

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 by 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. MHSRRA is designed to address inequities in access by targeting rural and remote areas.

The MHSRRA program also addresses workforce shortage issues by providing flexible employment models suited to local needs and conditions.

NT 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 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 commission health services through service providers including Aboriginal community controlled health services (ACCHSs), the private sector such as 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 the NT rural and remote mental health workforce, including Aboriginal Mental Health Worker models.

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:

- Outer Rural Darwin, Sole Contractor, Psychologist Model
- Katherine, Sunrise Aboriginal Health Service, Social Worker Model
- East Arnhem, Miwatj Aboriginal Health Service, Aboriginal Mental Health Worker Model.