MISSION AUSTRALIA

Accessibility and quality of mental health services in rural and remote Australia

Submission

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

About Mission Australia

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, consumer-centred community services. In the 2016-17 financial year we supported over 140,000 Australians through 470 programs and services. We work with individuals, families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and drug issues.

We deliver community mental health services in most states and territories, including the Commonwealth Government funded Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR) and Family Mental Health Support Services (FMHSS), and a range of state and territory government funded programs. In 2016-17 we assisted over 6,400 consumers through our 51 mental health specific services and 23,730 people with mental health issues across all of our 470 services nationwide.[1] We are committed to recovery orientated practice and excellence in mental health service delivery and are continuously improving our service delivery to meet the needs of our clients with mental health concerns.

Mission Australia welcomes the opportunity to provide input into the inquiry into accessibility and quality of mental health services in rural and remote Australia. This submission is based on a combination of research and insights from direct service provision in a range of regional and rural services across Australia.

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

Accessing mental health services can be challenging for people due to social and cultural factors, attitudes and understanding of mental health and awareness of available services in local areas. Travel distance, time and costs as well as limited availability of staff or significant waiting periods to access services of mental health professionals can act as inhibitors to seeking support in rural and remote areas.

Limited education and understanding about mental health issues increase the risk of conditions developing into more severe issues. This lack of mental health literacy, particularly in rural and remote

[1] Mission Australia, Annual Report, 2017, p. 28, accessible at: https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2017

areas also contributes to stigma, reluctance to seek help, and misunderstandings about mental health services.[2]

Anonymity is a vital aspect for many people accessing mental health services. People living in smaller close-knit communities are apprehensive about seeking support to address mental health issues due to stigma and judgement from their families and community members.[3]

> "Stigma is a big concern in rural communities and services are often too few and far between ... In areas with smaller populations that are made up of communities that lived in those areas for generations, everybody knows everybody … it is likely that the health professionals have connections to someone they [people seeking supports] know. This can cause tension and discourage people from seeking supports."
>
> -Mission Australia, Area Manager NSW-

Trust is an essential element in service provision as people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of mental health supports.[4] Building these relationships requires thoughtful investment of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios,[5] lack of accredited professionals such as therapists, nurses and psychologists, and uncertainty of funding[6] to continue support programs. Significant investment of financial and human resources is needed to ensure that services in rural and remote areas are able to build relationships and trust within local communities.

Limited availability of supports and services and the lack of public transportation, especially given the long distances rural families have to travel for services may impact on accessibility of mental health services. Transport related costs and travel time also exacerbate issues of people experiencing financial hardships as they may not have the financial capacity to take time off work or cover the cost of travel.

> "Sometimes clients have to wait a month or more to get [mental health] clinical assistance. That doesn't help someone who has a severe problem ... Hospitalisation hours away from home might be their only option …
>
> There are some areas [in QLD] where they have increased the number of visits and they try to send the regular people [clinicians] but what we need is someone on the ground to deliver services … There should be a one stop-shop that meets the clinical, cultural and social needs of people in the community."

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[2] A. Jorm, Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health, American Psychologist, Advance online publication, 2011, accessible at: http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in_press.pdf

[3] M. Pullmann, S. VanHooser, C. Hoffman, and C. Heflinger, Barriers to and Supports of Family Participation in a Rural System of Care for Children with Serious Emotional Problems, *Community Mental Health Journal*, 2010 Jun; 46(3), pp 211–220.

[4] W. Gaebel, *et al,* EPA guidance on building trust in mental health services in European Psychiatry 29, 2014, 83–100.

[5] Rural Health West, *Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations*: *contemporary review of the literature,* 2014, p. 9.

[6] Mental Health Australia, *Continuity of Funding Survey – At a Glance,* 2014, accessible at: https://mhaustralia.org/sites/default/files/docs/continuity_of_funding_survey_-_at_a_glance.pdf

- Mission Australia, Cultural Officer – Townsville QLD

Mission Australia's services have observed that once a person engages or makes initial contact with a mental health service, the majority of clients require continuous follow-up to ensure they remain engaged with the services. Funding for services should include proactive-outreach where case workers actively engage clients over the phone or visit them in person if they miss appointments or are likely to disengage from services.

Case Study

Lilly* is a 14 year old female who was referred to the Navigator program in Dandenong, Victoria by the wellbeing officer at school for having significant school absences. Through this intervention it was identified that Lilly had witnessed significant sexual abuse, perpetrated by her father towards her younger sibling. Lilly was referred to mental health services through the police.

Lilly's ability to engage with staff was limited due to the trauma she experienced and her significant trust issues, in particular with adults. In addition, Lilly struggled to leave the family home, placing further limitations upon her ability to access suitable support services. Mental Health support was assessed as being an integral part of her recovery and subsequent return to school, and consequently an outreach program was identified to provide the most appropriate mental health service for Lilly. There had been limitations to this as mental health services are predominately office based, are well known to have extensive waitlists and their interventions are time limited – normally 6-8 sessions.

The Navigator case worker liaised with the mental health service and advocated on Lilly's behalf for an outreach mental health worker. The Navigator program case worker and mental health clinician worked in collaboration to provide a dual service in providing outreach support to Lilly. Through this arrangement Lilly was able to engage in both programs.

*name has been changed to protect the individual's identity

Fear of discrimination and attitudes of mental health staff can also negatively impact the people who would seek support for mental health issues. Stigma in relation to people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) can lead to discrimination and exclusion in the community.[7] Lack of staff who are trained to deliver services that are sensitive to the needs of people who identify as LGBTI may result in low take up rates of mental health services, especially in rural and remote areas.

The higher rate of suicide in rural and remote Australia

Timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas is likely to occur later or not at all, often resulting in an increased likelihood of hospitalisation and

[7] QLife, *Rural and regional: A Qlife Guide for Health Professionals*, 2013, accessible at: https://qlife.org.au/wp-content/uploads/2013/11/14-Rural-and-Regional-for-web.pdf

sometimes leading to the most tragic of outcomes - self-harm and suicide.[8] Deaths by suicide for those living in remote and very remote areas are almost twice as high as those living in major cities.[9] Concerningly, rates of self-harm and suicide increase with remoteness suggesting that there are significant mental health issues to be addressed in rural and remote areas.[10] These figures demonstrate that people living outside a major city may be exposed to a unique set of structural, economic and social factors that result in poorer mental health outcomes and increased risk of suicide.

Numerous studies have found that within rural and remote communities, different cohorts of people are at a higher risk of self-harm and suicide. These include men, Aboriginal and Torres Strait Islander people, farmers, people from migrant and refugee backgrounds, LGBTI people and people from lower socio-economic backgrounds.[11]

Case study

Dillan* aged 17 is an Aboriginal young man who was referred to Mission Australia's accommodation service for symptoms of self-harm and repeated suicide attempts. He had no social connections or supports in his community and had previous run ins with the law.

He was provided with wrap around supports to address his underlying issues in relation to mental health, homelessness, disengagement from education and links to community. After receiving supports from the services for 3 months, Dillan had no repeat offending or police charges, he has enrolled and completed a TAFE course, connected with employment agencies, he attends regular counselling with services such as Headspace. He has also started a regular exercise routine.

He has not had suicide ideation since he started receiving supports. He is currently looking for stable housing and requires minimal support from the service.

*Name has been changed to protect the person's identity

It is also estimated that for every death by suicide, as many as 30 people attempt to end their lives.[12] In addition to supporting people with suicide ideations, targeted after care and crisis care must be available to those who have previously attempted to end their life. The support services must have mechanisms to engage the person's family members, peers and the community to ensure that these people receive the necessary supports.

[8] National Rural Health Alliance, *Mental health in rural and rural Australia. Fact Sheet*, 2017, Accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf
[9] Australian Institute of Health and Welfare, *Rural and Remote Health*, May 2017, p.1.
[10] National Rural Health Alliance, *Factsheet: Mental Health in Rural and Remote Australia*, December 2017, accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf
[11] See further: T. Hazell, H. Dalton, T. Caton and D. Perkins, Rural Suicide and its Prevention: a CRRMH position paper, *Centre for Rural and Remote Mental Health*, University of Newcastle, Australia, 2017, and M. Caldwell, et al, *Suicide and mental health in rural, remote and metropolitan areas in Australia,* 2004.
[12] Lifeline, *Statistics on Suicide in Australia*, accessible at: https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia

Lifespan Integrated Suicide Prevention Program[13]

Lifespan Integrated Suicide Prevention program developed by the Black Dog Institute, the Centre of Research Excellence in Suicide Prevention and the Mental Health Commission of NSW adopted an innovative and inclusive approach to suicide prevention.

This model involves nine strategies for suicide prevention, including aftercare and crisis care, psychosocial and pharmacotherapy treatments, frontline staff training, school programs, community campaigns and media guidelines. This is being rolled out across 4 sites in NSW, namely, Newcastle, Illawarra, Central Coast and Murrumbidgee.

Evidence based suicide prevention programs should be replicated across the country with necessary financial and human resources.

Another cohort at high risk of suicide are farmers in rural and remote areas. Researchers have suggested a number of individual, economic, environmental and climatic stressors that may impact on farmers' mental health including[14] long work hours, low income with high assets, social isolation, an ageing population, an overlap of work and family environments, poor-access to health care services, regulatory and industry factors.[15] Support programs should be designed to address these specific concerns.

A Parliamentary inquiry in Western Australia looked into the impact of fly-in, fly-out (FIFO) work arrangements particularly in the mining industry and reported that the rate of suicide in male miners is 4 times greater than that of the general male population and depression rates in FIFO workers are twice the national average. In addition to this, loss of employment, other financial difficulties, remoteness and social isolation were also identified as factors that increase the risk of suicide[16].

> "Risk of suicide increased in communities when people in mining towns started losing their jobs … People who had luxury lifestyles and big homes with large mortgages were stuck with mounting debt when they lost their jobs."
>
> -Mission Australia, Program Manager- WA -

It is clear that provision of mental health services alone will not be sufficient to address these intertwined, complex issues and underlying stressors need to be examined. However, where risks are heightened additional mental health specialists and community services should be provided.

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[13] Lifespan, Integrated Suicide Prevention, accessible at: http://www.lifespan.org.au/

[14] A. Tonna *et al*, Improving the mental health of drought-affected communities: An Australian model, *Rural Society*, 2009, Vol 19, Issue 4, pp 296–305.

[15] See further: L. Kunde, et al, Pathways to Suicide in Australian Farmers: A Life Chart Analysis, *International Journal of Environmental Research and Public Health*, 2017, Vol 14, ed.4 p.352 and D. Hossain, R. Eley, J. Coutts and D. Gorman, Mental health of farmers in Southern Queensland: Issues and support. Australian Journal of Rural Health, 2008, Vol 16, pp. 343–348.

[16] Education and Health Standing Committee, Parliament of Western Australia, *The impact of FIFO work practices on mental health Final Report*, 2015, p.8.

Further, a person does not need to be suffering a diagnosable mental illness in order to consider suicide.[17] Therefore, services and supports need to be broad enough in scope to capture people with suicide ideation and a history of mental health issues or self-harm as well as equip people with information in relation to the supports available in instances where individuals experience a trigger event.

The nature of the mental health workforce

There are stark differences in terms of staffing levels in major cities and remote and very remote areas, in 2015 there were nearly 16 (full time equivalent) Psychiatrists per 100,000 people in Major cities compared to 2.1 in Very remote areas. In Major cities there were 90.4 (full time equivalent per 100,000 population) mental health nurses and only 31.6 in Very remote areas. [18] This highlights how immediate measures are needed to increase access to a range of mental health services and professionals in these areas.

In rural and regional areas where there is a lack of mental health services, with resources spread very thinly across large geographic areas, significant mental health issues may go undetected and underdiagnosed leading to more unfortunate outcomes such as self-harm or suicide.

The shortage of trained and skilled workforce in rural and remote areas as well as the difficulties in retaining staff have been discussed at length through various inquiries, research and reports.[19] However, the issues persists and more work is required to ensure a qualified workforce in rural and remote areas.

> "Workforce is a big issue in our areas. Pilbara [in WA] has a population of about 50,000 people scattered over a large geographic area and there's only one suicide prevention worker for the whole Pilbara area."
>
> - Mission Australia, Program Manager WA-

A report produced by the Northern Territory Mental Health Coalition indicated that lack of 'pull-factors' and increased costs of housing and travel makes recruiting mental health professionals to rural and remote locations a major challenge which results in limiting the range of interventions available.[20] The report also identified the inequity in pay-scales between the not for profit sector and State/Commonwealth Government departments and agencies as a factor in losing skilled staff to government positions.[21]

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[17] Education and Health Standing Committee, Parliament of Western Australia, *The impact of FIFO work practices on mental health Final Report*, 2015, p.2.
[18] Australian Institute of Mental Health, Mental Healthand welfare, Mental health workforce, 2015, p.2 accessible at: https://www.aihw.gov.au/getmedia/39ef59a4-4bb3-4f90-b117-29972245ca95/Mental-health-workforce-2015.pdf.aspx
[19] See further: Government of WA, *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, 2012, accessible at: https://www.health.wa.gov.au/publications/review/main_documents/mental_health_summary_2012.pdf
[20] Northern Territory Mental Health Coalition, *Mental Health & Suicide Prevention Service Review*, 2017, p. 47.
[21] Ibid p.10

> "Not many people want to live in areas where the conditions are harsh no matter what incentive you provide."
>
> - Mission Australia, Cultural Officer – Townsville QLD

Some communities rely on medical and allied health professionals who visit intermittently, or who are on short term contracts, which affects continuity of care and means that people have to regularly rebuild rapport with different professionals. The long waiting periods to obtain appointments with mental health professionals can result in significantly deteriorating mental health or discourage people from seeking help.

> "In areas where local help is minimal, people have to wait for weeks to see a GP. It's much worse if you need a specialist professional like a psychiatrist."
>
> - Mission Australia, Area Manager NSW-

In addition to the challenges of having limited health professionals, the vast distances and scattered populations in rural and remote areas make it difficult for community organisations to deliver mental health services in rural and remote areas.

Rural and remote areas of Australia have low levels of public transport access. Some remote areas have relatively low levels of vehicle ownership[22]. In outer-urban areas transport disadvantage is the result of a range of intersecting factors including poor public transport infrastructure, a higher proportion of low-income households and the need to travel further distances in order to get to places of employment, services and activities[23].

Travelling between services where there are staff shortages is not a viable option in many areas. For example, in certain regions travel distances between towns can range from 5 to 7 hours, and therefore, it is not feasible for staff to travel to other areas to deliver services.

> "Currently we have staff members who are willing to travel between different service areas if there is a staffing issue. It may not be possible in other remote areas where travel times are excessive."
>
> - Mission Australia, Area Manager NSW

Additional incentives may be required for current employees in the community sectors to remain in rural, regional and remote areas. Upskilling and reskilling those who are, or have been supported by

[22] Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1
[23] Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

mental health services (where appropriate) may also assist to address the staff shortage issue through the creation of a peer workforce.

Connections program – Broken Hill

Mission Australia in collaboration with the Far West Local Health District (LHD) and GROW (a community based mental health service) commenced the Connections Program to address loneliness.

The Connections Program is a unique service staffed exclusively by Peer Workers to build connections between program participants and the broader community, particularly in the evenings and on weekends. The Connections program promotes social inclusion, social skills and community participation.

Currently, 5 Peer Support Workers are employed in the Program. GROW has a senior field peer worker who provides support and supervision of the Peer Support Workers team. LHD provides assistance with program governance, clinical support, mentoring, provision of data, support for family and carers of people involved in the project. There are over 70 people accessing the program.

According to data gathered by the local health service, in just over six months, the program has been instrumental in reducing participants' inpatient hospital days by 65%; and presentations to emergency departments by 80%.

Feedback from participants has been extremely positive, with one participant stating: "*The Connections program is incredibly wonderful. There is a real atmosphere of friendliness, harmony and a sense of shared journey amongst the participants.*"

The Connections program is funded by NSW Health until the 30th June 2018. Mission Australia is currently negotiating with the funding body to rollover the unspent funding over an additional 2-month period.

This demonstrates the positive outcomes delivered in rural NSW in a short span of time to build trust, rapport and community connections. However, this funding will cease June 2018 despite the positive outcomes identified by the LHD. Creating a peer support worker network has created employment opportunities for people in the community who understand the cultural nuances, local communities as well as the existing services and other relevant support networks. Therefore, Mission Australia recommends that programs such as Connections that address the workforce issues in rural and remote areas, that also employ peer workers with lived experience should continue to be funded.

Understanding the importance of peer workforce in delivering services in local communities, Mission Australia is currently developing a series of internal policies and procedures to build and strengthen a peer workforce. Mission Australia's current peer workers bring significant value to the organisation through their contribution to the development of person led and recovery focused support and care.

Mission Australia currently has peer workers employed in each state and Territory (with the exception of ACT). Peer workers enrich the provision of mental health services (and other services) by bringing skills and knowledge gained through lived experience and engagement with support services, to collaborate with others in overcoming life adversity.

Case study

Amy* aged 29 identifies as Aboriginal, she is the mother of two children and is working as a community support worker for Mission Australia. Amy grew up in a remote area in NSW and experienced a family breakdown due to domestic violence and mental health issues, along with exposure to alcohol and other drugs all before the age of six. Her experience from childhood inspired her to become passionate about developing her career in community services. Amy was not able to complete schooling beyond Year 9 and applied for a Mission Australia traineeship with no formal experience or qualifications. She secured the internship in January 2009 and has now worked for Mission Australia for eight years. Amy has worked with both Aboriginal and non-Aboriginal young people and adults at Mission Australia. She explains the importance of ensuring that Aboriginal people are placed at the centre of decision-making.

*Name has been changed to protect the person's identity

It is vital that the services are provided with additional funding and other material supports to access training to ensure that the staff members are able to keep abreast of the new developments, policies and practices in the mental health sector. However, certain programs include extensive mandatory training requirements for staff members that can be burdensome and inflexible.

> "For those in rural areas, having to travel for training means they are unable to work for several days. I had a staff member from Dareton, located in far south-western New South Wales, travel to Dubbo to do some motivational interview training — and he was on the road for a day to get there, a day training and a day to get home. So that is three days out where he had not seen anyone."
>
> - Mission Australia, Area Manager NSW –

> "It would be easier if there were better alternatives to training for staff. For example, some modules can be delivered online through webinars … We have also seen that past training or experience is not given enough consideration and some people have to re-do some modules. The training system needs to recognise these and be more efficient."
>
> - Mission Australia, Program Manager NSW –

Training and capacity building supports are imperative to ensure that staff members are able to receive the most up to date information and to maintain the quality of service delivery. However, these training programs need to be flexible to suit the circumstances of the staff members and delivered in a manner that has minimal disruption to their capacity to provide services.

The challenges of delivering mental health services

People living in rural areas experience a higher prevalence of deprivation, generally higher rates of social disengagement, the highest rates of service exclusion, and higher rates of economic exclusion compared

to those living in inner cities.[24] As a consequence, delivering services and raising awareness about mental health issues, services available in the local area and engaging people is much more challenging and time consuming.

Further, mental health is often linked with other complex issues such as alcohol and drug dependence, homelessness, poverty, physical health issues, domestic and family violence, family conflict, employment issues, experiences of discrimination and trauma and the like. Increasing supports to address mental health issues will not produce long-term outcomes for many people who may not have access to additional supports that provide wrap-around services to deal with the complex issues they face.

> "There are no [community] services within rural and remote communities, this means that services have difficulties referring appropriate supports and it limits the choices people have when accessing mental health services."
>
> - Mission Australia, Program Manager - WA

Mission Australia has a number of services that combine mental health services with other wrap-around holistic supports through coordination with other sector organisations and stakeholders. Through years of service delivery experience, we have built a strong evidence-base to demonstrate the importance and value of such coordinated services.

Case Study

Peter,* a 36 year old Aboriginal man from Karratha, WA was referred to a mental health service in Pilbara. He demonstrated symptoms of depression and suicidality. He was experiencing financial challenges, relationship conflict and work stress. He was accompanied to his local hospital to link in with a service to organise a psychiatric review for medication and safety following disclosure of his suicide plan.

He was provided with psychological intervention for depression. The mental health team advocated on Peter's behalf to take temporary leave of work. Peter was provided with psychological intervention post crisis in collaboration with his GP.

Peter's mental health has significantly improved since his engagement with mental health and other services and no longer experiences suicidal thoughts and has an increase in his mood and outlook in life.

*Name has been changed to protect the person's identity

[24] Australian Institute of Health and Welfare, *Australia's Welfare 2017,* July 2017, accessible at: https://www.aihw.gov.au/getmedia/088848dc-906d-4a8b-aa09-79df0f943984/aihw-aus-214-aw17.pdf.aspx?inline=true

Housing and Accommodation Support Initiative (HASI) in NSW

HASI in NSW aims to provide people with mental illness with access to stable housing, clinical mental health services and accommodation support. It enables people to maintain successful tenancies and participate in their communities, often resulting in improvements in their quality of life and assists in their recovery from mental illness.

Supports include daily living skills, including self-care, personal hygiene, cleaning, shopping, cooking and transport; facilitating access to education, vocational training and employment; participation in social, leisure and recreation opportunities; support in building and maintaining family and community connections; and linkage to other related services.

Over the past 9 years Mission Australia has delivered HASI, Aboriginal HASI, HASI in the Home and HASI Plus across NSW including in many regional areas.

Mental health services in rural and remote areas need to be innovative and adaptable to the needs of the community. Mission Australia's Personal Helpers and Mentors (PHaMs) service in Alice Springs and Papunya is employing a range of measures to engage the community, address stigma around mental health issues and build long-term relationships.

Personal Helpers and Mentors (PHaMs) service in Alice Springs and Papunya (NT)

PHaMs provides increased opportunities for recovery for people aged 16 years and over whose lives are severely affected by mental illness, by helping them to overcome social isolation and increase their connections to the community. People are supported through a recovery-focused and strengths-based approach that recognises recovery as a personal journey driven by the participant.

Mission Australia's current PHaMs provision in Alice Springs includes fortnightly visits to the remote town of Papunya. These three to four day trips allow the team to engage and support residents through a recovery-focused and strengths-based approach that recognises recovery as a personal journey driven by the PHaMs participant.

In Papunya we have focussed on community development as a vehicle to provide ongoing assistance with developing safety plans; getting vehicle driving licences; linking up with employment; sorting out Centrelink payments and payment gaps. We undertake culturally appropriate activities with groups for men and women including cooking kangaroo tail in the open, engaging with the elders by supporting young men to go bush to do Goanna hunting with the elders and we work alongside the community during overnight camping trips.

With this service model, we are able to increase awareness and access to alcohol and drug related services, improved nutrition, maintenance of medication programs, discuss family violence issues and make referrals to other visiting and Alice Springs based services. We are involved in the local community sporting events, coaching and working with the local council youth workers.

We also provide supports for people who are having a mental health episode to access medical and psychological support in Alice Springs and we continue support through their relocations between community and the Alice Springs services.

There is ample evidence to demonstrate that people with mental health issues are particularly susceptible to substance dependence and those with substance dependence issues are also particularly vulnerable to mental health issues. [25] The research also demonstrates that that integrated treatment models which have the capacity to address both mental illness and substance misuse are feasible and effective.[26]

However, many people in rural and remote areas do not have access to appropriate alcohol and drug related services that address mental health and alcohol and drug issues in a holistic manner or *vice versa*. Thus, people in rural and remote areas must either travel to regional towns or metropolitan areas to access these services. Services that provide support for people with comorbid substance misuse and mental health issues must be increased in local communities.

> "Suicide because of alcohol and drug issues that go unaddressed is a massive concern in rural and remote areas … there are no timely supports for people. Although not enough, there are

[25] M. Deady, M. Teeson, K. Mills, *et al, One person, diverse needs: living with mental health and alcohol and drug difficulties: A review of best practice*. Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013.
[26] Ibid

> more mental health and alcohol and drug related support services in Townsville compared to some place like Cloncurry [remote QLD] … We need more on the ground services that address alcohol and drug issues and deal with mental health issues in our communities."
>
> - Mission Australia, Cultural Officer – Townsville QLD -

Identifying these comorbid needs and the lack of targeted supports particularly for young people, Mission Australia is managing a number of support services targeted towards young people with alcohol and drug related issues coupled with mental health and other concerns. These include Drug and Alcohols Youth Service in WA,[27] David Martin Detox Facility and Triple Care Farm Rehabilitation Centre,[28] Junaa Buwa! and Mac River centre in NSW.[29] All these services are equipped to provide on-site mental health supports to the residents while they access rehabilitation or detoxification services. However, these services are currently at capacity and therefore need further government investment.

Where there is evidence of successful programs that address holistic needs of people with mental health issues, such programs should be granted long-term sustainable funding to ensure programs are able to maintain a healthy level of staff and build relationships with the community, health sector and the other complementary community services over a period of time.

Integrated Primary Mental Health Service Pilbara

Mission Australia's Integrated Mental Health Service provides quality support, coordination and access to evidence-based psychological treatment for individuals diagnosed with, or at risk of developing, a mild to moderate mental health condition, and who are financially disadvantaged or do not have access to alternative care residing within our communities across the Pilbara.

This service aims to better coordinate and integrate care for individuals across multiple providers in order to improve clinical outcomes. Consultation and liaison may occur with primary healthcare providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and/or other agencies that have some level of responsibility for clients' treatment and/or wellbeing.

[27] See further: Mission Australia, Drug and Alcohol Service WA, accessible at: http://sd.missionaustralia.com.au/386-drug-and-alcohol-youth-service
[28] See further: Mission Australia, David Martin Place, accessible at: http://sd.missionaustralia.com.au/510-david-martin-place and Triple Care Farm, accessible at: http://sd.missionaustralia.com.au/281-triple-care-farm
[29] See further: Mission Australia, Junaa Buwa! Centre for Youth Wellbeing, accessible at: http://sd.missionaustralia.com.au/113-junaa-buwa-centre-for-youth-wellbeing

Case Study

Laura* is a young Aboriginal mother who presented at a mental health service in Pilbara, WA. Laura was unemployed and she was the sole carer of her 4 children. Laura was experiencing isolation from family, financial challenges, domestic violence, alcohol dependence and difficulty caring for her 4 children. She was initially referred to a GP for symptoms of anxiety and depression as well as suicidal ideation.

Laura was also provided with wrap-around supports consisting of psychological services for postnatal depression and anxiety, technological support, access to parentline for parenting assistance, and domestic violence counselling though Anglicare. Mission Australia collaborated with her GP to access the government subsidised special child care benefit consisting of 13 weeks of childcare for her 3 younger children. Laura is currently continuing to receive the support to alleviate some of the stress and responsibility placed on her.

*Name has been changed for confidentiality

One of the major challenges identified by Mission Australia staff is the uncertainty of funding for programs. Often the funding contracts are short-term and do not recognise the challenges specific to rural and remote areas. Finding skilled and appropriately qualified staff to deliver services after funding is approved can take months in certain areas.

> "By the time we find people to deliver the service, we are well into 3 or 4 months of the funding round … There's a lot of pressure to get people on board, get them up to speed and start delivering services. They have to go into the community and build relationships which can also take quite a decent amount of time. When all this is resolved, the 12-month funding period is up and the people we hired have to find new jobs."
>
> - Mission Australia, Area Manager NSW-

Compared to the service delivery staff in metropolitan or regional areas, the staff and services in rural and remote areas experience additional challenges in meeting the funding contract requirements and key performance indicators (KPIs) identified by the funding bodies. It is important for the government funding bodies to identify these challenges and ensure the KPIs and other requirements are flexible to accommodate the needs and challenges of service delivery in rural and remote areas.

Attitudes towards mental health services

As discussed previously, some people in rural and remote areas view mental health issues as a sign of weakness or do not recognise the importance of accessing services to address their mental health needs.

Males in particular can have attitudes towards mental health services that mitigate against help seeking. Preconceived notions of gender and masculinity make it difficult for men to express their emotions and reach out for supports. Accepted norms may also include high levels of alcohol consumption, violence

and aggression as an acceptable way to solve problems.[30] The level of mental health literacy is considerably lower, particularly among young men and behaviours such as aggressiveness, dominance, competitiveness are sometimes encouraged or expected.[31] There should be an attitudinal shift through education and increasing mental health literacy particularly among men in rural and remote areas.

> "You don't talk about mental health in remote areas, especially if you're a man. Men should be tough and not show emotions. They are responsible for the family and can't fall apart. It's harder for people who do not fit this stereotype. There should be more information about services where men can talk about their problems discreetly."
>
> -Mission Australia, Area Manager NSW-

Previous personal experiences or experiences of others with mental health treatment can also cause individuals to refrain from seeking mental health supports.

> "One person's bad experience with the mental health sector can put many people off from asking for support. Some people who were in institutions feel that medication was the only method of care available and that they were drugged to keep them quiet or compliant. These bad experiences can make people mistrust the medical system. In small communities, people talk and word gets around about one person's experience and everyone will have that negative impression of the whole mental health sector."
>
> -Mission Australia, Area Manager NSW-

Understanding the person's individual circumstances and meeting those needs are important in addressing mental health issues. Lack of opportunities for education and employment in remote and rural areas, access to appropriate and affordable housing and the like can contribute to increasing mental health concerns.

Fear of being discriminated, lack of culturally appropriate or sensitive services or lack of access to language services where necessary can also deter people from seeking support. These issues can be more pronounced among LGBTI, Aboriginal and Torres Strait Islander people, young people in out of home care and people from culturally and linguistically diverse (CALD) backgrounds.

Opinions of community leaders, media and medical professionals may reinforce negative perceptions about seeking help in relation to mental health. On the other hand, community leaders, sports or media personnel speaking about mental health and help seeking in a positive way, sharing their personal experiences and raising awareness about available supports may be a useful tool to normalise the conversations about mental health.

[30] P. Erwin, *A Critical Approach to Youth Culture,* 2010, p. 124.
[31] T. Rae and L. Pederson, *Developing Emotional Literacy with Teenage Boys,* California, 2008, p.4.

Opportunities that technology presents for improved service delivery

As stated in Mission Australia's *Youth Mental Health Report 2012 - 2016*, young people with a probable serious mental illness were relatively more likely to go to the internet, online counselling websites, telephone hotlines, community agencies and magazines.[32] This demonstrates that the use of online technologies is increasingly playing a major role in the delivery of mental health services and supports to young people, including information, prevention, assessment, diagnosis, counselling and treatment programs targeting various conditions and levels of severity.[33]

Online technologies also have the potential to reduce barriers to help-seeking by providing services that meet young people's strong preference for self-reliance, through the provision of self-help services, and the desire for anonymous and confidential services. In addition, digital technologies can be used to provide training and resources to a range of people in the community, for example, employers, teachers, GPs, school counsellors and parents, who provide help and support to young people.

There are a range of national digital services that provide evidence-based mental health and wellbeing information, advice and support. Resourcing these services to respond to people living in regional and remote Australia, and their unique needs and experiences, can increase the accessibility and availability of information and supports.

However, many rural and remote areas still experience poor network connectivity, therefore access to direct contact with mental health professionals is still needed.[34] Furthermore, many people with complex and persistent mental health issues who would benefit from these online resources may lack the awareness, skills and technology necessary to access and utilise them.[35] Therefore, in addition to the online platforms, services should be available in a range of methods to interact with professionals including face to face and via telephone.

> "Sometimes all a person need is to talk to someone over the phone. It's anonymous and they don't have to spend money and time on travel or explain to the others about their plans to travel to the city … But there will always be people who would like to interact face to face."
>
> - Mission Australia, Area Manager, NSW –

> "People and even the medical professionals still prefer face to face interactions … we can see that this is difficult in some areas but it is [face to face interaction] also very important for our clients."
> - Mission Australia, Program Manager WA -

[32] Mission Australia and Blackdog Institute, *Youth mental health report Youth Survey 2012-16*, 2017, p. 23 accessible at: https://www.missionaustralia.com.au/publications/research/young-people
[33] Ibid p.30.
[34] Orygen, Raising the bar for youth suicide prevention, 2016, p. 34, accessible at: https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext
[35] S. Kauer, *Do Online Mental Health Services Improve Help-Seeking for Young People? A Systematic Review*, J Med Internet Res. 2014 Mar; 16(3): e66.

While online delivery is an option, it is not a replacement for face-to-face mental health supports. It is evident that rural and regional areas currently get less access to face to face services and therefore it is important to expand face-to-face mental health services as well as technology to ensure that the mental health needs of all people can be met.

Any other related matters

Young people

Mission Australia runs an annual youth survey providing particular insights into the aspirations and concerns of young people across Australia. It also includes a measure of probable serious mental illness that has been analysed in several specialised youth mental health reports.

Our latest Youth Survey Report analysed the responses of 24,055 young people aged 15-19 years. The top three issues identified in 2017 were mental health (33.7%), alcohol and drugs (32.0%) and equity and discrimination (27.3%).[36] Furthermore, the top issues of personal concern to young people were coping with stress, school or study problems, body image, depression, family conflict and bullying/emotional abuse were the top issues of personal concern for young people.[37]

The challenges experienced by young people in rural and remote areas are compounded by other factors such as isolation, lack of support and the like. These demonstrate the need to adopt targeted measures to address mental health issues, particularly among young people. The supports also need to be age appropriate and able to engage the person's family, friends, community and other relevant stakeholders when delivering services. The services, particularly those targeting children and young people should be delivered in environments that they are comfortable with such as their own homes or schools.

Schools and teachers are often the first to identify mental health issues and are an important avenue for awareness raising and early intervention. Funding of wellbeing programs can reduce stigma around help-seeking and schools need to be appropriately resources to provide mental health and wellbeing programs.

Family Mental Health Support Services (FMHSS)[38]

FMHSS aims to improve mental health outcomes for children and young people, and their families, by providing early intervention support to assist vulnerable families with children and young people who are at risk of, or affected by, mental illness.

[36] Mission Australia, Youth Survey Report, 2017, accessible at: https://www.missionaustralia.com.au/publications/research/young-people/746-youth-survey-2017-report/file

[37] Ibid p. 22.

[38] Department of Social Services, Family Mental Health Support Services (FMHSS), accessible at: https://www.dss.gov.au/our-responsibilities/mental-health/programmesservices/family-mental-health-support-service-fmhss

These services support parents to reduce stress and support young people to reach their potential. The supports include intensive, long-term, early intervention support for children, young people and their families which may include: assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and targeted therapeutic groups.

Highest priority is given to vulnerable children and young people, and their families, including those from Aboriginal and Torres Strait Islander or CALD backgrounds, children and families in contact with the child protection system, and young people transitioning from out-of-home care.

Mission Australia delivers FMHSS in Dubbo, Mt Druitt, Miller & Wagga Wagga in NSW & Whyalla in SA.

Mission Australia's *Youth Mental Health Report 2012 - 2016*, found that around one third of young people with a probable serious mental illness were highly concerned about *suicide* (32.3%), compared to less than one in thirteen young people without a probable serious mental illness (7.6%).[39] A greater proportion of Aboriginal and Torres Strait Islander respondents indicated being highly concerned about *suicide* compared to their non-Indigenous peers (41.9% compared with 31.4% 'extremely' or 'very' concerned).[40]

Case study

When Kate* an 18 year old female came to a Mission Australia residential facility, she was diagnosed with anxiety and depression and was on medication to manage her mental health. She was not working or studying at the time.

Kate informed the staff members that she was depressed and had intended to end her life, and she was admitted to the hospital. She stated that the hospitalisation process was unhelpful. She said "they [the hospital] wasted my time, frustrated me, discharged me and I still want to die".

Kate was linked to an adolescent and family counsellor, she was also given education and employment support. She was enrolled in a makeup course, and was supported to find independent accommodation. Kate moved out with stable mental health, fulltime employment and into a shared private rental property.

*Name has been changed to protect the individual's identity.

Social isolation including limited social interaction with people of similar ages and lack of emotional supports, heighten the risk of suicidal ideation and self-harm in adolescents, particularly those in rural

[39] Mission Australia and Blackdog Institute, *Youth Mental Health Report 2012- 2016,* 2017, accessible at: http://www.missionaustralia.com.au/news-blog/blog/the-five-year-youth-mental-health-report-has-launched
[40] Ibid

and remote areas.[41] It was revealed that less than 8% of young people who need support from Child and Adolescent Mental Health Services are receiving the necessary support.[42] Additionally, access to allied health services in rural and regional communities is less than half of that of metropolitan services.[43]

A NSW report highlighted that young men are nearly three times more likely to die by suicide, compared to young women.[44] Considering these factors, the preventative measures targeting young men must be developed with a stepped approach that meet their individual needs. All support programs targeted at this group must be co-designed with young people in order to ensure the support services are age appropriate and engaging.

Early intervention programs such as Young Men's Project and Manbox, detailed below could be replicated to target young men at risk of self-harm and suicide.

Young Men's Project[45]
The Young Men's Project is operated by Youth Focus in Western Australia. It aims to reduce male youth suicide by asking young men to come up with ideas, programs or events to make it easier for their peer group to seek help and shift the way young men think about mental health issues. It can also raise awareness and provide access to safe spaces for young men discuss their mental health issues.

Manbox
The "Manbox" is a Mission Australia mental health and wellbeing intervention run through the Mac River Centre in Dubbo. This initiative uses a strengths based cognitive behavioural program that focusses on building emotional literacy and strengths, understanding domestic and family violence, exploring how we express masculinity and femininity, living our strengths and values, and help seeking behaviours.

There is also a need for a whole-of-community response to address the mental health needs of young people living in regional and remote areas, to reduce the detrimental impact of mental health disorders and suicide on individuals and communities, and to cultivate supportive environments that enable them to thrive.

[41] See further: K. Endo, *et al,* Preference for Solitude, Social Isolation, Suicidal Ideation, and Self-Harm in Adolescents, In *Journal of Adolescent Health*, Volume 61, Issue 2, August 2017, Pages 187-191, and Heath Stats NSW, *Suicide*, 2001 – 2015, accessible at: http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_comparison
[42] J. Crockett, There's nothing the *@#! wrong with me' Youth mental health and substance use in rural and remote Australia and the potential role of school-based interventions., in *Youth Studies Australia,* 2012, *31*(1), 53-59, p. 54.
[43] Standing Council on Health, *National Strategic Framework for Rural and Remote Health,* 2016, p. 11.
[44] Health Stats NSW, *Suicide*, accessible at: http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age
[45] Young Men's Project, *Young Men Helping Other Young Men,* accessible at: http://youngmensproject.com.au/

Aboriginal and Torres Strait Islander people

The recent Productivity Commission report *Overcoming Indigenous Disadvantage: Key Indicators 2016* showed worsening mental health outcomes for Aboriginal and Torres Strait Islander Australians and much worse suicide and self-harm rates compared to non-Indigenous Australians.[46] Aboriginal and Torres Strait Islander people (two thirds of whom live in rural, regional or remote areas) were almost three times as likely as non-Indigenous people to report high or very high levels of psychological distress.[47]

Concerningly, Mission Australia's *Aboriginal and Torres Strait Islander Youth Report* found that just over 10% of male Aboriginal and Torres Strait Islander young people indicated that their happiness level with life was zero (on a scale of 0 – 10) which is significantly higher than for non-indigenous young people.[48]

There is also a significant overlap with rural and regional issues compounding problems with access to appropriate supports. Limited or lack of access to age and culturally appropriate mental health supports in regional and rural areas can increase the risk of suicidal ideation among Aboriginal and Torres Strait Islander young people.[49]

In remote communities there can be particular challenges with service delivery. For example Mission Australia delivers community mental health services in Papunya in the Northern Territory and the surrounding areas (Hermannsburg, Papunya, Mt Leibig, Kintore and Haasts Bluff) are 'communities-in-common'. This means that the residents of these communities are highly transient between these places and do not consistently reside or access services in any one place. Living with and moving across extended -family homes is common and poses a significant challenge to engaging and following up with mental health service participants. Often when staff visit Papunya they may be unable to locate a participant (who may have moved temporarily to a neighbouring community-in-common).

The staff of certain mental health services are also challenged by the strict criterion placed on the services by the funding bodies. For instance, the case workers of the mental health services are consistently presented with individuals who would benefit from the program but cannot be included due to their primary residence being one of the communities-in-common. In other words, although these individuals may meet the eligibility criteria, they might not be a registered resident of the area where the program is being delivered. This is a challenging concept to convey to the community who see residency in these places as interchangeable.

Understanding the Aboriginal worldview on health, mental health and wellbeing is an important foundation for building a culturally appropriate service system for Aboriginal and Torres Strait Islander

[46] Productivity Commission, *Overcoming Indigenous Disadvantage: Key Indicators 2016,* Chapter 8.37-8.47.
[47] National Rural Health Alliance, *Factsheet: Mental Health in Rural and Remote Australia*, December 2017, accessible at: http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf
[48] Mission Australia, *National Aboriginal and Torres Strait Islander Youth report*, 2016, p.22, accessible at: https://www.missionaustralia.com.au/publications/research/young-people
[49] P. Dudgeon, R. Walker, *et al*, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People*: Issues paper no. 12, produced for the Closing the Gap Clearinghouse, 2014, accessible at http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf

Australians. Research has found that programs that show positive results for Aboriginal wellbeing are those which encourage self-determination, community governance, reconnection, community life, restoration and community resilience.[50]

> "Services should be delivered by people who know and understand the community, local culture and practices. They should respect the culture … There's so much grief and loss in these communities that is not being addressed."
>
> -Mission Australia, Cultural Officer – Townsville, QLD

It is particularly important that Aboriginal and Torres Strait Islander people living with mental illnesses have access to appropriate prevention and early intervention approaches, equity of access, quality care, coordination and integration, and that progress towards equity is measured. This should all occur within a culturally and historically sensitive framework.

Developing the Aboriginal health workforce and peer workforce as well as involving communities in service design and delivery have been identified as important first steps in more culturally sensitive practices.[51] 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 and Torres Strait Islander people.[52]

In some rural and remote regions in the Northern Territory (NT), the size of the Aboriginal mental health workforce appears to be in decline. The lack of Registered Training Organisations (RTOs) currently delivering culturally appropriate, accessible, accredited mental health training and education in the NT, may be contributing to this decline. Further, rates of staff burnout are high due to workload whereby staff positions are in relative isolation, long hours, large caseload and geographical area to be covered.[53]

An implementation plan for the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* should be developed, costed and implemented in partnership with Aboriginal and Torres Strait Islander health leaders and communities. This should include a service provider preference for Aboriginal Community Controlled Health Services (ACCHSs). The Australian Government should invest in building the capacity of Aboriginal controlled health organisations.

Mental Health and the National Disability Insurance Scheme

There are ongoing concerns in relation to some consumers of community mental health programs who may be ineligible to become National Disability Insurance Scheme (NDIS) participants if they are

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[50] P. Dudgeon, R. Walker, *et al*, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People*: Issues paper no. 12, produced for the Closing the Gap Clearinghouse, 2014, accessible at http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf

[51] See further: Hansard, Report on Proceedings before Portfolio Committee No. 2 – Health and Community Services, accessible at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryEventTranscript/Transcript/10127/Hearing%20Transcript.pdf

[52] Northern Territory Mental Health Coalition, Mental Health & Suicide Prevention Service Review, 2017, accessible at: http://apo.org.au/system/files/126901/apo-nid126901-558076.pdf

[53] Ibid

experiencing episodic and/or moderate mental illnesses. Therefore, it is essential that appropriate services are available for people to continue receiving community based mental health services even if they are not eligible for the NDIS. While continuity of supports has been funded in the most recent budget, we are yet to see the implementation and there may continue to be a people who need community based mental health supports, but are unable to access them.

People in rural, regional and remote areas face difficulties in accessing a range of supports, including diagnoses to support applications for NDIS funding, and adequate services to meet their needs both within the NDIS and in the mental health system outside of the NDIS. Testing their eligibility for the NDIS may be a barrier to future service provision. Specialist disability services in rural and remote areas often require long distance travel. Transport related costs and travel time also exacerbate issues of people experiencing financial hardships as they may not have the financial capacity to cover the cost of travel to access specialist services that they require.

> "some people living in rural and remote areas require specialist services that they just can't get because they don't exist or they can't get the services to go out to them because of the distance"
>
> Mission Australia, National NDIS manager - SA -

Case Study

Bruce* lives in the Northern Territory in a remote location and is a well-known local artist, musician and cultural advisor. He sufferers from OCD and anxiety which causes him emotional and physical stress. Consequently, he became homelessness and after his second visit to a mental health ward he decided to make a change and was referred to Mission Australia Personal Helpers and Mentors (PHaMS) program. Through this he was able to find permanent housing and has maintained his tenancy for over a year.

Knowing his love of art and music, Bruce's case manager often encouraged him to attend social gatherings in order to help him gain confidence and build his social skills. He uses his newfound confidence to raise awareness of mental illness and advocate for programs such as PHaMs in the hope that his journey can help someone that may be experiencing similar issues. This is essential in a remote location where services may be hard to find.

Bruce is now taking control of his life however like many clients suffering from mental illness, the episodic nature of Bruce's condition may mean that he may not be able to produce sufficient evidence to be deemed eligible for the NDIS. PHaMs are working with him to get a formal diagnosis for his illness which will allow him to apply for the NDIS, but this is difficult in a remote location.

*Name has been changed for confidentiality

The role of the existing community networks is vital in ensuring people with disabilities (both physical and psychosocial) are better prepared to access the Scheme. However, there still remains a gap in community engagement in certain areas. For instance, the rollout of the NDIS is scheduled to begin in

the Pilbara region between October - December 2018,[54] there are some measures adopted to raise awareness in the local communities.

> "We recently learnt that LACs in Pilbara have been active for 10 months and we were not contacted by them. They [LACs] have been working with organisations that provide services to people with physical disability in neighbouring areas … We are now building that relationship to ensure our [mental health] clients don't lose out when it eventually come to our area."
>
> -Mission Australia, Program Manager – WA -

It is imperative that coordinated and cohesive measures are adopted to ensure people with mental health issues in rural and remote areas are not further disadvantaged under the NDIS. Additional funding is likely to be required to overcome the gaps in service delivery in rural and remote areas.

Recommendations

Access to mental health services

- Improve service equity for rural and remote communities and for under-serviced populations, including through place-based models of care.
- Ensure funding for community-based mental health services includes funding for proactive outreach to increase engagement.
- Ensure face-to-face services are available, affordable and accessible to people in regional and remote areas as well as utilising evidence-based technology where appropriate.
- Provide service responses that acknowledge and seek to overcome barriers to help-seeking, including respecting people's desire for anonymity and addressing transport barriers.
- Support community organisations to ensure better coordination and integration of mental health, social and emotional wellbeing, substance misuse, suicide prevention and social health services and programs to ensure clients experience seamless transitions between them.
- Develop whole of community responses to address the mental health of people living in regional and remote areas, reducing detrimental impacts and cultivating supportive environments in which people can thrive.
- Mental health support programs should be tailored around the needs of particular groups including young people, Aboriginal and Torres Strait islander people, men, women, farmers and fly-in-fly-out workers as relevant to the community.

[54] See further: National Disability Insurance Scheme, Geographical roll-out in Western Australia, accessible at: https://www.ndis.gov.au/about-us/our-sites/WA/rollout

Suicide prevention

- Evidence based suicide prevention programs should be replicated across the country with necessary financial and human resources.
- In addition to supporting people with suicidal ideations, targeted after care and crisis care must be available to those who have previously attempted to end their life.
- Suicide prevention programs also need to be broad enough to capture individuals who experience a trigger event who may not have a history of mental health issues or suicide ideation. Additional mental health specialists services should be provided in areas where these triggers or risks are heightened.
- Increase supports to community organisations to address loneliness and social isolation as an early intervention, preventative measure. Currently operating programs with positive evaluations should continue to be funded and replicated in areas where such programs would benefit communities with similar issues.

Workforce

- Identify and implement a range of strategies to increase the qualified and trained workforce in rural and remote areas. These strategies could include providing incentives to encourage professionals to be stationed in remote communities, increasing the frequency of visits by professionals, upskilling and/or reskilling the existing workforce and creating a peer-workforce. Ensuring they can provide appropriate, culturally safe, evidence-based mental health support to people in rural and remote communities.
- Grow the mental health peer support workforce by employing workers with lived experience to address workforce scarcity in rural and remote areas. This creates employment opportunities for people in the community who understand the cultural nuances, know the local communities and are familiar with the existing services and other relevant support networks.

Challenges

- Provide holistic services that can address a range of intersecting needs for people in regional and rural Australia, including drug and alcohol misuse, family conflict, employment issues, domestic and family violence, trauma, discrimination, financial stress and physical health through coordinated service delivery models.
- Provide long term funding for successful programs that address the holistic needs of people with mental health issues in rural and remote areas to ensure programs are able to maintain a healthy level of staff and build relationships with the community, health sector and other complementary community services over a period of time.

Attitudes

- Increase mental health literacy in remote and rural communities through meaningful engagement and education that target diverse cohorts such as Aboriginal and Torres Strait Islander people, CALD communities, LGBTI communities and men.
- Provide continuous education and training to mental health professionals to ensure services are culturally appropriate, sensitive and meet the needs of the community members.
- Facilitate community leaders, sports and media personalities to raise awareness about mental health and help seeking in a positive way to normalise conversations about mental health.

Technology

- Recognise and resource effective, evidence-based, digital technology solutions that improve service availability and accessibility in rural and remote Australia.
- Utilise digital technologies to train and resource professionals and non-professionals in the community who play a role in helping and supporting young people.
- Recognise the potential for technology to meet the help seeking preference of young people experiencing mental health issues and their preference for anonymity and confidentiality.
- Access to technology should supplement, not replace, access to face-to-face mental health services to cater for people's preferences, access to the internet and technological skills and comfort.

Young people

- Mental health supports need to be age appropriate and able to engage young people's family, friends, community and other relevant stakeholders when delivering services.
- Services targeting children and young people should be delivered in environments that they are comfortable with such as their own homes or schools.
- Support the resourcing, ongoing delivery and full implementation of mental health and wellbeing programs across all regional and remote schools, in order to reduce stigma around mental health issues and reduce the personal, community and financial burden of mental health issues in Australia.
- Mental health and wellbeing services, programs and campaigns targeting young people should be co-designed with local young people to ensure they are engaging and promote help seeking.

Aboriginal and Torres Strait Islander People

- Aboriginal and Torres Strait Islander people should be provided with adequate and high quality mental heal supports that are delivered within a culturally and historically sensitive framework.
- Ensure the mental health service delivery staff deliver culturally appropriate services and understand the local communities and the needs within the community.
- Developing the Aboriginal health workforce and peer workforce as well as involving communities in service design and delivery have been identified as important first steps in more culturally sensitive practices.[55] 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 and Torres Strait Islander people.[56]
- More flexibility and resourcing is required in order to deliver effective mental health initiatives in remote Aboriginal and Torres Strait Islander communities.
- The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 should be implemented in partnership with Aboriginal and Torres Strait Islander health leaders and communities.
- Mental health services for Aboriginal and Torres Strait Islander communities should be delivered by Aboriginal Community Controlled Health Services. The government should invest in building the capacity of Aboriginal controlled health services to enable broader service provision as necessary.

Intersection with the NDIS

- Community based mental health supports should be funded outside of the NDIS including resourcing for service delivery in rural and remote areas.

[55] See further: Hansard, Report on Proceedings before Portfolio Committee No. 2 – Health and Community Services, accessible at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryEventTranscript/Transcript/10127/Hearing%20Transcript.pdf

[56] Northern Territory Mental Health Coalition, Mental Health & Suicide Prevention Service Review, 2017, accessible at: http://apo.org.au/system/files/126901/apo-nid126901-558076.pdf