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MEDIA RELEASE

...good health and wellbeing in rural and remote Australia.

Complete rethink needed to address rural mental health crisis

New analysis by the National Rural Health Alliance reveals how few mental health professionals work in the country.

There are just 2 psychiatrists for every 100,000 people in remote Australia, new analysis from the National Rural Health Alliance showed today.

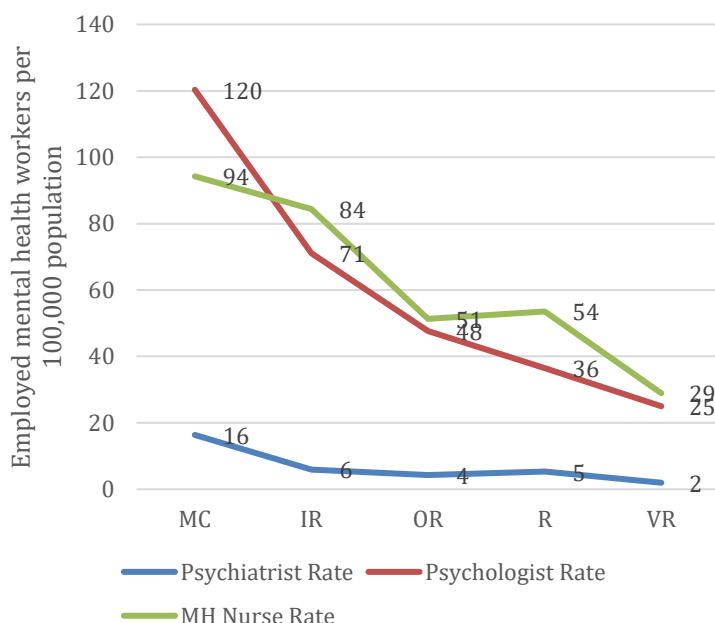
Mark Diamond, CEO of the National Rural Health Alliance, is calling for Australia to overhaul the way it trains and supports mental health professionals to boost numbers in rural and remote areas.

“We need to both attract country kids to the professions and train them in rural areas to maximize the chance they’ll stay and work in the country.”

“Rural Australia is not only short of GPs. All of the mental health professions are scarce,” he said.

The new Alliance analysis compares the number of mental health workers in major cities and country areas. In major cities there are 120 psychologists/100,000 people. In very remote areas there are just 25 psychologists/100,000. For mental health nurses the split is 94/100,000 in cities, compared to 29 per 100,000 people living in very remote areas.

Figure 1 Prevalence of specialist mental health professionals, by Remoteness, 2015



Data source: <http://mhsa.aihw.gov.au/resources/workforce/>

The National Rural Health Alliance is Australia’s peak non-government organisation for rural and remote health.

Very remote areas include Bourke and Cobar in NSW, Ceduna and Kangaroo Island in South Australia, Kalgoorlie in WA, and Cunnamulla and Charleville in Qld.

The National Rural Health Alliance analysis also reveals that Medicare spending on mental health is \$52.42 per person in cities, and just \$8.26 per person in very remote areas.

“The Alliance has dug into different sets of data, and built a picture Australia hasn’t yet seen of the rural mental health crisis.”

The low number of mental health workers is forcing country people into hospital emergency departments.

“Nearly twice the number of people in remote areas end up in emergency for a mental health issue because there is simply no one else to help them” Mr Diamond said.

“If the emergency department of your nearest hospital is the only service available, country people are more likely to delay seeking help, especially if they have to travel long distances to a hospital.”

“It makes it much more likely their mental health illness has reached crisis point before they seek help, making it that much harder to recover.”

The Alliance welcomes recent announcements by the Federal Government to fund extra online and phone counselling services for country Australia.

“Technology is a part of the solution. But it’s only a part. We need significantly more mental health workers on the ground. They also need extra training to prepare them for the particular needs and challenges of working in a rural or remote setting.”

The analysis is part of the Alliance’s submission to a Senate Inquiry into *The Accessibility and Quality of Mental Health Service in Rural and Remote Australia* <https://bit.ly/2IJN7W0>

The submission makes seven recommendations including:

- Overhaul the way mental health professionals are trained to both attract and retain them in country areas.
- Ensure they have additional generalist skills needed to address the unique needs of rural and remote Australia.
- Ensure rural and remote areas receive the same mental health funding per capita as major cities.
- Evaluate the effectiveness of current federal and state mental health programs.
- Ensure guidelines are used to decide whether or not telehealth services are appropriate.

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