



Australasian College for Emergency Medicine

34 Jeffcott Street West Melbourne Victoria 3003, Australia
+61 3 9320 0444 | admin@acem.org.au | ABN 76 009 090 715

Submission on the Northern Territory Disability Strategy

December 2021

Introduction

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide feedback on the Northern Territory Disability Strategy Consultation Paper and Draft Strategy (the Strategy).

ACEM is the peak body for emergency medicine in Australia and New Zealand and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in Emergency Departments (EDs) across Australia and New Zealand, as well as the training of emergency physicians in these regions.

The College welcomes the declaration made in the Consultation Paper that this Strategy is a whole of Government response, and a whole of life plan for people with disability and their families. Access for individuals with disability, including access to stable accommodation, has become an increasingly pressing issue for the hospital system, with flow on effects to emergency care, and we commend you for developing this Strategy for the Northern Territory.

It is ACEM's position that all people with disability should be able to access timely, responsive, affordable, and appropriate health care, including in the ED. However, our members report that this is not always the experience of people with disability who present to EDs in the Northern Territory. The College believes that understanding the needs and treatment of people with disability, as well as issues with accessibility to care is within the core scope of our Fellows of ACEM (FACEMs, emergency medicine physicians), trainees and other members' training and practice.

Anecdotally, FACEMs have reported that there is an increasing proportion of people with a disability with severe behavioural disturbances attending EDs, with the key issue being the lack of appropriate accommodation and/or community support. There are also a proportionately large number of patients with a disability who are unable to access community services and remain in an acute care bed in hospital which adds to access block.

Systemic data documenting the attendance and experience of people with any type of disability in the ED is limited. The non-admitted patient Emergency Department Minimum dataset does not collect disability status, with both data definitional and administrative issues a significant barrier to doing so. The Australian Institute of Health and Welfare (AIHW) bi-annual publication, *Australia's Health*, reports on health issues and use of a limited range of health services for people with a disability. Based on the AIHW's 2018 report, nationally 638,000 people with disability went to a hospital ED in 2018. Furthermore, people with disability were almost twice as likely to attend an ED or see a medical specialist than people without a disability.¹ Hence, ACEM's interest in providing feedback as this is an area that greatly concerns our members and their patients.

¹ Australian Institute of Health and Welfare 2018. *Australia's health 2018*. Australia's health series no. 16. AUS 221. Canberra. AIHW.

Feedback on principles

Embedded within the Principles of the draft Disability Strategy is the inclusion of the United Nations (UN) Convention to the Rights of People with Disability. The College strongly supports recognising the complexity in people's lives by accounting for intersecting factors that people with disability may experience. This includes recognising that women and girls with disability are at a greater risk of injury, abuse or neglect and understanding that children with disabilities should have full enjoyment of all human rights like other children.

The Strategy should recognise that people with disability may be subject to multiple or aggravated forms of discrimination based on race, colour, language, or religion, which is addressed to a degree through the First Nations considerations contained in the principles but needs to be further clarified.²

Feedback on outcomes

Outcome: The rights and choices of people with disability are upheld

The emergency management and treatment of individuals with disability is core work for our College and members. Therefore, the Disability Strategy must include the joint development of guidelines for specific disabilities to guide and support ED staff, as well as redesigning EDs to improve access and appropriateness, such as quiet spaces and support spaces for individuals with cognitive disorders. Recognising and addressing these gaps will improve the patient's experience and build on our FACEMs efforts to provide the best quality of care. The College also believes that increased formal and informal advocacy is an important means to ensure that persons with disabilities have their rights protected. The UN Convention outlines the need to promote the participation of people with disability in the civil, political, economic, social and cultural spheres within developing and developed countries.

Both formal and informal advocacy provides integral feedback to all services, including healthcare and the ED, and how to continually engage with dignity and respect with this community.

ACEM recommends that the Strategy mandate inclusive mechanisms for formal and informal advocacy in all government health services.

Outcome: Communities are accessible

Stable accommodation is a social determinant of health and wellbeing, as providing security, and an environment suitable to discharge from hospital, aids the overall wellbeing of the patient. Evidence suggests that facilitating housing as a public health intervention has significant positive impacts on vulnerable individuals, including those with disabilities.³ Increasing Supported Independent Living (SIL) must ensure that adequate in-home care is available to those where it is clinically indicated to ensure a stable discharge and to reduce the chances of readmission.

This strategy outlines the need for universal and affordable housing for those with disability. The selection process for admission into accommodation can be complicated and the ability of persons with disability to navigate these complex systems assumes and relies heavily on that person having a carer, family member or support person, such as a case worker, who can assist them. Giving accessibility to support personnel, will also aid the distribution of public information and ongoing communication between NDIS and individuals with disability.

ACEM recommends that the Strategy include investment in appropriate housing and accommodation and improvements to processes for gaining access to these services. In addition to this, the College supports the inclusion of Aboriginal communities to lead discussions on appropriate housing and accommodations for their communities.

² UN Enable - Text of the Convention on the Rights of Persons with Disabilities [Internet]. United Nations. 2006. Available from: <https://www.un.org/esa/socdev/enable/rights/convtexte.htm>

³ Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC Public Health. 2020;20(1).

Outcome: People with disability are financially secure and have opportunities for employment

The UN Convention on the Rights of Persons with Disabilities highlights that the majority of persons with disabilities live in poverty.² This is due to the restricted accessibility to employment and government support. The NDIS can provide sustainable funding for a proportion of people with disability, including improving living conditions and other costs. However, in 2018, 20500 people with a disability were living in the NT and only 4356 reported to be on NDIS in 2021.^{4,5} This indicates there is a large gap between those that require disability support and those that are receiving it through the NDIS.⁴

Increasing employment of people with disability and supporting employers to be disability confident, can aid the socio-economic status of the individual. This in turn can improve accessibility to health services, which can reduce the likelihood of the individual presenting in ED. In addition to this, those that have access to financial security are also more likely to find secure accommodation, which is a social determinant of health, and is integral in providing better patient outcomes.

ACEM recommends that the Strategy highlight providing aid in accessing NDIS and its services, as well as providing dedicated access to job hunting services. This includes providing government services and support for those that are not eligible for NDIS support.

Outcome: The health and well-being of people with disability is supported

Our members report that improving access to specialist community supports, including allied health care which provides capacity for early intervention before issues escalate to a crisis, is an integral means of changing the patient's ED experience. Preventative measures are imperative in reducing downstream effects of avoidable ED presentation and the impacts of access block. Access block is the single most serious issue facing our hospital system and is the direct result of inadequate inpatient bed capacity in hospitals. The by-product is increased patient mortality, longer waiting times in the ED and increased offload times for paramedics transporting patients to hospitals in what is known as 'ambulance ramping'. Having early identification and early intervention services as well as prevention supports will improve health outcomes for people with disability and help reduce the pressure on healthcare facilities including EDs.

When our members communicate with carers, record management systems which collect and flag information to treating practitioners have been identified as beneficial to all parties involved, including ED physicians. It is important to ensure all services can work together through better communication to improve a persons' health outcomes.

The lack of appropriate community supports and services available for people with disabilities can cause some individuals to experience severe distress and behavioural problems with ED admissions often the only intervention available. Due to the high volume of ED patient presentations, coupled with years of under-investment and under-resourcing in EDs, EDs are often very challenging places to manage people experiencing severe distress and/or behavioural disturbances, as the medical personnel are managing high numbers of patients and may lack appropriate space to provide appropriate care. This, often coupled with a lack of available resourcing for the management of people with severe behavioural disturbance is also a substantial risk to the safety of the patient and ED staff. Patients who are deemed ineligible for disability support worker, or who have limited funding often attend the ED alone. This leads to increased instances of miscommunication between the patient and staff.

ACEM recommends that the Strategy add the increased accessibility to community support services and funding of these resources.

⁴ Australia - people with a disability by state 2018 [Internet]. Statista. 2019. Available from: <https://www.statista.com/statistics/1070802/australia-people-with-a-disability-by-state>

⁵ Northern Territory [Internet]. NDIS. 2021. Available from: <https://www.ndis.gov.au/understanding/ndis-each-state/northern-territory>

Maximising the National Disability Insurance Scheme (NDIS)

ACEM welcomes the commitment from the Northern Territory Government to maximise the impact of the NDIS. The College recommends that the project team developing the Strategy considers a way of wording these outcomes so that each point clearly signposts the measurable indicators of change.

The NDIS scheme is overly complicated and challenging to navigate. This is compounded for people who do not speak English as a first language or have poor literacy. The College strongly advocates that the Department provides support personnel such as case workers for all persons who apply for NDIS support. This could reduce the observed gap between number of individuals with disability and number of individuals receiving NDIS support. In addition to helping people with disabilities, it will reduce avoidable presentations to the hospital, with specialised community support through the NDIS services being provided to the individual. It will also assist in discharging people with disabilities from acute care hospital beds and into supported accommodation which benefits both the patient and the community.

Further Recommendations

An Evolving Definition

There is considerable, and necessary, focus on supporting people with disability via the NDIS. However, it remains important that this Strategy includes support for people with disability who are not eligible for NDIS packages. There are some medical conditions that are more common in the Northern Territory than other parts of Australia which have not been included, yet represent a high burden of disease. Some examples would include Foetal Alcohol Spectrum Disorder and haemodialysis.

The College supports the notion of including the definition of disability as an evolving concept.² This further emphasises the need to reflect on the definition of disability regularly and ensure that the implementation of the Strategy is inclusive. This will also require all sectors addressed by the Northern Territory Disability Strategy, including EDs, have a consistent working knowledge of how they can support its implementation.

Improved Record Management System

Anecdotal evidence from carers on the use of a record management system which includes information on a child's/family member's triggers, how to keep them calm and deescalate issues, would be useful for them and physicians. Systems such as MyHealthRecord exist to assist with this but the widespread use of these systems is not as prevalent as is required. Encouraging the use of these systems, whilst also teaching persons with disability, their carers, and their family and support systems how to utilise them is pivotal in ensuring this information is available for ED practitioners to use.

Furthermore, the use of electronic records assumes that the individual has access to a smart phone, computer and internet. In 2020, it was recorded that 2.5 million Australians have no internet connection due to issues with affordability, location, and lack of digital literacy- three areas that all need to be addressed to combat this issue. ACEM recommends that the Strategy incorporate the improved use of digital health strategies across the health sector.

For Further Information

Thank you again for the opportunity to provide feedback. If you require any further information about any of the above issues, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement, jesse.dean@acem.org.au; +61 423 251 383.

Yours sincerely,



Dr Stephen Gourley
Chair, Northern Territory Faculty Board
Australasian College for Emergency Medicine