



Australian College of Nursing

Accessibility and quality of mental health services in rural and remote Australia

The Australian College of Nursing (ACN) submission to the Senate
Community Affairs References Committee (May 2018)

ACN position on rural and remote mental health services

General comment

The Australian College of Nursing (ACN) recognises that mental health services in rural and remote areas face significant challenges when compared to major cities. The rate of suicide in rural and remote areas is roughly 40-50% higher¹. People from rural and remote areas are at greater risk of hardship, self-harm and suicide as a result of poorer future prospects, unemployment, loneliness, high use of alcohol and drugs, social isolation resulting from mobility challenges for the elderly and fewer public transport options, as well as stress induced by unfavourable weather conditions, particularly for those working in industries whose income is reliant on farming, mining, tourism, fishing or forestry.²

ACN is aware that access to mental health services is substantially limited in rural and remote areas and particularly to Aboriginal and Torres Strait Islander (ATSI) people who make up a significant proportion of these communities. Limited access can be attributed to fewer mental health professionals such as psychiatrists, psychologists and mental health nurses available in these settings, a fear of stigma relating to seeking help for mental illness, a general resilient attitude towards the need for help, poorer educational levels, lower incomes influencing affordability of mental health services, and lack of public transport contributing to social isolation.³

ACN believes that the nursing workforce is underutilised in rural and remote areas. Whilst GPs, psychiatrists and psychologists are in short supply in these settings, nurses as the most geographically dispersed workforce are well placed to make significant contributions.⁴ Funding barriers currently prevent mental health nurses from delivering services in rural and remote Australia, particularly around limited access to MBS⁵ items and telehealth. Whilst technology (e.g. telehealth, web-based and phone-based support) offer opportunities to assist people within rural and remote areas, ACN strongly believes this should complement face-to-face mental health care and not be used to fill workforce shortage gaps. Government investment in building workforce capacity in rural and remote Australia, particularly specialist mental health nurses and upskilling the general nurse workforce in mental health is necessary. The recent Federal Budget has promised a stronger Rural Health Strategy investing \$550 million to improved rural health services including 3,000 additional nurses in rural and general practice over 10 years. Funding has been committed to the Royal Flying Doctor Service to provide new mental health services such as the Mental Health Outreach Clinic program (from 1 January 2019). The service will provide professional mental health services to areas where there are currently few or none.⁶

¹ AIHW (2017). "Mortality Over Regions and Time (MORT) books". Accessed from: <http://www.aihw.gov.au/deaths/mort/>

² National Rural Health Alliance Inc (2017). Mental Health in Rural and Remote Australia – Factsheet.

³ National Rural Health Alliance Inc (2017). Mental Health in Rural and Remote Australia – Factsheet.

⁴ Health Workforce Australia (2014). "Australia's Future Health Workforce - Nurses". Accessed from: [https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)

⁵ Medicare Benefits Schedule Review Taskforce (2016). "Interim Report to the Minister for Health". Accessed from: [http://www.health.gov.au/internet/main/publishing.nsf/content/26CEC8388EE86854CA2580210016EF82/\\$File/MBS-Review-Interim-report-Final-%20-%20Oct.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/26CEC8388EE86854CA2580210016EF82/$File/MBS-Review-Interim-report-Final-%20-%20Oct.pdf)

⁶ Department of Health (2018). "Health Budget 2018-19". Accessed from: <http://www.health.gov.au/internet/budget/publishing.nsf/Content/healthbudget1819-1>

ACN seeks to address the limiting funding boundaries preventing the nursing workforce in rural and remote areas from contributing to mental health in the community setting. ACN will continue to advocate for vulnerable people in underserved areas and is committed to creating more opportunities for the nursing workforce to improve mental health service delivery in rural and remote communities.

ACN response to terms of reference:

(a) the nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate.

Collated Medicare data highlights reduced access to mental health care in rural and remote areas. Medicare expenditure per capita on mental health services in rural and remote areas in 2015-16 was 74% and 21% respectively of that received by major cities.⁷ The number of MBS funded mental health encounters in 2015-16 was 482, 382 and 108 per 1000 people in major cities, rural and remote areas respectively.⁸ The underlying cause(s) of limited access to mental health services in rural and remote Australia are multifactorial. The number of psychiatrists, mental health nurses and doctors is significantly lower compared to those in major cities, contributing to overall lower service provision rates. Data from 2015 shows that the proportion of these mental health care professionals in rural/regional areas were respectively 36%, 78% and 57% of those in major cities. The proportions were even lower in remote areas.⁹ Mental health nurses also face specific funding barriers when it comes to delivering services in these settings, particularly around limited access to MBS and are unable to provide telehealth mental health services.¹⁰ Members of ACN working in rural and remote areas have also identified that people living in these settings are reluctant to seek mental health services attended to by well meaning nurses from the "city". There is a general attitude that "city" professionals do not understand the challenges that rural and remote people experience and hence any advice would be better received by health professionals that are themselves living in or from rural and remote areas.

Social isolation also plays a significant role in limited access to these services. Social isolation can stem from higher unemployment rates and lower incomes in these settings which influences affordability to services; poorer educational levels which influences understanding around mental health, access to help and readiness to seek help; resilient attitudes towards seeking help; and fear of stigma around seeking help as privacy may be more difficult in smaller communities. Rural and remote areas also have a greater proportion of older people who are generally less mobile and therefore find it more difficult accessing care. Challenges relating to lack of public transport can further compound this issue.¹¹

⁷ AIHW (2018). "Mental Health Services in Australia" Accessed from: <https://mhsa.aihw.gov.au/resources/expenditure/>

⁸ AIHW (2018). "Mental Health Services in Australia". Accessed from: <https://mhsa.aihw.gov.au/services/medicare/>

⁹ AIHW (2018). "Mental Health Services in Australia". Accessed from: <https://mhsa.aihw.gov.au/resources/workforce/>

¹⁰ Medicare Benefits Schedule Review Taskforce (2016). "Interim Report to the Minister for Health". Accessed from: [http://www.health.gov.au/internet/main/publishing.nsf/content/26CEC8388EE86854CA2580210016EF82/\\$File/MBS-Review-Interim-report-Final-%204%20Oct.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/26CEC8388EE86854CA2580210016EF82/$File/MBS-Review-Interim-report-Final-%204%20Oct.pdf)

¹¹ National Rural Health Alliance Inc (2017). Mental Health in Rural and Remote Australia – Factsheet.

ACN believes that the nursing workforce can be better utilised in rural and remote areas and offer practical solutions to the deficiencies observed around skilled mental health professionals in these settings. The nursing profession is well equipped to provide a skilled workforce through better use of nurse practitioners (NP) in these settings. There is also capacity to up-skill the registered nurse workforce in mental health to compliment the NP model. ACN also recommends encouraging people already living in rural and remote areas to undertake training in the area of mental health nursing so they can remain in these areas and serve their local region.

(b) the higher rate of suicide in rural and remote Australia

The data shows that the rates of self-harm and suicide in rural and remote Australia is significantly higher than that observed in major cities. Suicide rates in rural/regional areas, and remote areas, are respectively 40% higher and roughly, 50% higher compared to major cities.¹² Young men (aged between 15-29 years), older men (aged 85 years and over), and individuals from ATSI communities face higher rates of suicide in these regions compared to major cities.^{13 14 15}

Higher rates of suicide and deteriorating mental health can be attributed to harsher conditions and greater challenges experienced in rural and remote areas. Lack of opportunities and perceived/actual future prospects play a significant role. Weather conditions can place significant stress on and impact the livelihood and incomes of those in the farming, mining, fishing, tourism and forestry industries. Deteriorating mental health can be compounded by higher rates of alcohol and drug use, loneliness and inequality with regards to individuals identifying with LGBTIQ communities.¹⁶

ACN is a strong advocate for improving mental health services as well as addressing issues affecting LGBTIQ and ATSI communities, and climate change. There is opportunity to provide people from these regions with education on issues affecting rural and remote areas and how they can address these as a community to breakdown the stigma associated with accessing mental health services. ACN believes there is a need to increase the number of nurses of ATSI background in rural and remote areas to lead and bring about positive changes to address health inequities around access to mental health services.¹⁷ More so, ACN believes mental health services in rural and remote areas need to develop policy structures that are inclusive, welcoming and culturally appropriate for LGBTIQ individuals. In terms of climate change, ACN's position is that nurses need to become "informed advocates on evidence-based climate related human health risks and build knowledge based on specific climate related risks impacting their work and communities".¹⁸

¹² AIHW (2017). "Mortality Over Regions and Time (MORT) books". Accessed from: <http://www.aihw.gov.au/deaths/mort/>

¹³ Australian Bureau of Statistics (ABS) (2011). "Health Outside Major Cities". Accessed from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Mar+2011>

¹⁴ ABS (2018). "Causes of Death, Australia". Accessed from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument>

¹⁵ ABS (2011). "Health Outside Major Cities". Accessed from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lo okup/4102.0Main+Features30Mar+2011>

¹⁶ National Rural Health Alliance Inc (2017). Mental Health in Rural and Remote Australia – Factsheet.

¹⁷ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (2016). "Position Paper : Uniqueness of Our Workforce". Accessed from: <http://catsinam.org.au/static/uploads/files/uniqueness-of-our-workforce-position-statement-endorsed-march-2016-wfilyceizieu.pdf>

¹⁸ ACN (2017). "Position Statement: Climate and the nursing profession".

(c) the nature of the mental health workforce

ACN believes work is required to achieve a sustainable mental health workforce in rural and remote areas. Current data demonstrates significantly lower numbers of skilled mental health professionals in these regions as well as fewer MBS funded mental health encounters, impacting the availability of and access to mental health services.

There is currently an emphasis on providing GPs with incentives to work in these areas, however as the most geographically dispersed profession, ACN would like to see more opportunities and incentives be made available to nurses to resolve issues around access to mental health in rural and remote Australia.¹⁹ The nursing profession is well placed to provide a holistic approach to care and is therefore appropriately equipped to connect with individuals, families, carers and the community.

(d) the challenges of delivering mental health services in the regions

The major challenges to delivering mental health services in these regions lies in lower numbers of mental health care providers, lack of culturally appropriate and responsive services to ATSI people and funding barriers specific to mental health. It is important to address increasing rates of burnout experienced by mental health care professionals in rural and remote Australia. Many work in consistently challenging environments through demanding/high caseloads with limited casual relief available when sick and limited capacity to take holiday leave or engage in professional development. More so, it is important to acknowledge that many state incentives, or loading, to work in rural and remote areas have been removed. There is also currently a generalist approach in these regions reducing the quality of care, service effectiveness and expertise available in mental health.

ACN has provided suggestions and practical solutions to addressing the challenges around delivering mental health services in rural and remote Australia:

- Implement mandatory cultural responsive training for health care workers delivering mental health services to ATSI people in rural and remote Australia.
- Develop and grow the ATSI mental health workforce (Social and Emotional Wellbeing workforce) in rural and remote Australia.
- Build the mental health workforce in rural and remote Australia. Review options for encouraging health care workers including mental health nurses to relocate to these regions (e.g. fund scholarships).
- Remodel reimbursement schemes to support rural and remote loading.

¹⁹Health Workforce Australia (2014). "Australia's Future Health Workforce - Nurses". Accessed from: [https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20detailed%20report.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20detailed%20report.pdf)

- Up-skill the nursing workforce in rural and remote Australia and ensure competency in mental health education is consistent with current evidence based training. There is a need for specialist mental health clinicians, including those who are nurses.

(e) attitudes towards mental health services

There is a general pessimistic attitude towards accessing mental health services amongst people from rural and remote communities. Poorer education levels can be attributed to this. Given these are often small communities with poorer levels of privacy, attitudes can sometimes be formed on knowledge of who is working in these mental health services and their existing relationships or levels of respect within the community. ACN believes more needs to be done in raising awareness about mental health and reducing the stigma associated with mental health.

(f) opportunities that technology presents for improved service delivery

Technology provides opportunities to improve service delivery to people in rural and remote areas who cannot easily access mental health services (e.g. elderly person with mobility issues, poor public transport) or who are concerned about the stigma associated with being seen accessing services (i.e. privacy concerns). There are a large number of phone and web-based support services providing mental health support. The National Health and Rural Alliance Inc. provided a useful guide to rural and remote mental health help.²⁰ It lists phone and web based help services available and that cater to a range of different individuals and needs e.g. “everyone”, “kids, adolescents and young adults”, “men”, “women”, “carers”, “australian defence force”, “veterans”, “carers”, “farmers”, “ATSI people”, “people of diverse sex, genders and sexualities”, “people concerned about their drinking/and or drug use”, “people experiencing domestic and family violence, and sexual assault” and “rural and remote health providers”.

ACN believes that while technology can present many useful opportunities, it should be viewed as an adjunct to and not a replacement of face-to-face care. Nor should it be used as a solution to workforce or service gaps in rural and remote Australia. It is important to remember that face-to-face professional support rather than teleconferencing or web-based support is the preferred form of care by people in rural and remote areas.²¹

²⁰ National Rural Health Alliance Inc (2017). Rural and remote mental health help sheet. Accessed from: <http://rural-health.org.au/sites/default/files/publications/2017-rural-mental-health-help-sheet.pdf>

²¹ Bulbrook et. al. (2012). “Treating mental health in remote communities: what do remote health practitioners need?” Rural and Remote Health.

(g) any other related matters

ACN members working in rural and remote areas have noted that Primary Health Networks (PHN) work on business models rather than health models and do not currently collect data of collaborative nurse-psychiatrist consultations with patients. ACN recommends setting up a health model that allows this information to be recorded, in order to identify the mental health needs of people in rural and remote Australia and determine mental health outcomes resulting from collaborative interactions.

In addition, the impact of alcohol and drug use on mental health must not be understated. ACN believes this issue must always be considered when examining mental health as these are generally interconnected.