

RDAA Submission to the Productivity Commission Inquiry into Mental Health

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.

Executive Summary

Psychological issues (such as depression, mood disorders and anxiety) remain the most common health issues managed by GPs, comprising 62% of the issues people talk to their doctor about¹. Although rates of mental disorders are largely similar to those in urban Australia, rates of self-harm and suicide increase with remoteness. In these areas, service access rates are notably poorer than in urban locations in part because there is limited availability of appropriate services if they are available at all.^{2,3,4}

Those who live and work in rural and remote Australia, along with other Australians, also commonly experience co-occurring mental disorders or co-occurring mental disorders and physical conditions⁵ that can have a cumulative effect on a person's overall health and wellbeing, compromising their ability to actively participate in life opportunities.

It is also widely acknowledged that people in rural and remote areas have inequitable access to health professionals and services – including for mental health – when compared to more urbanised or metropolitan settings. Consequently there are poorer health outcomes and higher mortality rates, with a number of social determinants markers – including for education, employment and housing – indicating significant inequalities between locations^{6,7}. These inequalities can be a significant contributor to poor mental health in rural and remote areas and are exacerbated by inequitable allocation of health funding and resources. Policies and strategies to redress issues are still often short-term and condition-focused.

As they are often the main provider of local mental health care in their communities, rural and remote doctors are very concerned that mental health care is characterised by insufficient, inaccessible and disjointed support and high levels of unmet need, and that the inadequate access to high quality mental health care services compounds problems. Key issues requiring urgent attention to ensure an effective and sustainable mental health system include: service provision and integration, funding and funding cycles, and support for rural doctors and their teams. These issues must be addressed to improve the engagement of rural and remote people experiencing mental health disorders in social and economic activities.

RDAAC also maintains that there is an urgent need to develop a bi-partisan, long-term, strategic and proactive plan to address mental health care needs in rural and remote Australia, which is mindful of the impact that social, cultural and environmental determinants of health have on people experiencing mental health disorders and the complex interrelationship of mental health services with other health, social and community services (including housing, homelessness, education, employment and justice services). Continued inaction will be detrimental to the health of individuals, families, communities and the broader population and have significant flow-on impacts on the social and economic prosperity of the nation.

All levels of government must work with key stakeholders to ensure that a rural health – including mental health – lens be applied to all their policy and program planning, development and implementation processes to address structural shortcomings, promote positive outcomes and limit the likelihood of unintended consequences for rural and remote Australians.

Summary of recommendations

RDAAC recommends that to rectify the structural weaknesses in mental health care and better prevent and manage mental health issues in rural and remote areas, efforts to improve mental health in Australia must:

- recognise the pivotal role that rural and remote doctors play as key providers and facilitators of mental health care and better support them through:
 - a strong National Rural Generalist Pathway
 - ongoing Continuing Professional Development
 - recognition of the complexity, effort and time involved in caring for patients experiencing mental health issues
 - investment in physical, capital and technological rural health infrastructure
 - promoting collaborative, team-based models of care
 - requiring visiting mental health professionals, services and telehealth providers to work with local GPs and community nurses to develop integrated service models
- address the mental health workforce maldistribution and shortages to increase access to local mental health care
- make the mental health system more easily navigable
- ensure that funding is realistic and streamlined
- improve coordination of federal, state and local government policies
- identify and invest in specific non-health sector mechanisms (for example, in relation to availability of transport) to redress negative impacts associated with degree of remoteness and support the recruitment and retention of health professionals, including mental health professionals, in rural and remote areas.

Background

Despite efforts and important improvements over the past few decades, mental health remains one of the most significant health challenges in Australia. There have been numerous reviews and inquiries in Australia that have all pointed to systemic failures in the provision and quality of mental health care. These failures become even more apparent in rural and remote Australia where degree of remoteness and a range of geographic, economic, social, cultural, demographic, and environmental factors exacerbate shortcomings.

The continuing lack of an holistic approach to mental health care that fully takes into account the impact of these factors in rural and remote communities, and the metro-centric assumptions that frequently underpin policies and programs, contribute to fragmented service delivery and the significantly poorer health outcomes and higher mortality rates in rural and remote areas. RDAA has made submissions to a number of inquiries to this effect. Unfortunately, the limited implementation of many of the recommendations from previous inquiries into mental health in Australia has contributed to an untenable situation in rural and remote areas.

Most recently the 2018 Senate Community Affairs Committee Inquiry into the *Accessibility and quality of mental health services in rural and remote Australia* made a number of recommendations, including “the development of a national rural and remote mental health strategy which seeks to address the low rates of access to services, workforce shortage, the high rate of suicide, cultural realities, language barriers and the social determinants of mental health in rural and remote communities”⁸, that, if implemented, could go some way to addressing barriers to care facing those people who live and work in rural and remote areas and who are experiencing mental health issues⁹. It is to be hoped that this strategy will be urgently developed and implemented. It must be informed by this Productivity Commission Inquiry.

In its 2018 submission to the Senate Economic References Committee Inquiry into Regional Inequality in Australia¹⁰, RDAA argued that the good health and wellbeing of rural and remote Australians will be critical to achieving regional goals and must be facilitated by sectors beyond health:

“Without good health the capacity of rural and remote people to effectively participate in economic and social activity, and to contribute to the attainment of regional development goals, will be compromised. Without improvements in regional capacity to provide improved infrastructure, offer educational and employment opportunities, build human capital and increase workforce participation redressing health inequities will be problematic.”¹¹

This symbiosis between health, including mental health, and economic and social prosperity is true on a national as well as regional scale.

The negative impacts of poor health and poor mental health, on individuals, their families and communities, are problematic for the nation as a whole, having significant flow-on impacts in relation to economic and social participation, productivity and economic growth. Conversely, as noted in *The Social and Economic Benefits of Improving Mental Health: Productivity Commission Issues Paper* published to inform this Inquiry, “improvements in mental health can be beneficial to individuals and the broader community”¹².

Key issues

RDAA is concerned that sufficient attention be paid in this Inquiry to rural and remote areas where there are likely to be significant hidden impacts of poor mental health due to the nature of work (both paid and unpaid) and of social and community activity combined with differential help seeking behaviours in these regions.

For example, it may be difficult to assess the true impact of mental health issues on people working on a family farm who may delay seeing their doctor or other health professionals or not go to see them at all for one or more reasons including social and geographic isolation, stoicism and a culture of self-reliance, the perceived relative value of other activities (such as shearing or harvest), and affordability (especially as rural and remote people often have to take significant amounts of time away from work and family, and pay for transport and accommodation as well as pay for the health service, even if covered in part by private health insurance or assisted travel schemes). Stigma associated with mental illness is also a concern for rural people. Living in small communities can mean that they experience issues with privacy of information.^{13,14}

Many rural people and communities are also more vulnerable to climatic and other environmental impacts – such as flood, fire and drought – and recovery from these events is often slow and arduous. They can cause both short- and long-term economic and social hardship and have significant individual and community mental health implications. Rural and remote people have poorer access to episodic and ongoing support to mitigate these negative effects. The role of the rural doctor, often the main source of mental health treatment and support in rural and remote communities, continues to be undervalued.

RDAA recognises that funding to alleviate critical and short-term need is essential but investment in longer-term solutions must also be made. Cyclical, short-term funding arrangements – program funding is often based on 3-year cycles – are unsuitable for rural and remote areas. “Long term planning is unable to be realised in the absence of ongoing funding. This in turn impacts upon people’s confidence in the service.”¹⁵

The recruitment and retention of mental health professionals in rural and remote communities also becomes even more problematic. They are unlikely to move to a rural or remote community for positions that do not offer more job security than a 3-year contract, particularly if they must relocate family.

In such circumstances, even if funding is available for various programs, they often cannot reach full potential. This increases the burden of providing mental health care on rural doctors.

Providing more easily navigable systems for rural and remote people experiencing mental health issues (and their carers) to engage, not only with the health care system and services - but also with the broader social and community services they may need in relation to homelessness and housing, education, employment and justice - must be a key priority. Currently this can be extremely difficult. Even services that exist within the health system, such as mental health services and alcohol and other drug services, do not necessarily seamlessly integrate information and care and bouncing people between services is not unusual.

This means that people are not always receiving appropriate care at the time that they need it, compromising their health and wellbeing and their ability to fully participate in family and community life and work.

Recommendations

To rectify the structural weaknesses in healthcare and better prevent and manage mental health issues in rural and remote areas, efforts to improve mental health in Australia must:

- recognise the pivotal role that rural and remote doctors play as key providers and facilitators of mental health care and better support them through:
 - a strong National Rural Generalist Pathway to promote and facilitate more rural doctors to undertake advanced skills training (one year) in mental health
 - ongoing Continuing Professional Development that is available, accessible and appropriate to rural circumstances
 - recognition of the complexity, effort and time involved in caring for patients experiencing mental health issues, including through the Medicare Benefits Schedule
 - investment in physical, capital and technological rural health infrastructure to improve the availability of quality services and the capacity of rural doctors, and their teams, to provide mental health care
 - promoting collaborative, team-based models of care with the rural doctor at the centre of arrangements in rural and remote areas, including for specialist outreach and telehealth services, to ensure people with mental health issues are able to receive specialist help when they need it
 - requiring visiting mental health professionals, services and telehealth providers to work with local GPs and community nurses to develop integrated service models in rural and remote communities
- address the mental health workforce maldistribution and shortages to increase access to local mental health professionals and services in rural and remote areas
- make the mental health system more easily navigable for people who are experiencing mental health issues and their carers, including by
 - linking to other health, social and community services, including for housing, homelessness, employment and justice, to integrate care
 - providing infrastructure support for technological interventions to improve connections between individuals and services, and across services
- ensure that funding for services is realistic, that funding mechanisms are not convoluted and that funding cycles support operational activity, future planning and health workforce recruitment and retention
- improve coordination of federal, state and local government policies and ensure that siloed approaches to mental health are not reinforced by fragmented funding
- identify and invest in specific non-health sector mechanisms to redress negative impacts associated with degree of remoteness and improve mental health in rural and remote areas, including for transport, childcare, schooling, higher education and employment. This will also positively impact on the recruitment and retention of health professionals, including mental health professionals, in rural and remote areas.

Conclusion

The good health of individuals and the broader population is critical to Australia's prosperity and must be reflected in bipartisan, visionary, longer term policies to ensure that health – including mental health – is given adequate consideration in all aspects of social and economic activity.

Leadership from the Council of Australian Governments (COAG) will be crucial to ensure bipartisan and demonstrable commitment by State/Territory and Commonwealth governments to working in partnership with all stakeholders to achieve meaningful change to the status quo.

Endnotes

¹ The Royal Australian College of General Practitioners. *General Practice: Health of the Nation 2018*. East Melbourne, Vic: RACGP, 2018. p2.

² Bishop, L., Ransom, A., Lavery, M., & Gale, L. (2017). Mental health in remote and rural communities. Canberra: Royal Flying Doctor Service of Australia. p15.

³ Senate Community Affairs Committee Inquiry into the *Accessibility and quality of mental health services in rural and remote Australia* Report. pp 57-69 Available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report Viewed 17 April 2019.

⁴ <https://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf> Viewed 9 April 2019.

⁵ Department of Health <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc~mental-pubs-m-mhaust2-hig~mental-pubs-m-mhaust2-hig-men> Viewed 9 April 2019.

⁶ Socio-Economic Indexes for Areas (SEIFA) [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Media%20Release~Census%20Shows%20our%20most%20advantaged%20&%20disadvantaged%20areas%20\(Media%20Release\)~25](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2033.0.55.001~2016~Media%20Release~Census%20Shows%20our%20most%20advantaged%20&%20disadvantaged%20areas%20(Media%20Release)~25) Viewed 23 May 2018.

⁷ <https://ruralhealth.org.au/advocacy/current-focus-areas/social-determinants-health>. Viewed 9 April 2019

⁸ Senate Community Affairs Committee Inquiry into the *Accessibility and quality of mental health services in rural and remote Australia* Report. p xv. Available at: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report Viewed 09 April 2019.

⁹ RDAA's submission to the Senate Community Affairs Committee Inquiry into the *Accessibility and quality of mental health services in rural and remote Australia* is attached at Appendix A.

¹⁰ The Senate Economic References Committee Inquiry into *Regional Inequality in Australia* report is due by the last day of sitting in June 2019.

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/Regional_Inequality_in_Australia

¹¹ RDAA's submission to the Senate Economic References Committee Inquiry into Regional Inequality in Australia is attached at Appendix B.

¹² Productivity Commission. January 2019. *The Social and Economic Benefits of Improving Mental Health*. Available at <https://www.pc.gov.au/inquiries/current/mental-health/issues>. pp2-3. Viewed 09 April 2019.

¹³ Royal Australian and New Zealand College of Psychiatrists. <https://www.ranzcp.org/publications/rural-psychiatry/mental-health-in-rural-areas>. Viewed 09 April 2019.

¹⁴ Rural Doctors Association of Australia. 2016. *Mental health care in rural Australia: A RDAA background paper*. Canberra: Rural Doctors Association of Australia.

¹⁵ PriceWaterhouseCoopers. 2011. The Australian Government Department of Health and Ageing: Mental Health Services in Rural and Remote Areas Program evaluation. January 2011 version 1.3 Final Evaluation Report. p15.