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AMA submission to the Standing Committee on Health, Aged Care and Sport inquiry into and report on the Hearing Health and Wellbeing of Australia

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The Australian Medical Association (AMA) is pleased to provide a brief submission to the Inquiry into the Hearing Health and Wellbeing of Australia. This submission is of relevance to the Terms of Reference related to Aboriginal and Torres Strait Islander people, and the hearing care for vulnerable populations.

The AMA is particularly concerned about the unacceptably high rates of hearing loss and deafness among Aboriginal and Torres Strait Islander people. Deafness and perforated eardrums are at pandemic levels in remote Aboriginal communities.

Former AMA President, Dr Bill Glasson, as part of his involvement in the Northern Territory 'intervention', noted that Indigenous communities rated chronic ear disease as the most pressing health problem for their children.

One area we wish to draw the Committee's attention to is the relationship between hearing loss and deafness, and the criminal justice system. The AMA has previously raised the issue of the impact of hearing loss and deafness in our submission to the *Senate Inquiry into the indefinite detention of people with cognitive and psychiatric impairment in Australia* (April 2016).

The high rates of hearing loss, deafness and poor auditory perception, especially among Aboriginal and Torres Strait Islander people, significantly contributes to difficulties in understanding. This, in turn, exacerbates problems in regard to interactions with law enforcement and criminal justice. The Senate Inquiry *Hear Us: Inquiry into Hearing and Health in Australia* is especially relevant to this current inquiry, as it established the link between early

onset hearing impairment and increased engagement with the criminal justice system. The previous Senate inquiry also noted the association between conductive deafness in Aboriginal and Torres Strait Islander people and the high rates of substance abuse, truancy, illiteracy, and unemployment – factors which contributed to interactions with the criminal justice system.

The association between deafness and rates of incarceration of Aboriginal and Torres Strait Islander people has been documented by medical practitioners, and we refer the Committee to the work of Associate Professor Christopher Perry FRACS, President of the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS). For example, see *Complications of otitis media in Indigenous and non-Indigenous children*.

[<http://healthbulletin.org.au/articles/complications-of-otitis-media-in-indigenous-and-non-indigenous-children/>]

The AMA's position statement *Health and the Criminal Justice System 2012* notes that contact with the criminal justice system provides a valuable opportunity to detect and address health conditions experienced by detainees/prisoners. In our position statement, the AMA recommends:

- upon admission, all prisoners and detainees should receive screening from a medical practitioner for physical, addiction-related and psychiatric disorders, and potential suicide risk. Additional screenings should be undertaken periodically and as an individual is transferred between facilities or different stages of the justice system;
- health assessments should be promptly undertaken to define more fully the nature of health issues identified during screening, and to determine appropriate types of treatment. Health assessments must be undertaken by a medical practitioner or nurse, and mental health assessments should be administered by a trained mental health clinician;
- health assessments should include evaluation of substance use, hearing loss, acquired brain injury, intellectual disability and other cognitive disabilities given the significant implications these issues have for both health and recidivism outcomes; and
- prisoners with an intellectual or physical disability are provided with relevant services and facilities, including for dual disabilities and/or multiple morbidities associated with disability.

In regard to general wellbeing, compared with their non-Indigenous Australian counterparts, Indigenous children are at a much higher risk of suffering from hearing loss, along with a number of other preventable chronic health conditions.

In the AMA's 2008 Indigenous Health Report Card, we stated:

Ear Health

Indigenous children are twice as likely to experience ear and hearing problems compared with non-Indigenous children. This is due, in part, to the high rates of otitis media (middle ear infection) among children in many Indigenous communities (Couzos et al. 2001). The prevalence of hearing loss/diseases of the ear was 10% for Indigenous children aged 0-14, compared with only 3% of non-Indigenous children (ABS 2006).

In this report, almost a decade old, the AMA called for Australian Governments to set and achieve a target of 90 per cent of Indigenous children having a hearing assessment prior to entering school within 10 years. From the evidence available, the AMA does not believe this target has been reached.

Deafness and chronic ear disease in Aboriginal and Torres Strait people is entirely preventable. It requires a national response, with coordination of services and resources across the States and Territories. The AMA wants to see a national, evidence-based response that recognises the impact of untreated hearing health on unemployment, illiteracy, incarceration, crime, mental health and substance abuse. It is of critical importance that governments understand and respond appropriately to the causes of deafness and hearing impairment in Aboriginal and Torres Strait Islander people.

The AMA urges the Committee to examine the existing, and expert, evidence on Indigenous hearing loss and hearing health problems and to support the evidence-based recommendations on best-practice responses.

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