INQUIRY HEARING HEALH IN AUSTRALIA.
A SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY

Submitted to: Committee Secretary
Senate Community Affairs References Committtee
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Term of Reference: Extent, Causes and Costs of Hearing Impairment in Australia

There are currently 3.55 million people in Australia (Access Economics Report 2006). This number is second only to the prevalence of musculoskeletal conditions in this country. Reed et al in the Australian Journal of Public Health 1994 stated that hearing loss was a largely unreported and undiagnosed health problem. Yet hearing loss is not classified as a National Health Priority. A frame of reference for classification as a National Health Priority is Injury. A significant proportion of hearing loss is caused through injury – injury from prolonged exposure to noise, injury as a result of the use of ototoxic drugs.

Hearing loss in itself results in significant cost to Australia in terms of GDP. In 2005, hearing loss cost Australia 11.75 billion dollars. This figure represents $3314 per person per annum, for each of the 3.55 million Australians who have a hearing loss, or $578 for every Australian. This financial cost does not take into account the net cost of loss of well being (disease burden) associated with hearing loss, which is an additional 11.3 billion dollars. Further, research indicates that the incidence of hearing loss is set to rise exponentially over the next two decades, if the issue of contributing factors is not addressed.

If hearing loss was classified as a National Health Priority, such a national focus on the condition would create more awareness and precipitate action toward addressing the problems. Hearing loss creates many associated social, educational, vocational, psychological mental health problems. Research indicates that hearing loss also contributes to physical health conditions which have been shown to be at a higher level than in the non hearing impaired population.

References.

Access Economics Report - The Economic Impact and Cost of Hearing Loss in Australia – February 2006.
Hearing Health as a National Health Priority – Deafness Forum submission made to the National Health Priority Review Committee, March 2006.

Term of Reference: Adequacy of current hearing health and research programs, including education and awareness programs.

Hearing Health

The current medical model of hearing health care is of a high standard, addressing as it does, the receptive component of post lingual hearing loss "what goes in", with the assessment and evaluation of a person's receptive hearing needs, followed by the provision of hearing aids, cochlear implants and assistive listening devices. The expressive component of a post lingual hearing loss, the psychological consequences of the devastating impact of what constitutes a significant, unwanted change in a person's everyday functioning, with the deteriorating level of the individual's ability to effectively respond to everyday communication requirements – has been virtually ignored.

With a few exceptions, there are no psychological counseling services in Australia. Psychologists do not receive training in the complex consequences and impact on the post lingually hearing impaired individual's mental health, family relationships, ability to socialize or earn a living. Additionally, there exist in Australia very few professional hearing rehabilitation specialists, who have the expertise to assist the hearing impaired person to develop insight into and deal with, the complex and often subtle effects of the impairment (eg. They can hear and understand one person's voice, but not another!) and develop appropriate and effective communication strategies for coping in a hearing world. ie there is a significant disparity in the delivery of hearing services in Australia – in particular, the dominate focus being on the provision of technological solutions – with only perfunctory attention given to pre and post fitting rehabilitative needs.

Mr. Vince Little, B. Teach(FET) B.Sc(Psych) Mast. Counselling – Hearing Loss Australia, has developed programs to address psychological psychological counseling and hearing rehabilitation programs for post lingually hearing impaired people, which are compliant with the Office of Hearing Services Rehab + requirements. Mr. Little has lived with a bilateral hearing loss for the past twenty years.

Mr. Graham Weir MA(Counsl) (Wash DC) Cert. Audiom (Syd) FAC Aud. Audiometrist and Rehabiltation Specialist, also hearing impaired, has developed suitable programs for post lingually hearing impaired people. In an open letter to parliamentarians, February 2008 – addressing the issue of Hearing Health of Australia, he proposed the following: (to quote)

> "I would suggest that the parliamentary committee's search for a suitable organizational vehicle to implement its findings, would be best served by the setting up of a research project addressing the concerns of the committee. The size of this grant, its terms of reference and the best institution to conduct it could be determined in consultation with the Deafness Forum of Australia, and the recognized industry bodies such as the Australian College of Audiology (ACAud) The Audiological Society of Australia (ASA), The Hearing Aid Audiometrists Society of Australia (HAASA) who would assist in the drafting of the call for tenders and the final selection and monitoring process.
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> I believe the selected institution should be independent of any government department such as the Office of Hearing, Australian Hearing or the National Acoustic Laboratories. Probably it would best be conducted by an independent, university based research team with a demonstrated interest and expertise in Rehabilitative Audiology. The opportunity to translate the research project's findings into practical training for audiologists and audiometrists, as well as the usual academic publications and conferences, would be vitally important to ensure the eventual adoption of its recommended procedures into the mainstream of hearing services delivery programs, nationally and internationally." (Unquote)

Hearing Awareness and Noise Prevention Programs.

As previously stated, research indicates that hearing loss in the Australian population is set to rise exponentially in the next two decades if nothing is done to prevent it. Whilst there are a number of contributing causes eg ototoxic drugs, disease, the primary cause of hearing loss is noise. Deterioration through the ageing process is also seen as a contributor – however, contrary to popular belief, hearing loss through aging is not the only causative factor in hearing loss in the elderly. It can also be caused through a lifetime of exposure to noise, or a combination of both ageing and noise exposure, not only as a result of the more obvious causes such as industry, discos – but prolonged exposure to street noise, shopping centres, tools around the home eg the ubiquitous lawn mower etc.

It is my contention that programs addressing awareness and prevention need to be at a national level

- using the television media and the Helos Hearing Loss Simulator which provides a subjective experience of the effects of hearing loss on communication, and is readily available as software. See http://hearingvision.com.new_page_9.htm
- provided as an essential part of education and training in universities, hospitals, education departments, rehabilitation centres.

References.

Erber N. Communication and Adult Hearing Loss. 1993 Clavis Publishing.
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Robertson M. Counselling Clients With Hearing Impairment, Toward Improved Understanding and Communication. 1999. International Journal for the Advancement of Counselling.
Smith J L et al A Health Policy for Hearing Impairment in Older Australians, What Should It Include? 2005 Australian Health Policy Institute. University of Sydney
Weir G Psychological Adjustment to Hearing Loss – A Frame of Reference for Rehabilitation Counselling. 1993 International Conference on Hearing Rehabilitation. Sydney
Weir G Communication Diet Therapy. An Extended Foundation For Hearing Rehabilitation. 2009 Audiology Online.
V. Little www.hearinglossaustralia.com.au

Term of Reference: Adequacy of access to hearing services, including assessment and support services and hearing technologies.

Peer group support provides an important service to the community. There currently operate in Australia, a number of peer group support organizations, with Deafness Forum of Australia, acting as the peak organization representing those organizations at federal level. Peer group support is very important to prelingually deaf people (the Deaf) and to the post lingually hearing impaired people, sometimes also referred to as hard of hearing.

Within peer groups the members have the opportunity to interact with others who are in a similar predicament, and therefore obtain some understanding of their communication difficulties, which is generally lacking in the wider community. This addresses the significant issue of social isolation / social inclusion.

Some of these organizations provide rehabilitation strategies consistent with non professional practices and can provide valuable adjunct support to professional Hearing Health Services - but they are undervalued and grossly under funded. There is also a poor pattern of referral from professional services. Suitable funding would enabled these groups to employ professional hearing health staff so that there is a holistic approach to meeting the needs of hearing impaired people. Provision of funding could be conditional to employment of professionals to work in tandem with consumers.

Term of reference: Implications of hearing impairment for individuals and the community.

A Personal Experience and Viewpoint.

I have been profoundly deaf since the age of seven. I am now seventy-one. During that time I have operated on the periphery of what goes on every day, and I often feel confused and vulnerable. Due to my hearing impairment, I cannot make accurate judgments about verbal events which affect me constantly. In attempting to interact with people, I frequently experience significant levels of stress, through not knowing if my judgment or responses to situations are accurate, and if these judgments or responses are going to result in adverse outcomes.

Peter Berger in 1977, postulated twenty five theses, related to the role of the consumer of health services, and the importance of their contribution toward the development of such services. These theses were widely circulated during the International Year of the Disabled in 1981. To quote two of these theses.

- Thesis 14. Every human being knows their own world better than any outsider (including the expert who makes policy
- Thesis 15. Those who are the objects of policy should have the opportunity to participate, not only in specific decisions, but in the definitions of the situations on which these decisions are based.

He goes on to add: What people say about their own reality must always be taken with great seriousness – not only because this is morally right, but failure to do so may lead to great and sometimes catastrophic practical consequences.

I believe this to be just as relevant today as it was then. There are 3.55 million Australians who are Deaf, hearing impaired or have a disorder of the ear. We all have a story to tell. We hope that the decisions makers listen to and act on what we as consumers have to say. The need for deaf and hearing impaired people to have the opportunity to live a life where they can reach their full potential demands it.

Peter Lindley