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**Health outcomes
and access to health and
hospital services in regional,
rural and remote NSW 2020**

December 2020

NSW Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable people move towards independence for more than 160 years. In the 2019-20 financial year, we supported over 167,000 individuals through 483 programs and services across Australia.¹ Our goal is to end homelessness and to ensure people and communities in need can thrive.

Currently, Mission Australia delivers 117 services in regional, rural and remote NSW. This includes 17 health, mental health and alcohol and drug related services through which we supported over 1,600 individuals in 2019-20. Many of our other services, however, also support people who are receiving health care through hospital and other treatment centres, including our homelessness and child and family services.

This submission focuses on our service delivery experience in the West and Far West regions of NSW. Many of the people supported through our services in these regions are Aboriginal and Torres Strait Islander people, and in that context we note the critical importance of understanding the Aboriginal worldview on health, mental health and wellbeing as a foundation for building a culturally appropriate service system for Aboriginal and Torres Strait Islander people. Developing the Aboriginal health workforce is critical to the delivery of equitable, culturally engaged health care, and workforce and other strategies adopted by the NSW Government should focus on providing Aboriginal and Torres Strait Islander people with adequate and high quality health supports.

Services designed to benefit Aboriginal and Torres Strait Islander people should be co-designed and implemented with community members, Elders and Aboriginal Community Controlled Organisations to ensure they are culturally secure, adapted and effective. Particularly in regional and remote areas, relationships with the local community and having a strong understanding of local cultures and protocols are critical to developing the necessary trust from community members to engage with local services.

Mission Australia welcomes the opportunity to provide input into the NSW Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW. This submission is based on research and insights from our service provision across NSW.

Recommendations

- Focus strategies to promote health outcomes in regional, rural and remote areas of NSW on providing Aboriginal and Torres Strait Islander people with adequate and high quality health supports that are delivered within a culturally and historically sensitive framework.

¹ Mission Australia, Annual Report, 2019, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2019/1320-annual-report-2019/file>

- Increase funding for Aboriginal Community Control Organisations to deliver health and mental health related services in rural and remote NSW.
- Invest in additional support services for people who need to travel to access healthcare.
- Invest in additional alcohol and other drug (AOD) and mental health services, including mobile detoxification services, and recognise the incidence of co-occurrence and the need for coordination between AOD and mental health services.
- Provide mental health service responses that acknowledge and seek to overcome barriers to help-seeking, including respecting people’s desire for anonymity and addressing transport barriers.
- Ensure funding for community-based mental health services includes funding for proactive outreach to increase engagement.
- Implement capacity building measures for the regional healthcare workforce as a way of reducing dependence on specialists travelling from Sydney or Adelaide to regional areas.
- Further develop and recognise the lived experience workforce as an important part of service provision.
- Invest in additional affordable housing plus support to support people’s healthcare needs.
- Engage in co-design processes to develop health services and supports with local communities.
- Recognise and resource effective, evidence-based, digital technology solutions that improve service availability and accessibility in rural and remote Australia.

Access to healthcare services

There are few locations for hospital and specialist treatment centres in the West and Far West regions:

- Dubbo Base Hospital is the major hospital across the two regions, especially for Emergency admissions. Extensions are currently being made to Dubbo Base Hospital and these have been welcomed by service providers and community members.
- The new oncology wing in the hospital is a very welcome development, as otherwise patients are required to travel to Orange or Sydney. There is also an oncology unit in Broken Hill but specialists travel from Sydney and there are limitations to the care that can be provided there.
- Dubbo and Moree are the only hospitals with a maternity ward.
- Royal Far West has a regional service, however, patients are required to go to Sydney for follow up treatment and consultation.

The implications of this are serious for people living in the West and Far West of NSW. The limited availability of supports and services coupled with a lack of public transportation, especially given the

long distances rural families have to travel for services, have significant impacts on accessibility of health services in regional, rural and remote areas. Transport related costs and travel time also exacerbate issues of people experiencing financial hardships as they may not have the financial capacity to take time off work or cover the cost of travel.

Some communities rely on medical and allied health professionals who visit intermittently, or who are on short term contracts, which affects continuity of care and means that people have to regularly rebuild rapport with different professionals. The long waiting periods to obtain appointments with mental health professionals can result in significantly deteriorating mental health or discourage people from seeking help.

“In areas where local help is minimal, people have to wait for weeks to see a GP. It’s much worse if you need a specialist professional like a psychiatrist.”

Mission Australia, Area Manager NSW

In addition to the challenges of having limited health professionals, the vast distances and scattered populations in rural and remote areas make it difficult for community organisations to deliver health services in rural and remote areas.

Rural and remote areas of Australia have low levels of public transport access. Some remote areas have relatively low levels of vehicle ownership.² In outer-urban areas transport disadvantage is the result of a range of intersecting factors including poor public transport infrastructure, a higher proportion of low-income households and the need to travel further distances in order to get to places of employment, services and activities.³

This makes it very difficult when people are required to travel away from their homes to access healthcare services. Oftentimes that will be alone, without family support, but it will sometimes be necessary for family members (particularly children) to travel with their parents to regional centres for medical care. For example, a significant issue for service delivery organisations is women needing maternity care who also have other children. When women come to Dubbo or Moree to give birth, they need to find accommodation for their other children while they are in hospital. Women whose pregnancies are considered to be at risk are generally required to arrive for hospital oversight six weeks prior to their due date, with significant implications for the woman and her other children with needing to be away from home for long periods of time. Mission Australia often provides support to these families to find and pay for accommodation, food, support services and referrals to other organisations where the support cannot be directly provided.

With the new rebuild of Dubbo Base Hospital, additional accommodation options are being constructed across the road from the hospital, representing a small but welcome addition to the housing options available to people from regional areas who need to seek accommodation during healthcare treatment.

² Australian Institute of Family Studies, *the relationship between transport and disadvantage in Australia*, 2011, p.1

³ Ibid

While social service providers like Mission Australia provide case management and other forms of support to people while they are receiving treatment and then in transitioning back to the community, this is complicated by the distances involved.

People who need to travel to Sydney or, in the case of those from Wilcannia and Broken Hill, to Adelaide in order to access healthcare can find this very difficult. Some have never been on a plane before, or to a major city, and the experience at a time when they are vulnerable because they are unwell can be very difficult particularly if they do not have someone to care for them. It can also take a long time: people from towns such as Bourke, Walgett and Brewarrina face two-day travel times to get to Sydney.

Providing support to people in these situations is particularly complex if people need to travel to Sydney for treatment. In Sydney there are various options for Mission Australia to refer clients to support services but it is complicated because it is at a distance, and difficult for staff members to remotely determine what can be prepaid, where appropriate accommodation is close to the health care facility, how to make arrangements for transport and so on. It is further complicated in Adelaide because it is in a different state with different funding arrangements, and relationships with other service providers are not as strong.

Mental health and AOD treatment services

Mission Australia assists in case management and discharge planning for people leaving mental health and AOD facilities and returning home to the West and Far West region.

Currently, there are a number of issues with mental health services in Western NSW. A critical principle of care is that a consistent approach to AOD and mental health service provision should be implemented across the regions. People should be able to receive the same sort of healthcare services no matter where they live in NSW.

However, as for health care services generally, there are insufficient mental health services to meet demand in the West and Far West regions. The few mental health treatment facilities include two mental health recovery centres run by Neami, one in Broken Hill and one in Dubbo. Orange has the only forensic mental health unit in the Central West region.

Accessing treatment at these facilities are very difficult. Patients are unable take their family, they lose connection with services close to their home, and the transition back to their home community is often very difficult. The process is not recovery focused at all. People are often sent home at very short notice. A client in an inpatient facility can be discharged unexpectedly if the facility needs the bed for someone else, which loses all the benefits of any case planning that has started to occur. The kind of panic that this process can engender is extremely unhelpful for anyone with serious mental health issues.

A similar situation exists with respect to AOD treatment facilities. There is an involuntary treatment centre at Orange but that is a lengthy journey for many people in the West and Far West. Most hospitals will not take people for detox and young people 12 to 18, especially those less than 16, have to travel all the way to Nepean for treatment. An addiction specialist does travel from Sydney to Brewarrina to provide services but given the fly-in-fly-out nature of these arrangements, services are limited. In this

context, the recent announcement in the 2020 NSW Budget for the establishment of a drug and alcohol rehabilitation centre in Dubbo is very welcome.

There is, however, also a strong demand for detox services and mobile detox from hospital would be ideal. This arrangement could also help to build capacity in smaller communities (see further discussion re capacity building below).

There are also a range of other issues affecting access to mental health care in regional, rural and remote NSW. Accessing mental health services can be challenging for people due to social and cultural factors, attitudes and understanding of mental health and awareness of available services in local areas. Travel distance, time and costs as well as limited availability of staff or significant waiting periods to access services of mental health professionals can act as inhibitors to seeking support in rural and remote areas.

Limited education and understanding about mental health issues increase the risk of conditions developing into more severe issues. This lack of mental health literacy also contributes to stigma, reluctance to seek help, and misunderstandings about mental health services.⁴

Anonymity is a vital aspect for many people accessing mental health services. People living in smaller close-knit communities are apprehensive about seeking support to address mental health issues due to stigma and judgement from their families and community members.⁵

“Stigma is a big concern in rural communities and services are often too few and far between ... In areas with smaller populations that are made up of communities that lived in those areas for generations, everybody knows everybody ... it is likely that the health professionals have connections to someone they [people seeking supports] know. This can cause tension and discourage people from seeking supports.”

-Mission Australia, Area Manager NSW-

Trust is an essential element in service provision as people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of mental health supports.⁶ Building these relationships requires thoughtful investment of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios,⁷ lack of accredited

⁴ A. Jorm, Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health, American Psychologist, Advance online publication, 2011, accessible at: http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in_press.pdf

⁵ M. Pullmann, S. VanHooser, C. Hoffman, and C. Heflinger, Barriers to and Supports of Family Participation in a Rural System of Care for Children with Serious Emotional Problems, *Community Mental Health Journal*, 2010 Jun; 46(3), pp 211–220.

⁶ W. Gaebel, *et al*, EPA guidance on building trust in mental health services in *European Psychiatry* 29, 2014, 83–100.

⁷ Rural Health West, *Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: contemporary review of the literature*, 2014, p. 9.

professionals such as therapists, nurses and psychologists, and uncertainty of funding⁸ to continue support programs. Significant investment of financial and human resources is needed to ensure that services in rural and remote areas are able to build relationships and trust within local communities.

Mission Australia's services have observed that once a person engages or makes initial contact with a mental health service, the majority of clients require continuous follow-up to ensure they remain engaged with the services. Funding for services should include proactive-outreach where case workers actively engage clients over the phone or visit them in person if they miss appointments or are likely to disengage from services.

Co-occurring mental health and AOD treatment

Many people in rural and remote areas do not have access to appropriate alcohol and drug related services that address mental health and alcohol and drug issues in a holistic manner or vice versa. Thus, people in rural and remote areas must either travel to regional towns or metropolitan areas to access these services. Services that provide support for people with co-occurring substance dependence and mental health issues must be increased in local communities.

It is generally accepted that people with mental health issues are particularly vulnerable to alcohol and drug dependencies and those with alcohol and drug dependency issues are also vulnerable to developing mental health issues.⁹ There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance dependence are both feasible and effective.¹⁰ Therefore, it is imperative that there is better recognition of co-occurring issues and coordination between services, particularly mental health and alcohol and drug rehabilitation services.

Gap between aged care and palliative care

An additional service system gap is the lack of available services in between aged care places and palliative care arrangements. Our service providers are starting to see an increased need for aged care placements with not enough available for the community. There is an acknowledged shortfall of aged care places in a number of regions across NSW.¹¹

Although aged care arrangements are primarily funded through the Commonwealth Government, there is a continuing role for NSW to play in encouraging investment in regional aged care support services, particularly models of aged care suitable for Aboriginal and Torres Strait Islander and isolated older people in regional communities.

⁸ Mental Health Australia, *Continuity of Funding Survey – At a Glance*, 2014, accessible at:

https://mhaustralia.org/sites/default/files/docs/continuity_of_funding_survey_-_at_a_glance.pdf

⁹ See further: R. Shivani, J. Goldsmith and R. Anthenelli, Alcoholism and Psychiatric disorders: diagnostic challenges, *Alcohol Research & Health*, 2002, Vol. 26(2), pp 90-98.

¹⁰ M. Deady, M. Teeson, K. Mills, et al, One person, diverse needs: living with mental health and alcohol and drug difficulties, A review of best practice, Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013

¹¹ Regional NSW, *Take advantage of unprecedented demand for quality health and aged care services*, 2018, accessible at: <https://www.investregional.nsw.gov.au/sectors/health-and-aged-care/>

Capacity building

There is a strong need for capacity building in smaller regional hospitals. Systems need to be put in place for training and capacity building measures to become part of standard practice. For example, if a specialist is flown in from Sydney, it is important to establish protocols for trainees to work alongside to assist in skills development and capacity building.

Lived experience workforce

There is a need for more lived experienced workforce members across NSW Health, and particularly in smaller communities. In Mission Australia's service experience, peer support workers can help enormously with the transfer from institutional care back to the community.

Understanding the importance of peer workforce in delivering services in local communities, Mission Australia is currently developing a series of internal policies and procedures to build and strengthen a peer workforce. Mission Australia's current peer workers bring significant value to the organisation through their contribution to the development of person led and recovery focused support and care.

Mission Australia currently has peer workers employed in each state and Territory (with the exception of ACT). Peer workers enrich the provision of health services by bringing skills and knowledge gained through lived experience and engagement with support services, to collaborate with others in overcoming life adversity.

In Mission Australia's experience, creating a peer support worker network has created employment opportunities for people in the community who understand the cultural nuances, local communities as well as the existing services and other relevant support networks. Therefore, Mission Australia recommends that programs such as Connections (below) that address the workforce issues in rural and remote areas and that also employ peer workers with lived experience should continue to be funded.

Connections program – Broken Hill

Mission Australia in collaboration with the Far West Local Health District (FWLHD) commenced the Connections Program to address loneliness in 2017.

The Connections Program is a unique service staffed exclusively by Peer Workers to build connections between program participants and the broader community, particularly in the evenings and on weekends. The Connections program promotes social inclusion, social skills and community participation.

The FWLHD provides assistance with program governance, clinical support, mentoring, provision of data, and a link to support for family and carers of people involved in the project. There are over 160 people registered to attend the program.

According to data gathered by the FWLHD, in the first six months, the program was instrumental in reducing participants' inpatient hospital days by 65 per cent and presentations to emergency departments by 80 per cent.

Feedback from participants has been extremely positive, with one participant stating: *“The Connections program is incredibly wonderful. There is a real atmosphere of friendliness, harmony and a sense of shared journey amongst the participants.”*

Need for housing with support options

There is a serious shortage of affordable, adequate housing in the West and Far West regions of NSW and this has flow on effects for health outcomes. The recently-funded Together Home packages are a much-needed model in the region with the capacity to provide housing plus wraparound support, particularly for people with AOD or mental health issues. However, there are only an extremely limited number of Together Home places in Western NSW – only 10 in Central West (in Bathurst and Cobar) and none at all in West or Far West. This is particularly disappointing as in many towns in Western NSW it is very difficult to support people into the private rental market, and a social housing response is the most appropriate source of housing for many clients.

Mental health is often linked with other complex issues such as alcohol and drug dependence, homelessness, poverty, physical health issues, domestic and family violence, family conflict, employment issues, experiences of discrimination and trauma. Mission Australia has a number of services that combine mental health services with other wrap-around holistic supports, including housing, through coordination with other sector organisations and stakeholders. Through years of service delivery experience, we have built a strong evidence base to demonstrate the importance and value of such coordinated services.

Housing and Accommodation Support Initiative (HASI)

HASI in NSW aims to provide people with mental illness with access to stable housing, clinical mental health services and accommodation support. It enables people to maintain successful tenancies and participate in their communities, often resulting in improvements in their quality of life and assists in their recovery from mental illness.

Supports include daily living skills, including self-care, personal hygiene, cleaning, shopping, cooking and transport; facilitating access to education, vocational training and employment; participation in social, leisure and recreation opportunities; support in building and maintaining family and community connections; and linkage to other related services.

Over several years, Mission Australia has delivered HASI, Aboriginal HASI, HASI in the Home and HASI Plus across NSW including in many regional areas.

Co-design

Mission Australia supports co-design processes that engage community members in designing services for their own communities. The Towards Zero Suicides initiative included mandatory co-design training, which we believe to be a good model for the way that other programs should also approach co-design. Mission Australia is committed to processes of human-centred design that prioritise seeking to

understand the experience of our service users and creating opportunities and capacity for their involvement in service design and delivery. We encourage government to co-design programs and responses with local communities and people with lived experience, building on the example of the Towards Zero Suicides program.

Use of technology for improved service delivery

The COVID-19 pandemic has highlighted the need to consider and continue to support telehealth options for people across NSW. However, particularly for those in regional, rural and remote areas, there are ongoing contributions even outside pandemic circumstances that telehealth arrangements can make to support people's healthcare needs even outside pandemic circumstances.

As stated in Mission Australia's *Youth Mental Health Report 2012 - 2016*, young people with a probable serious mental illness were relatively more likely to go to the internet, online counselling websites, telephone hotlines, community agencies and magazines.¹² This demonstrates that the use of online technologies is increasingly playing a major role in the delivery of mental health services and supports to young people, including information, prevention, assessment, diagnosis, counselling and treatment programs targeting various conditions and levels of severity.¹³

Online technologies also have the potential to reduce barriers to help-seeking by providing services that meet young people's strong preference for self-reliance, through the provision of self-help services, and the desire for anonymous and confidential services. In addition, digital technologies can be used to provide training and resources to a range of people in the community, for example, employers, teachers, GPs, school counsellors and parents, who provide help and support to young people.

There are a range of national digital services that provide evidence-based mental health and wellbeing information, advice and support. Resourcing these services to respond to people living in regional and remote Australia, and their unique needs and experiences, can increase the accessibility and availability of information and supports.

However, many rural and remote areas still experience poor network connectivity, therefore access to direct contact with mental health professionals is still needed.¹⁴ Furthermore, many people with complex and persistent mental health issues who would benefit from these online resources may lack the awareness, skills and technology necessary to access and utilise them.¹⁵ Therefore, in addition to the

¹² Mission Australia and Blackdog Institute, *Youth mental health report Youth Survey 2012-16*, 2017, p. 23 accessible at: <https://www.missionaustralia.com.au/publications/research/young-people>

¹³ Ibid p.30.

¹⁴ Orygen, *Raising the bar for youth suicide prevention*, 2016, p. 34, accessible at:

<https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report.aspx?ext>

¹⁵ S. Kauer, *Do Online Mental Health Services Improve Help-Seeking for Young People? A Systematic Review*, *J Med Internet Res.* 2014 Mar; 16(3): e66.

online platforms, services should be available in a range of methods to interact with professionals including face to face and via telephone.

“Sometimes all a person need is to talk to someone over the phone. It’s anonymous and they don’t have to spend money and time on travel or explain to the others about their plans to travel to the city ... But there will always be people who would like to interact face to face.”

- Mission Australia, Area Manager, NSW –