

Contributing lives,  
thriving communities

**How well is our current health system  
supporting people in rural, regional and  
remote Australia?**

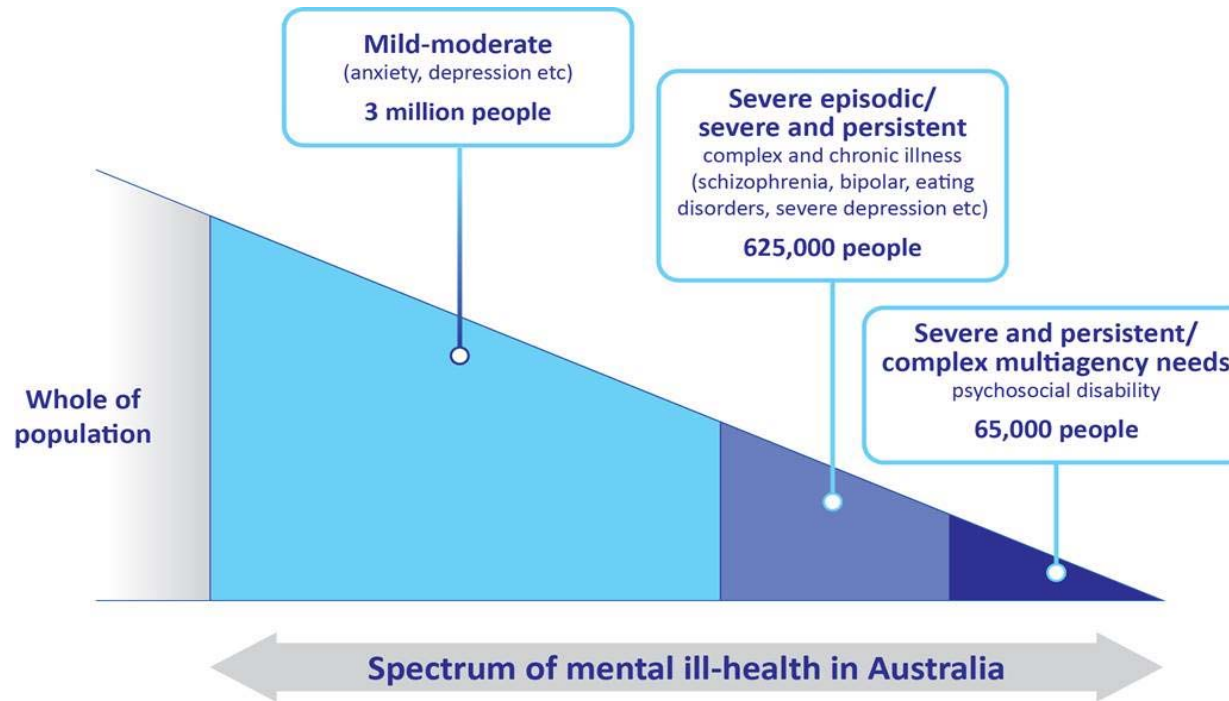
**13<sup>th</sup> National Rural Health Conference**

May 2015



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# Annual distribution of mental ill-health in Australia



“ ...constant increments in mortality and morbidity as one travels away from capital cities

Humphrey J. Rural and Remote Health. Chapter 11: Willis E, Reynolds R, Kelaher H (eds). *Understanding the Australian Health Care System*. 2<sup>nd</sup> edition. Elsevier 2012. p.131.



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## Regional and remote Australia health disparities

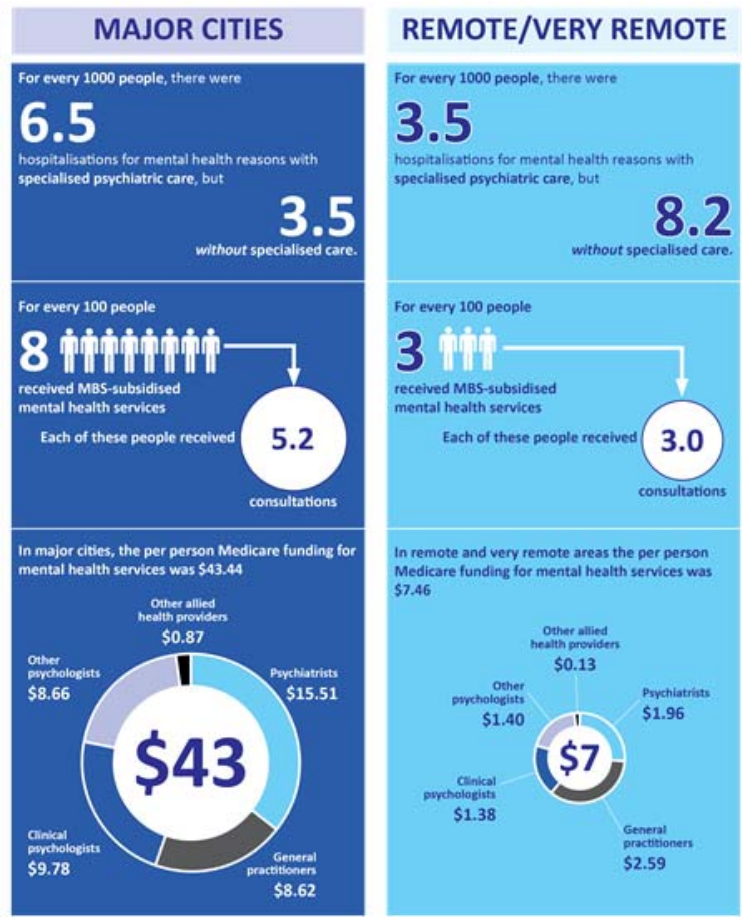
On average:

- Lower life expectancy
- Higher mortality rates
- Higher rates of disease and injury, including mental illness and deaths from suicide
- Inequitable access to the right health services, including Medicare-funded services
- Reduced and transient health workforce distribution
- **Especially for Aboriginal and Torres Strait Islander people living in these areas**



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# Disparities demonstrated in mental health

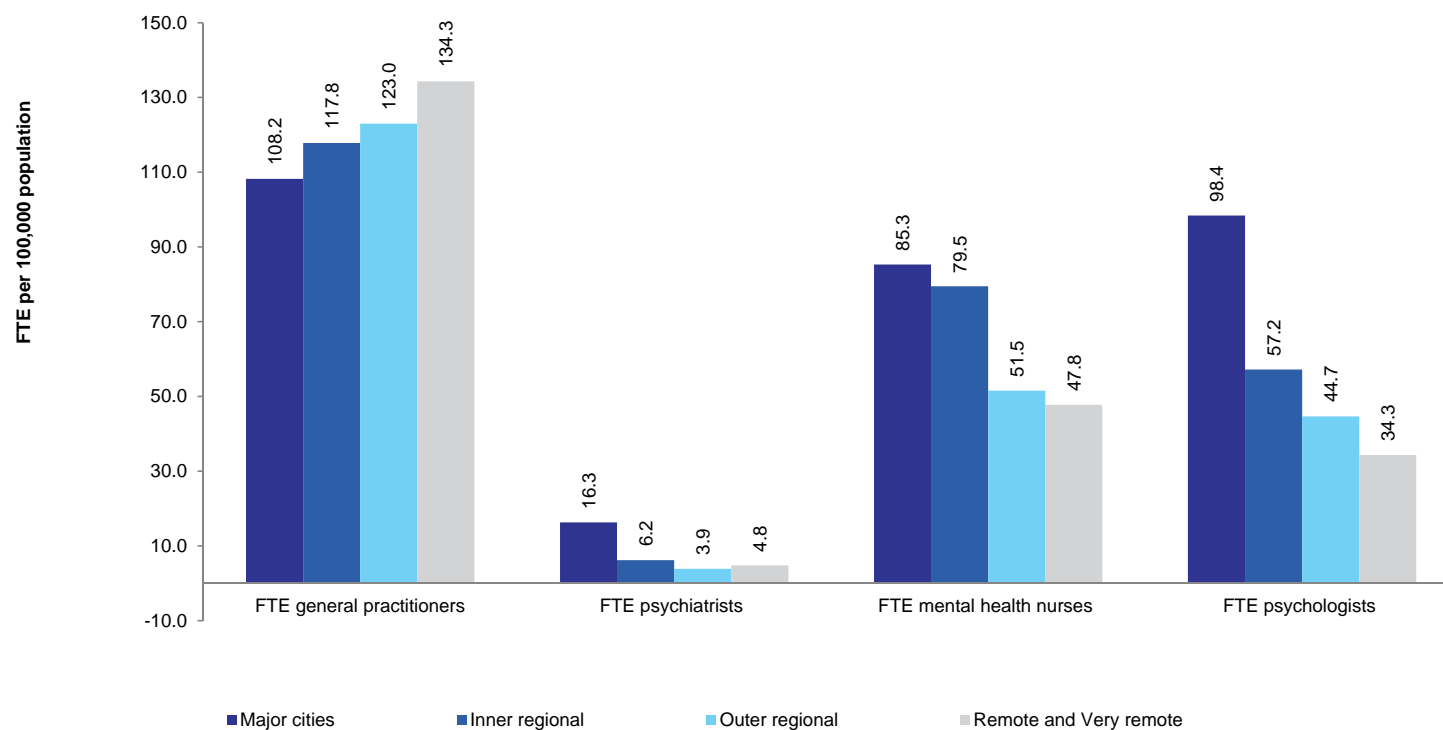


Sources: Australian Institute of Health and Welfare 2014. Mental Health Services In Australia, Canberra: AIHW.



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## Employed (FTE) GPs, psychiatrists, psychologists and mental health nurses, by remoteness, 2012

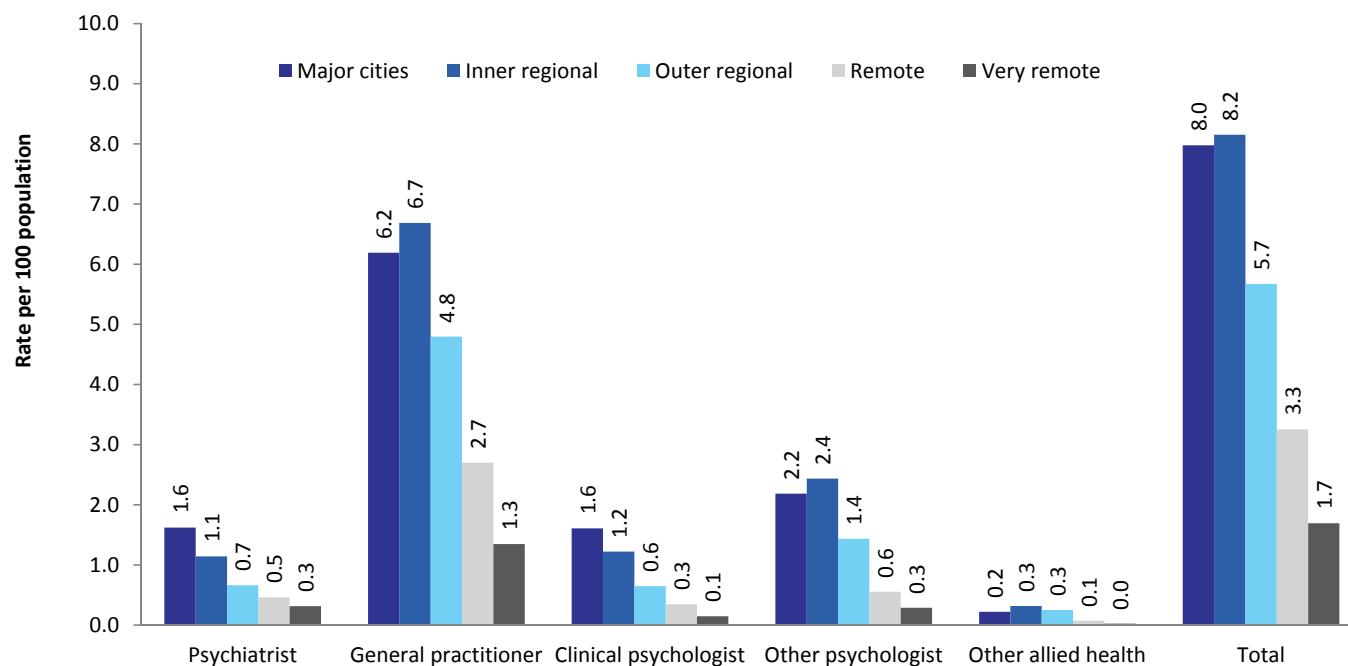


Source: AIHW National Health Workforce Data Set 2012



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## Medicare-subsidised mental health services, by provider type and remoteness area, 2012–13



Sources: MBS Statistics, Department of Veterans' Affairs (unpublished) Treatment Account System data; Australian Bureau of Statistics (unpublished) Estimated Residential Population, 30 June 2010.



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# Sense of community



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## Social contact

- Face to face
- Or online as first line response
- Importance of language
- Young people
  - Youth at risk
  - Leadership for young entrepreneurs
- Farmers
- Aboriginal and Torres Strait Islander people
- Stigma



# How do we develop ways to redress the imbalance?



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## Opportunities

- Contributing lives, thriving communities
- Regional model of service delivery based around Primary (and Mental) Health Networks
  - Integration of health services in rural communities
- Weighted population-based funding model with funds bundled-up at a regional level to increase equitable distribution of Commonwealth funding
- Recognition of regional diversity and local targeting to account for community-specific issues: A 'one-size-fits-all' approach cannot be applied
- Re-investment in primary care to save healthcare dollars



## Opportunities 2

- Improve access to services using technology
  - Telehealth support
- Drawing on research and evidence bases to improve health outcomes
  - Data linkage to analyse Census, MBS and PBS data to provide greater insights into service usage and access at the regional level
- Person-centred approach
  - Local engagement with individuals, their families and carers
  - A whole-of-life, community and inter-sectoral view



## Opportunities 3

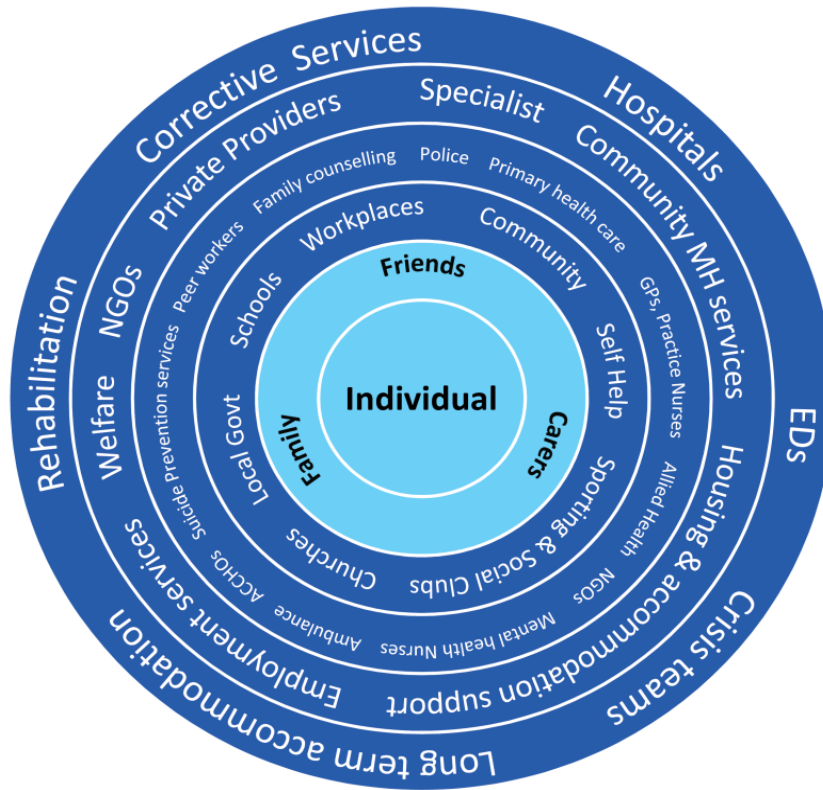
- Redress the workforce balance –
  - working at top of scope
  - new workforce groups (eg peer workers and assistants in mental health but parallels in other health services)
  - rural practice incentives



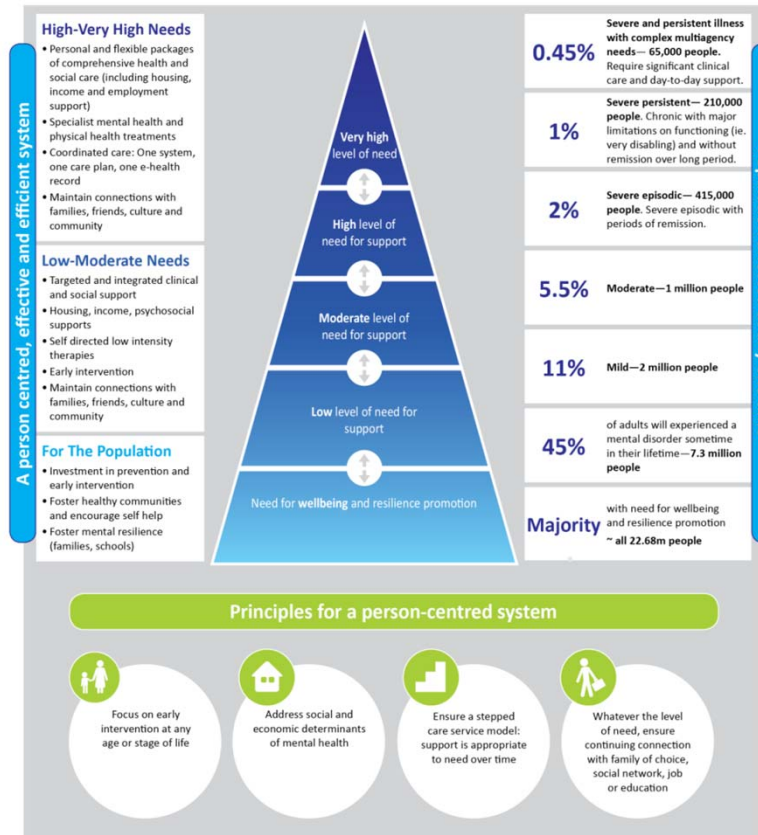
# Design of a person-centred approach

## BUILDING BLOCKS

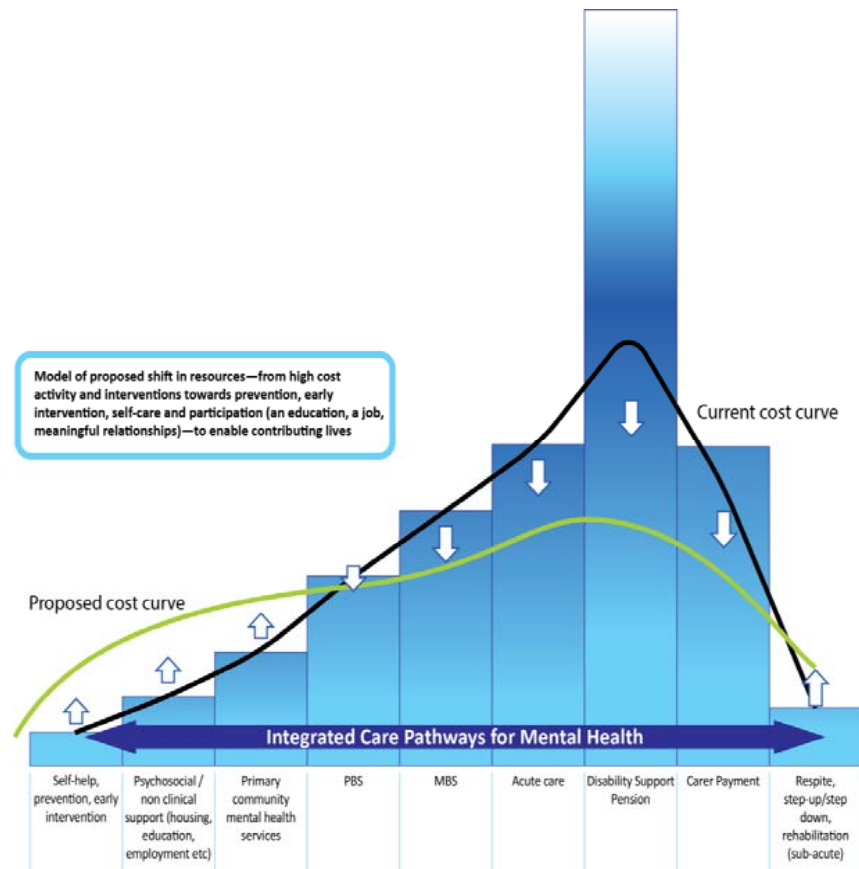
- Funding Models:
  - Public: MBS, PBS, ABF, Welfare Benefits, Programme grants, private incentives
  - Private: PHI, Self funded, commercial & social investments
- Workforce training, development & distribution
- E-mental health & information systems
- Performance targets, indicators & data
- Planning & governance
- Research & evaluation
- Legislation
- Regional integration



# Population-based architecture



# Model of proposed shift in resources





## Why do we need system reform?

We need system reform to:

- redesign the system to focus on the needs of users rather than providers
- redirect Commonwealth dollars as incentives to purchase value-for-money, measurable results and outcomes, rather than simply funding activity
- rebalance expenditure away from services which indicate system failure and invest in evidence-based services like prevention and early intervention, recovery-based community support, stable housing and participation in employment, education and training



## Why do we need system reform?

- repackage funds spent on the small percentage of people with the most severe and persistent health problems who are the highest users of the health dollar to purchase integrated packages of services which support them to lead contributing lives and keep them out of avoidable high-cost care
- reform our approach to supporting people and families to lead fulfilling, productive lives so they not only maximise their individual potential and reduce the burden on the system but also can help grow Australia's wealth.



# Change starts with you



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