Mental health in rural and remote communities

POSITION STATEMENT

Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

College position

People living in rural and remote communities should have equitable access to high quality, safe and sustainable mental healthcare services. This requires a structured, systematic, and person-centred and team-based approach to service delivery which properly reflects the distinctions of the rural and remote clinical context.

Rural Generalist doctors are a vital part of the continuum of care for those living in rural and remote areas suffering from mental health issues. As such, they should receive appropriate training, recognition, and professional support.

Urgent priority action should be taken to address the lack of rural and remote mental health workforce, poor access and service coordination, and the specific challenges facing rural patients, carers, and clinicians.

Mental health in rural and remote Australia

Almost half of all Australians will experience a mental disorder at some point during their lifetime, and suicide is the main cause of death among people with a mental disorder[1].

Australians living in rural and remote areas are impacted by mental disorders at the same rate as people living in major cities, however research shows that suicide and self- harm rates are higher, with residents of very remote areas twice as likely to die from suicide as city residents. Farmers, young men, and Aboriginal and Torres Strait Islander people face the greatest risk of suicide[2].

Strategies to improve access to services and the overall mental health of rural Australians must take cognisance of the differences between delivering mental health services in rural and remote Aboriginal and Torres Strait Islander communities as compared to urban settings.

Aboriginal and Torres Strait Islander Mental Health

The relationship of rurality to mental health has particular implications for Aboriginal and Torres Strait Islander people, who represent significant portions of rural and remote communities. The National Mental Health Commission has identified that the mental health needs of Aboriginal and Torres Strait Islander people are significantly higher than those of other Australians. Around one third of Aboriginal and Torres Strait Islander adults reported high or very high levels of psychological distress[3]. Suicide rates for Australia's Indigenous population are over 2.4 times the rate for non-Indigenous Autralians[4] and suicide is one of the five leading causes of mortality in Aboriginal and Torres Strait Islander people[5].

Older people, mental health, and suicide

The National Rural Health Alliance reports that older people in rural and remote areas are more likely to be living with a chronic condition, chronic pain, or disability. When coupled with these conditions, and the challenges around mobility, social isolation, and lack of access to services, there is a risk to the mental health of older rural and remote Australians.

Specific responses are required to ensure mental health services are tailored to their needs, within the rural and remote context.

The Role of the Rural Generalist

Supporting Australians to be mentally well is no longer restricted to those experiencing suicidality, mental distress and/or ill-health, but also encompasses prevention and early intervention to promote wellbeing and assist people at risk[6].

In aiming to create a person-centred system which takes an holistic approach to mental health and wellbeing, government needs to be cognisant that the delivery of support and treatment and who is best placed to deliver it, can be different in the rural and remote context.

Rural Generalist doctors work under unique circumstances and with a scope of practice and working environment which can be very different to urban practice. These doctors are often the only readily available health care practitioners and as such, they may need to take on a range of roles which would ordinarily fall to specialists, allied health professionals, or health care teams in larger areas. This is particularly the case with mental health, where the shortage of psychiatrists, psychologists, mental health nurses and other support is more marked.

These doctors are well-placed to deliver holistic care, crossing the siloes of mental health care and providing care across the illness spectrum and the lifespan. It is therefore important that mental health continues to be a major aspect of GP training and professional development, and that their training and capacity is recognised in health system planning.

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Improving access to rural mental health services

People living in rural and remote areas have difficulty in accessing mental health care services due to a range of factors including a shortage of appropriately skilled professionals, particularly where there is an insufficient critical mass to sustainably support a range of mental health services and associated staff. The services which are available are usually in high demand, resulting in long waiting times.

Poor Coordination of Services

Mental health care is delivered through different services, by different jurisdictions and through a range of different entities and projects, programs, and funding mechanisms. Whilst the College acknowledges that having access to a range of mental health services and providers is positive, in terms of consumer choice, it can make navigating the system very challenging for patients, caregivers, and health professionals. Lack of coordination and communication is often more pronounced in rural and remote areas.

In addition to being confusing and challenging for patients and caregivers, the system adds complexities for health professionals and program coordinators who may need to balance competing priorities, performance measures, referral pathways, communication standards and staffing policies and requirements. This situation inhibits achievement of optimal outcomes for all parties; results in duplication of services and effort; and encourages cost shifting; and impedes the potential for cooperation and coordination.

Better coordination between State/Territory and Federally funded programs, as well as the charitable sector would promote a "no wrong door" approach to accessing mental health services, and would assist consumers to navigate the system.

Securing a skilled and sustainable workforce

The College believes that a key strategy in improving rural mental health outcomes involves providing as many services as possible, as close to home as possible. Urgent and priority action should be taken to improve access to a skilled and sustainable rural and remote mental health workforce, acknowledging the specific challenges facing clinicians working in rural and remote communities.

The importance of the Rural Generalist approach should be recognised, and strategic work is required to support this as an enabler to innovative workforce models and workforce capacity building. Priority should be given to supporting local services and training and growing a local health workforce wherever possible.

The complementary role of telehealth in the continuum of care should be recognised, and designated funding should be provided for rural and remote area mental health telehealth services.

Funding

Current funding models do not adequately reflect the circumstances and challenges faced in delivering rural and remote mental health care. Given the disparity in access, higher cost structures and the greater demand for services in rural and remote areas, the College recommends that funding models be reviewed to address these issues. This includes the way in which Primary Health Networks are funded to support the commissioning and delivery of services and their related KPIs.

The important role played by GPs and Rural Generalists in providing mental health services and leading health care teams, should be recognised and rewarded through appropriate remuneration and support.

Priority Actions to improve rural mental health outcomes

- Workforce planning to secure a skilled, supported, and sustainable, multi-disciplinary mental health workforce that can provide face-to-face mental health services that are needed in rural and remote communities
- Better access to mental health training, support and professional development for Rural Generalists, GP's, nurses, Aboriginal Health Workers, and other rurally based healthcare professionals
- Improved remuneration and funding models to support the provision of person-centred, continuity of care particularly for practitioners based in rural and remote areas
- Priority funding for services for people in rural and remote areas, including funding support for locally based services including Aboriginal and Torres Strait Islander services
- Further planning and implementation should occur in consultation with all stakeholders, including rural and remote practitioners and consumers. Likewise, it is important that rural generalist practitioners are included in any clinical consultations and in the development and evaluation of related guidelines or treatment regimes.

Find out more

If you have any queries relating to this Position Statement, please contact us by:

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Endnotes

1 *National Survey of Mental Health and Wellbeing 2007*: Summary of results ABS cat no 4326.0

2 Bishop et al, 2017

3 Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey, 2014, Cat 4727.0.55.001

4 **www.aihw.gov.au/date/populations-age-groups**, May 2022

5 **www.indigesnoushpf.gov.au/measures/1.23 leading-causes-mortality**, May 2022

6 National Mental Health Workforce Strategy Background Paper August 2021

ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live, and pay respect to their Elders past present and future.