Challenges in the delivery of mental health services in rural and remote Queensland and Northern Territory

NORTHERN TERRITORY MENTAL HEALTH COALITION

Queensland Alliance FOR MENTAL HEALTH

www.qamh.org.au www.ntmhc.org.au

The collaboration

- The Queensland Alliance for Mental Health (QAMH) and the Northern Territory Mental Health Coalition (the Coalition) made a joint submission regarding the sustainability and quality of adequate mental health services in rural and remote communities throughout Queensland and the Northern Territory.

The peaks

- The QAMH is the peak organisation for the community managed mental health sector in Queensland. Representing more than 140 organisations and stakeholders across the State, the QAMH works with our members to build capacity, promote professionalism in the sector, facilitate innovative partnerships and advocate on behalf of people experiencing mental health issues.
- The Coalition is the equivalent peak for the community managed mental health sector in the Northern Territory. The Coalition has a network of 200 individuals, organisations and stakeholders, including 35-member organisations across the Northern Territory.

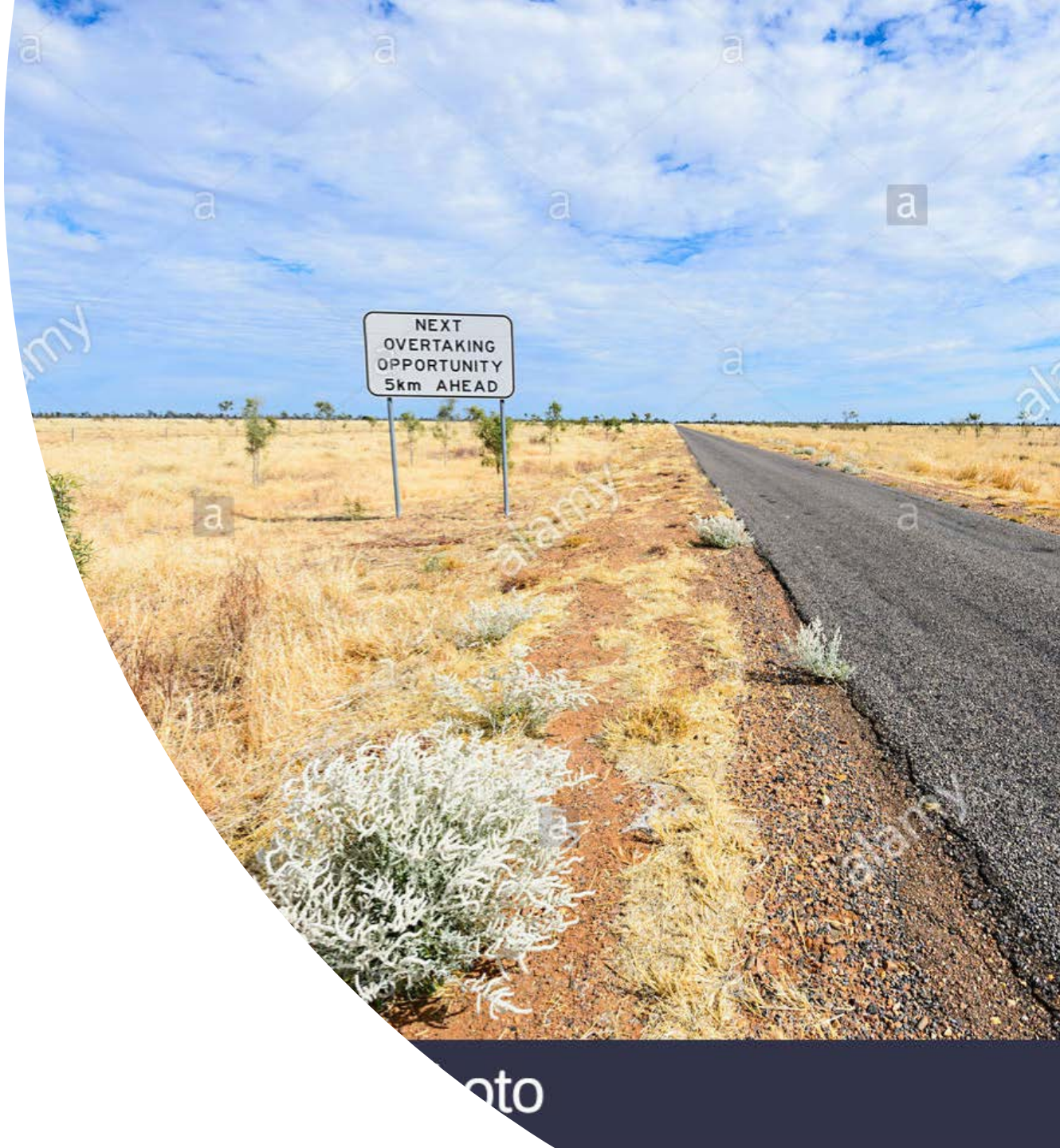
- Both organisations are members of Community Mental Health Australia (CMHA) – a coalition of eight peak community mental health organisations representing all states and territories across the nation.

Rural Remote Mental Health

- This joint submission reflects many of the shared issues and challenges faced in Queensland and the Northern Territory in rural and remote communities. Queensland is the most decentralised state in Australia, with approximately half the population living outside of the Greater Brisbane area. Queensland has the highest proportion of Aboriginal and Torres Strait Islander people of any mainland state, with a significant proportion living in rural areas. Similarly, the Northern Territory has a comparatively small and sparsely distributed population and a high percentage of Aboriginal and Torres Strait Islander people living in remote and very remote communities. Our regional economies were built on the agricultural industry, and they continue to rely on the services provided to that industry.

Going the distance

- Distance is also a very real challenge for a large proportion of our respective populations. The distance between Brisbane and Mount Isa is almost 2,000 kilometres, while it's almost 1,500 kilometres between Darwin and Alice Springs. This poses significant service delivery challenges. People living in regional communities deserve access to the same services as Australians living in metropolitan areas, however ongoing evidence shows regional Australians are being left behind.



Why are rural and remote Australians accessing mental health services at a much lower rate?

Queensland

- The need for privacy when everyone is known to each other
- The difficulty in recruiting health professionals to rural areas. Where they are living in the community they are not able to separate their personal life from their rural setting
- People put running their business (such as a farm) before their own personal health

Medicare Billing Rates

Half the GP services per person in very remote areas as there are in major cities.

Less GP services provided outside traditional hours in rural, regional and remote areas

Mental health-related GP encounters in outer regional and remote and very remote communities is occurring at a far lower level than in more populated centres

Medicare-subsidised mental health-specific GP services in remote areas are occurring at less than half the rate of major cities.

Medicare subsidised mental-health related GP services in very remote areas are happening at nearly one fifth the rate of major cities.

Choice and Control

The costs of delivering remote mental health services can be significant and the current price points under the NDIS have been prohibitive for many providers in the NT. As a consequence, the NDIS does not appear to be producing a wider choice of service options for people with psychiatric disability.

Australian males between 15 and 45 years of age are in the highest risk category for suicide. Across the country, men are approximately 3 times more likely to take their own life than women, and male farmers are dying by suicide at rates significantly higher than non-farming rural males – the further you move from the coast into regional, rural, and remote Australia, the more that figure climbs Queensland Farmers' Federation11

The rate of suicide among men aged 15-29 years who live outside major cities is almost twice as high as it is in major cities. National Rural Health Alliance12

In Australia, it has been found that farmers have suicide rates around 1.5 to 2 times higher than the national average. Queensland Mental Health Commission13

As in many parts of Australia, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people continue to experience stigma and discrimination in the community, including in accessing health services in the NT. Service providers and governments have an important responsibility to improve understanding and responsiveness to the needs of LGBTI people. Northern Territory Mental Health Coalition14

Suicide accounted for over 1 in 20 Aboriginal and Torres Strait Islander deaths in 2015 compared to just under 1 in 50 non-Indigenous deaths. Australian Government15

Higher rates of Suicide

Norther Territory needs identified

Mental Health Service Availability
Shortfalls in child and adolescent services, forensic services and Low Intensity Mental Health Services right across the Northern Territory.
Mental health system is described as being unresponsive to after-hours and on weekends/public holidays.
Remote areas significantly under-resourced for any such services.
Program Funding.
The importance of collaborative approaches to determining the best use of regional mental health funding.
Including the breakdown of silo funding to a region.
Partnership and Competition.
Competitive tendering and complex reporting and acquittal requirements are some of the key dis-incentives for formal collaborations and
partnership between service providers
Workforce.
Priority areas in mental health workforce training is needed across the Northern Territory.
Cultural competency within the context of mental health.
Competencies around responding to the support needs of LGBTI populations, in line with National Practice Standards for the Mental
Health.
Trauma-informed practice, more work is needed to understand trauma information care.
Suicide intervention skills, to identify and upskilling of people in suicide interventions.

Northern Territory workforce

NDIS in the Northern Territory

The rollout of the NDIS in the Darwin regions in July this year still is still a challenge.

Current price-points offer little margin for providers to cover administrative and staff development and support costs.

many people with mental illness and carers are unsure of what the NDIS is?

Continued funding of low-barrier-to-entry programs is essential to ensure that people who experience mental illness and psycho-social disability who are ineligible for NDIS still have access to psycho-social rehabilitation services.

Access Readiness- 1st point G.P

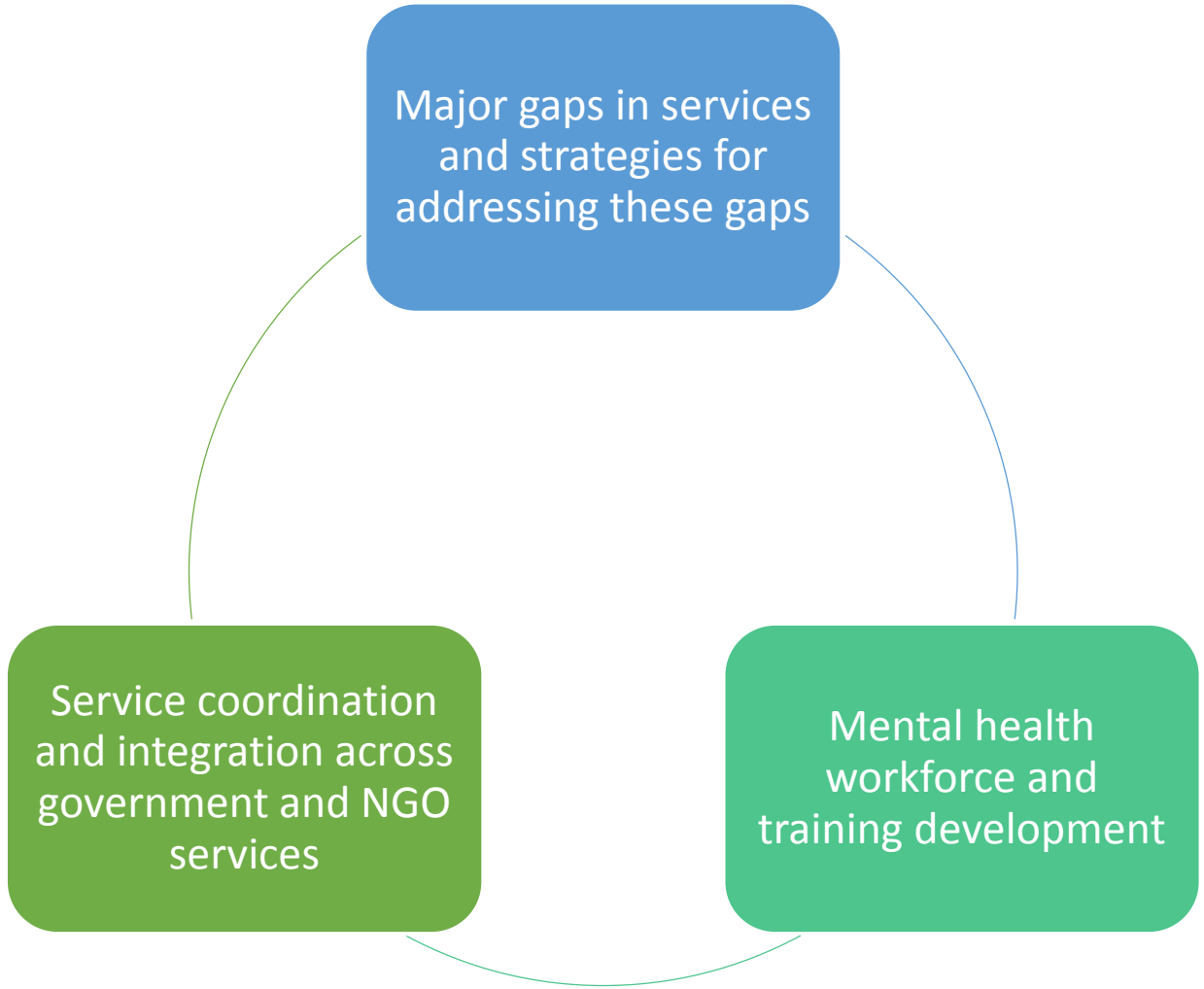
General Practitioners (GPs) were commonly reported to be over-reliant on pharmacotherapy (medicines) as a treatment options.

Limited their awareness and willingness to refer patients to other psychological therapies available in the community sector. There was a lack of understanding of what the services were available and referral pathways for GPs in the Northern Territory.

Suicide Prevention

- Addressing upstream social determinants of health is an issue, the lack of hope, lack of housing, lack of education.
- Development of community-led suicide prevention initiatives – East Arnhem through Miwatj Health is working with local communities to develop and lead prevention initiatives.
- Training for front line services and the community – police, ambulance, night patrols.
- LGBTQI inclusiveness, there needs to be more work done to include the LGBTIQ community in policy develop and programs.
- Increasing access to youth mental health services and Low Intensity Mental Health Services – especially after hours including weekends was raised as an ongoing concern.
- Soft exits and information for carers following attempted suicide and self-harm, people spoke of having a place to go after an attempted suicide, a safe/supported space. Family members spoke of a lack of information, take home information.

Establish a TaskForce



Questions

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