



**REGIONAL
AUSTRALIA**
INSTITUTE

Accessibility and quality of mental health services in rural and remote Australia

Submission to the Senate Community Affairs Reference Committee

Submitted: 16 May 2018

Submission

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This submission was prepared by Lynne Duckham, Leader of the RAI's Regions in Transition Inquiry Program. The RAI is grateful for assistance provided by University of Newcastle students Tynan Salamone, Caroline Cosgrove, Luke Parry, Grace Haddow, and Bonnie Strefford, who contributed to this submission as part of their degree program.

1. Executive Summary

Key points

- The number of psychologists practising in small towns increased between 1981 and 2011, but most of the increases were in larger, less remote places.
- While the proportion of small towns with a psychologist increased in inner and outer regional areas between 1981 and 2011, it decreased for towns in remote and very remote areas.
- People living in rural and remote small towns have lower life expectancy, higher rates of disease and injury than do people living in urban areas.
- There are substantially higher rates of developmental vulnerability of children in rural and remote areas.
- The more the remote the town, in general, the poorer its' per capita access to the professionals who can best address developmental vulnerability.
- In 2011, with only 5, 22, and 29 psychologists in very remote, remote, and small towns respectively, this was well below the national average of 87 per 100,000 population
- The importance of location of the psychologists and therefore accessibility of services for remote residents, is critical to the provision of a successful service.
- Quality client health service provider relationships are important for quality psychological services.
- The 2017 Government budget Medicare rebate initiative requirement of face-to-face meetings within four meetings, is a barrier to take-up of digital delivery of quality psychological services for people in regional and remote Australia
- Digital technology, whilst providing new opportunities for interaction, are also hampered by issues of digital capacity and the need to define the most appropriate role of digital support in providing services.
- A focus on preparedness and resilience of individuals and families in rural and remote regions not just mental health treatment will assist in the management of mental health illness
- Personal advocates (champions) have a critical role in assisting people with early management of mental health issues, particularly in regional areas with limited access to services.
- There is a need for a dedicated mechanism to provide program flexibility for rural and remote Australia.

The Senate Inquiry into the accessibility and quality of mental health services in rural and remote Australia is recognised by the Regional Australia Institute (RAI) as extremely important for regional Australia as the impacts of mental health - on both the individual and the community as a whole - are becoming better understood, and the need for action is critical.

The Regional Australia Institute (RAI) submission focuses on the following two Terms of Reference:

- (c) The nature of the mental health workforce
- (f) opportunities that technology presents for improved service delivery.

On the first aspect, we present the results of a 30-year longitudinal study of small towns' access to psychological services. We discuss the disparity between psychological services available to regional and remote areas, and the decrease of services to developmentally vulnerable regions.

Secondly we consider the opportunities and barriers provided by greater use of technology throughout Australia. We recognise the need for and role of face-to-face consultation and its importance in the successful provision of psychological services in regional Australia to address mental health issues. Whilst commending the Government's 2017 budget initiative that Medicare would support video-based psychological services across Australia, it also highlights the issues associated with these rebates requiring face-to-face meetings, despite remoteness of clients and poor accessibility to service providers

We highly recommend the need to recognise the unique situations of particularly remote Australia, and the impact distance, infrastructure and capacity have on accessing psychological services.

Recommendations

1. That the government review for a more accessible and quality service, the mandated Medicare rebate requirement of face-to-face meetings, as part of digital psychology services provided to clients in regional and remote Australia.
2. That within new regional health programs, consideration be given to improving support, incentives and ongoing upskilling of psychologists in particular, and other mental health service providers working in regional and remote Australia
3. That the government consider improved mobile mental health and psychological services for improved accessibility and quality of service provision that will assist in addressing developmental vulnerability.
4. That personal advocates (champions) and their role in mental health prevention measures be given greater priority through their inclusion in mental health mediation training.
5. That the government establish a dedicated mechanism to provide flexibility for rural and remote Australia in relation to resource allocation, and flexibility of approach to reform and regulatory design.

2. Context

As the national independent research organisation devoted to Australian regional development issues, the Regional Australia Institute (RAI) acknowledges the increasing recognition of mental health issues in regional Australia and their impact on the wider community and a region's stability and growth.

Whilst the RAI is not a mental health provider, our work has highlighted the plight of access to medical services generally, and psychological services in particular, for Australians living in remote, rural and regional areas.

Therefore, for this Inquiry, we present recent longitudinal research on the availability of psychologists in small towns, and a concern about the structure of enabling digital delivery of psychological services in regions. We address the following Terms of Reference:

- (c) The nature of the mental health workforce
- (f) opportunities that technology presents for improved service delivery.

3. The nature of the mental health workforce

Our research supports the findings of the National Rural Health Alliance. They have found that “people in rural and remote areas face a range of stressors unique to living outside major cities. These include a greater prevalence of some chronic conditions and disability, and generally poorer health. Rates of smoking, risky drinking and illicit drug use are also higher. There are fewer employment opportunities leading to lower incomes and less financial security. There is greater exposure and vulnerability to natural disasters, while rates of overcrowding, housing stress, and homelessness are higher”ⁱ. The health of people living in these areas can also be exacerbated by economic shocks and the transformation of their communities and livelihoods.

Therefore, we present here some recent research on the accessibility of psychological services in small towns in regional Australia; as part of a long term study released last year, on availability of professional services in small towns.

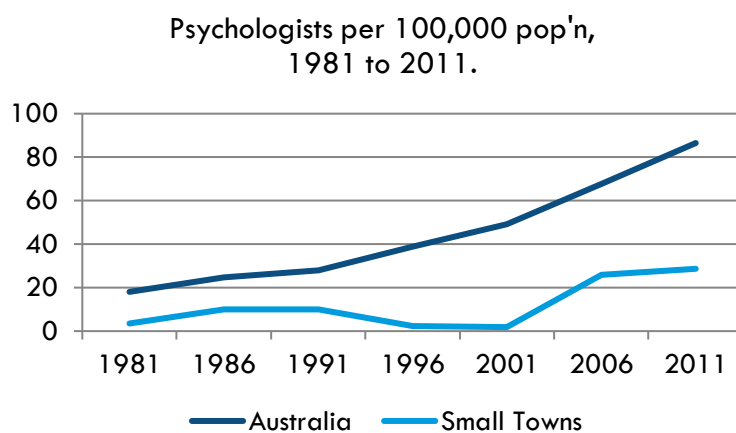
In these towns that are outside of metropolitan areas, and have a population of between 200 - 5,000 residents, people continue to experience poorer health outcomes than their fellow Australians. Those living in rural and remote small towns have lower life expectancy, higher rates of disease and injury than do people living in urban areas. Our research found that a small town's access to a psychologist, is influenced by its remoteness and its size.

Our analysis of how service delivery in small towns has changed over the last 30 years, has shown that there have been very few psychologists practicing in very remote parts of Australia. We found that the number of psychologists in small towns increased from 1981 to 2011 (40 to 521); but that this increase was from a low base and occurred alongside a much bigger increase in the number of psychologists in metropolitan areas. Even worse, we found that between 1981 and 2011, this gap had

widened (Figure 1, below). In 2011, there were only 5 psychologists per 100,000 very remote area residents; 20-21 psychologists per 100,000 residents in less remote rural areas; and 29 per 100,000 people in small towns. All numbers are well below the national average of 87 psychologists per 100,000 residents. This is substantial given the concentration of mental health issues and suicides in regional and remote Australia

From 1981 and 2011, the proportion of small towns with a psychologist, while increasing in inner and outer regional areas, decreased for towns in remote and very remote areas. The study findings are summarised in Figures 2 and 3 and Tables 1 and 2.

Figure 1: Per-capita rates of psychologists 1981 to 2011.



A recent initial review of 2016 data indicates that whilst access to psychologists continued to slowly increase at a similar rate both nationally and in small towns, the gap between Australia nationally and small towns remains significant.

4. Access to services and developmental vulnerability

Our research has shown that the poor rates of access to psychologists in small towns also coincides with substantially higher rates of children's developmental vulnerability in regional and remote areas. Towns with populations under 1,000 record lower per-capita rates of psychologists, preschool teachers and social welfare professionals than do towns with larger populations. Developmental vulnerability is associated with poorer long-term health, educational and social outcomes.

In general, the more remote a small town, the poorer its per-capita access to the professionals who can most effectively address developmental vulnerability. For example, in towns in very remote areas where the rate of developmental vulnerability is close to double that of major cities, per-capita access to psychologists and preschool teachers is lower than in any other part of regional Australia. It is crucial

that these service gaps be addressed. Figure 2 maps the psychologists’ availability across Australia while Table 1 provides the data for the number of small towns (by size) without psychologists.

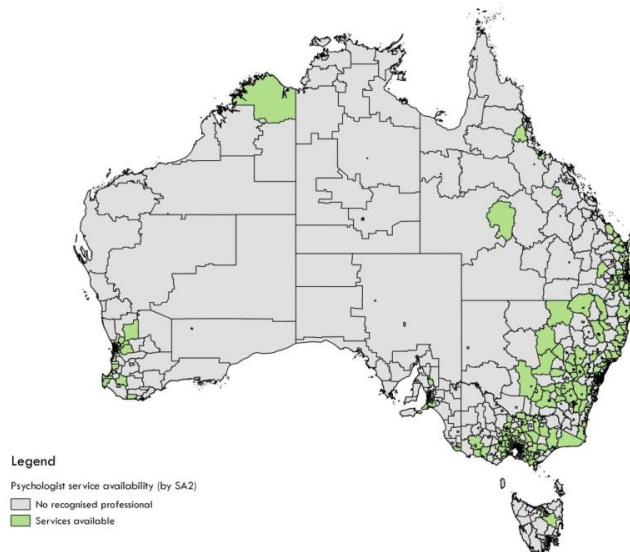


Figure 2 - 2011 psychologist service availability (by SA2)

Table 1 - Small towns with no identified psychologist (1981 and 2011, by UCL and town size)

	Below 1,000		1,000 to 2,499		2,500 +	
	1981	2011	1981	2011	1981	2011
Total number of towns without a recognised psychologist	533	1,001	256	311	309	112
As a proportion of all Australian small towns	91%	100%	81%	93%	70%	60%

a. Tyranny of distance and opportunity

The importance of location of psychologists and therefore accessibility of services for remote residents, is critical to the provision of a successful service. With so few service providers, it is very hard for clients needing help in rural and remote areas to find and access a psychologist within a reasonable distance of their home base.

In 2017 online psychological services for remote patients became eligible for a Medicare rebate. Meeting the telehealth Medicare rebate mandated requirements includes having “an eligible mental health condition and a referral from a GP, psychiatrist or paediatrician”.ⁱⁱ Eligible clients can then annually receive up to 10 sessions with a mental health professional. However one of the first four sessions must be a face-to-face consultation. In the more remote regions it is well over a day’s drive to the nearest psychologist, and even further to reach in person, a psychologist who is also able to deliver services via video link. Table 2 below shows the increasing number of towns identified by remoteness - without a recognized psychologist.

	All small towns		Inner Regional small towns		Outer Regional small towns		Remote and Very Remote small towns	
	1981	2011	1981	2011	1981	2011	1981	2011
Total number of towns without a recognised psychologist	1,098	1,455	436	674	460	505	155	249
As a proportion of all Australian small towns	99%	94%	99%	91%	99%	95%	76%	89%

Table 2 - Small towns with no identified psychologist (1981 and 2011, by UCL and remoteness)

Whilst technological advances are enabling telehealth psychological services to reach more people, to fulfil the requirement to meet face-to-face, either the client will need to travel to meet in person with their service provider, or mobile service providers will need to increase in number and geographic dispersion, to reach the wider population. The geographical per capita limitations of psychological services is shown in Figure 3.

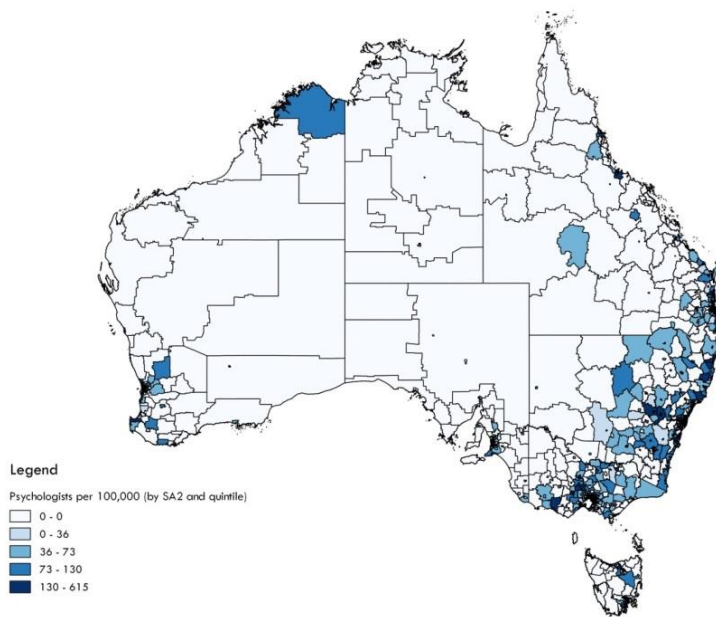


Figure 3 - 2011 psychologist service per capita availability (by remoteness)

A mobile health care provider team that includes psychologists, or alternatively a dedicated mobile psychology team, may help with addressing the accessibility and face-to-face requirements of a Medicare rebate. They may also limit the options for the client and quality of related psychological benefits as these are influenced by the rapport and relationship established between service provider and client. Matching psychologists to clients is a very important part of any successful psychological service.

b. The need for program flexibility

Improved mental health management opportunities in rural and remote areas, can also be found through improved preparedness, resilience and advocacy (championing). These will also assist with managing mental health issues, particularly in regional Australia. Together with a focus on mental health services as the treatment of the illness, improved prevention measures would assist in building resilience of individuals and communities, when managing the many life stressors faced by those living in remote and rural Australia. Improved self-awareness of potential triggers to mental health issues, and increased understanding of symptoms and management of stressors and behaviours, need to be a major part of any targeted education or awareness program. Destigmatising mental health remains an important factor in seeking early assistance. A focus on these within mental health service provider training would assist in consistent and continuing messaging and appropriate action.

The role of a champion to assist with the management of mental health issues, cannot be undervalued. This is not just when things are recognized as difficult, but also in anticipating the increase of pressures. When people don't feel comfortable talking with a service provider or know how to start seeking assistance, or what type of assistance they may need, champions can help to bring normalcy back. For some, finding something online may no longer be an option, as things may be too confusing. Champions (advocates) can negotiate on behalf of a person during meetings; liaise between an individual (and/or family) and health professionals; support a person's decision making; and assist with legal processes.

Champions may be a family member or friend, or a rural financial advisor, mental health professional or volunteer who can assist as a go between with what may be stressful situations or persons; such as dealing with debtors, or visiting banks or medical practitioners, on behalf of/with the person under stress who may not be coping with the situation as they would expect themselves to do.

Assistance with managing or averting early stage mental health issues need not just come from the health practitioners, but also through other agencies; as triggers can be related to a person's ability to cope with changing circumstances or unexpected shocks. The rural financial counselling service provides support to farmers by providing information and options, and help with focusing and planning their future. There is a need for similar available services for the rural and remote non-farming businesses and communities.

There are many cases in health and social services where programs provided to rural and remote communities on standardised methods are seen as ineffective and inefficient. The Regional Australia Institute is recommending to governments that they establish a dedicated mechanism to provide flexibility for rural and remote Australia. The aims of this reform agenda for rural and remote Australia includes three components:

1. To respond to the decline of local service capability, governments should initiate reforms to create mechanisms that support economies of scope and pooling of resources in rural and

remote Australia. This will seek an increase in the effective and sustainable local service presence primarily within existing resource allocations.

2. To rectify the inflexibility of program and regulatory design and delivery to rural and remote needs, a mechanism is needed to provide a place for regions to raise these issues which has the power to achieve genuine changes. This will reduce the barriers to government responding to place based issues and validate regional efforts to seek change.
3. To drive innovation and extend positive changes across government, policymakers need a place to experiment and the capacity to spread the good of proven local innovations. This reform will develop over time a set of systemic reforms that will provide widespread and enduring change for rural and remote Australia

These reforms would directly impact on the nature of the mental health workforce and the provision of quality mental health services in rural and remote Australia. Their measure of success would be the specific effects of changes on services and welfare as well the cumulative impact on the health, education and well-being outcomes in regions. Importantly in a time of constrained resources, the reforms would provide a pathway for governments to seek substantially better outcomes from their foundational investment and reduce the need for special funding of initiatives on top of systems that do not work well for regional people.

5. Digital services and telehealth – access and opportunities

Digital services including call centres and the internet, are a clear priority for many governments looking to improve service delivery across Australia. The use of technology provides an opportunity to access professional services for those unable to visit in person and can also provide a more timely service, particularly for advice on non-life threatening medical issues. The requirement for psychological services however can also range from one health critical extreme to the other: and the need for a reliable and timely support service beyond just the digital, is paramount for quality management.

The government needs to be commended on the introduction and increase of these services; but also needs to acknowledge the limiting issues and challenges of their use. These include the issues of digital capacity (both digital literacy of users and availability and reliability of required bandwidth and connection speed) and the need to define the most appropriate role of digital support in providing services. ⁱⁱⁱ

Digital services are likely to be more effective when they work to support, complement and augment face-to-face services rather than replace them entirely. In health, face-to-face service is still regarded as the first preference, but if this is not available, then virtual follow up can be valuable. ^{iv} As mentioned earlier, the need to be able to provide services to remote areas in particular, requires

reconsideration of the most effective encouragement of access to and take-up of psychological services.

Digital technologies are well suited to augmenting generalist services with specialist services, especially when there is a generalist service professional available to incorporate the specialist expertise.^v Digital services also have potential to coordinate clients or providers, and bring virtual economies of scale in sparsely populated regions. For instance, some studies have found that tele-psychiatry can assist by providing primary care givers with specialised medication advice and decision making, and support them to care for the mental health of patients. However the remoteness of digital non-medicated psychological assistance, depending on the situation, can create a barrier to the quality of the service and benefit from engagement.

Even where internet or call centres can help deliver services to small towns, face-to-face contact is still considered essential. The Black Dog Institute reports that while online technologies increasingly play a role in delivering mental health support to young people in remote and rural areas, it is vital that they be able to directly access a service delivery professional for intensive assistance.^{vi} The cost effectiveness of online and telephone services clearly has to be balanced with access to professionals within the community or region.

In 2017 the RAI heard from several community-based organisations who were very keen to develop innovative business models that would help deliver the kinds of psychological services needed in regional and remote areas. One of the many new regionally based providers (based in Rockhampton) was looking to translate the Government's Medicare rebate policy change into local jobs and business development, as well as improved services for regions.

They were recruiting psychologists from around Australia, to provide regional clients with a diversity of support and certainty of service. However, the chances of a client and psychologist being near each other are very low. There is no likelihood of a service provider near Rockhampton being able to visit a client in Kununurra, for example. In this example and many others, we expect that the mandated telehealth face-to-face session means that the help provided will be ineligible for Medicare support. This will severely limit the benefits of the decision in the areas that need it most, and the choice for regional people in accessing vital services. This also potentially limits the choice of provider for those in regional Australia.

Whilst the importance of face-to-face is well documented and understood, the inherent difficulties to meet in person with the psychologist or client travelling vast distances is a challenge for the successful provision of quality services that attract a Medicare rebate, and also for the successful take up of Medicare rebated telehealth services in remote areas.

6. Conclusion:

We note and commend the Government's 2017-18 new and current commitments as identified in its *Health: Regional Australia – Driving our Economy 2017-18*; particularly the establishment of a Rural Health Commissioner and Pathway for rural professionals, and the commitment to a rural health multidisciplinary training program in 2017-18.

However, there are opportunities for the provision of quality mental health care in rural and remote Australia through a dedicated mechanism to provide the required flexibility for successful programs.

Whilst digital services have the potential to reach more Australians, not all services are accessible nor suitable for all mental health cases. Whilst awareness and education for the use of these services needs to increase and be ongoing, the development of improved training, and increased mobile service teams (including psychologists), would assist in meeting face-to-face requirements and improving the quality and accessibility of psychological services. Personal advocates (champions) also have a critical role in assisting people with early management of mental health issues, particularly in regional areas with limited access to services.

The resilience, mental health and wellbeing of rural and remote Australians can be assisted through improved feelings of respect and of being in control, or being safe. Rural Australia is well known for the ability of its residents to manage things on their own, and not ask for help when needed. Help is also not always available or easily accessible. Whilst improvements have been occurring, more work needs to be done.

A flexible mechanism for delivery of mental health programs to rural and remote Australia would include the encouragement of innovation, pooling of resources and addressing regulatory barriers to service delivery. Flexibility will provide a pathway for governments to seek substantially better outcomes from their foundational investment and reduce the need for special funding of initiatives on top of systems that do not work well for regional people.

7. Recommendations

Recommendation 1: That the government review for a more accessible and quality service, the mandated Medicare rebate requirement of face-to-face meetings as part of digital psychological services provided to clients in regional and remote Australia.

Recommendation 2: That within new regional health programs, consideration be given to improving support, incentives and ongoing upskilling of psychologists in particular, and other mental health service providers working in regional and remote Australia.

Recommendation 3: That the government consider improved mobile mental health and psychological services for improved accessibility and quality of service provision that will assist in addressing developmental vulnerability.

Recommendation 4. That personal advocates (champions) and their role in mental health prevention measures be given greater priority through their inclusion in mental health mediation training.

Recommendation 5. That the government establish a dedicated mechanism to provide flexibility for rural and remote Australia in relation to resource allocation, and flexibility of approach to reform and regulatory design.

Endnotes

ⁱ National Rural Health Alliance. 2017. 'Mental Health in Rural and Remote Australia: Fact Sheet.' Available at: <http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-2017.pdf>

ⁱⁱ <https://www.psychology.org.au/getmedia/fd748495-90e7-40d8-bedb-c3d7999cbb2d/18APS-Telehealth-Consumers.pdf>

How do I know if I am eligible to access telehealth psychological services? To be eligible to receive these services under Medicare for a mental health condition, you must:

- have an eligible mental health condition and a referral from a GP, psychiatrist or pediatrician
- live in an eligible rural, remote or very remote location¹
- be located at least 15 kilometres by road from the mental health professional
- not be a patient of an emergency department or admitted to hospital at the time of the service.

ⁱⁱⁱ *Measuring Australia's Digital Divide; The Digital Inclusion Index 2017* available at [Measuring Australia's Digital Divide: The Australian Digital Inclusion Index 2017'](#)

^{iv} Royal Australian College of General Practitioners, *Submission to the Finance and Public Administration References Committee review of digital delivery of government services, October 2017* available at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/digital_delivery/Submissions

^v Clough, BA and Casey, LM (2011) 'Technological adjuncts to enhance current psychotherapy practices: a review', *Clinical Psychology Review*. 2011 Apr;31(3):279-92

^{vi} Mission Australia and the Black Dog Institute. 2017. 'Youth mental health report: Youth Survey 2012-2016.' Available at: https://blackdoginstitute.org.au/docs/default-source/research/evidence-and-policy-section/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6 page 31