

## **INQUIRY INTO THE ACCESSIBILITY AND QUALITY OF MENTAL HEALTH SERVICES IN RURAL AND REMOTE AUSTRALIA**

**Thank you for allowing me the opportunity to speak on behalf of the Nunyara Aboriginal Health Service, located in Tully St in Whyalla. The health service is a community controlled Aboriginal health organisation for which I have worked as a general practitioner in a fly in fly out capacity since early 2010. I also work at the Seacombe Medical Centre, a general practice in southern Adelaide. In both practices a significant proportion of my work involves diagnosis and ongoing management of mental health conditions.**

**In my submission today I would like to highlight the prevalence of mental health presentations within our patient population, to acknowledge some of the underlying contributing factors, and to reflect on my observation of our patients' experiences, particularly with regard to accessibility of mental health services. As I talk to you today, I am mindful that I am speaking as a white person, on behalf of the Aboriginal people in this community, with all the privilege that this position holds. My representation needs to be understood as an observation from that perspective rather than a voice of authority on cultural matters.**

**Upon receipt of your invitation to speak at this inquiry, I took the opportunity to audit the last 3 years of patients presenting to me at Nunyara. 1 in 5 of my consultations in the preceding 3 years have focussed primarily on management of mental health conditions. Of these consultations, ½ of the primary diagnoses involved mood and anxiety disorders, including post traumatic stress disorder, 1 in 7 were substance use disorders, and 1 in 14 involved a psychotic disorder.**

**It is my experience at Nunyara that although not always the primary presenting complaint, mental health issues form the backdrop for the majority of the issues I see. I would say that these are generated largely through the combination of poverty and lack of meaningful employment, experience of chronic repeated trauma across the lifespan, issues around grief and loss, multiple situational stressors, difficulties with engagement with ongoing education and chronic physical ill health including a large number of people who have chronic pain. The impact of the physical and emotional distance many people have from their own identified land is also not to be underestimated.**

**I would like to make note particularly of my experience with youth in Whyalla. It is my observation that the rates of mental illness in this adolescent population are extremely high and that there is opportunity at this point for intervention before the illnesses become chronic and significantly inform the course of the adult life of these young people.**

**With respect to preschool and primary school age children, there is a higher than average prevalence of neurodevelopmental disorders. This is compounded by reversible factors such as middle ear disease causing hearing impairment and the reduced access to ENT services. The lack of accessibility to such services to address physical impairments in rural and remote areas, augments the severity and persistence of mental health issues in these communities.**

**Whilst struggling with the multitude of factors that create the template for the poor health outcomes that we see in Aboriginal communities, the Aboriginal people I meet at Nunyara demonstrate a capacity to trust the service to continue to work to meet their needs, and most continue to maintain a focus of care and compassion for others in their family and their community.**

**With regard to the questions of accessibility and quality of mental health services, I would consider these from acute and chronic care perspectives. Although I have had little need to manage mental**

health emergencies at Nunyara, my colleague Dr Richard Hambour has found the emergency mental health services in Whyalla to be appropriately responsive in this setting.

My own experience with the community mental health services in Whyalla, most particularly with the child and adolescent mental health services has been positive. I have found the people who work within these services to be both effective and responsive, encouraging of a team approach to the care of each patient and I have found communication with them to be clear and efficient. Their workload, however appears problematic and my observation suggests that they are under resourced.

The most significant challenge for us at Nunyara is how to improve engagement of our patients with community mental health treatment programmes so as to reduce the burden of chronic mental illness. We have found two major challenges in this regard. The availability of psychologists in a timely fashion through Country and Outback Mental Health Services is problematic. Secondly, we have noted that our patients do not feel comfortable engaging with this system of care when they are offered an appointment. We find the services offered through Centacare, Life without Barriers and Mission Australia to have a higher likelihood of attendance and ongoing commitment to management programmes. I think that the more timely availability of these services plays a significant role here, as well as the co-location of this support with other services which offer practical support in the form of financial counselling, housing support, and domestic violence support. I suspect this is reflective of the challenge of day to day living for some of our patients, who may feel very unwell emotionally but have to prioritise other needs such as looking after children and supporting relatives. This can make forward planning difficult if not impossible.

The difficulties accessing timely mental health support for chronic conditions for both the adult and adolescent populations has led me to do as much of the work of counselling and medication management as I can myself, understanding that this is a poor substitute for a structured therapeutic process led by a properly trained clinician. In this regard, my practice in Whyalla is vastly different from my practice in Adelaide, where availability of psychological support, including no gap services, means that every patient who is willing to engage with therapy is able to access this support in a timely fashion.

A very significant development at Nunyara in the past year has been the capacity of our service to contract Rosemary Wanganeen, a Kurna woman and highly respected griefologist who founded the Australian Institute for Loss and Grief. Her clinical practice is based in Semaphore. Rosemary also provides a fly in fly out service approximately every three weeks to support individuals within our community to address the loss and grief that underpin their lives. Her clinics have become increasingly busy, however her work is limited by the discrete funding models that so often plague Aboriginal Health Services. It is my belief that long term change in health outcomes in our community is inextricably linked not only to socioeconomic change, but also to the capacity of community controlled health services to retain staff who are committed to long term relationships with the people we serve. In this regard it is essential that our service has a funding model that allows us to plan for the future and pledge ongoing support through mental health services such as the one that Rosemary provides. A dedicated psychological service based at Nunyara would likely be far better utilised than off site services, however there has been no funding available for this up to this point.

To summarise, at Nunyara the mental health needs of our patients in crisis are reasonably well addressed within the current system. Accessing ongoing culturally appropriate mental health support services to help manage the burden of disease in the community remains problematic. Co-location of mental health support with other structured services which offer a more “drop in” style service without long wait times appears to increase the effectiveness of these interventions for our patients.

**On site mental health services at Nunyara that have a viable ongoing source of funding so as to build trust and respect within the community would be a high priority for me.**