



POLICY PROPOSAL

e-MENTAL HEALTH FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

PROPOSAL

The National Rural Health Alliance is proposing that the Government:

- fund the development of a suite of culturally appropriate e-mental health information resources and self-help tools specifically for Aboriginal and Torres Strait Islander people;
- provide ongoing support for an e-mental health portal designed specifically for Aboriginal and Torres Strait Islander people;
- provide ongoing funding for an Aboriginal Wellbeing online program staffed by trained Aboriginal counsellors; and
- provide ongoing funding for Aboriginal Health Workers in e-mental health practice.

BACKGROUND

- The annual cost of mental illness in Australia has been estimated at \$20 billion, which includes the cost of lost productivity and labour force participation. The Commonwealth Government bears a large proportion of this cost via direct health costs, disability welfare payments, unemployment benefits, loss of national productivity and taxation revenue and the direct costs of imprisonment.
- The Australian Government has already funded the development of an online e-mental health portal ([mindhealthconnect](#)).
- Currently, there is only a limited amount of culturally appropriate mental health information resources and self-help tools available for Aboriginal and Torres Strait Islander people.
- There are many websites and web- and telephone-based counselling services in existence, but none of them are designed specifically for Aboriginal and Torres Strait Islander people.
- An online therapy program - the Aboriginal Wellbeing Program - specifically designed for Aboriginal and Torres Strait Islander people is currently being developed by [Mindspot](#), the national online therapy service funded by the Department of Health.

- There is also currently a pilot underway (part of the [eMHPrac](#) Project) through which Aboriginal Health Workers are being trained in e-mental health practice.

POTENTIAL COST OF IMPLICATIONS PROPOSAL

- There is some research showing that delivery of e-mental health is both cost-effective and cheaper to provide than face-to-face care, particularly for depressive and anxiety disorders.¹
 - A social return on investment [study](#) on Lifeline's Online Crisis Support Chat service estimated a return of \$8.40 for every \$1 invested in the service.

RATIONALE FOR PROPOSAL

- The prevalence of [mental illness](#) among Aboriginal and Torres Strait Islander people is higher than for non-Indigenous Australians, and its consequences are often more severe.
- Almost one third of Aboriginal and Torres Strait Islander adults reported experiencing high/very high levels of [psychological distress](#) in 2012-13.
 - This is around 2.7 times the rate for non-Indigenous Australians.
- Aboriginal and Torres Strait Islander people are [hospitalised](#) for mental and behavioural disorders at twice the rate as non-Indigenous Australians.
- The rate of hospitalisation for [intentional self-harm](#) among Aboriginal and Torres Strait Islander Australians is around 2.5 times the rate for non-Indigenous Australians.
 - The rate increased by 48 per cent between 2004-05 and 2012-13.
- Suicide rates for Aboriginal and Torres Strait Islander Australians were almost double that for non-Indigenous Australians between 2008 and 2012.
 - Among 25-34 year olds, the [suicide](#) rate for Aboriginal and Torres Strait Islanders is three times that for non-Indigenous Australians.
- Cultural appropriateness is an important determinant of Aboriginal and Torres Strait Islander peoples' willingness to engage with health services. The lack of cultural adaptation of online programs is seen a major barrier to their engagement and use by Aboriginal and Torres Strait Islander people.²

The Alliance is keen to be called upon for assistance in further developing this proposal. See Appendix A for a list of Alliance Member Bodies.

¹ Hedman E, Ljotsson B, Lindefors N. Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost - effectiveness. *Expert Rev Pharmacoecon Outcomes Res.* 2012;12:745-64; Lokkerbol J, Adema D, Cuijpers P, Reynolds C, Schulz R, Weehuizen R, et al. Improving the cost-effectiveness of a healthcare system for depressive disorders by implementing telemedicine: a health economic modeling study. *Am J Geriatr Psychiatry.* 2014;22:253

² University Centre for Rural Health R U Appy team (pers.comm, Feb 5th 2015)

ADDITIONAL MATERIAL

CHALLENGES IN ACCESSING CARE IN RURAL AND REMOTE AUSTRALIA

- People in rural areas have less access to primary care; for example, it is more difficult to see a GP. As a consequence, GP mental health encounters per 1,000 people decline from 668 in major cities to 241 in remote/very remote areas.
- There is also less access to specialised mental health care in rural areas. The number of psychiatrists, mental health nurses and psychologists in regional areas is, respectively, 40 per cent, 90 per cent and 60 per cent of what it is in major cities, with even poorer comparisons in remote areas.
- When compared with major cities, per capita Medicare expenditure on mental health services in inner regional and very remote areas is, respectively, 74 per cent and 11 per cent of what it is in major cities.
- There is often apprehension around help-seeking and a fear of the stigma sometimes associated with mental illness, particularly in smaller communities where individuals are more visible and confidentiality is less assured. This constitutes a major challenge in Indigenous communities.
- 'Rural stoicism', resilient attitudes, and lower levels of education also influence help-seeking behaviour, readiness to engage with mental health services, and adherence to preventive advice.
- Lower incomes make it more difficult to afford mental health care, and limited or non-existent public transport in many remote communities is also a barrier to accessing mental health care.

There is growing evidence that telephone- and web-based information and support services can overcome some of the challenges that rural and remote people face in accessing mental health care.

STRATEGIC DIRECTION

This proposal is broadly consistent with a number of recommendations made in Mental Health Australia's recent [Blueprint for Action on Mental Health](#). Some of its recommendations include:

"...the Commonwealth should coordinate an e-Mental Health strategy that invests in models which are evidence-based, scalable and value for money." (Recommendation 11)

"... the Commonwealth should fund a limited number of existing e-Mental Health providers with broad population reach to act as online gateways to mental health information and services. These gateways should facilitate self-help and self-referrals by individuals, and would also be available to mental health professionals, including general practitioners, for information and in making referrals to local services." (Recommendation 12)

"The Commonwealth should support a nationally-coordinated system of helplines for mental health support, crisis intervention and suicide prevention, by providing ongoing funding for administration and operations, national telephony infrastructure and targeted ongoing work to develop referral pathways and integration between helplines and other supports and services." (Recommendation 16)

"All governments should ensure their mental health policies include and align with specific strategies to promote the social and emotional wellbeing of particular population groups, including Aboriginal and Torres Strait Islander peoples and other culturally and linguistically diverse populations." (Recommendation 21)

It is also consistent with a number of key strategies in the [Aboriginal and Torres Strait Islander Health Plan 2013-2023](#). For example:

"Continue support for counselling, health promotion and early intervention services to promote social and emotional wellbeing amongst Aboriginal and Torres Strait Islander people, including members of the Stolen Generations"

"Improve access to health information including eHealth, recognising that for many Aboriginal and Torres Strait Islander people, language or lack of transport may be an additional barrier to accessing health services."

LIST OF SOURCES

Australian Government, Department of Industry, *My skills: Australia's Directory of Training*, [website], available at:

<http://www.myskills.gov.au/courses/Details?Code=CHC42212®isteredTrainerLocationId=19266&activeTab=course>

Australian Government, Productivity Commission, *Overcoming Indigenous Disadvantage: Key Indicators 2014 Report*, available at: <http://www.pc.gov.au/research/recurring/overcoming-indigenous-disadvantage/key-indicators-2014/key-indicators-2014-report.pdf>

Australian Government, *Training*, [website], available at:

<https://training.gov.au/Training/Details/CHC42212>

Lifeline, *Lifeline Publications Library*, [website], available at: https://www.lifeline.org.au/About-Lifeline/Publications-Library#research_reports

Open Universities Australia, *Indigenous Health Workers*, [website], available at:

<http://www.open.edu.au/careers/community-service---not-for-profit/indigenous-health-workers>

Centre for Cultural Competence Australia (cca), *Closing the gap through education*, available at:

http://cca.com.au/OTPUser/CCCA_Information_Pack.pdf

Member Bodies of the National Rural Health Alliance

ACEM (RRRC)	Australasian College of Emergency Medicine (Rural, Regional and Remote Committee)
ACHSM	Australasian College of Health Service Management
ACM (RRAC)	Australian College of Midwives (Rural and Remote Advisory Committee)
ACN (RNMC)	Australian College of Nursing (Rural Nursing and Midwifery Community of Interest)
ACRRM	Australian College of Rural and Remote Medicine
AGPN	Australian General Practice Network
AHHA	Australian Healthcare and Hospitals Association
AHPARR	Allied Health Professions Australia Rural and Remote
AIDA	Australian Indigenous Doctors' Association
ANMF	Australian Nursing and Midwifery Federation (rural members)
APA (RMN)	Australian Physiotherapy Association Rural Member Network
APS	Australian Paediatric Society
APS (RRPIG)	Australian Psychological Society (Rural and Remote Psychology Interest Group)
ARHEN	Australian Rural Health Education Network Limited
CAA (RRG)	Council of Ambulance Authorities (Rural and Remote Group)
CRANaplus	CRANaplus – the professional body for all remote health
CWAA	Country Women's Association of Australia
ESSA (NRRC)	Exercise and Sports Science Australia (National Rural and Remote Committee)
FRAME	Federation of Rural Australian Medical Educators
FS	Frontier Services of the Uniting Church in Australia
HCRRA	Health Consumers of Rural and Remote Australia
IAHA	Indigenous Allied Health Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NRF of RACGP	National Rural Faculty of the Royal Australian College of General Practitioners
NRHSN	National Rural Health Students' Network
PA (RRSIG)	Paramedics Australasia (Rural and Remote Special Interest Group)
PSA (RSIG)	Rural Special Interest Group of the Pharmaceutical Society of Australia
RDAA	Rural Doctors Association of Australia
RDN of ADA	Rural Dentists' Network of the Australian Dental Association
RFDS	Royal Flying Doctor Service
RHWA	Rural Health Workforce Australia
RIHG of CAA	Rural Indigenous and Health-interest Group of the Chiropractors' Association of Australia
ROG of OAA	Rural Optometry Group of the Australian Optometrists Association
RPA	Rural Pharmacists Australia
SARRAH	Services for Australian Rural and Remote Allied Health
SPA (RRMC)	Speech Pathology Australia (Rural and Remote Member Community)