MENTAL ILLNESS FELLOWSHIP of Australia Inc

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TO: Senate Standing Community Affairs References Committee 10 May 2018

RE: Inquiry into accessibility and quality of mental health services in rural and remote Australia

Dear Senators,

Mental Illness Fellowship of Australia (MIFA) welcomes the opportunity to provide input into the Committee Inquiry into accessibility and quality of mental health services in rural and remote Australia and wishes to make the following brief submission.

MIFA is a federation of long-standing member organisations, established in 1986. Our members deliver specialist services for individuals living with severe mental ill-health and their carers, friends and families, out of nearly 60 'front doors' in metropolitan and regional areas, to over 20,000 people each year. We have substantial experience delivering specialist, place-based, community-building programs to those experiencing mental illness, and nearly 60% of our workforce has a lived experience as a consumer or carer.

MIFA has ongoing concerns at the lower rate of access to mental health services in rural and regional areas. People in remote and very remote areas commit suicide at 1.7 times the rate of the general population[1], and face greater barriers to accessing mental health services than their metropolitan counterparts.

MIFA notes that the underlying causes for the lower rate of access to mental health services in rural and remote areas are multiple, however, the most obvious impediment to access is the low availability of services across both clinical and community mental health supports. While there have been some initiatives in the provision of telehealth, these services cannot replace the genuine need for face to face services and community-building activities, in particular where a person experiences higher levels of impairment and psychosocial disability. Furthermore, funding for transport either for participants to attend supports, or for services to attend a participants' location, is limited. The recent reprieve offered in the recommendations of the McKinsey Independent Pricing Review on the NDIS is welcome (raising reimbursement for up to 45 minutes travel in MM5, and MM4 in the short-term). However, in most rural and remote areas, transport by car of over an hour or two is highly common, and public transport for participants without licenses or vehicles is close to non-existent.

MIFA further notes there are occupational barriers for participants accessing services in rural and remote areas, where a worker's role requires them to live on distant properties, and may impede them from leaving work to attend appointments due to work

[1] Australian Institute of Health & Welfare (2017). *Rural & remote health.* Available at: https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health

responsibilities at either end of daylight hours, or for long hours during daylight. This includes workers in many kinds of agricultural and farming operations, and workers in remote mining and other resource operations.

MIFA further notes that in rural and remote areas, there are concerns amongst participants about stigma and confidentiality. Over 50% of people with mental health concerns do not seek support.[2] This can be for a range of reasons, including: not being at a stage of acceptance that one is experiencing a mental health concern[3] or not believing that mental health issues exist; believing that willpower alone can overcome them ('rural stoicism'); not wanting to appear weak or ill, especially where this belief intersects with certain unhelpful beliefs about masculinity; or not wanting to think of themselves as or to appear to others to be 'crazy'. Participants also have genuine concerns, founded in the reality of stigma and discrimination, that seeking help and/or disclosing to others may result in others in their community excluding them, taking their opinions less seriously, or treating them as unreliable, unpredictable, or unsafe – with a flow on of consequences for social inclusion, employment, housing and health provision.

These concerns, which are common to many people experiencing mental ill-health, are heightened in smaller communities where local support workers are more likely to be part of a participant's social network. Concerns about confidentiality and privacy compel some participants to refuse services from local staff, and instead prefer to travel or request that more anonymous staff travel to them. These preferences can impede service providers from developing local workforces in very small communities.

Mental health providers, such as MIFA members, face many significant challenges in providing services in rural and remote areas. These challenges include the significant additional costs due to transport over greater travel distances; higher costs in premises, and difficulties finding adequate premises; and higher costs in other resources (such as utilities, stationery, food and supplies). There are also workforce challenges: there is frequently a lack of available, reliable and adequately trained workers in local populations. Workers need to have an understanding of rural and remote differences, and in many circumstances need to have Aboriginal and Torres Strait Islander cultural training or personal understanding. For many community mental health providers, to provide a quality service and ensure client safety, workers should be classed at a minimum SCHCADS Level 3, with minimum Cert III or IV training, and have additional training in aggressive behaviour, suicidality, trauma-informed care, some alcohol and other drugs training, and in some circumstances, First Aid. In some areas, training is not available to up-skill the local population. Service providers are often required to pay relocation incentives and expenses, and provide staff accommodation. Not for profit service providers experience particular difficulties attracting and retaining appropriate staff to these areas or attracting staff already living in these areas because they are often competing with other employers who are able to pay much higher wages, for example Government employers or the resources industry. In some remote areas, there have been low level administration roles on starting wages of over $80,000 per annum.

MIFA thanks the Senate Standing Community Affairs References Committee for the opportunity to provide input into the inquiry. MIFA is available to the Senators to provide any further information or expert commentary if required.

Yours faithfully,

Tony Stevenson
National Chief Executive Officer

[2] Whiteford HA, Buckingham WJ, Harris MG, et al. Estimating treatment rates for mental disorders in Australia. Australian Health Review 2014; 38(1): 80-5.
[3] For information about the Stages of Change model of intervention, see Queensland Health (2007). *Stages of Behaviour Change,* https://www.health.qld.gov.au/__data/assets/pdf_file/0026/425960/33331.pdf