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Consultation Paper for the National Preventive Health Strategy: APS Response

- **Are the vision and aims appropriate for the next 10 years? Why or why not?**

In general, the Strategy is a good start and reasonably comprehensive. Importantly health inequities and the social determinants of health are acknowledged in the introduction to the Consultation Paper. However, it is these social and environmental determinants of health, and the systems and structures that undermine them, which should be the key focus of the prevention strategy. This means there should be a much greater emphasis on the social and environmental determinants of health, such as steps to address health literacy, economic and housing security, education, employment, and climate change.

Climate change is regarded as the most serious global health threat of the 21st century, and has numerous impacts on both physical and mental health (Costello et al., 2009; USGCRP, 2016; WHO, 2018). Even the COVID-19 pandemic is likely to have less far-reaching and less long-lasting impacts than climate change.

The vision states that the Strategy will be designed to address "the broader causes of health and wellbeing" (p.14). It is unclear what these "broader causes" refer to. As Marmot (2015) argues, the key to reducing health inequalities is to create the conditions for people to lead flourishing lives (such as good early child development, education, employment and working conditions, having enough income to lead a healthy life), which will empower individuals and communities.

The Strategy is focused on physical health issues, with minimal mention of mental health. This is despite the fact that the same principles that prevent many physical health conditions also address mental health. It would therefore be strategic to embed mental health into this Strategy. A clear lesson from COVID-19, it is that prevention of mental health conditions is a priority for health and wellbeing. Inadequate attention to the prevention of mental illness,

despite evidence of its cost effectiveness (e.g. McCrone et al., 2010) is likely to be one of the significant factors contributing to the failure to reduce the rate of mental health disorders in Australia.

The visions and aims appear appropriate across the next 10 years, with reference to alcohol, tobacco, cancer and preventable disease. However, these visions and aims are less applicable to many chronic diseases, such as pre-existing or potential chronic diseases. Chronic diseases and long term difficulties with management are often related to the target areas outlined in this Strategy, including smoking, alcohol, diet and exercise factors. This includes chronic disease states such as chronic pain, diabetes, heart disease and chronic obstructive pulmonary disease. Mental health conditions can also result from or occur co-morbidly with the targeted conditions, and can lead to prevention and management challenges. However, some long-term illnesses may not be preventable or curable, there is a place for management approaches that can prevent chronic illness from becoming more of a burden to the individual and the health system. Recent evidence suggests the use of a 'whole person' based chronic management strategy, involving communication and engagement across multiple disciplines.

- **Are these the right goals to achieve the vision and aims of the Strategy? Why or Why not? Is anything missing?**

The overall goals are commendable, but some clearer targets are needed.

While the aims of the Strategy point to the importance of a life course approach, with prevention starting in the early years and continuing on through to later life, the goals do not explicitly reflect these aims. The APS supports a life course approach whereby prevention can occur at any age (e.g. improved access to neuropsychological assessment in early childhood to facilitate identification and management of development disorders and for dementia later in life).

In general, there is not much focus on the individual. Goal 5 speaks of individuals having "options, knowledge and skills to make best decisions about their health" (p.14), and of being empowered or enabled. This is laudable, but does not acknowledge that there is a balance of responsibility between the individual and their environment. For example, if someone doesn't engage with the health system they may be described as not being sufficiently empowered, which places the onus for their empowerment on a supportive environment or another person or agency to then 'do something'.

The strategy highlights appropriate health promotion goals. However, it does not state how this might be implemented to manage resulting chronic and complex problems in this area. There is also a lack of consideration for how

mental health related factors across this strategy might be managed. There are many statements on building on strong foundations in this document. However, Australia requires far more strengthening with reference to mental health and chronic disease management foundations. COVID-19 has highlighted that present mental health resources in emergency and private settings are already underfunded, under strain and in high demand. This system would therefore require further support with reference to support the health promotion and treatment aspects in this strategy. Mental health intervention for assistance with health conditions or co-morbid mental health disorders would be best conducted by professionals with experience working with the overlap between physical and mental health conditions, such as psychologists with specific training in the health concerns targeted by the strategy, such as specialists in addiction, weight loss and health promotion.

- **Are these the right actions to mobilise a prevention system?**

The importance of rebalancing funding towards prevention has been acknowledged upfront in the Consultation Paper. Interestingly, however, it is not front and centre in the actions, but interwoven into the enabler 'Leadership and Governance'. Specifically, the call for a long-term sustainable funding mechanism is acknowledged but this should more prominent.

Effective prevention requires a collective and cohesive effort across sectors to better prevent disease and to promote environments that support individuals to lead healthy lives. Health must be embedded and a focus across all government departments and sectors. The Strategy therefore needs to be integrated so that there are key performance indicators in all relevant portfolios such as environment, mental health, social services, housing, and education. A Health in All Policies approach is recommended. The importance of partnerships is recognised in the actions but the Strategy requires a lot more detail, for example, about how communication will be facilitated across sectors, organisations and health professionals.

While the social and environmental determinants are also acknowledged upfront in the Paper, they are not specifically addressed in the action areas, so the actions will not necessarily lead to the systemic change that is required.

Preparedness is also identified as a key enabler for action. The last year has demonstrated that Australia needs to be prepared not only for emergencies such as COVID-19, but for the increasing inevitability of environmental disasters. Targeted support to build healthy and resilient communities is therefore vital.

- **Where should efforts be prioritised for the focus areas?**

The six focus areas identified are important, but relatively narrow and short-term. While they support mental health outcomes, mental health should be targeted more specifically (e.g. mentally healthy workplaces). This Strategy also needs to target longer-term actions, such as addressing health literacy, economic security, education and lifelong learning, employment, housing security and climate change. Public policy solutions such as JobSeeker and JobKeeper are fundamental to tackle the social and economic determinants of ill health.

The APS supports efforts to improve physical health and an enriched and safe environment throughout life, which flows on to good mental, cognitive and brain health. For example, improving consumption of healthy diet, increasing physical activity and reducing alcohol and other-drug related harm will all have positive impacts on mental, cognitive and brain health.

Mental health support with clinicians who are familiar with difficulties across the focus areas has a key role and yet is not mentioned in this strategy. Consideration needs to be given as to what settings might be involved with reference to mental health, for example private setting, public services, hospital services. Efforts also need to focus on communication across professionals in line with a 'whole person' approach to disease prevention and management.

- **How do we enhance current prevention action?**

Building upon current strong foundations and improving coordination and connections between existing prevention work is of course important. However, building on existing work relies on its existence in the first place. With regards to mental health, prevention is mostly absent from many key national plans and strategies (e.g. National Suicide Prevention Implementation Strategy, National Mental Health Strategy and the Fifth National Mental Health and Suicide Prevention Plan, 2018).

Enhancing current prevention action will be facilitated through the support of a Health in All Policies approach. Such an approach would support the much needed attention and links to other determinants of health such as loneliness, family violence, unemployment, racism and other discrimination.

- **Any additional feedback/comments?**

The Consultation Paper is generally good and comprehensive, despite the previously stated omissions in relation to climate change and mental health. There is a lot to like about the vision, aims, and goals of the Strategy, however

they are quite vague and general, with no clear directives or targets. This would make it challenging for someone to pick up the document and know where to start and how to improve prevention. The success of the Strategy will therefore be determined by how it is interpreted and implemented. It would be improved with annual evaluation and performance, with short, medium and long term measures of progress.

A key part of health rests with the individual. We can have the world's best health system but if the individual doesn't proactively engage with that system their health risks being suboptimal over the longer term. It is recognised that some people are more capable of doing this than others, but there still remains the responsibility of the individual to take steps to engage with health. The Strategy may therefore benefit from a stronger emphasis on the importance of individuals taking direct action for their own health.

The success of the smoking reduction and immunisation has been through good communication, but also in individuals making proactive choices about their health. A key component of improving and maintaining optimum health is a conversation on the importance of individual responsibility. Health is a public good – it is owned by the public for the benefit of the public, and should not be seen as solely a Government service. It is great that public health services exist for the benefit of all, but individuals play a necessary part in public health. Indeed, just the act of shouldering responsibility is itself healthy and empowering. Conversations on this would be welcomed as a part of the National Preventive Health Strategy.

References

Costello, A., Abbas, M., Allen, A., Ball, S., Bell, S., Bellamy, R., et al., (2009). Managing the health effects of climate change. *Lancet, 373*, 1693–733. https://doi.org/10.1016/S0140-6736(09)60935-1

Marmot, M. (2015). *The health gap*. London: Bloomsbury.

McCrone, P., Craig, T.K., Power, P. & Garety, P.A. (2010). Cost-effectiveness of an early intervention service for people with psychosis, *British Journal of Psychiatry, 196*(5), 377-382.

USGCRP. (2016). The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment. In Crimmins, A., J. Balbus, J.L. Gamble C.B. Beard, J.E. Bell, D. et al. (Eds.), U.S. *Global Change Research Program,* Washington, DC, 312 pp. http://dx.doi.org/10.7930/J0R49NQX.

World Health Organization (2018). *COP24 special report: Health and Climate Change.* *https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?ua=1.*