Health Workforce Study
Productivity Commission
healthworkforce@pc.gov.au

8 November 2005

Dear Commissioners Woods and Owens,

Please find enclosed a response to the recently released Australia's Health Workforce position paper.

In general Guide Dogs Association of SA and NT Inc is supportive of the Paper and its recommendations, but would wish to strengthen some aspects which relate to our client group, that is people who are blind, vision impaired, Deaf, hearing impaired or deafblind.

We are also of the view that the comments, (pp 206 – 207) concerning the need for a specific disability workforce strategy should be highlighted as a recommendation in this Paper.

Should you have any queries regarding this response, please feel free to contact Paul Creedon, on (08) 8203 8333, or email pcreedon@guidedogs.org.au.

We thank you for the opportunity to comment on this Paper.

Yours sincerely,

Ms Winnie Pelz
Chief Executive Officer

CC Mr. Andrew Coidan, Manager, Client Services Office, Department of Families and Communities.

Guide Dogs Association of SA and NT Inc

Comment on Position Paper –

1. The organisation:

Guide Dogs Association of SA and NT Inc is a provider of a range of independence, mobility, case management and hearing and vision rehabilitation services to people with a sensory disability, i.e. people who are blind, vision impaired, Deaf, hearing impaired or deafblind living in metropolitan or rural and remote areas of South Australia and the Northern Territory.

We employ approximately 35 client services staff who provide a range of professional services in the community, in hospitals and health centres and on site. Clients of our programs are also supported to access a range of community health and mental health services through our programs.

Many of these clients have only a sensory disability, but many also have additional issues, including degenerative physical or health conditions; chronic health issues; poor mental health; secondary physical, intellectual or other disabilities; poor English literacy; need for Auslan (Australian Sign Language) interpreters; and limited capacity to understand or cope with a complex and often difficult to negotiate health system.

2. The Issues:

There are a number of issues for people with a sensory disability which have an impact on planning around Australia's health workforce now and into the future.

Many of these relate to several workforce issues, including the number of workers in the health workforce, the longevity and stability of these workers at specific levels and in specific locations as well as the general skills and experience of the health professionals over and above their health field specific training. This of course relates to funding, but also to the planning, decisions and training required in the sector.

For example:

a. People with a sensory disability have issues specific to their disability, but all of the same health issues as the broader community. Many of the issues faced by the broader community are, however, more significant to people with a sensory disability because health services are, in general, not disability friendly.

   For example, imagine:

   - being a Deaf person who relies on Auslan for communication, but knowing there are no skilled Auslan communicators in the health or mental health systems in SA or the NT;
   - being a person who is blind and living in a rural area where there is an absence of transport services to ensure access, and trying to access ongoing health services for a chronic condition;

- having a significant problem understanding about your condition and the requisite treatment program because it is presented in a language and/or format that you are not able to access; or
- being unable to manage the daily requirements of your health or mental health condition because of your sensory disability but finding there is grossly inadequate health support services to assist.

This suggests that there is a need for a skill set additional to those related to a specific field in our health settings. Obviously the more remote and isolated a health service is the more critical the need will be as the paucity of other services fails to fill the gaps.

b. Further, there is research around Deafness and hearing impairment at least, that suggests there are a number of related issues which place this group in much more contact with the health system than the general population. For example, this group:

    - Have an increase risk of experiencing depression and anxiety (1)
    - Are significantly more likely to have had a recent hospital admission, casualty visit or out patient visit (1)
    - Are significantly more likely to have had more frequent visits with their GP for a continuing illness (1)
    - Are more likely to have an Increased sense of loneliness and risk of being medicated for some form of stress (1)
    - Are twice as likely to be in receipt of community services (2)
    - Are 40% less likely to perceive themselves as having good health (2)
    - Are 40% more likely to have a nursing home admission (2)

    This suggests that there is a need for a different focus for health care providers, one which focuses not only on the presenting condition but on underlying and/or related conditions. Again this relies on having more people in the health workforce with the skills and experience required to work with these specific groups

c. In addition some sensory disabilities are as a result of a chronic medical condition or medical interventions, such as:

    - vision impairment or blindness through diabetic retinopathy;
    - hearing impairment due to radical antibiotic therapies;
    - Sudden hearing loss due to viral infection;
    - Sudden hearing loss due to head injury; or
    - hearing impairment due to poorly controlled or managed otitis media.

    These clients then face a range of other issues, including managing ongoing health issues, anger and grief at their loss of hearing and/or vision and possible blame of the health ‘system’ for that loss.

    Once again this suggests a skill set additional to those related to a specific field in our health settings.

These issues, anecdotally at least, appear to have one of two main effects over time. That is, people either stop going to health services or they go repeatedly with the same issues.

Regardless of the response, the result is much the same; many people with a sensory disability do not experience the same level of health care, experience and expertise as others in the community.

Frequently people with a sensory disability feel at a disadvantage when it comes to accessing apparently sparse health services, and this is certainly exacerbated by the lack of workers in the health field with skills to deal with their specific issues.

These issues are not related purely to the 'health system' as such. Simply pouring more money into health services will not resolve these sorts of issues. Rather it appears to require a shift in thinking for planners and decision makers, and an addition to training programs for universities and other trainers.

It would be a tragedy to see, into the future, that we still have a system where people with a sensory disability were still isolated from or over dependent on their health services providers because of the skills, knowledge and awareness of those providers or the sheer lack of appropriately directed and skilled providers.

3. Recommendations:

Guide Dogs Association of SA and NT Inc agrees with the issues raised around disability (recommendations 11.1 and pp 206 – 207), specifically:

- The need for explicit provisions for the workforce requirements of people with disabilities
- The need for a specific disability workforce strategy

Further Guide Dogs Association of SA and NT Inc would recommend that further attention be paid to:

1. The training of health workforce personnel to deal with the specific issues for people with a sensory disability;
2. The encouragement of students to develop specialised skills in working with people with a sensory disability (e.g. Auslan studies for health and mental health staff, or effective communication with people who use oral modes);
3. Short, medium and long term health workforce and system planning which encourages the culture of 'disability friendly' environments, for clients and staff;
4. Planning which encourages broad health services and skills as well as specific professional skills.

References:

1. Wilson D. Xibin S, Read P. Walsh P. & Esterman A. — Hearing Loss - an underestimated public health problem (Australian Journal of Public Health, Volume 16, No 3, 1992, Australia)

2. Mitchell P, et al — The Prevalence, Risk Factors & Impacts of Hearing Impairment in an older Australian Community: the Blue Mountains Hearing Study.

Reading List:

Hidley P. Hill P. McGuigan S. & Kitson N. — Psychiatric Disorder in Deaf and Hearing Impaired Children and Young People: A Prevalence Study (Journal of Child Psychology, Psychiatry and Allied Disciplines, Volume 35, No 5, 1994, USA)

Knutson J. & Lansing C. — The Relationship between Communication Problems and Psychological Difficulties in Persons with Profound Acquired Hearing Loss (Journal of Speech and Hearing Disorders, Volume 55, 1990, USA)

McEntee M. K. — Accessibility of Mental Health Services and Crisis Intervention to the Deaf (American Annals of the Deaf, Volume 138, No 1, 1993, USA).

Myers P. & Danek M. — Deafness Mental Health Needs Assessment: A Model (Journal of the American Deafness and Rehabilitation Association, Volume 22, No 4, 1989, USA)

Rutman D. & Boisseau B. — Acquired hearing loss: social and psychological issues and adjustment processes (International Journal of Rehabilitation Research, 18, pp313-323, 1995).

Steinberg A. — Issues in Providing Mental Health Services to Hearing-Impaired Persons (Hospital and Community Psychiatry, Volume 42, No 4, 1991, USA).

Vernon M. & LaFalce-Landers E. — A longitudinal Study of Intellectually Gifted Deaf and Hard of Hearing People (American Annals of the Deaf, Volume 138, No 5, 1993, USA)

Wilson D. Xibin S, Read P. Walsh P. & Esterman A. — Hearing Loss - an underestimated public health problem (Australian Journal of Public Health, Volume 16, No 3, 1992, Australia)