

Ms Pothida Youhorn
Committee Secretary
Standing Committee on Community Affairs
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Parliament House Canberra ACT 2600

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Dear Ms Youhorn

Thank you for the opportunity to respond to the proposed Inquiry into Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

In 2019 and early 2020, the Mental Health Commission of New South Wales (the Commission) undertook over 60 community visits to rural and regional NSW and spoke to communities about their experiences of mental health services, systems and their own experiences. In addition, the Commission regularly consults with diverse communities (including practitioners and consumers) through formal mechanisms such as its Ministerially appointed Community Advisory Council. It is with this expertise and knowledge that we would like to offer the following comments taking a mental health view.

While it is well documented that General Practitioners provide fundamental frontline services for mental health intervention, we have also heard that it is not uncommon for regional and rural GPs to be in short supply, and for many of those to be overseas trained doctors – a fact which is backed up by data from the Royal Australian College of General Practitioners who confirm that 40% of the rural GP workforce consists of international medical graduates and overseas-trained doctors. The Commission is aware that there are risks that they in turn may experience isolation and be at risk of significant mental health challenges themselves because of the long hours and lack of available support. Consequently, there is a risk of burnout and that their capacity to deliver services over time becomes increasingly diminished. This has only been amplified during Covid-19 with border closures and lockdowns.

Additionally, communities have told us that access to afterhours GP services are very limited in regional and remote areas and that often times afterhours practices are provided at the emergency department. The role of Primary Health Networks in supporting afterhours general practice needs further consideration regarding improving funding of afterhours services, workforce supply and practice models. We note that pathways to improved funding models for GPs need to be developed in consultation with relevant peak bodies.

The distribution of resources in outer metropolitan, regional and rural areas remains a challenge to be addressed. Without this, primary care services will continue to fall to emergency departments. The literature shows us that emergency departments are not the best place for providing mental health support to someone in crisis. This can have a heightened impact in those areas where there are high rates of deliberate self-harm and areas of low socio-economic status. The Inquiry is urged to look at the range of options to incentivise the medical workforce into rural practice.

The Commission is acutely aware of the impacts of the past 18-24 months on people's mental health. We conducted a survey on community mental health wellbeing in response to this and the results of this

suggest that around 1 in 20 (5%) of people in regional and rural NSW experienced a new mental health issue during 2020, compared to the 1 in 10 (11%) across the state as a whole, and that in light of people's expressed preferences, demand for GPs and related services are likely to increase to support mental health recovery post-pandemic.

Tragically, suicide rates tend to increase with increasing remoteness. Moreover, suicide rates (suicide deaths per 100,000 people) in regional and remote areas have greatly increased between the years 2010 to 2019, compared to the comparably smaller increment in major cities. The Commission would encourage the Inquiry to consider these rates of suicide as part of its work given that GPs are key gatekeepers in suicide prevention initiatives. In addition, ensuring the mental health workforce is well funded and well supported is also a critical lever in ensuring the success of any mental health programs and services.

In closing, when looking to strengthening general practice in outer metropolitan, regional and rural areas, focus should be given to areas where there are high rates of deliberate self-harm, communities with low socio-economic status, areas where hospital avoidance strategies are essential, and trends in child and adolescent and adult mental health crisis care where early intervention and crisis support can be provided in the community.

Should you require further information please contact Hooma Mishra, Principal Legal Advisor & Manager – Office of the Commissioner, NSW Mental Health Commission at _____ or on _____

Yours sincerely

Catherine Lourey
Commissioner
Mental Health Commission of NSW

30 September 2021