Wednesday, 2 May 2018

Submission to the Senate Community Affairs References Committee inquiry into the accessibility and quality of mental health services in rural and remote Australia

EXECUTIVE SUMMARY

We believe all Australians should have access to quality mental health, regardless of postcode. The MindSpot and PORTS models of service delivery effectively and efficiently provide quality digital mental health assessment and treatments to rural and remote communities.

1. The MindSpot and PORTS Clinics are digital (telephone and online) mental health services.
2. The Clinics provide online and telephone assessment and treatment services to Australian adults with anxiety and depression.
3. These Clinics aim to complement existing services and are particularly useful at addressing workforce and workload issues which often afflict rural and remote mental health services.
4. Since launching, more than 90,000 Australians have registered to use MindSpot and PORTS, with a large proportion from rural and remote Australia.
5. The Clinics overcome geographical and parochial barriers that can prevent access to mental health services by rural and remote communities.
6. The model of care is flexible. In places where internet access is unreliable, consumers receive treatment materials via post, supported by weekly telephone contact from a health professional.
7. The Clinics provide a valuable service option in instances of workforce shortages, or in instances where local referral is not appropriate or possible.
8. The Clinics are safe, clinically and cost-effective, and are highly acceptable to consumers.
9. Funding for digital mental health services is project-based. Thus, it is difficult to promote these Clinics as sustainable service options.
10. We encourage the Government to realise the potential of the mental health services by investing and scaling-up successful models, such as the MindSpot and PORTS Clinics.

INTRODUCTION

We welcome the Senate Community Affairs References Committee inquiry into the *Accessibility and quality of mental health services in rural and remote Australia*. This submission draws on the experiences of two world-leading digital mental health services delivered by Macquarie University:

1. PORTS

The Practitioner Online Referral and Treatment Service (PORTS) is a State-wide primary mental health service commissioned by the Western Australia Primary Health Alliance (WAPHA).

PORTS assists GPs in caring for patients with anxiety, depression and substance use problems. Since its inception 12 months ago, 500 GPs from across WA have registered with PORTS and 1000 GP-referred patients have undertaken PORTS services with strong growth expected in the next 12 months. The service helps GPs to quickly refer patients to digital mental health services.

PORTS provides mental health assessments and free therapist-guided telephone or online treatment courses to help Western Australians aged 16 years. PORTS also co-ordinates with other services to facilitate patient access to face-to-face services or crisis services, if required. The referral service provides timely reporting back to the GP and allows them to track patient progress.

2. MindSpot

The MindSpot Clinic is the world's first national mental health service providing both internet and telephone-delivered assessment and treatment services to Australian adults with anxiety and depression. MindSpot is fully funded by the Department of Health, Australian Government. The service is delivered by Macquarie University and has been operating since December 2012.

MindSpot provides confidential online and telephone mental health assessment and treatments courses. It also supports patients to locate and access local services that can help. The treatment courses are clinically effective are were developed and evaluated at Macquarie University with consumer input in clinical trials with more than 5,000 people.

An evaluation of the first 30 months of service revealed that more than 30,000 Australian adults registered to use MindSpot, many of whom had no previous experience with mental health care. The evaluation showed that the outcomes of routine treatment provided by MindSpot were comparable to those observed in controlled clinical trials and with benchmarks of face-to face CBT treatments[1]. The treatment courses produce significant clinical improvements in at least 70% of people and more than 90% of patients report they would recommend the treatments to a friend with similar symptoms.

Demand for MindSpot has increased, and today more than 20,000 Australians register to use MindSpot each year. To date, more than 90,000 Australians have now registered to use the Clinic.

TERMS OF REFERENCE

c) The nature of the mental health workforce

Issues
Difficulties in recruiting and retaining qualified health workers in rural and remote areas of Australia are well documented. The *National Mental Health Workforce Strategy* (2011) outlines several challenges particular to mental health workers including fewer options for referral, and longer hours with on-call and emergency requirements[2]. The latter problems are reiterated in the Australian Institute of Health and Welfare publication, *Mental Health Services in Australia* which reports in 2015 the ratio of mental health care workers (psychiatrists, mental health nurses and psychologists) to citizens in major cities dwarfed the ratio of workers to citizens in regional and remote areas[3].

Our experience
The *National Mental Health Workforce Strategy* (2011) recommends that technologies be used to provide digital services and support rural and remote mental health workforce[2]. Both MindSpot and PORTS have demonstrated that such digital mental health clinics can effectively serve rural and

remote communities, helping to alleviate the workload of overstretched local mental health workers.

Both Clinics provide GPs with an additional tool in their arsenal of mental health treatments. Once a GP refers a patient to MindSpot or PORTS, the patient is typically contacted by a clinician within two working days. This is significantly faster than the traditional referral pathway. Excitingly, studies of the effectiveness of our Clinics' online treatment courses have shown that patient outcomes are comparable to patient outcomes of traditional face-to-face programs. At least 90% of GPs have reported satisfaction with the assessment report and process. More than 90% of users would recommend PORTS or MindSpot to a friend.

d) The challenges of delivering mental health services in rural and remote regions

Issues
The *Mental health services in Australia* report states that there were 102.6 full-time workload equivalent (FTE) psychologists per 100,000 citizens in major cities compared to 60 FTE in inner regional areas and 23.2 FTE in very remote areas. The provision of mental health nurses is a little more equitable with 90.4 FTE per 100,000 and 80.3 FTE in inner regional areas, but only 31.6 FTE in very remote areas[3]. The low health care worker to citizen ratios highlight the vulnerability of mental health services in rural and remote regions.

Our experience
In 2017, a large primary mental health service provider in the Pilbara region of WA experienced clinical staffing problems leaving them unable to meet the demand of mental health assessments and treatments in the region. As a result, there was a three-month backlog of people from the Pilbara waiting for mental health assistance.

During this time, the newly established PORTS service provided resources to support the overstretched local service. Acting remotely from Sydney, the PORTS clinicians provided expert assistance in assessing and guiding treatment for people from the Pilbara. In this way, PORTS acted as a safety net for a rural community until the local service provider was able to restore their own clinical network. This is an example of how digital mental health services can bolster clinical support to rural and remote areas.

Both MindSpot and PORTS also regularly work with people who have unreliable internet or telephone access. This is particularly relevant for rural and remote consumers, including fly-in fly-out workers. To ensure ongoing support to these people, both Clinics provide electronic, and paper and pencil versions of materials, with telephone or online support when possible. This flexible model of using blended methods of engagement has proven to be popular and effective.

e) Attitudes towards mental health services

Issues
A common barrier to seeking treatment for mental health issues in rural and remote communities is fear of stigma, partly because it is difficult to maintain privacy in small and more insular communities. Along with 'rural stoicism', stigma makes it more likely that rural people will withdraw rather than seek help from appropriate mental health and support services[4].

Our experience

Digital mental health services can provide an effective method of not only overcoming negative attitudes towards mental health services but can also improve the accessibility of quality therapies in rural and remote areas.

Our overwhelming experience is that many rural and remote consumers access our digital Clinics not only because of access barriers due to geographical reasons, but also because of concerns about stigma, privacy, and confidentiality. In addition, our Clinics serve a large number of health professionals working in rural and remote regions, who prefer to use our Clinics rather than local clinics for their own mental health needs.

Published outcomes from MindSpot indicate that the digital model of service provision appears to a broad cross section of the population. For example, the proportion of users from each of the states and territories, rural or remote regions and indigenous Australians closely match national statistics[1], indicating that these services are able to equitably improve access to care across communities. Results also indicate that most patients (82%) are not in contact with mental health services, and 35% have never spoken with a health professional about their symptoms. Moreover, less than half had a GP with whom they would discuss their mental health[1].

f) Opportunities that technology presents for improved service delivery

Both MindSpot and its associated GP- focused service, PORTS are successful examples of innovative national models of digital mental health service delivery that are proving to overcome barriers of accessibility in rural and remote communities.

1. MindSpot and PORTS are reaching people who might not otherwise receive treatment
    a) The age range of consumers is 16 – 93 years, with a mean of 38 years.
    b) More than 38% of consumers live outside metropolitan areas, with 20% from remote Australia.
    c) More than 33% of MindSpot participants have never spoken to a health professional about their symptoms.

2. MindSpot and PORTS are highly acceptable
    a) More than 90% of users report they would recommend the Clinic to a friend.

3. MindSpot and PORTS provides high quality treatment outcomes
    a) All treatment courses are evidence-based.
    b) Users receive weekly support from trained and carefully supervised mental health professionals.
    c) Users receive follow-up 3 months after treatment.
    d) Clinical outcomes are excellent, and comparable with high quality face-to-face care.

4. MindSpot and PORTS are cost-effective
    a) An independent cost analysis conducted by Deakin University demonstrated that the MindSpot Clinic is highly cost effective and represents excellent value to Government.
    b) Consistent with this, clinicians employed at MindSpot and PORTS manage significantly higher caseloads than traditional services, with no reduction in safety, effectiveness, or patient satisfaction

5. MindSpot and PORTS integrate with existing services
   a) MindSpot and PORTS pro-actively co-ordinate with health professionals nominated by a consumer, helping to provide integrated and seamless care for consumers.
   b) The Clinics work closely with other local and national mental health service providers, and refer patients to such services as appropriate.

RECOMMENDATIONS

While digital mental health services are not a panacea and are not designed to replace face-to-face services, we are convinced of the potential benefits of online treatments as part of a comprehensive national framework for mental health services.

To ensure the future development and growth of digital mental health services, we propose the following recommendations:

1. Government must make a policy commitment to developing the digital mental health sector. This should include scaling up effective models such as MindSpot and PORTS. However, we also strongly encourage the Government to reduce duplication of resources and services in order to avoid confusing consumers, health professionals and other key stakeholders.
2. The MindSpot Clinic currently receives two-year project-based funding, which represents a significant risk to the public's perception of the sustainability and reliability of our services. We recommend moving to five-year funding terms, with timely processes for review, contract renewal and continuation.
3. The digital mental health model of care has been enormously successful for adults with anxiety and depressive disorders. We believe that this model of care can be effectively extended to other health conditions to both improve access and to reduce symptoms. Specifically, we strongly recommend that the MindSpot and PORTS models of care be extended to include services for supporting the care of people with chronic health conditions.
4. We recommend that the Government continues to promote digital mental health services through program such as the eMH Prac project, currently funded by the Australian Department of Health.

Finally, we wish to acknowledge the support and assistance of the Australian Department of Health and WAPHA for their support and encouragement in developing this successful model of care, which is reducing barriers to care for thousands of Australians each year.

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[1] **Titov N, Dear B, Staples L, Bennett-Levy J, Klein B, Rapee R, Andersson G, Purtell C, Bezuidenhout G, Nielssen O (2016) The first 30 months of the MindSpot Clinic: Evaluation of a national e-mental health service against project objectives.** *Australian and New Zealand Journal of Psychiatry* **51, 12, p. 1227-1239 13 p.**

[2] **National Mental Health Workforce Strategy (2011), Mental Health Workforce Advisory Committee, aihw.gov.au/getmedia/f7a2eaf1-1e9e-43f8-8f03-b705ce38f272/National-mental-health-workforce-strategy-2011.pdf.aspx**

[3] **Mental Health Services Australia (2015), AIHW, mhsa.aihw.gov.au/services/medicare**

[3] **Mental Health Services Australia (2015), AIHW, mhsa.aihw.gov.au/services/medicare**

[4] **Hoolahan B (2002) *'The Tyranny of Distance'. Issues that impact on mental health care in rural NSW.* NSW Centre for Rural and Remote Mental Health, Orange, NSW**