

Submission to Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health

This submission is supported by Alexandra Martiniuk MSc PhD. Professor University of Sydney, Honorary Senior Fellow, Office of the Chief Scientist and Professor, Dalla Lana School of Public Health, University of Toronto

About Royal Far West

Royal Far West (RFW) congratulates the Federal Government and the Productivity Commission on this important inquiry.

For nearly a century, RFW has advocated for rural and remote families to receive equitable access to developmental health services, and we urge the Commission to review our recent reports, [The Invisible Children](#) and [Stories of the Invisible Children](#), that unpack the state of country children's health and development. These reports were written with the assistance of research from our partners: Murdoch Children's Research Institute Centre for Community and Child Health; Charles Sturt University; and the University of Sydney.

Royal Far West (RFW) is an established specialty service provider to rural and remote Australian children and their families. We make a submission to this inquiry in light of the ongoing crisis in rural and remote Australia around access to appropriate mental health services, and our proven solution.

Our service is directed at improving:

- The mental health of isolated children
- The vulnerability of rural and remote Australian children
- Family support for children with complex needs, including disabilities
- The capacity of isolated teachers, health practitioners and families to support children with complex health and development needs
- Support to the Government with solutions on seemingly intractable problems related to child health service delivery in rural Australia

Key facts:

- In 2017/18 RFW supported over 8000 rural children, families, carers, health professionals and educators through our multidisciplinary services - provided in our dedicated centre in Manly, via Telecare into schools and homes, and through community-based programs
- A quarter of the families we work with identify as Aboriginal
- 40% of clients have six or more trauma risk factors, and 27% have a formal trauma-related diagnosis
- A quarter of clients are in Out of Home Care

Given our long-term, proven experience and our successful outcomes, we offer this submission to support the Federal Government in addressing those compelling needs for the Australian community that go to the health and wellbeing of children, young people,

and families. Our service delivery supports the Government's agenda across multiple portfolios including:

- Health
- Education
- Disability
- Social Services
- Indigenous Affairs
- Regional Development

The purpose of this submission is to encourage recommendations that focus on early intervention for children aged up to 12, as well as their families and educators. Early intervention for developmentally vulnerable children before the age of 12 will lead to fewer young people with mental health concerns. Reducing childhood vulnerability and ensuring improved child health outcomes will make a significant contribution to stronger regions into the future.

The link between childhood developmental vulnerability and mental health

Over 100,000 children in rural, regional and remote Australia can't access the developmental health services they need¹. Recent media coverage highlights the problem that Royal Far West continually strives to resolve, that of inequity, with "remote people only accessing mental health services at 20 per cent the rate of those who access services in the city"². This systemic failure is not highly visible but critically important and persists despite policy and programs attempts to fund and supply on-the-ground services.

A systemic change would futureproof Australia's rural workforce, reducing the current risks posed by the high incidence of speech, conduct and mental health problems in country children. Many children are starting school unable to hold a pen, dress themselves, read a book, behave appropriately or make friends. These problems can be corrected through targeted allied health interventions. The long-term outcomes of NOT intervening, apart from social isolation and poor educational outcomes for the child, are complex social problems, strain on the juvenile justice system and consequences for unemployment.

Mental health cannot be separated from developmental health. Evidence shows that "children with developmental disorders are at substantially greater risk of developing mental health problems compared to typically developing children."³ The most potent risk factors associated with mental health service use are: being small at birth, having a younger mother at delivery, living in a one-parent family, having a divorced mother and/or unemployed father, observations of externalising behaviour and/or motor developmental problems, speech problems and experiencing several adverse family circumstances⁴.

While it would seem to be an intractable problem, particularly in regional areas where high levels of vulnerability collide with workforce shortages, evidence indicates that telehealth is

¹ Royal Far West (2017) *The Invisible Children* (based on research from Murdoch Children's Research Institute, Centre for Community Child Health)

² ABC News (22 Jan 2018) *Royal Flying Doctor Service warns rural mental health services in 'crisis'*
<http://www.abc.net.au/news/2018-01-22/royal-flying-doctor-service-warns-rural-mental-health-crisis/9347264?pfmredir=sm>

³ Eapen (2014) "Developmental and mental health disorders: Two sides of the same coin"
<https://www.sciencedirect.com/science/article/pii/S1876201813003146>

⁴ Gunther et al (2003) "Childhood social and early developmental factors associated with mental health service use."
<https://www.ncbi.nlm.nih.gov/pubmed/12616306>

just as effective as face-to-face therapy⁵, can counter workforce shortages, improve continuity of care, be more cost-effective than “fly in/fly out” service models, increase reach, shorten wait times, and provide specialised multidisciplinary support in remote areas. In short, telehealth works.

We need to provide every opportunity for people to stay, live and work in the regions. Investing in the future of the regions starts with children, and ensuring their developmental health can be adequately supported.

Current challenges

Fewer health services are accessible to regional communities than in the cities, leading to poorer child health outcomes. In particular, allied health workers in rural and remote areas service a population at least five times greater than their metropolitan counterparts, and psychologists in very remote Australia have a clinical load 12.2 times higher than their city colleagues⁶.

People living in rural and remote areas of Australia experience poorer access to assistance for their physical and mental health problems than their metropolitan counterparts⁷. There is a growing need for psychology interventions in children, with more than one in six (16.2%) children living in rural areas having mental health problems⁸. Demand for RFW psychiatry services has doubled over the past 12 months. Indeed, the National Mental Health Commission identified a critical gap in prevention and early intervention resources, supports and services for children⁹.

There are significant problems for regional people accessing health services created by the tyranny of distance. In many communities, there are almost no allied health services for children who are developmentally vulnerable (Appendix One).

There is a crisis of access, with vulnerable children growing up to be vulnerable adults. Funding for speech therapy, occupational therapy and psychology via telehealth has been proven to improve health, education, social and economic outcomes for rural children, families and communities.

Over the past twelve months, the Federal Government has invested in delivering more services, better research, and greater reach to Australians with mental health concerns. However, when mapping the investment in improving mental health services, one key group is often missing: children aged 0-12 in rural and remote Australia, who can't access a local service.

There is a documented link between speech difficulties, conduct disorders and mental health conditions¹⁰, and screening and early intervention via telehealth for children 3-12 years in a school setting are proving remarkably effective. This approach enables treatment of the whole child, taking physical, emotional, social, health and educational factors into consideration, with the support of teachers and parents. Schools are the place we can reach the most children, in rural and remote communities they often house the only reliable internet connection, they allow access to the hardest to reach, disadvantaged students,

⁵ Backhaus, Maglione, Repp, Ross, Zuestet al, (2012) Videoconferencing psychotherapy: a systematic review; Slone, Reese, & J, (2012) Telepsychology outcome research with children and adolescents: a review of the literature

⁶ Royal Far West (2017) *Stories of The Invisible Children*

⁷ Regional Australia Institute (2017) *Small Towns Report Card*

⁸ Royal Far West (2017) *The Invisible Children* (based on research from Murdoch Children's Research Institute, Centre for Community Child Health)

⁹ Australian Government (2014) *Contributing lives, thriving communities. Report of the National Review of Mental Health Programmes and Services*

¹⁰ Speech Pathology Australia (2010) *Clinical Guideline: Speech Pathology in Mental Health Services*

including those from Indigenous families, and those affected by intergenerational poverty and trauma.

One part of the solution: Royal Far West Telecare Service

In December 2017, RFW and CSU announced “Project Catalyst”, a partnership to assess the feasibility of developing a National Paediatric Telecare Service (NPTS), underpinned by excellence in research, services, enhanced delivery and training/education. The Partnership is an example of a robust University/not-for-profit alliance aimed at delivering a global exemplar for technology-assisted, integrated education, health and social care services to children in rural and remote communities. Over the past year, RFW and CSU have invested in the development of a Business Case for the NPTS, which will provide one solution for the thousands of regional families who cannot access appropriate health services for their children.

Building on the success of RFW’s Telecare service, that has grown from a pilot in 2014 to supporting over 100 primary schools last year and delivering 629,000 clinical service hours last year, we are confident that the NPTS will deliver world class, technology assisted health, education and social care services to children living in rural and remote areas of Australia.

In the 2019/20 Budget, the Federal Government announced \$19.7m over seven years as base funding for RFW, supported by CSU, to continue with Project Catalyst and develop the NPTS.

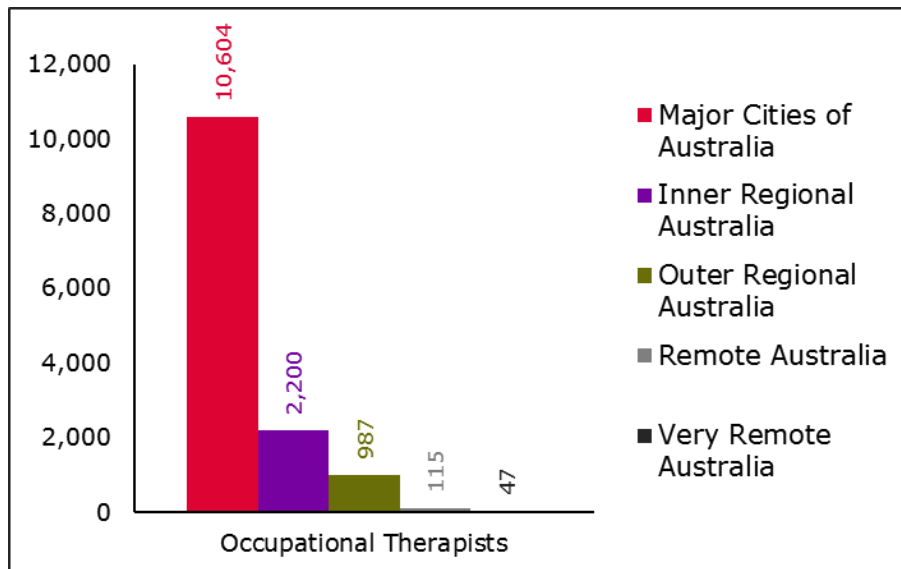
We encourage the Productivity Commission to visit our new Centre for Country Kids in Manly as part of this inquiry. Hosting a hearing here would enable the Commission to tour Australia’s only fully-integrated Health, Education and Disability services for rural and remote children. The Commission could view the National Paediatric Telecare Service as it grows, speak with access isolated families who have struggled to access services locally, and meet our experienced multi-disciplinary paediatric allied health workforce, who are committed to finding solutions to intractable problems.

Appendix One:

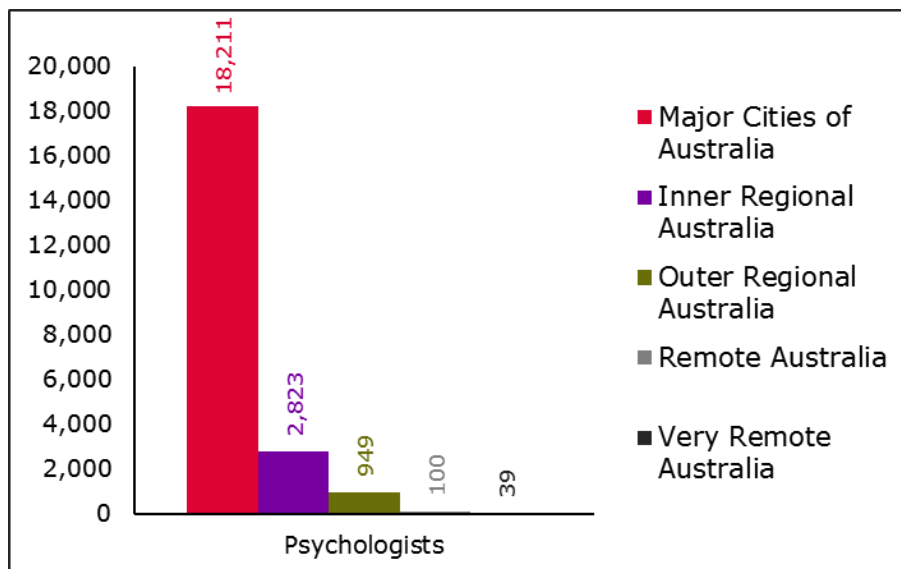
The following graphs were generated as part of the Project Catalyst business case, and show the extent of market failure, absence of expert workforce, and the immense disparity in services available to rural and remote Australians.

Working Clinicians by ARIA

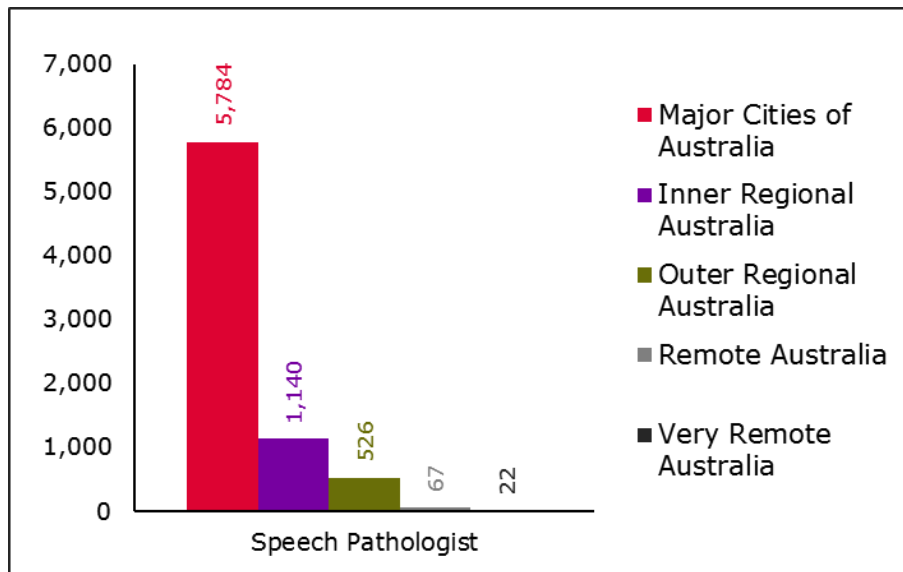
Occupational Therapists



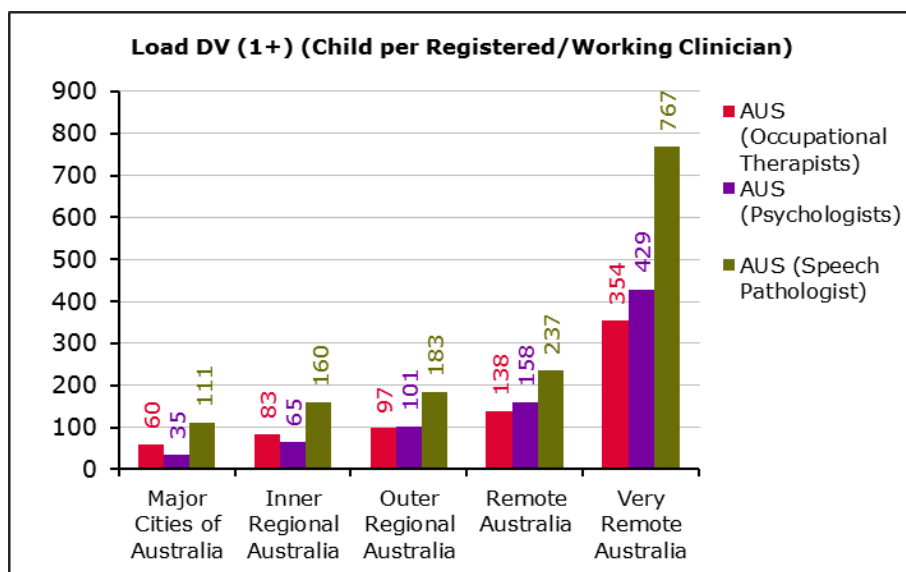
Psychologists



Speech Therapists



Clinician Load and Load Multiples by ARIA



**DV 1+ represents children who are developmentally vulnerable on one or more domain, as identified by the Australian Early Development Census.*

