

**INQUIRY INTO CURRENT AND FUTURE PROVISION OF
HEALTH SERVICES IN THE SOUTH-WEST SYDNEY
GROWTH REGION**

Organisation: Woodville Alliance

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The Hon Greg Donnelly MLC
Committee Chair
Portfolio Committee No. 2 - Health
Parliament of New South Wales
6 Macquarie Street
Sydney NSW 2000

Dear Mr Donnelly,

Thank you for the opportunity to provide this submission to the **Inquiry into Health Services in the South West Sydney Growth Region.**

Woodville Alliance is a charitable, community-based agency with over 40 years of experience working with diverse communities in Fairfield, Liverpool, Bankstown and surrounding areas towards a fairer, more just society, and improved quality of life for people in South Western and Western Sydney. In implementing our services, we work across the South-West Sydney and Western Sydney Local Health Districts and have considerable first-hand experience working across these geographies and demographics. Our organisation receives funding from the NSW Department of Communities and Justice under its Targeted Early Intervention program and from the Australian Government Department of Social Services under its Community Mental Health program.

Woodville Alliance is proud to provide high quality prevention and early intervention services to support children, young people and families, people with disabilities and people with mental health illness., Woodville Alliance welcomes the opportunity to respond to the inquiry.

Set out below is our response to those terms of reference that are most relevant to our work.

(d) an investigation into the availability and shortfall of mental, community and allied health services in the South-West Sydney Growth Region

The South West Sydney Region

Epidemiological data, ABS statistics and research evidence clearly demonstrate the irrefutable correlation between socio-economic disadvantage and poor population health outcomes across key chronic diseases including obesity, cardio-vascular disease, morbidity related to suicide and poor mental health resulting from anxiety and depression and intergenerational trauma – particularly amongst migrants and refugees.

The South West Sydney region is seeing significant population growth and will continue to do so in the future as a result of urban developments in areas such as South West Sydney Growth Area, Western Sydney Aerotropolis, Greater Macarthur Growth Area, Wilton and North Wilton Growth Area and Sydenham to Bankstown Corridor. According to NSW Department of Planning and Environment, South West Sydney's increase of development and release of land will see its population grow by 11.3% between 2011 and 2036. In addition, SW Sydney is the primary settlement region for newly arrived migrants to NSW and Australia – a historical pattern that is set to continue.

Unfortunately, the health spend by government in SWS has been inadequate over many decades. Whilst the housing and economic investments (which are welcome) are planned to enhance SWS and grow its population, there has not been a commensurate investment in the health and wellbeing of SWS residents which is likely to result in a significant future demand on the health system through chronic disease and demand for tertiary level health services.

South West Sydney (SWS) is a region that is made up of urban, rural and semi-rural areas and covers approximately 12.5% of NSW. As at 2016, the population of South West Sydney was at 405, 962 people, made up of 49.4% males and 50.6% females, with the majority of residents residing in the Fairfield, Liverpool and Canterbury-Bankstown Local Government Area (LGAs). The population is also considerably young with 21% of the residents under 15 and 14% of the residents aged 15-24.

Within the SWS Region, Fairfield, Liverpool, Bankstown and Campbelltown LGAs are amongst the most disadvantaged in metropolitan Sydney. This is demonstrated by the Fairfield LGA rating a score of 856 under the ABS Socio-Economic Indexes for Areas (SEIFA) – making it the fifth most disadvantaged LGA in NSW based on census characteristics such as unemployment, income and education levels. In 2016, The Fairfield LGA was identified as the fifth most disadvantaged LGA in NSW, with a SEIFA score of 856. Statistics show that a proportion of SWS residents living in Fairfield (25.6%) Campbelltown (34.8%), Canterbury-Bankstown (36.3%) and Liverpool (38.5%) have lower rates of health insurance compared with NSW (51.5%).

Children, Young People and Mental Health in SWS

As previously mentioned, SWS has a considerably young population. Within the region, Liverpool (22.7%), Bankstown-Canterbury (20.5%) and Fairfield (19%) LGAs hold a large proportion of young people aged 14 and under. Sadly, children and young people in the SWS region are faced with many challenges to their mental health.

The South West Sydney Primary Health Network's Needs assessment report, reported that "11% of SWS children aged 4-15 were at substantial risk of developing a clinically

significant behavioural problem compared with the 8.3% for NSW". The report also stated that depression, substance misuse and anxiety disorders were some of the most common mental health issues faced by young people in the SWS region. Recent statistics show that SWSLHD has the second highest number of children and young people (CYP) reported for 'risk of significant harm' in NSW.

The concerning number of young people experiencing poor mental health in the SWS region is evident in ongoing increased demand for Woodville Alliance's (WA) services in our targeted early intervention and prevention work delivered in the Fairfield, Liverpool and Bankstown-Canterbury LGAs. This includes non-clinical case work, evidence-based group work, community education and outreach. In 2019, WA's Community Initiatives team saw a staggering 43% increase of clients and community members compared to 2018. WA's Early Intervention Family Mental Health Support Service reported the delivery of 4000 individual case management sessions and over 200 community education sessions for young people aged birth to 18 years and their families – the majority from Culturally and Linguistically Diverse Backgrounds (CALD) and many of whom have lived experience of inter-generational trauma as migrants and the children of refugees. SWSLHD and SWSPHN states that about "15,658 humanitarian entrants (56%) of the state intake have settled in SWS between 2012 and 2016, predominantly in Fairfield, Liverpool and Bankstown LGAs."

CALD Communities and Mental Health in SWS

SWS is also characterised by its cultural diversity. According to ABS, 43.3% of residents in SWS were born overseas (with Fairfield and Bankstown LGA among the top 5 LGAs in NSW for a number of people born overseas), compared with 34.5% in NSW. Furthermore, 45.3% of residents speak a language other than English, compared with 25.2% in NSW. This demographic reality is not adequately addressed through the current and future provision of health services in the region.

CALD communities within the SWS region are faced with many health challenges. For instance, low literacy rates experienced by many CALD people can become a significant barrier to improving health literacy and accessing appropriate community, primary and tertiary health services. For example, refugee populations may face mental health issues such as undetected or under-treated chronic diseases such as depression, anxiety and posttraumatic stress disorder. These community members often resist seeking healthcare assistance due to negative previous experiences with government services and institutions in their countries of origin due to differing beliefs about health and illness and limited cultural competence of some health professionals and services. (SWSLHD and SWSPHN, 2019).

(h) a review of preventative health strategies and their effectiveness South-West Sydney Growth Region since 2011 and the required increase in funding to deal with childhood obesity

Woodville Alliance's experience and expertise working with CALD children, young people and families through targeted early intervention, community education and casework is that there are minimal cultural and age appropriate information and health services available for people in the area. This is evident in the overall increase in the number of CALD clients accessing WA's Family Mental Health Support Service with an 18% increase in 2019.

The experience of our caseworkers working in early intervention and prevention with children, young people and families, is that our community is a resilient and positive one where people will interact effectively with community-based services that include bilingual workers and where community-based referral networks between agencies – including SWSLHD – are strong. However, demand for appropriate services is significant and growing in tandem with the population whereas government funding has remained static and decreased proportionately over time. From a purely economic point of view, this is short-sighted. As the NSW Human Services Outcomes Framework and the NSW Health policy of the First 2000 Days emphasise, prevention and early intervention through the delivery of community based and primary health and community services provides a significant return on investment over the longer term in relation to opportunity costs and chronic problems. This is, of course, in addition to providing better health outcomes for the population.

Although the SWS Health District includes one of the most diverse communities in NSW, with almost half of the population born overseas and more than 200 different languages spoken, there are only four services which provide multicultural mental health services in the region (Salvador-Carulla et al. 2016). The District is significantly under-resourced with allied health professionals and has one of the lowest psychiatrists, psychologist and GP rate per 100, 000 in the state (NSW Mental Health Commission 2016). This is unacceptable for any Australian community, particularly at a time when the impacts of Covid-19 are yet to fully emerge.

Covid-19 and Mental Health in SWS

The necessary social isolation policies and public health measures in response to the COVID-19 pandemic have exacerbated mental health issues in SWS and we have seen this first-hand in our casework and provision of material aid to local children and families. Whilst these responses have been critical to the success of limited spread of Covid in our population, they will necessarily result in ongoing demand for appropriate and specialised health services within community.

Physical and social distancing measures increase experiences of symptoms of depression and anxiety amongst individuals with or without pre-existing mental health

issues (Venkatesh and Edirappuli 2020). For instance, limited to no contact with family members, limited personal liberties, a change of routine, threatened livelihood and unemployment can also increase family violence during this period, as well as contributing to increased anxiety, boredom, depression and potentially low mood (Venkatesh and Edirappuli 2020).

As routine is central to mental health management for individuals with pre-existing mental health disorders, disruption of routine as a result of Covid-19 is likely to increase the mental health implications for residents of the SWSLHD. As residents within this district experience greater mental health disorders in comparison to other health districts, higher socioeconomic disadvantages, and lower rates of access to allied health professionals, greater collaboration between health and community organisations and an increase in funding for allied health and community-based mental health services will be required in the district, post-Covid-19 restrictions and ongoing.

Conclusion

Throughout the Covid crisis, WA has been adapting its service delivery to ensure that within appropriate protections for staff and community we have been able to deliver casework and group programs such as therapeutic playgroup through zoom, access to video and other digital and remote techniques. Experienced case workers working remotely online has been positive. However, WA staff have reported that many clients in SWS lack the necessary material items, eg. Laptops, Computers, Tablets, Mobile Phones, to attend online sessions. For example, during lockdown, the Community Liaison Officer for Bankstown Public School reported that of a primary school class of 30 students, only 3 children had access to an electronic device to support their learning. This exemplifies the impact of the “digital divide and the experience of some CALD families that low-level literacy and digital skills mean that parents may have trouble helping their children access services and resources online.

As the Black Dog Institute and Beyond Blue have recently highlighted, the provision of digitally based primary health intervention has been a positive. However, there is a significant risk to population health in areas such as SWSLHD that a shift to digital service provision for mental and allied health services (particularly in the absence of bilingual workers) could deepen the divide and have the indirect effect of worsening health outcomes.

The Black Dog Institute (2020) has recommended that practical assistance to address non-psychological health is likely to be the most effective way of reducing the mental health burden. Practical support and financial resources for those who are under financial strain or whose jobs are at risk due to COVID-19 is an essential part of helping to reduce the mental health burden of the current situation. An increased focus on technology enabled mental health is critical due to the fears of illness, and potential for a significant proportion of the community being placed in isolation or quarantine. Studies show that online treatments can improve the most common types of anxiety and stress

reactions we would typically see during pandemics including health anxiety, generalised anxiety and stress, PTSD and depression. However, such an approach must be adapted for different populations such as in SWS by also strengthening community-based prevention and community health initiatives and providing the necessary investment in the health system to do so.

We welcome the Committee's Inquiry into these important public health issues and would be happy to meet with Committee staff should this be of use. I can be contacted at _____ or on _____.

Yours sincerely

Ruth Callaghan
General Manager
Community Initiatives

4th June 2020

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