



...good health and wellbeing in rural and remote Australia

## MEDIA RELEASE

22 SEPTEMBER 2016

### Better aim needed to hit bullseye in mental health

Are people living in rural and remote Australia more likely to be hospitalised for mental health conditions than their city counterparts?

The report, *Healthy Communities: Hospitalisations for mental health conditions and intentional self-harm in 2013-2014*, recently released by the Australian Institute of Health and Welfare gives some insight into this issue.

The report looks at hospitalisations for five mental health conditions: schizophrenia and delusional disorders, anxiety and stress disorders, depressive episodes, bipolar and mood disorders and dementia as well as drug and alcohol use and intentional self-harm.

Overall, overnight hospitalisation rates were 13 per cent higher in rural and remote areas (971 hospitalisations per 100 000 population) as compared to metropolitan areas (857 per 100 000 population).

While data indicates significant difference in the rates of hospitalisation in rural and remote Australia compared with major centres, it also reveals significant variation within regions - the rates of hospitalisation in some towns can be almost 8 times higher than for other towns of the same remoteness.

The NSW north coast had the highest overall rate of overnight hospitalisations for health conditions. For drug and alcohol hospitalisations, western Queensland had the highest rates. Country South Australia had the highest hospitalisation rate for depressive episodes. Central Queensland/Sunshine Coast had the highest hospitalisation rate for intentional self-harm.

The very large variations in mental illness hospitalisation within cities, within rural Australia and within remote communities underlies the importance of targeting programs to specific towns and communities, rather than our current approach of treating all rural areas and all remote areas as if they have the same needs.

The variation in rates could be due to a number of factors including differences in the prevalence in mental illness, variable access to mental health services and programs or even differences in hospital admissions processes in rural and remote hospitals.

The data will be invaluable to funders and health services in identifying and targeting areas of poor health to ensure that efforts and resources are targeted to the areas of greatest need.

The National Rural Health Alliance looks forward to working with the Rural Health Commissioner, when they are appointed, to address such poor health outcomes within rural and remote Australian communities.

**Media Enquiries:** Kim Webber, CEO  
0401 006 170

*The National Rural Health Alliance is Australia's peak non-government organisation for rural and remote health.  
Its vision is good health and wellbeing in rural and remote Australia.*