

Productivity Commission
4 National Circuit,
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By email: mental.health@pc.gov.au

22 January 2020

Response to Mental Health Draft Report

I write to you on behalf of the Royal Flying Doctor Service (RFDS) to provide feedback on the Mental Health Draft Report 'the Report'.

The RFDS is a vital part of rural and remote communities, providing critical health services to 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, general practitioners (GPs) and other primary health care services.

In addition to our most well-known services – emergency aeromedical evacuations – the RFDS also provides critical primary healthcare services to rural and remote Australia, including specific mental health and wellbeing programs, as well as regular fly-in, fly-out GP and nursing clinics, and a 24/7 telehealth service. In many instances, these are the only health services received by people living in remote Australia, and are crucial to ensuring health and wellbeing in these communities, including responses to, and management of, mental ill-health where access to services is limited.

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 rural and remote areas of Australia. Timely and accessible health care is crucial for rural and remote Australians experiencing mental health problems. This includes the provision and delivery of appropriate prevention and early intervention services, community mental health workers and programs, peer work and other user led interventions and support, 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 five issues for the Commission's attention:

1. There are not enough mental health services in rural and remote Australia and alternative models of service delivery are required, prioritising stable service provision.

There are many locations in rural and remote Australia where no mental health services are available. The RFDS outlined these gaps in a previous submission ([submission number 361](#)). Although access to permanent face-to-face mental health services, within an hour's drive of a person's primary place of residence, would be optimal, it is not always possible in rural and remote Australia. The number of psychologists, psychiatrists and other mental health professionals per capita is considerably lower in rural and remote Australia than in major cities.



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The short-term nature of funding for mental health service provision in rural and remote areas, often limited to two-year contracts, severely limits the ability to establish trusted services that can benefit from ongoing quality improvement. Initiatives to improve innovation must address this problem, for example, by providing certainty around stable service provision.

It has also been acknowledged that child and youth mental health services are an important focus for Government and communities. "Getting in early in life and at the early stages of mental illness, problematic AOD use and suicidal behavior, not only improves outcomes for individuals, families, communities and workplaces, but can also reduce the medium- to long-term costs to the health, education, welfare, justice and other systems...It is important that prevention and early intervention continues into childhood and adolescence. Between one-quarter and one-half of adult mental illness may be preventable through intervention during childhood. Half of all serious mental health problems commence by the age of 14 years, and 75 per cent before the age of 25 years."¹ The RFDS, and its partner organisations and stakeholders, acknowledge there is a need for more child and youth mental health clinicians in rural and remote Australia.

Consequently, the RFDS recommends the implementation, and/or expansion, of innovative service models, including consideration of further use of RFDS infrastructure to deliver necessary, appropriate, and more comprehensive mental health services, including child and youth services, more often. This includes expanding fly-in, fly-out, and drive-in, drive-out mental health services in hard to reach communities. Prevention and early intervention activities can also be delivered using innovative service models. We also recommend that initiatives proposed by the Commission to facilitate the development of innovative models of care, such as the Mental Health Innovation Fund, prioritise service models built on the principles of stepped care and collaborative care, in ways that can both recognise, support and build the strengths of local communities and local community members, and integrate and leverage the intellectual capital and infrastructure of metropolitan based services, with the geographic cover and strong regional and rural reputation of organisations like the RFDS.

The RFDS supports the Commission's recommendations for widening access to psychology consultations, especially in Monash Modified Model areas 4–7, which enable people in these areas to access 10 psychological consultations via telehealth. The RFDS would like to see the number of consultations extended beyond 10, for people requiring more significant mental health support.

Telehealth mental health services have been implemented within the RFDS to supplement face-to-face services. The RFDS telehealth platform for mental health services has enabled stronger, and more frequent reach, following assessment by the clinician regarding the suitability for a person to transfer to telehealth consultations. The use of telehealth is now recognised through programs such as Beyond Blue's NewAccess Program, which has been commissioned by Primary Health Networks (PHNs) in the Australian Capital Territory (ACT), Queensland, New South Wales (NSW) and Victoria (commencing in 2020). However, telehealth should not be a standalone solution but used to augment face-to-face community based clinical and non-clinical services, wherever feasible. For many communities, local people are their greatest asset, and recognising and supporting the local community will be the most practical and lasting impact.

There is also an important role for tele-psychiatry. The RFDS recommends implementation of tele-psychiatry models for rural and remote mental health consumers who would benefit from treatment by a psychiatrist. Additionally, tele-psychiatry consultation and referral should be easily accessible to GPs, community mental health workers, peer workers and others in rural and remote Australia, to support them in providing mental health care local populations.

Expansion of evidence-based, culturally appropriate, e-mental health services will provide an additional source of support for people in rural and remote Australia who have poor access to on the ground services. However, e-mental health services need to be supported by a comprehensive digital strategy to ensure people in the bush have the infrastructure, internet connectivity and equipment required to access these services.

2. Mental health services should consider the social determinants of health impacting consumers in their local communities, and address these as part of a holistic approach to improving community mental health.

A range of social determinants are associated with mental health problems, including:

- Demographic factors such as age—prevalence rates of the most common mental health problems are highest in the early adult years;
- Gender—women have higher rates of anxiety and depression than men;
- Socioeconomic status such as low income, unemployment, income inequality, low education, low social support;
- Neighbourhood factors such as inadequate housing, over-crowding, neighbourhood violence;
- Environmental events such as natural disasters, war, conflict, climate change, and migration;
- Social change associated with changes in income, urbanisation, and environmental degradation; and
- For Indigenous Australians, day-to-day and systemic racism and discrimination, disempowerment, cultural stresses, inhibited access to country loss of language and connection to the land, environmental deprivation, spiritual, emotional and mental disconnectedness, a lack of cultural respect, lack of opportunities for self-determination, and negative interactions with government systems.

The social determinants of health demonstrate a cyclical pattern—while many of the social determinants are risk factors for mental health problems (social causation pathway), having a mental disorder can also increase the likelihood of being impacted by the social determinants (social drift pathway).

The RFDS recommends consideration of holistic programs that take a social determinants of health approach. In doing so, such services should recognise that improving mental health and social and emotional wellbeing for individuals and communities may necessitate linking in with other service providers and agencies. Although this can be challenging at a national level, it is achievable at a local level, when services and organisations respectfully work together to improve the circumstances of people in the communities they serve.

3. Indigenous and non-Indigenous mental health consumers and carers in rural and remote Australia should be involved in the co-design of mental health services and programs, which should be culturally appropriate and safe.

The Productivity Commission has identified that consumers and carers should be involved in the design, delivery and evaluation of policies and programs that affect their lives. This should include rural and remote, and Indigenous, consumers and carers, who are well placed to communicate the specific needs of their local communities, and in the case of peer workers may well be the only ones at the “frontline”.

4. Rural and remote Australians are impacted by unique risk factors for mental illness and these should be acknowledged and addressed.

Rural and remote Australians generally experience poorer health than people living in major cities. They have reduced access to health care, travel greater distances to receive medical services, experience higher rates of ill health, and demonstrate higher levels of mortality, morbidity and health and disease risk factors, such as smoking, overweight and obesity, and alcohol and drug misuse, than people living in major cities.



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They also have greater exposure to some mental health risk factors, such as socioeconomic disadvantage; poor access to mental health services; high-risk occupations such as farming; and exposure to environmental adversity (droughts, bushfires).

While the prevalence of mental health problems is similar throughout Australia, rates of suicide and self-harm are higher in rural and remote areas and increase with increasing remoteness. Farmers, young men, older people, and Indigenous Australians in remote areas are at greatest risk of completing suicide. In 2010–2011, residents in very remote areas were almost twice as likely as those in major cities to die from suicide. The increasing rates of suicide with remoteness suggest that there are significant mental health issues that need to be addressed in rural and remote Australia.

There are several factors that may exacerbate mental health issues and contribute to higher suicide rates in rural and remote Australia, including, for example: poor availability of, and access to, primary healthcare and hospital services; limited supply of specialist professionals and mental health services, including fewer psychiatrists, psychologists and mental health nurses per head of population; a reluctance to seek help for mental health problems; concerns about stigma; harmful alcohol and other drug use; distance and cost associated with travel to access services; perceived relative importance of other events, such as harvest time; and cultural barriers.

It is vital that health services address the unique risk factors that can impact the mental health of people in rural and remote Australia and develop appropriate service responses.

5. Innovative workforce initiatives, that support mental health workers (clinical and non-clinical) to live and work in rural and remote Australia, are required.

Policy interventions are needed to redistribute the mental health workforce, and encourage more clinicians to live and work in rural and remote Australia.

The World Health Organization has identified a number of strategies designed to encourage health workers to stay in rural and remote areas, and has also identified the importance of moving away from models of care and support that are unnecessarily “medicalised”. These include modifying the ways students are selected and educated, while creating better working and living conditions for health professionals. Specifically, this should include remodeling rural and remote education, undertaking regulatory interventions, offering financial incentives and improving personal and professional support.

Future policies, aimed at improving retention of health workers, including mental health workers, in rural and remote Australia, should consider supporting:

- Interventions that employ/admit students from rural and remote and Indigenous backgrounds;
- The establishment of rural and remotely located medical schools with a focus on training rural students;
- Clear career educational progression, such as supporting a trainee doctor to become a psychiatrist;
- Enhanced scope of practice, such as increased medication-prescribing capabilities for nurse practitioners;
- Improved living conditions for the rural and remote workforce, such as the provision of appropriate housing, access to appropriate schooling for families of remote health workers, and support for partners of health workers to find jobs; and
- Expansion of workforce strategies to include non-clinical workers including peer workers (consumers and carers), community mental health workers, and other community based workers supported to include mental health in their scope of practice.

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We would be very happy to discuss this feedback further with the Commission. Please feel free to contact my office on (02) 6269 5500 to arrange a convenient time.

Yours sincerely

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Executive Director

1. Queensland Mental Health Commission. *Shifting minds: Queensland mental health, alcohol and other drugs strategic plan 2018–2023*. Brisbane: Queensland Mental Health Commission;2018.



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