the neglect of potential medical solutions arising from health sector inequities.

AMA Queensland will aim to improve Aboriginal and Torres Strait Islander health in Queensland by first establishing a committee of experts in Indigenous health, led by a trusted and respected member of the Aboriginal and Torres Strait Islander community. Their work will feed into the work being undertaken as part of the PHIP's whole of government Public Health Plan and will advise what the Government should be doing to improve Aboriginal and Torres Strait Islander health outcomes in Queensland.

A BOOSTER SHOT FOR QUEENSLAND'S VACCINATION RATES

AMA Queensland recognises the effort that has been put into achieving Queensland's high vaccination levels, and commends the Queensland Chief Health Officer for confirming the safety of immunisation in the face of opposition from misguided anti-vaccination groups[30]. We are cautiously supportive of the monetary incentive being used to try and increase Queensland's vaccination levels[31]. We look forward to the public release of information in the future which would allow evaluation of the plan. We also welcome the release of the Queensland Immunisation Strategy 2014-17, which contains a number of positive solutions to increase immunization rates and combat misinformation.

However, there are a number of Queensland communities that are currently experiencing pockets of low herd immunity. This must be addressed as a matter of priority. AMA Queensland believes that the safest way to do so is through immunisations delivered by a medical practitioner. While vaccines are safe, there is always a risk of an adverse reaction and only a qualified medical practitioner has the training required to manage such an event.

Strategies that increase the opportunity to vaccinate have been shown to be the most effective. Improving access, awareness and affordability could potentially boost coverage rates by as much as three to four percent.[32] To achieve the goals of increasing affordable opportunities to improve herd immunity, delivered by a medical practitioner while not fracturing continuity of care, AMA Queensland advocates for the Queensland Government to implement the following initiatives in areas of low herd immunity;

- Fund a mobile immunisation clinic, staffed by doctors, with a private area in which patients can rest should they need to do so. Records of immunisations provided should be sent to the patients regular GP.
- Consider a targeted patient transport plan that would assist patients who require vaccinations to travel to and from their appointments.
- Consider ways in which Queensland Health can assist GP practices to review their patient data and identify and contact those patients who need to have their immunisation updated. This can be achieved by either outlining the process or actually visiting the practices to provide hands on assistance.outcomes in Queensland.

30. Queensland Health, Immunisation not up for Debate, http://www.health.qld.gov.au/news/stories/140515-expo.asp, Queensland Government, Brisbane. 2014
31. Springborg, L. $3 million incentive to boost vaccination rates. Queensland Government. Brisbane. 2014
32. Ward, K., Chow, M. Y. K., King, C. and Leask, J. (2012), Strategies to improve vaccination uptake in Australia, a systematic review of types and effectiveness. Australian and New Zealand Journal of Public Health, 36: 369–377. doi: 10.1111/j.1753-6405.2012.00897

FUTURE VISION

THERE ARE FOUR MORE SECTIONS OF AMA QUEENSLAND'S HEALTH VISION TO COME, WHICH WILL BE DELIVERED PROGRESSIVELY OVER THE COURSE OF 2015.

2

Part Two: Workforce and Training

An engaged, well-trained and appropriately planned medical workforce is vital to the success, efficiency and effectiveness of Queensland's health system into the future. But with workforce shortages already placing pressure on our health system's capacity to provide the services Queenslanders have come to expect, action is needed now. This part of the Health Vision will offer Government ways in which they can address medical workforce and training issues while ensuring that our junior doctors, general practitioners and clinicians are happier and more effective while doing their jobs.

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Part Three: Reprioritising Health Funding

All too often we hear that the Australian health system is in crisis. We are told by Government and other policy makers that the Australian health system needs to be sustainable, and that if action isn't taken to make our system sustainable now, the entire system generations of Australians have come to rely on to deliver quality health care will collapse. this chapter of the AMA Queensland Health Vision will consider how to reprioritise care in response to changing demand. Rather than suggesting quick fix policy solutions to complex problems, we have consulted with our members and drawn on international research to propose a number of targets that will help eliminate waste and inefficiency within our health care system.

Part Four: Unifying the Health System

Australia currently has, in effect, eight different state and territory health systems. The distribution of responsibilities for health between different levels of government is blurred and unclear, resulting in duplication, cost-shifting and blame-shifting. The relative financial contributions of different levels of government to hospital services are fiercely disputed, especially when hospital funding arrangements are negotiated. Unifying the health system would help to alleviate this problem, but this is easier said than done. There is a complex division of responsibility for health care services in Australia, with many types of providers and a range of funding and regulatory mechanisms. With the help of our members, AMA Queensland will propose a series of targets that could help end the blame game and make our patients journey through the health system less complex and practically seamless.

Part Five: End of Life Care

Our society is ageing and this means more Queensland families face heartbreaking choices about how their loved ones spend their dying days. People want to honour the wishes of the dying person, but the low numbers of people who have a formal 'advance care plan' mean doctors often face frustration and confusion about the level of care to provide. AMA Queensland wants to see Queensland become a world leader in end-of-life care. In this chapter of the Health Vision, we will examine what Queensland needs to do to make this happen.

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