

Submission  
No 44

**INQUIRY INTO EQUITY, ACCESSIBILITY AND  
APPROPRIATE DELIVERY OF OUTPATIENT AND  
COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH  
WALES**

**Organisation:** RACGP Rural

**Date Received:** 5 September 2023

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5 August 2023

Committee Chair  
Portfolio Committee No. 2  
NSW Parliament House  
6 Macquarie Street  
Sydney NSW 2000

Via email: [hccc@hccc.nsw.gov.au](mailto:hccc@hccc.nsw.gov.au)

Dear Dr Amanda Cohn MLC,

RACGP Rural would like to thank Portfolio Committee No. 2 for the opportunity to provide feedback on the **inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.**

With a membership of over 24,000, including more than 10,000 registered general practitioners in rural and remote Australia, RACGP Rural actively supports and advocates for GPs working in these communities. Our commitment lies in addressing rural disadvantage by ensuring equitable access to healthcare for all.

People living in rural and remote communities face complex and persistent health issues. This includes higher exposure to unique stressors that are exclusive to this demographic. The social determinants of health have profound impacts on the lives of those living in rural and remote areas. Consumers in these areas have overall lower life expectancy than their metropolitan counterparts, they face higher rates of chronic disease, lower household income, and reduced access to health services.<sup>1</sup> Although prevalence of mental illness is relatively uniform across the nation, rates of suicide and self-harm increase with remoteness.<sup>2</sup> One of the most significant determinations of poor mental health outcomes for people living in rural and remote areas is the reduced availability and access to adequate mental health services and support. Research demonstrates that for people living in rural and remote areas, relationships with health professionals and the experiences of the broader community with services critically influences help-seeking behaviour for this demographic.<sup>3</sup> For this reason, it is imperative that further investment in sustainable healthcare workforce, adequate access to mental health services, and GP-led models of care are explored to support consumers living in rural and remote areas.

The role of the GP in rural and remote areas is intrinsically linked with their community. This is due to the foundational relationships that GPs establish with their patients and their varied role of supporting people across the lifespan and through different conditions. Rural GPs work within a varied scope due to the limited health services and the diverse needs of their respective communities.<sup>4</sup> As a patient's first point of contact with the healthcare system, the role of the GP is highly trusted and serves as an important advocate for their communities. Therefore, GPs are best positioned to lead multidisciplinary healthcare teams and coordinate ongoing avenues of support for consumers, while reducing the instances of fragmented care.

During consultation, RACGP Rural members raised concerns regarding a lack of service provisions in rural and remote New South Wales mental health services. In particular, members have raised issues surrounding the lack of outpatient services and ongoing supports for people with chronic mental health conditions. Members have expressed that the main pathway to mental health support for their communities is through an acute setting such

<sup>1</sup> Australian Institute of Health and Welfare (2022) [Rural and remote health](#). AIHW, Australian Government.

<sup>2</sup> National Rural Health Alliance (2017) [Mental Health in Rural and Remote Australia](#) – Factsheet. NRHA, Australia.

<sup>3</sup> Hull, M.J., Gunn, K.M., Smith, A.E., Jones, M., Dollman, J. (2022) We're Lucky to Have Doctors at All; A Qualitative Exploration of Australian Farmers' Barriers and Facilitators to Health-Related Help-Seeking. *International Journal of Environmental Research and Public Health*. 19(17):11075. <https://doi.org/10.3390/ijerph191711075>

<sup>4</sup> Royal Australian College of General Practitioners (n.d.) [What is rural general practice?](#) RACGP, Australia.

as an emergency department in a hospital. Statistics demonstrate that rural and remote Australians have a higher rate of presentation to hospital emergency departments due to mental health concerns.<sup>5</sup> This is widely attributed to a lack of specialised mental health professionals and services, stigma surrounding accessing support, and the impacts of the social determinants of health including socioeconomic disadvantage.<sup>6</sup> The cumulative effect of the Covid-19 pandemic, floods that affected regional areas of northern New South Wales, and bushfires in rural New South Wales have also been flagged as potential impacts on the mental health and wellbeing of communities in rural and regional New South Wales.<sup>7</sup>

Current outpatient services to support people with mental health concerns are often in centralised locations and can be located at a distance that is difficult for smaller remote communities to access. Lack of public transport and limited specialised care options for consumers in these areas create significant access barriers. This is particularly difficult for young people who do not have access to their own transport and people who have mobility issues. Often private transport is the only option for people accessing these services due to limited or no public transport options. Even when consumers are able to access private travel, this can come at a significant financial cost. People living in rural and remote areas on average have a lower household income than those living in metropolitan areas.<sup>8</sup> Therefore absorbing additional costs due to several factors including missing employment, paying for transport, and securing accommodation to access mental services can cause cumulative stress for rural consumers resulting in compounding symptoms. In conjunction to the need to travel and waiting periods, there is also the associated stigma of accessing support and keeping confidentiality in close-knit communities, these have also been identified as barriers to help-seeking for people in rural and remote communities experiencing mental ill health.<sup>9</sup>

One RACGP Rural member gave an example of a young person who had presented to their clinic experiencing issues with chronic self-harm and suicidal ideation. There were inadequate and reduced services in the area and the young person was facing a three week wait for an appointment for a medication review. Outpatient services were unable to provide this young person support due to the symptoms they were presenting did not fall within the scope of their service. The safety of the young person and their family were not able to be guaranteed, therefore their only option was to present at their closest emergency department where a Visiting Medical Officer (VMO) advocated for admission to a mental health facility. As a consequence, the family left their rural community and moved to an urban area to gain access to the services the young person needed. The member who shared this story felt that if there had been adequate outpatient services available, the young person would have had a more positive and less fragmented care experience. Members note that these instances are not uncommon, and impact rural communities, families, and emergency departments.

Members also note that although telehealth services are improving access for rural and remote communities, telehealth does not equate to health equity for consumers living in these areas. Research demonstrates that rural and remote consumers prefer face-to-face appointments for mental health services rather than telehealth options. This was particularly evident for First Nations people.<sup>10</sup>

Telehealth services were found to be adequate as supplementary check-ins for people experiencing mental ill health, however, where telehealth services were the only options available, the scope support was greatly impacted. For example, if a consumer requires face-to-face interventions such as EMDR therapies, this cannot be

<sup>5</sup> Pawaskar, R., Mahajan, N., Wangoo, E. et al. (2022) Staff perceptions of the management of mental health presentations to the emergency department of a rural Australian hospital: qualitative study. *BMC Health Serv Res* **22**, 87. <https://doi.org/10.1186/s12913-022-07476-7>

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Australian Institute of Health and Welfare (2022) [Rural and remote health](#). AIHW, Australian Government.

<sup>9</sup> Alcohol and Drug Foundation (2023) [Alcohol and drug use in regional and remote Australia](#). ADF, Australia.

<sup>10</sup> Amos, A.J., Middleton, J., Gardiner, F.W. (2022) Remote mental health clients prefer face-to-face consultations to telehealth during and after the COVID-19 pandemic. *Australasian Psychiatry* 30(1):18-22. doi:10.1177/10398562211043509

provided through telehealth. RACGP Rural therefore recommend that the New South Wales government consider extending service infrastructure in rural and remote areas. Additionally, RACGP Rural recommends further investment in cultural training for face-to-face services to be able to cater to cultural needs such as sorry business, to support First Nations Australians.

There is also potential for people seeking mental health support to have comorbidities with substance misuse.<sup>11</sup> RACGP Rural members expressed the difficulty in accessing timely interventions for people struggling with addiction. People living in rural and remote areas were more likely to drink alcohol daily and to levels that put them at risk of long-term harm.<sup>12</sup> Notably, amphetamines have overtaken alcohol as the most commonly treated drug of dependence in rural New South Wales in recent years.<sup>13</sup> Although the demand for support services is increasing, members have expressed that this has not translated into appropriate and accessible care for rural consumers. Limited services to support addiction and its relationship with mental health impact an individual's help-seeking behaviour. Not only are these services limited, but those available are often at a great distance for rural communities. People from rural and remote areas seeking support for alcohol and other drugs were found to have travelled one hour or more to access support. This was found to be the case for over a quarter of treatment episodes.<sup>14</sup> Additionally, these services were found to have extensive wait times to access their services, often averaging three to four months.<sup>15</sup> Members have voiced significant concern for their patients who have been caught in cycles of substance abuse due to their inability to access support when they have been help seeking. Often due to narrow scopes of practice in community mental health facilities, these consumers are unable to access support through mental health specific services due to their comorbidities. Members hold concern that this cycle may result in the unintended consequences of harm to members of the public or their patient dying of misadventure. If a patient is experiencing a mental health crisis and has the police or ambulance respond, they present at an emergency department to gain support, where the cycle of fragmented care would start again.

RACGP Rural therefore recommends that the New South Wales government consider adapting the mental health eligibility assessment in outpatient care clinics. Focusing on screening for complex and severe mental health cases to cater for episodes that may be acute but persistent would help capture the consumers who are currently unsupported and require support for safety and stabilisation. This should be done in conjunction with extending specialised services in rural and remote areas. Strengthening outpatient services and opportunities for consumers to engage in their mental health journey are imperative to changing the landscape of mental health access in rural and remote communities. RACGP Rural recommends models of care that align and support general practice as the first point of contact for rural healthcare consumers. This may include services such as investment in communication frameworks to ensure that a GP has access to case histories and interventions from outpatient care pathways so that a GP is able to continue to advocate for their patient and have access to resources to support them. For example, members have suggested that specialist care coordination teams across local health districts may be able to support GPs in locating support options in rural and remote areas and coordinate ongoing support for people needing mental health support. Working as a multidisciplinary team reduces instances of fragmented care and ensures a consumer has access to a holistic range of support through one central point, reducing instances of having to relive psychological trauma or the burden of self-advocacy.

<sup>11</sup> Mental Health Foundation (2021) [Drugs and mental health](#). Mental Health Foundation, United Kingdom.

<sup>12</sup> Australian Institute of Health and Welfare (2019) [Greater use of drug and alcohol treatment services in regional and remote areas, and many people travel over an hour to receive them](#) [Media Release]. AIHW, Australian Government.

<sup>13</sup> Allan, J., Ip, R.H.L., Kemp, M., Snowdon, N. (2019) [Increased demand for amphetamine treatment in rural Australia](#). *Addiction Science & Clinical Practice*. 14(1) 1-9 pp.

<sup>14</sup> Australian Institute of Health and Welfare (2019) [Greater use of drug and alcohol treatment services in regional and remote areas, and many people travel over an hour to receive them](#) [Media Release]. AIHW, Australian Government.

<sup>15</sup> Alcohol and Drug Foundation (2023) [Alcohol and drug use in regional and remote Australia](#). ADF, Australia.

We would like to take this opportunity to commend the Portfolio Committee No. 2 for undertaking this important inquiry. RACGP Rural looks forward to working with the Committee and the New South Wales government in its future endeavours to enable better access to health services for rural consumers. If you have any questions or wish to discuss RACGP Rural's feedback further, please contact RACGP Rural Manager, Andrew Hayward

Sincerely,

Associate Professor Michael Clements  
Chair – RACGP Rural