Submission No 712

INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NEW SOUTH WALES

Organisation: Country Women's Association of NSW – Hillston Branch

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In an interview late last year, the National Rural Health Commissioner noted the following: "The downward trend in rural and remote health has evolved over the last 40 years. In the pursuit of safety and quality, we've created an increasingly subspecialised health system, in which GPs are the gatekeepers. The more subspecialised our health service has become, the more inequitable it has become. It works for urban, but has not worked for rural/remote health". We in Hillston know this first-hand. She goes on to say "In recent years, some bean counters have considered it too costly to have maternity services in rural and remote communities. However the cost of not providing those services is much greater. Most of this added cost is borne by the consumers, it's not just the travel and accommodation expenses…it's the social disruption that occurs to the family unit and to the community." Not all families have easy access to private transport and where we live public transport is non-existent.

The Hillston CWA Branch has a strong history of interest and commitment to Health issues. Our Branch was founded in 1923 with the main focus being to provide a maternity hospital for local mothers. This aim was achieved and the Branch continued to run a maternity hospital until it convinced the local hospital to take over the services in 1939. By 1979, after drastic State Government cuts to rural hospital funding, the Hillston Hospital was forced to close the Maternity/labour ward services and all local women intending to give birth had to seek a Dr in Griffith able to attend their delivery at the Griffith Base Hospital.

What a sad indication of "progress", when now women must travel over 110km to the nearest birthing centre in Griffith. Unlike urban travel, this 110k can become a traumatic event, travelling through this isolated region with no emergency options en-route to Griffith other than the family member driving or an ambulance officer if they are lucky enough to be able to access that service in time. A number of young mothers have experienced traumatic roadside deliveries. We feel this is a serious lack of consideration for the more vulnerable young Mum's who have no back-up or support from family/family services?

Hillston CWA Branch commitment and interest in health has continued over the decades. In 2015 our members moved the following Motion at State Conference "That the policy of CWA of NSW be to support rural and remote communities in maintaining access to women's health services." This motion came at a time when

we were losing the services of both a visiting Women's Health nurse and also the monthly visit of the Royal Flying Doctor service, who bulk billed. We are constantly told that health outcomes for those living in rural and remote areas are much worse than for those in metropolitan areas, but quite often those in rural areas are missing out on even the most basic medical tests. All women in our state should have access to tests and support services essential to ensure our health and wellbeing. This access should also include bulk billing, where women are not out of pocket and don't have to decide whether they can afford to have simple tests done. Some rural communities don't have this access and have to travel large distances to have such tests as mammograms or pap smears and to access women's health support services. In an increasingly multi-cultural society, many women may not feel confident talking to a male physician about such issues so it is vital they have access to a Female Physician or Women's Health nurse. Many communities have only one doctor whom for whatever reason, may not be comfortable in performing some tests such as pap smears and internals. Many communities such as ours also don't have a doctor providing a bulk billing service. This is not an issue when there are other agencies available providing these services, such as women's health nurses or flying doctor visits. Currently the women's health nurse service only visits our town once in every six months and the Flying Doctor Service has now been discontinued due to funding changes. Women's Health issues often means travelling more than a 220km round trip to Griffith, which may not always be possible due to work or family commitments. Again, a sad indication of what we call "progress"

More recently in 2021 Hillston Branch moved the State Motion "That CWA of NSW lobby the NSW Government, to provide sufficient face to face acute psychiatric services to all local health areas, especially those in rural and remote locations". We were very aware that there is an urgent need for the NSW Government to address the severe shortage of psychiatrists in rural and remote areas. Waiting times to see a Psychiatrist are worse than they have been in 20 years. In 2019 an AMA article noted "NSW is facing a crisis in mental health, as dwindling numbers of psychiatrists are left to care for increasing numbers of patients". The article went on to highlight the need to: "incentivise recruitment, training and retention of psychologists to practise in regional, rural and remote areas." We'd like to know what the NSW government has done to help curtail this shortage since then. Despite the money spent on providing mental health

infrastructure, there appears to be no extra "practitioners on the ground". Those living in rural and remote areas have unique factors that impact on their mental health; including reduced access to health services, greater distances to travel for health services, engaging in high-risk occupations such as farming and also environmental adversity such as flood, bushfire and drought. My area, which neighbours the Griffith district and the Murrumbidgee region has the highest suicide rate in NSW, at twice the state average. Now, the state government is building a new hospital in the area, without a mental health unit.

January 2020, a report titled "Improving the mental health of rural Australians" noted that there is incidence of higher rural emergency health service admissions and suicides in rural/ remote areas. There also is less ability to uptake Medicare-subsidised benefits for mental illness in rural/remote areas. The report noted two overarching problems: Social disadvantage and Services do not meet existing needs. Rural areas tend to have higher socio-economic disadvantage, higher costs, longer distance to specialist services. The second part of the problem is that services do not meet existing needs: services are fragmented – provided by different providers and systems; timely local access to expertise is unavailable.

There is no substitute for face to face consultation when it comes to clinical psychology. There seems to be some positive movement towards enabling many other professionals (police, teachers, ambulance, etc) with counselling etc skills. This is a great gesture and there appears to be proliferation of counsellors available in some communities, but counsellors aren't professionally trained psychologists or psychiatrists. They are counsellors, they can help talk things through, sometimes help avert a crisis, but they can't accurately make a clinical psychological assessment and decide on a medicated course of action to follow - only the professionals can do this.

I'd like to share with you a couple quotes from members' experiences with the mental Health system :

"when it was time to see the Doctor she was in and out of the consulting cubicle many times. She was a doctor on duty at the hospital but not a psychiatrist. The decision was made that I had to go to Wagga Base for further assessment. (approximately 4 hours from home) I was then placed on a trolley and laid there waiting in the corridor for any ambulance to take me to Wagga. The ambulance

officers finally came and strapped me in just in case in my psychotic state I might have become difficult…. upon arrival at Wagga Base Hospital I was taken through to this ward where once again I had a lengthy wait to see a Doctor. A discussion was held as to where I would be taken to as I required specialist psychiatric treatment. There was no vacancies in Wagga, so I was told that I would be going to Nolan House at Albury Base Hospital, but not until the next day. I spent a night in Wagga Base before being transported to Nolan House. I spent over a week there and was then released after consultation with psychiatrist. When leaving I was told that I should follow up with a psychiatrist locally. This was extremely difficult for my husband to organise and we had to wait months to get in as the psychiatrist only came to the nearest large town (over 150km away) once a month. My last appointment with the psychiatrist was cancelled as they no longer had a psychiatrist visiting"

Another member has a daughter who has now been diagnosed as Bipolar. This diagnosis came several years after her daughter went from GP to GP, Counsellor to counsellor, depression and anxiety medication to medication. Finally she was referred to a Psychiatrist, who could do the correct clinical assessments, blood tests, etc and recommend the correct medication. The severe lack of psychiatrists in rural and remote areas often means that GPs try and use referral as a last resort, not a first option; often leading to mis-diagnosis! The wait to get an appointment is very frustrating and only adds to an already stressful situation. When an appointment with a psychiatrist is finally obtained, it's not unusual to pay over $700 for each session, even when these are done via skype. They are not a good substitute for the real thing!

Another member has a son who has experienced a couple of psychotic incidents. With no mental health facilities available locally, the patient must be transferred in excess of 320km from Hillston to Griffith, then on to Wagga. This process has taken up to 24 hours even though the patient was experiencing an acute psychotic episode. Assessment occurred and a medication plan started in Wagga and then the patient was discharged and referred to Griffith Mental Health Unit for further appointments, but no psychiatrist was available. After strong and persistent entreaties the family managed to get an appointment with a FIFO psychiatrist through Murrumbidgee Health. After bi-monthly appointments, the patient was advised to move to the next stage – ongoing regular appointments with a psychologist (likely 6 month wait as only 2 trained psychologists in Griffith).

More strong and persistent phone calls did result in an earlier appointment with a psychologist. That particular clinic spoke of an overwhelmed system where specialists are struggling to cope with an avalanche of patients; valuable staff leave due to "burn-out", indicating a worrying lack of professional support for these professionals and then there is the impossible task of recruiting and retaining fully trained replacements. What happens to patients who don't have support for travel etc and someone to advocate for them and make phone calls to get more prompt action? Many simply give up and don't get any follow up care as it's all too costly and too hard.

This problem doesn't just affect adults. In an article in the SMH in January this year, it was noted that "A mental health emergency among Australian children is being inadequately addressed, leaving many with the likelihood of long-term harm to their education and employment. Dr Zena Burgess, CEO of the Australian Psychological Society, said "children are bearing the brunt of mental health concerns triggered or exacerbated by the pandemic and the number presenting with mental health or emotional problems is 'shocking'. Australian children are experiencing a mental health 'emergency' due to impacts on their families of the pandemic.

Hillston is serviced by a Multi-Purpose Service (MPS) with aged care and acute care beds. We also have an aged care hostel. There is one doctor's surgery (who don't bulk bill), with a single doctor who is not usually replaced by a locum when she is on leave. We also have had the experience of not having a doctor in town for lengthy periods. There doesn't seem to be enough assistance (both financial and social) to attract doctors to rural and remote areas such as ours. We hope that one positive outcome of this inquiry, will be the NSW Government actively addressing rural doctor shortages and providing a more improved and financially supported system of locums for when these rural doctors need to take leave. We feel the NSW government could be assisting local government a lot more with this issue.

With our Pharmacy, there have been concerns that changes from PHARIA to the Monash funding system will negatively impact on pharmacies in rural and remote communities. Under the proposals, remote single town pharmacies will apparently be lumped in the same category as rural towns with multiple pharmacies. This will result in a funding decrease for the single pharmacy towns.

This has an impact on the affordability of taking leave for professional development, meetings with aged care providers and rural health teams and holidays. Towns with multiple pharmacies are able to run rotations for weekend openings and often have more than one pharmacist per pharmacy which allows greater flexibility. Single pharmacy towns do not have the opportunity to do this and are faced with the choice of finding a locum at great expense or reducing opening hours. This represents a further reduction in access to health care for our rural population.

It's time to admit that we have a very inequitable health system in NSW, with doctor shortages, cuts to pharmacy budgets, lack of maternity facilities, poor access to mental health facilities, all being a constant battle in the bush. It's fine to say we can get in our car and travel to larger centres to access these services we lack, but it's not only the petrol cost which is inhibitive, it's the need to take leave from work and the disruption to the family that is often caused. It's fine to say that our local Hospitals are being provided with great tele-health services and we can access psychiatrists online, but this is no substitute for the real thing and leaves many people falling through the cracks. How can this current system be considered in any way fair & equitable when the very services these rural & remote communities need to sustain a healthy & viable community/workforce are consistently removed and relocated to larger regional centres, to which the most vulnerable (health & financial) are finding it impossible to physically access? It is a system destined to destroy the very "resilience" the Government insists on telling us we need, to survive and thrive out here.