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Mental health

Position paper (update)
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the future of rural health

The NRHSN is an initiative of the Australian Government Department of Health administered by the Consortium of Rural Workforce Agencies.

About us

National Rural Health Student Network

The National Rural Health Student Network (NRHSN) represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university Rural Health Clubs from all states and territories.

The NRHSN is Australia's only multi-disciplinary student health network, bringing together people studying medicine, nursing and allied health, encouraging them to pursue rural health careers.

The NRHSN aims to:

- provide a voice for students who are interested in improving health outcomes for rural and remote Australians; and
- promote rural health careers to students and encourage students who are interested in practising in rural health care.

The NRHSN and its Rural Health Clubs offer rural experience weekends, career information sessions and professional development activities as well as providing a social base for students at university and when on rural placement.

The student network leaders also advocate on behalf of health students of all disciplines - including opportunities for more rural placements and training support.

Rural Workforce Agencies

The NRHSN is an initiative of the Australian Government Department of Health, administered by the Consortium of Rural Workforce Agencies (RWAs). The NSW Rural Doctors Network is the RWA managing the NRHSN on behalf of the Consortium.

Each Australian State and the Northern Territory is served by a government-designated RWA that works to improve access to high-quality healthcare for people in remote, regional and rural Australia. RWAs do this through a range of programs, services and initiatives that attract, recruit, retain and support GPs, nurses and allied health professionals in rural and remote communities.

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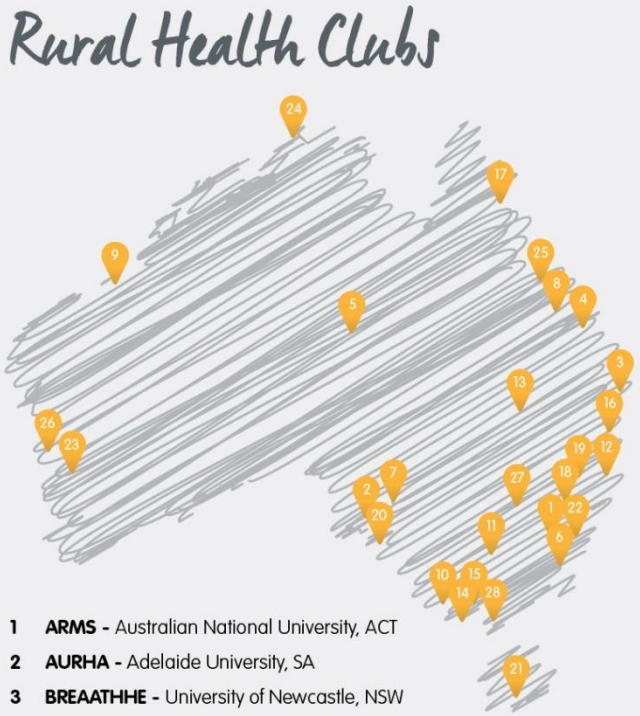

1 **ARMS -** Australian National University, ACT
2 **AURHA -** Adelaide University, SA
3 **BREAATHHE -** University of Newcastle, NSW
4 **BUSHFIRE -** Bond University, QLD
5 **CARAH -** Charles Darwin University, NT in assoc with Flinders University, SA
6 **CRANC -** University of Canberra, ACT
7 **FURHS -** Flinders University, SA
8 **HOPE4HEALTH -** Griffith University, QLD
9 **KRASH -** Notre Dame University, Broome, WA
10 **LARHC -** La Trobe University, Bendigo, VIC
11 **MARHS -** Charles Sturt University, Albury, NSW including La Trobe University Wodonga campus
12 **MIRAGE -** University of Sydney, NSW
13 **NERCHA -** University of New England, NSW
14 **NOMAD -** Deakin University, VIC
15 **OUTLOOK -** University of Melbourne, VIC
16 **RAHMS -** University of New South Wales, NSW
17 **RHINO -** James Cook University, QLD
18 **RHUUWS -** University of Western Sydney, NSW
19 **ROUNDS -** Notre Dame University, Sydney campus, NSW
20 **ROUSTAH -** University of South Australia, SA
21 **RUSTICA -** University of Tasmania, TAS
22 **SHARP -** University of Wollongong, NSW
23 **SPINRPHEX -** Combined Universities of Western Australia, WA
24 **StARRH -** Charles Darwin University, NT including Flinders University, SA
25 **TROHPIQ -** University of Queensland, QLD
26 **WAALHIIBE -** Combined Universities of Western Australia, WA
27 **WARRIAHS -** Charles Sturt University, Wagga Wagga, NSW
28 **WILDFIRE -** Monash University, VIC

Background

Mental health in rural, remote and regional Australia

There are 25 million people living in Australia, with approximately one-third of the population located in regional and remote areas[1]. Approximately one million people living in rural and remote Australia suffer from a mental health disorder each year[2]. There is a relative deficiency of mental health services for communities within rural, regional and remote Australia[3]. In 2017, a report by the Royal Flying Doctors Service (RFDS) entitled *Health Priority Survey Findings for People in the Bush* concluded that remote and rural survey respondents reported mental health as the second most significant health issue. Yet alarmingly, only 10% of psychiatrists and 30% of mental health nurses practice outside of major cities further highlighting the discrepancy in healthcare need and service delivery. As such, mental health is a key issue that requires assiduous attention[3,4].

Mental health disorders represent a significant burden of disease not only for the individual but also their community. Mental illness contributes to 43% of disability and 22% of the total burden of disease in Australia, only surpassed by cancer and cardiovascular diseases[5]. It is estimated that 45% of all Australians will experience a mental illness sometime in their lifetime, with 20% having a mental health illness in the last year[6]. Research has established that three-quarters of all lifetime mental health disorders emerge by age 24[7]. Moreover, mental illness contributes to 45% of the global burden of disease among those below 24 years, the age at which many allied health, nursing and medical students are studying, undergoing placement or nearing graduation. This highlights the imperativeness of mental health literacy, the establishment of mental health self-monitoring and recognition of behaviours that may affect the quality of a health professional's care and their decision-making capacity.

The Australian Bureau of Statistics (ABS) reported Australians living outside major cities in 2008 were 66% more likely to die from suicide than those in major cities while the Australian Institute of Health and Welfare reported a 1.6 times increased risk of suicide among rural and remote young men compared with their counterparts living in major cities. Similarly, it was also found that suicide risk was 280% higher for 15 to 24-year-old men in remote and

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[1] Department of Health and Ageing. (2009). *The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*. Canberra: Commonwealth of Australia 2009. Retrieved from http://framework.mhima.org.au/pdfs/mhaust2%202009.pdf

[2] Garvan Research Foundation. (2015). *Medical Research and Rural Health Garvan Report 2015*. Sydney: Garvan Research Foundation. Retrieved from https://www.garvan.org.au/news-events/files/medical-research-and-rural-health-garvan-report-2015.pdf

[3] Brown, P. (2017). Mental health in rural Australia. *Australian Journal of Rural Health*, 25(5), 258-259. https://onlinelibrary-wiley-com.ezproxy1.library.usyd.edu.au/doi/epdf/10.1111/ajr.12402

[4] Bishop, L., Ransom, A., & Laverty, M. (2017). *Health Care Access, Mental Health and Preventative Health: Health Priority Survey Finding for People in the Bush*. Royal Flying Doctors Service. Retrieved from https://www.flyingdoctor.org.au/assets/documents/RN032_Healths_Needs_Survey_Result_P1.pdf

[5] National Mental Health Commission, (2014) *The National Review of Mental Health Programmes and Services. Sydney*: National Mental Health Commission. Retrieved from https://mhfa.com.au/sites/default/files/vol2-review-mh-programmes-services.pdf

[6] Australian Bureau of Statistic (2008). *National Survey of Mental Health and Wellbeing 2007: summary of results*. ABS cat. no. 4326.0. Canberra: ABS

[7] McGorry, P., Goldstone, S., Parker, A., Rickwood, D., & Hickie, I. (2014). Cultures for mental health care of young people: an Australian blueprint for reform. *The Lancet Psychiatry*, 1(7), 559-568. doi: 10.1016/s2215-0366(14)00082-0

very remote regions compared with those living in highly accessible regions[8]. Research has also shown that rural young men with a mental disorder were less likely to seek help than urban young men[9].

Mental health definition and types

In this position paper, mental illness is a term used to encompass a wide variety of mental health and behavioural disorders, which vary in both severity and duration. The most prevalent illnesses are depression, anxiety and substance use disorders. Less prevalent, but often more devastating illnesses include schizophrenia, schizoaffective disorder and bipolar disorder[10]. The three most common mental illnesses – anxiety, depression and substance use disorder – were most prevalent in those aged 16-24, the age of most university students.

Mental health climate in Australia

Mental health received more structured policy and service delivery in 1992 with the endorsement of the National Mental Health Policy and formation of the National Mental Health Commission in 2012[11]. However, the mental health system in Australia has unclear lines of responsibility and can be extremely difficult to navigate as a mental health patient or family member[11]. This is particularly the case for young people who may not be familiar with the health system in general and oftentimes are transitioning away from close family and friends to attend university and clinical placements, which may exacerbate this issue. This is consistent with research and other evidence that suggests mental health issues are important for all Australians. Having a mental disorder is also a risk factor for suicide, which is the main cause of premature death among people with a mental disorder[12,13].

Challenges faced by students

Working in healthcare provision can be a difficult profession. Doctors, nurses and allied health professionals are continually exposed to pain, disease, death and suffering; and experience high work intensity, conflicting time

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[8] beyondblue. (2013). *National Mental Health Survey of Doctors and Medical Students*. Sydney: beyondblue. Retrieved from https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdmss-full-report_web

[9] King, S., Garrett, R., Wrench, A., & Lewis, N. (2010). *The loneliness of relocating: Does the transition to university pose a significant health risk for rural and isolated students?* Adelaide: School of Health Sciences, University of South Australia, School of Education, University of South Australia. Retrieved from http://fyhe.com.au/past_papers/papers11/FYHE-2011/content/pdf/16B.pdf

[10] Department of Health and Ageing. (2009). *The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*. Canberra: Commonwealth of Australia 2009. Retrieved from http://framework.mhima.org.au/pdfs/mhaust2%202009.pdf

[11] National Mental Health Commission, (2014) *The National Review of Mental Health Programmes and Services. Sydney*. National Mental Health Commission. Retrieved from https://mhfa.com.au/sites/default/files/vol2-review-mh-programmes-services.pdf

[12] Garvan Research Foundation. (2015). *Medical Research and Rural Health Garvan Report 2015*. Sydney: Garvan Research Foundation. Retrieved from https://www.garvan.org.au/news-events/files/medical-research-and-rural-health-garvan-report-2015.pdf

[13] Said, D., Kypri, K., & Bowman, J. (2012). Risk factors for mental disorder among university students in Australia: findings from a web-based cross-sectional survey. *Social Psychiatry and Psychiatric Epidemiology*, 48(6), 935-944. doi: 10.1007/s00127-012-0574-x

demands and heavy professional responsibility in conditions where physical and social resources are limited[14]. In 2009, 71% of the junior doctors surveyed by the Australian Medical Association reported having personal concerns about their physical or mental health during the previous year. A systematic literature review entitled *The Mental Health of Doctors* by beyondblue in 2010 identified 33 studies that reported the suicide rates of doctors to be higher than the suicide rates in the general population[15]. Male doctors had a 26% higher risk of suicide, while female doctors had a 146% higher risk when compared to the general population[15]. The disciplines of allied health, nursing and medicine encounter additional and characteristic challenges that are compounded when practicing in rural and remote Australia. Rural placement opportunities for students are often incredibly rewarding but may represent significant challenges to students. Mental health training prior to placements to facilitate resilience and preparedness for a career in rural health are fundamental objectives advocated by the NRHSN.

Mental health risk factors and epidemiology in rural, remote and regional Australia

Aboriginal and Torres Strait Islander populations

Aboriginal and Torres Strait Islander people comprise approximately 1% of the total population in cities and 26% of the population in remote communities[16]. Of all Aboriginal and Torres Strait Islander people, 20.4% live in rural and remote areas. The rate of suicide among the Aboriginal and Torres Strait Islander population is 1.9 times that of non-Indigenous people, and for 15-24 year-olds suicide rates are 3.7 times higher when compared with non-Indigenous people[17]. Aboriginal and Torres Strait Islander people experience higher rates of psychiatric morbidity and therefore require culturally competent mental health care.

Availability of services

Access to and awareness of high quality mental health care is reduced in rural areas of Australia. This is particularly pronounced in specialist mental health areas such as aged care and child psychiatry. In 2015-16 there were 482 Medicare Benefits Schedule (MBS) funded mental health encounters per 1,000 people in major cities, compared with 382 and 108 encounters per 1,000 people in rural and remote areas respectively[18]. A lower service provision rate may reflect the reduced access to specialised mental health services in rural regions. Rural/regional psychiatrists, mental health nurses and psychologists respectively had service provision rates of only 36%, 78% and 57% of those in major cities[19].

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

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[14] Bishop, L., Ransom, A., & Laverty, M. (2017). *Health Care Access, Mental Health and Preventative Health: Health Priority Survey Finding for People in the Bush*. Royal Flying Doctors Service. Retrieved from https://www.flyingdoctor.org.au/assets/documents/RN032_Healths_Needs_Survey_Result_P1.pdf

[15] Elliott, L., Elliott, J., & Elliott, S. (2010). *The Mental Health of Doctors A Systematic Literature Review*. beyondblue: the national depression initiative. Retrieved from http://resources.beyondblue.org.au/prism/file?token=BL/0823

[16] Health Workforce Australia, 2011, Rural and Remote Workforce Innovation and Reform Strategy, HWA, Adelaide.

[17] Australian Bureau of Statistics. (2016). 3303.0 - *Causes of Death, Australia, 2016*. Canberra: ABS. Retrieved from http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02016?OpenDocument

[18] Mental health services in Australia, Summary - Australian Institute of Health and Welfare. (2016). Retrieved from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services

[19] Mental health services in Australia, Summary - Australian Institute of Health and Welfare. (2016). Retrieved from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-workforce

	Major cities	Inner regional	Outer regional	Remote	Very remote
Clinical FTE per 1,000,000 population					
Psychiatrists	13	5	4	5	2
Mental health nurses	83	74	46	53	29
Psychologists	73	46	33	25	18

Access to healthcare is further elucidated by Medicare data (Table 2). Compared with major cities, per capita MBS expenditure on mental healthcare service provision in 2015-16 in rural areas and remote areas was 74% and 21% respectively[20].

Table 2: Per capita MBS expenditure, mental health services, by remoteness, 2015-16

	Major cities	Inner regional	Outer regional	Remote	Very remote
All professions	$50.94	$42.18	$28.09	$13.15	$7.44

Community and cultural factors

Mental health has wide ranging implications for all Australians. While rural towns and areas are individually unique, they differ from metropolitan settings in a few important aspects. Rural communities have varying mental health needs, health determinants and attitudes to mental health. Rural people are broadly very resilient, and a culture of self-reliance is often entrenched in such communities. Rural people score greater on indicators of life satisfaction and feelings of wellbeing when compared with urban counterparts[21]. This may be attributed to the distinctive characteristics of the rural experience where a sense of community and informal support networks, interconnectedness and mateship and rates of social cohesion and community involvement underpin meaning, purpose and wellbeing[21].

These positive aspects to rural life are paralleled by distinctive cultural disadvantages. Help-seeking behaviour and willingness to engage with mental health services are often influenced by adherence to preventive advice, resilient attitudes, lower educational levels and rural stoicism[22, 23]. There is often apprehension when seeking help for mental health symptoms for fear of stigma, especially in environments where individuals are more visible, and confidentiality may be less assured. Individuals may be reluctant to seek formal help from mental health services

[20] Mental health services in Australia, Expenditure on mental health-related services - Australian Institute of Health and Welfare. (2016). Retrieved from https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services

[21] National Rural Health Alliance. (2017). *Mental Health in Rural and Remote Australia*. Retrieved from http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[22] Hoolahan, B. (2002) 'The Tyranny of Distance'. Issues that impact on mental health care in rural NSW. *NSW Centre for Rural and Remote Mental Health*, Orange, NSW.

[23] beyondblue, https://www.beyondblue.org.au/about-us/research-projects/research-projects/ depression-in-farmers-and-farming-families

due to risk of compromised anonymity. Personal and professional issues are not easily separated which presents challenges to healthcare providers who are often intrinsic members of the rural community[24].

Distance and isolation

Social isolation is a significant independent risk factor for mental illness and its effects. Geographical challenges can be pronounced for people living in rural areas, particularly when finding peers and mental health services to connect with easily. Access to mental health services may be inaccessible, intermittent in nature or require vast travel. Factoring in lower incomes, this compounds the challenges to affording and accessing mental health services. These factors combine to increase the risk and sense of social isolation, especially for those who are physically unwell, unemployed or living with a disability[24]. It is likely that timely diagnosis, treatment and ongoing management of a mental health condition in rural and remote areas may present later or not at all. This contributes to an increased likelihood of hospitalisation and may lead to tragic outcomes such as self-harm and suicide. Mental health overnight hospitalisation rates in rural and remote areas in 2013-14 were higher than metropolitan areas by 11% and 26% respectively[24].

Mental health issues affecting health students

In addition to demands associated with balancing study with family, social, and financial commitments, limited research indicates that students in health degrees are at risk of mental health issue[25]. The significant number of contact hours, volume of learning material and clinical placement requirements impact students. Feelings of isolation may accompany rural placements when moving away from family, friends and other support structures. Furthermore, the report on the 2007 National Survey of Mental Health and Wellbeing declared that the prevalence of mental health disorders to be greater in people with less regular contact or no contact with family members[26]. In addition, certain personality traits common among health students have been found to place them at increased risk of mental health problems. Personality traits more common in doctors such as conscientiousness, commitment and obsessiveness can be a source of vulnerability, as they may be associated with perfectionism, inflexibility, over-commitment to work, self-criticism and an inability to relax[27].

Students of a rural origin may also be at increased risk, as they must often cope with pressures associated with relocation to university locations[28]. While there is increasingly emerging evidence exposing the prevalence of depression and anxiety among medical students and junior doctors, there is a considerable lack of understanding of the extent of mental health challenges experienced by students and professionals of other health disciplines.

The NRHSN surveyed its members in 2016 regarding their placement experiences. From the 565 students who had undertaken clinical rural placements, only 6% had received formal mental health training and 41% had been

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[24] National Rural Health Alliance. (2017). *Mental Health in Rural and Remote Australia*. Retrieved from http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-dec-2017.pdf

[25] Said, D., Kypri, K., & Bowman, J. (2012). Risk factors for mental disorder among university students in Australia: findings from a web-based cross-sectional survey. *Social Psychiatry and Psychiatric Epidemiology*, 48(6), 935-944. doi: 10.1007/s00127-012-0574-x

[26] Department of Health and Ageing. (2009). *The Mental Health of Australians 2. Report on the 2007 National Survey of Mental Health and Wellbeing*. Canberra: Commonwealth of Australia 2009. Retrieved from http://framework.mhima.org.au/pdfs/mhaust2%202009.pdf

[27] Riley, G. (2004). Understanding the stresses and strains of being a doctor. *The Medical Journal of Australia*, 181(7):350-3

[28] McGorry, P., Goldstone, S., Parker, A., Rickwood, D., & Hickie, I. (2014). Cultures for mental health care of young people: an Australian blueprint for reform. *The Lancet Psychiatry*, 1(7), 559-568. doi: 10.1016/s2215-0366(14)00082-0

provided with any mental health resources. This snapshot is concerning and elicits the concern that universities are not adequately preparing students for rural placements.

Table 3: Percentage of health students provided with mental health resources/support during rural placements (n=565)

Mental health resource	%
Any mental health resources	41.1
General tips/advice for maintaining mental health	32.7
Phone, email or web-based contacts	20.2
List of mental health providers	12.4
Formal mental health training	5.7
Debriefing sessions, check-ins from staff etc	1.6
Written mental health resources	0.7

Allied health and nursing students were also significantly less likely to be provided with mental health resources. Our survey found that compared with medical students, non-medical students were significantly less likely to be provided with any mental health resources or support (32% vs 49%; $p<0.001$).

Students equipped with practical knowledge and basic skills to manage their own mental health and those around them will be valuable assets to the future health workforce. Greater confidence in handling mental health issues is especially important for students who will later work in rural and remote communities. They will more likely take on roles as mental health champions and advocates in their communities, areas that are traditionally underserved.

Promotion and training in mental health must occur at the university level, as it is integral to the development of resilient, healthy and confident practitioners. Training in mental healthcare skill-sets is pivotal in ensuring that rural health practitioners can manage the clinical complexities associated with providing mental health care in rural and remote areas. It is equally important that the healthcare system is supportive of mental health care as a priority of rural health practice, to facilitate its provision.

Position

The NRHSN believes mental health is equally as important as physical health and should receive comparable support and funding. The stigma attached to mental illness can act as a barrier to young people accessing help and must be reduced in order to improve the mental health and wellbeing of young Australians. Rural communities also have the disadvantage of providing limited anonymity for medicine, nursing and allied health students/placements which can be a deterrent from seeking help, particularly regarding mental health issues. Coursework and mental health courses can aid with identifying and correcting this stigma.

The NRHSN identifies an urgent need for mental health training to be made widely available and accessible to all health students in an effort to reduce the stigma of mental illness and encourage future health professionals to actively pursue greater mental health literacy. Mental Health First Aid is an internationally recognised course, which increases mental health literacy by improving participant understanding of common mental health problems and equipping them with the confidence to identify and respond effectively to various mental health scenarios. Investment in Mental Health First Aid training for all health students will support greater levels of mental health wellbeing among health students on placement and in their future careers, preventing the likelihood of experiencing professional burnout.

Recommendations

Recommendation 1

Coverage of mental health in the curriculum, including mental health legislation, basic mental health assessment and self-harm risk assessment and that this be undertaken prior to placement.

Recommendation 2

Further research is needed into effective mental health programs for health students prior to and during placements in rural Australia.

Recommendation 3

Ensure all health students undertake mental health training during their degree to encourage the development of resilience and increase awareness of challenges experienced by healthcare professionals whilst developing skills to support self and colleagues.

Recommendation 4

Provision of sufficient notice to the student that he or she will be undertaking a rural placement to enable adequate preparation time both privately and professionally. Ideally, students would benefit from speaking to their supervisor prior to the placement regarding professional issues such as mobile phone usage, internet access and transport.

Recommendation 5

Usage of specific mental health learning objectives for all rural placements. The rural learning objectives should consider issues that are specifically relevant to rural placements, including the rural context of the mental health experience and increased potential for confidentiality compromise and overlapping relationship conflict.

Recommendation 6

Provision of high quality, locally-oriented cultural competence training, as it relates to mental health care.

Recommendation 7

Increase number of allied health rural scholarships to not only multiply rural placement opportunities but to alleviate the financial burden and associated stress of compulsory (and voluntary) university stipulated rural placement obligations.

Recommendation 8

In order to increase retainment prospects, consolidated and heightened provision of allied health, medical and nursing supported training positions across Australia would ensure continuity in university education and training through to professional practice. This also provides stability in and the continuance of professional and personal relationships.

Recommendation 9

Provision of an appropriate learning space including access to a desk, email and internet during the placement.

Recommendation 10

Further research is required into the mental health challenges experienced by health students during tertiary studies and rural placements.

Recommendation 11

24 hour access to a designated support officer as a professional point of contact while students are on placement.