Australian Nursing And Midwifery Federation

Submission to the Senate Community Affairs References Committee Inquiry: Accessibility and quality of mental health services in rural and remote Australia

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Introduction

The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 268,500 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

A large proportion of ANMF members currently practise in rural and remote areas of Australia. Being at the fore-front of care in these locations our members are often the first health professionals to recognise, assess and provide early intervention for mental health issues. ANMF members who are registered nurses and nurse practitioners – are among those who have undertaken further studies to obtain post graduate qualifications for, and may practice exclusively in, mental health. Wherever nurses or midwives practice in rural and remote settings, they are cognisant of the workforce and supportive infrastructure challenges of delivering mental health services to non-metropolitan communities.

The ANMF, therefore, welcomes the opportunity to provide advice to the Senate Inquiry into Accessibility and quality of mental health services in rural and remote Australia. Of the seven terms of reference for this Inquiry, the ANMF submission will primarily address points (c) the nature of the mental health workforce, (d) the challenges of delivering mental health services in the regions, and, (f) opportunities that technology presents for improved service delivery.

Summary statement

The preparatory education for nurses and midwives contains a mental health component - both theoretical and clinical practice – at an initial level. The scope of practice of all nurses and midwives, therefore, enables initial assessment of presenting mental health problems, and awareness of early interventions including referral for acute and on-going management. Of importance, nurses and midwives are able to undertake assessment of concomitant physical health issues, which may be contributory factors in mental ill health.

In order to build mental health knowledge capacity in the nursing and midwifery workforce in rural and remote areas the following are essential:

- Continuing professional development opportunities should be available (both time release and funding) for the on-going updating of mental health knowledge base for all nurses and midwives.
- Enabling the expansion of knowledge base by undertaking post graduate mental health courses to equip nurses and midwives for context specific mental health practice.

- Targeted quarantined scholarships for mental health study at postgraduate level for registered nurses, and for nurse practitioners, to work in rural and remote areas.
- Provision of positions for mental health nurse practitioners with funding models which broaden access for people seeking mental health care and which facilitate viable and sustainable practice operation.

Preamble

> *All health care has an inherent mental health component. The provision of quality health care involves an holistic approach to the needs of the individual which incorporates their mental, psychological, environmental, cultural, spiritual, physical health and well-being.*
>
> *All individuals requiring mental health care are entitled to receive care at the facility that best addresses their needs. Health service catchment areas and funding systems should not impede access to care.*[1]

As noted in these excerpts from the ANMF policy on mental health[2] all health care has an inherent mental health component. Accordingly, the curricula for the preparatory education of the nursing and midwifery professions includes a requirement for study of the national health priorities 'mental health' and 'the indicators for mental health'.[3] Happell et al (2015),[4] highlight that the capacity to respond to people experiencing significant mental health challenges is an essential skill that all nursing graduates require. The currently accredited curricula is preparing nurses for comprehensive mental health nursing practice.

An understanding of mental health by all nurses and midwives is important, too, because they practice in health care settings across all geographical areas, and are in fact the most prevalent health professionals in rural and remote Australia.[5] This becomes more meaningful in light of the fact that a) not only are mental health professionals in short supply generally, the more remote one travels, their numbers decrease significantly,[6] and, b) that while the prevalence of mental illness for people in rural and remote Australia is similar to that in metropolitan centres, the impact of such illness on rural and remote communities is much greater.[7] In addition, among Australia's First Peoples, "mental disorders are the second leading cause of disease burden… after cardiovascular disease".[8] Along with nurses in remote areas, Aboriginal Health Practitioners/Workers practice in Aboriginal and Torres Strait Islander communities, and some of these Indigenous practitioners/workers have undertaken mental health studies.

According to the Australian Institute of Health and Welfare (AIHW)[9] people who live in rural and remote parts of Australia generally experience an inferior health status to those living in major cities. The AIHW identifies

1 Australian Nursing and Midwifery Federation. 2015. ANMF Policy: Mental health nursing care. Available at: http://anmf.org.au/documents/policies/P_Mental_Health_Nursing_Care.pdf

2 Ibid.

3 Australian Nursing and Midwifery Accreditation Council Accreditation Standards for Registered nurses, Enrolled nurses and Midwives. Available at: https://www.anmac.org.au/standards-and-review

4 Happell, B., Wilson, R., and McNamara, P. 2015. Undergraduate mental health nursing education in Australia: More than Mental Health First Aid. Collegian (2015) 22, 433-438.

5 Health Workforce Australia 2014: Australia's Future Health Workforce – Nurses Detailed. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-nurses p.23.

6 Australia. Department of Health. The Fifth national mental health and suicide prevention plan. Canberra: DoH, 2017. Available at http://www.coaghealthcouncil.gov.au/Publications/Reports p.6.

7 Ibid. p.6.

8 Isaacs, AN., Pyett, P., Oakley-Browne, M.A., Gruis, H., and Waples-Crowe, P. Barriers and facilitators to the utilisation of adult mental health services by Australia's Indigenous people: seeking a way forward. International Journal of Mental Health Nursing. Apr 2010, 19(2): p75-82.

9 Australian Government. 2016. Australia's Health. Australian Institute of Health and Welfare. Available at: http://www.aihw.gov.au

one of the contributing factors to this as "poorer access to, and use of, health services". In many rural and remote locations, there is only access to public health care services due to limited or no other healthcare providers.

Specific comments

Terms of Reference:

(c) the nature of the mental health workforce, and

(d) the challenges of delivering mental health services in the regions.

Nurses and midwives in rural and remote centres

Although the mental health workforce in this country comprises a broad range of professions including counsellors, social workers, psychologists, occupational therapists, nurses, doctors, and Aboriginal health workers,[10] the majority of healthcare providers in rural and remote areas are nurses, and to a lesser extent, midwives.

Due to the size of the nursing workforce, nurses play a central role in providing initial, holistic and accessible physical and mental health care to those individuals in rural and remote settings. As outlined previously, all nurses provide mental health care, an integral part of caring for the individual, recognising the complex interrelationship between physical and mental health. They are in a position to respond to the high premature mortality/morbidity rates of individuals being treated for mental illness caused by physical illnesses, such as cardiac disease, diabetes and metabolic related disorders.

Early prevention, early diagnosis and identifying suicide risk in the treatment and management of mental health problems are essential in achieving positive outcomes for individuals. It is imperative, therefore, that nurses and midwives in rural and remote centres have opportunity for continuing professional development to remain relevant in their mental health knowledge base, to best ensure these critical interventions occur.

For many nurses and midwives in rural and remote practice, their role will be making initial assessment of mental health problems, and then identifying appropriate referral pathways to nursing colleagues with specific post graduate mental health qualifications, and/or other health professionals. While these may be located rurally, they are more likely to be found in regional or metropolitan centres, or at best provide services under a fly in, fly out model of care. Access to mental health experts for rural and remote health professionals and the communities in which they practice, is variable and quite often costly for the individuals and their families if travel is incurred to obtain these services.

Given the fact there may be delays in accessing mental health experts, it is imperative that nurses and midwives in rural and remote centres are educated on de-escalation strategies, for their own safety and that of other people in the facility, where the person is experiencing an acute episode or has a severe mental health condition. Particular problems arise for staff in rural areas when people experiencing psychotic episodes present to their facility. An example given by NSW ANMF members is that emergency departments in smaller hospitals in that State are gazetted to hold mental health patients under the Mental Health Act. Staffing of these rural gazetted hospitals is minimal and becomes unsafe when staff need to manage people with severe

10 Australian Government Department of Health and Ageing. 2011. National Mental Health Workforce Plan. Published by the Victorian Government Department of Health, Melbourne, Victoria, on behalf of the Mental Health Workforce Advisory Committee. Available at: Department of Health and Ageing website at: www.health.gov.au p.1.

mental health conditions who are escorted by the police to the health facility for assessment. The risk is increased when this occurs overnight as there may only be two staff for the facility, when staff have limited mental health experience for managing high risk, and when delays occur in transporting the person to a more appropriate facility, once assessed.

In a survey undertaken by the NSW Branch of the ANMF last year[11] members were asked about their experiences accessing Mental Health Intensive Care Unit (MHICU) beds for individuals with severe mental health conditions. Responses from nurses in rural areas highlighted that due to the distance and associated risks involved in transferring these people to approved MHICUs, staff in the rural facility are often required to manage these high care mental health individuals for extended periods. Seclusion is very often the only safe option available for managing these high risk individuals. Nurses practicing in rural facilities expressed their frustrations as shown in the following examples:[12]

> *...Have never been told which hospital would take our very unwell patients. We manage everyone ourselves. We just have to manage all types of patients here from 80 year old frail patients with depression to young aggressive males with ice-induced psychosis.*
>
> *We do not have MICU…beds available in our LDH [Local Health District], such would most definitely assist in reducing seclusion and restraint episodes.*
>
> *No such facilities exist in Northern NSW LDH, being non-metropolitan.*
>
> *We are just expected to deal with whoever is admitted. …aggressive [sic] or clients extremely psychotic have to be in seclusion or special care over the weekend or after hours…*

Safety for nurses and midwives practising in rural and remote areas is clearly an issue due to multiple factors such as low staff numbers, isolation, distance from and accessibility to, mental health services/experts in major centres.

Nurse-led models of care

Better choice and more accessible mental health care could be provided to people in rural and remote areas through different models of care, such as mental health nurse-led models, including mental health Nurse Practitioner-led models. This would enable people to remain in their rural or remote communities, obviously a more ideal option than the dislocation of travelling to a regional or metropolitan centre, for their mental health care.

As a workforce development strategy, the ANMF believes initiatives need to be developed and incentives need to be in place to retain the experienced mental health nursing workforce to mentor nurses new to mental health, to help grow the mental health nursing workforce. Mental health nursing requires a sound theoretical base upon which experiential mentoring can establish the necessary interpersonal and competency skills needed for safe practice. Rural and remote health facilities can, and should, encourage nurse and midwife employees to undertake post graduate studies in mental health by providing time release and funding assistance. This, in addition to providing opportunities for continuing professional development in mental health, will act as an incentive to remain in rural and remote locations.

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11 NSW Nurses and Midwives' Association. Mental Health Members Survey Report. October 2017. Available at: https://www.parliament.nsw.gov.au/committees/DBAssets/InquiryOther/Transcript/11088/Mental%20Health%20Survey.pdf

12 Ibid. pp. 8-9.

The ANMF cautions against schemes which promote credentialling of post graduate qualification holders, as validation of acquired mental health knowledge. This separate and often expensive process is not required, as the post graduate qualification itself attests to the additional body of knowledge.

Mental health nurses work effectively across health facilities and community care settings. However, their numbers decrease significantly as one moves into rural and remote areas,[13] and so, as described by Barraclough et al (2016)[14] mental health care in rural areas is often fragmented and inconsistent. These writers maintain that "mental health clients require regular services to manage care and prevent crisis situations" and that the lack of continuity in care in rural areas from visiting mental health clinicians compromises relationship building, so essential to optimal outcomes in mental health care. In particular, they contend that integrated services are the key to effective mental health care. This study is recommended to the Senate Inquiry as it provides an evidence-base for implementing Nurse-Practitioner-led primary healthcare mental health services in rural areas.[15] As stated:

> *The findings of this study highlight the potential of NPs [Nurse Practitioners] in primary healthcare settings to contribute to the delivery of integrated services. This is likely to be of particular relevance in other rural settings where limited health service resources mean that innovative approaches to service delivery are required to address complex health problems and provide high-quality care.*

The Barraclough et al study concluded that[16]:

> T*he service showed considerable evidence of integration with acute mental health services. Most importantly, the service was based on a model of care developed specifically for the needs of a local community, and established an accessible service and ongoing support to clients and their families in a small rural community.*

For Nurse Practitioner-led models of care to be viable in rural and remote centres, these health professionals need to be recognised as being able to provide independent mental health services, and be appropriately remunerated under MBS item numbers. In fact, there should be changes to the Practice Nurse Incentive Payment (PNIP) and a substantial increase in the payment for MBS items for Nurse Practitioners in private primary health care settings for mental health, to enable them to establish viable and sustainable practices.

Aboriginal and Torres Strait Islander peoples' mental health

The Fifth national mental health and suicide prevention plan (2017)[17] highlights that Aboriginal and Torres Strait Islander peoples "have higher rates of mental illness and suicide, higher rates of substance use burden, and rates of psychological distress more than twice those of the general population". This Report identifies causative stressors as including: discrimination, racism and social exclusion; grief and loss; removal of children; economic and social disadvantage; family and community violence; incarceration; substance use; and physical health problems. Further, that the intergenerational trauma associated with these stressors can

13 Workforce data sourced from the National Health Workforce Dataset. Australian Government Department of Health, 2017. Available at http://hwd.health.gov.au/datasets.html

14 Barraclough, F., Longman, J., and Barclay, L. Integration in a nurse practitioner-led mental health service in rural Australia. Australian Journal of Rural Health. 2016, 24. Pp.144-150.

15 Ibid. p.145.

16 Ibid. p.149.

17 Australia. Department of Health. The Fifth national mental health and suicide prevention plan. Canberra: DoH, 2017. Available at http://www.coaghealthcouncil.gov.au/Publications/Reports. p.6.

impact upon Aboriginal and Torres Strait Islander communities.[18]

The Australian health system has been slow to recognise the serious need to address mental health issues amongst Aboriginal and Torres Strait Islander peoples, and, due to inherent distrust of mainstream health services, Indigenous people have been reluctant to seek help for their mental ill health. Dee Hellsten, an Aboriginal mental health nurse, explains[19] that "understanding Indigenous health issues requires an exploration of how traditional lifestyles influenced health before settlement and how Indigenous health has declined over the past 200 years." She says, "when you are physically ill you have your mind to help you get through but when it is your mind that is in trouble it can be very difficult." Dee used her intimate knowledge of being an Indigenous woman, and her experience and qualifications as a mental health nurse, to write the course for a Graduate Certificate in Indigenous Mental Health and Well-being, which has been offered by the Southern Queensland University via distance education, over the past few years. The main aim of the course has been to help non-indigenous health professionals working in Indigenous communities to improve their relationships within these communities, to build trust, and thereby enhance their mental health practice. This and any similar courses should be supported to enable on-going viability and promoted widely within the nursing and midwifery professions.

Young people

Early intervention services are the ideal in relation to mental health care for youth and adolescents. Young people in rural and remote centres often either miss out on services because there are none available where they live, or tend not to access services that do, due to the stigma of admitting to mental illness in a small community. The Fifth national mental health and suicide prevention plan draws attention to the notion that stigmatising views about mental illness may be more entrenched in rural and remote regions.[20]

According to The Fifth national mental health and suicide prevention plan the lack of available mental health services in rural and remote areas results in many people not accessing prevention, primary health care and early intervention services,[21] and says "they present late, are diagnosed late and often are at a more advanced stage of illness, with corresponding physical comorbidities". This also means more resources are required in expensive and lengthy treatments and is an inefficient use of scarce human and fiscal capital.

Aged care

As a society, we are living longer and as such require good physical and mental health care into old age. Access to appropriately qualified staff in aged care facilities is an issue, with fewer registered nurses available to provide health care and insufficient staff overall. Access to good mental health care is limited. Mental health qualified nurses (both registered nurses and Nurse Practitioners) would be able to provide the services required if the appropriate structures were put in place.

Many nurses have acquired formal qualifications in dementia care nursing to inform and enhance their practice in this area, whether this is a focus of their clinical role, such as in a residential aged care facility, or forms a part of a broader role, such as in community care (for example, mental health nurses). These studies should be encouraged and facilitated for nurses practising in rural areas.

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18 Ibid.

19 Hellsten, D. Working life article. Australian Nursing Journal. Feb 2009. 16(7). P. 26

20 Australia. Department of Health. The Fifth national mental health and suicide prevention plan. Canberra: DoH, 2017. Available at http://www.coaghealthcouncil.gov.au/Publications/Reports p.39.

21 Ibid. p.7.

Many people in the very early stages of dementia present to community health, General Practice clinics or mental health facilities, suffering from depression and/or anxiety. The recognition of these early symptoms would be enhanced by providing appropriate dementia education and training to nurses in general practice, mental health nurses and other nurses in the rural health workforce. Early recognition and timely intervention in the early stages of dementia can be critical to future care and quality of life. A primary health care and mental health workforce that is better equipped to see beyond the primary diagnosis and recognise the early signs of dementia will have a positive outcome both for the individual and their community.

The nurse practitioner role is growing within the aged care sector and their expertise in this field should be encouraged by opening up positions in rural aged care facilities. The expertise of these clinicians enables them to identify and diagnose early stage dementia, and to prescribe the appropriate treatment modalities. This also applies to Nurse Practitioners in the mental health field. The ANMF, therefore, requests that the Inquiry recommend the inclusion of funding mechanisms for nurse practitioners to work in rural locations.

Term of Reference:

(f) Opportunities that technology presents for improved service delivery

The Australian telehealth initiative began in 2011 with the National Digital Economy Strategy.[22] Part of the stated goal of this Strategy was:

> *Through the government's investments in telehealth, by July 2015, 495,000 telehealth consultations will have been delivered providing remote access to specialists for patients in rural, remote and outer metropolitan areas, and by 2020, 25 percent of all specialists will be participating in delivering telehealth consultations to remote patients.*[23]

By July 2011, the Commonwealth Government had introduced Medicare funded health services via communication technologies to support access for people in remote, rural and outer metropolitan areas to medical specialists' services. The funding enabled nurses in general practice, midwives, Nurse Practitioners, Midwives with an endorsement for scheduled medicines and nurses in Section 19(2)1 exempt settings, co-located with a person receiving a medical specialist service via Telehealth on-line video consultation, to provide a percentage of the rebatable Telehealth services. These consultations could occur in the person's home, a general practice, residential aged care facility, Aboriginal Medical Service or, in the case of Nurse Practitioners, Midwives with an endorsement for scheduled medicines or remote area nurses, in their practice facility or other settings.

Access to mental health services in rural and remote locations can be greatly augmented by the use of telehealth technology. Telehealth mental health services can be used to link a person requiring mental health care with mental health experts in major centres, such as a mental health Nurse Practitioner, and/or medical mental health specialists.

Greater utilisation of telehealth for mental health care provides several benefits, including: convenience for the person seeking care and their families by not having to travel long distances, incurring travel and accommodation costs; less disruption to family life for the individual by being able to remain in their community; ability for family or friends to more easily accompany the person to their consultation; ability for the nurse

22 Australian Nursing Federation. 2013. Telehealth Standards: Registered Nurses. Australian Nursing Federation. Australia. Available at: http://anf.org.au/documents/reports/Telehealth_Standards_Registered_Nurses.pdf

23 Ibid. p.5.

or midwife involved in the person's care to participate in the consultation, if agreeable by all parties; easy access to expert advice and treatment discussions; better range of choice in health professional/s involved in care; educative opportunities for nurses and midwives in rural and remote locations; and, the opportunity for better integration of services and collaborative practice for health professionals.

Within the implementation of the digital health strategy, supported by the ANMF, the My Health Record will also prove a useful tool for mental health care in rural and remote locations. The connectivity of the My Health Record will enable people to have one record that all health care providers can access, to facilitate a shared understanding of the most recent care being provided, especially medicines regimes. Individuals will also have control over the information they want to share with health professionals as well as what information they want removed from their record.

Strategies to aid capacity building for the rural and remote mental health workforce

The strategies which the ANMF considers can aid capacity building for the rural and remote mental health workforce, include:

- Structured clinical placement opportunities in rural and remote health care facilities, for nursing and midwifery students, to promote the integration of physical and mental health, as well as showcase the benefits of country living.[24]
- Improving support for newly graduated nurses and midwives in rural and remote health facilities to aid retention; as well as assisting rural and remote nurse and midwife managers in their role as preceptors of beginning registered practitioners.[25]
- Mental health specific continuing professional development of registered nurses, enrolled nurses and midwives working in rural and remote locations, facilitated by managers (both time release and funding assistance).
- De-escalation education for all nurses and midwives practising in rural and remote centres, in the management of people with mental illness.
- Encouragement of registered nurses and midwives to undertake post graduate mental health programs, with the flexibility of distance education modules.
- Targeted quarantined scholarship funding for nurses and midwives to undertake post graduate level studies in mental health, to work in rural and remote areas.
- Targeted quarantined scholarship funding for mental health nurse practitioners to work in rural and remote areas.
- Provision of scholarships for education and professional development specifically in dementia care for all nursing staff and care workers in rural aged care.
- Provision of positions in rural and remote locations for mental health Nurse Practitioners.

24 Penman, J., Martinez, I., Papoulis, D., and Cronin, K. Voices from the Field: Regional Nurses Speak About Motivations, Careers and How to Entice Others to Pursue Mental Health Nursing. International Journal of Education Scholarship. 2018. Jan 30, 15(1).

25 Lea, J., and Cruickshank, M. The role of rural nurse managers in supporting new graduate nurses in rural practice. Journal of Nursing Management. 2017. Apr 25, (3):176-183.

- Support for Nurse Practitioner-led models of care.
- Support for mental health programs related to Australia's First Peoples such as the continuation of the Graduate Certificate Indigenous Mental Health and Well-being conducted by Southern Queensland University.[26]

Conclusion

The ANMF appreciates the opportunity to provide advice, on behalf of our members, to the Senate Inquiry into Accessibility and quality of mental health services in rural and remote Australia. As stated, a large proportion of our members practice in rural and remote locations in this country. We have sought in this submission to outline the challenges faced by our members in providing mental health care to individuals and communities in non-metropolitan centres.

The ANMF has highlighted strategies that we consider are required to be enacted to improve the capacity of the mental health workforce for rural and remote communities. As we have noted, while it is estimated the prevalence of mental illness may not be higher in non-metropolitan areas than in regional and city populations, the impact of mental ill-health is greater in less-populous locations. The ANMF urges the Senate Inquiry committee to take action on measures to strengthen the mental health workforce capacity with its concomitant flow-on of creating improved mental health and well-being for Australia's citizens in rural and remote localities.

26 Hellsten, D. Working life article. Australian Nursing Journal. Feb 2009, 16(7). P. 26.