11 May 2018

Senator Rachel Siewert
Chair, Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600
By email: community.affairs.sen@aph.gov.au

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

Dear Senator Siewert,

1 - Introduction

The Royal Flying Doctor Service (RFDS) welcomes the Committee's inquiry into the accessibility and quality of mental health services in Australia. The RFDS is a vital part of remote and rural communities, providing critical health services to these areas of great need, particularly in places where low population numbers make it unviable to support local health services such as hospitals, emergency departments, pharmacies and General Practitioners (GPs).

The RFDS also plays an important role in the provision of services to remote and rural Australians experiencing mental disorders. We deliver mental health, social and emotional wellbeing (SEWB) services through our primary healthcare program, as well as specialist mental health programs, and, in the most urgent of circumstances, our well-known emergency aeromedical retrieval service. As a result of recent budget decisions of the Commonwealth, the RFDS is in the process of expanding these mental health services in remote Australia.

Research shows that health services, and particularly mental health services, such as those provided by the RFDS, are needed now more than ever. There are persistent health workforce shortages and ongoing challenges in accessing comprehensive health services that lead to poorer health outcomes for those living in remote and rural areas of Australia. Timely and accessible health care is crucial for remote and rural Australians experiencing mental disorders. This includes the provision and delivery of appropriate prevention and early intervention services, GP and primary healthcare services and specialist mental health services, including those delivered by organisations such as the RFDS.

In particular through this submission, the RFDS outlines the following issues for the Committee's attention:

1. **Residents of very remote areas are twice as likely to die from suicide**, as compared to those living in metropolitan areas, despite the prevalence of mental illness being similar in the bush as compared to the city. This supports evidence that current services are inadequate, and shows that the impact of mental illness is greater for those living in our most isolated areas.

2. **There are not enough mental health services in rural and remote areas.** There are many locations where there are no mental health services available. For example, as shown in Figure 1, there are 201 Local Government Areas (LGAs) where there were shown to be no registered psychologists in 2016.

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3. **There is poor utilisation of mental health services in rural and remote areas.** For example, those living in remote areas access mental health services at only a sixth the rate of those in cities. This is demonstrated further in Tables 1 & 2, which suggest that where services are available in remote areas, they are difficult to access, or ill-targeted.

Evidence makes it clear there are not sufficient mental health services in rural and remote Australia, and it is the responsibility of all governments to urgently address this. As such, the RFDS recommends that: **The COAG Health Council be tasked to develop a rural mental health strategy, informed by a collation prepared by the National Mental Health Commission of the PHN service mapping in rural and remote areas and other key data that identifies service shortfalls. The Commission should also be tasked with monitoring and overseeing implementation of the strategy, reporting back directly to the COAG Health Council.**

2 - Disparity in health outcomes for rural and remote Australians

Each year, around one in five, or 960,000, remote and rural Australians experience a mental disorder. This is similar prevalence as that seen in major cities, however suicide and self-harm rates are higher in remote and rural Australia than in major cities, with residents of very remote areas twice as likely to die from suicide as city residents. Farmers, young men, older people, and Aboriginal and Torres Strait Islander (Indigenous) Australians face the greatest risk of suicide.

A number of factors are shown to exacerbate mental health acuity in remote and rural Australia, including: poor access to primary and acute care; limited numbers of mental health services and mental health professionals; reluctance to seek help; concerns about stigma; distance and cost; and cultural barriers in service access. An additional set of risk factors have been identified as heightening the risk of suicide in remote and rural areas, including: economic hardship; easier access to means of death; social isolation; less help seeking; and reduced access to support services. Further, mental disorders are also associated with other illnesses, such as cardiovascular disease, diabetes, cancer and preventable injury. People with mental disorders also experience disproportionally higher rates of disability than people without mental disorders and these rates are even higher in remote areas of Australia.

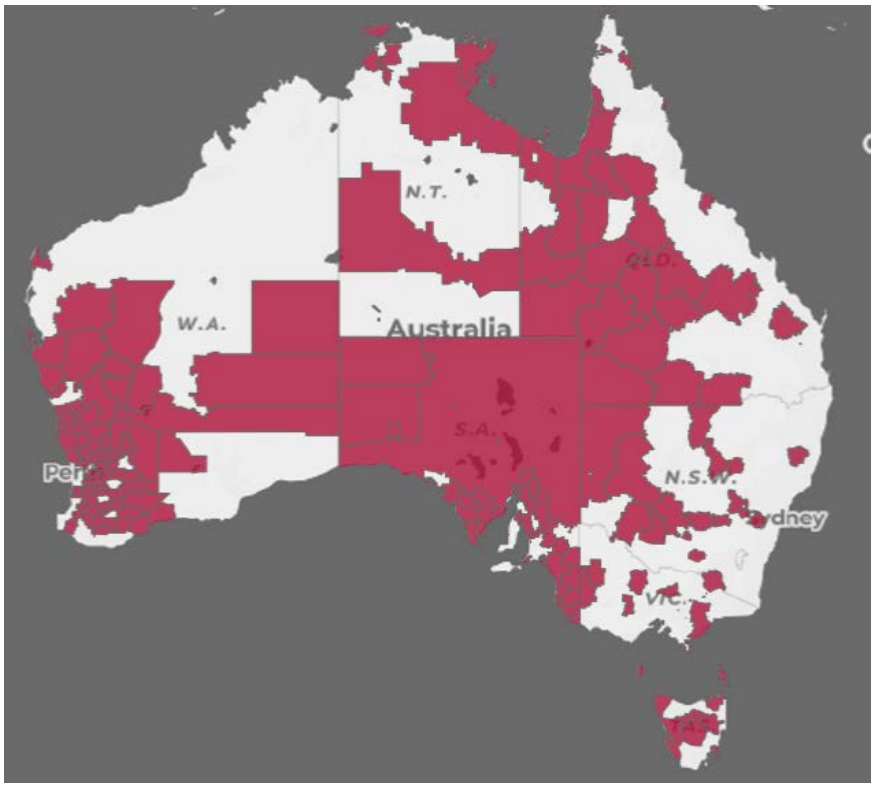
As the Committee is likely to hear repeatedly in the course of this inquiry, the mental health of Aboriginal and Torres Strait Islander (Indigenous) peoples warrants particular attention. Indigenous Australians are shown to be 1.2 times as likely to die from mental disorders as non-Indigenous Australians; 1.7 times as likely to be hospitalised for mental disorders; and, Indigenous young people aged 12–24 years are 3 times as likely to be hospitalised with a mental disorder as a non-Indigenous young person of the same age.

3 - Disparity in mental health service delivery in rural and remote Australia.

There is a significant disparity in the availability of mental health services in remote and rural parts of Australia, and as a consequence there are critical disparities in both the impact of mental illness and the mental health outcomes of country Australians.

There is limited supply of mental health professionals practicing in country Australia, with significantly fewer psychiatrists, psychologists and mental health nurses per head of population. Data on registration of psychologists across Australia and their ‘principal place of practice’ has been used to prepare the map detailed in Figure 1. This map shows that in 2015, 201 local government areas did not have any psychologists with that location as their principal place of practice. This represents 36% of a total of 564 local government areas and about 840, 000 people or one third (32%) of the total population living in Remote and Outer Regional areas.

Figure 1 – 201 Local Government Areas in 2015 reporting no practicing psychologists



It is important to note that GPs and those providing primary health services are the frontline of mental health care across Australia, and particularly in remote and rural areas where comprehensive and specialist services are often not available. A large number of people in rural and remote areas are most likely to receive mental health care from a GP, both in the first instance and for ongoing treatment. For example, the most recent National Survey of Mental Health and Wellbeing (2007) showed that 70.8% of people who accessed mental health services in 2007 consulted a GP and the 2015 Bettering the Evaluation and Care of Health (BEACH) survey of General Practice activity reported that an estimated 12.7% of all GP visits in Australia were mental health-related encounters.

The National Mental Health Commission's 2014 Review of Mental Health Services identified that "much of the clinical responsibility for providing mental health care sits with primary health care providers," and that General Practice "must be acknowledged and resourced as the clinical front line in tackling mental health issues." The RFDS strongly backs this recommendation, and promotes greater support for GPs in both their delivery of mental health services and also in their own health and wellbeing.

The National Mental Health Commission also noted the significant workforce shortages in remote and rural Australia, and the impact of short-term and inadequate funding, particularly given the additional demands and costs of service delivery areas. As such, the RFDS encourages longer-term funding for mental health programs that also promote service innovation and flexibility to meet the needs of diverse rural and remote populations.

4 - Disparity in service accessibility for rural and remote Australians

MBS data demonstrates those living in the bush access mental health services at a significantly lower rate than those in the cities. For example, Table 1 below shows that utilisation rates of Medicare-subsidised mental health-specific services is 6.1 times lower in very remote areas compared with major cities. Similarly, Table 2 shows utilisation rates of Medicare-subsidised mental health-specific services provided by clinical psychologists is 9 times lower in very remote areas compared with major cities.

Table 1 - Medicare-subsidised mental health services, per 1,000 population in 2016-17

Remoteness area	Rate	Comparison with major cities
Major Cities	495.3	0
Inner Regional	437.8	1.1 times lower than major cities
Outer Regional	296.6	1.7 times lower than major cities
Remote	145.2	3.4 times lower than major cities
Very Remote	80.9	6.1 times lower than major cities

(There were 11.1 million Medicare-subsidised mental health-specific services in 2016–17.)

Table 2 - Medicare-subsidised mental health services, by provider type and remoteness area, per 1,000 population, 2016–17

Remoteness area	Psychiatrists		Clinical psychologists		Other psychologists		General practitioners		Allied health professionals	
	Rate	Comparison	Rate	Comparison	Rate	Comparison	Rate	Comparison	Rate	Comparison
Major Cities	114.0	0	100.3	0	120.0	0	146.2	0	14.9	0
Inner Regional	72.5	1.6 times lower	77.0	1.3 times lower	115.3	1.0 (same)	150.1	1.0 (same)	21.9	1.3 times higher
Outer Regional	46.1	2.8 times lower	42.4	2.4 times lower	76.4	1.6 times lower	116.1	1.3 times lower	15.4	1.0 same
Remote	28.5	4.0 times lower	18.8	5.3 times lower	27.8	4.3 times lower	63.2	2.3 times lower	6.8	2.2 times lower
Very Remote	18.9	6.0 times lower	11.1	9.0 times lower	16.6	7.2 times lower	32.9	4.4 times lower	2.3	6.5 times lower

This data shows that not only are there many rural and particularly remote locations where there are no Medicare-subsidised mental services available, but where there are, these are utilised at low rates. This suggests these services are not easily accessible.

5 - RFDS Mental Health Services

The RFDS has provided an extensive emergency and primary health care service across remote and rural areas, and more recently metropolitan areas, for 90 years. During this period, our GPs, nurses and other primary care providers have cared for large numbers of patients with mental disorders, and continue to do so. In addition, the RFDS also currently operates a series of specific mental health and SEWB programs across Australia (summarised in Table 3), that provide treatment services to remote and rural Australians with mental disorders or assist in improving mental health and SEWB. In 2016-17 the RFDS performed 24,396 mental health consultations across Australia, an increase of 72% from the previous year. This activity will expand even further still in the coming year, as a result of recent budget decisions of the Commonwealth.

Table 3 - Mental Health and SEWB services provided by the RFDS in 2016/17

Program name	Service model	Area serviced	Services provided
Look Over the Farm Gate	Health promotion	Rural Victoria (Vic)	Health promotion, communications and education
Flying Doctor Psychological Service	Drive-in drive-out/ telehealth hybrid	Far East Gippsland	Psychology, community engagement, health promotion, education
Mental Health Services in Rural	Fly-in fly-out face-to face primary health	Run out of Broken Hill RFDS base—services far west New	Individual client therapies, school-based education,

and Remote Areas (MHSRRA), alcohol and other drug (AOD) project	service. Telehealth, email and video-link in between clinics	South Wales (NSW), south-west Queensland (Qld), north-west South Australia (SA)	community groups/activities, screening, case management, education to other health staff
MHSRRA	Drive-in drive-out, telephone consults, flyin fly-out (Lake Nash)	Central/Alice Springs Region, Lake Nash	Primary mental healthcare
Wellbeing Centres (WBCs)	Fly-in fly-out weekly	Cape York—visits Coen, Aurukun, Hope Vale, Mossman Gorge	Mental health and SEWB
SEWB Program	Fly-in fly-out weekly	Cape York and Western Tablelands/Gulf—visits Lockhart River, Napranum, Kowanyama, Normanton, Einesleigh, Croydon, Greenvale, Georgetown and some smaller towns in the same region	Mental health and SEWB
Personal Helpers and Mentors Service (PHaMS)	Fly-in fly-out weekly	Cape York—Aurukun	Capacity building to enable independent living
Men's Shed	Fly-in fly-out weekly	Cape York—Aurukun	Community and individual resilience building, vocational skills including work for the dole
Headspace	Cairns office-based service	Cairns	Youth service for the under-25s with RFDS carrying the auspice for the Cairns office
SEWB Program	Hub and spoke model, drive-in drive-out to regional communities	Longreach and surrounding districts, Mount Isa	Mental health and SEWB
Drought Wellbeing Service	Hub and spoke model, driving to various regional communities	Run out of Townsville—visits Townsville, Hughenden, Richmond, Pentland, Charters Towers, Ravenswood and Greenvale	Mental health, counselling, group work e.g. sleep, workshops, brief interventions and community capacity and mental health literacy (MHL) building
Drought Wellbeing Service	Hub and spoke model, drive-in drive-out to regional communities	Run out of Brisbane—covers the South West Hospital and Health Service (HHS) and Darling Downs HHS regions including Charleville, Thargomindah, Augathella, Jundah, Eulo, Quilpie, Cunnamulla, St George, Roma	Mental health, counselling, group work e.g. sleep, workshops, brief interventions and community capacity and MHL building
Drought Wellbeing Service	Hub and spoke model, drive-in driveout to regional communities	Run out of Mt Isa —visits Gregory Downes, Adels Grove, Urandangi Boullla, Bedourie, Dajarra, Camooweal, Burketown	Mental health, counselling, group work e.g. sleep, workshops, brief interventions and community capacity and MHL building
RFDS TAS Primary Health program	Locally employed staff where possible to reduce the DIDO workforce	5 LGA areas of Break O'Day, Glamorgan Spring Bay, Dorset, George Town and Flinders Island	Provide one on one sessions and group sessions to support people who are living with mental illness and may be at risk of suicide. Our program is a generalist model able to meet the needs of the local community. Staff work as part of team and closely with the local GP.

The RFDS also provides aeromedical retrievals of patients from remote and rural areas who experience an acute mental health episode of a mental disorder and require emergency treatment in a tertiary hospital. Between July 2013 and June 2016 the RFDS transported 2,567 patients experiencing mental disorders. It is the view of the RFDS that many of these emergency retrievals could be avoided if more appropriate and comprehensive mental health services were available in more remote and rural areas.

Given the evidence provided above, the RFDS is grateful to have Commonwealth funding committed in the 2018-19 Budget to establish a Mental Health Outreach Program which will enable us to build on those mental health services currently provided to areas where few or no mental health services, with a particular focus on prevention, early intervention and effective treatment of mental health disorders within these communities in an effort to avoid the need for emergency retrievals. These new services will build on and be embedded with current RFDS primary healthcare services, recognising their critical role providing regular and consistent services.

6 – Conclusion

As demonstrated in this submission, and elsewhere, there is not the same access to appropriate, adequate and comprehensive health services in remote and rural Australia. There is a significant access disparity, a consequence of which is critical disparities in health outcomes of country Australians contributing to double the number of people in remote areas dying as a result of suicide.

In 2017, the Council of Australian Governments endorsed the Fifth National Mental Health and Suicide Prevention Plan (the 5th Plan), providing an agreed framework for governments to work together to achieve integrated mental health service and planning. However, it is the view of the RFDS that there is not strong enough recognition in the 5th Plan of the impact of mental illness nor the significant barriers and challenges, including the large geographic and travel distances, that are faced by those in remote and rural areas when seeking access to comprehensive mental health services.

It is for this reason the RFDS recommends that as a next step, the **COAG Health Council be tasked to develop a rural mental health strategy, informed by a collation prepared by the National Mental Health Commission of the PHN service mapping in rural and remote areas and other key data that identifies service shortfalls. The Commission should also be tasked with monitoring and overseeing implementation of the strategy, reporting back directly to the COAG Health Council.**

I have extended to your Inquiry Secretariat an invitation to hold a hearing of the Committee at our RFDS facilities in Alice Springs or elsewhere in remote Australia, in part to provide an opportunity for Committee members to speak directly with RFDS clinical staff about the role and nature of their work and to observe the conditions within which people with mental illness in remote Australia live. Please feel free to contact my office to canvass a visit of the Committee to an RFDS facility during the conduct of this vitally important Inquiry.

Yours sincerely

Dr Martin Laverty
Chief Executive Officer

Appendix - Bishop, L., Ransom, A., Laverty, M., & Gale, L. (2017). Mental health in remote and rural communities. Canberra: Royal Flying Doctor Service of Australia