



National Farmers' Federation

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

20 June 2018

NFF Member Organisations





The National Farmers' Federation (NFF) is the voice of Australian farmers.

The NFF was established in 1979 as the national peak body representing farmers and more broadly, agriculture across Australia. The NFF's membership comprises all of Australia's major agricultural commodities across the breadth and the length of the supply chain.

Operating under a federated structure, individual farmers join their respective state farm organisation and/or national commodity council. These organisations form the NFF.

The NFF represents Australian agriculture on national and foreign policy issues including workplace relations, trade and natural resource management. Our members complement this work through the delivery of direct 'grass roots' member services as well as state-based policy and commodity-specific interests.

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Executive Summary

The NFF is dedicated to driving innovative and forward-looking solutions to the issues affecting agriculture, striving to meet current and emerging challenges, and advancing Australia's vital agricultural production base. A major factor to farming's innovation success story has been the skills, knowledge and expertise of people either working the land or involved in an associated capacity.

It is recognised that those that live in rural and remote areas have less access to adequate health services than their metropolitan counterparts¹. The World Health Organization states that “there is no health without mental health”, highlighting the association between mental and physical health². As a result, rural and regional Australians tend to suffer significantly worse health outcomes. They tend to have higher rates of injury and disease and encounter a range of unique stressors that contribute to reduced mental health outcomes³.

The NFF asserts that all Australians should have equitable access to appropriate health services, regardless of their geographical location. As such, funding models for rural health should ensure equity of access to health professionals and recognise the higher costs of operating in regional, rural and remote areas. This will be a significant determinant of Australia's future prosperity and sustainability as a nation due to food and fibre production being ‘products’ of rural Australia.

¹ National Rural Health Alliance, <http://ruralhealth.org.au/sites/default/files/publications/2017-rural-mental-health-help-sheet.pdf>, accessed on 1 May 2018

² Promoting mental health: concepts, emerging evidence, practice: summary report / a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation (VicHealth) and the University of Melbourne. (2004), viewed 14 August 2017, <http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf>

³ National Mental Health Commission. Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney NMHC, 2016.

Introduction

The National Farmers' Federation (NFF) welcomes the opportunity to comment on the Senate inquiry into the Accessibility and quality of mental health services in rural and remote Australia.

The NFF strongly supports the work of the National Rural Health Alliance (NRHA), driving improved outcomes for rural health, and has consulted their expertise in the development of this submission.

Farmers and their families are confronted with a number of potential stressors which may place strain on their mental health:

- economic change leading to financial insecurity and vulnerability;
- stress caused by natural disasters such as drought, flood and bushfires;
- social isolation in small communities may provide a barrier to people seeking help for mental health issues – although this phenomenon may be offset by the support and cohesiveness often characteristic of small rural communities;
- 'living at work' which offers farming families little opportunity for a break from their working environment;
- occupational hazards such as increased risk associated when working with machinery and stock, a higher incidence of injury (potentially leading to untreated pain) and zoonoses;
- lack of leisure time and long working hours; and
- stoic attitudes and cultural norms which promote a strong work ethic and rugged individualism, but may discourage individuals from seeking help.

It is important to understand that there is a large body of evidence relating to the effect on health, especially mental health, of individuals not being in control of their destiny. Australian agriculture is quite frequently a setting in which the farmer does everything right in relation to a wheat crop, for example, only to see the weather or international prices or the exchange rate intervene between them and a good financial outcome. Persistent exposure to such realities as these are likely to mean that individuals concerned and their families are regularly at greater risk of mental fatigue and illness.

Like others in rural and remote areas, farmers and their families have lower levels of access to specialised mental health services. In 2015-16 there were 482 Medical Benefits Schedule (MBS) funded mental health encounters per 1,000 people in major cities, compared with 382 encounters per 1,000 people in rural areas and 108 encounters per 1,000 people in remote areas.⁴

The NFF and its members welcomed the recent announcement from the 2017-18 Federal Budget of a \$23.8 million mental health package, of which \$9.1 million over four years will be allocated to improve access to psychological services through telehealth in regional, rural and remote Australia, and \$11.1 million will be used to support suicide prevention

⁴ Mental Health Services Australia, AIHW, <https://mhsa.aihw.gov.au/services/medicare/> The rural and remote estimates are population-weighted averages for Inner Regional plus Outer Regional areas, and Remote plus Very Remote areas respectively.

programmes in high risk locations. The stressors encountered by farmers and their families, coupled with their limited access to mental health services, may leave them particularly vulnerable to developing mental health problems, thus the NFF believes that this additional funding, specifically targeted to services in regional, rural and remote Australia is critically needed.

The NFF also supports the work of the National Centre for Farmer Health (NCFH), as an exciting initiative in agricultural healthcare. It is a university research, service delivery and education centre that provides national leadership to improve the health and well-being of farmers, farm workers and their families across Australia. It is a partnership between Deakin University and Western District Health Service and is based in Hamilton.

The five core activities of the National Centre for Farmer Health are:

1. Professional Training and Education;
2. Applied Research and Development;
3. IT Information Hub;
4. Agri-Safe Programs; and
5. Sustainable Farm Families - dissemination of research results

The Centre runs and operates a range of programs that address farmer health, well-being and safety issues. The Centre was unfortunately forced to wind back many of its programs over the last few years, including Sustainable Farming Families, due to a lack of funding. The NFF believes that initiatives such as the NCFH are tangible and critical ways to help the farm sector respond to the range of challenges and need ongoing government support.

The NFF believe that more emphasis is required on general wellbeing in rural and remote areas. Mental health services provided in rural and remote areas are often not fit for purpose and there is a distinct lack of strategy in allocating the location of specific mental health services. Duplication of services in concentrated localities is a concern for the NFF and its members.

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

There is significantly lower mental health service provisions for those in rural and remote areas compared to those in metropolitan areas. In 2015, the number of psychiatrists, mental health nurses and psychologists in regional and rural areas was 57% of those in major cities, with even worse provision rates in remote areas. Fewer services offered in rural and remote Australia (Table 1) is one of the leading causes of lower access to mental health services for Australians living in these areas.

Table 1: Prevalence of mental health professionals, by Remoteness, 2015

	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote
Clinical FTE per 100,000 population					
Psychiatrists	13	5	4	5	2
Mental Health Nurses	83	74	46	53	29
Psychologists	73	46	33	25	18

Source: <https://mhsa.aihw.gov.au/resources/workforce/>

There are considerable prevention and referral services available in rural and remote areas, many provided by non-government organisations (NGOs), but very few clinical services, so help is extremely difficult to access. For many rural GP clinics in rural and remote Australia that have a patient present with mental illness, the only course of action available is to phone the 1800 Mental Health Line.

The NFF supports targeted intervention through a multifaceted response. Some examples are outlined below:

- Mental Health First Aid (MHFA), to raise awareness of mental health issues in the broader community and support early intervention. Providing MHFA training to financial counsellors, agribusiness personnel, vets and other people who interact with farmers on a day-to-day basis has been shown to improve their ability to recognise a mental disorder, increase their level of confidence in providing help to someone with a mental health problem, decrease social isolation and positively change their beliefs about treatment.⁴
- Continuing professional development, mentoring and support so that local health professionals are better equipped to provide mental health treatment and support where possible.
- Country Women’s Association of Australia branches are invaluable networks which, among other work, support positive mental health of older people, women and families in rural and remote communities. Where they exist, Men’s Sheds also play a very valuable role. Studies show that at least two-thirds of all farmer suicides occur in older age groups, mainly those over the age of 55. Groups such as Men’s Sheds have particular benefits for older people in rural areas, by decreasing social isolation, enhancing self-esteem, increasing access to health information and navigating ways through structures of the health system.
- Online and telephone-based mental health services support people with mental health disorders through mobile phone, computer and online applications, ranging from the provision of health information to real-time interaction with clinicians trained to assist people experiencing mental health issues. Lifeline, Kids Helpline, MensLine Australia, and beyondblue are examples of such services. Such support is valuable in circumstances where people may refrain from seeking help in person for fear of the attached stigma.

- eHealth systems can enable local health professionals and their patients to gain access to mental health professionals who are not on-site. Telepsychiatry has been quite successful, especially where it is used for follow up after earlier face-to-face consultation(s), and where connectivity is not an issue.

Aside from the lack of clinical services available to rural and remote Australians, there is often a number of additional barriers that influence the decision to access mental health; including long distances needed to travel to access services, lack of public transport, lower incomes that often make mental health services unaffordable, lower education levels and confidentiality concerns.

Members of the NFF have anecdotally reported that acquiring mental health plans have had consequences on a range of business outcomes and decisions. For example, we have been informed that mental health plans have consequences for farmers looking to undertake life insurance policies, or have impacted on the ability to control feral animals due to weapons approvals being delayed or denied. Testimonials such as these can also be considered a barrier to access for rural and remote Australians.

The higher rate of suicide in rural and remote Australia

There is no definitive answer as to the reason that suicide rates in rural and remote Australia are almost twice that of the major cities. The NFF notes that many recent suicide prevention programs are being delivered via workplaces. Unfortunately, farmers don't have regular workplace meetings where colleagues can be aware of changes in others or offer assistance. NFF would suggest that the lack of intervention and clinical services in rural and remote areas means that mental illness is not often not diagnosed early, therefore not treated and escalates to suicide at a much higher rate than in urban areas.

Mental health is not separate from physical health, and statistics show that rural residents also have a poorer general health than urban residents, again, mainly due to availability of services.

The challenges of delivering mental health services in the regions

When specific clinical mental health services are provided in rural and remote areas of Australia, they are often done so by the provision of NGOs, volunteers and community based groups. Professional clinicians are very rare in most rural and regional areas, and when they do exist, they are often overwhelmed by the demand for their services.

The obvious challenge to delivering mental health services in rural and regional Australia is the lack of professionals who practice in rural and remote areas, and the distances that patients and providers need to travel. Distance may be a large factor in someone seeking mental health services. Unlike a physical illness, it is harder to recognise a mental illness and easier to find excuses, some very genuine like time and distance, to seeking medical treatment.

Attracting and retaining the best health professionals for non-metropolitan communities is a persistent challenge and needs an ‘in depth’ focus by itself. It is critical that there are incentives, flexibility, and progression opportunities for health professionals in non-metropolitan areas.

It needs to be recognised that rural, regional and remote health professionals are a specialist group, and they need to be provided opportunities to excel if health outcomes for communities in these areas are to improve. Currently professional development is metropolitan centric. For rural, regional and remote health professionals accessing training often requires hours of driving, staying away from home and then often there is the guilt of knowing your community cannot get alternative health providers to cover appointments when you are away.

Attitudes to mental health services

The NFF believe that attitudes towards mental health are changing rapidly across the entire population. There is not the same level of stigma attached to mental illness that used to exist, or certainly not to the same extent. It is very openly talked about across all age groups and broadly recognised that people with a mental illness require treatment and support.

In relation to mental health services in remote and rural areas, there is certainly not the same level of trust and faith that there is for more common medical services, because specific mental health services are so rare in rural and remote areas that there is a distinct lack of community testimonial.

Additionally, the lack of continuity in funding models and delivery of services leaves few opportunities for developing the relationships needed for service providers to gain the trust of communities and individuals in need. This lack of continuity is also resulting in a system that is constantly attempting to pick up where the last service provider left off, rather than maintain and develop the vital relationships needed in service provisions.

Opportunities that technology presents for improved service delivery

Technology in rural and remote areas is not currently at a level where residents can have ready access or feel comfortable accessing health services via this option. There is currently a large number of phone and web based support services available. The difficulty that rural and regional Australians often face with these services is inadequate phone or internet connectivity to effectively use these options. Frequently the technology itself (and lack of connectivity) is a cause of mental anguish.

The NFF believes that connectivity represents the next frontier for agricultural productivity in Australia. Telecommunication services have evolved to the extent that it is now reasonable for baseline broadband (with a reasonable amount of data at a reasonable cost) to be considered a right for all Australians. Inequity issues affecting health outcomes for non-metropolitan residents, professionals, and communities are three fold, firstly the ability to interact with health professionals via technology is often limited by connectivity in these regions. Secondly,

smaller, rural and remote health clinics are often not able to have on site specialists to support optimal engagement in telemetric and ehealth, leading also too thirdly, not having support and troubleshooting accessible in timely and proximal manner.

Addressing the connectivity divide between metropolitan and non-metropolitan Australians will have a significant impact on health outcomes for rural, regional and remote Australians. More efficient, cost effective delivery of professional development opportunities for health professionals, as well as increased access to online health professionals and support tools can radically alter the health landscape for non-metropolitan Australians.

Conclusion

It is critical that the issues associated with delivering mental health services in rural and remote regions are addressed if these communities are to prosper. Improved technology and innovative service delivery models will be important into the future to assist in bridging the divide between metropolitan and rural and remote communities. Currently there is a significant lack of access to mental health services in rural and remote communities, and significant delays between the time of referral and availability of those services. There is also some confusion as to how accessing mental health services will potentially impact on everyday business in these communities. It will be important for mental health services and capacity to develop in sync with regions such as Northern Australia as their population grows. If you have any questions regarding this submission, please contact NFF Rural Affairs Manager, Mark Harvey-Sutton on 02 6269 5666.