With 20 per cent of Australians experiencing mental health issues in any given year, mental health policy goes to the heart of our nation’s wellbeing and touches all of us.

Rural Australians have unique pressures affecting their mental health and currently lack access to adequate mental health services.

The Australian Greens recognise the need for innovative, community-based responses to overcome the growing disparity between city and country mental health services.

> LISTENING TO VOICES FROM THE FRONTLINE

In 2012 and 2013, Australian Greens Spokesperson for Mental Health, Senator Penny Wright undertook a rural mental health consultation tour of regional Australia. Senator Wright met with over 185 people, including consumers, carers, service providers and other stakeholders in order to unearth the strengths and weaknesses of the rural mental health system.

Holding 55 meetings across six states and 24 Australian towns, Senator Wright listened to the voices and experiences of people living in country Australia. What emerged from the mental health consultation tour were recurring issues, central to the delivery of mental health services in country Australia. The Greens’ rural and regional mental health policy responds to those concerns.


Years of under-investment in rural mental health has cost lives and left gaping holes in access to care for country Australians. The Australian Greens have a plan for increased and more targeted investment in rural, regional and remote mental health services.

Our rural mental health plan offers cost effective, community-based solutions, is people-focused, and will take the pressure off crisis-driven services by emphasising prevention and early intervention.

The Greens’ plan for rural mental health will ensure more country Australians are receiving the mental health care they need. Our fully costed, 8-point package, totalling a $552.6 million investment over the forward estimates from 1 July 2014, includes:

- Reforming rural mental health across the lifespan, developing flexible, multi-disciplinary and community-based care in local communities, through an investment of $55 million per year.
- Increased resourcing for community-based mental health and wellbeing centres, including neighbourhood houses and community centres, worth $20 million per year.
- Developing a rural mental health workforce plan and greater investment in education, research and training, through an investment of $35 million per year.
- Stepped prevention and recovery facilities including step-up, step-down accommodation and residential care, worth $35 million per year.
- Increased support for existing mental health services to expand outreach and telepsychiatry services, investing $20 million per year.
- Investing $15 million in mental health training for frontline staff and community members.
- A national social inclusion campaign to tackle the stigma surrounding mental health, costing $4.2 million per year.
- Changing the Centrelink Carer Allowance form to ensure its relevance for those caring for someone with a mental illness.

> MENTAL HEALTH CARE ACROSS THE LIFESPAN

Country Australians face unique challenges. Drought and other natural disasters, the threat of climate change, isolation, rural
unemployment and poor access to health services all have their effects on mental health and wellbeing.

When the nearest psychologist or mental health worker is a two hour drive away - or more - accessing the necessary services can be a significant challenge. That’s why the Greens are proposing robust, community-based responses to be delivered locally.

We want to build on the success of the headspace model, offering grants and tenders to design and test new models of community-based care to cover key life stages. These should provide whole-of-person care – mental health, general health, housing assistance, financial counselling and services related to welfare and employment. We will develop flexible, multidisciplinary and community-based care in local communities.

**COMMUNITY-BASED SOLUTIONS**

Neighbourhood houses and community centres connect people and build community resilience in many regional communities. They offer a place where people can share meals and socialise, participate in recreational activities, learn new skills and access services including financial counselling, housing support and Centrelink-related assistance.

We will invest $20 million per year to increase resources for community-based mental health programs, including neighbourhood houses and community centres. During our rural mental health tour, we learned that resources for such facilities are limited, despite there being a serious need for community-based responses in rural or regional areas – especially in the aftermath of extreme weather events or emergencies. Those we met with in Queensland told us community centres and neighbourhood houses were the “glue” of their communities but funding uncertainty continually inhibited the scope of what they were able to do to support the community.

Increasing resources for neighbourhood houses and community centres will assist with social inclusion and community wellbeing by encouraging participation and a place of belonging where people can join in, have fun and also access a range of services and advice. The Greens believe in community-based solutions because they’re cost-effective, socially inclusive and proven to work.

**ADDRESSING WORKFORCE CHALLENGES**

The current rural mental health workforce is under-staffed, under-resourced and under-trained. Almost 90 per cent of psychiatrists and two thirds of mental health nurses work in major cities, leaving country Australians without life-saving services and care.

During our rural mental health consultation tour, we heard from those experiencing the negative effects of the current workforce. One service provider told us her rural community required “systematic plans to attract and retain high level professional staff” and “greater training of emergency department doctors and staff on mental health issues and treatments.”

Challenges associated with recruiting and retaining staff affect both service providers and people trying to access care. Right now, these people are not getting the help they need.

As well as specialists we heard that there is an urgent need to attract and retain mental health workers from Aboriginal and Torres Strait Islander and culturally diverse backgrounds, to rural practice, and to develop training, supervision and accreditation for the employment of peer workers in paid and voluntary positions.

That’s why we’re announcing a rural, regional and remote mental health workforce plan, investing $35 million per year for research and training and the development of pathways and incentives, to grow and develop a strong and effective rural mental health workforce.

Better access to highly trained mental health professionals, as well as support for peer workers, means country Australians will be able to get the care they need closer to their homes.

It will also mean that mental health issues are less likely to reach crisis point, taking the pressure off hospitals and emergency services and ensuring better mental health outcomes for country Australians.

**FUNDING SUB-ACUTE SERVICES**

The current rural mental health system is crisis-driven and fails to adequately fund prevention and early intervention measures, including community-based sub-acute services.

Our plan includes $35 million per year for stepped prevention and recovery residential care such as community-based, step-up, step-down accommodation for people becoming unwell or recovering from an acute psychiatric episode.

For too long, the mental health system has been geared toward crisis services which, in many cases, do not meet the needs of rural Australians seeking help. As one participant explained during our tour of regional Australia, “we need a mental health safety net, not an ambulance”.

Our plan for community-based sub-acute services will adopt a whole-of-person approach to mental health while reducing the number of hospital admissions.
> BETTER SUPPORT FOR OUTREACH SERVICES

During our mental health tour, we found that people value outreach services. Many of the people we spoke with talked about the important role of outreach services in preventing mental illness crises for those who live outside population centres.

We also learned that another benefit of outreach services – including those provided by visiting practitioners from urban areas – is that they can offer a solution to problems of privacy and conflict of interest in small communities where there are a limited number of qualified service providers.

Conversations with individuals and organisations showed that outreach services are valuable but often difficult to deliver. Poor weather and road conditions affect workers’ ability to reach people in need. Cost and the time involved in assisting people who live remotely were the most common challenges associated with outreach services.

Furthermore, we heard during our consultations the growing importance of telepsychiatry as a tool to overcome the tyranny of distance. Whether as a way of overcoming the difficulties associated with remoteness, transport, workforce shortages or privacy, more and more people are choosing to access information and treatment via their computers.

Those living in remote areas are often isolated. Outreach and online services play a crucial role in ensuring those living remotely are able to access mental health advice and treatment. That’s why the Greens will invest $20 million per year for existing mental health organisations to provide outreach services and expand telepsychiatry.

We believe that distance should not be a barrier to accessing the care and support needed to ensure better mental health for Australians living in the bush.

> MENTAL HEALTH ON THE FRONTLINE

Our consultations across Australia revealed a need for greater investment in training and education about mental health and suicide prevention for frontline workers and staff who are in a position to help others within their communities.

Whether stock and station agents, bank staff, teachers, hairdressers or council workers, many felt they would benefit from better training to assist their colleagues and friends who may be struggling. Our plan will invest $15 million each year for training and awareness of mental health and suicide prevention.

> ADAPTING THE CARER ALLOWANCE FORM

As part of our rural mental health plan, we are proposing changes to the Centrelink Carer Allowance application form. During consultations with carers, we learned that many are prevented from accessing the benefit because the current application form is either too complex or irrelevant to their situation.

We are proposing changes to make the application form appropriate where the relevant disability is psychiatric as well as where the relevant disability is physical.

Carers play a pivotal and hugely valuable role in supporting their loved ones who experience mental ill-health. They are an integral part of the rural mental health system. The proposed changes to the Centrelink Carer Allowance application form will make a difference for those caring for people with mental illness and help them to receive some of the support they need.

> TACKLING MENTAL HEALTH STIGMA

Australia is one of the only English-speaking OECD countries without a national anti-stigma social inclusion campaign. Living in small remote towns can be isolating and challenging. We know that people in rural Australia experience stigma when seeking mental health assistance – some even travel great distances to seek treatment in other towns.

During our tour of regional Australia, we found that stigma is a significant barrier to accessing care for mental ill-health. We learned that rural Australians are less likely to seek help when they live in small towns because of their enmeshed social networks and lack of privacy.

The need for a national social inclusion and anti-stigma campaign in Australia has been recognised by many mental health organisations and advocacy bodies.

As one rural GP told us, “If your car is out the front of my service, everyone knows...if you become very unwell, people remember.” Another person responded to our online discussion paper, saying: “Stigma is very slowly lessening, but much more work needs to be done in order to support people and assure them that they deserve help, that it exists, and how to access it.”

Find out more about the Greens’ rural and regional mental health consultations and see the full range of places we visited here: http://greensmps.org.au/content/news-stories/rural-mental-health-services-consultation-tour.

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