



16 members  
in all States  
and the NT

**Better health  
through a skilled and effective workforce  
for rural and remote Australia.**

**Submission to the House of Representatives Select Committee on  
Mental Health and Suicide Prevention**  
**April 2021**

The Australian Rural Health Education Network (ARHEN) welcomes the opportunity to provide a submission to the House of Representatives Select Committee Inquiry on Mental Health and Suicide Prevention.

**About ARHEN**

ARHEN is the national association and peak body for the 16 University Departments of Rural Health that operate in regional, rural and remote Australia. ARHEN's purpose is to promote the health and wellbeing of people in rural Australia by delivering high quality health education, research and advocacy.

The University Departments of Rural Health (UDRH) are funded by the Australian Government to deliver undergraduate and postgraduate training across a range of allied health disciplines including nursing and midwifery, social work, physiotherapy, occupational therapy and pharmacy. The UDRHs work in close partnership with local communities and health services to grow and strengthen the local health workforce, conduct rural health research and develop innovative solutions to local health care needs.

The ARHEN Board is supported by a number of staff networks, including the Mental Health Academic Network, which comprises academic staff with clinical and research expertise in rural mental health.

**The rural mental health workforce**

ARHEN notes the significant number of inquiries and reports over recent years into mental health across a range of jurisdictions, including the Australian Parliament Senate inquiry into the *Accessibility and quality of mental health services in rural and remote Australia* in 2018 and the *Productivity Commission inquiry into mental health* in 2020. The nature and prevalence of mental illness, as well as strategies to promote mental health and wellbeing, have been extensively canvassed through these and other inquiries.

For the purposes of this inquiry, and in keeping with the terms of reference, ARHEN has focused its comments on the unique issues facing the rural mental health workforce and the importance of allied health professionals in building mentally healthy and resilient rural communities.

Rural health advocates, including ARHEN, have long highlighted the importance of a skilled, flexible and professionally diverse workforce for the delivery of effective health care, including mental health care, to people in rural Australia.

In order to promote positive mental health, as well as support people experiencing mental ill-health, rural communities need to be able to access services from a number of different health professionals. This includes nursing and allied health professionals with expertise in rural mental health, in addition to general practitioners and psychiatrists.

Allied health professionals such as pharmacists, psychologists, social workers, speech pathologists, dietitians and occupational therapists all play a pivotal role in promoting health and wellbeing. These professions are especially skilled in supporting people with chronic and complex conditions and in the delivery of multi-disciplinary and community-based services. Allied health professions are trained to work with people experiencing mental illness and to help people achieve physical, social and emotional wellbeing through individually tailored approaches.

While progress has been made to develop and diversify the rural health workforce through a mix of rural training opportunities and incentives, these initiatives have traditionally focused on the rural medical and nursing workforce and to a lesser extent on the allied health workforce. Unfortunately, the availability and distribution of mental health professionals in rural Australia is significantly lower than that in urban Australia. For instance, in 2015 almost 9 out of 10 Full-Time-Equivalent (FTE) psychiatrists (88.1%), 7.5 out of ten FTE mental health nurses (76.2%) and over 8 in 10 FTE registered psychologists (82.6%) were employed in major cities (AIHW, 2015).

Clearly, more allied health professionals with skills and expertise in mental health are needed to ensure rural people can access timely and appropriate mental health care.

Compounding the mal-distribution of allied health professionals are the chronic recruitment and retention challenges faced by many mental health services (Cosgrave, Hussain, & Maple, 2015). While there are many factors that account for staff shortages in rural areas, the lack of career opportunities and progression is commonly cited as a key reason for leaving rural practice by allied health professionals. This lack of career opportunity applies to entry level and early-career professionals, as well as more senior professionals.

For over twenty years, the Australian Government has sought to grow, diversify and stabilise the rural health workforce through a range of strategies, including funding the UDRHs to deliver multi-disciplinary training opportunities for health students interested in rural practice. In 2019, the 16 UDRHs facilitated rural clinical placements of two weeks or more for 16,500 health students nationally. This equates to around 80,000 weeks of clinical services delivered by health students in hospital, school and community-based settings in regional, rural and remote Australia.

In order for this significant investment in rural health training to be fully realised, it is imperative that governments at all levels work together to turn these training opportunities into actual jobs for new graduates in rural locations. In addition, there is a pressing need to create stronger incentives for more experienced allied health professionals to remain in the rural health workforce.

One approach would be to extend the rural career pathways and incentives available to medical practitioners to nursing and allied health professionals. This would create more professionally rewarding and longer-term careers in rural Australia for a wider variety of health professionals. The expansion of such strategies and incentives could help to attract new entrants to the rural health workforce as well as abate the turnover of skilled staff in rural mental health services.

## **Rural Mental Health Research**

In addition to building the rural mental health workforce, more can be done to leverage the knowledge and insights of rural communities and health professionals so that mental health services are designed to meet the specific needs of rural people. Rural communities are best served by having locally-based researchers work with them to co-design and conduct research and translate research findings into practical strategies that improve health outcomes.

To achieve this, it is important that rural mental health research is prioritised and that rurally-based health professionals and academics can access research funding as readily as their metropolitan counterparts. National research grant programs, such as the Medical Future Fund or Education Research Grants, can facilitate this by targeting research opportunities and funding to rurally-based researchers and allied health professionals.

In addition to expanding the multi-disciplinary evidence base, increasing the frequency and value of research opportunities for rurally-based researchers can support their career progression and recognition. This in turn can act as a strong incentive for experienced health practitioners to remain living and working in the regions.

## **Investing in rural communities**

Finally, good mental health at the population level is cultivated by investing broadly in the social and economic infrastructure of rural communities as well as mental health services.

Governments can help to promote mental wellbeing and prevent mental ill-health by investing in activities that strengthen the social fabric of rural communities and provide informal support networks. Even modest amounts funding for sporting and social clubs, schools and community organisations can deliver positive mental health benefits for individuals and their families and help people to engage in activities that promote wellbeing.

## **Recommendations**

ARHEN acknowledges the strong support for rural health workforce reforms that has occurred under successive governments for more than twenty years and makes the following recommendations to protect and improve the mental health and wellbeing of people living in regional, rural and remote Australia:

1. That the Australian Government work with the state and territory governments to create more allied health jobs in regional, rural and remote Australia to ensure equity of access for rural mental health consumers and improve mental health outcomes.
2. That the Australian Government works with the state and territory governments to implement stronger career pathway programs for allied health professionals working in rural mental health. Career pathway programs should provide opportunities to develop and retain early-career clinicians, as well as more senior clinicians, in rural locations.
3. That the Australian Government ensures that rural and remote mental health research is prioritised and appropriately funded and that rurally based researchers have equal access to mental health research funding.

- 4.** The Australian Government continues to invest in initiatives that promote the social and economic wellbeing of regional, rural and remote Australia in recognition that such initiatives have positive flow-on effects for individual and community wellbeing.

## References

- Australian Institute of Health and Welfare. (2015). *Mental Health Workforce*. Retrieved from <https://www.aihw.gov.au/getmedia/39ef59a4-4bb3-4f90-b117-29972245ca95/Mental-health-workforce-2015.pdf.aspx>
- Cosgrave, C., Hussain, R., & Maple, M. (2015). Retention challenge facing Australia's rural community mental health services: Service managers' perspectives. *The Australian Journal of Rural Health*, 23, 272-276.