phn NORTHERN TERRITORY
An Australian Government Initiative

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Committee Secretary
Department of the Senate
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Canberra ACT 2600
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Dear Senate Standing Committee Members

The accessibility and quality of mental health services in rural and remote Australia

Northern Territory PHN (NT PHN) is the Primary Health Network for the Northern Territory (NT). We work towards improving health outcomes of the NT population, through building local partnerships and directing resources towards an integrated, high quality primary health care system. NT PHN is one of 31 Primary Health Networks established across Australia to coordinate primary health care delivery and address local health care needs and service gaps. Our organisation is a not for profit company, with Members being the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the NT Government Department of Health and the Health Providers Alliance Northern Territory. As such, we are uniquely placed – spanning the Aboriginal community controlled, public, and private health sectors – to affect change in the NT.

NT PHN has reviewed the Terms of Reference for the inquiry into the accessibility and quality of mental health services in rural and remote Australia and we would like to make this submission to highlight some of the key issues and considerations.

a. The nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate

There is a range of complex and interrelated factors that impact on the accessibility and quality of mental health services in rural and remote communities in the NT. The scarcity of services, in particular across the spectrum of low to high intensity mental health services, in rural and remote areas due to the wide geographic spread of a small population is a key cause for rural and remote Australians accessing mental health services at a lower rate. A 'thin' market in a very large geographic area means that there are limited public and private services available to meet need, particularly during after-hours. In every region in the Territory, the mental health system is described as being unresponsive after-hours and on weekends, with the exception of hospital emergency departments. [1]Even where services are available, people are unable to use them due to lack of reliable and affordable transportation. Aboriginal and Torres Strait Islander people also have an expectation of culturally safe referral systems and services. Work is ongoing in achieving this across the service landscape.

People in rural and remote areas are often unaware of how to access mental health care or even what options are available. Health professionals are also often unaware of how to navigate the fragmented mental health

[1] Northern Territory Mental Health Coalition-Mental Health and Suicide Prevention Service Review 2017

systems in Australia.[2] NT PHN is currently working to develop NT HealthPathways to address this but the complexity of articulating this requires considerable investment to effectively document it. Communications barriers due to linguistic differences can also contribute to this issue. Access to mental health services may be enhanced through increasing mental health literacy.

Stigma around mental illness and the reluctance to talk about it contributes to rural and remote Australians accessing services at a lower rate. There can often be apprehension around seeking help, especially in smaller communities where individuals are more visible and confidentiality may be less assured.[3] It takes time to earn the trust of people living in communities before they feel comfortable talking to mental health professionals. Rural stoicism stigma and self- reliance makes it more likely that rural people will withdraw rather than seek help from appropriate mental health and support services. People in these areas often have resilient attitudes and do not recognise the need to seek mental health support. Stigma is a key reason why solutions such as telehealth mental health support, for example interstate support opportunities and as a whole solution rather than just for some visits is very important.

b. The higher rate of suicide in rural and remote Australia

Suicide rates in remote and very remote areas occur at a much higher rate than in major cities. Particular groups that are acutely impacted include men, young men, primary producers (farmers), Lesbian, Gay Bisexual, Transgender and Intersex people and Aboriginal and Torres Strait Islander people. People living in rural and remote areas encounter a range of stressors unique to living outside major cities, including greater prevalence of some chronic conditions and disability, and generally poorer health. Rates of smoking, risky drinking and illicit drug use are also higher. Social and emotional determinants of health are a significant causative factor for poor mental health in these regions. There are fewer employment opportunities leading to lower incomes and less financial security. There is also greater exposure and vulnerability to natural disasters, while rates of overcrowding, housing stress, and homelessness are higher. Inter-generational trauma associated with the impacts of colonization, cultural dislocation and child protection practices contribute to mental health disorders.

Limited access to culturally appropriate services and uptake of these services is a key contributor to the higher rate of suicide in rural and remote Australia. 81 percent of Aboriginal and Torres Strait Islander Territorians live in remote or very remote locations and have reduced options for accessing mental health services.[4] People in these areas have poor access to specialized care, have lower incomes leading to an inability to pay for transport to and from services and have limited or no access to public transport. Many communities have no resident mental health services and rely on visiting services. People requiring services often have to travel away from their families, which is an additional stressor and denies people an important source of social support. There is currently limited data to support an evidence- informed approach to suicide prevention, particularly in Aboriginal communities.

There is no one-size-fits-all approach to reducing suicide rates in regional communities. A prevention strategy that works in one community, may have very little impact in another. To ensure culturally appropriate services

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[2] Mental Health Council Australia- Access to Health Services by People with Mental Illness

[3] National Rural Health Alliance Inc- Mental Health in Rural and Remote Australia- http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[4] Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results. Statistics, 100. doi:Catalogue no. 4326.0

are developed in rural and remote areas, community consultation and engagement are essential. Darwin is one of twelve regions chosen for the Australian Government's National Suicide Prevention Trial (NSPT). NT PHN is rolling out the Darwin trial, which aims to identify the best approach to suicide prevention amongst Aboriginal and Torres Strait Islander people in the Darwin region and will target people who have attempted or are identified as at a high risk of attempting suicide. A range of community and youth forums have been held and a NSPT Steering Committee was established, which includes key stakeholders from federal, state and local governments, general practitioners, mental health service providers, Aboriginal Community Controlled Health Services, community members, NT PHN and education representation. These consultations along with best practice and evidence base will inform the development of a systems based approach to suicide prevention for the local community.

c. The nature of the mental health workforce

This is a major challenge in providing mental health services in regional and remote communities. Growing and developing the private and public mental health workforce is a priority. There is a complex range of factors that add to the difficulty of retaining suitably trained professionals including the difficulty in attracting people with the right skills, the cost of attracting and retaining staff in rural locations, the inability to keep staff in regional locations for a long period and staff burnout. Evidence shows that many older health professionals have made their careers living and working in rural communities but that the majority of younger tertiary- qualified professionals coming through the system are moving to regional communities to gain experience to enable a move back to coastal towns and cities. Opportunities for career advancement are not available in rural communities.

A well-trained, well-supported and well-resourced Aboriginal mental health workforce is widely seen to be critical to the delivery of equitable, culturally engaged mental health care for Aboriginal people in the NT. In some rural and remote regions, the size of the Aboriginal mental health workforce appears to be in decline.[5] There is also a lack of Registered Training Organisations currently delivering culturally appropriate, accessible, accredited mental health training and education in the NT. Ensuring privately funded yet affordable private mental health teams are accessible across the NT will allow resourcing to be used where it is most needed. Current costs of private mental health care are forcing many NT residents back into the sparse Public Health system where subsidy or increased workforce numbers would assist in keeping private options accessible to more NT residents. Some difficulties in ensuring well supported community mental health service provision is professional development opportunities and difficulties raised by identifying 'special interest'.

d. The challenges of delivering mental health services in the regions

There are many challenges to delivering health services in rural and remote regions including workforce, which has been identified above. Other challenges, which are also interrelated include:

- Wide geographical spread and costs
  The wide geographic spread of a comparatively small and sparsely distributed population is a key challenge. Cost of providing services increases with remoteness while the availability of existing infrastructure and workforce become more limited. Transport to and from rural and remote areas and

[5] Northern Territory Mental Health Coalition- Mental Health and Suicide Prevention Service Review 2017

accommodation expenses associated with service delivery in these areas remain exceptionally high in the NT. Short-term funding periods and last minute notification of funding decisions also impacts negatively on providers' ability to forward plan, retain staff, develop programs and maintain continuity of service delivery. Inflexible funding also makes it impossible to tailor programs to meet the needs of a particular community or individual.

- Linguistic and cultural differences
  Ensuring culturally appropriate care and services is a key to the delivery of mental health services in these regions. A genuine understanding of the cultural parameters of a region is needed to provide effective services. Linguistic differences often means that an interpreter may be required to gather relevant information as part of the assessment and to ensure that the client is empowered and informed throughout treatment.

- Service coordination and integration
  People living with mental illness and their carers experience frustration and marginalization in navigating a mental health system that often appears fragmented, over-worked and under-resourced. [6] To increase coordination and integration in the NT, and to ensure that the perspectives of people with mental illness and carers are embedded in service development, NT PHN has recently undertaken a co-design approach to developing Social and Emotional Wellbeing services. This co-design approach is key to ensuring best practice delivery of services that meet the needs of the community and that the services would be delivered in a strengths based, culturally safe way. The benefits of this kind of approach to service planning are that there is a shared commitment and support, it provides community empowerment, stakeholder buy-in and it builds trust. Where possible, NT PHN contracts Aboriginal-specific health programs and services through Aboriginal Community Controlled Health Services.

e. Attitudes towards mental health services

As mentioned under section (a), there is a stigma and often discrimination from friends, family, employers and the community around mental illness and seeking mental health support.[7] Clinical settings are not conductive to mental health treatment for Aboriginal and Torres Strait Islanders.[8] Appropriate service provision would be delivered in less formal/ non-clinical settings, in groups and this would address the social context of issues in particular family contextual issues.[9]

If a person is unable to access a service when they need it or if a person has a poor experience dealing with mental health services this can lead to lack of trust and an indifferent view. The constant turnover of staff can also impact attitudes. To encourage people to access mental health services they need to be affordable, available and responsive instead of expensive, difficult to access and have long waiting periods.

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[6] Mental Health Coalition- Mental Health and Suicide Prevention Service Review 2017

[7] Queensland Government- Understanding mental health and reducing stigma- https://www.qld.gov.au/health/mental-health/understanding

[8] Northern Territory PHN Mental Health and Suicide Prevention Needs Assessment- https://zdcgoj.corednacdn.com/files/NT%20PHN_MHSP%20Needs%20Assessment%20Review_15Nov2017_FOR%20WEB.pdf

[9] Roberts, J., & Hefler, M. (2016). Access to Allied Psychological Services (ATAPS) Independent Evaluation

f. Opportunities that technology presents for improved service delivery

The development of new technologies and expansion of existing ones would contribute to overcoming the difficulties associated with remoteness, transport, workforce shortages and privacy. The use and expansion of telehealth or tele psychiatry would provide great benefits including:

- Removing the concern of being seen walking into a clinic
- Eliminate the concern that the physician might know the individual or his/her family
- It would link people directly to experience professionals who are also linked to other services
- It would provide access to a service that a person might not have had access to, or had to travel significant distances for.

Families and carers in rural and remote areas often have to provide ongoing support to family members in the absence of any community support services. Understanding the specific support needed for carers, psychological support for children, aged care mental health support and eating disorder management is challenging, however, new technologies would provide opportunities to provide information about mental health and mental illness and help to connect people living in rural and remote communities with support groups.[10] The increasing use of tele health would improve access to health professionals, including psychologists and psychiatrists, who are not available locally but it would also provide supportive networks for isolated health professionals through access to educational activities for professional development and for professional, social and emotional support. Medicare funding is needed to support telehealth for all of a person's mental health services and not just elements of it, as it is currently. This change would have a huge impact in the NT. The measure introduced last year by the Department of Health[11]requires visits to initially be face-to-face before being eligible for the telehealth component. This greatly limits the accessibility to those most in need as they cannot access those first sessions to then be eligible or they have no choice in provider.

Key considerations to the expansion of telehealth are internet access and having people who are properly trained and experienced delivering services. If individuals have bad first-up experiences with telehealth or telepsychiatry services, it will damage the attitudes towards theses services.

Other related matters

When considering mental health services in rural and remote areas of Australia the change that the NDIS presents needs to be considered. The same things that make it difficult to provide mental health services in rural parts of the NT complicates the delivery of the NDIS.

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[10] Australian Government Department of Health- *http://health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-pop~mental-pubs-p-mono-pop-rur*

[11] Department of Health-
http://www.health.gov.au/internet/main/publishing.nsf/Content/7711F1B8AF63FD55CA2581B50006892D/$File/Better%20Access%20Telehealth%20Guidelines%20-%2017%20October%202017.pdf

Thank you for the opportunity to provide this submission. NT PHN consents for this submission to be publicly released with our details. Should any further information be required, please contact me

Yours faithfully

Nicki Herriot
Chief Executive Officer