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Submission to the inquiry into the Accessibility and quality of mental health services in rural and remote Australia

The National Mental Health Consumer and Carer Forum (NMHCCF) welcomes the opportunity to provide comment on the accessibility and quality of mental health services in rural and remote Australia.

The NMHCCF is a combined national voice for mental health consumers and carers. We listen, learn, influence and advocate in matters of mental health reform. The NMHCCF was established in 2002 by the Australian Health Ministers' Advisory Council. It is funded through contributions from each state and territory government and the Australian Government Department of Health. It is currently auspiced by Mental Health Australia.

NMHCCF members represent mental health consumers and carers on a large number of national bodies, such as government committees and advisory groups, professional bodies and other consultative forums and events. Members use their lived experience, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

There are a wide range of issues that affect the accessibility and quality of mental health services in Australia and these are exacerbated in rural and remote areas.

Mental health is influenced by social circumstances, feelings of isolation, low income, unemployment and the environment a person lives, including poor access to basic services.¹ People living in rural and remote Australia have less access to health care compared to those living in metropolitan areas, report greater feelings of isolation and experience greater levels of unemployment, all contributing to the number of Australians in these regions having poorer health outcomes.²

Mental health and wellbeing in rural and remote Australia is not significantly different than those in metropolitan areas,³ however, the rate of same day and overnight mental health hospitalisations in remote Australia is 28 percent higher than in major cities.⁴

¹ World Health Organization and Calouste Gulbenkian Foundation (2014). Social determinants of mental health. Geneva: World Health Organization.

² AIHW (2016). Australia's health 2016. Australia's health no. 15. Cat. no. AUS 199. Canberra: AIHW.

³ Australian Bureau of Statistics (2011). 4102.0 - Australian Social Trends.

⁴ Healthy Communities (2014). Hospitalisations for mental health conditions and intentional self-harm in 2013–14 – Report. MyHealthyCommunities.



Evaluation findings indicate the Better Access initiative has increased access to and use of mental health services, and consumers have reported a reduction in psychological distress and symptom severity upon completing treatment. However, it was also reported that people living in rural and remote communities are still at a disadvantage and not accessing the services they need.⁵ Increasing access to preventative, on-going and emergency mental health care in rural and remote areas can contribute to better outcomes.

High costs

The costs associated with accessing and providing mental health care in rural and remote areas are a barrier and deterrent to mental health consumers and carers, and service providers.

People living in rural and remote communities have lower average incomes and higher unemployment than people living in metropolitan areas.⁶ It has been demonstrated that mental health can be shaped by employment status and the income of individuals and households. For example, young people (10-15 years old) from low socioeconomic backgrounds are 2.5 times more likely to be diagnosed with anxiety and depressed moods than those with high socioeconomic status.⁶ It is also common for people who are unemployed to experience feelings of insecurity and hopelessness.⁷ It is unlikely that an individual with little or low income will be able to afford specialist support and treatment, particularly in rural and remote Australia, where costs are reportedly higher.⁸

The incentives for qualified and experienced mental health professions to work in rural and remote regions are not enough to satisfy the demand, resulting in significant mental health workforce shortages.⁹ There are only three psychiatrists per 100,000 population and 30 psychologists per 100,000 population employed in remote and very remote areas.¹⁰ Three in five people living in remote and very remote areas do not see a specialist provider solely because there is not one nearby.¹¹

This lack of mental health services can consequently have negative impacts on general health services, as people in remote and rural areas frequently go to the emergency department of the local hospital when no general or mental health practitioner is available.

Travel

People in rural and remote areas are often forced to travel to major cities for treatment, as general health staff in their area may lack the knowledge and expertise to treat someone with a mental health issue. A lack of appropriate understanding and knowledge about mental illness can cause added trauma and distress to individuals and communities, particularly if a patient is left in isolation or needs to be transported away from home and their support networks to receive treatment.

⁵ Department of Health (2014) Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: questions and answers.

⁶ Australian Institute of Health and Welfare (2017). Rural & remote health, Rural health.

⁷ Australian Bureau of Statistics (2007) 4326.0 - National Survey of Mental Health and Wellbeing: Summary of Results.

⁸ Bishop, L., Ransom, A., Lavery, M., & Gale, L. (2017). Mental health in remote and rural communities. Canberra: Royal Flying Doctor Service of Australia.

⁹ Australian Institute of Health and Welfare (2018) Mental health services in Australia, Summary.

¹⁰ Department of Health. (2017). The Fifth National Mental Health and Suicide Prevention Plan (p. 6). Canberra: Department of Health.

¹¹ Australian Institute of Health and Welfare (2018) Survey of Health Care: selected findings for rural and remote Australians, Summary.



Patient transportation is often a slow process, and can sometimes involve the use of sedation or restraints, which can be traumatising and stigmatising. In 2017, there were 9.2 physical restraint events per 1,000 bed days and 1.7 mechanical restraint events per 1,000 bed days nationally.¹² Further trauma can arise when patients wake in a location that is foreign, and without any familial, cultural or other support. We are aware of cases where, upon discharge, consumers may need to find their own way home, and carers and families may not be advised of their discharge.

There is often limited accommodation and travel compensation available for family and friends to join their loved ones in a metropolitan setting, which can further isolate them. In relation to NDIS participants with a psychosocial disability associated with a mental illness, the NDIS only offers transport to participants and does not extend this to carers or family. This oversight demonstrates a lack of understanding to the personal and also economic advantages to giving a mental health consumer the care required.

Stigma

The negative stigma that can be associated with seeking mental health treatment in metropolitan areas is magnified in rural and remote areas. People living in rural and remote Australia are more likely to withdraw than to seek help.¹³

Rural and remote mental health consumers find it difficult to use what limited services there are within the community, as health staff are likely know to them and or family and friends. This hesitation to access services due to a concern of being known extends to unwillingness to make a complaint or provide honest feedback. This can lead to lower quality service provision.

Along with improving access to services, work must be done to encourage help seeking behavior and reduce the stigma associated with mental illness.

Vulnerable groups

Vulnerable people, including people from culturally and linguistically diverse (CALD) backgrounds, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) peoples and Aboriginal and Torres Strait Islander peoples require a level support that is lacking in rural and remote Australia.¹⁴

People from CALD backgrounds face a lack of information about mental illness, as mental health services are often not in appropriate and accessible formats for this group. Poor communication and cultural differences between consumers and clinicians have been reported as major barriers to timely access to mental health services.¹⁵

Over five percent of LGBTI adults live in rural and remote areas. The mental health of LGBTI people is among the poorest in the country and the LGBTI community self-report as having 'incredibly poor or non-existent' culturally safe access to mental health care.¹⁶ LGBTI people face a range of issues in rural and remote areas. Concerns for breaches in confidentiality, stigma, social

¹² National Mental Health Commission. (2017). Report on Mental Health and Suicide Prevention (p. 42). Sydney: National Mental Health Commission.

¹³ Hoolahan B (2002) *'The Tyranny of Distance'. Issues that impact on mental health care in rural NSW*. Orange. NSW: NSW Centre for Rural and Remote Mental Health.

¹⁴ Australian Bureau of Statistics (2016) 2024.0 - Census of Population and Housing: Australia Revealed.

¹⁵ Long H, Pirkis J, Mihalopoulos C, Naccarella L, Summers M, Dunt D (1999) *Evaluating Mental Health Services for Non-English Speaking Background Communities*. Melbourne: Australian Transcultural Mental Health Network,.

¹⁶ National LGBTI Health Alliance (2018) *The Statistics at a Glance: The Mental Health of Lesbian, Gay, Bisexual, Transgender and Intersex People in Australia*.



exclusion and withdrawal from the community further compound the difficulties a LGBTI person faces in accessing mental health services in rural and remote Australia.

Twenty percent of Aboriginal and Torres Strait Islander peoples live in rural and remote areas.¹⁷ This population has the highest rates of suicide in the country. Self-harm amongst Aboriginal and Torres Strait Islanders people is more than twice that of non-Aboriginal Australians and suicide is the leading cause of death for Aboriginal and Torres Strait Islander peoples.¹⁸ The availability of mental health services in rural and remote Australia declines the more remote the community. As previously noted, small population size increases the prospect of a consumer knowing the local mental health professional, decreasing the likelihood of this person accessing the service.¹⁹

Technology

The NMHCCF believes technological advances are not taken full advantage of in rural and remote areas, where they could be an asset and provide opportunities for further innovation to provide services remotely.

Technology can be used to provide assessments and treatment if correct training and environments are provided. Mobile apps can provide much sought after anonymity for people seeking help and allow the user to monitor changes in their habits, which may bring attention to a change in their mental health.

There are also great advantages for general health providers to have increased access to technologies that assist in diagnosis and prompt for referral when needed. To benefit from technology advances, access to reliable internet and computers, and training in their use in remote and regional areas, must improve.

Improving the accessibility and quality of mental health services in rural and remote Australia is vital to improving the overall health of Australia. On behalf of the NMHCCF, we thank you for the opportunity to provide feedback to this important inquiry.

Yours sincerely

Handwritten signature of Lorraine Powell in black ink.

Lorraine Powell
Consumer Co-Chair

Handwritten signature of Emma Donaldson in black ink.

Emma Donaldson
Carer Co-Chair

¹⁷ Australian Bureau of Statistics (2016) 2024.0 - Census of Population and Housing: Australia Revealed.

¹⁸ Australian Bureau of Statistics (2016) 3303.0 - Causes of Death, Australia.

¹⁹ Parliament of Australia (2018) Chapter 16 - Services for rural, remote and Indigenous Australians.