

Submission

Tasmanian Government 2018 -19 State Budget

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epilepsy
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Introduction

This submission outlines Epilepsy Tasmania's intentions to meet priorities outlined in the Healthy Tasmania Five Year Strategic Plan; Rethink Mental Health - Better Mental Health and Wellbeing - A Long-Term Plan for Mental Health in Tasmania 2015-25; One Health System Reforms; and Tasmania's Active Ageing Plan 2017-2022.

Epilepsy Tasmania is the state peak epilepsy community sector organisation, employing one full-time and three part-time staff and is governed by a volunteer skill-based board. The organisation has been highly strategic over the past year and this has resulted in exponential growth with demand now exceeding the current staff capacity. It has also seen an exponential increase in the number of statewide referrals, increasing from 52 in March 2017 to 240 in November 2017.

Last year, Epilepsy Tasmania commissioned independent research to ascertain how the disorder of epilepsy is specifically affecting the Tasmanian population, currently estimated to be one fifth of Tasmanians.

Epilepsy Tasmania: A Briefing Paper (November 2016) revealed new information that is better enabling it to address the needs of Tasmanians who are living with or affected by epilepsy, and helping politicians and healthcare professionals make better-informed decisions when planning for Tasmanian health matters.

A direct outcome of this research was a new action plan: *Stakeholder Engagement Framework: Engaging With The Tasmanian Epilepsy Community*. This document outlines specific strategies to engage with all stakeholders in order to meet the needs of Tasmanians living with or affected by epilepsy and the Tasmanian healthcare sector.

Tasmania has different health concerns to mainland Australia - an ageing population, the highest suicide rate, increasing obesity rates, the second highest national smoking rates, low socio-economics, and high unemployment levels. *Epilepsy Tasmania: A Briefing Paper (November 2016)* identified that Tasmanians with epilepsy also have one or more of these health concerns.

The NDIA does not consider epilepsy to be criteria for accessing the NDIS: epilepsy is a brain disorder not a disability. This will require a significant increase in the support and service-delivery capacity of Epilepsy Tasmania.

The World Health Organisation describes the stigma associated with epilepsy as more of a problem than the condition itself: *"Fear, misunderstanding and the resulting social stigma and discrimination surrounding epilepsy often force people with this disorder into the shadows."*

Research confirms that in Tasmania epilepsy remains widely misunderstood, with 53% of Tasmanians living with epilepsy experiencing discrimination at some point in their life, and 51% of those within the last 12 months: the most common place for discrimination is the workplace, followed closely by educational environments. Epilepsy Tasmania believes it can reduce the stigma and discrimination that surrounds epilepsy by increasing general awareness and understanding of the condition.

Only one-third of Tasmanians with epilepsy drive a car. The remainder are forced to rely on public transport or taxis, the cost of which are often prohibitive given that 55% are on low incomes - half below the poverty line - due primarily to heightened medical expenses and an inability of many to work full-time.

With its ageing population, Tasmania is seeing an increasing number of older people diagnosed with epilepsy. It is also up to eight times more common in people with other health conditions such as depression, dementia, heart disease and arthritis, which further affects seizure outcome and quality of life.

Summary of Recommendations

In light of the current health statistics and highlighted government priorities outlined in the introduction of this document, Epilepsy Tasmania is requesting financial assistance from the Tasmanian Government to increase provision of support and services to Tasmanians who are living with or affected by epilepsy.

The funding will deliver the following key performance outcomes:

- ✓ **Better support Tasmanians living with the chronic condition of epilepsy** and other co and multimorbidity health conditions.
- ✓ **Increase epilepsy education and support services** to the northwest, west and northeast coasts of Tasmania as well as the Furneaux Islands in the Bass Strait.
- ✓ Support the implementation of the **Educate Me, Include Me: Smart Schools** programme to every Tasmanian school.
- ✓ Support the implementation of the **Know Me, Support Me: Disability Resources** programme.
- ✓ Support the implementation of the **Understand Me, Support Me: Epilepsy In Later Years** programme.
- ✓ Support the implementation of the **Epilepsy Friendly Workplaces** programme.
- ✓ **Provide individualised and family/carers support services** including peer support.
- ✓ Implement epilepsy awareness and anti-stigma campaigns to **bring epilepsy out of the shadows**.
- ✓ Increase awareness among health professionals and care providers about **epilepsy as co and multimorbidity to other health conditions** and the additional level of support likely to be required.
- ✓ Build stronger partnerships with Primary Health Tasmania and General Practices to increase awareness of the support services available to Tasmanians with epilepsy and help **prevent unnecessary hospital admissions**.
- ✓ Increase support provided to GPs so **patients are more readily referred to services that respond quickly and in a non-hospital setting**.
- ✓ Increase the capacity of its free statewide telephone-based peer support service Epilepsy Connect to help **keep people out of hospitals and GP waiting rooms and reduce inequities in health based on rural location**.
- ✓ **Build community capacity by bridging the healthcare gaps** that exist between acute, clinical and community based services and support.

The budget required to achieve these recommendations is \$440,000 per annum, recurrent, and reviewed after three years.

About Epilepsy Tasmania

Epilepsy Tasmania is a not-for-profit organisation that has been improving the quality of life and community participation of Tasmanians living with or affected by epilepsy for over 40 years. It has offices in Launceston and Hobart and staff who travel statewide.

One fifth of Tasmania's population are living with or affected by epilepsy. 20,000 Tasmanians will develop epilepsy at some point during their life and an additional 80,000 people (carers, family members, classmates, colleagues, etc.) will be affected by epilepsy in some way.

By helping Tasmanians with epilepsy take control of their condition, Epilepsy Tasmania increases their capacity and independence, bridges the healthcare gaps that exist, and improves their quality of life. Specifically, it helps people establish new connections and support systems, communicate better with medical specialists, draw up personal epilepsy and/or medication management plans, provides epilepsy first-aid training, advocacy, support and advice.

The organisation has a strategic public relations and communications plan to improve awareness and understanding of epilepsy within Tasmania with the intention of reducing the stigma and discrimination that has long surrounded the condition.

Epilepsy Tasmania has been funding, through a bequest, the Tasmanian Epileptic Encephalopathy Project research since 2014. This research from the University of Melbourne and University of Tasmania has provided data for the first time data on the incidence of epileptic encephalopathy in Tasmania, and new forms of genetic mutations in local children with severe epilepsy.

This vital research project will shortly publish literature detailing the role of a particular gene in epilepsy and the range of genetic mutations found in Tasmanian children with epileptic encephalopathies.

Purpose

To improve the quality of life and community participation of every Tasmanian living with or affected by epilepsy.

Values

☒ Access

Every Tasmanian living with or affected by epilepsy needs access to resources that allow them to experience the highest possible quality of life.

☒ Inclusion

Regardless of age, location or demographic, every Tasmanian living with or affected by epilepsy deserves to feel safe and connected.

☒ Innovation

We strive to improve the services available to Tasmanians living with or affected by epilepsy, and ensure that individual needs are met and assistance is provided when and where required.

☒ Honesty

Remaining a trustworthy organisation that delivers on promises, operates transparently and is sincere in its attempts to assist Tasmanians living with or affected by epilepsy is genuinely important to us.

About Epilepsy

Epilepsy is a common brain disorder that takes the form of recurring seizures. It can develop at any age regardless of ethnicity or gender.

The NDIA does not consider epilepsy to be criteria for accessing the NDIS: epilepsy is a brain disorder not a disability. This will require a significant increase in the support and service-delivery capacity of Epilepsy Tasmania.

Evidence and Facts:

- ✓ 10% of Australians will have a seizure during their lifetime, and 3-4% will be diagnosed with epilepsy.⁴
- ✓ Epilepsy occurs in both males and females.¹
- ✓ Epilepsy can occur at any age, but is more common in children and those over 65* years of age.³
- ✓ One in 25 Australians (20,000 Tasmanians) will develop epilepsy at some point during their life.⁷
- ✓ An additional 80,000 people (carers, family members, classmates, colleagues, etc.) will also be affected in some way.⁷
- ✓ Tasmania has seen a dramatic increase in the number of statewide referrals, evident from referrals increasing from 52 in March 2017, to 194 in the four months between June and September 2017. Predicted numbers for the two months between October and November 2017 are over 240 referrals.
- ✓ There is an increase in demand for epilepsy-related services on the northwest and west coasts of Tasmania.
- ✓ People with epilepsy endure family dysfunction, reduced social and leisure opportunities, increased levels of anxiety, depression, and low self-esteem.⁷
- ✓ 53% of Tasmanians living with epilepsy experience discrimination at some point in their life, with at least 51% during the last 12 months.⁷
- ✓ People experiencing a seizure are often judged by onlookers as drunk or under the influence of drugs.
- ✓ An increasing number of older Tasmanians are being diagnosed with epilepsy, yet they can remain undiagnosed or be misdiagnosed because symptoms are harder to differentiate from other causes as we age.
- ✓ Epilepsy is up to eight times more common in people with other health conditions such as depression, dementia, heart disease and arthritis.
- ✓ People with epilepsy have an increased risk of social isolation due to the fear of experiencing a seizure in public as well as the possible loss of their driving license.
- ✓ People with epilepsy have a mortality rate 2 to 3 times that of the general population.⁵
- ✓ Epilepsy is ranked in the top five causes of avoidable death in the 5 to 29 age group.⁶
- ✓ Epilepsy responds to medication in approximately 70% of people.³
- ✓ Surgery and Vagal Nerve Stimulation Therapy may be appropriate treatments in some cases.³

Action 1: Healthy Tasmania Five Year Strategic Plan

Epilepsy Tasmania supports the Tasmanian Government's Healthy Tasmania Five Year Strategic Plan to ensure Tasmanians live healthier, longer lives.

The state's peak epilepsy chronic disease community sector organisation, Epilepsy Tasmania, will work with the Department of Health and Human Services, Tasmanian Health Service and Primary Health Tasmania to develop and implement anticipatory care approaches to help Tasmanians with chronic conditions such as epilepsy, remain well and in their home and community.

High rates of lifestyle-related risk factors have contributed to Tasmania having higher rates of multimorbidity than any other jurisdiction and this problem is getting worse. 50.3% of Tasmanians had three or more chronic conditions in 2014-15, increasing from 41.8% in 2011-12.

Epilepsy Tasmania is developing partnerships with Primary Health Tasmania to provide detailed information on health pathways, direct communications with GPs and collation of data in relation to hospital admissions.

Recent research from Primary Health Tasmania identified that of the people admitted to Tasmanian hospitals with a seizure, 41% are smokers and 21% have hypertension. It also noted that lower socio-economic areas have an increased number of people with epilepsy and/or seizure, and the areas most at risk are Brighton and the Northwest.

1 in 9 potentially preventable hospital admissions across Australia were Tasmanian residents admitted to hospital due to epilepsy or convulsions.

Epilepsy Tasmania's approach is to better support people with chronic conditions such as epilepsy, to reduce the impact on individuals, families, community and economy.

It is known that when people are healthy and well they require less support from health services, are likely to have higher rates of workforce participation and be more productive at work.

Epilepsy Tasmania's education and training initiatives align with the Healthy Tasmania goal of getting Tasmanians thinking about their health in new ways and encouraging new action to improve health outcomes. The organisation believes it can reduce the stigma and discrimination that surrounds epilepsy by increasing general awareness and understanding of the condition.

Its interactive, practical training improves people's understanding of the condition of epilepsy and level of first aid required during a seizure. It works with organisations of all sizes and across all sectors, and travel statewide to tertiary institutions, medical and allied health professionals, government departments, aged care facilities, childcare and support workers, emergency services, disability service providers and community groups.

The Tasmanian Government has identified a range of new community-led actions within four grassroots priority areas that share the responsibility for health and wellbeing and focus on preventative health measures.

Based on the research *Epilepsy Tasmania: A Briefing Paper (November 2016)* and the Healthy Tasmania Five Year Strategic Plan to keep people well, Epilepsy Tasmania has identified four priority areas it can deliver on:

- ☒ smoking
- ☒ healthy eating and physical activity
- ☒ community connections
- ☒ chronic conditions screening and management

Specific Strategies:

- ✓ Build community capacity by bridging the healthcare gaps that exist between acute, clinical and community based services and support.
- ✓ Epilepsy Tasmania will increase support provided to GPs so patients are more readily referred to services that respond quickly and in a non-hospital setting.
- ✓ Epilepsy Tasmania will increase the capacity of its free statewide telephone-based peer support service Epilepsy Connect to help keep people out of hospitals and GP waiting rooms and reduce inequities in health based on rural location.
- ✓ Increase Epilepsy Tasmania's education and support services to the northwest, west and northeast coasts of Tasmania as well as the Furneaux Islands in the Bass Strait.
- ✓ Epilepsy Tasmania will increase its efforts to improve understanding of epilepsy, epilepsy first aid, epilepsy management and Epilepsy Friendly Workplaces.
- ✓ Epilepsy Tasmania will focus on increasing awareness among health professionals of epilepsy as a comorbidity to other health conditions and the additional level of support likely to be required. (Comorbidity is when a person has more than one condition at the same time and is very common in people with epilepsy.)
- ✓ Increase reach of Open Gardens for Epilepsy events. In partnership with Blooming Tasmania, gardens across the state publicly open throughout the year to increase awareness of epilepsy within a healthy, relaxed environment.

“Community-led approaches to build community capacity are well recognised as a strategy to increase health and wellbeing.”

Local Government Association of Tasmania, submission on the Consultation Draft.

Action 2: Advocacy, education and training through promotion, prevention and early intervention.

Epilepsy Tasmania will meet priorities outlined in the Healthy Tasmania Five Year Strategic Plan; Rethink Mental Health and Wellbeing - A Long-Term Plan for Mental Health in Tasmania 2015-25; One Health System reforms; and Strong, liveable communities: Tasmania's Active Ageing Plan 2017-2022 with a strategic focus on education and training, advocacy, and awareness.

Epilepsy Tasmania understands that one of the priorities is to build community capacity by bridging the healthcare gaps that exist between acute, clinical and community based services and support. Its focus is around whole-of-community engagement centred on health and wellbeing, and supporting people to stay well in their homes and community.

Its trainers comprise of an allied health team with qualifications in nursing, social work, direct care, education care, occupational health and safety and the organisation is actively reducing the stigma and discrimination that surrounds epilepsy by increasing the general awareness and understanding of this widely misunderstood condition.

Epilepsy Tasmania's interactive, practical training improves understanding of the condition of epilepsy and the level of first aid required during a seizure. It works with organisations of all sizes and across all sectors, and travel statewide to tertiary institutions, medical and allied health professionals, government departments, aged care facilities, childcare and support workers, emergency services, disability service providers and community groups.

Epilepsy Tasmania is experiencing a dramatic increase in the number of referrals who are in need of its services and support: up from 52 in the ten months between June 2016 and March 2017, to 194 in the four months between June and September 2017. Predicted figures for the two months between October and November 2017 are for over 240 referrals.

Epilepsy Tasmania's key performance outcomes are based on the following principles:

Promotion - actions to maximise health literacy for physical and mental health and wellbeing.

Prevention - actions that build awareness and resilience towards understanding and preventing risk behaviours.

Early Intervention - actions that educate people about the early signs of the condition, reduce the impact of the chronic condition of epilepsy, future adverse outcomes and reduce the burden of the condition.

Epilepsy Tasmania's principles are based on the following facts:

- ✓ 10% of Australians will have a seizure during their lifetime, and 3-4% will be diagnosed with epilepsy.⁴
- ✓ People experiencing a seizure are often judged by onlookers as drunk or under the influence of drugs.
- ✓ Epilepsy can occur at any age, but is more common in children and those over 65* years of age.³
- ✓ One in 25 Australians (20,000 Tasmanians) will develop epilepsy at some point during their life.⁷

- ✓ An additional 80,000 people (carers, family members, classmates, colleagues, etc.) will also be affected in some way.⁷
- ✓ People with epilepsy endure family dysfunction, reduced social and leisure opportunities, increased levels of anxiety, depression, and low self-esteem.⁷
- ✓ 53% of Tasmanians living with epilepsy experience discrimination at some point in their life, with at least 51% during the last 12 months.⁷
- ✓ An increasing number of older Tasmanians are being diagnosed with epilepsy, yet they can remain undiagnosed or be misdiagnosed because symptoms are harder to differentiate from other causes as we age.
- ✓ Epilepsy is up to eight times more common in people with other health conditions such as depression, dementia, heart disease and arthritis.
- ✓ People with epilepsy have an increased risk of social isolation due to the fear of experiencing a seizure in public as well as the possible loss of their driving license.⁷
- ✓ Epilepsy is ranked in the top five causes of avoidable death in the 5 to 29 age group.⁶

Specific Strategies:

- ✓ Epilepsy Tasmania's specific focus is on promoting mental and physical health and wellbeing practices and lifestyles.
- ✓ Support the implementation of the nationally consistent "Educate Me, Include Me: Epilepsy Smart Schools" programme to every Tasmanian school to ensure students and teachers know what is required during a seizure and decrease the stigma and discrimination associated with epilepsy.
- ✓ Support the implementation of the Epilepsy Friendly Workplaces programme to encourage workplaces to become more inclusive and understand the impact of epilepsy on people living with or affected by the condition and the level of workplace support required.
- ✓ Increase provision of Epilepsy Tasmania's services and support to the northwest, west and northeast coasts of Tasmania as well as the Furneaux Islands in the Bass Strait.
- ✓ Improve health outcomes for older Tasmanians with epilepsy. There is a need to increase public education about the heightened risk of developing epilepsy in older age and the differences in its manifestation and medication side effects. Although increasing numbers of older Tasmanians are diagnosed with epilepsy, many more remain undiagnosed or are misdiagnosed because it becomes harder to differentiate from other conditions as we age. Older Tasmanians with epilepsy also have increased risks of seizure frequency, fractures, social isolation and cognitive concerns such as impaired perception, memory, judgement and reasoning. Epilepsy Tasmania can help address these issues by supporting the implementation of the nationally consistent "Understand Me: Support Me - epilepsy in later years" suite of resources that have been developed specifically for the aged care sector. The suite includes resources for older people living with epilepsy as well as their families, carers and aged care workers.
- ✓ Support the implementation of the nationally consistent "Know Me, Support Me - Disability Resources" programme to ensure people with a disability who are also living with epilepsy can access high-quality epilepsy support and services.
- ✓ Build stronger partnerships with Primary Health Tasmania and General Practices to increase awareness of the support services available to Tasmanians with epilepsy and help prevent unnecessary hospital admissions.

Action 3: Tasmania's Active Ageing Plan 2017-2022

Tasmania's Active Ageing Plan 2017 - 2022 is the Tasmanian Government's commitment to support people to maintain their health, increase their participation, continue to learn, and feel secure as they age.

Epilepsy Tasmania is committed to improving the health outcomes of older Tasmanians with epilepsy.

Increasing numbers of older Tasmanians are being diagnosed with epilepsy, but many more remain undiagnosed or misdiagnosed because epilepsy is harder to differentiate from other conditions as we age. Older Tasmanians with epilepsy also have increased risks of seizure frequency, fractures, social isolation and cognitive concerns such as impaired perception, memory, judgement and reasoning.

In relation to the four areas for action within Tasmania's Active Ageing Plan 2017 - 2022, Epilepsy Tasmania can deliver key performance outcomes in the following areas:

ONE: HEALTH

1. Supporting people to be active in managing their own health.
4. Improve access to mental and physical health care in rural communities.

TWO: LIFELONG LEARNING

6. Provide opportunities for diverse groups to share skills and knowledge.
8. Provide targeted information about education, training and learning opportunities.

THREE: PARTICIPATION

9. Strengthen the liveability of local communities.
13. Support a skilled, sustainable volunteering sector.

FOUR: SECURITY

16. Assist people to access appropriate cost of living support.
19. Support older people to maintain independence as they age.

Specific Strategies:

- ✓ Improve health outcomes for older Tasmanians with epilepsy by increasing public and health sector education about the heightened risk of developing epilepsy in older age and the differences in its manifestation and medication side effects. Although increasing numbers of older Tasmanians are diagnosed with epilepsy, many more remain undiagnosed or are misdiagnosed because it becomes harder to differentiate from other conditions as we age.
- ✓ Increase awareness that older Tasmanians who have epilepsy also have increased risks of seizure frequency, fractures, social isolation and cognitive concerns such as impaired perception, memory, judgement and reasoning.
- ✓ Support the implementation of the nationally consistent "Understand Me: Support Me - Epilepsy In Later Years" suite of resources that has been developed specifically for the aged care sector and assists older people living with epilepsy as well as their families, carers and aged care workers.

Investment Required to Implement

Current Funding Limitations

Epilepsy Tasmania receives recurrent funding from the Tasmanian Government that meets 50% of its service delivery costs. The organisation raises its remaining financial requirements through fundraising, sponsorship and donations. It is also implementing proactive measures to reduce longterm reliance on government funding through the establishment of an Endowment Fund and future national income ventures of Epilepsy Connect and Open Gardens for Epilepsy.

Epilepsy Tasmania has seen a dramatic increase in the number of statewide referrals. Up from 52 in the ten months between June 2016 and March 2017, to 194 in the four months between June and September 2017. Predicted numbers for the two months between October and November 2017 are over 240 referrals.

There is also a significant increase in demand for epilepsy-related services on the northwest and west coasts of Tasmania.

Funding currently allows only for the employment of two part-time educators. With the existing and forecast increase in demand on its services, Epilepsy Tasmania requires additional financial support from the Tasmanian Government in order to deliver the Government's priorities and bridge the gap to build community capacity between acute, clinical and community-based services and support. For example, hiring full-time instead of part-time staff will triple Epilepsy Tasmania's delivery capacity.

The funding will deliver the following key performance outcomes:

- ✓ **Additional education and training staff** to deliver key performance outcomes.
- ✓ **Better support Tasmanians living with the chronic condition of epilepsy** and other co and multimorbidity health conditions.
- ✓ **Increase epilepsy education and support services** to the northwest, west and northeast coasts of Tasmania as well as the Furneaux Islands in the Bass Strait.
- ✓ Support the implementation of the **Educate Me, Include Me: Smart Schools** programme to every Tasmanian school.
- ✓ Support the implementation of the **Know Me, Support Me: Disability Resources** programme.
- ✓ Support the implementation of the **Understand Me, Support Me: Epilepsy In Later Years** programme.
- ✓ Support the implementation of the **Epilepsy Friendly Workplaces** programme.
- ✓ **Provide individualised and family/carers support services** including peer support.
- ✓ Implement epilepsy awareness and anti-stigma campaigns to **bring epilepsy out of the shadows**.
- ✓ Increase awareness among health professionals and care providers about **epilepsy as co and multimorbidity to other health conditions** and the additional level of support likely to be required.

- ✓ Build stronger partnerships with Primary Health Tasmania and General Practices to increase awareness of the support services available to Tasmanians with epilepsy and help **prevent unnecessary hospital admissions.**
- ✓ Increase support provided to GPs so **patients are more readily referred to services that respond quickly and in a non-hospital setting.**
- ✓ Increase the capacity of its free statewide telephone-based peer support service Epilepsy Connect to help **keep people out of hospitals and GP waiting rooms and reduce inequities in health based on rural location.**
- ✓ **Build community capacity by bridging the healthcare gaps** that exist between acute, clinical and community based services and support.

The budget required to achieve these recommendations is \$440,000 per annum, recurrent, and reviewed after three years.

Appendix - evidence to support submission

1. World Health Organization. Executive summary. In: Atlas: Epilepsy care in the world. Geneva: WHO, 2005.
3. Brodie MJ, Schachter SC. Fast facts– epilepsy. Oxford: Health Press Limited, 1999.
4. Hauser, W. A., Annegers, J. F., & Rocca, W. A. (1996). Descriptive epidemiology of epilepsy: Contributions of population-based studies from Rochester, Minnesota. *Mayo Clinic Proceedings*, 71(6), 576-586.
5. Gaitatzis A, Sander JW. The mortality of epilepsy revisited. *Epileptic Disord* 2004;6(1): 3-13.
6. Victorian Government Department of Human Services. Avoidable mortality in Victoria: Trends between 1997 and 2003. Melbourne: Victorian Government DHS, 2008.
(Paneli, R., Chapman, D. and Shears, G. (2009) A Fair Go for People Living with Epilepsy in Australia, Joint Epilepsy Council of Australia, Australian Chapter of the International Bureau for Epilepsy)
Despite thorough medical investigation in about half of cases no clear underlying cause is found. Gavvala, J and Schuele, S. New-Onset Seizure in Adults and Adolescents: A Review. *JAMA*. 2016; 316(24):2657-2668. doi:10.1001/jama.2016.18625
Current research has identified that in many cases of epilepsy in very young children, genetics play an important role.
Reference for slide: Gavvala J.R, MD MSCI, Schuele S.U, MD, MPH. Epilepsy *JAMA* December 27, 2016 Volume 316, Number 24

The incidence of epilepsy increases dramatically with age, although epilepsy can develop at any age the **over 60 years** age group is now being recognised as being the most vulnerable and fastest growing group of the general population in developed countries. (Hesdorffer, D.C., Logroscino, G., Benn, E.K.T., Katri, N., Cascino, G. and Hauser, W.A., 2011. Estimating risk for developing epilepsy A population-based study in Rochester, Minnesota. *Neurology*, 76(1), pp.23-27.)

4th most common neurological condition – only migraine, stroke, and Alzheimer's disease occurs more frequently (Joseph I. Sirven, MD. Patricia O. Shafer, RN, MN. (2014). Retrieved from <http://www.epilepsy.com/learn/epilepsy-statistics>

There is a linkage with an increased incidence of epilepsy with other cognitive, behavioural and psychiatric conditions that may share a common underlying neurological cause Eg/ Autism (stats vary from 4-20% depending whether an ID is involved), intellectual disability (25% increase in incidence) and psychiatric disorders.
The incidence of epilepsy is also increased in conditions where there is a physical or structural abnormality in the brain_(eg/ 40% increase in incidence with Cerebral palsy) Panayiotopoulos C.P (ed) (2010) Atlas of Epilepsies (Volume1) p67-68 Anu Venkat MD (2016) retrieved from URL <https://www.epilepsy.com/learn/professionals/joint-content-partnership-aes/complex-relationship-between-autism-spectrum> in Nov 2017

7. Epilepsy Tasmania: A Briefing Paper (November 2016)

Epilepsy Tasmania Stakeholder Engagement Framework: Engaging With The Tasmanian Epilepsy Community.

Healthy Tasmania Five Year Strategic Plan

Rethink Mental Health - Better Mental Health and Wellbeing - A Long-Term Plan for Mental Health in Tasmania 2015-25

One Health System Reforms

Tasmania's Active Ageing Plan 2017-2022