

## RDAA Submission to the Productivity Commission in response to the Mental Health Draft Report

*RDAA is the peak national body representing the interests of doctors working in rural and remote areas and the patients and communities they serve.*

RDAA's vision for rural and remote communities is simple – excellent medical care. This means high quality health services that are:

- patient-centred
- continuous
- comprehensive
- collaborative
- coordinated
- cohesive, and
- accessible

and are provided by doctors and other health professionals who have the necessary training and skills to meet the needs of their communities.

### RDAA Response

RDAA thanks the Productivity Commission for the opportunity to provide comments on its draft Mental Health Report (the Report).

RDAA appreciates there is a need for generational change and a staged reform agenda, and that some of the issues impacting on the provision of mental health care in rural and remote Australia have been considered within the Report. However, to better respond to the high levels of unmet mental health care needs in these areas, consideration should be given to:

**Including population distribution as a key issue and specifically noting inequities of access in rural and remote Australia.**

It must be emphasised that while Australia is highly urbanised, close to 30 per cent of the population lives outside major cities. The distribution of Australia's population is an important determining factor in whether people are able to access appropriate care at the time and in the place that they need it and should be included within the Key Points section (Vol. 1, pp 3-4) to highlight its importance.

Under "Key factors driving poor outcomes in Australia's mental health system include" (Vol. 1 p6) there is a somewhat oblique reference to access issues in rural and remote areas under the "difficulties in finding and accessing suitable support..." point but there is no specific reference to rural and remote issues.

The inequities of access to health professionals and services that contribute to significantly poorer health outcomes in rural and remote areas are well recognised. In their joint submission to the 2018 Senate Standing Committees on Community Affairs inquiry on the accessibility and quality of mental health services in rural and remote Australia, the Australian Mental Health Commissions point out that on “almost any indicator, people living outside of metropolitan areas experience inequity both in terms of their health and in getting access to appropriate services. Further, this inequity compounds the mental health challenges facing the proportionally higher numbers of Aboriginal and Torres Strait Islander people living in these areas. While the prevalence of illness in rural and remote Australia is similar to that in major cities, poorer mental health outcomes are evident. Access to health services is lower with shortages of all health professions and health-related infrastructure declining markedly with increasing remoteness”, and that the “problems facing people living in rural and remote areas of Australia in accessing quality mental health services are severe and require immediate attention.” (Submission 52 [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Mental\\_HealthServices/Submissions](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Mental_HealthServices/Submissions) )

Access issues in rural and remote Australia should be specifically noted as a key factor driving poor mental health outcomes to underscore this need for immediate attention.

Applying a rural and remote lens across all areas of reform to:

- ensure equity and achievability.

A rural and remote lens should be applied across all reform areas to ensure that initiatives are cognizant of the rural and remote context to ensure that metro-centric assumptions are not underpinning policy and program development and there is equitable distribution of initiatives, funding and resources.

In particular, the Report and recommendations should better acknowledge the increased scope, complexity and circumstances of rural and remote general practice that differentiate it from metropolitan general practice. Rural doctors often provide care in the hospital and community settings as well as the general practice. They provide many of the screening activities and checks done in other settings in more urban areas. The role of rural and remote doctors, not only as first point of contact for people entering the mental health care system, but also as often the only local provider of mental health care (episodic and ongoing) must be recognised and supported in the shorter, medium and longer terms. As acknowledged in the Report, implementing stepped care can be challenging (Vol.1 p17). This comment is particularly pertinent in those rural and remote areas where GPs or Rural Generalists are the only health professionals present.

Given this context, consideration must be given to how each of the Productivity Commission’s recommended reform area actions can be implemented in rural and remote areas and what resources will be required by GPs. Actions to support rural and remote GPs and Rural Generalists to provide mental health care, including those relating to continuing professional development and easy access to specialist advice, should be designated as a high priority for immediate adoption.

Ensuing rural and remote doctors are appropriately recompensed for the additional work associated with mental health care (including longer than standard consultation times, the preparation of mental health care plans and work undertaken outside consultation time) is necessary to maintain local mental health care service provision across rural and remote Australia.

- [mitigate against the risk of unintended consequences](#)

While the importance of face-to-face care is recognised in the Report there is also a significant focus on the use of digital modalities. There is no doubt that digital health is becoming increasingly important within Australia's health system. However, it will be important to ensure that suggested changes mitigate against any risk of unintended consequences in relation to providing access to treatment in rural and remote areas. For example, broadening the use of telehealth MBS items to metropolitan areas may act as a perverse incentive if any increase in demand for services from these areas means that demand for services in rural and areas are unable to be met. Allowing metropolitan-based health professionals to claim the pertinent MBS rebates may also undermine the viability of rural and remote practices if demand for their services is lessened. This may lead to decreased access to all health services, including mental health, if those practices are forced to close their doors.

It will also be necessary to ensure that this focus on digital health does not further disenfranchise rural and remote people with poorer literacy, health literacy and digital literacy who may already be less engaged with the health system.

Other systemic shortcomings, including a significant underspend of health dollars in rural and remote areas, must also be addressed to mitigate further erosion of health service provision.

[Including a range of reforms to address inequities of access in rural and remote areas through the National Rural Generalist Pathway \(the Pathway\).](#)

As recognised in the Report, there is a clear need for more specialised mental health care in rural and remote areas. The National Rural Generalist Pathway is an evident way to increase specialist care in rural and remote areas but it must be broadly supported and specifically proclaimed. To this end, Productivity Commission recommendations related to closing the critical gaps in healthcare services in rural and remote Australia should include strategies to increase the numbers of doctors undertaking advanced skill training (AST) in mental health. This can be achieved in the medium term if appropriate mechanisms are put in place. Longer term strategies to embed the mental health AST in the Pathway must also be developed.

Training is only one part of the equation. Recruitment and retention of qualified Rural Generalists in rural and remote areas will require a comprehensive suite of strategies that recognise that a generational change is taking place. Rural doctors are an ageing workforce. The doctors that are replacing them have different expectations about their lives, lifestyles and careers. The stereotypical country doctor who is always on call is a rarity. Workforce planning must reflect these changes in order to attract doctors to an area. It is important to also note that building a critical mass of Rural Generalists in an area is likely to have a flow on effect for the employment of other health workforces within hospital, community and private practice settings.

[Including responding to mental health needs resulting from adverse events in rural and remote communities as a shorter-term reform.](#)

The need for immediate action to address the high levels of need for mental health care in rural and remote areas is currently particularly apparent. Mental health care deficiencies are being poignantly felt in south-eastern Australia as rural communities face the ongoing threat of bushfires and the long road to recovery. Rural and remote communities across the country are particularly vulnerable to the continuing risks and consequences of changing weather patterns (including droughts, fires and floods) and to economic downturns that may result in closure of a site that is a large employer.

Shorter term reform should include actions to address the need for mental health support, both episodic and ongoing, for people experiencing mental health issues as a result of these events as well as initiating sustainable service delivery reforms to mitigate the mental health consequences of any future events.

## Conclusion

Providing effective mental health care in rural and remote Australia poses specific challenges. Meeting the huge need for access to mental health services will require deep understanding of the rural and remote context to ensure initiatives are realistic and achievable. The pivotal role of rural and remote GPs and Rural Generalists in providing mental health care to people in these areas must be recognised and supported, and new initiatives must sustain and build upon their work to better prevent and manage mental health issues in rural and remote Australia.