22 August 2018

Senator Rachel Siewert
Chairperson
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senate Standing Committee Members,

Thank you for the opportunity to provide a submission to the Senate Community Affairs References Committee Inquiry into ***Accessibility and quality of mental health services in rural and remote Australia*** ahead of their Public Meeting in Mt Isa 29th August 2018.

Western Queensland Primary Health Network (WQPHN) is geographically the fourth largest PHN in Australia, with a total land area of 956,438 km2 – equating to 55% of the total land area of Queensland. The region is diverse however covers a vast landscape with small communities and villages that face similar issues associated with remoteness, geographic isolation and socio-economic decline. Western Queensland is second only to the Northern Territory in terms of the Indigenous population as a proportion of the total population with 19.4% of the total population identifying as being of Aboriginal and Torres Strait Islander decent, compared with 3.0% for Australia as whole and 4.2% for Queensland.

The WQPHN region has high levels of mental health and AOD disorders and high co-morbidity, a small population spread across widely dispersed communities and a health workforce that is predominantly generalist in nature. Data on the prevalence of mental health and substance use disorders in Western Queensland is poor, however evidence (WQPHN Health Needs Assessment) and experience (through our general practice support activities) support the higher prevalence of mental health and AOD issues because of:

- The high incidence of chronic diseases, and the co-morbidities that flow from these;
- The high proportion of young children at risk;
- The rate of presentations to hospital EDs for mental health concerns is 60% higher than for Queensland overall;
- Compared with the Queensland average, the rate of risky life-time alcohol consumption for adults is 40% higher in Western Queensland and the mortality rate linked to excess alcohol consumption is 49% higher
- The large geographical area and very small population create particular challenges for delivering effective, good quality services to a highly dispersed and mobile population

- Suicide and self-inflicted injury rates are twice as high in Western Queensland than in Australia as a whole, with suicide the leading cause of death in men aged 15-34 years, and substantially higher suicide rates for Aboriginal and Torres Strait Islanders than other Western Queenslanders

WQPHN's vision and direction for mental health, suicide prevention, and AOD services in Western Queensland is centred on comprehensive primary health care and the Western Queensland Health Care Home. The aim is to build healthy communities, families and individuals and to support their wellbeing by having an integrated Western Queensland health system with primary health care at its core, well supported by the Hospital and Health Services (HHSs) and non-government organisations (NGOs).

WQPHN developed the *Western Queensland Mental Health Suicide Prevention and Alcohol and Other Drugs Service Regional Plan 2017 – 2020*[2] collaboratively with regional stakeholders and our Clinical and Consumer Advisory Council. This plan is shaped by the policy context at both the national and state level, including the related Commonwealth guidance for PHNs. Combined with *Commissioning for Better Health- A Bushman's Guide to Commissioning in western Queensland*[3] the WQPHN is seeking to use its commissioning role to bring greater integration, collaboration and patient centeredness within provider organisations across the stepped care domains.

WQPHN receives approximately $4.3 million per annum under the Australian Government's PHN Primary Mental Health Program and commissions a total of 23 service providers across the six Program Priority areas including community based mental health services, local and visiting allied health providers, low intensity and psychological treatment services, mental health nursing support in general practice, youth mental health support (headspace Mt Isa), Aboriginal Community Controlled Health Services (ACCHOs) and alcohol and drug treatment services. The WQPHN adopted a cautious procurement approach to ensure fragile local provider networks have been engaged to harness local knowledge and capability. This approach has enabled significant innovation and redesign of local services within the spirit of the 5th Mental Health Plan and Commonwealth stepped care guidelines. Highlights include expansion of mental health nursing in general practice settings, new alliance contracting and co-design with ACCHOs, introduction of new low intensity services across the catchment in collaboration with Beyondblue, and a modest increase in the number of locally based psychological services.

The nature and underlying causes of rural and remote Australians accessing mental health services at a much lower rate

Remoteness has implications for users of mental health services, in terms of a general reduction in access to necessary services. The people living in WQPHN face a unique set of challenges in maintaining and accessing good health care with poor regional public transport, limited patient and family accommodation, telecommunication constraints and impacts of extreme weather events. Further, services in remote and very remote areas tend to experience difficulty in attracting and retaining the necessary health care staff to service the needs of the population.

Similar to other rural and remote settings, fear of stigma (which impacts on awareness), low mental health literacy, and acceptance of mental illness as a lifestyle, preventable illness continues to impact on accessing mental health services in Western Queensland. Visibility and privacy in small communities has been reported as making it difficult for individuals to access psychological services in settings where everyone knows one another and this can create a negative social stigma and attitude. Along with the concept of 'rural stoicism' and people putting their family business commitments first, people experiencing mild mental illness are often more likely to seek non-clinical support through friends and family rather than seek help from mental health and support services.

Communities in Western Queensland report having a consistent treating clinician/General Practitioners as one of the single most important elements of a quality health service. Across rural and remote regions, GPs are the most likely first contact point for individuals seeking help. It is estimated that up to 50% of all patient encounters for mental health support are through the GP, however the capacity and clinical confidence of GPs in responding to mental health diagnosis, management and treatment varies significantly and is impacted on GP training and high locum rates in the catchment. The WQPHN recognises GP upskilling as a priority activity and continues to support GP Level 2 training, particularly for those practices with designated mental health nursing support.

Although there has been a steady increase in the total number of mental health treatment plans, clinicians on the ground report this can present a barrier, due to possible implications for insurance premiums and loss of firearm licenses. Plans also don't always result in access to more referral options for allied and psychological support. There are significant concerns regarding the classification of 'mental health treatment plans' and this creates stereotypical perceptions of longer-term care implications for programs which are ideally designed to restore recovery in months, not years.

Cost and travel are another barrier for individuals in accessing mental health services with many communities relying on Telehealth or FIFO services, or needing to travel to the larger towns where services are available. However there are also benefits for those seeking anonymity and discretion and recently commissioned visiting low intensity mental health services have received strong interest and referrals suggesting this modality is an important part of the service configuration for remote communities.

Within the WQPHN catchment, 8.6% of our population have no access to a motor vehicle at home and almost 27.3% have no internet at their residence. This reduced connectivity places limitations on the efficacy and uptake of e-mental health solutions.

Aboriginal and Torres Strait Islander people experience a significantly higher burden of mental illness which is impacted further through intergenerational trauma, poor health literacy, social dislocation, and poor access to culturally competent and appropriately designed mental health services. This is a priority for the WQPHN and there is an urgency to promote new service innovation through the *Nukal Murra* Alliance with the regions four ACCHOs. The introduction of a 'whole of catchment' Social and Emotional Wellbeing service[4] is bringing new low intensity services to communities and providing an entry point to mental health services under the stepped care approach.

The commissioning of the Indigenous specific Integrated Team Care program through the Alliance has provided another entry point to mental health support. The WQPHN is supporting greater general practice capability within ACCHOs and increased leadership through the Alliance, Clinical Networks,

Tripartite Agreement in the North West, and introducing an integrity framework to guide cultural competency of commissioned providers (including mental health).

Higher rates of suicide in rural and remote Australia

The causes of suicide are complex. However, it is well documented that factors that may contribute to suicide include stressful life events such as relationship breakdowns, death of a loved one, trauma, financial hardship, climatic changes (e.g drought, floods) mental illness, drug and alcohol abuse and physical illness. WQPHN has the highest suicide rate nationally with suicide and self-inflicted injuries double the state and national averages. The 15-24 age cohort suicide rate is 4.7 times higher than the Queensland rate for the same age group with males experiencing the highest mortality rates. Aboriginal and Torres Strait Islander people are twice as likely to die by suicide than non-Indigenous Australians.

For individuals living in rural and remote areas a range of circumstances place individuals at greater risk of self-harm. The socio-cultural environment that individuals grow up in shapes their attitudes and beliefs around help seeking behaviours for mental health related issues and suicide prevention. Additionally, the increased proportion of at-risk individuals in rural communities such as farmers and local business people and the causal relationship between drought related trauma, and stressful life events emphasise the importance of ensuring access to timely and responsive services. Soft entry referrals are needed for these high-risk groups, so that the referrals to health-related services and social support services can be wrapped around the individual's needs.

Issues of confidentiality and stigma associated with diagnosis of a mental health problem and more specific suicide ideation are often a barrier to early intervention and suicide prevention.

The WQPHN Health Needs Assessment indicates many communities are in rural decline, which results in increased psychosocial impacts linked to loss of social capital, infrastructure and social and economic flow on effects which are well documented in the literature. Given the vastness of the catchment and relative isolation of towns and villages, impacts can be more severe, particularly in communities experiencing prolonged drought.

Many Aboriginal and Torres Strait Islander families are living on less than $400 per week with a high number of youth not earning or learning in their community. Poor mental health disproportionally affects those who are socially and economically disadvantaged. Local Government Authorities across Western Queensland are actively working to support community capacity building and promote new economic and social opportunities within their jurisdictions. Collaboration between the WQPHN and a number of Local Governments in co-design and commissioning is demonstrating high value outcomes, service linkage to community services (including rural financial counselling services) and social inclusion activities and engagement.

Normalising help seeking behaviours across communities is important and warrants greater investment in mental health promotion, prevention and low intensity services, including better engagement with secondary schools. Rural and remote communities have a communal culture that "looks after our own" and the new narrative needs to replicate this strength-based approach and create a positive culture through health promotion and prevention activities that bring communities together to engage, discuss and identify local solutions to the structural and attitudinal barriers associated with mental health. The WQPHN and Queensland Mental Health Commission have been working closely with the Maranoa Shire in designing a program to build local capacity and engagement designed to significantly increase community awareness and knowledge of programs, promote cross service advocacy and develop local strategies to guide better access to services.

For Aboriginal and Torres Strait Islander peoples there are specific cultural, historical, and political considerations that contribute to mental illness. Along with the institutional and systemic factors that impact on Indigenous people accessing service in a timely manner, identifying and addressing the social and cultural determinants is paramount if we are to make an impact on suicide rates for our First Australians.

WQPHN evidence from our commissioned service providers across the region indicates the increased need for collaboration between services to facilitate shared care planning. Active suicide prevention is a foundational aspect of all commissioned services and most commissioned providers indicate a percentage of referrals associated with suicide ideation. A stepped care approach is integral to providing a coordinated and seamless service response to clients experiencing changing mental health condition. Through an integrated model of care, the development of referral pathways will support both clinicians and clients to escalate or de-escalate a client's care requirements depending on their individual needs. The WQPHN is also collaborating with Beyondblue to examine the feasibility of introducing *The Way Back* program as part of more community-based low intensity nonclinical services designed to support people in their local communities.

There are barriers reported by commissioned providers associated with clinical triage and entry requirements across the hospital mental health services and primary care settings, including general practice. These are important areas of work for the WQPHN and its HHS organisations and a number of activities are currently underway to deliver more seamless, patient centred care that provides better integration across primary and secondary care settings, and a 'no wrong door' support for people experiencing suicide ideation.

The nature of the Mental Health Workforce

The WQPHN Health Needs Assessment has highlighted significant recruitment and retention issues relating to the mental health workforce across its catchment. Through its commissioning activities there has been relative stability in providers and in some cases some modest expansion, however the limited access to private providers and affordability (capacity to pay a gap fee) place a significant burden on PHN funded services, general practice and HHS mental health services.

Within the remote and very remote regions of the WQPHN there is limited to no private market and communities rely entirely on WQPHN commissioned providers, RFDS and HHS public mental health services. As a result there is a significant underutilisation of MBS funded mental health activities with many commissioned providers relying entirely on the PHN funding to support their business model. Attracting and retaining experienced mental health professionals is difficult, as is achieving long term recruitment outcomes for more specialist child and maternal health, youth, and older persons mental health services.

Telehealth is widely used within the Hospital and Health sector, but relatively underutilised within primary care settings and not usually considered as part of the wider multidisciplinary team. There is currently considerable effort being undertaken to support more shared care and multidisciplinary team-based approaches through the WQPHN commissioning activities. WQPHN has also signed an MOU with CheckUp (State based workforce NGO) to facilitate data sharing and collaboration to ensure specialist and allied health workers funded under Commonwealth workforce outreach programs are harmonised within the WQPHN commissioning capability requirements, including Telehealth.

WQPHN is enhancing the capacity of local General Practice networks through GP training and expanding access to Mental Health Nursing in General Practice (MHNiGP). This is contributing to better identification of people within the practice population experiencing mental illness including people with severe and complex conditions. Importantly, these positions work as part of the local practice team and provide greater care coordination for mental and physical care needs as well as connecting people to community services. These positions are also supporting better access to specialist support services for GP's and ACCHOs in order to improve assessment and referral pathways from acute, secondary and social care sectors. The WQPHN is trialling a number of nursing and allied health skills in these roles and current outcomes suggest this added capacity is significantly improving access to care and strengthening referral networks. WQPHN health intelligence data extracted from 41 reporting general practices demonstrates a 50% increase in MHTP plans across the region over a 12-month period, and increased number of clients accessing a GP service for undefined MH services not requiring a treatment plan.

In response to the difficulties in recruiting Aboriginal and Torres Strait Islander mental health clinicians, the *Nukal Murra* SEWB Framework recognises and supports Aboriginal and Torres Strait Islander mental health workers as frontline service providers in addressing the social and emotional wellbeing needs of their communities. The SEWB Workers are trained in the Stay Strong App, Motivational Interviewing and will be trained in the New Access program by the Cognitive Behaviour Therapy Institute (CBTi). The presence of Aboriginal and Torres Strait Islander service providers or local Indigenous mental health workers has shown to improve health outcomes and increase service utilisation.[i]

In order to improve access to early intervention services for clients seeking help for mental health issues, WQPHN in partnership with Beyondblue have commissioned a number of service providers to provide low intensity services (including Lifeline, Centacare and RFDS). The New Access program overcomes stigma – free entry, no medical referral, either face-to-face or over the phone sessions, no labelling and practical exercises help to attract those who do not traditionally seek help. New Access is both clinically

successful and economically viable. An independent evaluation of the New Access program by Ernst & Young in 2015 showed a 67.5 per cent recovery rate in people who participated in the program.

Providing greater access to low intensity services is a priority of the WQPHN. Low intensity services can be delivered through non-clinical, locally based and trusted individuals who can be trained to deliver very high-quality health coaching support and work with the stepped care model to ensure linkage to clinical services. The knowledge and value of low intensity services is not well understood within community and clinical networks however the *Nukal Murra* Stay Strong and Beyondblue collaborations are significant opportunities to bring cost effective local, culturally competent and clinically integrated services to Western Queensland.

The new MBS items linked to Skype and Telehealth for GP and allied health providers present opportunities for further development of face to face and virtual service options (regional and intra-regional) that will be incorporated into the commissioning approaches of the PHN and also directly respond to the chronic under-utilisation of MBS within the catchment.

The catchment has one Headspace located in Mt Isa, while the mental health needs of youth across the vast catchment are a significant priority for the WQPHN. A submission to support the establishment of a second Headspace in Roma highlights the community demands for better access to youth specific services. Leveraging from headspace to provide tailored virtual outreach in collaboration with general practice networks and Education stakeholders (including supporting upskilling and better access to child and youth mental health support in schools) has also been strongly advocated by stakeholders in WQPHN.

Attitudes toward mental health services

The rural and remote community culture affects people's attitudes towards mental health services, and whilst there continue to be barriers to accessing services, work undertaken to improve mental health literacy, de-stigmatise and promote help seeking behaviours is resulting in changing attitudes to mental health. The introduction of stepped care combined with other priorities outlined in the 5th National Mental Health Plan has renewed a focus on harnessing the potential of individuals in their mental health and well-being journey and re-casting the narrative to early intervention, lifestyle risk factor management and recovery in community.

Communities have reported that it can be difficult to know who to call or where to access support; that it can be a difficult system to navigate at times; and not having any mental health residential support within the region creates significant hardship and distress for individuals and carers experiencing acute mental illness.

Commensurate with community engagement, capacity building, and mental health promotion activities, there is the need to ensure clinical provider networks are working in close alignment and advocacy,

removing barriers to improve care coordination and support, and demonstrating greater agility through uptake of digital technologies, supporting linkage to non-clinical mental health services and psychosocial services and sharing information for priority patients with severe and longer-term conditions. There is risk aversion to collaborate across clinical provider settings including organisational triage and clinical governance, perceived market competition, loss of intellectual property and branding, and other structural, financial and organisational barriers. Within a stepped care approach this can make the navigation and entry to mental health support difficult and can contribute to fragmentation and duplication.

The WQPHN is not a service provider but a commissioning organisation. Through applied health intelligence, place based approach and application of its commissioning collateral, the WQPHN is able to better leverage coordination and integration and work with *all* service providers to ensure a more population-based focus on mental health outcomes, beyond episodic individual occasion of service. Importantly, in 2018-19 the WQPHN is undertaking a Mental Health Collaborative and 8 general practices across the catchment are participating in the quality improvement activity. A key part of the collaborative is the introduction of the Patient Reported Experience Measure (PREM) and key learnings from this will inform deeper insights into attitudes of consumers and assist the WQPHN introduce appropriate PREMS and PROMS into its mental health commissioned service requirements.

Ultimately efforts need to be undertaken to normalise the mental health narrative in the same way that we can openly discuss diabetes, and cardiovascular disease. The general practice networks are often the first point of contact and the reconfiguration and capacity building of internal capabilities and external networks will provide a solid foundation on which to change attitudes and increase access to care.

WQPHN is also collaborating with Orygen and Beyondblue to explore potential upskilling opportunities in schools in recognition of the major role that schools play in supporting young people with emotional and behavioural problems and are often where symptoms of mental disorders are first identified. Schools play a major role in supporting young people with emotional and behavioural problems and are often where symptoms of mental disorders are first identified. There needs to be more accessible low intensive services available for youth combined with appropriate technology based online prevention programs and applications.

Opportunities that technology presents for improved service delivery

Videoconferencing is one of the main ways in which Telehealth is improving access to health care services for patients who live in the WQPHN catchment. Instead of having to travel to the nearest major city to see a specialist, an increasing number of patients are using video-conferencing. This facility might be offered by their local GP or another local health care venue. (Department of Health, 2015)

The Telehealth MBS items enable patients in remote, regional and outer metropolitan areas of Australia to have easier access to specialists without the time and expense involved in travelling to major cities.

During 2015-16 there were 758 patients in WQPHN who accessed Telehealth services provided at consulting rooms or at an Aboriginal Medical Service using MBS items numbers 2100, 2126, 2143, 2195 (this includes 1,311 occasions of services). (MBS, 2016). This highlights the importance of integrating general practice (and ACCHO) settings to include access to Telehealth infrastructure and local worker/ peer support as these are important additions in customising virtual consults in remote settings, especially for Aboriginal and Torres Strait Islander people.

Whilst the uptake of Telehealth services is evident, the issue of access to internet, reliability of service and connectivity persist in remote regions of the WQPHN catchment. As identified earlier, 27.3% of the WQPHN population have no internet at their residence.

Whilst the most common method of accessing mental health services is via a face to face encounter, there is evidence that digitally enabled online services including Beyondblue and some commissioned provider programs are being utilised in WQ and this could be expanded if better promoted. Factors reported as important in accessing online support include timely access to information 24 hours a day, anonymity (not having to attend a local clinic), ability to speak with a trained professional and convenience.

Other Matters

There are difficulties being reported for people trying to access psychosocial support under the NDIS in remote communities both in terms of getting access to an appropriate assessment and approved package, but also access to the identified supports. WQPHN is being commissioned to assist the roll-out of the National Psychosocial Service (NPS) and helping support transition arrangements through the Continuity of Support program. Given the disparate population, remoteness and issues associated with the NDIS roll out, it is anticipated this will be a complex issue for the WQPHN to manage.

As a Commissioning organisation, the WQPHN is very well positioned to acquire and disseminate health intelligence through which to augment change and collaboration. Health status, system performance and measurement of population-based outcome measures are stock and trade for the role of the PHN in improving health in Western Queensland. As one of the 31 PHNs, factors impacting the Organisation's capacity to deliver high quality commissioning outcomes include;

- population weighted funding algorithms,
- parallel direct funding agreements with commissioned providers,
- access to rolling contracts to provide longer term assurance to a fragile market,
- chronic under-utilisation of MBS and consequential impacts on the limited PHN funding and
- the complexity of delivering services in remote areas.

There are many challenges to delivering effective mental health services in remote areas and many of these will be outlined in the narratives above. Most are interconnected such as the availability of local workforce, skill and experience of service providers and the need for privacy within very small

communities for both consumers and clinicians. Moreover in remote areas such as Western Queensland, there are very significant social, cultural and financial determinant factors that impact on the cost of building quality services, but also the capacity and psychosocial wellbeing of individuals and whole communities.

Notwithstanding these challenges, and they are significant and well reported in the literature and statistics about our region; the WQPHN has reasons for optimism in the innate strength and character of the people of Western Queensland, early indications from its outcomes based commissioning, and the willingness and leadership of local clinical teams and organisations to work with greater collaboration to improve population health outcomes. On behalf of the WQPHN I take this opportunity to thank the Senate Committee for accepting this witness submission and wish you every success in these very important deliberations.

Yours sincerely,

Stuart Gordon

Chief Executive Officer

Nagel T, Robinson G, Condon J, Trauer T. Approach to treatment of mental illness and substance dependence in remote Indigenous communities: results of a mixed methods study. *Aust J Rural Health* 2009; **17** (4): 174-82

[1] Western Queensland PHN Health Needs Assessment
http://wqphn.com.au/uploads/documents/WQPHN_2017-2018%20HNA_Final%20Report_web.pdf

[2] Western Queensland PHN Mental Health and Suicide Prevention, Drug and Alcohol Regional Plan 2017 - 2021
http://wqphn.com.au/uploads/documents/MHSPAOD%20Regional%20Plan_low%20res%20FINAL%207%20Nov%2017.pdf

[3] Commissioning for better Health – A Bushman's Guide to Commissioning and Western Queensland
http://wqphn.com.au/uploads/documents/WQPHN%20CFBH%20Singles%2023%20May%2018.pdf

[4] Western Queensland Nukal Murra Alliance Social and Emotional Well Being Framework, August 2018
http://wqphn.com.au/uploads/documents/SEWB-Framework-SPREADS-10_8_18.pdf