Models of Mental Health Services Rural Remote Areas program delivery across the Northern Territory

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Background

The Mental Health Services in Rural and Remote Areas (MHSRRA) Program funds non-government health organisations to deliver mental health services via appropriately trained mental health care workers including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

The MHSRRA Program provides funding for mental health professionals in communities that would otherwise have little to no access to mental health services and is designed to address inequities in access by targeting rural and remote areas. Approximately 16 employed staff were contracted through NTML MHSRRA program in 2014-15.

NT Service Models of MHSRRA

The Northern Territory Medicare Local region covers a jurisdiction of 1.3 million square kilometres, which is sparsely populated with approximately 233,000 people, including a significant constituency of Aboriginal people. The NTML records 22.4% of the population living in very remote areas and 21.6% in remote areas.

The Northern Territory Medicare Local (NTML) Mental Health Service Rural Remote Areas (MHSRRA) Program is considered a highly effective and appropriate model for rural and mental health service delivery. A variety of service delivery models are utilised to meet the needs of specific communities and regions in the NT.

NTML does not provide direct services but commissions' health services through service providers including Aboriginal community controlled health services (ACCHSs), the private sector including allied health professionals, not-for-profit companies and other providers. In commissioning health service providers, the design of health programs is informed by population health and health care needs assessments.

The MHSRRA program is the main vehicle that funds and supports the NT Aboriginal Mental Health Worker Program and thus builds capacity by providing local employment, expertise and understanding of family and cultural dynamics and cultural components of care and support in serviced communities. Wider aims of MHSRRA are to develop and support NT rural and remote mental health workforce, including Aboriginal Mental Health Worker models.

Service delivery models

The nature of small, rural and remote communities place the focus of mental health needs within a framework of contextual variables, such as; Practitioner multiple relationships and confidentiality being compromised; greater visibility and stigma and a higher prevalence of mental health problems due to:

- socioeconomic disadvantage
- harsher natural and social environment
- loneliness and isolation
- fewer available health services (Morrissey & Reser 2007).

This presentation aims to discuss the pros and cons of three different models of MHSRRA mental health service delivery across three regions of the NT:

1. Outer Rural Darwin - Sole Contractor – Psychologist Model

Three regional community health clinics- serviced by 1 Psychologist for over 4 years

Where the practice has built presence over time and social acceptance as a visiting Mental Health Provider, coordinating MH services and managing a high client load.

2. Katherine - Aboriginal Health Service - Aboriginal Outreach Health Worker Model

A town-based outreach model to nine very remote communities. This week long outreach run has had recruitment and burn-out issues and service delivery has at times had to rely on a pool of social and emotional wellbeing personnel not necessarily Cert 3 or 4 qualified in order to minimise the gaps in service delivery. This model is culturally secure utilising an Aboriginal Outreach Health Worker.

This Aboriginal Health Service has attempted to address education pathway shortfalls by providing these community based health workers with AOD & MH Cert. and Diploma level education in partnership with Victorian University.

3. East Arnhem – Aboriginal Health Service – Aboriginal Mental Health Worker (AMHW) Model

Model is community-based local Yolgnu employment model of AMHW's. The team of 4-5 staff of which 2 x staff (Team Leader and Senior AMHW) are funded by MHSRRA servicing offshore Island (Galiwin'ku and 12 outstations on Elcho Island) provide a unique and essential model compared to mainstream. The workers live where they work, so they know everyone and they know the issues.

Cultural systems can oppose mental health medical views and obligations to kin can prioritise focus of work. An emergent model of broad clinical and community -based practice exists e.g. across high prevalence disorders, education pathways, and support for clients in recovery. The AMHW activities are defined as they relate to a client's journey.

Conclusion

MHSRRA is the most preferred and effective remote mental health service delivery option promoting a high degree of cultural understanding. Working conditions are also able to also support traditional and cultural obligations whilst also providing much needed local employment.

Communication between Psychologists, Aboriginal Mental Health Workers (AMHWs), GPs and Clinic staff has developed via MHSRRA in to a well-supported clinical service where Psychologists are also able to debrief and educate GPs and staff as well as supervise AMHWs as a delivery model option.

Flexible mental health models give access to forgotten populations where adaptable structure can address the particulars of each location.

MHSRRA Funds support the NT Aboriginal Mental Health Worker Program that was formalised in 2002 and models into the future, such as support workers and internships would allow a more substantial service responsive to remote context.

Presenter

Tim Keane has worked at Northern Territory Medicare Local (NTML) since 2013 in the Mental Health Services Rural Remote Areas Program, of which he is now Principal Program Officer. The program funds allied mental health professionals through various agencies to provide mental health services to remote NT locations. He has working experience in North American Metropolitan homeless shelters and with International NGOs in South Asia and South America addressing Indigenous community development and Self-Help Mental Health Groups. Tim has spent the last 10 years mainly across Northern Australia and NSW working for progress in remote Aboriginal education, social and emotional wellbeing and mental health with various organisations. They have included Aboriginal Legal Service WA (ALSWA), Kimberley Stolen Generation Alliance (KSGAC), Aboriginal Health and Medical Research Council NSW (AH&MRC NSW), and Australian Red Cross Aboriginal Community Youth MH Programs in the Top End. Tim has a strong interest in Australian public health issues relative to Aboriginal population health. He lives by the Sea in Darwin.