NATIONAL RURAL HEALTH ALLIANCE INC.

Hon Kevin Andrews MP
Chair
Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Chairman

The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition

The National Rural Health Alliance (the Alliance) welcomes the opportunity to provide comments for consideration by the Joint Standing Committee on the National Disability Insurance Scheme relating to the provision of services under the National Disability Insurance Scheme (NDIS) for people with psychosocial disabilities related to a mental health condition.

The Alliance is comprised of 38 national member organisations, with those member bodies including more than 250,000 individual members and 450 other organisational members. We are committed to improving the health and wellbeing of all people living in regional and remote Australia[1]. Our members include consumer groups, representation from the Aboriginal and Torres Strait Islander health sector, health professional organisations (representing doctors, nurses, midwives, allied health professionals, dentists, optometrists, paramedics and health service managers) and health service providers. A full list of Alliance members is at Attachment A.

Over 7 million people live in rural and remote Australia. These people are on average poorer, older and sicker than their city counterparts.

Despite the fact that they experience mental illness at a very similar rate to those living in major cities, they have poorer health outcomes and increased likelihood of both hospitalisation and self-harm. Rates of suicide are significantly higher in regional and remote Australia compared with major cities.

These poorer outcomes are at least in part due to limited access to mental health services. Mental health professionals are in short supply outside the major cities, with rates declining markedly with remoteness - psychiatrists and psychologists being roughly a quarter and a half as available as in major cities[2]. Incidence of suicide is 30 percent higher in regional areas and twice as high in remote areas, while mental health hospitalisations

[1] Throughout this submission, references to remoteness are based on ASGC-RA, in which category 1 is Major cities, 2 is Inner regional areas, 3 Outer regional, 4 Remote and 5 Very remote. In the submission, references to "regional areas" mean Inner plus Outer regional; and references to "remote areas" mean Remote plus Very remote.

[2] http://mhsa.aihw.gov.au/resources/workforce/

are higher by at least 10 percent in regional areas, and up to double in remote areas for intentional self-harm and drug and alcohol issues, compared with major cities[3].

Being able to access appropriate services within their community, including essential psychosocial supports, would go some way to addressing the poor mental health outcomes experienced by people living in regional and remote Australia.

The advent of the NDIS will see some people from regional and remote communities being eligible, and therefore receiving funding, to access a range of services to assist with the management of their psychosocial disability as well as support for their recovery journey as viewed by them.

However, in rural and remote Australia, eligibility and entitlement can be a far cry from realising actual access to services and support. Quite simply, there often is little or no choice, or indeed no service at all.

In major cities, people have a range of services that they can choose from and can identify those that most suit their needs and are most convenient. This is not the case in regional and remote communities where there are few services available. Having funding through the NDIS does not immediately ensure that the services are available to purchase.

Many small regional and remote communities do not have the population base to sustain the range of services that are required to support people with mental health conditions. This includes access to community based day programs, medical professionals and allied health services. Establishing a practice or service in a regional or remote location is often cost prohibitive, making it unattractive to providers.

The Alliance is concerned that people living in regional and remote Australia who are eligible to receive services under the NDIS will be caught in a situation where the funding is available but there are simply no services to purchase.

Where services do not currently exist, we cannot assume that funding provided through the NDIS packages will encourage service providers to move into these areas to provide the required services. Much as the 'build it and they will come' thinking encapsulates the hope we feel, the Alliance questions whether this assumption is a useful basis for service planning without significant additional input. The Alliance therefore remains concerned about the ongoing lack of services in regional and remote communities.

Noting the difficulties in attracting and retaining the highly skilled workforce required to deliver health services in regional and remote Australia, planners will need to be mindful to ensure that the 'new' NDIS workforce is not taken from the limited existing health service workforce. This would simply result in workforce issues being transferred from the disability sector to the health sector and no nett additional services for the community.

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3 http://www.myhealthycommunities.gov.au/Content/publications/downloads/AIHW_HC_Report_Mental_Health_September_2016.pdf?t=1474920674856

Health planners must work across sectors to look at building potentially viable shared services across the disability sector and the health sector. This may offer a viable model of employment for attracting a new workforce into the community and lead to the desired nett increase in access to mental health services overall.

The Alliance also is concerned that the introduction of the NDIS and implementation of the Australian Government's mental health reforms will leave a substantial policy failure in the mental health system that is likely to result in a significant reduction in access to psychosocial support services. The Alliance is a member of Mental Health Australia (MHA), and shares the concerns expressed by MHA about the significant hole emerging between the NDIS and mental health services for people with serious mental illness who need psychosocial support services.

In this context the Alliance supports the recommendations made by MHA to:

- Urgently extend existing psychosocial programs to provide psychosocial support to people where they need it most – in the community.
- Work urgently with the NDIA to clarify who will be in and who will be out of the Scheme, to better understand the population which will require ongoing psychosocial support outside the NDIS.
- Use the current parliamentary inquiry and the Productivity Commission review to better plan the interplay between the NDIS and the broader mental health system.

The Alliance is available to discuss the content of this letter as well as the broader areas for consideration in delivering health and disability services in rural and remote Australia.

Yours sincerely

David Butt
Chief Executive Officer
10 March 2017

Attachment A

National Rural Health Alliance - Member Body Organisations
Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)
Australasian College of Health Service Management (rural members)
Australian College of Midwives (Rural and Remote Advisory Committee)
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest
Australian College of Rural and Remote Medicine
Australian General Practice Network
Australian Healthcare and Hospitals Association
Allied Health Professions Australia Rural and Remote
Australian Indigenous Doctors' Association
Australian Nursing and Midwifery Federation (rural nursing and midwifery members)
Australian Physiotherapy Association (Rural Members Network)
Australian Paediatric Society
Australian Psychological Society (Rural and Remote Psychology Interest Group)
Australian Rural Health Education Network
Council of Ambulance Authorities (Rural and Remote Group)
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CRANAplus
Country Women's Association of Australia
Exercise and Sports Science Australia (Rural and Remote Interest Group)
Federation of Rural Australian Medical Educators
Health Consumers of Rural and Remote Australia
Indigenous Allied Health Australia
Isolated Children's Parents' Association
National Aboriginal Community Controlled Health Organisation
National Aboriginal and Torres Strait Islander Health Worker Association
National Rural Health Student Network
Paramedics Australasia (Rural and Remote Special Interest Group)
Rural Special Interest Group of Pharmaceutical Society of Australia
RACGP Rural: The Royal Australian College of General Practitioners
Rural Doctors Association of Australia
Rural Dentists' Network of the Australian Dental Association
Royal Far West
Royal Flying Doctor Service
Rural Health Workforce Australia
Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia
Rural Optometry Group of Optometry Australia
Rural Pharmacists Australia
Services for Australian Rural and Remote Allied Health
Speech Pathology Australia (Rural and Remote Member Community)