

GREENS' MENTAL HEALTH PLAN FOR RURAL AND REGIONAL AUSTRALIA



Mental illness has become a significant health issue in our community and it must be considered a fundamental component of the national health reform plan. The current model of mental health care doesn't work - it is hospital-centric and drastically under-funded. The Greens believe that a range of different approaches are required to keep people well and out of hospital, and to obtain the community support they need for identifying and managing their illness, wherever they live.

One in five Australians experiences a mental illness in any year. The consequences of mental illness in rural and regional areas are far greater than in urban areas given that access to mental health services are substantially lower. There is a higher suicide rate among men in rural and remote areas which may be a result of lower identification and treatment of mental health problems overall in non-urban communities. The shortage of specialised mental health professionals is a key problem. The stresses placed on people living in country areas are distinct - many general practices in rural and remote Australia have long waiting lists and limited referral options; and people with a mental illness face greater concerns about confidentiality, visibility and stigma in smaller communities¹.

A substantial part of the government's allocation to mental health is being provided through Medicare item numbers for GPs and psychologists². A review of the government's Better Access scheme is currently underway; however the cost of the Better Access scheme has now increased well above the allocated \$538 million. The four most frequently claimed Better Access items (for GP consultations and assessments by clinical psychologists) account for nearly 85% of all services claimed under this initiative. However, this does not help in rural and remote areas where there is a shortage of doctors and mental health professionals eligible to provide services for or on behalf of general practitioners. There is clear evidence that access to psychologist services of people in rural areas is less than half of that in major cities and less than 20% for people in remote areas.³ Notably, males overall access these services at less than half the rate of females.

1 National Rural Health Alliance, 'Rural and Remote Health Is Everyone's Business' (2010) pp. 16

2 Expenditure on the major four MBS items (2710, 2713, 80010 and 80110) rose from \$413 million to \$501 million from March 2009 to March 2010.

3 Derived from COAG Mental Health Reform: Mental Health and the new Medicare Services, 2nd report November 2006-August 2008, Mental Health Council of Australia, September 2008. Derived from Medicare data. 'Urban' assumed to be ASGC-RA1, 'Rural' ASGC-RA 2-3, and 'Remote' ASGC-RA 4-5.

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The Greens believe that mental health funding should be directed to where it's most needed. Flexible outreach programs should be in place to ensure this funding gets to remote and regional areas. Programs for mental health should be augmented by e-health services such as online therapies and telephone counselling. Special programs are required that will ensure funding is in place for allied health professionals such as social workers, Aboriginal health workers and occupational therapists working in remote areas with skills in mental health. Stronger links should be facilitated between local health professionals working within the health system and working in local programs outside health, for example through Centrelink or community services.

The Greens will:

- Develop a rural and regional mental health workforce plan to ensure that effective operation and strong outreach capacity are available for outlying rural towns and remote communities. The Greens estimate this would require an additional \$58.5million over 4 years (on top of the \$25m per year to be allocated in the Greens' new funding) for incentives at the primary care level. This will provide a minimum of 10,000 new treatment plans of 6+6 sessions for most at risk and long-term clientele through the community and NGO sector.
- Set up multi-disciplinary community-based sub-acute services as alternatives to emergency department treatment with \$25m per year funding that supports 'stepped' (two-staged) prevention and recovery care. This will establish 180 new beds at 15 new community sub-acute centres per year.

Access to Allied Psychological Services (ATAPS)

ATAPS enables GPs under the Better Outcomes in Mental Health Care (BOiMHC) program to refer consumers to allied health professionals who deliver focussed psychological strategies. Allied health professionals include psychologists, social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers with specific mental health qualifications.