

Submission to the Productivity Commission Review on Mental Health

Introduction

The Foundation for Rural and Regional Renewal (FRRR) has been connecting rural, regional and remote Australia and philanthropy since 2000. FRRR seeks to enable communities to build their social and economic resilience by providing resources for initiatives that create the change communities aspire to achieve. Our approach is rooted in the tenet that local people are best-placed to know what will make the greatest impact in their community.

FRRR has a longstanding commitment to strengthening the mental health and wellbeing of Australia’s rural, regional and remote communities. Since its inception, FRRR has granted out more than **\$85M** to rural, regional and remote Australian communities. Many of these grants have supported communities to address mental health or wellbeing challenges – either directly, through education, or more often indirectly, simply by bringing people together.

FRRR recognises that appropriately supporting mental health and wellbeing in a rural, regional and remote context requires **flexible and multifaceted initiatives that differ across communities** – from more traditional medical treatment options, through to the activities of Men’s Sheds, awareness campaigns run in conjunction with sporting events, events that bring people together to share their stories, and so many more. These initiatives create an ecosystem where every person has access to the knowledge and support that they need to move through life well.

In reviewing close to **800 applications** across rural, regional and remote Australia **per year**, FRRR is able to see first-hand the innovative proposals presented by these communities in seeking to address mental health and wellbeing challenges in their communities.

FRRR encourages greater investment in flexible, community-specific and community-centred funding solutions in assisting the proactive support of people living in rural, regional and remote Australia.

The need

Mental health inequities experienced in rural Australia are well documented. For example, the [National Rural Health Alliance](#) states that **“The rates of people experiencing mental health issues is similar across the nation: around 20 per cent or 1 in 5. However, rates of self-harm increase with remoteness, while access to primary care and mental health professionals decreases.”**

Early last year the Royal Flying Doctor Service [reported](#) that rural mental health was in crisis citing the inequity between the number of people in rural, regional and remote Australia in need of mental health assistance and the lack of available health professionals. More recently this was echoed in an [article](#) which highlighted the distances people have to travel to access services, and the impact of short-term contracts on continuity of treatment.

The social, economic, cultural determinants of health that either drive or limit a community’s capacity to protect, prevent and attend to physical and mental health needs are well known. The [Australian Institute of](#)

[Health and Welfare](#) states that “**Factors such as income, education, conditions of employment, power and social support act to strengthen or undermine the health of individuals and communities.**”¹ In rural and remote regions, we also know that significant challenges persist and undermine comprehensive service delivery of primary and secondary mental health care needs.

What is less visible however, is the innovation occurring within our rural, regional and remote areas to address these challenges.

FRRR’s support of mental health and wellbeing initiatives – more needs to be done

Since 2000, FRRR has **distributed more than \$12M** in smaller grants, across **more than 1,500 projects** that seek **to strengthen community health and wellbeing**. These projects have helped build the capacity of small rural, regional and remote communities, through the development of knowledge, awareness and skills, to deliver effective supports, services, activities focused on prevention and early intervention to assist with the mental health and wellbeing of individuals and the broader community.

We do this through our granting programs that are open and accessible to smaller community groups, without the need for DGR 1 endorsement. Our programs have long supported rural, regional and remote communities in their efforts to strengthen the mental health of at-risk and vulnerable members of their communities. These can be via projects, services or activities that are preventative or responsive in nature and which are designed to engage those less likely, unable due to distance and isolation, or ineligible to participate in mainstream mental health services.

However, every year **FRRR receives more applications for funding than it is able to support**. For instance, in the 2017-18 financial year, **community organisations requested nearly \$2.4M for projects promoting individual and community health and social wellbeing** and was only able to fund 34% (\$832,164) of these. Communities are advocating for what they need in their context. FRRR supports greater investment in flexible, community-specific and community-led initiatives to strengthen mental health and wellbeing outcomes across Australia’s rural, regional and remote communities.

Insights from grant applications

In 2018, FRRR and CCI Giving co-designed the In a Good Place grants program, with the objective of providing support for community-driven mental health initiatives that reduce social isolation, increase social participation and connectedness, and increase help-seeking by those living in rural, regional and remote communities who are at risk of, or are experiencing, mental health issues.

Through the grants assessment process for [In a Good Place](#), and other programs such as [Tackling Tough Time Together](#) and [Grants for Resilience and Wellness](#), FRRR has acquired important insights into the challenges of maintaining good mental health in difficult times, such as natural disasters (drought, bushfire, flood) as well as the realities of day to day life in often-isolated, small communities with limited access to primary health care services, including mental health.

In the first round of the In a Good Place program in 2018, communities acknowledged significant distress caused by drought and compounding factors, such as economic downturn / industry loss. The round also provided valuable insights into the challenges facing people living in regional, rural and remote Australia, such as a lack of

¹ *Australian Institute of Health and Welfare 2016. Australia’s health 2016. Australia’s health series no. 15. Cat. no. AUS 199. Canberra: AIHW.*

community knowledge about where to access local help in times of personal crisis, and the lack of accessible mental health services in small communities.

Highlighting a lack of local mental health services and referral pathways, applications in the first round illustrated that there are high levels of need for:

- 🌿 Mental Health First Aid to support 'front line' workers and volunteers in the community;
- 🌿 Information about local mental health services, via non-threatening vehicles such as a community event or taking the information to the target group at common gathering points;
- 🌿 Proactive resilience programs, both in schools and the wider community;
- 🌿 The development of online services or apps for farmers; and
- 🌿 Projects to address lack of social connectedness and high levels of social isolation.

The round also revealed innovative community-led responses to their specific context, such as coping with a local tragedy. For example, the Shire of Augusta Margaret River received a grant for a series of events identified by, and developed through, community consultation to help locals respond to vicarious trauma experienced by many in the community following a multiple murder / suicide, among other events. The focus of the project was connection, personal healing and strengthening community resilience.

Examples of effective local responses

Through FRRR's programs, we see communities taking it upon themselves to fill the primary mental health care gaps experienced in their community, particularly in regard to prevention and early detection. The following are just a few examples of projects that have been funded through various FRRR programs:

- 🌿 Be Well in the Ranges is a project funded by FRRR through the Grants for Resilience and Wellness program to provide **free confidential counselling, psychological support, and music therapy to fire affected communities** around the 10th anniversary of Black Saturday in the Kinglake Ranges areas of Victoria. A doctor's referral is not required, and a booking can be made anytime through the website. The counselling program has been very successful as people can access the program discretely. It also illustrates the ongoing mental health and wellbeing needs of this region and the difficulty in accessing support (especially for those on a low income with transport difficulties) through the medical system.
- 🌿 To **promote better mental health among Indigenous people** in Armidale, NSW, Rural and Remote Mental Health received a \$5,000 grant via FRRR through the Domino's Give for Good program. Mental health training, known as the 'Deadly Thinking' program, was delivered to Indigenous people, by Indigenous people. It is helping to reduce mental health stigma by providing targeted and comprehensive information on mental ill-health in a culturally appropriate way.
- 🌿 Lifeline Tasmania Lifeline Tasmania was been supported to **establish Suicide Bereavement Groups** in four rural communities to decrease isolation and build resilience. The project will also develop and trial a Suicide Bereavement Group Procedure Manual, with a view to supporting other rural communities to establish their own groups
- 🌿 The Coonamble Neighbourhood Centre in conjunction with the Coonamble-Castlereagh Landcare group is running **Accidental Counsellor Workshops** for community front line workers, business owners and first responders, to build the capacity of the Coonamble and Gilgandra communities to respond in a knowledgeable way when someone they are speaking with identifies that they are struggling with their mental health.

These examples are not addressing severe or complex mental health issues; they are focused on awareness and prevention of some of the most common mental health problems experienced, such as depression and anxiety, which can quickly escalate if not recognised early. This is often due to social isolation, economic / environmental uncertainty and lack of access to appropriate services.

FRRR receives a large number of applications from community groups that wish to conduct events, workshops and activities that bring people together, helping them reconnect with others and focus on wellness, reduce stigma and increase the likelihood of self-help-seeking by promoting available local services and online support. Often these initiatives are brought about in response to a suicide within the community, which has left the community stunned, such as the Shire of Augusta Margaret River cited above. Many applicants quote alarming statistics for their local regions, depicting rising levels of mental distress and suicide; each applicant sought to make a difference through skill development, connection with services, and importantly increase connections with each other.

The impact of suicide is immeasurable. From applications we receive and conversations we have with community members, the **impact of suicide in rural communities is experienced differently to the impact in urban communities**. In rural communities, the ripple effect of suicide appears to be much stronger, reaching further into neighbouring communities, clubs, businesses and schools; far beyond the immediate family and circle of friends. The impact has a longer lasting and profound resonance that is compounded exponentially with multiple suicides. There is significant and long lasting grief felt in small rural and remote communities, and limited understanding of where to turn to for help or how to access help if available. This is well recognised by groups such as the [Centre for Rural and Remote Mental Health](#), which has been working with various community partners to develop evidence-based solutions for rural communities.

Small rural, regional and remote communities have a strong sense of place and identity. They need to be recognised for their cultural diversity and individual needs. Projects that are developed at the grassroots level, either by the community itself in direct response to need, or in true collaboration with other organisations that build skills, capability and capacity within the community, are most likely to have lasting impact and outcomes for the community. **Any project must be undertaken through trusted and collaborative partnerships with the community**, including extensive consultation; not imposed from outside of the community. Any semi-formal or formal activity must be culturally and clinically safe, with connections through to local service providers.

Role of schools and youth

FRRR considers that there is an opportunity to **invest further in school based mental health promotion, prevention and early intervention** with links to broader support for families as required. There are a large number of resilience and mental health programs available to schools, however, the cost of the programs themselves, and in many cases the travel and accommodation costs for facilitators, is often prohibitive for smaller or more remote rural schools, especially those with fewer students. **Programs that enable teachers or community members to continue the programs within the schools should be encouraged.**

FRRR is involved with the [ABC Heywire Youth Summit](#) each year. All youth participants are from rural areas. FRRR conducts the [FRRR ABC Heywire Youth Innovation Grants program](#) to support rural communities to take up ideas developed by the Heywire delegates. These ideas are developed from personal experience of these young people and gaps they see. **A common theme each year is youth mental health**, illustrating that this is of ongoing concern and importance to young people in rural Australia. For example, in 2018, the HOPE (Helping Our Peers Educate) idea sought to erase the stigma of mental health through open conversation, mentorship and team building within schools. Team members behind this idea have lived experience of family member suicide or personal suicide attempts. Four community organisations have been supported by FRRR to implement this idea, within the specific local content of various rural communities across Victoria, New South Wales, Queensland and Tasmania. There are many similar examples from this program over its years of operation.

Conclusion

Living in rural, regional and remote areas is often perceived as a way of life that connotes healthy living. But the reality of living in these areas presents health inequities and poor health outcomes.

Through small philanthropic grants, FRRR has filled gaps in service access, and local responsiveness to strengthen local mental health support mechanisms for individual and communities. This is achieved through community based, non-clinical mental health approaches which are accessible in a range of settings. These community-led and community-specific responses have led to greater personal and community resilience, enhanced community wellbeing, increased social connectedness and participation, greater local support networks and increased community understanding of mental health issues.

It is FRRR's submission that greater investment is needed to support community led and community specific mental health and wellbeing initiatives, enabling communities to identify and drive their own change.

We welcome the opportunity to elaborate on this submission. Should you require further detail, please contact Natalie Egleton, CEO of FRRR,