



ACCESSIBILITY AND QUALITY OF MENTAL HEALTH SERVICES IN RURAL AND REMOTE AUSTRALIA

Response to the Inquiry by the Senate Community
Affairs References Committee

May 2018

About Research Australia

Our vision: Research Australia envisions a world where Australia unlocks the full potential of its world-leading health and medical research sector to deliver the best possible healthcare and global leadership in health innovation.

Our mission: To use our unique convening power to position health and medical research as a significant driver of a healthy population and contributor to a healthy economy.

Our goals:

Engage

Australia in a conversation about the health benefits and economic value of its investment in health and medical research.

Connect

researchers, funders and consumers to increase investment in health and medical research from all sources.

Influence

government policies that support effective health and medical research and its routine translation into evidence-based practices and better health outcomes.

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Summary of recommendations

Research Australia urges the Committee to engage with Australia's research community to identify the areas where further information and research is needed to guide policymaking in the delivery of mental health services in rural and remote Australia.
Research can shed light on regional variation in quality and availability of treatment as well as how these should be addressed. In particular, researchers in public health and epidemiology are skilled in analysing the data and understanding the contributions that different factors make to the variations between the way health care services are used.
Understanding the particular pressures on mental health workers in rural and remote Australia, what can be done to support them, and how we can attract more workers are key areas for further research.
Health services researchers can provide information about approaches and models used elsewhere, and support the design, implementation and evaluation of new, tailored models of care.
Researchers in the discipline of health economics can assist in the development of models for the identification and evaluation of the cost effectiveness of new and existing programs and service delivery models.
<p>Researchers, including those from the social sciences, have a role to play in better identifying:</p> <ul style="list-style-type: none"> attitudes to mental health services; the root causes of stigma and discrimination; and the strategies and interventions that are most effective with different cultural groups, geographic distributions and ages.
With many approaches to online delivery of health services still experimental, there are plenty of opportunities to combine research with the delivery of new telehealth programs and the evaluation of their effectiveness.

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Response to the Inquiry by the Senate Community Affairs References Committee

Introduction

Research Australia welcomes the opportunity to make a submission in response to the Senate Community Affairs References Committee's Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia.

There are clearly differences between the rate at which rural and remote Australians use mental health services compared to the rest of the Australian community. What is less clear are the causes of these differences;

There are some fundamental questions that need to be addressed if we are to ensure that mental health services provide better outcomes for rural and remote Australians, including:

- the prevalence and nature of mental illness in rural and remote Australia;
- which services are currently being used and why; and
- the types of services and service delivery we should invest in for the future.

Some of these questions have already been answered by researchers but others have not. **Research Australia urges the Committee to identify the areas where further information and research is needed to guide policymaking in the delivery of mental health services in rural and remote Australia.**

Research Australia would be pleased to convene a group of researchers engaged in mental health services research to meet with interested Committee members and provide expert background briefing. This can be arranged by contacting Research Australia's CEO and Managing Director, Ms Nadia Levin on (02) 9295 8547 or by email at Nadia.Levin@researchaustralia.org.

Differences in the use of mental health services

There is a range of factors that affect the rate at which people access mental health services. These include age, gender and socioeconomic status as well as where people live. Understanding these factors and their relative importance is critical to understanding how to better deliver mental health services to rural and remote Australians.

Statistics on the use of mental health services

Two statistics highlight differences in the use of mental health services by rural and remote Australians and the broader population.

Emergency Departments are one of the places that individuals with mental illness seek treatment. The Australian Institute of Health and Welfare (AIHW) reports that in 2016-17, the rate per 10,000 population of mental health-related Emergency Department presentations for patients living in Major cities was the lowest (101.2) while that for patients in Remote and Very remote areas was the highest (185.3).¹

General Practitioners are also at the front line of mental health services. The AIHW reports that in 2015-16, the rate of Medicare-subsidised mental health-specific GP services was higher for those living in *Inner Regional* areas (146.0 per 1,000 population) while those living in *Very Remote* areas had the lowest (29.4 per 1,000 population).

This seems counterintuitive. Surely, people in urban areas live closer to EDs than people in rural and remote communities? It is even more surprising when you consider that in 2014, the full-time equivalent (based on total weekly hours worked) rate of employed GPs per 100,000 population was higher in *Remote and very remote* areas (137) than in *Major cities* (109).²

Why are there differences?

Why do people from remote communities use Emergency Departments more frequently for mental health issues? Is it because of a lack of availability of other services?

This pattern of more frequent ED visits and less frequent GP visits is reflected in health care for other issues. In 2013-14, the rate for emergency hospital admissions involving surgery was highest for people living in Very Remote areas (22 per 1,000 population) and fell with decreasing remoteness to be lowest among people living in Major cities (12 per 1,000).³ In 2014-15, people living in Major cities were more likely than those living in regional and remote Australia to have visited a general practitioner (GP) in the last 12 months for any reason (86% compared with 83% in *Inner regional* areas and 84% in *Outer regional and remote* areas).

This suggests that it is not just a difference in how people in rural and remote communities access mental health services but one that affects how they access health services generally. If this is true, it has implications for how we improve the accessibility and quality of mental health services in rural and remote Australia.

¹ Australian Institute of Health and Welfare, Mental Health Services in Australia, web report, last updated 3 May 2018, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/hospital-emergency-services/patient-characteristics>

² Ibid

³ Australian Institute of Health and Welfare, Rural and Remote Health, web report, last updated 29 May 2017, <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/access-to-health-services>

Is the variation due to differences in socioeconomic status? Regardless of where people live, the same AIHW report on Mental Health Services in Australia reveals that people living in areas classified as having the lowest socioeconomic status (quintile 1) had the highest rate of mental health-related ED presentations (26.8%), with the rate decreasing with increasing socioeconomic status to 13.8% for people in the least disadvantaged area.⁴ How much of the variation is due to differences in the socioeconomic profiles of the populations of big cities and those of rural and remote Australians?

What other factors might be involved? We know that stigma has a role in discouraging people from seeking assistance for mental illness. Is greater stigma a contributing factor to where people in rural and remote communities access mental health services and the rates at which they do? Could less anonymity in small communities be a factor?

It seems likely that the observed difference in the rates of attendance at Emergency Departments and GP clinics is due to a range of different factors. While it is easy to speculate, knowing what these factors are, and the contribution each makes to the overall difference is essential if we are to make a meaningful and effective response to improving access to and the quality of mental health services used by rural and remote Australians. This is an area where research can help.

Research can shed light on regional variation in quality and availability of treatment as well as how these should be addressed. In particular, researchers in public health and epidemiology are skilled in analysing the data and understanding the contributions that different factors make to the variations between the way health care services are used.

Australian National University Research School of Population Health

The Rural Mental Health research group in ANU's School of Population Health focuses on increasing knowledge about factors related to the mental health of people living in regional, rural and remote areas in Australia and developing tools to better manage mental health in these areas. Research projects include epidemiological studies to better understand risk and protective factors associated with rural mental health, geospatial studies to map mental health services and various mental health related outcomes in rural areas, and the development and evaluation of programs and tools to prevent mental health problems, promote help-seeking, and assist in the management of mental illness.

<https://rsph.anu.edu.au/research/groups/rural-mental-health-research-group>

⁴ Australian Institute of Health and Welfare, Mental Health Services in Australia, web report, last updated 3 May 2018, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/hospital-emergency-services/patient-characteristics>

Characteristics and causes

The AIHW reports that there is a slight variation in the rates of mental illness based on where you live, with a prevalence of 17% in major cities, and 19% in both inner regional areas and outer regional/remote communities. The incidence of a range of other different diseases also report variations between communities based on where they live. 'People living outside Major cities were more likely to have long-term health conditions including arthritis, asthma, back problems, deafness, long-sightedness, diabetes, heart, stroke and vascular disease.'⁵

The report does not reveal whether people in rural and remote communities experience different types of mental illness at different rates, the relative severity of the condition, or its impact on the individual. Further research is needed to understand whether the incidence of untreated mental illness the same or different between the populations in Australia's cities and our rural and remote communities.

It also does not tell us about the causes of mental illness, including environmental factors such as drug and alcohol abuse and the effects of social isolation.

Differences in the characteristics of mental illness in rural and remote communities and potential different causes of mental illness are all relevant to the types of services that need to be provided to both treat and prevent mental illness in rural and remote areas.

Information about these differences can only be provided by research.

Higher suicide rates in rural and remote Australia

While the higher rate of suicide in rural and remote Australia is indisputable, the reasons (and there are no doubt more than one) are not clear.

Suicide prevention programs are dependent on understanding the causes of suicide related mental illness, being able to identify risk factors, and developing programs that can intervene effectively with specific at-risk populations. Research can support this by, for example:

- investigating the causes;
- developing and evaluating new interventions;
- testing new delivery mechanisms (e.g. e-health); and
- analysing existing datasets to identify indicators for early intervention.

This research requires partnerships between researchers, health care providers and individuals living with mental illness.

⁵ Australian Institute of Health and Welfare, Rural and Remote Health, web report, last updated 29 May 2017, <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/access-to-health-services>

Why have we not been able to reduce the terrible rate of suicide in Australia?

According to Dr Fiona Shand, senior researcher at the Black Dog Institute and the NHMRC Centre for Research Excellence in Suicide Prevention, it is quite simply because we keep doing what we have always done.

“If we want to be really serious about saving lives, we need to focus on strategies that have been proven to work, not simply rolling out awareness campaigns.”

“If we look to the research evidence from here and overseas, there are clear strategies that have been proven to reduce suicide. Only some of these are currently in use in Australia, and implementation tends to be scattered and disproportionate to their impact.”

“Not surprisingly, the most powerful way to reduce suicide is to improve access to quality mental health care and support GPs to address depression and suicidality in their clinics.”

“Other strategies such as training “gatekeepers” like school counsellors, and restricting access to lethal means are also effective.”

“We know that no single strategy will solve this incredibly complex issue, and what is needed is a combination of strategies targeting both the individual and the population.”

Black Dog Institute researchers have developed a suicide prevention program that involves all proven strategies being implemented together and tailored to local community need. Called Lifespan, this program is being rolled out in NSW and has formed the basis of suicide prevention activities nationally.

According to Dr Shand, we can no longer fail our most vulnerable by sitting by and do the same thing. Lifespan will reduce the suicide rate by at least 20% in the first few years, improve the lives of thousands of others who were considering suicide, and relieve the huge burden on families, friends and work colleagues.⁶ www.lifespan.org.au

The nature of the mental health workforce

The health workforce in rural Australia and the challenges it faces, is an area of research and investigation championed by the National Rural Health Alliance and the Australian Rural Health Education Network, and supported by researchers from many of Australia’s universities.

It is an area of research that continues to be hindered by a lack of good data.

The (National Rural Health) Alliance continues to monitor rural and remote health workforce developments.

It has long pushed for improvements to the classification system for remoteness which is used in the administration of general practice workforce incentives. ...Despite the great significance of the matters, the total number of doctors in Australia and their distribution are still subject to much uncertainty. The situation is similarly uncertain for nurses and appalling for allied health professionals.

<http://ruralhealth.org.au/advocacy/current-focus-areas/health-workforce>

Understanding the particular pressures on mental health workers in rural and remote Australia, what can be done to support them, and how we can attract more workers are key areas for further research.

⁶ <http://www.blackdoginstitute.org.au/newsmedia/newsdesk/index.cfm>

The challenges of delivering mental health services in the regions

Health services research can support planning and service delivery at the regional level through the development of programs and services that respond to local and regional demographics and incorporate transparent measurement and accountability as a standard part of the system.

Health services research is a multidisciplinary scientific field that examines:

- where, when and how people use health care services;
- barriers to access;
- how much healthcare costs and who meets these costs;
- what happens to patients as a result of this care; and
- longer term outcomes.

The aim of health services research is to improve the management and delivery of healthcare to promote safety, effectiveness, equity of access and efficiency. Health services research can improve the delivery of health care through the development of best practice models and structures for mental health services; guide the reform process; support the evaluation of outcomes; and identify the programs and services (and combinations thereof) which best support people remaining well.

Health services researchers can provide information about approaches and models used elsewhere, and support the design, implementation and evaluation of new, tailored models of care.

Researchers in the discipline of health economics can assist in the development of models for the identification and evaluation of the cost effectiveness of new and existing programs and service delivery models.

Australia has extensive expertise in health services research in our universities and medical research institutes, including with a focus on the challenges of delivering health services in rural and remote Australia.

Attitudes towards mental health services

Attitudes to mental health services can play a significant part in whether people access mental health services at all, and if they do, the types of services they use. **Researchers, including those from the social sciences, have a role to play in better identifying:**

- **attitudes to mental health services;**
- **the root causes of stigma and discrimination; and**
- **the strategies and interventions that are most effective with different cultural groups, geographic distributions and ages.**

The programs developed must consider the specific cultural, geographic and demographic barriers to successful implementation. The importance of tailoring programs to specific groups should not be underestimated in the delivery of these services.

Experiences of discrimination and positive treatment in people with mental health problems

The Centre for Mental Health at the Melbourne School of Population and Global Health has undertaken research based on a national survey of more than 5000 Australians to understand both the discrimination and instances of positive treatment experience by people with mental illness.⁷ The results can provide input into the design of anti-discrimination interventions and further empower people with mental health problems as they advocate for change in the area of discrimination. They also provide a foundation for further research and increased understanding of the role of cultural background, socioeconomic status and gender in the experience of people with mental illness. This can inform the development of tailored national, regional and local responses.

<https://mspgh.unimelb.edu.au/research-groups/centre-for-mental-health>

Opportunities the technology provides for improved service delivery

Technology provides an important opportunity to improve the delivery of healthcare to Australians. This promise of significant improvements in the delivery of care is perhaps greatest in rural and remote Australia, and mental health services are a prime target. **With many approaches to online delivery of health services still experimental, there are plenty of opportunities to combine research with the delivery of new telehealth programs and the evaluation of their effectiveness.**

Centre for Online Health (COH) at University of Queensland

Since 1999, the COH has been recognised internationally for its role in research, service delivery and education and training in the fields of telemedicine, telehealth and e-Healthcare. The COH's multidisciplinary team of clinicians, academic researchers, educators, technicians, engineers and administrators brings together a broad mix of skills.

The Centre's keys areas of activity are:

- *Clinically focussed research with an emphasis on examining the feasibility, efficacy, clinical effectiveness and economics of telehealth and telemedicine in a variety of settings*
- *Academic and vocational education and training in e-Healthcare and clinical telehealth*
- *As a service provider of clinical telemedicine services*

The Centre for Online Health is working to develop telehealth services that connect people with the support they need. We are implementing and evaluating telemental health services in partnership with non-profit organisations, community organisations, government agencies and public hospitals.

⁷ Reavley NJ, Jorm AF *Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey.* Aust N Z J Psychiatry. 2015 Oct;49(10):906-13.

These services use videoconferencing to connect people with clinicians for assessment and treatment. Telemental health services can also be used to facilitate peer-support and social inclusion for people who are feeling alone.

Feelings of isolation can be exacerbated by living in a remote location and telemental health services can help overcome this barrier.

<https://coh.centre.uq.edu.au>

Conclusion

While the need for action is clear, what should be done is less obvious. While Research Australia has sought to highlight some of the ways in which research can support the Plan and its priorities, we have not sought to be prescriptive or comprehensive. The purpose of this submission, made at the commencement of the Committee's Inquiry, is to point to how researchers can help address the Inquiry's terms of reference.

Australia's research community has the capacity to help us all understand why and how the use of mental health services vary between our cities and the bush. Beyond this understanding, it has the capacity to help design and implement new approaches and solutions, and to monitor and evaluate their effectiveness. Research Australia urges the Committee to engage with Australia's research community in the course of its current Inquiry.

We thank our membership for their contribution to this significant issue. Research Australia would be pleased to convene a group of researchers engaged in mental health services research to meet with interested Committee members and provide expert background briefing. This can be arranged by contact Research Australia's CEO and Managing Director, Ms Nadia Levin on (02) 9295 8547 or by email at Nadia.Levin@researchaustralia.org.

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