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Royal Flying Doctor Service

Productivity Commission Inquiry
into Mental Health
Submitted online

5 April 2019

Dear Commissioners,

1 - Introduction

The Royal Flying Doctor Service (RFDS) keenly welcomes the Commission's inquiry into mental health. Research shows that health services, and particularly mental health services, are needed in our rural and remote communities now more than ever. There are persistent health workforce shortages and ongoing challenges in accessing comprehensive health services that consistently 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.

The RFDS is a vital part of remote and rural 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 and General Practitioners (GPs). The RFDS 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 has recently expanding our offering of mental health services in remote Australia.

In 2016-17 the RFDS performed 24,396 mental health consultations across Australia. 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 from this perspective, as a mental health service provider and with the RFDS' own research demonstrating the critical need to improve the mental health and wellbeing of those in rural, and particularly remote areas, that the RFDS makes a contribution to this Inquiry. In particular through this submission, the RFDS outlines the following issues for the Commission'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.

3. The MBS does not work in remote areas where there are low population numbers. For example, those living in remote areas access MBS mental health services at only a sixth the rate of those in cities. This is demonstrated further in Tables 1 & 2 below, which suggest that where services are available in remote areas, they are difficult to access, or ill-targeted.

1 - 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 this Inquiry is likely to have submitted numerous times, 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.

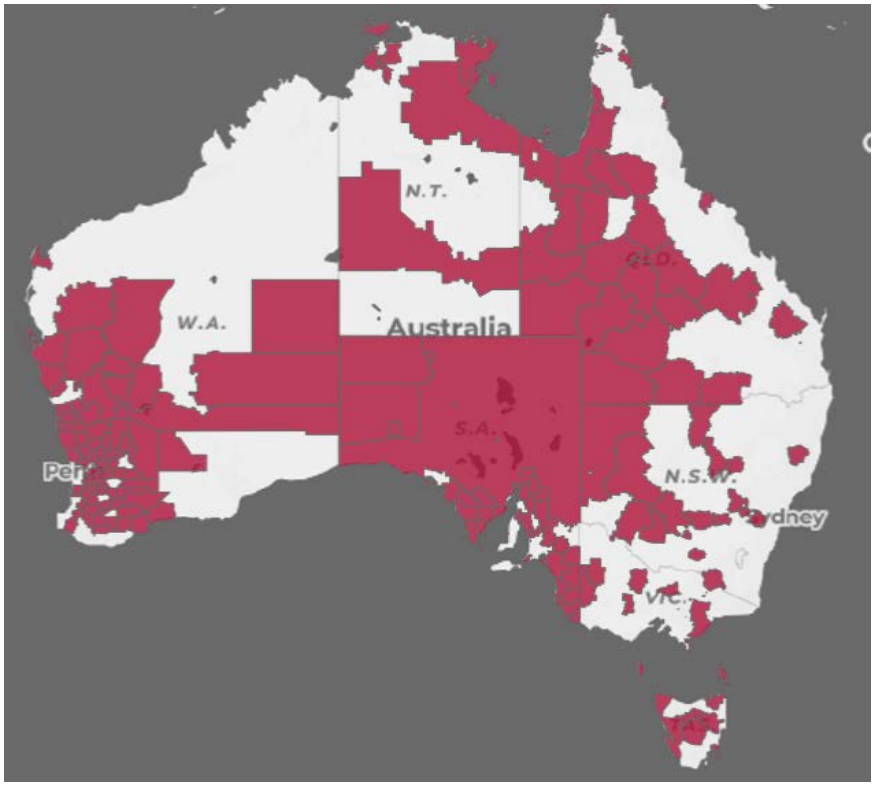
2 - Disparity in mental health service delivery in rural and remote Australia.

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

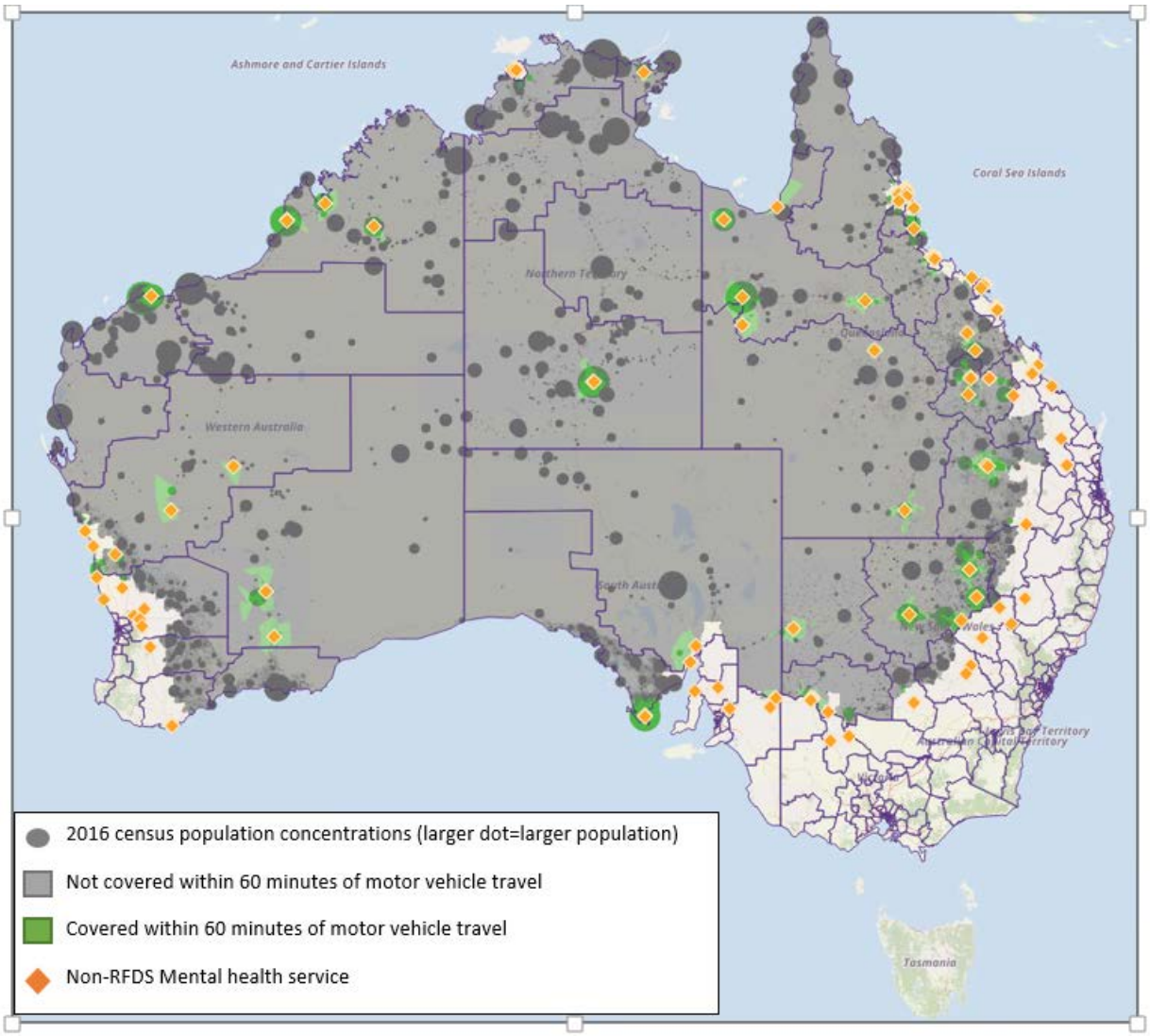
prepare the map detailed in Figure 1. This map shows that in 2016, 201 local government areas did not have any psychologists with that location as their principal place of practice. This represents 36% of a total of 564 local government areas and about 840, 000 people or one third (32%) of the total population living in Remote and Outer Regional areas.

Figure 1 – 201 Local Government Areas in 2016 reporting no practicing psychologists



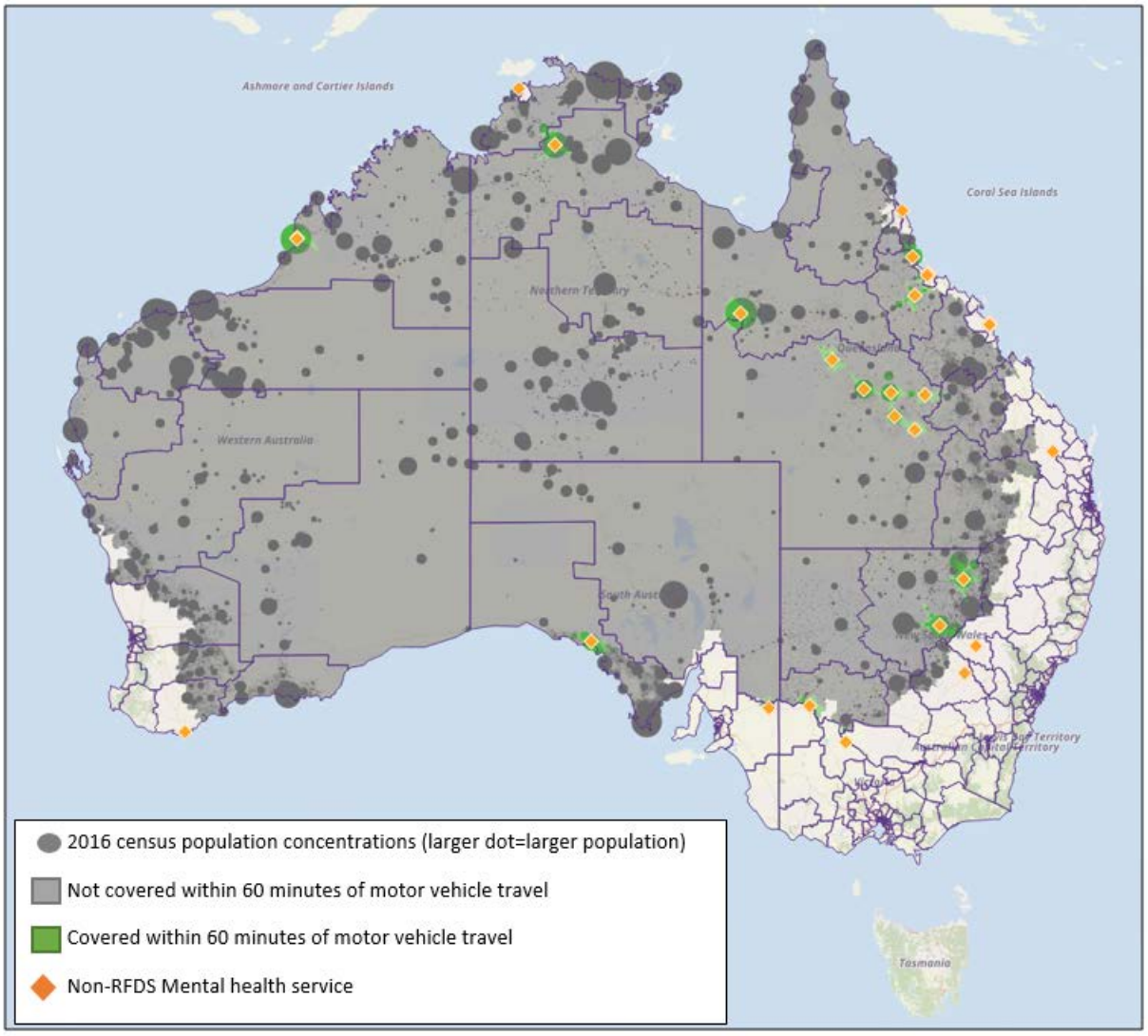
Further, the RFDS Strategic Planning and Operational Tool (SPOT), which takes into account population numbers, demographics, the availability of health services and distances to be travelled, also demonstrates the significant lack of coverage of mental health services throughout rural and remote areas, as shown in Figures 2 and 3.

Figure 2: Non- RFDS rural and remote Psychology coverage, by SA3, in 2016–17



*Does not include metropolitan areas or rural and remote areas of Victoria or Tasmania. We are currently working on providing this data.

Figure 3: Non- RFDS rural and remote Psychiatry coverage, by SA3, in 2016–17



*Does not include metropolitan areas or rural and remote areas of Victoria or Tasmania. We are currently working on providing this data.

It is important to note that GPs and those providing primary healthcare 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.

3 - Disparity in service accessibility for rural and remote Australians

MBS data demonstrates that those living in rural and remote areas 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 appropriate or easily accessible.

The RFDS acknowledges previous policy efforts of both Commonwealth and state and territory governments, and the challenges of seeking to ensure the delivery of comprehensive services to the small populations that live across very large geographic areas in rural and remote Australia. If relying on MBS billing, these small populations often do not provide a viable business model to sustain a comprehensive health workforce locally on a permanent basis, but rather health needs must be met through innovative and flexible service delivery models, such as the fly-in fly-out services of the RFDS.

5 - Conclusion

As demonstrated in this submission, 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.

It is the view of the RFDS that in designing the funding models and delivery of mental health services, there is required stronger recognition of the significant barriers and challenges, including the large geographic and travel distances, that are faced by those in remote and rural areas when seeking to access comprehensive mental health services, as well as consideration of how these can be overcome.

In particular, it should be recognised that for these small populations living “beyond reasonable access” to essential health services, MBS billing does not provide a viable business model for a comprehensive health workforce to exist locally, and instead other block-funded, innovative and flexible service models are more appropriate.

I would welcome the opportunity to discuss this submission in further detail. Please feel free to contact my office on (02) 6269 5500 to arrange a convenient time.

Yours sincerely

Martin Laverty
Federation Chief Executive Officer