



Comments on Productivity Commission Draft Report into the Social and Economic Benefits of Improving Mental Health

Royal Far West (RFW) January 2020

Royal Far West congratulates the Productivity Commission on this important inquiry, and its initial draft report published in October 2019, to which RFW submitted a paper in April 2019. We note that the final report is due by May 2020.

We have included some general comments about the three broad reform areas included in the report and recommendations that impact the mission of RFW – to strengthen the health and well-being of children and young people living in rural and remote communities across Australia.

General comments

Since the report and its hearings began, much of rural Australia has experienced severe drought conditions. This has been followed by devastating bushfires in some areas and chronic water shortages across many rural towns and communities.

The resultant severe economic and financial challenges faced by many farming communities and rural towns are playing out in the mental health of many children. The effects of the drought can often be quite traumatic for children and young people and the impact of this trauma can deeply affect these young lives.

The impact of the drought has meant that demand for Royal Far West's specialist mental health services in the area of childhood trauma has nearly doubled in the past year.

Demand for mental health Telecare services (includes counselling/therapy by video conference) has grown by 86 per cent over the past financial year. Equally, the complexity of health and developmental needs of rural and remote families who have presented to RFW for treatment and support over the last 24 months has risen exponentially.

Figures show the demand for RFW's Pediatric Developmental Program (PDP), a specialist program for children living in rural and remote areas needing help with developmental, learning and behavioral health needs, has increased by a third over the past 3 years. The proportion of children seeing a psychiatrist through the PDP in the same timeframe has increased from 25 per cent to 37 per cent.

This complexity highlights the need for long-term strategies, with greater coordination needed across multiple agencies, to ensure we are helping these children early enough.

As the draft report states, early intervention is the key and will mean more young people in rural and remote Australia will have the best possible start in life and grow into productive adults. Early intervention for developmentally vulnerable children before the age of 12 will also lead to fewer young people with mental health concerns.

Reform area 1: prevention and early intervention for mental illness and suicide attempts

The draft report recommends the expansion of counselling by telehealth in schools and the widening of video-psychological therapy.

RFW supports all draft recommendations (DR) supporting widening the use of Telehealth or videoconferencing (DR 5.7; DR 7.2; DR 11.7) in treating mental health issues for children aged between 0-12, living in remote or rural areas. There is no reference to a need for any face to face sessions as part of MBS requirements for people living in these areas, which is a welcome inclusion.

RFW specialises in using technology-assisted, integrated education, health and social care services for children in rural and remote communities through its Telecare - National Pediatric Telecare Service (NPTS).

Commencing in June 2019 and running to October 2025, the NPTS project is a major initiative that scales RFW's existing Telecare for Kids program to support more children in more rural preschools and schools across more communities and achieve national reach and impact.

This project, which has been enabled by \$19.7M funding from the Commonwealth Department of Health, involves upgrading existing systems infrastructure; reviewing and updating the service and business model underpinning the program; expanding partnerships; and reaching a much larger number of children across a greater number of remote Australian communities.

In addition to reaching more rural children with critical allied health services, and building the capability of rural pre-schools, schools and communities, the project aims to demonstrate the value of having a national telehealth service for children who are developmentally vulnerable, addressing a real and growing need to the short- and long-term benefit of government, communities, local services and families.

By 30 June 2025, the NPTS will deliver world class, technology assisted developmental health services to over 25,000 beneficiaries in rural and remote Australia.

Telehealth has been proven to be as equally effective when compared to face to face therapy. It also assists in countering workforce shortages, improves continuity of care, and is more cost-effective than "fly in/fly out" service models. Telehealth or the use of videoconferencing, also increases reach, shortens wait times, and provides specialised paediatric multidisciplinary support in remote areas.

Screening and early intervention via telehealth in a school or pre-school setting, for children aged 3-12 years, is proving 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 best placed to effectively reach the most children. In rural and remote communities, schools often house the only reliable internet connection. Schools also allow access to the hardest to reach, disadvantaged students, including those from Indigenous families, and those affected by intergenerational poverty and trauma.

RFW supports DR 17.3 in the draft report that Governments should develop a comprehensive set of policy responses to strengthen the ability of schools to assist students and deliver an effective social and emotional learning curriculum.

RFW has run a successful pilot with the NSW Department of Education over the past six months, offering innovative virtual school counselling to remote and regional schools who have been unable to secure School Counselling staff over a long period of time. We recommend that this model should be explored as an essential model for Australia's most isolated and vulnerable communities.

Reform area 2: close critical gaps in healthcare services

Closing critical gaps in healthcare services highlights the ongoing and urgent need for equity of access to mental health services for people living in rural and remote areas. There is a systemic failure of inequity in our mental health services which persists despite policy and programs attempts to fund and supply on-the-ground services. People living in rural and remote areas of Australia experience poorer access to assistance for their physical and mental health problems compared to people living in cities.

While the greatest need for assistance is in regional and remote Australia, those geographies have the least access to health care. There are 2.5 times the number of clinicians per developmentally vulnerable child in the major cities compared to remote areas and 7.5 more compared to very remote areas.

Based on the Australian Early Development Census (AEDC) and health workforce data, over 100,000 children in rural, regional and remote Australia could not access the developmental health services they needed in 2016. Data from the AEDC Census shows that 1 in 5 (22%) children in Australia are developmentally vulnerable on one or more domain when they start school (at age 5). Of specific concern, is that children in rural, regional and remote areas are more likely to be vulnerable than children in metropolitan areas with 27% of children outside metro areas regarded as developmentally vulnerable on one or more domain, compared to 21% in towns and cities.

More needs to be included in the final report to address the inequity of Australia's mental health services for young people living in rural and remote areas.

Reform area 5: fundamental reform to care coordination, governance and funding arrangements

Despite an overall increase in funds towards mental health services over the past two years from the Federal Government, investment in improving mental health services for children aged 0-12 years, in rural and remote Australia, who can't access a local service, remains inadequate.

Early intervention remains the key to providing the best possible start for young people in rural and remote communities and should be funded adequately.

RFW supports DR 17.2 included in the report, to expand early childhood health checks, and to assess children's social and emotional development before they enter preschool.

RFW operates a successful Healthy Bus Stops program in remote and regional areas of NSW which visits communities and provides early developmental screening for 3-5 year olds. This service helps identify issues early but is limited in its geographic scope due to being funded solely via philanthropic money. It is recommended that this program be made available to all isolated children and be funded by Government.

A systemic change to ensure equity would help futureproof Australia's rural workforce, and reduce the risks posed by the high incidence of speech, conduct and mental health

problems in country children. Reducing childhood vulnerability and improving the mental health outcomes for country children will help build stronger rural communities in the future, which are more productive and economically strong.

We are happy to provide more information about these comments if required.

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Royal Far West is a charity organisation that has been providing health services to children living in rural and remote Australia for 95 years. Royal Far West works in partnership with families from rural and remote areas and their local health and education providers to complement existing services within their communities.

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