Australian Government

Australian Government response to the Senate Community Affairs References Committee Inquiry report: Accessibility and quality of mental health services in rural and remote Australia.

April 2019

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Contents

Glossary of key terms

This glossary explains terms and acronyms used in this response.

1. Overview

The Australian Government welcomes the report by the Senate Community Affairs References Committee on the 'Accessibility and quality of mental health services in rural and remote Australia'.

The government acknowledges the detailed and extremely valuable written submissions to the Inquiry made by nearly 140 individuals and organisations across Australia. The many hours of verbal feedback people gave at the committee's public hearings were also of great use to the committee and the government in framing the Inquiry report and this response.

Approximately 10 per cent of Australia's population, or 2.6 million people, live in outer regional, remote and very remote areas. Nearly two-thirds of Aboriginal and Torres Strait Islander peoples live in these areas. Their psycho-social wellbeing is therefore a major concern for all governments, and provides an ongoing challenge due to the disparate population and the delivery and accessibility of services. In 2016–17, people living in very remote areas accessed Medicare-funded mental health services at a rate of 81 encounters per 1000 people. This compares to major cities, where the rate of access was 495 encounters per 1000 people. The more remote the location, the fewer Medicare-funded encounters occurred.

Australia is recognised by many as a leader in treating and caring for people with mental illness, and the release of the Fifth National Mental Health and Suicide Prevention Plan in 2017 reinforced the commitment of the Australian Government to improve the treatment of the mental health of all Australians. This is the first mental health plan to focus specifically on social and emotional wellbeing and on mental illness amongst Aboriginal and Torres Strait Islander peoples. It is also the first to emphasise the physical health needs of people who live with mental illness and to deal with the stigma and discrimination that sometimes accompanies having a mental or behavioural disorder.

The Inquiry addressed in detail three of the eight priorities in the government's plan. These are:

- Regional planning and service delivery
- Effective suicide prevention
- Improving Aboriginal and Torres Strait Islander mental health and suicide prevention

The Fifth Plan is being implemented progressively over a five-year period from 2017 to 2022 and the Inquiry's findings and recommendations will help guide this process.

The Australian Government and all state and territory governments are involved in enacting the Fifth Plan and there are likewise many parties which are responsible for the actions identified in the committee's report. They include funding bodies like the Primary Health Networks, government agencies such as the National Disability Insurance Agency, private providers, community sector

organisations including Aboriginal community controlled health care organisations, families and carers, and people with mental illnesses themselves.

This response indicates what the Australian Government is doing and will do in the future regarding the 18 recommendations the committee has made, as well as where primary responsibility lies for taking action.

The Government thanks the committee, and all the contributors to the Inquiry, for their efforts in producing this thoughtful and highly valuable report.

A summary of the Recommendations and the Australian Government response is outlined in the table below:

	Committee recommendation	**Government response**
1.	The development of a national rural and remote mental health strategy	Supports
2.	Implementation, monitoring and reporting framework for Recommendation 1.	Supports
3.	Guarantee the design of service starts with local community input	Supports
4.	NDIA takes account of remote/rural issues for NDIS psychosocial participants	Supports
5.	Longer min. contract lengths for commissioned services	Supports
6.	Allow extension of short term contracts where appropriate	Supports
7.	Government to considers reestablishment block funding for mental health in remote/rural areas	Notes
8.	Government review PHNs' commissioning of services in line with stepped care model	Notes
9	Consider whether allied health professionals and nurses could refer into Better Access program in rural/remote areas	Notes
10	Prioritise implementation and evaluation plans for Aboriginal MHSEW Framework	Supports
11	PHNs commission in accordance with Aboriginal MHSEW Framework action plans and work in longer term partnerships with ACCHOs	Supports
12	All PHNs have an ATSI member on Board	Supports the intent
13	Improve professional supports and clinical supervision for registered health practitioners in rural/remote areas	Supports
14	All mental health service providers ensure workforces are culturally competent; local communities should endorse/help develop training	Supports
15	Funding to FIFO professionals should require consistency of staff and be supported by investment in local practitioners	Supports
16	Peer support workers be recognised and trained as part of any rural/remote measure	Supports
17	All governments should continue to educate local communities about mental health to reduce stigma	Supports
18	Mental health services and communities should be involved in co-design of educational materials	Supports

2. Background

In 2018 the Senate referred an inquiry into the accessibility and quality of mental health services in rural and remote Australia to the Senate Community Affairs References Committee.

The Senate asked the committee to report on:

(a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate
(b) the higher rate of suicide in rural and remote Australia
(c) the nature of the mental health workforce
(d) the challenges of delivering mental health services in the regions
(e) attitudes towards mental health services
(f) opportunities that technology presents for improved service delivery; and
(g) any other related matters.

The committee reported to the Australian Parliament in December 2018 after reviewing submissions from 138 individuals and organisations, holding 16 public hearings in most Australian states and territories, and making two site visits.

3. The Australian Government's response to the committee's recommendations

3.1 The need for a rural and remote mental health strategy

Recommendation 1
The committee recommends the development of a national rural and remote mental health strategy which seeks to address the low rates of access to services, workforce shortage, the high rate of suicide, cultural realities, language barriers and the social determinants of mental health in rural and remote communities.

Recommendation 2
The committee recommends that the national rural and remote mental health strategy is subject to an implementation and monitoring framework which includes regular reporting to government and that these reports are tabled in Parliament.

Government response
The Government SUPPORTS these recommendations

The Australian Government is committed to improving the access and quality of mental health services in rural and remote regions, to better assist all Australians with mental health issues.

The government agrees with the priorities identified by the committee, while noting that they demand a whole of government's effort and cannot be achieved by one agency, or level of government, alone. The emphasis on 'cultural realities, language barriers and the social determinants of mental health in rural and remote communities' is consistent with the government's approach in Closing The Gap Refresh strategy developed in partnership with Aboriginal communities from 2018.

The government will consider the potential for a rural and remote mental health strategy in collaboration with the National Mental Health Commission, and raise the issue with the Council of Australian Governments (COAG) health council.

Such a strategy would be complemented by the recently announced National Mental Health Workforce Strategy, which will provide options to attract, train and retain mental health workers to support the provision of mental health services, especially in rural and remote areas.

3.2 All parties should take a place-based, local approach to mental health

Recommendation 3
The committee recommends an overarching approach is taken by all parties to guarantee that the design of mental health and wellbeing services starts with local community input to ensure that all rural and remote mental health services meet the measure of 'the right care in the right place at the right time'. This needs to be informed by best practice and international knowledge.

Government response
The Government SUPPORTS this recommendation

The principles underpinning this recommendation are already embedded in the Australian Government's approach to mental health. Local community input and guidance is already built in to many government programs and initiatives, but there is always more government can do to ensure that the local community's early involvement in co-designing programs is pursued as consistently and effectively as possible.

In 2015, the Australian Government established 31 Primary Health Networks (PHNs) and gave them a primary role in planning and commissioning primary mental health care services (among other functions). While PHN capability development is continually improving, the government sees their commissioning and monitoring role as providing good opportunities for co-design with the local community.

Active and regular engagement with local stakeholders is expected in both the development and implementation of PHN activities. PHNs are required to establish Clinical Councils and Community Advisory Committees made up of local representatives, and also to engage more broadly than these bodies.

While PHNs vary in structure and scope, reflecting local conditions, they work to a shared PHN Program Performance and Quality Framework. The first report will be finalised in the last quarter of 2019. Among the 54 performance indicators that the Australian government will be monitoring are the following:

- The PHN has a Commissioning Framework which includes strategic planning, procuring services and monitoring and evaluation phases, with cultural appropriateness and stakeholder engagement considered throughout the process.
- The PHN engages with a broad range of stakeholders in its region.
- The PHN has at least one Clinical Council and one Community Advisory Committee.

Community programs are also delivered via the PHNs since they have strong relationships in their areas. For example, in the 2018-19 financial year this has included drought related mental health measures:

- $14.4 million over four years for additional mental health support initiatives for farmers and communities to help people deal with the uncertainty, stress and anxiety of drought conditions

and further assistance is being provided in the 2019/20 Budget for communities subject to natural disasters .

- $24.4 million over two years through the Empowering our Communities initiative for small to medium community groups and organisations to provide free group-based activities, for support and to reduce the stigma associated with mental illness in nine drought affected communities. Activities that have been rolled out include workshops, classes and training on mental health topics such as mental health first aid, counselling and (for GPs and primary care workers) information about services and mental health support skills. PHNs report strong interest and positive responses to activities funded under this initiative.

The Australian Government Department of Health has developed a range of guidance, tools and training materials on key aspects of commissioning, to build PHN commissioning capability.

3.3 Making the NDIS work better

Recommendation 4

The committee recommends that the National Disability Insurance Agency (NDIA) ensures that the implementation of the psychosocial disability stream takes into account the issues facing rural and remote communities, including barriers to accessing mental health services and the lack of knowledge and experience in both psychosocial disability and the National Disability Insurance Scheme (NDIS).

Government response
The Government SUPPORTS this recommendation

The NDIA recognises that a single pathway approach for the NDIS is not suitable for all people with disability and has developed tailored pathway improvements for people who have specific requirements. Different approaches have been designed to provide the appropriate level of support necessary to provide a consistent experience for all participants. They are being rolled out progressively.

This includes a new Psychosocial Disability Stream, announced in October 2018, and a range of other participant pathway reforms that take into account the issues facing rural and remote communities. These reforms address the sector's key concerns and prioritise the development of staff skill-sets about the needs of people requiring mental health support, including those in rural and remote communities.

As at 31 December 2018, of all NDIS participants who have ever met access requirements, 23,714 (8.5%) have a primary psychosocial disability and 44,751 (16%) have a primary or secondary psychosocial disability. Of those with a primary psychosocial disability, people in rural and remote areas currently make up around 19.5% (4,481 people).

The key components of the Psychosocial Disability Stream include:

- Employing specialised planners and Local Area Coordinators to ensure participants have access to psychosocial expertise
- A staffing and recruitment strategy that is targeted at building significant capacity in psychosocial disability and mental health expertise through:

- Learning and Development strategies on psychosocial disability and mental health delivering training and education through a combination of online, face-to-face training and mentor coaching
- Strengthening the connection between existing mental health services and NDIA staff and partners
- Focusing on recovery-based planning and episodic needs
- Assisting potential participants who are likely to be eligible, but unlikely to engage, with knowledge about the NDIS and how it can help them to improve their lives

As part of the pathway reform, the NDIA is also rolling out a number of service enhancements to facilitate access to the NDIS. These focus on culturally competent and responsive services, community appropriate services and communication and information that is locally tailored for Aboriginal and Torres Strait Islander peoples.

The NDIA will be providing tailored training to the Remote Community Connectors as well as funding positions within Aboriginal Controlled Community Health Organisations (ACCHOs) to undertake assistance with access, evidence and coordination of planning functions.

The NDIA has made new arrangements to better manage the implementation of psychosocial disability policies, which include a focus on rural and remote issues:

- Overall accountability for implementation through newly the established Advisory Services Division (October 2018)
- Establishment of the Communities of Practice Branch with responsibilities to support practice improvement and consistency of approach through staff training, consultancy and development of information strategies and production guidelines
- Establishment of the Complex Support Needs Branch with responsibility for appointment of Specialist Psychosocial Disability Planners and Mental Health and Psychosocial Disability small and medium providers. Ninety planners are in place as at March 2019.
- Increasing the number of specialist planning positions in 2018-19 and future years
- Strategic planning and stakeholder engagement actively managed through the Strategic Advice, Research and Inclusion Division
- Development of a Strategic Plan on Mental Health and Psychosocial Disability
- An NDIS Participant Employment Taskforce to examine strategies for improving employment rates for people with disabilities, including people with mental health issues in rural and remote communities.

3.4 Changing the way government commissions mental health services

Recommendation 5

The committee recommends that Commonwealth, State and Territory Governments should develop longer minimum contract lengths for commissioned mental health services in regional, rural and remote locations.

Recommendation 6

The committee recommends that Commonwealth, State and Territory Governments should develop policies to allow mental health service contracts to be extended where a service provider can demonstrate the efficacy and suitability of the services provided, and a genuine connection to the local community.

Government response

The Government SUPPORTS these recommendations

Increasing long-term funding certainty for PHNs has been a key priority for the Australian government and for PHNs.

In 2017 the Australian government extended PHN core funding for an additional three years and agreed to a 12-month performance-based contract extension model, which gives eligible PHNs an ongoing three-year funding horizon. In late 2018, the Australian government agreed to this same funding extension model for two other major streams of PHN funding: mental health (including Indigenous mental health) and alcohol and other drugs.

As a result of this decision, mental health funding for PHNs will now be extended to 30 June 2022, and extended annually for an additional 12 months on an ongoing basis, for those PHNs that satisfactorily comply with their contractual obligations and meet performance criteria under the PHN Program Performance and Quality Framework. This funding extension model will give PHNs the certainty to undertake longer-term local planning and to enter into longer contracts with service providers should this be appropriate.

PHNs may extend contracts with existing commissioned service providers (including mental health providers) rather than approaching the market in every case. Their decisions to extend contracts are based on a number of factors, including:

- the outcomes from monitoring and evaluating existing commissioned services in terms of efficacy in addressing community needs
- value for money
- the nature and scale of the services required
- the magnitude and duration of the available funding for those services
- the capability and development of the service provider market

As noted above, the Department of Health has developed a range of guidance, tools and training materials to build PHN commissioning capability.

The Commonwealth Grants Rules and Guidelines 2017 applying across government encourage officials to consider longer-term grant agreements where appropriate, in order to achieve outcomes:

'Officials should consider the use of longer-term grant agreements, where appropriate. When considering the length of term of grant agreements, officials should consider the administrative costs involved for the entity and grantees. Longer term grant agreements may better achieve value with relevant money and government policy outcomes, than conducting multiple grant opportunities with grant agreements of shorter-term duration.'

The Department of Social Services funds the Family Mental Health Support Services program for grant terms of three years with funding continued where there is good performance and governance. As a result, most organisations have had service continuity since they were first funded in either 2011–12 or 2013–14. The program provides early intervention support services for children and young people up to the age of 18, who are showing early signs of mental illness, or at risk of developing mental illness. Over half of the program's clients (39,143) live in regional, rural or remote locations.

Similarly, the NDIS's new Strengthening Information, Linkages and Capacity Building (ILC) Strategy Towards 2022 refocuses the ILC Program by shifting from high volume and short-term grant programs to a more strategic, multi-year approach.

Recommendation 7

The committee recommends that Commonwealth, State and Territory Governments consider the re-establishment of block funding for mental health services and service providers in regional, rural, and remote areas.

Government response

The Government NOTES this recommendation

The Australian Government recognises that flexible granting arrangements may be needed in specific circumstances where market mechanisms are not delivering the required service delivery opportunities. Block funding is one of a range of mechanisms which may be employed to ensure service quality and continuity, especially in rural and remote areas.

With regards to the NDIS, the Australian Government recognises the need for timely responses and local solutions to market risks that emerge. Recent examples of responsiveness include rural and remote price loadings, increase in price limits for therapy, attendant care and community participation and complexity and release of NDIS Market Enablement Framework in late 2018. Block funding is not consistent with the purpose of the NDIS to provide participants with choice and control in purchasing the supports they need.

Positive results have showed for providers who have already transitioned, or are in the process of transitioning, from block funding to a fee-for-service model under the NDIS in regional, rural and remote areas. Providers who have moved their business model to operate under the NDIS have reported the benefits to participants who are generally very satisfied with the opportunity to access services and supports that they want and need rather than having to take what was on offer under block funding.

Also in relation to the NDIS, providers have reported that the NDIS's fee-for-service approach allows them to better manage their own budgets and grow profits. They can have greater security as funding is based on how participants rate their performance, rather than a government budget

cycle. For example, a provider which delivers Australian mental health services in remote Queensland, is diversifying its service offerings to meet the needs of people with disability in the region, both in and out of the NDIS. The provider has shared feedback with the DSS that indicates they have seen service delivery hours increased by 75% in 2017, and workforce growth by around 40% a year over the past two years.

The NDIA is also working with local organisations to leverage existing capability in thin markets.

The Government is committed to working with peak bodies, PHNs, national disability organisations and state and territory governments to understand the need for mental health services and how best to deliver them.

Recommendation 8
The committee recommends that the Commonwealth Government review the role of Primary Health Networks in commissioning mental health services under the stepped care model to ensure effective and appropriate service delivery in regional, rural and remote areas.

Government response
The Government NOTES this recommendation

Stepped care is an evidence-based, staged system of interventions, from the least to the most intensive, matched to the individual's needs. While there are multiple levels within a stepped care approach, they do not operate in silos or as one-directional steps, but rather offer a spectrum of service interventions. The government appreciates the challenge of working to this best practice model in rural and remote areas where services are sparse and have long waiting lists. Although the Government is continually reviewing and assessing the best way to deliver services, PHNs are playing a key role in making stepped care possible, supported by other government initiatives.

Local indicators oriented around a stepped care system approach are produced by each PHN as part of their evaluation and monitoring activity. The Australian Government Department of Health has developed guidance to help PHNs carry out this role including providing advice of best practice examples in stepped care. PHNs are funding services that offer a 'no wrong door approach' and undertake holistic assessments within their regions to create more options in under-serviced areas. The recently announced National Mental Health Workforce Strategy will further assist by focusing on workforce development needs for all the occupations needed to deliver stepped care, including peer support and non-professional workers.

As noted elsewhere, the Government is also supporting continuous improvement of PHN processes through specific guidance around commissioning and tailored support.

The Government also recognises the role digital technologies can play in stepped care, by providing access to services not available face-to-face in each community. It has committed funding to several national digital approaches that have specific benefit in rural and remote communities, including telephone support for internet based services to improve connectivity. An example is Mindspot, where as the result of initiatives by the Western Australian PHN, people can access high quality clinical care for depression or anxiety via telephone, online or face-to-face any time day or night.

In addition, the Australian Government's digital mental health gateway, Head to Health, was launched in October 2017, and provides 19 digital mental health services that cover a range of counselling, treatment and crisis supports. These include suicide prevention and peer support services, such as Lifeline, Kids Helpline, ReachOut, MindSpot and Black Dog Institute programs. The portal makes it easier for those in hard to reach areas to access free or low cost government digital mental health services. Some 360,000 unique users have accessed the site since its launch in October 2017 to end December, 2018.

Recommendation 9

The committee recommends that the Commonwealth Government consider pathways for allied health professionals and nurses in rural and remote Australia to refer patients under the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative.

Government response

The Government NOTES this recommendation

The Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS program makes Medicare rebates available to patients for selected mental health services provided by general practitioners (GPs), psychiatrists, psychologists (clinical and registered) and eligible social workers and occupational therapists. Medicare rebates are available for up to ten individual and ten group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by:

- A GP managing the patient under a GP Mental Health Treatment Plan
- Under a referred psychiatrist assessment and management plan
- A psychiatrist or paediatrician

In 2017 and 2018 the program underwent several modifications to increase the access of people in remote and rural areas (Modified Monash Model areas 4-7):

- From November 2017 people could access services through video conferencing (telehealth), where visual and audio links are established between a patient and their treating allied health professional. Telehealth services are able to be delivered by psychologists, social workers and occupational therapists that are registered with Medicare.
- From September 2018, eligible patients could access all of their Better Access sessions via videoconference.
- From 1 November 2018, eligible general practitioners and medical practitioners were also able to deliver focussed psychological strategies via videoconference.

Further, a review of the 5,700 Medicare Benefits Schedule (MBS) items is currently in train. This includes those used to treat people with mental health disorders. Consultation with stakeholders

and the community is underway. The Mental Health Reference Group Report has made a number of recommendations that aim to achieve more flexible access to care (particularly in rural areas).

The government will respond to recommendations relating to the 47 MBS items in due course.

Recommendation 10

The committee recommends that the Commonwealth Government prioritise the development of implementation and evaluation plans for the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023.

Government response

The Government SUPPORTS this recommendation

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 guides and informs Aboriginal and Torres Strait Islander mental health and wellbeing reform. It is designed to complement the Fifth National Mental Health and Suicide Prevention Plan and contributes to the vision of the National Aboriginal and Torres Strait Islander Health Plan 2012-2023. Responsibility implementing and evaluating the broad sweeping National Strategic Framework is shared between the Commonwealth and States and Territories.

The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Project Reference Group has been established to determine priorities for planning and investment for Aboriginal and Torres Strait Islander mental health and suicide prevention arising from the Plan. Membership of the Reference Group consists of representatives from the Australian Government and each state and territory government, together with expert representatives from key peak bodies, research and academia, and the Aboriginal and Torres Strait Islander health sector.

The majority of such social and emotional wellbeing funding goes to Aboriginal Community Controlled Health Organisations or other Aboriginal and Torres Strait Islander community organisations. The Australian Government also funds the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group to provide advice on Aboriginal and Torres Strait Islander mental health and suicide prevention, including strategies within the Framework.

Recommendation 11

The committee recommends the Commonwealth Government implement measures to ensure that services commissioned by PHNs embody the action plans of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 and are delivered by, or in genuine long-term partnerships with, Aboriginal Community Controlled Health Services and other Aboriginal and Torres Strait Islander community organisations.

Government response
The Government SUPPORTS this recommendation.

PHNs are expected to work closely with the communities and key stakeholders in their regions, including Aboriginal and Torres Strait Islander communities and organisations, in assessing and prioritising health needs and in planning and commissioning primary health care services.

PHNs and ACCHO peak bodies together designed Guiding Principles for working together in March 2016. These recognise the commitment by both to improve six key domains for Aboriginal and Torres Strait Islander health, including cultural competency, engagement and representation. It specifically notes the role of both groups in working towards the vision of the Implementation Plan for the Aboriginal and Torres Strait Islander Health Plan 2013-2023.

Similarly, the Integrated Mental Health and Suicide Prevention Services – A Guide for Local Health Networks and Primary Health Networks recognises that better integration of services for Aboriginal and Torres Strait Islander people requires an holistic approach to care reflecting the importance of physical health, mental health, spiritual needs and social and emotional wellbeing. The Guide requires that regional plans are developed with genuine inclusion of consumers, including local ACCHOs.

PHNs are required to monitor and report on the type of organisations funded under the Integrated Team Care program funds to ensure that a range of organisations, including Aboriginal Medical Services, mainstream organisations and sometimes PHNs themselves are funded for these coordination activities. (PHNs may engage Indigenous Health Project Officers to undertake ITC activities).

A priority function for the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group in its current term is to provide practical advice on improving Aboriginal and Torres Strait Islander mental health and suicide prevention outcomes through effective partnerships between the PHNs, the ACCHOs and mainstream providers, including by implementing better integrated planning and service delivery for Aboriginal and Torres Strait Islander peoples.

Recommendation 12
The committee recommends that all Primary Health Networks have an Aboriginal and Torres Strait Islander member on their board.

Government response
The Government SUPPORTS the intent of this recommendation

PHNs are independent, incorporated entities under the *Corporations Act 2001* and are all registered charities with the Australian Charities and Not-for-profits Commission. As independent entities, PHNs have some flexibility in how they establish their governance arrangements; however they must comply with their obligations under the Act and contractual obligations with the Australian Government Department of Health.

PHNs are required to establish skills-based boards, GP-led Clinical Councils and representative Community Advisory Committees. These are designed to ensure PHNs make appropriate decisions, informed by local clinical and patient perspectives, to satisfy the unique needs of their respective communities, including in rural and remote areas.

PHNs are encouraged to consider the skills of the National Aboriginal Community Controlled Health Organisation and Aboriginal Community Controlled Health Services as part of their governance structures.

As at June 2018, there were 16 Aboriginal and/or Torres Strait Islander PHN Board members, two Board chairs, 113 members of Clinical Councils and Community Advisory Committees. In addition, 18 PHN Board members and 140 members of Clinical Councils and Community Advisory Committees had experience in, or are affiliated with, Aboriginal Controlled Community Health Organisations.

In line with the Primary Health Networks and Aboriginal Community Controlled Health Organisations – Guiding Principles, a number of PHNs have also established specific advisory groups with their local Aboriginal and Torres Strait Islander health stakeholders to ensure advice is provided directly to the PHN to inform planning and commissioning decisions.

3.5 Strengthening the rural and remote mental health services workforce

Recommendation 13
The committee recommends the Commonwealth Minister for Health work with health professional colleges to develop strategies for the immediate improvement of professional supports and clinical supervision for registered health practitioners working in rural and remote locations.

Government response
The Government SUPPORTS this recommendation

The government provides leadership and support through a range of initiatives that aim to attract, train, retain and deliver a more accessible mental health workforce.

At the centre of these initiatives is the 10-year Stronger Rural Health Strategy to begin in July 2019. This includes a Rural Primary Care Stream – funding for educational support for junior doctors working and training in rural primary care settings. It also includes the Workforce Incentive Program which includes financial incentives to support eligible general practices to engage multidisciplinary teams, including in rural, remote and regional settings.

Australian Government-funded measures already in place include the following. While some are specifically targeted to rural and remote professionals, others are nation-wide measures but are implemented with regard to the impact on rural and remote communities.

The Mental Health Professionals Network
The Mental Health Professionals Network (MHPN) is funded by the Australian Government to develop profession-specific materials and activities to support the provision of quality mental health care and to facilitate multidisciplinary, inter-professional networks to support the delivery of primary mental health care at the local level.

The MHPN maintains and supports 380 interdisciplinary mental health networks of which 41 per cent are located in regional, rural or remote locations. The MHPN has enabled practitioners to engage in over 280,000 hours of professional development, with participation rates increasing over successive years. The MHPN currently receives $5.2 million over three years from 2017-18.

Psychiatry training and support

Under the Specialist Training Program, the Royal Australian and New Zealand College of Psychiatrists is receiving $84.2 million, from 2018-19 to 2020-21, to manage and administer 194 full time equivalent (FTE) psychiatry training positions each year. Of these, 84 FTEs are located in regional, rural and remote communities including 34 FTE who will spend at least 66% of their fellowship training in rural areas as part of the Integrated Rural Training Pipeline Initiative. Trainees in these positions are delivering much needed psychiatry services within their local communities.

The Supporting Rural Specialists Australia program separately provides $4.6 million from 2018-19 to 2020-21 to give rural specialists, including psychiatrists, access to professional support and online learning programs that are not available in their region. In addition, the program has annual funding rounds for rural and remote specialists to apply for grants for continuing professional development.

CRANAplus

CRANAplus is the peak professional body for the remote and isolated health workforce in Australia. The Australian Government provides CRANAplus with core funding to deliver programs that help to improve the quality of health care provided in rural and remote areas and improve the safety and security of the remote area health workforce. It achieves this in three ways:

- Accredited professional development courses are provided to remote health professionals at an affordable cost.
- A telephone and internet-based counselling service is available to remote health professionals and their families. The Bush Services Support Line is available 24 hours a day, seven days a week.
- Short courses are offered to help remote health professionals gain the knowledge, confidence, ability and skills to identify and respond to potential or actual episodes of aggression and violence.

In addition, Minister McKenzie has directed the National Rural Health Commissioner to provide advice to government on matters relating to allied health services and workforce in rural Australia. This is due by October 2019.

Recommendation 14

The committee recommends that all mental health service providers, including government and community sector, ensure their workforces are culturally competent and that such training be endorsed by and delivered in partnership with the communities into which they are embedded

Government response
The government SUPPORTS this recommendation

The Government supports the culturally competency of the mental health workforce via a range of mechanisms. We welcome ongoing efforts by the sector, including service providers and health professional bodies, to further embed cultural competency in Australia's mental health workforce. This will be a key focus of the National Mental Health Workforce Strategy currently under development.

The Australian Government also requires PHNs commission culturally appropriate, evidence-based mental health services for Indigenous people and to ensure services meet the needs and preferences of patients, their families and communities.

Other government policies and initiatives include:

- The Cultural Respect Framework 2016-2026 which applies to all health systems nationally. Workforce development and training is a domain for action within this framework.
- The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 has an Implementation Plan which includes a Health System Effectiveness domain which includes the following goal:

  > Mainstream health services are supported to provide clinically competent, culturally safe, accessible, accountable and responsive services to Aboriginal and Torres Strait Islander peoples in a health system that is free of racism and inequality.

The following projects are funded through the Department of Health to support this aim:

Cultural Responsiveness Framework Training Program
Indigenous Allied Health Australia has been funded to develop a suite of resources and associated support to deliver cultural responsiveness training workshops across Australia.

Leaders in Indigenous Nursing and Midwifery Education Network
The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives has been funded to oversee the development of a forum to improve the overall capacity of nursing and midwifery higher educators.

Aboriginal and Torres Strait Islander medical specialists project
The Australian Indigenous Doctors' Association has been funded to undertake a project to investigate and explore options for developing pathways for Aboriginal and Torres Strait Islander doctors into specialist medical training.

In addition, the Australian Government funds a number of Indigenous health outreach measures, which include support for services delivered by the mental health workforce. Funded providers are required to ensure the engaged health professionals have undertaken appropriate cultural awareness training.

The new NDIS Quality and Safeguards Commission established by the Australian Government is progressively taking over responsibility for regulating NDIS providers. The NDIS (Provider Registration and Practice Standards) Rules 2018 include a core module on participant rights and provider responsibilities. Under module **2.4 Individual values and beliefs** it is required by law that:

> 'Each participant can access supports that respect their culture, diversity, values and beliefs. can access supports that respect their culture, diversity values and beliefs.'

Recommendation 15

The committee recommends that all providers of fly-in, fly-out mental health services ensure that mental health professionals are supported by long-term investment to enable them to provide reliable and regular support services to rural and remote communities, with consistency of personnel an essential requirement for any service provider.

Government response

The government SUPPORTS this recommendation

The Government has included requirements for continuity and local collaboration in funding for this type of service. For example, new mental health outreach services will be provided by the Royal Flying Doctor Service (RFDS) which has received approximately $20 million over four years from 1 January 2019. The RFDS will identify service locations where there are currently few or no mental health services and will plan with local health providers to deliver outreach services with regular attendance. Telehealth access to mental health care will be part of the new service.

Several programs address disincentives health professionals face in providing outreach services in order to encourage regular, reliable and reliable services. Under changes to be introduced in July 2019 as part of the Workforce Incentives Program, GP practices will be able to receive financial incentives to employ allied health professionals, including psychologists.

Recommendation 16

The committee recommends that peer support workers be given appropriate training to enable them to continue their role in helping people experiencing mental health issues. The committee further considers that peer support workers should be recognised as a valuable support service by being paid to perform this role in rural and remote communities.

Government response

The government SUPPORTS this recommendation.

Peer support workers are an important part of the Government's commitment to mental health service provision. PHNs are currently expected to support models of practice that incorporate peer workers as members of multidisciplinary teams providing person-centred, recovery-oriented and trauma-informed stepped care in mental health and suicide prevention services, including promoting training, peer supervision and career development for peer workers.

The department has developed specific guidelines on the mental health and suicide prevention peer workforce. These explain how PHNs can support better outcomes in mental health by promoting and supporting the employment of peer workers as part of multi-disciplinary teams.

Consultations with communities in drought affected areas undertaken by the Coordinator-General for Drought, Major General Day, found that people often preferred to talk to a trusted or respected member of the community rather than engaging in the formal mental health pathways for help.

Funding of $463,815 over three years has been provided to nine PHNs for the Trusted Advocates Network Trial to provide additional informal mental health support and referral pathways to individuals affected by drought. Community members nominated as 'trusted advocates' will receive mental health first aid and/or 'accidental counsellor' training to assist them in their role supporting people in their communities. The Trial will enable local communities to strengthen their own local drought support network and additional mental health support and referral pathways.

3.6 Reducing the stigma associated with seeking help

Recommendation 17
The committee recommends that Commonwealth, State and Territory Governments, as well as mental health service providers and local communities, continue to educate rural and remote communities about mental health and advertise local and digitally-available support services, with a view to reducing the associated stigma.

Recommendation 18
The committee recommends that Commonwealth, State and Territory Governments work with mental health service providers and local communities to co-design appropriate educational materials to reduce the stigma surrounding mental health in rural and remote communities.

Government response
The government SUPPORTS these recommendations

Communication about mental health and initiatives to reduce stigma are important elements of the Government's mental health investment, including as part of its work to implement the Fifth Plan. Telehealth mental health services, as well as population-wide and targeted community education and prevention programs and improving mental health awareness and literacy, are ways of doing this that can work well in rural and remote areas.

As noted above, the government has funded many initiatives and programs that extend access to online services and make awareness and educational programs available on line. The Head to Health website is a portal that classifies and links to many of these. It includes:

- Immediate assistance, including connection to funded services, 24 hour chat lines and a live online chat
- Information tailored to people from different backgrounds and communities
- Educational materials that can be downloaded and printed by health professionals and educators

- Resources for carers
- How to contact people locally.

Training for front line workers who work with people at risk of suicide or psychosocial disorders is provided through Mental Health First Aid (MHFA) which has been funded by the Australian Government since 2000. MHFA estimates over three million Australians have been trained since then. All published MHFA evaluations conclude:

- MHFA increases participants' knowledge regarding mental health problems
- decreases their negative attitudes to mental disorders
- increases supportive behaviours toward individuals with mental health problems.