



## Mental Health Carers Tasmania Submission to the

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

May 2018

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## Introduction

Mental Health Carers Tasmania (MHCTas) is a statewide leader in the provision of mental health carer support. We aim to improve the quality of life for the one in five Tasmanian families, friends, carers and people living with mental health issues and mental illness. We define carers as people who provide unpaid physical, practical or emotional support to a family member, friends, neighbours or colleagues with mental ill health. On behalf of mental health carers in Tasmania, MHCTas welcomes the opportunity to respond to the *Inquiry into the Accessibility and quality of mental health services in rural and remote Australia*.

The practical, physical, economic and emotional demands of supporting a loved one with a mental illness can be enormous. But to date, most of our national discussions about mental health carers have focused on their right to be involved in service delivery. People who love, live with and care for someone with a mental illness also need timely and equitable access to interventions to enhance their own wellbeing, and to prevent the onset of physical and mental ill-health due to exhaustion and strain.

It is important to recognise that mental health carers have different needs and challenges to carers of other groups of people including the aged and people with physical disability. MHCTas believes that while people who support or care for a person with a mental illness share common issues and experiences with other carers, they also experience a range of factors unique to caring for someone with a mental illness. These factors are magnified when carers live in rural and remote areas.

## Accessibility and quality of mental health services in rural and remote Tasmania as it affects Mental Health Carers

The largest ever study into mental health services in Australia<sup>1</sup> has found government programs are failing to give people in disadvantaged and remote areas equal access to support. Outcomes for both consumers

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<sup>1</sup> Sarah Lansdown, Lack of rural mental health services is making people sicker, *The Advocate*, June 4 2017, <https://www.theadvocate.com.au/story/4706569/rural-mental-health-barriers/>

and their families are compromised by a number of barriers. Central to improving outcomes for carers is the confidence that their family member who has mental ill-health will receive consistently appropriate services across all dimensions of their lives. In remote and rural areas, carers can have no such confidence for a number of reasons, including but not only:

- The stigma, guilt and isolation experienced are demonstrably greater and create significant barriers to people asking for or receiving help from both formal and informal sources. In rural areas there can often be apprehension around help seeking and a fear of the stigma or perceived stigma of mental illness - particularly in smaller communities where individuals are more visible, and confidentiality may be less assured. In small communities the fear of stigma can prevent consumers from seeking services, which puts more pressure on carers. The burden of care falls heavily on carers who are often unable to access critically needed respite, which is increasingly unavailable.
- Continuity of care is a significant issue in providing any kind of quality mental health care. In Tasmania's remote regions, for example, the North West, psychiatric positions are frequently vacant and filled by part time locums, resulting in different doctors every few weeks. Doctors are not the only ongoing vacancies, most teams have nursing and allied health vacancies that seemingly cannot be filled. There has been an undersupply of qualified staff since deinstitutionalisation which was never appropriately funded at any level. In regional areas, people with serious and complex mental illness and their carers face lack of adequate services, diminished hopes for recovery and increasingly poor outcomes.
- The National Rural Health Alliance has noted that, "Timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas is likely to occur later or not at all, often resulting in an increased likelihood of hospitalisation and sometimes leading to the most tragic of outcomes - self-harm and suicide. Compared with major cities, the rate of suicide in rural and regional areas is about 40 per cent higher while the rate in remote areas is almost twice the major cities rate."<sup>2</sup> MHCTas through its formal communication strategies has been informed of many carers who live with the fear of their loved ones self-harming. As a consequence carers have little or no respite from constant vigilance.
- Research by the Royal Flying Doctor Service (RFDS) has found that Australians living in very remote locations have access to mental health services at a fifth of the rate of city dwellers. The research paper, "Mental health in remote and rural communities", found that country residents risk exacerbated mental illness because of insufficient early intervention and prevention services. "Poor service access, distance, cost, and continued reluctance to seek help all contribute to higher mental illness acuity."<sup>3</sup> RFDS Tasmanian chief executive John Kirwan said the report highlighted the impact that a lack of resources in rural areas has, on mental health outcomes. He identified the need for outreach programs and for a holistic approach, which will result in all the various services collaboratively joined up to deliver better results.
- Limited or non-existent public transport is also a barrier to accessing mental health services, further marginalising and isolating people with mental illness and their carers. This situation is further compounded in rural and remote Tasmania. Often, due to the lack of affordable housing options and the location of public housing, many consumers and carers are compelled to live on the fringe of cities or regional centres. The consequences can include a further loss of access to services for people with

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<sup>2</sup> Mental Health in Rural and Remote Australia National Rural Health Alliance Fact Sheet, December 2017, <http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf>

<sup>3</sup> Sophie Scott and Alison Branley, "Mental health: Poor and remote areas don't have equal access to services, Monash University study finds", ABC News, Updated 2 Mar 2015, <http://www.abc.net.au/news/2015-03-02/study-highlights-divide-in-access-to-mental-health-services/6269920>

mental illness. For example, in the remote towns of the West Coast where there is cheaper available housing and where many people with mental illness and their families have relocated, the roads can be inaccessible during the winter, meaning that outreach services from the North West cannot make regular visits. Furthermore, the social isolation experienced by both consumers and carers is exacerbated.

## Suggestions for improvement of accessibility and quality of mental health services in rural and remote areas in Tasmania

It is difficult to resolve the issues related to improving accessibility and quality of mental health services in rural and remote areas, including:

- Sufficient provision of the variety of supports needed to address the whole of person, whole of life span;
- Lack of respite opportunities - especially emergency respite if carers become unwell and cannot provide the care required or need to take time off to address the needs of another family member or close friend (e.g. when another child or an aged parent becomes ill or has a crisis); and
- Difficulty in recruiting and retaining a mental health workforce.

However, MHCTas believes that there are many possibilities to assist carers and consumers in rural and remote areas and these include:

- **Develop a peer support network in regional and remote areas**

There is a clear need for locally-based services, based on local knowledge and consultation, provided by local organisations in collaboration with people with lived experience. Consumers and carers are an existing resource within local communities and with the right support, including access to the training and personal development opportunities that exist in metropolitan areas and large regional centres, can provide a peer support network that is proven to assist recovery outcomes. Part of this solution would require subsidised Peer Worker Certificate IV Training. MHCTas has already begun the important work of providing training opportunities for carers through the Neighbourhood and Community House network which has houses across the state.

- **Provide mental health first aid training opportunities across rural and remote communities**

In parts of Tasmania's rural and remote areas there may be very little health infrastructure and rural health services often have strong links with schools, councils, community and service organisations, which are strongly supported by a network of volunteers providing services including transport. However, although in some regional centres there exists a core service delivery infrastructure of general practice, community nursing, pharmacy and varying levels of visiting allied health services, there is very little provision specific to mental health. In many communities there is the possibility of forming a supportive network of social and sports clubs, community centres and neighbourhood houses which can provide venues for support groups and drop-in centres, and other community-based psychosocial supports. Providing these clubs and community-based centres with mental health first aid training would be a good start in dismantling stigma and enabling a more supportive community.

- **Resource NGOs already working in rural and remote areas to provide more services**

Rural mental health services are part of a hub and spoke approach to health care, but connections with 'hub' services varies significantly between services and between communities. There are positive examples of rural services and communities working together to achieve improved access to services, usually by supporting access to services outside the community either through technology or transport and supporting a safe return to care within the community when it is appropriate to do so. However, this is very patchy and relies largely on community good will. Many larger NGOs provide outreach services in regional areas., Relationships Australia Tasmania's Rural Support is an example of an innovative outreach project aimed at providing social and emotional support to individuals and families in rural areas through personal counselling and community development activities that help strengthen support networks and build social capital. In collaboration with established services Rural Support facilitates events that help to reduce social isolation that is an increasing issue in rural areas. Rural Alive and Well deliver suicide prevention and mental health programs in many regional areas and could be resourced to provide more. These organisations, both public and NGO can be funded to provide services to carers as well, thereby preventing the development of mental and physical health issues in carers, which will clearly also benefit consumers.

- **Provide step up, step down facilities in regional centres outside the major cities**

Step up and step down facilities do not exist outside Tasmania's major cities. Those who need brief intensive residential support must go to an acute hospital. Similarly people ready for discharge from acute units are transferred to their homes as there are no step down facilities to support them after what may have been months institutionalised in hospital. Clearly both these situations impact heavily on carers and they also contribute to increased and continuing hospitalisations. Regional Tasmania needs step up/step down residential short stay units staffed 24/7 which can easily be provided by NGOs if they are adequately resourced. At \$1000 a day for an inpatient bed, there can be considerable savings made by funding step up step down accommodation. This will also free up hospital beds.

## Conclusion

MHCTas recognises that access to quality mental health services in rural and remote Tasmania is no simple matter but that, as noted above, there are many existing community services and supports that can be developed to provide a mental health network. Certainly, people in rural and remote areas often have a strong sense of community and a willingness to be part of a solution for a healthy local society. During the community consultations for the Tasmanian Rethink Mental Health 10 year Plan, it emerged that in some rural and remote areas, it was the community itself, usually made up of older civil-minded local citizens, who made up the bulk of mental health support. MHCTas believes that local communities must be better supported to continue this role and create communities which support their citizens without stigma.