



**WAPHA**  
WA Primary Health Alliance

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PERTH NORTH, PERTH SOUTH,  
COUNTRY WA

An Australian Government Initiative

**Submission to the Senate Community Affairs Reference Committee  
Inquiry into the accessibility and quality of mental health services  
in rural and remote Australia**

**WA Primary Health Alliance**

**May 2018**



WA Primary Health Alliance (WAPHA) welcomes the opportunity to provide a submission to the inquiry into the accessibility and quality of mental health services in rural and remote Australia.

## **Background**

WAPHA oversees the commissioning activities of WA's three Primary Health Networks (PHNs) – Country WA, Perth North, and Perth South PHN. PHNs were established by the Australian Government in 2015 with the key objective of increasing the efficiency and effectiveness of medical services, particularly for those in our community who are at risk of poor health outcomes, and improving coordination of care to ensure people receive the right care in the right place at the right time.

WAPHA believes in an integrated health care system that has a collective focus on delivering care in the most appropriate setting. Formalised, cohesive relationships between all elements of the system are essential. WAPHA is committed to improving access to primary health care services for all Western Australians which is crucial in reducing hospitalisations and can contribute to the early diagnosis and management of chronic health conditions.

Findings from WA's Sustainable Health Review Interim Report<sup>1</sup> indicate that the system focus remains on treatment rather than keeping people healthy. Scope remains to embrace more contemporary approaches focused on keeping people healthy and well supported in their community. The report also found a strong desire for health consumers to be more actively engaged and supported in key decisions about their own health, clinical care and the broader planning and funding of WA health services.

WAPHA recognises that the mental health and wellbeing of communities are impacted by a broad range of economic, social and environmental factors. Improving mental health outcomes requires a long term, cross sector investment and commitment that extends beyond simple provision of mental health services.

In August 2017, the Council of Australian Governments (COAG) Health Council endorsed the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan). The Fifth Plan provides the framework under which governments have agreed to work together to achieve integrated mental health service planning and delivery at the regional level.

WAPHA recognises that no suitable framework currently exists to appropriately respond to the mental health service needs of the sparse and disparate populations and their subgroups that exists within rural and remote Australia.

While jurisdictions can continue to plan and respond based on local needs, this can lead to inconsistency in the provision of care across the country. WAPHA notes parallel inquiries into the indicators and impact of regional inequality in Australia<sup>2</sup> as well as the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers<sup>3</sup>. Findings of which are likely to be relevant to this inquiry.

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<sup>1</sup> Department of Health, Western Australia, 2018, Sustainable Health Review Interim Report Summary

<sup>2</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Economics/Regional\\_Inequality\\_in\\_Australia](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Economics/Regional_Inequality_in_Australia)

<sup>3</sup> [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Education\\_and\\_Employment/Mentalhealth](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth)

## **The Rural and Remote Context**

WA has the second highest proportion (after the Northern Territory (NT) of its resident population residing in remote and very remote locations. In June 2011, an estimated 40% of WA's Aboriginal population resided in communities in remote or very remote locations<sup>4</sup>.

Provision of equitable access to health care services in rural and remote locations is problematic. Geographic, social and cultural factors such as the low population density, fewer resources, greater distances, and lower socioeconomic status all impact on availability and effectiveness of mental health services in rural and remote areas. The lack of supporting health-related infrastructure along with prevalence of disadvantage related to education, income and employment opportunities all impact on the health of rural and remote communities.

According to the Australian Institute of Health and Welfare, Australians living in rural and remote areas generally experience poorer health and welfare outcomes than people living in metropolitan areas. Over half of those living in rural and remote areas have one or more chronic disease<sup>5</sup>. Research indicates that among Australians aged 45 years and over who visited a General Practitioner (GP) in the past year, those living in rural and remote areas were less likely than others to have a usual GP or place of care<sup>6</sup>. There are a number of benefits associated with having a usual GP or place of care including care continuity, understanding of the life context and consequences of only episodic interactions.

The National Rural Health Alliance notes that timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas is likely to occur later or not at all, resulting in an increased likelihood of hospitalisations and potential contribution to the incidence of self-harm and suicide<sup>7</sup>.

WA emergency department utilisation data<sup>8</sup> shows relatively high rates of triage category 4 and 5 presentations (conditions that often meet the criteria for a primary care type visit) in regional areas and suggests inadequacy of local primary care supports.

Research by the Royal Flying Doctor Service (RFDS) has found that on average Australians living in remote areas die from suicide at twice the rate of people residing in metropolitan areas, yet are only able to access mental health services at a fifth of the rate of metropolitan dwelling people. Aboriginal Australians of all age groups are between 3.5 times and 4.6 times as likely as non-Aboriginal Australians to be treated by the RFDS for a mental disorder. While RFDS found no difference in common mental health risk factors between locations, the RFDS indicated that rural and remote residents are at greater risk of experiencing poorer mental health because of insufficient early intervention and prevention services.<sup>9</sup>

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<sup>4</sup> Australian Bureau of Statistics (ABS). 2015. 3238.0.55.001 - Estimates of Aboriginal and Torres Strait Islander Australians, June 2011. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>

<sup>5</sup> <https://www.aihw.gov.au/reports-statistics/population-groups/rural-remote-australians/overview>

<sup>6</sup> <https://www.aihw.gov.au/reports/rural-health/rural-remote-health/contents/rural-health>

<sup>7</sup> Mental Health in Rural and Remote Australia National Rural Health Alliance Fact Sheet, December 2017, <http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf>

<sup>8</sup> WAPHA secure data source

<sup>9</sup> Sophie Scott and Alison Branley, 2015, Mental health: Poor and remote areas don't have equal access to services, Monash University study, ABC News, <http://www.abc.net.au/news/2015-03-02/study-highlights-divide-in-access-to-mental-health-services/6269920>

Difficulties in recruiting and retaining qualified health workers in rural and remote areas of Australia are well documented. The National Mental Health Workforce Strategy<sup>10</sup> outlines several challenges including fewer options for referral, and longer hours with on-call and emergency requirements. Research indicates that the ratio of mental health care workers (psychiatrists, mental health nurses and psychologists) to people in major cities dwarfs the ratio of workers to people in regional and remote areas. The low ratios highlighting the vulnerability of service provision outside major metropolitan areas<sup>11</sup>.

When an area has no resident mental health service, people often rely on visiting services, or defer to tertiary or other community based services who may not be equipped. Often people are required to travel to where services are available, increasing the burden of treatment on the patient and potentially preventing or delaying help seeking. Reliance on locum health professionals or International Medical Graduates presents challenges with their lack of links into the community and other relevant health professionals, services and agencies.

Given relative distances, people in regional and remote areas can lack regular and positive social interactions and may experience feelings of disconnection and isolation. Furthermore, extreme weather conditions such as drought can cause significant financial and social stressors. Stress, anxiety, depression and isolation may lead to problematic alcohol and drug use and more complex comorbidity health issues. Avoidance and lack of access to appropriate help can then put more pressure on friends, families and carers who may not be equipped to manage or struggling themselves.

A common barrier to seeking treatment for mental health issues is stigma. In rural and remote communities fears around maintaining privacy along with a culture of self-reliance can make it more likely that rural people will withdraw rather than seek help from appropriate services<sup>4</sup>.

## **Recommendations**

### **1. Support increased viability and availability of primary care practitioners**

Well-trained GPs in sufficient numbers in areas of need are key to keeping people out of hospitals and delivering better health outcomes. In 2015, RACGP highlighted the crucial role GPs have in supporting patients with mental health issues through assessment and treatment<sup>12</sup>.

General practice is increasingly seen as an important area where effective treatment, advice and intervention can prevent more costly inpatient and emergency care. However, evidence indicates both a shortfall in the absolute and relative numbers of medical practitioners available as well as an inequitable distribution of medical practitioners across regions and specialties. Compared with other jurisdictions, WA experiences the greatest shortage of GPs in outer metropolitan and rural areas<sup>13</sup>.

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<sup>10</sup> Victorian Government Department of Health, 2011, National Mental Health Workforce Strategy

<sup>11</sup> Australian Institute of Health and Welfare, 2015, Mental Health Services in Australia

<sup>12</sup> <https://www.racgp.org.au/yourracgp/news/media-releases/role-of-gps-crucial-in-supporting-patients-with-mental-health-concerns/>

<sup>13</sup> Department of Health, Western Australia, 2017, Medical Workforce Report 2015/16: Medical Workforce Branch, Office of the Chief Medical Officer.

The suite of rural and remote workforce measures announced in the 2018-2019 Federal Health Budget are positive and should be progressed as a matter of priority. WAPHA is particularly interested in the introduction of a rural workforce strategy as well as the addition and enhanced vocational training of further specialist GPs, nurses and allied health professionals. Establishment of the Health Demand and Supply Utilisation Patterns Planning Tool will further inform workforce planning, policy and program development and enabling informed collaboration across the system.

The primary health network model is predicated on the availability and viability of a local primary care workforce. Existence of locally trained and appropriately skilled practitioners is critical to ensuring adequate and effective care. It is acknowledged that the current framework and funding for general practice in rural and remote areas is not sustainable in WA<sup>14</sup>. Provision of rural loading which acknowledges the unique costs associated with service provision in rural areas and targeting rural bulk billing incentives to improve GP distribution are critical. Anecdotal feedback received by WAPHA suggests that currently bulk billing private practice is not viable in rural and remote locations and results in low rates in these areas. Lack of access to bulk billing options further disadvantages those most at risk of poor health outcomes as they are most likely to require financial support. The Federal Health Budget measures intended to address such barriers must be prioritized.

More strategic utilisation of healthcare professionals and a coherent understanding of future health workforce trends, needs and resources will lead to a more effective system, increased savings, and more efficient use of constrained resources<sup>15</sup>. While in some locations there may be little to no provision of specific mental health services there is opportunity to build the scope and expertise of locally trained health professionals to recognise and respond to mental health issues as part of holistic care. In some regional centers a core service delivery infrastructure of general practice, community nursing, pharmacy and varying levels of visiting allied health services may exist and can be strengthened.

WAPHA facilitates a number of opportunities to build the confidence and capability of the primary care workforce to recognise and respond to mental health issues. WAPHA supports the development and promotion of HealthPathways, a web-based information portal designed to support primary care clinicians plan patient care through the primary, community and secondary health care systems. Specific pathways for mental health and associated conditions are now in place.

## **2. Ensure sustainable investment in mental health service provision**

Both economic and productivity gains for business and the broader community can be achieved through sustainable investment in improving mental health and wellbeing outcomes<sup>16</sup>. Continuity of care, a key feature of quality mental health care is impacted by short terms and uncertain arrangements which impede services ability to develop trust and deliver tangible outcomes with local communities.

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<sup>14</sup> Department of Health Western Australia, 2017, A Fair Share for WA Healthcare.

<sup>15</sup> Department of Health, Western Australia, 2017, Medical Workforce Report 2015/16: Medical Workforce Branch, Office of the Chief Medical Officer.

<sup>16</sup> Mental Health Australia, 2018, *Investing to Save: The economic benefits for Australia of investment in mental health reform* <https://mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018>

Underinvestment in specialist mental health services, particularly child and youth services remains an issue. Despite bearing the peak burden for onset of mental ill health across the lifespan, child and adolescent mental health does not compare with growth funding relative to adult services<sup>17</sup>.

There is a decided lack of mental health nurses, psychologists and mental health social workers in rural and remote areas. Lack of availability, especially outside of the hospital setting puts additional pressure on GPs and Emergency Departments to provide support. Lack of access to specialist consults, for example GPs not having psychiatrists to support them in diagnosis and management remains a significant issue.

To support evidence based planning and commissioning of services across WA, WAPHA in partnership with the Mental Health Commission is finalising WA's first comprehensive Integrated Atlas of Mental Health, Alcohol and other Drugs - Western Australia (the Atlas). The Atlas identifies services currently available throughout the State and will help to identify gaps and potential duplication.

### **3. Increase commitment to prevention and early intervention**

Evidence indicates that children and young people in regional and remote areas do not have the same opportunity to thrive as other children and young people in Australia<sup>18</sup>. Models such as *HeadSpace* offer the capacity to intervene with early and mild to moderate primary care level presentations, however are currently not available in every region.

As part of its framework and approach to suicide prevention, WAPHA is the national chapter of the Alliance Against Depression (AAD). The AAD was established in Leipzig in Germany in 2008 following 5 years of field-based research- focusing upon the identification and treatment of depression. The AAD is based upon the European AAD model region of Nuremberg (The Nuremberg Alliance Against Depression) which resulted in a reduction of suicidal acts (-24 per cent in two years) by implementing the four-levelled approach.

The AAD comprises of four levels of integrated community- based interventions including; increased identification and treatment of depression from general practitioners and other specialised mental health professionals, destigmatising depression and talking about the prevention of suicide through a public awareness campaign, alliance and co-operation with community facilitators and stakeholders through mental health and gatekeeper training, and support for high-risk patients and their relatives through programs, helplines and peer support groups.

### **4. Invest in a variety of supports and approaches to meet local needs**

Effective mental health services need to be tailored to the needs of individual's and be delivered in a timely and appropriate manner by the right professional. This is challenging to achieve within a geographically sparse population. Distances can be large, technology can be sporadic and appropriate workforce may be lacking. Ongoing vacancies or high turnover

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<sup>17</sup> McGorry P et al, 2018, Upstream of EDs, downstream of headspace: helping the "missing middle" <https://www.doctorportal.com.au/mjainisight/2018/17/upstream-of-eds-downstream-of-headspace-helping-the-missing-middle/>

<sup>18</sup> Human Rights Commission, 2018, Submission to the Senate Community Affairs References Committee's inquiry into the accessibility and quality of mental health services in rural and remote Australia

of staff impede service continuity, and visiting services may not be appropriate to manage the issues.

A comprehensive and coordinated approach is needed that leverages both local and universal service capacity and intelligence. It cannot be assumed that models of service that are effective in metropolitan areas translate to rural and remote settings, nor that once approach will be effective for every community.

WAPHA works collaboratively with a range of stakeholders and communities as well as undertakes population health needs assessments to inform and prioritise its approach both in place and across WA as whole.

Digital mental health services can improve the accessibility of quality therapies in rural and remote areas. E-mental health, incorporating internet-based therapy programs and telehealth services, offers one solution to the gaps in service delivery. However, utilisation is predicated on availability of stable and effective infrastructure, target group suitability, participant knowledge, trust and willingness to use the medium. Connectivity issues in remote areas can result in limited access and a burden on the patient to have appropriate equipment.

In 2017 WAPHA procured a new model of care, in line with reform stemming from development of the 5th National Mental Health and Suicide Prevention Plan. The new Integrated Primary Mental Health Care approach targets patients referred by a GP with mild to moderate conditions and functionality and includes the use of a virtual clinic, telephone and face to face modalities. The intent of the new model is to ensure patients have access to the right level of mental health care, in the right place and at the right time.

The virtual clinic operated by Access Macquarie University (PORTS) has the capacity and capability to reach most of the main populated areas of each region across WA, improving equity of access to some of the most vulnerable communities.

To add value to the virtual clinic, face to face engagement is offered to meet the needs of those who a virtual clinic is not appropriate, including young people under the age of 16 years. This is delivered by ORS Psychology in the metropolitan region and various local service providers (Mental Health Portals) across regional WA. Both the virtual clinic and face to face components of the service provide psychological brief intervention services.

People with severe and complex mental illnesses, whose needs are predominantly managed in primary care are offered care management via the MH Connex program in the metropolitan area and via the mental health portal providers in Country WA.

## **5. Ensure tailored support for culturally diverse groups**

Evidence indicates that people from culturally diverse backgrounds can face barriers when accessing or attempting to access timely and appropriate mental health care<sup>19</sup>. Tailored mental health support for Australians from multicultural backgrounds helps to ensure that the system reflects and responds well to Australia's diverse population, and that quality and culturally-responsive care is available to everyone.

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<sup>19</sup> Mental Health in Multicultural Australia, 2014, Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery

For Aboriginal communities in the remote areas, clinician consistency and an understanding of the local culture is essential. For many, provision of a service in a culturally safe place such as under the shade of a tree rather than a clinical office or via digital means is preferred and results in better outcomes.

WAPHA supports community organisations across WA to build their capacity to deliver culturally secure services. WAPHA has been represented on the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Critical Response reference group and have agreed in principle to ensure initiatives are informed by the ATSISPEP report recommendations.

## **6. Invest in building the evidence base**

Given the vastly different characteristics and needs between metropolitan and regional areas as well as between rural and remote areas across Australia, a rigorous program of research and evaluation would substantially enhance the implementation of new service models in rural and remote areas.

Investigation of international policies and models of care utilised in settings with similar characteristics in terms of remoteness and population sub groups may offer useful insights for comparison. A rapid review of approaches used in in Alberta Canada, Lapland and Labrador could be considered for relevance. Particularly given access to local data regarding mental health and suicide can often be limited in availability and/or delayed.

## **7. Support development and retention of a local workforce**

There is a clear need for locally-based services, based on local knowledge and consultation, and provided by local organisations. Living and working in a community often provides insight and credibility that can be difficult to achieve as a transient or fly in fly out worker.

As mentioned in Recommendation 1, budget measures to improve the primary care workforce via an increased focus on training and retaining locally trained practitioners should be prioritised. Evidence suggests that GPs trained in a particular geographical location are more likely to remain in that community once qualified<sup>20</sup>.

In addition to specialists, trusted members of the community may be well placed to see and understand issues early. As a part of the community they can help connect and enable other support services and professionals to offer support when needed.

A broad range of activities and participants should be considered to leverage and enhance existing community resources and extend beyond just a focus on health services. Supportive networks comprised of social, physical and civic groups can help to provide a range of community-based psychosocial supports to supplement mental health treatment. Opportunities to facilitate social connectedness and build community capacity will likely benefit mental health and sustainability of interventions. Efforts to reduce stigma regarding mental health including community training can help to build a more inclusive and supportive community overall.

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<sup>20</sup> Snowball, K, 2016, Maintaining an Effective Procedural Workforce in Rural Western Australia



WAPHA is currently considering opportunities for capacity building to front-line agribusiness workers to prepare for an anticipated increase in demand for mental health and suicide prevention service in drought affected areas. This will assist in building resiliency, enabling self-supporting communities, and support a move from crisis management to risk management and preparedness.

Mental health consumers and carers are an existing resource within local communities and with the right support, training and connection with health services can provide a peer support network that is proven to assist recovery outcomes. The Fifth National Mental Health and Suicide Prevention Plan acknowledges the importance of lived experience in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences.

## **8. Facilitate inter-agency cooperation and accountability for shared outcomes**

Consumer and carers expect cooperation between various agencies, levels of government and the public and private system. In many regional areas, resources are stretched and cannot cope with demand. Lack of coordination can result in duplication and missed opportunities.

Accountability for shared outcomes can help to facilitate and improve inter agency cooperation and effectiveness. The Sustainable Health Review<sup>21</sup> recognises the need for more proactive partnering to meet consumer and community expectations for seamless access to support across sectors and systems. The review supports the move to funding models that are person centered and incentivise performance and collaboration. This approach is further supported by the findings from the WA Government's Service Priority Review<sup>22</sup>.

The review also supports the development of agreed outcomes that work for consumers and their carers, health partners and other organisations, and the community as a matter of priority. PHNs, public health services and other health and social care sectors have a responsibility to work better together to plan, commission and evaluate services.

WAPHA actively looks for opportunities to bring a broad range of stakeholders and services together to map and coordinate services at a local level. WAPHA utilises committees comprising local stakeholders across Country WA to help identify and assess community mental health and alcohol and drug needs, options and development of place based responses.

WAPHA is particularly interested in leading and being part of alliances and coalitions to collectively advocate and take action on shared goals. WAPHA is part of expert reference and advisory groups including those focused on the mental health and alcohol and drug workforce and research into the wellbeing and mental health impact of fly-in fly-out arrangements. WAPHA is also exploring opportunities to work more closely with the

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<sup>21</sup> Department of Health, Western Australia, 2018, Sustainable Health Review Interim Report Summary.

<sup>22</sup> Government of Western Australia, 2017, Working Together: Service Priority Review. Final Report

agencies responsible for primary industry and regional development to increase links between organisations to improve reach to marginal communities.

### **Concluding remarks**

WAPHA supports a collaborative approach to improving coordination throughout the entire health care system to improve mental health. WAPHA is eager to continue to work collectively to address health inequity and appreciates consideration of our submission. If you wish to discuss our recommendations in more detail, contact WAPHA