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Committee Secretary  
Senate Standing Committee on Community Affairs  
Department of the Senate  
PO Box 6100  
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Canberra, ACT, 2600

## **Submission on the Inquiry into the Accessibility and quality of mental health services in rural and remote Australia**

### **Introduction**

The Centre for Mental Health Research (CMHR) is a research centre at the Australian National University with expertise in several areas relevant to the Inquiry. In particular our work on mapping mental health services across Australia, including rural and remote areas, offers a unique perspective to the Inquiry on availability and accessibility of services. In addition, our expertise in suicide prevention, e-mental health, and rural mental health all have great relevance to this Inquiry.

### **This submission**

We thank you for the opportunity to provide a submission to the Inquiry. We strongly support the attention given to the topic of accessibility and quality of rural and remote mental health services and agree that your terms of reference are important areas to focus on in this respect. Below, we would like to offer five points for your consideration in preparing your report.

#### *1. Rural mental health is different from urban mental health.*

Given the unique characteristics of rural and remote areas such as the low population density, fewer resources, greater distances, and lower socioeconomic status, it is not realistic to expect that the model of mental health service delivery in urban areas translates well into rural and remote settings. As such, mental health services in rural and remote areas should not be based on what works in urban areas, but should take into account the unique social, cultural and geographic characteristics of a local area when assessing needs and developing services. E-mental health, incorporating internet-based therapy programs and telehealth services, is one potential solution to the gaps in service delivery, but e-health delivery requires stable and effective infrastructure and does not replace the need for face-to-face services. A rigorous program of research and evaluation would substantially enhance the implementation of new services models in rural areas.

*2. Draw upon international approaches to supporting rural mental health.*

Comparing mental health services in rural and remote areas in Australia with urban areas in Australia is generally not relevant given the vastly different characteristics and needs between these areas. When assessing accessibility and quality of rural and remote mental health services, it may therefore be more relevant to identify international areas with similar characteristics in terms of remoteness and other population characteristics. These could serve as more relevant benchmarks for comparison. Moreover, policies and strategies in place in other rural and remote areas worldwide may be of interest for Australia to identify how and where to make improvements.

*3. A need to develop indicators specifically for rural areas.*

Following from the need to develop locally relevant services for rural and remote areas, there is also a need to develop specific indicators to assess these services. These should take into account local, social, cultural and geographical factors and may also be modelled on international indicators.

*4. A need to design methods to analyse rural and remote mental health services.*

Rural and remote areas have unique risk factors that are unpredictable, such as environmental hardship and volatile commodity prices. Methods to analyse rural and remote mental health services should therefore incorporate long term strategies to monitor these risk factors and enable analyses in the context of these risk factors.

*5. A need to facilitate and maintain social connections in rural and remote areas.*

Isolation remains one of the most cited risk factors to mental health in rural and remote areas. As such, identifying innovative ways to facilitate social connectedness in these areas is likely to substantially benefit rural mental health. Approaches to building social capital should consider fit within the local community context and maintenance of programs over time. A broad range of activities and locations may be involved with building community connectedness, including existing community-based organisations, charitable organisations and sporting groups. Investment in research on systematic approaches to building community and reducing social fragmentation should also be considered, as there is limited evidence for optimal strategies in this area.

Sincerely,

Professor Luis-Salvador-Carulla (Centre Head),

Associate Professor Philip Batterham,

Dr Bregje van Spijker.