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Addendum to the Submission to the Parliament of Tasmania: Rural Health Services

9. Mental health services in Tasmania

Rethink 2020

The National Rural Health Alliance (the Alliance) wishes to identify a disparity between Tasmania and the mainland of Australia in relation to the accessibility of mental health services. The state as a whole is classified under the Modified Monash Model (MMM) as MM 2-7, which means that none of the state is considered a 'metropolitan area'. For this reason, the Alliance's submission treats Tasmania as a whole as rural, regional and remote (hereafter, rural).

The Alliance has provided evidence in our main submission highlighting the effective collaboration between the Tasmanian Health Service and Primary Health Tasmania in the development of *Rethink 2020*[1], which is understanding and addressing Tasmania's mental health services. An example of pooled funding between these two organisations under this mental health plan is the co-commissioning of mapping services to enable more direct information about geographic hotspots in need of mental health services. The Alliance wishes to reiterate its interest in this plan as a potential model of the State and Federal Governments pooling resourcing to improve the health system. Due to the small size of Tasmania's hospital and primary care sectors, the State is at an advantage in being able to share and allocate resourcing efficiently to meet population needs.

In *Rethink 2020*, the Tasmanian Department of Health notes the completion of one of the key actions under the initial Rethink plan of 2015, which was to "extend mental health support in rural communities and neighbourhood houses". The Alliance supports further program funding for mental health and welfare services in these communities.

Mental health outcomes and experiences in Tasmania

Despite the collaboration between the Tasmanian Health Service and Primary Health Tasmania, evidence suggests that significant work is still needed to elevate the mental health status and overall wellbeing of the state's population.

With only regional and remote communities, Tasmanians face a range of stressors unique to living outside major cities. These include a greater prevalence of some chronic conditions and disability, and generally poorer health. Data that has become available since the Alliance's main submission suggests that Tasmania performs poorly in comparison with the rest of the country's 31 Primary Health Networks in relation to patient experiences of the health system.[2] For instance, in 2018-19, as a proportion of the population, Tasmania had:

- The worst self-rated health and rate of long-term health conditions (age-standardised);
- The highest number of adults who did not see (or delayed seeing) a GP or fill a prescription due to cost;
- The third highest number of adults who could not access their preferred GP;

- The fourth highest number of adults who were admitted to hospital in 2018-19; and
- One of the worst rankings in the country in terms of waiting times for a medical specialist (third worst), waiting times for urgent GP care (second worst), number of people who did not see a dentist due to cost (sixth worst), and number of people who did not see a GP when needed (third worst).

These measures are helpful in indicating where the Tasmanian Government can focus its interventions to improve mental health. To ensure that the system as a whole is strengthen, it will be important to ensure that actions taken to enhance the state-managed hospital system are not as the expense of the primary health care and community health sectors. The Tasmanian Government should continue to collaborate with Primary Health Tasmania and look for more ways to capitalise on the simplified process.

Availability of mental health services

The mental health service landscape is complex. Mental health care services are provided in the private sector via the Medicare Benefits Schedule subsidised system, utilising private health insurance rebates and patient contributions, among other funding streams. Non-government organisations (sometimes with state or federal government funding, for example through Primary Health Networks and other departmental programs) also deliver ambulatory and residential mental-health-specific services. State and territory health and hospital services and private hospitals deliver both community and hospital-based services. Outside of major cities, organisations such as the Royal Flying Doctor Service provide mental-health-related retrieval services and primary mental health care, with much of their funding derived from federal government sources.

On a per population basis, in 2019, Tasmania ranked poorly in terms of its mental health workforce. For example, Tasmania:

- Was lowest in the country in terms of the number of employed psychiatrists;
- Was one of the two states (alongside the Northern Territory) which have experienced a per population decrease in the number of mental health nurses between 2013-2019; and
- Had the third-lowest number of employed psychologists in the country.

The Alliance acknowledges that the Tasmanian Government is in the final stages of developing its 20-year health workforce strategy, *Health Workforce 2040*. This strategy notes that mental health care nurses are in critical shortage across the state. The Tasmanian Government also found that although there is an adequate supply of nurses in the state as a whole, there are still distribution issues (most clearly in the north-west). This would suggest that the Tasmanian Government should focus on strengthening efforts over both the short and long term, to bolster the nursing workforce in the more rural and remote parts of Tasmania, and more broadly the availability of nurses with special training in mental health across the entire state.

Expenditure on mental health services

Nationally, state and territory governments contribute the largest slice of expenditure on mental-health-related services – $6.4 billion in 2018–19. This was followed by the Australian Government who contributed $3.6 billion (not including their contribution to public hospital costs), then private health and other third-party insurers (who altogether contributed $584 million).[3]

In terms of expenditure on mental health services, Tasmania also ranked poorly. For example, in 2018-19, Tasmania had:

- The lowest per capita expenditure on community mental health care services ($77.46);
- The second lowest per capita expenditure on specialised psychiatric units or wards in public acute hospitals;
- The second lowest per capita recurrent expenditure on specialised mental health care services ($212.84); and
- The lowest indirect expenditure (overall and per capita) on specialised mental health services, including mental health research and promotion, service development, etc.

Another possible indicator of concern with Tasmania's mental health services is an apparent over-reliance on mental health-related medications. Tasmania has the highest per capita expenditure on Australian Government funding (mainly through the Pharmaceutical Benefits Scheme) for antidepressants, sedatives, antipsychotics and other mental health medications.

This information, combined with the knowledge that Tasmania has the highest median age[4], may suggest that the aged care workforce may need additional support to manage the need for mental health care services. Antipsychotics are an example where stricter administering has been recommended in the context of aged care, in particular in the final report of the Royal Commission into Aged Care Quality and Safety.[5] The expenditure on pharmaceuticals could be an indication that medication is being used inadvertently as a substitute for dedicated mental health interventions. Older people in rural and remote areas of Tasmania and other states around the country are more likely to be living with a chronic condition, chronic pain or disability,[6]either singularly or in combination. They are also more likely to experience challenges around mobility and social isolation – partly attributable to the lack of public transport – and access to pain management and palliative care. The greater prevalence of older people in Tasmania, along with the general ageing of its population, makes the mental health of Tasmanians an important and growing issue over the coming decades.

Conclusion

The Alliance considers that mental illness, like physical illness, can be successfully managed given appropriate and timely intervention and treatment. Many Tasmanians who have experienced mental illness are able to lead healthy and fulfilling lives. There is a clear need to prioritise mental health and wellbeing for Tasmanians and recognise the specific challenges and outcome gaps within the state. Strong policy leadership at a state level, in combination with national policies and programs, need to rise to the challenge of bringing forward an agenda of action and measurable change. Adequate resources, workforce innovations, local service planning and collaborative partnerships building on existing capacity, should be a focus for Tasmania.

Lastly, we wish to emphasise to the committee a recommendation from our original submission to this inquiry, that "the Tasmanian Government consider the social determinants of health as an essential priority in health service planning and population health programs to address the high burden of disease, illness and poor mental health in Tasmania."

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[1] Tasmanian Government Department of Health. Rethink Mental Health 2020. [Online] 2021 [cited: 2021 Aug]. https://www.health.tas.gov.au/mentalhealth/rethink_mental_health_project

[2] Australian Institute of Health and Welfare. Patient experiences in Australia by geographic areas in 2018–19. Data tables: Patient experiences in Australia 2018-19. Canberra, ACT; 2020 [cited: 2021 Aug]. https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-in-australia-by-small-geograph/data Data tables: Patient experiences in Australia 2018-19

[3] Australian Institute of Health and Welfare. Mental health services in Australia: Expenditure on mental health services. Data tables: Table EXP.34. Expenditure ($ million) on mental health related services, by source of funding, 1992–93 to 2018–19. Canberra, ACT; 2021 [cited 2021 Aug]. www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services

[4] Australian Bureau of Statistics. Twenty years of population change. Canberra, ACT: Commonwealth of Australia; 2020 [cited 2021 Aug]. https://www.abs.gov.au/articles/twenty-years-population-change

[5] Royal Commission into Aged Care Quality and Safety. Final Report. [Online] 2021 [cited 2021 Aug]. https://agedcare.royalcommission.gov.au/publications/final-report

[6] Australian Bureau of Statistics. National Health Survey: First Results, 2017–18 – Australia. Table 4.3: Long-term health conditions by population characteristics, Proportion of persons. Canberra, ACT; 2018 [cited 2021 Jul]. www.abs.gov.au/statistics/health/health-conditions-andrisks/chronic-conditions/latest-release